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NHS Equality Delivery System 2022 EDS Reporting Template

Version 1, 15 August 2022

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		BSW ICB		Organisation Board Sponsor/Lead	
				Jas Sohal, Chief People Officer Jane Moore, Director of Equalities, Innovation and Digital Enterprise	
Name of Integrated Care System		BSW			
EDS Lead	Gayle Williams, Inclusion Pillar Lead BSW		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	11/11/22 20/12/22 9/01/23 10/01/23 18/01/23 31/01/23 20/02/23		Individual organisation	Bath and North East Somerset, Swindon, and Wiltshire, (BSW together) Integrated Care Board	
			Partnership* (two or more organisations)	Avon Wiltshire Mental Health Partnership NHS Trust, Great Western Hospital, Royal United Hospitals NHS Foundation Trust and Salisbury Foundation Trust, Bath, Swindon, and Wiltshire, (BSW) Maternity Voices Partnership	
			Integrated Care System-wide*	BSW Equality, Diversity, and Inclusion group	

Date completed	April 2023	Month and year published	
Date authorised		Revision date	

Completed actions from previous year	
Action/activity 2021	Related equality objectives
Domain 2: Health and Wellbeing of staff: The CCG 'Ways of Working Policy was reviewed (following/in alignment with changes required because of the Covid-19 pandemic) into an agile policy approach with all roles having been reviewed. Staff now meet with line managers to determine role specifics.	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives (EDS2 2021)
Domain 3, Inclusive leadership: Action plan developed in response to staff survey 2021	Staff report positive experiences of their membership of the workforce. When at work, staff are free from abuse, harassment, bullying and violence from any source. (EDS2, 2021)

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.

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

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	<p>All maternity sites offer personalised care planning tailored to the individualised care needs. This approach offers women and birthing people choice and control over the way their care is planned and received based on ‘what matters’ to them and their individual needs and preferences.</p> <p>An example of this in action is the triage service at Salisbury Foundation Hospital where women’s and birthing people’s enquiries are actioned - this can be seen on the Salisbury Maternity website.</p> <p>However, it is recognised that in maternity services there is more to do to fully reach equity for all service users.</p> <p>Over the past 12 months the Local Maternity and neonatal system, (LMNS) which works across BANES, Swindon, and Wiltshire, (BSW) has developed an Equity and equality plan with overlapping themes contained within this report. A detailed action plan co created with key stakeholders has been developed and finalised in October 2022 and also published on the BSW Maternity Together website. It includes key actions related to improving data quality, (specifically around capturing the demographic data consistently for our service users across BSW, improving access for those with communication barriers: those whose first language is not English, (including those who are deaf) and service users with additional communication needs, such as those with learning disabilities and/or learning difficulties.</p> <p>The action plan also includes key actions around both physical access and digital access to services. There is an established multi-disciplinary, cross system working group focusing on co-creation of a refreshed pathway to support improved access to maternity and health visiting services for families in the boater and travelling communities, recognising the canal network within BSW and the challenges that this presents to access.</p>	1	Transformation Midwives & Local Maternity and Neonatal Services Lead

		<p>The national MBRRACE, (Mothers and babies reducing risk through audits and confidential enquires across the UK) report into maternal deaths has highlighted that ethnicity and deprivation have an impact on the birthing experience and the outcomes for birthing people and families. This finding is further evidenced by campaigns such as fiveXmore – a grassroots organisation set up by two Black women committed to changing Black women and birthing people’s maternal health outcomes. All BSW maternity providers are undertaking a review of the 2020 perinatal mortality report and data that was published by MBRRACE in 2022 to identify if there are any themes or trends or modifiable factors including ethnicity, deprivation indices and protected characteristics with a system report. This review will be reviewed by the LMNS Safety group and Programme Board to ensure that the LMNS Equity and Action plan has the appropriate actions in progress.</p> <p>There is a national drive for maternity services to review the impact of ethnicity and deprivation, as reported through the Better. Births initiative documents.</p> <p>The focus of this report is on the differences experienced by women and birthing people from Black, Asian and ethnic minority heritage accessing maternity care across BSW. Information has also been provided on areas of indices of multiple deprivation, such as people living in areas of poverty.</p> <p>This focus is not to minimise, or reduce, the importance of other protected characteristics but in recognition of the depth of inequity within these groups as a starting point for change.</p> <p>Royal United Hospitals Bath On this basis, within the last year, the Royal United Hospitals has analysed birth outcome data broken down by ethnicity and area of deprivation, according to Indices of multiple deprivation, (IMD).</p>		
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		<p>Access to maternity services has been defined as a maternity booking appointment by 12 weeks gestation. Women of white ethnicity were most likely to have accessed maternity care by 12/40 (mean 93.4%, n.4402) and Black women were less likely to have accessed care by this gestation (80.9%, n.55).</p> <p>The reason for any delays related to access is unclear – this is an area we are planning to review further to understand fully.</p> <p>In 2021/22 – 293 women were documented as not understanding English at the initial booking appointment.</p> <p>The Royal United Hospitals Bath have commenced a health inequality working group within the maternity department that reports into its families and support services divisional governance structure.</p> <p>Access has been identified as one of four focus priority areas along with communication, data quality and infant feeding.</p> <p>Great Western Hospital (Swindon)</p> <p>For Great Western Hospital booking access figures were as follows, again broken down by birth outcome data, ethnicity, and area of deprivation (according to IMD).</p> <p>Access to maternity services has been defined as maternity booking appointment by 12 weeks gestation. Women of white ethnicity were most likely to have accessed maternity care by 12/40 (mean 74.97%, n.2205) and other ethnic backgrounds being least likely to access care by this gestation (19.82%, n.583).</p> <p>In 2021/22 women booking after 12 weeks and 6 days are higher in other ethnic background (54.24% N 224) than women of British ethnicity (37.77% N.156) No ethnicity were stated on 7.99% of these late bookings.</p>		
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		<p>Out of the 224 other ethnic background women 18 women had no understanding of English and 41 had difficulties understanding English.</p> <p>In 2021/22 – 413 women were documented as booking after 12 weeks and 6 days the reason in the delay of accessing the booking appointment were as follows:</p> <ul style="list-style-type: none"> • (36.56% n 151) transferred from another hospital. • (15.25%, n63) Was due to maternal choice. • (23.24% n. 96), the women were either unaware they were pregnant or unaware of the need to book with a midwife. • (6.53% n 27) booked late due to service capacity. <p>In 2021/22 – 182 women were documented as not understanding or difficulties understanding English at the initial booking appointment.</p> <p>Like Royal United Hospitals Great Western Hospitals has an inequalities group exploring access.</p> <p>Enquiry form will capture estimated gestation so that bookings will be prioritised. This will be supported by google translate to ensure accessible information and will also have the facility for a translator to be requested for the booking appointment. By directing service users to the website early in their pregnancy care this will signpost women to further accessible information and sources of support.</p> <p>An app is being developed to enable services to be tailored to meet the diverse needs of our patients and develop personalised care plans for all service users. The Trust understands that not all services users have access to digital platforms and is ensuring that comparable paper-based systems are also available to avoid digital exclusion.</p> <p>Salisbury Foundation Trust</p> <p>Breast Feeding Team - accessibility of the service.</p> <p>The infant feeding team at Salisbury Hospital cover 6 days a week service. Their aim is to see every postnatal woman to 'touch base' and give any relevant information, this is usually followed with a text or call</p>		
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		<p>the next day. The team run a 'feeding drop in' at Springs Restaurant on the main hospital site every Wednesday, where parents can access both the teams and other peer network support.</p> <p>There is an online 'Breastfeeding Course' aimed at pregnant families to give them information and enable them to meet the team - this can be accessed via a Facebook page. The infant feeding team are starting a similar course aimed at twin families.</p> <p>Each day the team runs a clinic where women and birthing people can gain access to a feeding specialist. In the clinic the team also have access to managing tongue tie if necessary to help facilitate good feeding.</p> <p>The team also offer training to all staff within the maternity department. Families can access the service easily, by calling a shared mobile number; and operates through a prompt self-referral process. This ease of access has been put into place in response to patient feedback. However, data on who is accessing this service was not available at the time of compiling the report.</p> <p>BSW maternity providers are working collaboratively with the BSW LMNS and integrated care board workstream to reduce inequalities at local and system level contributing to meeting the Core20+5 objectives. We continue to focus on plans to progress implementation of continuity of carer models when safe to do so, focusing particularly on reducing inequalities for women/birthing people living in the most deprived areas and those identifying as minority ethnicities.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Standard operating procedures for maternity appointments and assessments are built into the maternity services, for instance assessments are done as standard for translation services. Mental health assessments are undertaken as part of a consistent and standardised process. Domestic abuse/appreciative enquiry are also completed as part of routine care for all women and their families. It is recognised that these can always be improved and for example where service users speak English as a second language, a translator rather</p>	<p>1</p>	<p>Transformation Midwives & Local Maternity and Neonatal Services Lead</p>

		<p>than relying on family may be beneficial for some appointments, particularly during labour or when complex medical information needs to be conveyed to the patient. Translation services are available at routine appointments but are not always consistently available during out of hours, during labour for instance.</p> <p>Maternity voice partnership representatives and services user have worked collaboratively with all three maternity providers to produce a series of information videos relating to maternity care. These videos are subtitled with these being translated into the more frequently spoken languages in BSW.</p> <p>Maternity services have recognised and responded to the increase in numbers of birthing people and families in local areas. This is due to increased immigration due to global pressure. BSW LMNS, maternity providers and maternity voices partnership have worked in collaboration with system partners to ensure rapid access to maternity services with agreed processes to provide individualised care. In Swindon area the GWH maternity voice representative meets regularly with asylum seekers and refugees with a translator to listen to their experience and hear their voices which helps to identify any concerns or issues that support safe access to care. This has ensured that the agreed pathway of care is responsive to the individual's needs.</p> <p>Maternity services across BSW are part of a fast-follower site for the implementation of a perinatal pelvic health service. As part of the development of the service, focus groups were held on 7/10/22 (in person – 2 attendees) and 17/10/22 (virtual via Microsoft Teams – 12 attendees). The feedback has been used to amend the self-assessment screening tool and to help formulate the service going forward. The overarching theme from the group was the importance of education in the pregnancy.</p> <p>Feedback from the focus group:</p> <p>Self-assessment questions:</p> <ul style="list-style-type: none"> • Add in incontinence whilst vomiting. 		
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		<ul style="list-style-type: none"> • Forceps birth not delivery. • Need a statement at the beginning explaining why we have included certain risk factors ‘this information could be beneficial to support what we can do for you.’ • BMI – most people don’t know their BMI so a link to a calculator would be useful. • Baby weight – should this be total weight e.g., for multiple pregnancies. • Biological Mum or Sister • Should questions be repeated at 28/40? • Felt PN self-assessment should be at 6/52 • Questions are much better than on other forms. • Should previous prolanger 2nd stage be included? • Direct questions required otherwise people don’t realise what is normal. • Should holding tension/constant clenching be included? <p>Workshops:</p> <ul style="list-style-type: none"> • Would like option of face-to-face workshops. • Suggested uploading a video recording of workshop. • Needs to be an alternative offer to virtual access. • One person had virtual appointments during covid but once F2F appointments commenced there was much more value – able to tailor exercises. <p>General:</p> <ul style="list-style-type: none"> • Education around mode of birth and risks could be helpful to support informed decision making. • Education is important. • Information around the importance of fluid intake • Would like to see post-op support – no support after hysterectomy or prolapse. • “Knowing what I know now I would so choose not to have an instrumental.” 		
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		<ul style="list-style-type: none"> • Helpful to have advice on when to start pelvic floor exercises after birth (especially if painful) • GP awareness – conflict of information, GP didn't ask about pelvic floor or check stitches. • 6/52 check • Education should include potential complications. • Advice on pelvic floor exercises after episiotomy of catheter • Information regarding constipation • Would be helpful to include information on timescales – how long should people expect to wait? Previous long waits for physio and 'can't see the end' / • Need to have mental health support and birth reflections links. • 'What if you do virtual class and don't see the results you want? ' • Education and video sound accessible and valuable especially for those who can't afford antenatal classes. • Feeling that current level of PF advice given had been low/nothing. • Health professionals need to be direct with questions – people might not think to ask or realise there is a problem. • Who to call if you aren't getting an appointment/waiting? • What about DRA/lower back pain? Outside the scope of this project but does link closely with it. • What about people with overactivity? Q for self-assessment <p>Feedback from these workshops have directly influenced and informed the running of the services.</p> <p>In October 2022, an enhanced breastfeeding initiation service was rolled out in an area of identified lowest breastfeeding initiation called 'The Milk Project.' The project is currently funded by the local maternity and neonatal service for a 12-month duration. The aim is to increase breastfeeding initiation, and duration, in one of our areas with the lowest breastfeeding initiation.</p> <p>The model consists of 1 midwifery support worker for 6 hrs a week offering:</p> <ul style="list-style-type: none"> • Additional antenatal education on infant feeding and nurture 		
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		<ul style="list-style-type: none"> • Additional postnatal support on infant feeding and nurture <p>It is too early to assess the effectiveness of the project, data is being collected to evaluate the impact with a view to spread and adoption across the system, should the initiative prove successful.</p> <p>A personalised care plan is developed with each pregnant person, but it is recognised that our staff need to be equipped with the skills necessary (i.e., cultural competence) to ensure care is truly personalised. Through the Maternity Voices Partnership ethnic minority service users have fed back that it is not uncommon for them to act differently and try to 'fit in' when faced with an all-white staff. See 1C for actions regarding this.</p> <p>Great Western Hospitals</p> <p>Translators are recommended for every contact where the need for translation services has been identified. A pathway for use of closed captioning on Trust education videos to ensure accessible information for service users with hearing loss or do not have English as a first language.</p> <p>Personalised care planning has enabled individual needs to be identified with service adaptations being made to accommodate reasonable adjustments where required.</p> <p>The Trust have worked with families with LGBTQIA+ parents to enable provision of individualised and sensitive care.</p> <p>A gap analysis of the most common languages spoken by the maternity service users has been undertaken to inform the Trust provision for translation services.</p> <p>The EDI working group, including PALS, are exploring further opportunities to ensure how reasonable adjustments can be made to ensure consistently personalised care, for example improving access for deaf families.</p>		
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Within the BSW maternity services Equity and equality plan, specific actions have been developed to upskill maternity staff and make training regarding anti racism and bias compulsory as well as increasing the number of ethnic minority staff to ensure our services are inclusive and welcoming to all.</p> <p>The newborn screening service completed an audit on uptake of newborn screening, there was a high uptake of screening and data showed no differences in the groups that declined screening. Where screening was declined there was evidence that parents had made an informed decision to decline screening.</p> <p>The Local maternity and neonatal services equality action plan which covers the whole of BSW reflects that some of our data collection is still in the early stages. For instance, national figures are available for the relative risk of still birth for Black and Black British women (1.54%) and for Asian and Asian British women the risk is 0.69%.</p> <p>Early findings from our own data collection indicate the risks in Bath and North East Somerset, Swindon and Wiltshire are lower for Black and Black British women and comparable to national figures for Asian and Asian British women. However, the numbers are very small as to not necessarily be statistically significant. More data needs to be collected over a greater period to understand if there may be other factors such as age to determine the significance.</p> <p>There are some early findings from data collected that shows possible correlations, for example women from white ethnic groups are more likely to smoke than any other ethnic group for instance and women in Indices Multiples of Deprivation 1 were significantly more likely to smoke than women in any other IMD group.</p> <p>Great Western Hospitals</p> <p>The education team have provided several education tools to help protect service users from harm.</p> <p>A cultural awareness simulation has been released to explore the perspectives of services users vs care providers and the impact of staff attitudes on engagement with families. This explored a lived patient</p>	<p>1</p>	<p>Transformation Midwives & Local Maternity and Neonatal Services Lead</p>
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		<p>experience from outside of the service which was negatively impacted by a lack of continuity and a lack of clear communication.</p> <p>An education 'Back to Basics' series exploring skin colour and recognising hypoxia has been shared with staff.</p> <p>Learning from a regional maternal death has been shared and explored with staff where a lack of access to translation services was identified as a contributory factor.</p>		
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Feedback from friends and family tests and birthing parents is consistently positive and high but is predominately from service users from white ethnic backgrounds and more can be done to ensure feedback is gathered from all service users.</p> <p>The Royal United Hospitals Bath undertook an assessment to be accredited by the NHS Rainbow badge scheme in 2022. The scheme looks at how inclusive services are from an LGBTQ+ perspective, including both staff and patients. As a gendered service maternity, was reviewed as part of this accreditation, including the policies surrounding staff taking maternity parental leave, the physical environment for patients, written communications including patient information sheets and correspondence between the hospital and service users. This evidence was submitted alongside survey responses from patients, visitors and staff. The hospital was awarded a Bronze accreditation .</p> <p>Feedback from the scheme specifically about maternity services: Received the maximum score available for maternity/perinatal questions. The Trust can record different family structures under the partnership tab for bookings and is explicitly inclusive of different family structures in their online system, a clear effort is made to be inclusive of all at booking stage. There is also evidence of gendered language being changed wherever possible, for example replacing 'mother' and 'woman' with 'women and birthing people' in patient information and literature, however this change is happening slowly across the system..</p>	<p>2</p>	<p>Transformation Midwives & Local Maternity and Neonatal Services Lead</p>

		<p>Users of Maternity services are referred to as service users rather than patients.</p> <p>Great Western Hospitals</p> <p>The CQC maternity survey for data gathered February 2022 demonstrated that Great Western Hospital were in the top 5 performing Trusts for 6 areas</p>		
<p>Domain 1: Commissioned or provided services overall rating</p>			5	

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	<p>BSW ICB offers a range of wellbeing resources with a dedicated webpage for physical and mental health. For example, NHS digital weight management programme, smoking cessation, sleep and physical activity. Mental health conditions are supported through a free counselling Employee Assistance Programme (EAP) service and there are mental health first aiders. Stress, anxiety /depression/other psychiatric illness accounted for 40% of all sickness absence during January 2022 and January 2023, although there is an overall low sickness rate of 1.84%.</p> <p>All new members of staff are assessed by occupational health ahead of their start date, so the ICB can proactively complete the necessary reasonable adjustments to accommodate them. Throughout, employment there is ongoing access to occupational health services.</p> <p>To increase the score further, data collection for staff accessing services would enable the evaluation of their effectiveness particularly in relation to those with protected characteristics.</p>	2	People Team

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>The ICB is clear on its no tolerance approach to abuse, harassment, bullying and physical violence with the commission of security advisory provision to help minimise any physical threat to individuals. Policies are in place to enable prompt reporting of abuse, harassment and bullying and the appraisal process encompasses a wellbeing check-in.</p> <p>However, the assessment does not address this outcome in sufficient detail. The score for this outcome is 1 and is described as a 'developing activity'. Health and wellbeing are a feature of the staff survey and data can be correlated in relation to staff with protected characteristics. We can demonstrate that scores in this area are generally positive and have improved once again during the review period, however reporting year data is variable and therefore more work is required to ensure sustained and significant decrease in bullying and physical violence from any source.</p>	1	People Team																												
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<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>There is a free confidential counselling service both for a self and manager referral process as part of the EAP offer. Return to work interviews demonstrate evidence of health and wellbeing conversations following a period of absence. There is a wellbeing check-in within 1-1 to annual appraisal documents that specifically checks if individuals wish to report any H&B issues and checks if they are feeling well supported. Several short courses and seminars have been made available to colleagues including those hosted by NHS England. The ICB have active health and wellbeing champions and mental health first aiders able to offer independent, confidential support and advice.</p> <p>The Freedom to Speak up framework and offer needs refreshing to enable easier access to all members of staff and work is currently underway to do this.</p> <p>Additional information from staff feedback, unions, networks, and further data would enable enhanced evidence on assessing the impact and uptake of available support and any unwarranted variations across staff groups.</p>	<p>1</p>	<p>People team</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<div data-bbox="501 118 1458 699" data-label="Figure"> <table border="1"> <caption>Recommend for Work and Treatment</caption> <thead> <tr> <th>Survey Period</th> <th>% Staff recommend the organisation as a place to work</th> <th>% Staff recommend the organisation as a place to receive treatment</th> </tr> </thead> <tbody> <tr> <td>People Survey 2022 (Action Planning Period)</td> <td>62%</td> <td>52%</td> </tr> <tr> <td>Internal People Survey 2021 (Reporting Period)</td> <td>60%</td> <td>60%</td> </tr> <tr> <td>People Survey 2020</td> <td>72%</td> <td>61%</td> </tr> </tbody> </table> </div> <p data-bbox="501 738 1877 1007">Whilst in 2022, 72% of staff reported feeling respected and 71% feeling valued, and the ICB benchmarks in the median quartile in relation to other comparators, more is to be done in this area to improve colleagues view of the ICB as a place to work or receive treatment. To improve the situation, further insight into the staff experience is required to inform the necessary interventions and support, and we will do this during 23/23 through colleague workshops and a new Colleague Engagement Group. In future, the assessment could be further enhanced through the inclusion of data and tables to confirm the scores when benchmarked against peer organisations. It will be important to break down the survey results to understand differential responses for underrepresented groups to support this ongoing activity</p>	Survey Period	% Staff recommend the organisation as a place to work	% Staff recommend the organisation as a place to receive treatment	People Survey 2022 (Action Planning Period)	62%	52%	Internal People Survey 2021 (Reporting Period)	60%	60%	People Survey 2020	72%	61%	1	People team
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Domain 3: Inclusive leadership

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	<p>There is commitment to equalities and health inequalities at Board and executive level. Board champions are provided through the Chief People Officer and Director for Equalities, Innovation and Digital Enterprise. There is a focus on Board and system leader development as part of the inclusion pillar of the BSW Academy, which has scoped and delivered programmes of work focussed on senior leaders such as compassionate culture programmes, system leadership and health inequalities.</p> <p>The score can be enhanced through capturing evidence for board equality activities such as enhancing the provision of Staff Equality networks, actively championed by Executive Board Members, the inclusion of EDI Objectives within senior leader appraisals, and greater executive participation in cultural intelligence training and Diversity and Inclusion awareness sessions at board level.</p>	1	People team

	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>The ICB has a Quality and Equality Impact Assessment (QEIA) process in place which provides the framework to ensure compliance with statutory obligations and to identify any risks to the organisation. Impacts are also assessed through the cover sheets for all reports that are presented to the Board, as well as other committees, to ensure it is integral to planning and implementation. The ICB has an active framework for patient and public engagement and attends the Health and Wellbeing Boards. A network of patient participation groups and regular events seek the views of patients and the public. However, it is clear that this is adopted intermittently, and more work needs to be done to ensure anyone who writes a paper, understands what the EQIA process is and why it is important to address it thoroughly. Work has also commenced to implement inclusive recruitment methods including gender balanced panels, and EDI (including WRES and WDES) action plans.</p> <p>To increase the scoring, the ICB will undertake a thorough review of how EQIA is undertaken, ensure all necessary training and education about the EQIA process is available to anyone writing a paper then analyse board and committee papers to assess the extent to which equality and health inequalities related impacts and risks are discussed and actions in place to address the identified inequalities. During 23/23 the ICB will develop a diversity and inclusion strategy as required by all ICB's and will harmonise EDI activity moving the focus away from the reporting towards a focus on achieving positive EDI gains.</p>	1	Exec committee
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	<p>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</p>	<p>There is a well-established quality group with an operational framework for recording health and equalities data which meets regularly and is available to access through the colleague intranet. In addition, there is a health inequalities strategy with associated implementation plans, however both require greater communications with colleagues through active oversight by senior leaders to ensure a shared understanding. There is a statutory duty to produce an Annual Diversity and Inclusion report which includes clear action plans around managing performance and monitoring progress with staff and patients around EDI matters. Gender Pay Gap reporting, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reporting take place annually providing the ICB an opportunity to assess how well it does against these frameworks and develop specific actions to target improvement each year. The Executive team have recently launched a new appraisal process to support a greater oversight of progress and manage performance aligned to organisational strategy objectives, led by Executive colleagues. This replaces the compliance 'chase' process traditionally undertaken by the People Team and should better support an ongoing culture of senior leadership owned organisational performance.</p> <p>Further steps to improve this score could include better oversight of strategies, action planning and committees on the intranet and through weekly staff engagement activities, and more generally staff engagement via staff networks and other channels, including Trade Union representatives to specifically address staff inequalities and create action plans collaboratively.</p>	1	
Domain 3: Inclusive leadership overall rating			3	

EDS Organisation Rating (overall rating): Developing (13)

Organisation name(s): BSW Integrated Care Board and BSW Integrated Care System.

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Leads	Year(s) active
Gayle Williams, Emma Baker-Gaunt, Sharon Woma, Harjinder Bahra	2022-2024
EDS Sponsor	Authorisation date
Jane Moore, Director of Equalities, Innovation and Digital Enterprise, Jas Sohal, Chief People Officer	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> To define access and areas to focus on To conduct a deep dive into access in maternity services to understand the barriers and solutions to accessing care. To develop health inequalities QI champions. To consider ways in which access can be improved; currently looking at moving some services into the community from the acute unit including obstetric clinics and routine scans. 	<p>Following the Quarterly Maternity Governance report, in August 2022, a working group was set-up to explore equitable care in pregnancy for Black, Asian and minority ethnic (BAME) women at Salisbury hospital (SFT).</p>	Dec 2023
			<p>This included developing the team with an Obstetric Lead for the women's antenatal care, inviting BAME women who have received care in SFT to the working group, developing a 'Tool Kit' to help clinicians ask BAME women neutral questions and linking up the Academic Health Science Networks (AHSN) West of England 'Black Mothers Matter's' project</p>	Dec 2023

	<p>1B: Individual patients (service users) health needs are met</p>	<p>1. An enhanced breastfeeding initiation service was rolled out in October 2022 for those in an area of lowest breastfeeding initiation called 'The Milk Project'.</p> <p>The project is funded by the Local Maternity and Neonatal Service for 12 months. The aim is to increase breastfeeding initiation and duration in one of our areas with the lowest breastfeeding initiation</p>	<p>The following has been put in place to support the project: 1 X midwifery support worker for 6 hrs a week to offer:</p> <ul style="list-style-type: none"> • Additional antenatal education on infant feeding and nurture • Additional postnatal support on infant feeding and nurture <p>Follow on Actions:</p> <ul style="list-style-type: none"> • Gather outcomes data on newly embedded services to understand the effectiveness of the implementation. 	<p>Completed and funded across all providers.</p> <p>Feb 2024</p>
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1C: When patients (service users) use the service, they are free from harm	2. A quality improvement (QI) working group has been established with QI champions to address the feedback from workshops and questionnaires outlined in 1C.	<ul style="list-style-type: none"> • QI champions for inequality attend. There will be a deep dive into the areas identified with a plan for improvement. • Aim to understand how age acts as a compounding variable for birth outcomes alongside area of deprivation. 	Ongoing
	Person centred care.	SFT have successfully recruited to the Psychological Wellbeing midwifery post – this post will support women who are challenged with their mental health.	Dec 2023
	Safe, friendly, and dignified care.	A new, entrance and reception area providing improved and integrated access to maternity services including the labour ward, day assessment unit, antenatal clinic and the maternity scanning department was opened and in October 2022. The brand-new Beatrice Birth Centre offers a safe, friendly environment suitable for women and birthing people who have had a healthy pregnancy and are expecting to have a straightforward birth.	Completed

	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>With respect to inclusive language and improving communication with service users:</p> <ul style="list-style-type: none"> • Develop a breast-feeding policy. • Review and update electronic label options. • To review the communication methods and barriers to effective communication in maternity services, especially for women from Black, Asian and Mixed ethnicities. 	<ul style="list-style-type: none"> • Midwives are in the process of writing a breast-feeding policy. • To amend the relationship label options in the booking document from – heterosexual partnership’ to ‘opposite sex partnership’. • To add pronoun options to the booking documents • To ensure the use of interpreters for appointments • To roll out anti-racism/cultural competency training for all staff working in maternity <p>To introduce ‘inclusion champions’ with quality improvement roles to drive forward change</p>	<p>October 2023</p> <p>Ongoing (12-month program)</p> <p>In progress/Sept 2023</p>
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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	To investigate whether external providers can provide demographic data on who is accessing wellbeing opportunities. Further develop the health and wellbeing offer across the ICS.	Contact providers of services and analyse uptake and access to provided services. Produce staff satisfaction/user survey for H&W offers. Work with partners to extend the reach and remit of an inclusive Health and wellbeing offer.	August 2023 October 2023 August-October 2023
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	To ensure behaviours and values are shared and part of the ICB corporate appraisal process. Implement as part of the appraisal process.	Work with colleague engagement group to refresh Freedom to Speak up approach in ICB and introduce new Freedom to Speak up guardians who are more readily accessible to ICB staff.	August 2023
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Data to be collected on who is accessing services to enable us to monitor whether services are fit for purpose.	Contact external providers to ask for metrics and themes. For example, what % of staff accessing staff counselling services broken down by protected characteristics. Themes provided on reasons for access i.e., work/personal stress	August 2023

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>% of staff recommending the ICB as a place to work increases by 10%</p> <p>Leaders have cultural competence and are equipped to hold conversations regarding race and culture.</p>	<p>Further review with colleague engagement group and health and wellbeing leads in order to support the development of a health and wellbeing strategy.</p> <p>Six high impact actions for recruitment and retention fully implemented across BSW system.</p> <p>Develop staff networks and raise profile of the available networks.</p>	<p>August 2023</p> <p>October 2023</p> <p>August 2023</p>
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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	To ensure members are equipped and able to role model EDI and HI into practice.	<p>Review and consult on the ICB Diversity and Inclusion strategy</p> <p>EDI embedded as part of evidence for appraisal and selection process. (See 2d).</p> <p>Developmental package for the executive team including a reverse mentoring scheme.</p> <p>Undertake a benchmarking exercise to provide a baseline for actions.</p>	<p>December 2023-April 2024</p> <p>October 2023</p> <p>October 2023</p> <p>August 2023</p>
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure that equality, diversity, and inclusion are at the forefront of service development, alterations, and policy development.	<p>Roll out lunch and learn sessions for managers on completing equality and quality impact assessments (EQIAs)</p> <p>Papers without an EQIA are rejected.</p>	<p>July/August 2023</p> <p>Immediately</p>
	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 the six high impact recruitment and retention actions	Recruitment and resourcing and EDI leads forming an action group to work together at a system level to implement actions, (see 2 d).	October 2023

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