

NHS Equality Delivery System
EDS Reporting 2023/24

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	NHS Gloucestershire ICB	Organisation Board Sponsor/Lead		
		Tracey Cox, Director People, Culture & Engagement		
Name of Integrated Care System	NHS Gloucestershire Integrated Care System			

EDS Lead	Tracey Cox	At what level has this been completed?		
			*List organisations	
EDS engagement date(s)	March 2024	Individual organisation	Domain 2 & 3: NHS Gloucestershire ICB	
		Partnership* (two or more organisations)		
		Integrated Care System-wide*	Domain 1: Gloucestershire Health & Care NHSFT Gloucestershire Hospitals NHSFT NHS Gloucestershire ICB	

Date completed	18/03/2024	Month and year published	March 2024
Date authorised		Revision date	March 2025

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 1: Commissioned or provided services

We have collated information to support this assessment from NHS Gloucestershire ICB, Gloucestershire Health & Care NHSFT and Gloucestershire Hospitals NHSFT. The evidence gathered includes statistical data, policies, strategies, working protocols and procedures, service specifications and health inequalities action plans. The three service areas are Cancer Services, Translation & Interpretation Services and Maternity Services (including Perinatal Mental Health). These were selected based on work that is underway to tackle health inequalities, patient experience data and local community insight.

The evidence for Cancer Services and Translation and interpretation has been discussed with the ICB Working with People and Communities Advisory Group. The evidence relating to Maternity Services was discussed with the Maternity and Neonatal Voices Partnership (MNVP). Both discussions gave valuable insight into our self-assessment and made recommendations regarding ratings for each of the four outcomes. Services were individually assessed, and scores combined to arrive at the overall rating.

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>Cancer services: There is good provision of cancer services across primary care, acute and community services. A place-based population health approach is being taken through Integrated Locality Partnership and Primary Care Networks. Our Integrated Care Strategy focuses on understanding our communities and achieving equity:</p> <ul style="list-style-type: none"> • There is ongoing work to improve data coverage and links across all health data sets, to improve the data completeness. Analysis by some protected characteristics remains challenging due to the incompleteness of data. • Targeted improvements for those living in our most deprived areas (CORE20Plus5 – 5 clinical priorities one of which is Cancer) • There is a focus on improving access to care and reducing backlogs in waiting times (COVID19 recovery). 	2	<p>Cancer Clinical Programme Board</p> <p>Macmillan Next Steps Joint Service Lead</p>

		<p>The Gloucestershire ICS Cancer Programme oversees much of the work to increase early diagnosis rates and ensure identification of, and reduction in, inequalities:</p> <ul style="list-style-type: none"> • Early diagnosis variation is associated with deprivation • Patients from the most deprived groups appear under-represented in Cancer Waits data. • Patients in the most deprived areas of Gloucestershire are more likely to wait longer than 2 weeks to be seen when referred with suspected cancer. • Cross-system data project to enable more detailed review of variation in early diagnosis. <p>Programmes focus on ensuring timely presentation, faster diagnosis and operational improvement. Collaboration across the system, personalisation and effective two-way communication with communities aims to reduce barriers to equity.</p> <p>Non-Specific Symptoms (NSS) pathway launched as a pilot in 2022 has now been rolled out to all GP practices in Gloucestershire.</p> <p>Work is commencing to improve access to lung, pancreatic and colorectal cancer screening and treatment, and to reduce DNAs and late diagnosis in groups who experience health inequalities.</p> <p>There are plans in place to provide increased diagnostic capacity via both the Community Diagnostic Centre (CDC) and endoscopy business plans to meet the requirements for urgent suspected cancer. Priority diagnostic capacity for urgent suspected cancer is provided via both the CDC and releasing existing capacity as other activity is moved to the CDC. Committed approach to ensure timed pathways and pathway improvements are delivered across system. The key actions include:</p> <ul style="list-style-type: none"> • Service Improvement Lead appointed with specific focus on Best Practice Timed Pathways (BPTP) improvement; focus on four priority pathways (prostate, lower GI, skin and breast). 		
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		<ul style="list-style-type: none"> • Pathway trackers to manage patients through the pathway have been appointed across the service to improve patient flow and data validation. • Promotion of GP decision tool and targeted education to help direct use of appropriate diagnostics. • Telederm pilot expected to enable achievement of timing milestones for skin cancer pathway. <p>Macmillan Next Steps - specialist cancer rehabilitation programme provides accessible support for adults living across the county.</p> <p>Translation and Interpretation (T&I) Services: Each NHS organisation in One Gloucestershire commissions Translation & Interpretation (T&I) Services, which are available to patients' attending appointments in Primary Care, Acute and Community Services.</p> <p>We are in the final phase of re-procuring one T&I service for spoken languages across One Gloucestershire partners. This will enable:</p> <ul style="list-style-type: none"> • Continuity of interpreter (where preferred) • Improved access to services • Collection of robust feedback from people in our communities • Improved staff training <p>Our work with Gloucestershire Deaf Association has provided a better understanding of the number of British Sign Language users accessing health care in the county.</p> <p>We are working with voluntary sector partners to raise awareness of the Accessible Information Standard (2016) and develop mechanisms to ensure compliance across our system.</p>	2	Equality Leads/Contract holders across each organisation
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		<p>Maternity Services</p> <p>The Local Maternity and Neonatal System (LMNS) Board has regular oversight of and monitors the national local maternity services dashboard. This brings together information from different data sources to track, benchmark and improve the quality of maternity services in Gloucestershire.</p> <ul style="list-style-type: none"> • Maternity services, including Delivery Suite, Birthing Units, Community Midwives and Perinatal Mental Health Services are delivered in a number of locations in Gloucestershire • Current data shows the number of maternity bookings in Gloucestershire (2023/24 year to date) stands at just under 5,400. • 12.3% of all bookings are for women whose ethnicity is recorded as Black/Asian/Mixed. When combined with those whose ethnicity is recorded as White Other/White Irish/Other, this figure rises to 21.3% This is higher than the ethnic minority population in Gloucestershire, which according to the 2021 Census is 12.3%. We understand this difference is likely to be due to an increase in immigration since the 2021 Census, and note the rate from the Census data is an average across all age groups. If reviewing Census data for women of childbearing age (those aged 15-45 years), the rate of those from an ethnic minority is 17.7%, which is closer to our 'booking' rate. • The 'ethnicity at booking' data is recorded in our maternity and neonatal dashboard and is reviewed at the monthly LMNS Perinatal Quality and Safety workstream meetings. • 23.9% of all bookings are from women who live in the most deprived areas (IMD Deciles 1&2) of Gloucestershire. 14.7% of these women are booked with the Continuity of Carer team/pathway. <p>The LMNS ensures that services are delivered in a way that meets the needs of people in the community. For example, the Birth Anxiety and Trauma Service (part of the Perinatal Mental Health team) and Perinatal Pelvic Health Service deliver aspects of their services within community settings. Continuity of Carer teams are based in geographical areas which were identified in an</p>	2	Local Maternity and Neonatal System (LMNS Board)
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		<p>earlier needs analysis as being those where deprivation was highest, and/or had a high proportion of ethnic minority women and birthing people:</p> <ul style="list-style-type: none"> • We carried out a maternity and neonatal 'Equity and Equality' population needs analysis in 2022, which consisted of an in-depth review of maternity and neonatal risk factors and outcomes. This identified key groups for whom risk factors and outcomes were poorest. This included those from ethnic minority communities, young mums, travellers, and those from the most deprived areas of the county - and we consequently identified a number of wards as priority areas for us. • Our Workforce Race Equality Standard data also indicated that staff from an ethnic minority community, working in the Women's and Children's division at Gloucestershire Hospitals Trust (GHFT), experienced race inequalities at work. This suggest there is scope for learning and improvement across the maternity pathway to support both our service users and staff. • The LMNS has established an EDI Workstream which has attendance from staff across the system, including representatives from health visiting, maternity, Public Health, the county council, Maternity and Neonatal Voices Partnership, Communications and Engagement. The workstream oversees maternity and neonatal deliverables (as directed by NHS England), as well as a number of other projects which identify inequality within our system and develop action plans to reduce these. • Gloucestershire Maternity and Neonatal Voices Partnership continually engages with women and birthing people, through face-to-face individual and group meetings, and through surveys, to ask for their feedback on the services. This feedback is shared with the LMNS through the Maternity Experience workstream, and actions are agreed on to make improvements. • Tackling Tobacco Dependency (TTD) offers support to pregnant women in Gloucestershire. All pregnant women are assessed at their first antenatal appointment (carbon monoxide assessment) to identify smokers and refer them to the Healthy Lifestyles Service (HLS) where they will be 		
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- Information available on website in English and most commonly requested languages to support vaccinations in pregnancy: Arabic, Chinese; Polish; Punjabi; Romanian; Somali
- Information available in easy read for children with siblings in the neonatal unit; both in printed and online formats.

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Patient
Information

Having a brother or sister in the Neonatal Unit (NNU)



What is the Neonatal Unit (NNU)?






The **Neonatal Unit** is sometimes called the NNU.

It is a special ward for babies who need a bit of extra help when they are born.

Instead of cots, babies often sleep in a warm box called an **incubator**.

- A dedicated maternity playlist on YouTube [Maternity - YouTube](#) including tours of the departments, what to expect with certain procedures including caesarean section and induction of labour, support to tackle tobacco dependency and how to book in with the service. We have subtitling on the majority of the videos available and have translated some into other languages

		<div data-bbox="577 161 801 268"> <p>28  Maternity Booking Animation Gloucestershire Hospitals NHS Foundation Trust • 488 views • 2 years ago</p> </div> <div data-bbox="577 288 801 395"> <p>29  New Maternity Booking Process (Polish Translation) Gloucestershire Hospitals NHS Foundation Trust • 223 views • 2 years ago</p> </div> <div data-bbox="577 416 801 523"> <p>30  New Maternity Booking Process (Slovak Translation) Gloucestershire Hospitals NHS Foundation Trust • 87 views • 2 years ago</p> </div>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Cancer Services: System-wide work to deliver the Cancer Operational Planning guidance 2022/23 has contributed to local action, including:</p> <ul style="list-style-type: none"> • Faster diagnosis and operational improvement; e.g. Targeted focus on inequalities in prostate cancer aimed at increasing engagement in men over 45 from a black ethnic background, with family history of prostate cancer. • Early Diagnosis: Effective Primary Care Pathways. <ul style="list-style-type: none"> – Supporting Primary Care Networks (PCNs) to deliver the cancer early diagnosis DES requirements with a focus on improving early diagnosis in areas with high deprivation through improving their referral practice. – Updated information data packs provided to PCNs to support with Early Diagnosis of their population. • Early Diagnosis: NHS Cancer Screening <ul style="list-style-type: none"> – Working to identify the population groups with low screening uptake locally e.g. Actively developing opportunities to improve screening uptake in women from South Asian communities and in areas of deprivation. 	<p>2</p>	<p>Cancer Clinical Programme Board</p>

		<p>- Improving access to screening for people with Learning Disabilities and Autism by having a dedicated cancer screening support nurse.</p> <p>In addition to the Primary Care DES, PCN Quality Improvement Projects respond to local challenges, e.g:</p> <ul style="list-style-type: none"> • Inner City Glos PCN – Cervical Screening: Addressing Health Literacy and Language Barriers. 52 languages spoken in the practice population. • Cheltenham Central PCN - Holistic/Health Inequalities Focused Cancer Early Diagnosis Health Education and Empowerment for Men and Women utilising Social Prescriber Support • Hadwen & Quedgeley PCN - Mens Health Awareness on Early Cancer Diagnosis • Stroud Cotswolds PCN - Best practice in use of direct access CT scans for early cancer diagnosis and early detection and screening. Support for difficult to access groups such as people with Learning Difficulties and refugees. <p>Macmillan Next Steps - The service uses a multidisciplinary team to meet the needs of individuals through:</p> <ul style="list-style-type: none"> • Use of MYCAW wellbeing tool - MYCaW® is an individualised questionnaire designed for evaluating holistic and personalised approaches to support people. <p>Translation and Interpretation (T&I) Services: Access to the T&I services available across One Gloucestershire services 24/7, 365 days.</p> <ul style="list-style-type: none"> • Policies and procedures in place to ensure staff are able to access T&I support. • Reasonable adjustments made e.g. longer appointments, mobility, support for hearing and sight impairments. • Resources and leaflets about services translated and available on request. • Service users have the right to express their needs, requirements, opinions and views using their preferred language or communication style 	2	<p>Primary Care Networks</p> <p>Macmillan Next Steps Joint Service Lead</p> <p>Equality Leads/Contract holders across each organisation</p>
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		<ul style="list-style-type: none"> • Options for appointments include Face to Face, virtual (via Attend Anywhere) or telephone, including BSL language are provided • Translation of the appointment's letters are provided in preferred communication style or language. • New service specification for spoken language will: <ul style="list-style-type: none"> - support requests for continuity of interpreter across organisations - enable service improvement (re T&I) based on feedback from patients <p>Accessible Information Standard: Working in partnership with VCS organisations to support awareness raising of communication needs for people with a disability, sensory or cognitive impairment.</p> <p>Maternity Services</p> <p>Our needs analysis identified groups and communities where outcomes were poorer, and also made recommendations about further work and areas of focus in order to reduce these health inequalities. This led to the development of our LMNS Equity and Equality action plan, in collaboration with the Maternity and Neonatal Voices Partnership (MNVP). This co-produced 5-year plan includes:</p> <ul style="list-style-type: none"> • 2 Midwifery Continuity of Carer (MCoC) teams have been established to provide support in areas of high deprivation and ethnic minority communities. • A Quality Improvement project to develop and deliver an in-house maternity Treating Tobacco Dependency programme. The project will target pregnant women who smoke living in areas where smoking rates are highest particularly those living in Gloucester (CORE20); young mothers and those from more deprived neighbourhoods. Three Specialist Maternity Support Workers work as tobacco treatment and dependency advisors targeting pregnant women in these areas and specifically those who do not currently engage with the county wide community Stop Smoking service. • A Perinatal Emotional Health and Wellbeing pilot funded by the ICB and delivered by The Nelson Trust supports women with low/moderate 	1.5	LMNS Board; LMNS Equity Workstream; MNVP
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		<p>perinatal mental health needs, and can support with issues around accommodation, drug and alcohol misuse and domestic abuse.</p> <ul style="list-style-type: none"> • Improving Perinatal Mental Health and access to these services, including in South Asian women and young mums. The South Asian women's group is currently being scoped, in a change to the previous provision. • Perinatal Equity and Equality Action Plan developed with a focus on mothers from more deprived areas and ethnic minorities, young mothers and Traveller communities • A young mums' support group is delivered by Forest Voluntary Action Forum (FVAF), who has identified the needs of the young people and encourages social inclusion, helps build confidence, learn new skills and increase parenting social circles. • A Quality Improvement project for an Infant Feeding app, 'Anya', to support those in areas where breastfeeding rates are lower (Gloucester and the Forest of Dean). This project will be evaluated in collaboration with the West of England Health Innovation Network • Improving access to translation and interpreting services with development of lanyards and pocket-sized information cards to support clinical staff to access interpreters easily. • Cultural competency training and Black Maternity Matters anti-racist training delivered to staff across the LMNS including a bespoke senior leaders' programme. This programme supports quality improvement to improve experiences for black and Asian women accessing maternity and neonatal services eg. silk bonnets available on delivery suite for women with texturized hair. • A Quality Improvement project to review current antenatal pathway and scan capacity to ensure it meets the additional needs of women from specific ethnic minority communities. This work has included a review of the use of interpreters within antenatal settings. • Audit undertaken on the documentation of communication needs of women. Audit also identified uptake of interpreting services within the antenatal, intrapartum and postpartum periods. Recommendations 		
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		<p>relating to better recording of women’s needs and improve availability of interpreters have been identified and improvement work is being developed in response. This includes work to increase the recording of ethnic group to meet the 95% compliance target.</p> <ul style="list-style-type: none"> • Joint maternity and neonatal reviews of all admissions to the neonatal unit of babies equal to or greater than 37 weeks (ATAIN) to identify whether separation could have been avoided. • Improved access of the transitional care unit to support families of babies cared for in NICO. <p>Further work is being planned to:</p> <ul style="list-style-type: none"> • Improve access to antenatal education through online education, translated into a number of different languages, to support those unable to access other antenatal education provision • Data analysis for those who book 'late' (after 12 weeks of pregnancy) to see if any work can be done to reduce this rate <p>Perinatal Mental Health Service:</p> <ul style="list-style-type: none"> • Offers an individual initial assessment and person-centred care plan based on individual needs and delivered collaboratively with them. • Each service user is allocated a lead Health Care Professional who is responsible for care plan. • Care is supported through Multi-disciplinary Team meetings, caseload review meetings with lead Health Care Professional, reflective sessions, and safeguarding supervision sessions. • Clinicians work closely with other agencies/voluntary sectors and maintain good communication to ensure that safe and good quality of care is provided and to maintain the continuity of care. 		<p>Kim Tiffney, Perinatal Mental Health Team, Glos Health & Care NHSFT</p>
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Cancer Services: Gloucestershire residents are able to access high quality, safe healthcare. The Care Quality Commission has rated both main providers as ‘Good’. In Primary Care settings, residents can also access good quality GP services, most of which are rated as either ‘Good’ or ‘Outstanding’.</p> <ul style="list-style-type: none"> • System Safety Group established to: <ul style="list-style-type: none"> – Oversee the implementation of Patient Safety Incident Response Framework (PSIRF) at system level; – Help the system by being proactive; – Include digital safety; – Inspire safety culture across the ICS; • Patient safety policies and procedures in place with all providers: additional needs are supported by LD Liaison Nurse Service; Admiral nurse for inpatients with dementia diagnosis; Transgender policy. • Embedded through Professional Registration, Staff mandatory training, Risk Assessments, Information Governance, DATIX reporting, Freedom to Speak Up Guardians, Duty of Candour. <p>Translation & Interpretation Services:</p> <ul style="list-style-type: none"> • Policies and procedures are in place to ensure NHS providers are compliant with contractual safety requirements – these are generic for all patients. • DATIX reporting reviewed and actioned. • Freedom to Speak Up Guardians, who support staff to speak up on issues relating to patient safety and the quality of care; staff experience and learning/improvement. • One Gloucestershire Quality Framework, Quality Strategy, Whistleblowing Policy support patient safety. • Translation & Interpretation Delivery Group will have oversight of the re-procured service, providing more scrutiny of the service. 	<p>2</p> <p>2</p>	<p>ICS System Safety Group</p>
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		<p>Maternity Services:</p> <ul style="list-style-type: none"> • Local Maternity and Neonatal System receive regular updates on quality and safety, including the quarterly Perinatal Quality Surveillance and Safety Report. This report provides detailed information on emerging safety concerns or activity to ensure safety with a two-way reflection of ‘ward-to-board’ insight across the multi-disciplinary, multi-professional maternity services team. It reflects actions in line with Ockenden Report and progress made in response to any identified concerns at provider level. • Maternity and Neonatal safety champions in post and meet bi-monthly, undertaking walkabouts of key areas of focus. They provide visible leadership and promote safe, personalised care, share learning and best practice from national research, local investigations and initiatives. • DATIX reporting – a daily review of all incidents rated moderate harm+ takes place to ensure we are responding to any potential safety concerns in a timely way. In addition, the introduction of hot and cold de-brief post incident to support staff health and wellbeing • Twice weekly MDT meeting to review incidents. • We have strengthened the quality and safety reporting both internally and externally to support an increase in learning from our incidents and patient feedback 	1.5	Clinical Quality Assurance Group Local Maternity and Neonatal System Board
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Level 3 Safeguarding

	Band 2 and 3		Band 5		Band 6 and above		Junior Drs	Consultants	
	New starters	Current	New Starters	Current	New Starters	Current	New Starters	New Starters	Current
Component 1 Complete level 1 and 2 e-learning (for anyone needing Level 3, this is a one-off in your career)	During induction	Complete every 3 years	During induction	Complete ASAP if not completed within induction	During induction	Complete ASAP if not completed in induction	Within first 3 months	During induction	Complete as soon as possible if not completed
Component 2 GSCP Interagency day (Level 3) (this is a one-off during employment at GHFT)	n/a	n/a	During induction	Within next 3 months if not completed during induction	During induction	Complete interagency day if not already completed	Within first 3 months	During induction	If not completed during induction
Component 3 GSCP module library (for midwives this is 4 hours of module yearly)	n/a	n/a	4 hours within 3 months of starting in post	Complete 4 hours of GSCP modules	4 hours within 3 months of starting in post	If all other components completed, please complete 4 hours of GSCP modules every year	8 hours within initial 3 months	Complete 8 hours of modules of your choice from the GSCP site within the first year	Complete 4 hours each year from the GSCP site
Component 4 Maternity day	n/a	n/a	1 hour	1 hour completed before uplift to Band 6	1 hour	n/a	n/a	n/a	n/a
Component 5 Reflection (complete self-declaration when completed)	n/a	n/a	3 hours	3 hours prior to uplift to Band 6	3 hours	n/a	n/a	n/a	n/a
Total Hours/Year			16 hours	16 hours	16 hours	12-16 hours over 3 years	16 hours during 4-12 months	16 hours	12-16 hours over 3 years

- We have enhanced our safeguarding children training.
- We have a dedicated 'high risk' midwife.
- Increase staffing both midwifery and obstetric.
- Named midwife – safeguarding expanding the vulnerable women's offer for young mums under the age of 18, to include 18-20 year olds.
- Widened access routes and more structured approach to the Debrief Pathway for women who experience Birth Trauma.
- As part of the Black Maternity Matters collaborative (a co-produced project to improve the care of Black women in the Southwest Region), Gloucestershire LMNS are taking part in an anti-racism, quality improvement education and training programme examining a range of topics including unconscious biases and the role of the individual in perpetuating unsafe systems of care for Black women.
- The LMNS has funded Cultural Competency and Awareness training which was rolled out to approximately 120 staff across the LMNS, the majority of whom were from maternity services at GHFT.

		<ul style="list-style-type: none"> • Training films are being developed in collaboration with Maternity and Neonatal Voices Partnership for mandatory training to be rolled out to professionals systemwide in 2023/24, to raise awareness of vulnerable pregnant women and services available to support women and professionals. • One Gloucestershire statutory partners are working together to have one provider for Interpreting and Translating services across the ICS. As part of their Health Inequalities Fellowship, a midwife at GHFT has created a visible quick guide to booking an interpreter and increased awareness and uptake of the service. • GHFT are celebrating Black History Month with events dedicated to showcasing the work of pioneering black women in health care. These include screenings and discussions about the importance of Black History Month, Allyship and being an anti-racist organisation. • All qualifying HSIB/ MNSI and NHS Resolution's EN scheme reportable cases have been reported with all families receiving a letter informing them of any investigations in line with Regulation 20 of the Health and Social Care Act 2008 in respect to duty of candour. • Perinatal Mental Health: <ul style="list-style-type: none"> - Informed consent to share and treatment obtained from service users. - Regular safeguarding supervision sessions - Risks assessments carried out prior to appointments and expected to update regularly and whenever there is a change in presentation or risks. - Follow information governance and trust incident report. • Complaints and Serious incidents are recorded and analysed. 		<p>Kim Tiffney, Perinatal Mental Health Team, Glos Health & Care NHSFT</p>
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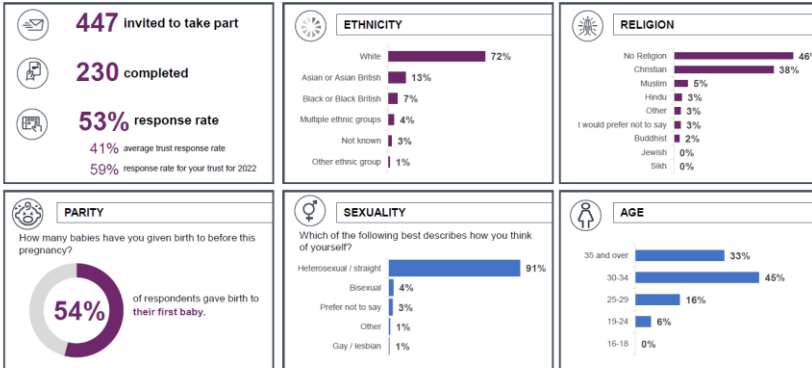
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Cancer Services: Working with people and communities Strategy: NHS Gloucestershire’s system-wide approach ensures proactive engagement across diverse communities.</p> <ul style="list-style-type: none"> • Patient experience information gathered through engagement is reported back to service leads and system partners. • Patient Experience data is gathered, monitored and acted upon: <ul style="list-style-type: none"> - National cancer survey – high levels of satisfaction reported, although limited analysis by protected characteristics possible due to small numbers involved - Patient experience data gathered via Friends and Family Test (FFT) – demographic data capture extended to provide greater breakdown of ethnicity; disability; carer - Programme evaluation/wellbeing measures (PROMs) gathered via Macmillan Next Steps • Working closely with ICB Insights Manager to build relationships with local communities and groups, including plans for engagement work and cultural competency training for staff supporting events. • Public awareness campaigns involving the Cancer Patient reference group and local charities such as Maggie’s, Focus, Charlies and Macmillan. Aims to reduce stigma and fear about Cancer and encourage informal opportunistic conversations in a safe space. • Targeted campaigns include: <ul style="list-style-type: none"> - Prostate cancer risk and awareness event with the African Caribbean Community. - Breast Cancer Awareness Events utilising the Information Bus with support from nurses, screeners, Macmillan Next Steps, Macmillan Information Hub and the Community Outreach Worker in Gloucester City. The events targeted deprived communities, ethnic minority communities (prevalence of late-stage diagnosis), the homeless community and the LGBT+ community. - Friendship Café event for the Asian women’s group. 	<p>2</p>	<p>Cancer Clinical Programme Board</p> <p>Macmillan Next Steps Joint Service Lead</p> <p>Patient engagement and experience leads</p>
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		<ul style="list-style-type: none"> - Bartongate Children’s Centre event - female Afghani refugees, with support from GARAS. - All Nations Health and Wellbeing event attended by Prostate and Breast Nurses. - General awareness, risks and prevention with Nepalese soldiers - Patient Participation Group Network -highlighting focus of work to support earlier diagnosis across the county. <p>Translation & Interpretation Services:</p> <ul style="list-style-type: none"> • We are in the final phase of re-procuring one T&I service for spoken languages across One Gloucestershire partners. This will enable: <ul style="list-style-type: none"> - Continuity of interpreter (where preferred) - Improved access to services - Collection of robust feedback from people in our communities - Opportunity to promote service to local communities - Improved staff training • Negative feedback from Clinical Teams is collated by Contract leads and discussed at regular contract meetings, but this is predominately about the process/difficulties associated with securing the interpreter or specific language, rather than patient experience of the service. • Gloucestershire Health and Care NHSFT are in the process of introducing a QR code, so that when an appointment has taken place, the Deaf client will receive a text so they can send back some feedback. • Working with Inclusion Gloucestershire, Gloucestershire Hospitals NHSFT have reviewed patient information leaflets and agreed which should be translated into Easy Read. Information to support patients in Shared Decision Making has been included on the back of each leaflet. 	1	Equality Leads/Contract holders across each organisation
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		<p>Maternity Services:</p> <ul style="list-style-type: none"> • As part of the Local Maternity and Neonatal System (LMNS) Equity and Equality action plan and in collaboration with the Maternity and Neonatal Voices Partnership (MNVP), engagement is being carried out with women, communities, and organisations with a view to coproducing interventions, e.g a working group has been set up in the Forest of Dean focussing on the requirements of Romanian women. Roadshows are planned in Cheltenham and Tewkesbury aimed at Health Visitors and Midwives to understand challenges around maternity care and suggested solutions. • Introduction of Maternity and Neonatal Experience Group created to ensure that experience data (including FFT, National Surveys, PALS) is reviewed and responded to. MNVP are members of this group. This group reports to Maternity Delivery Group and up to Quality and Performance Committee, a sub-committee of Trust Board • Feedback received via the MNVP is regularly reported to LMNS Board. • All national surveys, FFT and PALS insight is reported monthly to Quality Delivery Group, through to Quality and Performance Committee through to Trust Board by exception. • National Maternity Survey 2023 data gives us information about who, based on demographic data. 	2	LMNS Board; Head of Patient Experience, GHNHSFT; Maternity and Neonatal Experience Group
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Who took part in the survey?

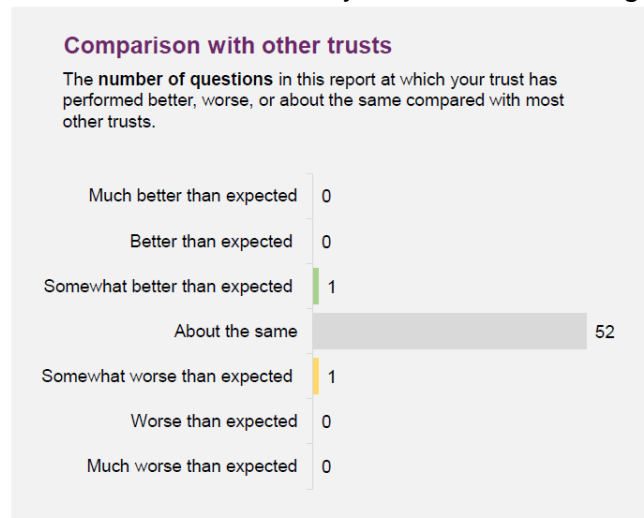
This slide is included to help you interpret responses and to provide information about the population of maternity service users who took part in the survey.



10 Maternity Services Survey | 2023 | RTE | Gloucestershire Hospitals NHS Foundation Trust

Please note that demographic information is unweighted.

- Gloucestershire scored 'about the same' as other Trusts nationally in all sections of the survey. The breakdown against question is below



- The FFT data for maternity services through 22/23 and the overall Trust score is below

Care type		Q1	Q2	Q3	Q4	2022/23 Total
Maternity	Total Responses	213	209	228	263	913
	Positive score	83.6%	88.1%	88.2%	87.4%	86.9%
Trust	Total Responses	18,118	19,536	16,346	23,992	77,992
	Positive score	87.7%	89.2%	88.5%	92.4%	89.7%

- Patient stories are shared at Trust Board and these have included both maternity and neonatal stories.
- Introduction of a dedicated survey to understand the experiences of those accessing our Early Pregnancy Assessment Unit
- Introduction of telephone relay service for those women, birthing people and partners to make contact with our PALS team when English is not their first language.

Perinatal Mental Health:

- Friends and family test feedback regularly reviewed and reported.
- Feedback for group interventions is sought and evaluated.
- Core 10 Outcome measures are used. (Likely changing to Dialogue in line with Transformation of wider mental health services in the Trust.
- Positive feedback to clinicians is reported on Datix compliments.
- The service runs an Experts by Experience Meeting bi-monthly to seek opinion and opportunities for improvement.

Kim Tiffney,
Perinatal Mental
Health Team, Glos
Health & Care
NHSFT

Domain 1: Commissioned or provided services overall rating

8

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	<ul style="list-style-type: none"> The ICB has supported a range of health and wellbeing projects and initiatives over the year (2023-2024) including: Staff health checks (MOTs) available to all ICB staff and widely promoted via the staff bulletin, wellbeing day and weekly emails. The health checks include an assessment of blood pressure, cholesterol, HbA1c (diabetes check) BMI, and a discussion with healthy lifestyle coach. Approximately 100 health checks were carried out in 2022-23 financial year and further 12 health checks during 2023-24 financial year. There is some funding left to offer this service to new starters in 2024. Blood Pressure Checks are available to ICB staff and other NHS staff from January 2024 at Gloucester Cathedral. The ICB has been publicising that clinicians are offering blood pressure checks and talking to people about simple changes they can make to lead healthier lifestyles BP checks at Gloucester Cathedral : Intranet – NHS Gloucestershire (nhsglos.nhs.uk). Women’s Health Day was arranged on World Menopause Day 18th October 2023, providing free sessions on nutrition, exercise – Pilates and cardiovascular exercise and the Menopause information session was led by Consultant Gynaecologist Dr Vellayan (GHFT). MSK session – a physiotherapy session was arranged for staff on 10th January 2024 to address the staff feedback obtained via the staff survey. The session concentrated on raising awareness of MSK’s/Ageing Well and the management of conditions; the ICB publicises how staff can self-refer to the Glos Physiotherapy service and includes information such as How can I help myself if I have pain? (gloshospitals.nhs.uk) 	2	Christina Gradowski Associate Director of Corporate Affairs

		<ul style="list-style-type: none"> • Promote hybrid working and office furniture grant; in the Autumn of 2023 the ICB moved office premises to Shire Hall allowing the ICB to further promote its hybrid working approach, office furniture grant scheme and workplace set up in Shire Hall. All these interventions are designed to help staff manage work and home life better and support them when working in predominantly sedentary jobs. There has been information in the Staff Briefings on MSK conditions, DSE assessments via Robert Hall and ergonomic chairs, hand rests and mouses as well as standing up desks in Shire Hall. There have been health and wellbeing sessions on improving staff mobility during the working day – guidance for those who Chair and organise meetings to ensure there are proper comfort breaks during long meetings and promoting walking at lunchtime and around the offices (see Staff Handbook). • Health & Wellbeing policies have been developed including the Drugs and Alcohol Policy, Physical Activity Policy and Menopause Policy with a range of resources available and communicated to staff via the weekly staff briefings that are emailed out to all ICB staff. • Reasonable Adjustments policy, Health Passport and Guidance was developed in 2023. As part of the Reasonable Adjustments policy it was recognised that those staff members with disabilities / long term conditions may need additional time off work to attend specialist appointments and meetings for equipment, treatment and or benefits; therefore disability leave of up to 5 days in a 12 month period was introduced to allow staff that time. • Intranet resources and blogs cover Women’s Health, Alcohol and Drugs, Mental Health including <ul style="list-style-type: none"> ○ Susan’s wellbeing blog: join me for Dry January : Intranet – NHS Gloucestershire (nhsglos.nhs.uk) 		
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		<ul style="list-style-type: none"> ○ Women's Health : Intranet – NHS Gloucestershire (nhsglos.nhs.uk) ○ Zero Suicide Alliance (ZSA) ○ Mental health support for staff : Intranet – NHS Gloucestershire (nhsglos.nhs.uk) ● Publicity and training was provided to managers to understand the Flexible Working policy and how to manage staff sickness Line Manager training: supporting attendance and managing absence : Intranet – NHS Gloucestershire (nhsglos.nhs.uk) ● Managers training on Health and Wellbeing was delivered by Susan Doran in 2023 and was designed to help line managers become more aware and skilled in dealing with staff health and wellbeing issues. Several sessions were organised during the past 12 months. ● Time To Talk Wellbeing Champions were briefed to raise the Time to Talk initiative at their Team meetings during February and March with links to resources provided, and to consider staff who live alone and work from home who may experience loneliness and isolation. ● Wellbeing Newsletters were produced on a range of topics including Stress, Mental Health, MSK, diet and exercise and financial wellbeing amongst many other topics; these topics are now being embedded in the weekly Staff Briefing sent out on Friday via email. ● Healthy Eating is a topic covered in a variety of newsletters and staff briefing articles over the last 4 years. Diet and Nutrition is highlighted in articles on Cancer, Diabetes, weight management. Other topics include eating seasonally available foods, which included the provision of fruit or lunches. Further topics have included, Salt Awareness Week, Eating Disorders and the importance of a varied and balance diet for gut health – the 		
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		<p>microbiome at the full Staff meeting in January 2024. Information on healthy eating is available on the staff intranet. Health and Wellbeing : Intranet – NHS Gloucestershire (nhsglos.nhs.uk)</p> <ul style="list-style-type: none"> • The ‘Healthy Eating, Smart Meeting’ guidance has been developed as a statement of intent and is available on the staff intranet. This information was incorporated into the Staff Handbook in 2023 with clear instructions on ordering healthy and sustainable lunches for ICB meetings p35 Staff Induction and Handbook : Intranet – NHS Gloucestershire (nhsglos.nhs.uk) <p>The ICB has trained 15 staff as Mental Health First Aiders</p> <ul style="list-style-type: none"> • The ICB is accredited as a Disability Confident Employer and Mindful Employer. • The ICB Appraisal process includes a discussion during the appraisal of staff health and wellbeing and signposting to resources. • Publicity about pension seminars to staff has been communicated specifically targeted at the older workforce in preparation for retirement. A retirement session was held with CHC staff in September 2023 to highlight the new pension rules on partial retirement and retire and return. • The ICB specifically employs a Health and Wellbeing Consultant to work 2 days a week to develop and promote wellbeing policies, resources and communications. • <p>Staff Survey H&WB Results 2023 compared to 2022</p> <p>In 2023 more of our staff completed the staff survey than the previous year with 77% of staff employed by the ICB responding to the survey compared to 74% in 2022. It should be noted in the</p>		
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		<p>following section detailing results from the staff survey, where scores are below 10 they are not reported due to data protection. In last year's report we detailed a range of staff survey results on wellbeing and identified themes from the findings. A key theme was staff burnout a range of actions were taken seeking to address this. Below shows some mixed results with comparable results to 2022 and improvements in 2023.</p> <p>Staff Burnout comparison 2023 to 2022</p> <ul style="list-style-type: none"> • 2023, 88% of staff satisfied with opportunities for flexible working patterns compared to 85% in 2022; improvement in this score. • 2023, 76% of staff reported that the organisation is committed to helping balance work and home life; same score in 2022 – 76%. • 2023, 63% of staff have in last 12 months, not felt unwell due to work related stress, compared to 67% in 2022; improvement in this score. • 2023, 33% of staff never/rarely find work emotionally exhausting; compared to 32% in 2022; slight improvement in this score. <p>In 2023 the five areas with the most improved scores from the previous year is represented in the table below</p>		
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Most improved scores	Org 2023	Org 2022
q14d. Last experience of harassment/bullying/abuse reported	52%	42%
q12b. Never/rarely feel burnt out because of work	44%	39%
q4d. Satisfied with opportunities for flexible working patterns	88%	85%
q12e. Never/rarely worn out at the end of work	29%	26%
q4c. Satisfied with level of pay	52%	49%

For the forthcoming year 2024 we have identified the following H&WB themes

Managers supporting staff with H&WB

- 2023, 87% of staff can approach immediate manager to talk openly about flexible working compared to 88% in 2022; slight deterioration in score.
- 2023, 84% of staff reported that their immediate manager takes a positive interest in my health & well-being; compared to 86% in 2022; deterioration in score.

Organisation supporting staff with H&WB 2023, 78% of staff confirmed that the organisation takes positive action on health and well-being; compared to 83% in 2022; deterioration in score.

		<p>MSK 2023, 79% of staff have in the last 12 months not experienced musculoskeletal (MSK) problems as a result of work activities; compared to 82% in 2022.</p> <p>Reasonable adjustments 2023, 83% of staff reported that the organisation made reasonable adjustment(s) to enable them to carry out work; compared to 93% in 2022 a significant deterioration in score.</p> <p>Gloucestershire Healthy Workplace Award</p> <p>This is a local award which recognises employers commitment to the health and wellbeing of its employees. The ICB was awarded the Healthy Workplace Award Level 1 in 2021 and the Advanced Award in 2022.</p>		
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> • The ICB has updated its policies on Harassment and Bullying. • Managers training on Harassment and Bullying was provided in 2022 by the CSU HR Team. • Training provided to all staff on building a culture of conscious inclusion; sessions were designed for managers 8A and above and for staff in bands 7 and below. The Commissioning Support Unit ED&I specialists delivered the training throughout 2023. Feedback and evaluation on the training has been received. • ICB has a Whistleblowing and Freedom to Speak Up Policy with an induction session on FTSU as well as slots at the Staff Meeting. There are now two FTSU Guardians who are trained at the ICB and a lead NED for FTSU. • The ICB introduced a Zero Tolerance of Abuse of NHS Staff Policy in 2023 with reporting forms and a dedicated incidence box. 	<p>1</p>	<p>Christina Gradowski Associate Director of Corporate Affairs</p>

		<ul style="list-style-type: none"> • The ICB offers Restorative supervision for clinical staff at the ICB either group or 1:1 available from Professional Nurse Advocate's (PNA). • The ICB is a signatory to the Sexual Safety in Healthcare Organisational Charter Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. NHS Gloucestershire ICB Board agreed on the 10 principles and actions to achieve this, at its September 2023 board meeting. • A compassionate leadership workshop was held with senior managers in March 2023 and a compassionate leadership intranet page has been produced with a range of resources for staff. <p>Staff Survey 2023 WRES data</p> <p>Survey results reported are for Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups (BM & other ethnic groups) and White staff.</p> <ul style="list-style-type: none"> • Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months was 8.7% for black, minority (BM) & other ethnic groups compared to 10.2% for white staff, with the organisation average at 10%; in 2022 it was 0.0% for BM & other ethnic groups compared to 9.3% for white staff. This is a deterioration of scores overall but particularly for our BM & other ethnic staff; it could well be that in 2022 the numbers of BM & other ethnic groups reporting harassment, bullying or abuse were low and below the threshold for reporting (set at 10 responses by Picker) or there was a 		
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		<p>reluctance to report or both reasons contributed toward the lack of reporting.</p> <ul style="list-style-type: none"> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months was 17.4% for BM & other ethnic groups which was greater when compared to 12.2% of white staff and the organisational average was 12.7%; in 2022, the scores were 17.6% for all BM and other ethnic groups compared to 10.9% of white staff. Percentage of staff experiencing discrimination from staff in last 12 months was 13.6% of BM & other ethnic groups compared to 3.8% of white staff, the organisational average was 4.4%. <p>WDES data</p> <ul style="list-style-type: none"> Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, managers or colleagues was 28.1% compared to 18.1% staff; the organisational average was 20.5%. Compared to 2022 where staff with a long term condition (LTC) 11.7% greater than staff without a LTC 7.8% but better than the average for staff with a LTC 10.7% Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was 45.5% compared to 56.8% with the organisational average as 51.7%. Compared to 2022 for staff with a LTC it was 31.3% compared to staff without a LTC which was 44.4% and worse than the average for staff who have a LTC 40.9%. Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties 		
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		<p>22.4% compared to 8.6% and the organisational average was 14.6%.</p> <ul style="list-style-type: none"> Percentage of disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work was 83% in 2023 and has significantly deteriorated from a score of 93% in 2022. <p>Staff Survey findings sexual behaviour at work 2023 was the first-time questions were included about unwanted behaviour of a sexual nature at work.</p> <p>Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public. The overall response rate to this question was 99% confirmed that they had not experience unwanted behaviour of a sexual nature.</p> <p>Not experienced unwanted behaviour of a sexual nature from other colleagues. The overall response rate to this question was 98%.</p> <p>In 2021 a new question was introduced into the staff survey Feel the organisation respects individual differences; in 2021 and 2022 the score was 85% in 2023 it reduced to 81% which was still significantly above the national average for ICBs of 71%.</p>		
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<p>The ICB has a range of resources and procedures in place to support staff as follows:</p> <ul style="list-style-type: none"> Flexible working policy to help staff achieve a work-life balance. Leave and Other Leave policies including Disability Leave. Additional Leave procedures and process whereby staff can purchase additional leave for 2023-24 57 staff have exercised 	1.5	Christina Gradowski Associate Director of Corporate Affairs

		<p>this choice with 70 staff taking additional leave in 2023-24 financial year.</p> <ul style="list-style-type: none"> • Newsletters and communications around managing stress and encouraging a work-life balance. • Wellbeing days for staff to help them manage stress and promote wellbeing. • Training delivered on Building a Culture of Conscious Inclusion. • The ICB provides a range of employee support to help staff manage their health conditions including the Occupational Health Service – working well; the Employee Assistance Programme provided by Care First and the Gloucestershire Wellbeing Line. All three resources listed above are independent and provide advice and support to staff experiencing bullying and harassment, any physical violence and stress be that at work at home or both. Resources are promoted via the Corporate Induction, Health and Wellbeing intranet pages, ConsultHR portal, weekly Staff Bulletin. <p>Staff Survey</p> <ul style="list-style-type: none"> • In 2023 68% of staff <i>feel safe to speak up about anything that concerns me in this organisation</i> which is better than the national average for ICBs of 60%, However in 2022 it was 76.6% equivalent to the ‘Best’ 		
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>In 2023 57% of Glos ICB staff reported If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation, this is above the national average 48% but has significantly decreased from 2021 with 71% of ICB staff reporting favourably on this question. However, 77% of Gloucestershire ICB staff reported that the care of patients / service users is my organisation's top priority in 2023 compared to the national average of 67%.</p> <table border="1" data-bbox="680 470 1377 646"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Glos ICB -</td> <td>62.5%</td> <td>68.8%</td> <td>71.0%</td> <td>58.0%</td> </tr> <tr> <td>Best -</td> <td>88.6%</td> <td>85.7%</td> <td>88.5%</td> <td>65.3%</td> </tr> <tr> <td>Average -</td> <td>61.5%</td> <td>66.0%</td> <td>61.8%</td> <td>53.6%</td> </tr> <tr> <td>Worst -</td> <td>28.6%</td> <td>30.9%</td> <td>37.7%</td> <td>35.7%</td> </tr> </tbody> </table> <p>It is evident that Gloucestershire ICB has positive scores in relation to recommending the ICB as a place to work compared to the national average however there has been a dip in scores between 2021 and 2022 and a further dip in 2023 to 75% but still compares well to the national average which is 52%.</p> <table border="1" data-bbox="680 890 1377 1066"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> </tr> </thead> <tbody> <tr> <td>Glos ICB -</td> <td>75.9%</td> <td>81.4%</td> <td>82.7%</td> <td>80.6%</td> </tr> <tr> <td>Best -</td> <td>95.7%</td> <td>95.5%</td> <td>94.5%</td> <td>80.6%</td> </tr> <tr> <td>Average -</td> <td>65.1%</td> <td>71.0%</td> <td>67.4%</td> <td>62.1%</td> </tr> <tr> <td>Worst -</td> <td>29.8%</td> <td>42.9%</td> <td>45.4%</td> <td>39.6%</td> </tr> </tbody> </table>		2019	2020	2021	2022	Glos ICB -	62.5%	68.8%	71.0%	58.0%	Best -	88.6%	85.7%	88.5%	65.3%	Average -	61.5%	66.0%	61.8%	53.6%	Worst -	28.6%	30.9%	37.7%	35.7%		2019	2020	2021	2022	Glos ICB -	75.9%	81.4%	82.7%	80.6%	Best -	95.7%	95.5%	94.5%	80.6%	Average -	65.1%	71.0%	67.4%	62.1%	Worst -	29.8%	42.9%	45.4%	39.6%	<p>1.5</p>	<p>Christina Gradowski Associate Director of Corporate Affairs</p>
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<p>Domain 2: Workforce health and well-being overall rating</p>		<p>6</p>																																																				

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Domain 3: Inclusive leadership</p>	<p>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>	<p>EDI Objectives for all Board members In line with the national EDI improvement plan all ICB Board members will have an EDI objective by March 2024.</p> <p>Training & Support for Staff</p> <ol style="list-style-type: none"> 1. We have run a 2nd cohort of the Reciprocal mentoring programme - matching staff from a range of services and with different protected characteristics with Senior Managers to become co-mentees for a 6 month period <ul style="list-style-type: none"> • Cohort 1: 22 pairs, including 13 Executives & Non-Executive Directors • Cohort 2: 17 pairs, including 6 Executive & Non-Executive Directors 2. We have run a 2nd Cohort of the Inclusive Allies programme: <ul style="list-style-type: none"> • 107 staff from Public sector organisations across Gloucestershire participated in the 2nd Inclusive allies programme during 2023 3. Training for ICB employed staff <ul style="list-style-type: none"> • We commissioned cultural awareness training for ICB staff (72% of staff completed the training). Providers across the system has also run specific EDI training for their staff. 	<p>1.5</p>	
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	<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><u>Board, Strategy & Committee meetings:-</u></p> <ol style="list-style-type: none"> 1. We continue to ensure that health inequalities are regularly discussed at ICB Board meetings – a recent desk top review of agendas and meeting papers showed that there are frequent discussions on health inequalities. <ul style="list-style-type: none"> • 2 specific topic items and 15 separate references to EDI/Inequalities as part of the non-standard Board items across Public and Confidential sessions • 5 Patient Stories (every meeting apart from extraordinary Board). • Health Inequalities clearly referenced in Board Assurance Framework 2. A dedicated EDI development session for Board members took place in October 2023 3. The People Committee recently reviewed the Workforce Race Equality Standards which show the different experience of staff from Black and Minority ethnic backgrounds in relation to discrimination, bullying and harassment as well as the representation and disparity ratio between staff at different grades. This is an area for further focus in 2024/25. 	<p>1.5</p>	
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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>Tools to Support Staff across the system GCC colleagues have launched the Prevention & health Inequalities hub. The hub is an online compendium of information, resources, and practical tools to help people to better understand and take action to improve health equity in their areas of work. It includes tools such as:</p> <ul style="list-style-type: none"> • Health Equality Assessment Tool (HEAT) • Health Equity Audit (HEA) • Health Impact Assessment (HIA) <p>The Hub can be found here: www.gloucestershire.gov.uk/PHI-Hub The ICB Board considered a draft Inequalities Framework at its February development session</p>	2	
Domain 3: Inclusive leadership overall rating			5	

Third-party involvement in Domain 3 rating and review	
<p>Trade Union Rep(s):</p> <p>Staff Partnership Forum</p>	<p>Independent Evaluator(s)/Peer Reviewer(s):</p> <p>Working with People & Communities Advisory Group Maternity and Neonatal Voices Partnership</p>

EDS Action Plan	
EDS Lead	Year(s) active
EDS Sponsor	Authorisation date

EDS Organisation Rating (overall rating): 19
Organisation name(s): NHS Gloucestershire ICB
<p>Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped</p> <p>Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing</p> <p>Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving</p> <p>Those who score 33, adding all outcome scores in all domains, are rated Excelling</p>

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	Reduce health inequalities and provide equity of access.	<ul style="list-style-type: none"> • Further data analysis is underway for cancer services to improve identification of variation and link further datasets to improve data quality. • Initial plans have begun to implement the Multi Cancer Blood Test Programme. Patients aged 50 to 77 will be identified through NHS records and invited to give a blood sample that has the potential to detect multiple types of cancer. Six sites have been identified across the county to provide more local access for tests. • Work to provide consistency and clarity of the maternity offer for labour and delivery. 	
	1B: Individual patients (service users) health needs are met	Ensure equity of access	<p>Review compliance with the Accessible Information Standard and ensure:</p> <ul style="list-style-type: none"> • additional training and support for staff • sharing of information across the system via the Joining up your Information (JUYI) system; 	

	1C: When patients (service users) use the service, they are free from harm	Understand our data and identify inequity.	<ul style="list-style-type: none"> • Ensure the systems in place to assure safety are embedded across the maternity pathway. • Further improvements are made to equality data recording, in order to achieve consistency. 	
	1D: Patients (service users) report positive experiences of the service	Collect feedback on our Translation and Interpretation Services.	<ul style="list-style-type: none"> • Establish mechanisms for gathering patient experience of translation and interpretation services and explore innovation in improving access and visibility of the service. • There is excellent engagement work undertaken, but further improvements to equality data recording will assure there is a consistently good patient experience is reported across all protected characteristics. 	

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	<ul style="list-style-type: none"> To increase positive scoring in staff survey of managers supporting staff with their health and wellbeing. To increase positive scoring in staff survey that the organisations supports staff H&WB To decrease the % of staff reporting MSK problems via staff survey To increase % of staff reporting positively that the organisation made reasonable adjustment(s) to enable them to carry out work (via staff survey) 	<ul style="list-style-type: none"> A H&WB survey will be sent out to staff to gather ideas to improve staff health while at work in spring 2024 with a focus on protected characteristics. Dedicated H&WB sessions involving managers and ensuring managers are aware of the Reasonable Adjustments policy, Health Passport and Guidance Further physiotherapy sessions dedicated to tackling MSK issues Publicising the resources available to staff for hybrid working and ensuring staff have access to DSE assessments and ergonomically designed chairs, hand and wrist gel rests etc 	<p>May 2024</p> <p>July 2024</p> <p>Sept 2024</p> <p>May 2024</p>
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> To decrease the % of BME staff that report bullying, harassment and discrimination from patients, service users, colleagues and managers as measured by the staff survey To decrease the % of disabled staff that report bullying, harassment and discrimination from patients, service users, colleagues and managers as measured by the staff survey To decrease the % of staff that report that they have experienced unwanted behaviour of a sexual nature from patients / colleagues / Managers as measured by the staff survey 	<ul style="list-style-type: none"> Continue to publicise the ICB's policies on bullying and harassment; Zero Tolerance of Abuse of NHS staff To relaunch Civility Matters campaign and publicise this at directorate meetings To work with system partners across the ICS on bullying and harassment reviewing what works and learning from best practice Further work will be undertaken on wellbeing initiatives that are targeted to protected characteristics; a special session on domestic abuse and supporting staff by GDASS will be organised for the spring 2024. 	<p>April 2024</p> <p>April 2024</p> <p>March 2024</p> <p>June 2024</p>

	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> To increase the % of staff positively reporting that they feel safe and supported to report incidents and or concerns as measured by the staff survey 	<ul style="list-style-type: none"> Further work will be undertaken to raise awareness of the range of staff support resources such as the Wellbeing Line, OH Service and EAP service through the Staff Bulletin, Team meetings, Staff Meeting, SPF meetings and ensure that resources are fully accessible on the new ICB intranet. Further training will be provided on FTSU with the e-learning to be included on ESR and made mandatory for all staff to completed the training Further publicity to be arranged on our FTSU Guardians their roles and the protections staff have by raising a concern under the ICB's FTSU policy. 	<p>April 2024 onwards</p> <p>July 2024</p> <p>April 2024 onwards</p>
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>To increase the % of staff who would recommend the organisation as a place to work and receive treatment as measured by the Staff Survey</p>	<p>The staff survey has been analysed with key themes that have been identified as improvement themes including:</p> <ul style="list-style-type: none"> Appraisals and the value they have to staff – further training and support provided to staff to link with career development and trialling the Scope for Growth model Wellbeing – burnout and stress, and managers supporting staff with their wellbeing a detailed plan for 2024-2027 on wellbeing is being developed and shared with our Staff Side Updated policies will be worked on during this year to take account of the national policy work being undertaken including Flexible Working, Flexible Retirement, Maternity / Paternity Leave etc System wide work on ED&I focusing on bullying and harassment, recruitment and career development 	<p>April 2024 onwards</p> <p>May 2024</p> <p>May 2024 onwards</p> <p>March 2024 onwards</p>

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 further enhance Board members awareness and understanding of equality and health inequalities, creating confident and competent Board members.	<p>To provide learning and development opportunities for Senior leaders e.g. Inclusion Allies and Reciprocal mentoring</p> <p>All Board members to have an EDI objective and assessed as part of the annual appraisal process</p> <p>To hold a further dedicated Board development session on WRES and action planning.</p> <p>To include health inequalities as part of topics within proposed senior leadership conference</p>	<p>Quarter 2 onwards 2024/25</p> <p>March 2024 (for objective setting)</p> <p>Q3/4 2024/25</p> <p>June/ Oct conference dates (TBC)</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>To provide clear evidence that the ICB is embedding its approach consideration of health inequalities in all service improvement activities</p> <p>To ensure the risks are managed as part of our core governance processes</p>	<p>To work with the PMO to collate best practice, case studies and health equality impact assessments.</p> <p>Continue to monitor risks through ICB Board Assurance Framework</p>	<p>End of Q1 2024/25</p> <p>On-going throughout 2024/25</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	To improve visibility of the ICB's progress and performance on health inequalities	<p>To finalise Board approval of the Health Inequalities Framework.</p> <p>To ensure Board oversight of progress through regular review of the health Outcomes Framework comparing Gloucestershire both nationally and to our peer group comparator.</p> <p>To publish key evidence and progress through our website, annual report and other fora.</p>	<p>June 2024</p> <p>On-going throughout 2024/25</p>

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