University Hospitals Birmingham NHS Trust
NHS Equality Delivery System
EDS Reporting Template February 2024

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	University Hospitals Birmingham NHS Trust	Organisation Board Sponsor/Lead
Name of Integrated Care System	Birmingham and Solihull	ICB - Yassar Mohammed (MBA) Head of Equality, Diversity and Inclusion NHS Birmingham and Solihull ICB UHB – Cathi Shovlin – Chief People Officer
EDS Lead	ICB - Yassar Mohammed (MBA) Head of Equality, Diversity and Inclusion NHS Birmingham and Solihull ICB UHB – Susan Price Deputy Director(Inclusion, Health & Wellbeing, Social Cohesion)	

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Ratings in accordance to scores are as below for each outcome.

Undeveloped activity – **organisations score out of 0** for each outcome

Developing activity – **organisations score out of 1** for each outcome

Achieving activity – **organisations score out of 2** for each outcome

Excelling activity – **organisations score out of 3** for each outcome

Domain 1: Commissioned or provided services – End of Life (EoL)

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service **Developing activity** – **Achieving activity**	7 day service palliative care 24/7 access to multi faith Chaplaincy for patients at end of life and their relatives End of Life CNSs provide education and training on essentials of end of life care available to multidisciplinary team	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		Moodle for EoL and Bereavement	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		Work to commence to look at preferred place of care (hospital, hospice, community) for patients, approaching end of life in an acute hospital setting	1	Dr. Dawn Chaplin End of Life & Bereavement Strategic Advisor
		Advanced care planning	1	EoL QIP group and Bsol
		Key performance indicators for EoL care at UHB	1	Donna Nijjar Lead Nurse for End of Life and Bereavement
		Bereavement policy and bereavement guidelines	2	Donna Nijjar Lead Nurse for End of Life and Bereavement

		Completion of Comfort observations on PICS	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
	1B: Individual patients (service users) health needs are met **Developing activity** – **Achieving activity** – **Excelling activity**	Faith Advocacy Group– cultural and faith requirements at end of life and bereavement	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		Transition project (Child to Adult services) at end of life funded by ICB	2	Marie Cable End of Life Transition Project Officer
		Project with BCHC re placement of patients in EoL beds in community (Perry Trees)	1	Dawn Chaplin strategic advisor end of life and bereavement and BCHC
		Work of Bereavement midwives and Eden / Snowdrop units	3	Claire Beesley Midwife Bereavement Support
	1C: When patients (service users) use the service, they are free from harm **Developing activity** – **Achieving activity**	Comfort observations focussing on comfort rather than treatment	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		QIP – looking at unnecessary interventions at end of life	1	Sue Sinclair / Fiona Deakin EOL QIP

		Respect forms looking at ceilings of treatment	1	John Speakman Consultant Palliative Medicine
		Advanced care plans	1	John Speakman Consultant Palliative Medicine and EOL QIP
		Medical Examiners service – reviewing last episode of care	2	Kaye England Consultant in Critical Care
		Learning from Deaths	2	Tim Graham Assistant Medical Director
		PSIRF – providing support for bereaved relatives if a potential patient safety incident has occurred	1	Aneta Harvey Patient Safety Investigation Manager Charlotte Meades Patient Safety Investigation Lead
		HM Coroner	2	Louise Hunt
		Upgrade of hospital viewing areas	1	UHB Charities

		Feedback to Bereavement care officers during conversations with bereaved relatives	3	Sarah Gammon Clinical Nurse Specialist End of Life
		Feedback from Bereavement questionnaires	3	Donna Nijjar Lead Nurse for End of Life and Bereavement
	1D: Patients (service users) report positive experiences of the service **Achieving activity** – **Excelling activity**	Thank you letters	2	Ward Managers
		Feedback from HM Coroner	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		Feedback from Exec team (Chief Nurse)	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		Feedback from ICB	2	Donna Nijjar Lead Nurse for End of Life and Bereavement

Domain 1: Commissioned or provided services

Domain 1: Commissioned or provided services – PALS

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service **Achieving activity**	• **Information Leaflets**: We provide information leaflets in multiple formats, including accessible formats for individuals with disabilities, to ensure that service users have clear guidance on how to access our PALS service. • **Help Desk**: Our help desk staff are trained to direct service users to the PALS service, providing assistance and guidance to anyone seeking support or information. • **Website**: Information about our PALS service, including contact details and how to reach out, is readily available on our website, ensuring that service users can access information online. • **Universal Access**: Our commitment to accessible services means that anyone can access the PALS service without discrimination or unnecessary barriers. This includes individuals with disabilities, people from diverse linguistic backgrounds, and those who may require additional support. • **Interpreting and Translation Services**: **Diverse Language Support**: We understand the importance of effective	2	Mandy Green Director of Patient Experience

		communication. Therefore, we offer interpreting and translation services for individuals who require them. This includes sign language interpreters for British Sign Language (BSL) users and translation of documentation and complaint responses into patients' preferred languages. • **Advocate Support**: In cases where patients may need additional support during meetings or interactions with PALS, we can arrange for advocates to assist them in understanding their rights, discussing concerns, and navigating the healthcare system.		
	1B: Individual patients (service users) health needs are met **Achieving activity**	1. **Personalised Support**: At our Patient Relations & Advice Service (PALS), we are committed to providing personalised support that meets the unique health needs of each individual patient. 2. **Needs Assessment**: Our trained PALS staff conduct thorough needs assessments when patients reach out to us for assistance. These assessments help us understand the specific health-related concerns and requirements of each patient. 3. **Individualised Guidance**: Based on the assessment, we offer individualised guidance and information to patients, ensuring they have access to relevant healthcare resources, services, and options that align with their health needs.	2	Mandy Green Director of Patient Experience

		4. **Collaboration with Healthcare Teams**: We work collaboratively with healthcare teams and providers to facilitate communication and coordination of care for patients. This includes advocating for patients when necessary to ensure their health needs are met. 5. **Support in Resolving Issues**: If patients encounter challenges or issues related to their healthcare, we actively engage in resolving them, ensuring that their health needs are addressed promptly and effectively. 6. **Cultural and Linguistic Sensitivity**: Our PALS staff are trained to be culturally and linguistically sensitive. We offer support in multiple languages and have access to interpreters to bridge any communication gaps, ensuring that patients from diverse backgrounds receive the necessary care. 7. **Patient Feedback Loop**: We maintain an active feedback loop with patients, encouraging them to provide insights and suggestions regarding their care experiences. This feedback helps us continually improve our services and better meet individual health needs. 8. **Adherence to Guidelines**: Our Patient Relations & Advice Service adheres to clinical guidelines and best practices to ensure that patients receive evidence-based care recommendations that are tailored to their specific health needs.		

		9. **Quality Monitoring**: We have established quality monitoring processes to track patient outcomes and the effectiveness of our interventions, allowing us to make real-time adjustments to improve care quality. 10. **Continuous Training**: Our staff members undergo continuous training and development to stay updated on the latest healthcare practices and technologies, enabling them to better meet the evolving health needs of patients.		
	1C: When patients (service users) use the service, they are free from harm **Achieving activity**	1. **Safety Protocols**: Patient safety is our top priority at PALS. We have established rigorous safety protocols to minimise any potential harm to patients when they use our service. 2. **Confidentiality**: We strictly adhere to confidentiality standards, ensuring that all patient information and concerns are handled with the utmost discretion. This protects patients from harm related to breaches of privacy or data security. 3. **Trained Staff**: Our PALS staff members are well-trained and knowledgeable about the healthcare system and patient advocacy. Their expertise and professionalism contribute to a safe and supportive environment for patients. 4. **Conflict Resolution**: We are equipped to handle disputes or conflicts that may arise during interactions with patients.	2	Mandy Green Director of Patient Experience

Our conflict resolution processes are designed to prevent harm by addressing issues in a fair and non-confrontational manner.

5. **Escalation Procedures**: In cases where patients face critical issues or concerns, we have established escalation procedures to ensure that their needs are promptly addressed and that harm is prevented.

6. **Non-Discrimination**: We maintain a strict policy of non-discrimination, ensuring that all patients, regardless of their background, receive equal and respectful treatment. This commitment helps prevent harm due to bias or discrimination.

7. **Feedback Mechanism**: We actively encourage patients to provide feedback on their interactions with our service. This feedback mechanism helps us identify any potential areas for improvement and ensures that patient concerns are addressed promptly.

8. **Compliance**: Our service complies with all relevant regulations and guidelines to maintain a safe environment for patients. We regularly review and update our practices to align with industry standards.

9. **Patient Advocacy**: Our role as patient advocates includes safeguarding patient rights and interests, which naturally involves protecting them from harm. We advocate for patients within the

		healthcare system to ensure they receive the care and support they need. 10. **Continuous Improvement**: We are committed to continuous improvement in all aspects of our service, including safety measures. This commitment includes ongoing staff training, quality monitoring, and adapting to changing patient needs to enhance patient safety.		
	1D: Patients (service users) report positive experiences of the service **Achieving activity**	1. **Patient-Centred Approach**: At PALS, our primary goal is to provide patient-centred support. We are dedicated to ensuring that patients have positive experiences when they interact with our service. 2. **Friendly and Supportive Staff**: Our PALS staff are trained to be friendly, empathetic, and approachable. They strive to create a welcoming environment where patients feel comfortable discussing their concerns and seeking assistance. 3. **Clear Communication**: We prioritise clear and effective communication with patients. Our staff members are skilled at active listening, ensuring that patients feel heard and understood. 4. **Timely Responses**: Patients value promptness, and we aim to provide timely responses to their inquiries and concerns. This helps alleviate anxiety and ensures that patients receive the support they need when they need it.	2	Mandy Green Director of Patient Experience

		5. **Resolution of Issues**: Patients who reach out to us with concerns or complaints appreciate our commitment to resolving their issues effectively. We work diligently to address their concerns and ensure a satisfactory resolution. 6. **Advocacy and Support**: Our role as patient advocates means that we actively support patients in navigating the healthcare system. Patients report positive experiences when they know they have an advocate on their side. 7. **Respect for Diversity**: We treat all patients with respect and dignity, regardless of their background or circumstances. Patients appreciate our commitment to diversity and inclusion, which contributes to their positive experiences.		
Domain 1: Commissioned or provided services				

Domain 1: Commissioned or provided services – Interpreting

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service **Excelling activity**	99.3% of interpreting bookings were covered by Trust contractor Word 360 – with only 190 out of 27,233 requested (0.7%) "rejected or unfilled". 91 out of 92 requested languages were able to be covered, with "Hausa" being the only one not available – 98.9% coverage. 98% of patients reported a very good or excellent experience. All 3 metrics are above 98%, hence the rating score of 3 – information evidenced in the Word 360 2022 review; 📄 PDF F-23_05_15_ UHB_Service Review	3	Ian Jones – Medical Records Manager, BHH Medical Records & UHB Interpreting Services
	1B: Individual patients (service users) health needs are met **Achieving activity**	Services were covered across a wide range of clinical groups, as outlined in Appendix B of the 2022 review. As well as services being delivered on the main UHB hospital sites, various settings were also covered for UHB patients across community and ICB settings: - Barbary (Mental Health) - TB Clinics at patients' home addresses - Women's Hospital (Breast Clinic) - Royal Orthopaedic	2	Ian Jones – Medical Records Manager, BHH Medical Records & UHB Interpreting Services

		- Various community sites such as Rabone Park, Northbrook Health Centre, Sparkhill Dialysis Unit, Washwood Heath, and Chelmsley Wood This reflects the ability to adapt to patient needs and deliver care in the appropriate setting with interpreting support. Having digital capabilities via telephone/video interpreters also increases accessibility for some patients, who might prefer to stay at home. Booking durations are also adaptable to patient's needs; one speciality might only require 15 minutes during an OP appointment, whereas some more complex settings might require support for several hours.		
	1C: When patients (service users) use the service, they are free from harm **Achieving activity**	Patients have the ability to request an interpreter of a certain sex, if safety is a concern e.g. obstetrics or other similar disciplines, or if it is the patients' preference. The Trust's procedure outlines preference for trained interpreters from the Trust's supplier to be used and discourages family/friends acting as interpreters for patients. This reduces the risk of the interpreter withholding information or incorrectly interpreting information, which could lead to harm. It is also safer from a safeguarding perspective. Disclaimer forms are required in the event the patient insists upon family or friends as interpreters. Section 4.4 onwards of the procedure, touches on the above. Appendix 2 shows the disclaimer form; http://uhbpolicies/AdminV9/Tracker/ClickTracker.aspx?type=search&id=418212|0|-1|30941|5676904&indexid=37&terms=interp&x=/assets/interpreting-translation-procedure.pdf In addition, the Trust's supplier themselves have internal procedures around safety and safeguarding during a booking. The Datix system is used to report incidents or near misses re: interpreting and are investigated and followed-up with the appropriate level of input.	2	Ian Jones – Medical Records Manager, BHH Medical Records & UHB Interpreting Services

		1D: Patients (service users) report positive experiences of the service **Achieving activity**	98% of patients reported a very good or excellent experience in 2022, as outlined in the report attached in 1A. Recent positive comment examples include: • "V*ery good service provided. Sensitive interpreter for a difficult conversation. Thank you"* • "*Brilliant interpreting skills will definitely use this interpreter again*" • "*Interpreter X is very helpful and kind. Great reliable service*" Progress is required in using this data to reflect upon and drive further improvement, engaging with more patients and staff members.	2	Ian Jones – Medical Records Manager, BHH Medical Records & UHB Interpreting Services
Domain 1: Commissioned or provided services					

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions **Achieving activity** | We provide comprehensive wellbeing support for all staff at UHB and advertise and contribute to the wider ICS wellbeing offer.

Details of the offer can be found at http://uhbhome/health-and-wellbeing.htm

This includes

Staff well clinic
http://uhbhome/staff-well-clinic.htm

• offering staff their annual health check within the Trust, including, BMI, bloods and self-report questionnaires, review and signposting for support or further testing if needed.

Psychological first aid
• We have trained over 600 staff in psychological first aid, offering peer to peer support for staff experiencing trauma.

Staff access services
• Staff access physiotherapy service available via self-referral for all staff.
• Staff podiatry service available via self-referral.

Wellbeing officers
• 4 Staff Wellbeing Officers
• 4 Junior Doctor Wellbeing Officers | 2 | Inclusion and Wellbeing Team OH Staff well clinic Staff Physio and Podiatry services Chaplaincy HR |

They link in with staff where they work, checking in and signposting to the wider wellbeing offer.

Staff Support services
http://uhbhome/oh-mental-health-and-counselling.htm

- In house staff counselling service using solution focused brief therapy to support staff across the Trust.
- Regional mental health hub offering quick referrals for staff requiring support.
- Relate for relationships counselling.
- Aquarius support for drug, alcohol, and gambling addiction.
- Fast track support from Birmingham citizen advice bureau for UHB staff from benefits to housing.
- Full in-house occupational health service for staff.
- Chaplaincy team on all sites support staff of all and of no faith, offering spiritual and pastoral support to staff.
- Mindfulness service providing 8-week Mindfulness courses, regular, drop-in sessions, and weekly and monthly mindfulness sessions led in the Chaplaincy, Well-being hubs and Education centre. including mindfulness sessions.
- 24/7 access to support and information available by searching for UHB wellbeing on any device.
- We provide dedicated UHB mental health support days with Maximus which has

support over 100 staff in the last 12 months.
- Dedicated HR Support is assigned to staff and managers in enabling appropriate reasonable adjustments to be put in place where underlying health conditions may impact on their ability to undertake their roles

Wellbeing hubs
- Wellbeing hubs – a space on all four sites that staff can access, get away from their place of work and speak about their wellbeing and the wider wellbeing offer. Provide Yoga and hand massage.

Disability
- Access to Work available and offered to staff requiring workplace adjustments
- The Trust is signed up to the Business Disability Forum service who provide expert advice in supporting staff with disabilities
- Our disability and long term health condition staff network continues to meet monthly and is open to staff that identify as a member of the group, and to allies who would like to learn more. This includes physical disability, mental disability and neurodiversity. The Trust set up a long covid staff support group to offer peer-peer support for those with symptoms of long covid and work closely with a respiratory consultant in the Trust to offer advice on breathing conditions.

		Conferences and webinars • we hold conferences and webinars throughout the year, talking about wellbeing and mental health which are recorded and available for all staff to watch back. Upcoming webinars include compassionate self-care, trauma by vicarious exposure, sleep, emotional regulations, managing anxiety and winter blues. **Appraisal** • We have updated our annual appraisal document to include a wellbeing section focusing on the member of staff and ensuring all staff have at least one wellbeing conversation with their line manager each year. We have additionally developed this into a separate wellbeing passport that staff can use to frame a conversation about wellbeing. We provide regular wellbeing overview training sessions available to all staff to discuss the wellbeing offer at UHB. **Physical health** • We have access to #doingourbit an online fitness platform for staff to support staff with physical fitness and weight management.		

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source **Achieving activity**	Support options for staff to raise concerns and to deal with abuse, harassment or bullying whilst working at UHB: **Independent domestic abuse advocates(IDVA)** • Independent domestic abuse advocates that are able to support staff around all aspects of domestic abuse. **Freedom to speak up guardians and confidential contacts** • Freedom to Speak up Guardian, two Deputy Guardians, confidential contacts and champions across the whole organisation • Where concerns have been identified, we have conducted cultural reviews, speaking with all staff within a department and making recommendations for change. **HR guidance** • We have several supportive HR policies such as Dignity at Work, Grievance procedures • First line HR Advisory Service that offers practical advice to staff and managers across the Trust. • Expert HR support is provided to staff and managers in enabling early resolutions of concerns where appropriate through facilitated meetings, discussions, advice and guidance • We are developing clearer guidance to prevent abuse from patients and improve the offer of support staff.	2	Inclusion and Wellbeing Team HR IDVA FTSUG OH

Inclusion and wellbeing team

- A dedicated Inclusion and Wellbeing team offers support, advice and advocacy to managers and staff.

Occupational Health
- An in-house OH Service and counselling team can support staff through the psychological and physical impact as well as a guide on appropriate routes to resolve issues.

Other
- Staff Partnership Lead and accredited Mediator who can support with formal mediation between parties etc.

- Trade union staff side representative

- We offer mediation for disabled staff by the Condition management Group

- We provide online development and training on topics such as communications, overcoming challenges, conflict resolution.

- Our latest bullying and harassment figures can be found within our annual WRES (indicator 5 and 6) and WDES (indicator 4A) reports.

| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source **Achieving activity** | For staff looking for independent support, they can access:

• Independent domestic abuse advocates

• Freedom to Speak Up Guardian and confidential contacts

• Stress risk assessments

• OH advice through local management referrals

• Our team of security specialists

• Staff Partnership Lead and accredited mediator

• Individual Inclusion staff

• Localised culture reviews

• Dignity at Work policy

• Wellbeing team or site-specific / staff-specific Wellbeing Officer.

• Site-based HR representative or the HR Advisory service

• Regional mental health hub

• Relate for relationships advice, or Birmingham Citizens Advice Bureau | 2 | Inclusion Team
IDVA
FTSUG
OH
HR |

		. • Significant amount of signposting both online and within our staff wellbeing hubs for specific issues • Aquarius for support with addiction such as alcohol, gambling and substance abuse • Support from the management team if appropriate • A range of internal and external partners offering staff support in relation to the management of stress and other mental health conditions. See link to site		
	2D: Staff recommend the organisation as a place to work and receive treatment **Achieving activity**	**Surveys** • results of existing surveys such as the national and quarterly staff surveys, friends and family test, and action plans in response • 'stay' and exit interviews, and action plans in response • 100-day engagement with new starters interviews, and action plans in response .	2	Staff engagement, HR.
Domain 2: Workforce health and well-being				

Domain 3: Inclusive leadership – End of life

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities **Achieving activity**	Newly established site leadership teams addressing localised needs of their patients and populations	2	Chief Exec
		Evolving Board developing new strategy and vision, with integrated approach to equalities and health inequalities	2	Chief Exec
		Board, Board Committees and Executive Team have agenda items and papers related to equality and health inequalities		
		Chief Medical Officer designated Health Inequalities lead		
		Executive, Non-Executive and Senior People sponsoring allies for each of the Trust's Staff Networks and Staff Support Groups		
		Staff Networks attend Executive Team meetings on a rotational basis, and the CEO and Chief People Officer meet regularly with the Staff Network Chairs		
		Executive and Non-Executive active engagement at Trust and ICS equalities and health inequalities events		

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed **Achieving activity - Excelling activity**	Operational care quality	2	
		Care Quality	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		PSIRF	2	
		Patient Experience	2	
		Faith Advocacy Group	3	
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients **Achieving activity**	Ensure End of Life and Bereavement is on regular hospital and CDG meetings eg Patient experience, care quality, preventing harm etc	2	Directors of nursing
		Provide reports / data on EoL care to Board and site	2	Donna Nijjar Lead Nurse for End of Life and Bereavement
		End of life audits regularly undertaken eg NACEL	2	Donna Nijjar Lead Nurse for End of Life and Bereavement / Fiona Dakin EOL QIP
		Strong links and involvement with Bsol ICB end of life operational group – agreement of system wide priorities	2	Dawn Chaplin Strategic Advisor end of life and bereavement
Domain 3: Inclusive leadership				

Domain 3: Inclusive leadership – PALS

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities **Achieving activity**	Newly established site leadership teams addressing localised needs of their patients and populations Evolving Board developing new strategy and vision, with integrated approach to equalities and health inequalities Board, Board Committees and Executive Team have agenda items and papers related to equality and health inequalities Chief Medical Officer designated Health Inequalities lead Executive, Non-Executive and Senior People sponsoring allies for each of the Trust's Staff Networks and Staff Support Groups Staff Networks attend Executive Team meetings on a rotational basis, and the CEO and Chief People Officer meet regularly with the Staff Network Chairs Executive and Non-Executive active engagement at Trust and ICS equalities and health inequalities events	2 2	Chief Exec Chief Exec

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed **Achieving activity - Excelling activity**	Patient Experience Group CNO Report	2 3	Olivia Edwards – Patient Experience Team Lana-Lee Jackson – Head of patient experience
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients **Excelling activity**	Assurance Meetings Compile reports/data on PALS to board and site	3 3	Alan Tracey Alan Tracey
Domain 3: Inclusive leadership				

Domain 3: Inclusive leadership – Interpreting

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities **Achieving activity**	Chief Executive joined the Access, Booking & Choice away day in October 2023 and was keen for interpreting information to be shared via weekly CEO Connect Briefing, which took place 24/10/2023 and includes staff from all levels, including Board. Presentation attached; Interpreting Presentation.pptx	2	Ian Jones – Medical Records Manager, BHH Medical Records & UHB Interpreting Services
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed **Developing activity**	Data is shared monthly with the Vulnerabilities Team via email; RE_ Interpreting services data.msg The data breaks down certain details regarding booking numbers but also specifics around BSL and the top 5 requesters per month. It is not known whether this data is shared at board level or what actions are instigated.	1	Ian Jones – Medical Records Manager, BHH Medical Records & UHB Interpreting Services

	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients **Developing activity**	As per 3B, data is created and shared but it unknown how this data is used at board level.	1	Ian Jones – Medical Records Manager, BHH Medical Records & UHB Interpreting Services
Domain 3: Inclusive leadership				

End of Life Domain 1 Action Plan	
Lead Donna Nijjar - Lead Nurse - End of Life & Bereavement	**2024.2025**

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Education and training on essentials of end of life. Moodle for EoL and Bereavement BSol side project and QIP work ongoing progress slow Key performance indicators for end of life care at UHB	Transcript completed, design ongoing, rate to achieve PIs identified, audit ongoing	Ongoing 3 completion October 2024 Ongoing Ongoing
	1B: Individual patients (service users) health needs are met	Faith Advocacy Group– cultural and faith requirements at end of life and bereavement Transition project	Scoping need for Faith Advocacy Group in light of Trust strengthening cultural and religious awareness, via task and finish group Attended stakeholders meeting project	Ongoing

1C: When patients (service users) use the service, they are free from harm	QIP	Ongoing, meeting with site leads has occurred, request to stop routine when a patient is on comfort obs bloods has been sent to PIC.	
	Medical Examiners service	Becomes statuary in April for in patient, community and neonatal patients	April 2024
	Upgrade of hospital viewing areas	Bid approved awaiting plan to commence work at the QE	
1D: Patients (service users) report positive experiences of the service	Feedback to Bereavement care officers	Contact with all relatives continues	Ongoing
	Feedback from questionnaires	Information from surveys shared with ward managers for action plan	

	PALS Domain 1 Action Plan	
Alan Tracey PALS Manager - Patient Relations Mandy Green - Director of Patient Experience		**Year(s) active 2024.2025**

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To improve and ensure universal, equitable access to PALS services for all patients, particularly focusing on enhancing accessibility, communication, and support mechanisms for individuals with disabilities, those from diverse linguistic backgrounds and anyone requiring additional support.	Enhance information leaflet. Broaden interpreting & translations services training to team. Website improvements to make more accessible.	Aug 24 Sept 24 Dec 24
	1B: Individual patients (service users) health needs are met	To ensure that the health needs of individual patients are met through personalised, culturally sensitive support, and evidence-based guidance and continually improving service quality based on patient feedback.	Support/train in issue resolution Conduct audits	July 24 May 24

1C: When patients (service users) use the service, they are free from harm	To ensure a harm-free environment for all patients utilising PALS through rigorous safety protocols, confidentiality assurance, staff expertise, effective conflict resolution and continuous service improvement	Team training Review escalation procedures	Aug 24 May 24
1D: Patients (service users) report positive experiences of the service	To enhance patient satisfaction and ensure that all service users report positive experiences with PALS by actively seeking out feedback.	Continuous staff training Review patient feedback Implement & conduct satisfaction surveys	Sept 24 June 24 June 24

	Interpreting Domain 1 Action Plan See Appendix 1	
Ian Jones Medical Records Manager Neil Grogan - Director of Patient Services	**Year(s) active**	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Metric improvements Self assessed rating – 3 Rating to be achieved -3	Continual review of data around bookings, fill rate, languages covered, patient experience etc. Using patient experiences to maintain and improve service.	On-going – awaiting 2023 annual report from provider. Also, tender process in place in 2024, so it is possible provider may change.
	1B: Individual patients (service users) health needs are met	Service areas Self assessed rating – 2 Rating to be achieved -2/3	As above	As above
	1C: When patients (service users) use the service, they are free from harm	Free from harm Self assessed rating – 2 Rating to be achieved -2/3	As above	As above
	1D: Patients (service users) report positive experiences of the service	Patient Experience Self assessed rating – 2 Rating to be achieved -2/3	As above	As above

Workforce health and wellbeing Domain 2 Action Plan				
Dr Masood Aga - Director of Occupational Health			Year(s) active	

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	**Staff well clinic** Trust wide site access to Staff well clinic	To have a physical Staff Well Clinic on all 4 hospital sites and access for community and off site colleagues.	March 2025
		Psychological first aid To review current PFA colleagues and introduce MedTrim in appropriate areas	A) To data cleanse current PFA list. B) To provide case to Board for MedTrim	A) June 2024 B) June 2024
		Wellbeing hubs A) To provide a 7/7 week 12hrs per day service B) To have a wellbeing hub service for community and off site colleagues	A) Provide case to Board for staff expansion B) as above	A)August 2024 B) as above

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	**Freedom to Speak Up** Guardians/confidential contacts WDES/WRES	To promote this service across all areas of the Trust Action plan as per indictors in WDES/WRES	July 2024 October 2024
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	External Support Partners	To update and maintain external support partnerships	Ongoing
	2D: Staff recommend the organisation as a place to work and receive treatment	Staff Survey	To review recent staff survey results	April 2024

		End of Life **Domain 3 Action Plan**		
Lead Donna Nijjar - Lead Nurse - End of Life & Bereavement			**Year(s) active**	

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Ensure going forward that the Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities in end of life and bereavement	Ensuring changes made to end of life and bereavement process are equitable, engaging with patient experience department and the Patient Council. Copies of reports, training logs available on request	**Ongoing**
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	The objective is for Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Continue to report escalate. Via PSIRF, discuss related issues at Operational Care Quality, Site Care quality and Site Patient Experience meeting	Ongoing
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	To have levers in place to manage performance and monitor progress with staff and patients	Monitoring Health Observatory for indicators related to comfort observations and report to care quality site meetings. Report bereavement survey findings on the health observatory. Teaching across all sites on end of life and care after death and evaluations monitored and available.	Ongoing

	PALS Action Plan	
Alan Tracey PALS Manager - Patient Relations Mandy Green - Director of Patient Experience		**Year(s) active**

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Demonstrate a profound understanding of, and unwavering commitment to, promoting equality and addressing health inequalities within the organisation.	Ensure all team complete equality and inclusion training. Look to establish equality & inclusion forums within the team.
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Board and committee documentation, including papers and minutes, systematically identifies and addresses equality and health inequalities related impacts and risks, outlining clear strategies for their mitigation and management within PALS	Team training Incorporate into meeting agendas	June 24 Apr 24
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Implement and utiliSe effective levers to manage performance and monitor progress both among staff and in patient experiences, ensuring continuous improvement and accountability in service delivery.	Establish clear performance indicators and monitoring systems. Integrate performance management into more regular reviews	May 24 May 24

	Interpreting Action Plan See Appendix 1	
Ian Jones Medical Records Manager Neil Grogan - Director of Patient Services	**Year(s) active 2024.2025**	

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Board level information	Improve sharing of information to board level, via both ad-hoc work pieces and also quarterly liaison between Director of Patient Services and Board Level.	On-going throughout year, to be reviewed quarterly
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	As above	As above	As above
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	As above	As above	As above

Appendix 1

Interpreting
Services Briefing Paper

Appendix 2
Disclaimer form;
http://uhbpolicies/AdminV9/Tracker/ClickTracker.aspx?type=search&id=418212|0|-1|30941|5676904&indexid=37&terms=interp&x=/assets/interpreting-translation-procedure.pdf

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