

REPORT TO THE HOSPITAL MANAGEMENT BOARD

Date	Tuesday 22 nd March 2023		
Title	Equality Delivery System (EDS2022) Submission		
Author & Exec lead	Emma Clark, EDI HR Advisor and Lee Brown, Patient Experience Facilitator (Equality, Diversity and Inclusion) on behalf of Paul Jones, Chief People Officer.		
Purpose	For Approval/Discussion		
Relevant Strategic Objective	<ul style="list-style-type: none"> - Our Patients - Our NNUH Team - Our Partners 		
Are there any quality, operational, workforce or financial implications of the decision requested by this report? If so explain where these are/will be addressed.	Quality	Yes	
	Operational	No✓	
	Workforce	Yes✓	
	Financial	No✓	

1. Background/Context

The main purpose of the Equality Delivery System (EDS) was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. Following a review of EDS2 by NHS England, to incorporate system changes and take account of the new system architecture EDS 2022 became live for testing for 2022/23.

The EDS comprises eleven outcomes spread across three Domains, which are:

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership.

2. Conclusions/Outcome/Next steps

The EDS2022 report has helped us to recognize specific areas where there is room for improvement but also has identified areas where we should celebrate our progress. In line with the reporting procedures, this report will be presented to our Hospital Management Board for review and reflection. Following this we aim to submit this publication by the submission deadline which is the 31st March 2023.

To address the areas for improvement it is proposed that our new Diversity, Inclusion and Belonging strategy will capture direct actions which will be progressed over the next five years. The strategy is due to launch in April 2023 and will be led by a number of senior leaders and stakeholders to ensure EDI is everyone's responsibility.

Recommendation:

The Board is recommended to:

- Consider and note the findings and continue to monitor the progress of the relevant actions identified within the People and Culture and Diversity, Inclusion and Belonging strategies to improve the EDS2022 submission.

Equality Delivery System 2022 Evidence- Full report

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice. EDS 2022 is a generic system designed for both NHS commissioners and NHS providers. As different systems apply EDS 2022 outcomes to their performance, NHS organisations should do so with regard to their specific roles and responsibilities.

NHS England has deemed 2022/2023 a ‘transition year’ and therefore has asked us to focus on two services for domain one this year instead of three. We have chosen to focus on Maternity services and Cancer services. The first option, maternity, was chosen as it needed to be aligned with the CORE20PLUS5 health inequalities.

The Patient and Engagement and Experience Team have researched and evidenced examples of equality, diversity and inclusion throughout the Trust’s services and graded accordingly. This evidence was collated via:

- Local Equality and Diversity Groups (LEDGes)
- Listening to examples of good practice and needs for improvement in various meetings
- Carers Forum
- Patient Panel
- Patient Survey which included questions that directly correlated with the EDS2022
- Friends and Family Tests
- Compliments
- Cancer Survey results
- Maternity Survey results

A limitation is that most of the answers from our FFT data are people who are white, heterosexual, cisgender and not disabled. This does not mean that these patients do not experience health inequalities, but we are aware that further engagement and outreach is needed to hear from patients who are likely to experience health inequalities more often. It is however expected that a higher portion of our patients are white as this is in line with the population of Norfolk and Waveney.

Due to the tight timeframe of the EDS evidencing, along with additional pressures of additional beds in bays and various striking measures the Patient Engagement and Experiencing team are aware that the evidence collected provides a sample of the equality, diversity and inclusion work that happens across the Trust’s services. There will be examples of best practice missing from this report.

For Domains 2 and 3, the HR Team have collated its evidence from the following sources:

- NHS Staff Survey
- NHS Pulse Survey
- WRES/ WDES
- Gender Pay Gap
- Qualitative feedback from staff networks
- Feedback from the Trust's Equality and Diversity steering group and divisional Equality and Diversity steering groups.

The purpose of the EDS is for it to be used as an educational and developmental tool, and in line with this we have also created a Trust wide action plan in order to learn from where we are showing best practice and where there is need for improvement.

Equality Delivery System 2022 Evidence Report – Scoring

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

For Domain 1's submission we have scored each objective as follows:

	Outcome	Scoring Total
1A	Patients (service users) have required levels of access to the service	Developing / achieving
1B	Individual patients (service users) health needs are met	Developing / achieving
1C	When patients (service users) use the service, they are free from harm	Developing / achieving
1D	Patients (service users) report positive experiences of the service	Developing / achieving

Though it is clear that every area and service within the Trust is performing to a high standard with equality, diversity and inclusion we have chosen to score at 'developing' level due to the criteria which NHSE asks us to score against.

To be considered 'achieving' there must be 'data to show those with protected characteristics (100%), and other groups at risk of health inequalities, have adequate access to the service.' We do not currently have adequate evidence to show that 100% of patients with protected characteristics have adequate access to the service, though we have evidence for 'some protected characteristics (50%) have adequate access to the service' – developing.

For Domain 2's submission we have scored each objective as follows:

	Outcome	Scoring Total
2A	When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Achieving
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Developing
2C	Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Achieving
2D	Staff recommend the organisation as a place to work and receive treatment	Underdeveloped

Referring to the EDS2022 scoring guidance it is felt that there are areas where we are achieving but also areas where we are needing to develop and improve. Although staff are provided with a variety of wellbeing initiatives, our staff survey findings show that only 47.8% of respondents feel that the Trust takes positive action on health and wellbeing. We also know that a number of staff have experienced bullying, abuse and harassment in the last 12 months but more predominantly from patients.

For Domain 3's submission we have scored each objective as follows:

	Outcome	Scoring Total
3A	Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their	Developing

	understanding of, and commitment to, equality and health inequalities	
3B	Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Developing
3C	Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	Achieving

Although it is felt our Board members demonstrate the importance of Equality, Diversity and Inclusion this is not always role modelled by all our leaders. Equality and health inequalities are discussed on a regular basis in board and committee meetings and board members are in attendance to our staff network groups and events however, education and awareness is required for equality impact assessments in every proposal/ policy put forward.

Domain 1 – Trust Wide Evidence

#	Outcome	Evidence
1A	Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • The Patient Engagement and Experience Team have collaborated with other teams to write and facilitate the Accessible Information Standards Policy. With access to this, divisions, teams and wards will be able to create thorough assessments of the care for patients who are directly impacted by Accessible Information Standards. • The Experience of Care Health Inequalities Project is focusing on maternity care for those in deprived areas – specifically those who struggle to access face-to-face care. • The Carers Forum at NNUH is attended by unpaid Carers, staff and members of local Care organisations. This group meets every two months. • NNUH have formed a Military Community Working Group which meets every two months. Membership includes staff and patients who have served in the military, and members of local military and veteran organisations. • The INTRAN service is used throughout the Trust, with the Interpreting and Translations Policy under review. • The CardMedic app is used throughout the Trust. • The Health Inequalities Working Group meets every two month to discuss how health inequalities impact our patients and how to combat these. There is a specific focus on the inequalities listed in the CORE20PLUS5, for both adults and children. • There is a weekly patient experience meeting held across the ICS working collaboratively ensuring patient experience is achieved and best practice is shared. • We have a continued collaboration with the Maternity Voice Partnership, collaborating on engagement projects to combat health inequalities. • We have a successful volunteer team who regularly engage with patients, helping them with queries, guiding them where needed and also undertaking patient engagement telephone calls. • Our PALS and Complaints team work directly with our patients to overcome and concerns and ensure that the relevant actions are undertaken for better patient care in the future. • We have a MacMillan booth on site where patients and their loved ones can talk about cancer care.

		<ul style="list-style-type: none"> • The MacMillan staff also run a support group for anyone from the LGBTQIA+ community affected by cancer. This occurs monthly. • The Patient Engagement and Experience team engage with and listen to the voices of patients, especially those with protected characteristics and from seldom heard groups. The information that the team gather from patients is then acted on accordingly, the team working with other members of staff to overcome any barriers to healthcare that these patients may be experiencing. • For each rehab bedspace within the Critical Care Complex there is a rehab board where patients likes, dislikes, todays nurse. This board also has a section for each patient to display photos of families, friends and pets as they wish. These work as communication aids for the patient and staff. • The Critical Care Complex provide a follow up clinic (FUC) for all patients who meet a certain criteria (usually related to length of stay) where a Critical Care Complex trained nurse will have a tele-clinic appointment with the patient. • Hearing loops are set up across the Trust. • We can provide communication trolleys to those who require them. • Equality Impact Assessments are used throughout the Trust to address the effects of services and policies have on different patients, staff and communities. They are used to make sure that no community or staff group is disadvantaged. • The Trust uses the AccessAble service, which gives patients detailed information about the accessibility of buildings and their facilities. • In cardiology outpatients we have introduced an intercom at reception so patients can more easily hear the receptionist through the plastic screen, and vice versa. We too have a dropped area of the reception desk for wheelchair access. • Cardiology outpatients have ordered new seating with arms on chairs to aid those with mobility issues and have ordered an additional bariatric chair, and are in the process, as a medical outpatients level 3 floor plan joint venture, purchasing a Sara Stedy stand aid for those with mobility issues.
	Score	Achieving

1B	<p>Individual patients (service users) health needs are met</p>	<ul style="list-style-type: none"> • The NNUH utilises both the Norfolk and Waveney Carers Identity Passport and NNUH Carers Passport. The former ensures that Carers are recognised throughout the Trust and that they are included in the relevant conversations of the cared-for patient. The latter entitles Carers to discounts for food and free parking as a thank you to the Carer for their assistance while in the hospital. • The Carer Partnership Agreement ensures that the Carer and cared-for patient are both involved in all of the care and treatment of the patient while at the Trust. • Our Patient Panel hold the hospital accountable and review SOPs, policies and other papers and projects, which is another way for us to make sure the patient voice is always heard, considered and listened to. • The various projects the Patient Panel have been involved <ul style="list-style-type: none"> - The Carers Forum - Patient Complaints Redesign - Consent Policy - Cromer Link - Digital Transformation - Clinical Support Services - Working with Medicine Division - PRIDE Awards - Corporate Strategy – Caring with PRIDE • NNUH provides care through the Rainbow Suite, a dedicated antenatal service for pregnant women who have previously experienced baby loss • We have the Skylark Team, a specialist midwives who support the maternity team with advice, guidance and training on the coordination and planning of care for women with perinatal mental health needs and complex social factors. • The Meadow Suite is a bereavement suite for families experiencing baby loss • Our Learning Disabilities team work to ensure that all patients have the care they need, and work with other teams to make sure all aspects of the Trust are accessible. • The learning Disabilities team and the Patient Engagement and Experience Team and developing work for an accessible version of PLACE.
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		<ul style="list-style-type: none"> • There is now a safe space bed in paediatrics for those with complex needs or those who may be overwhelmed on the ward. • Maternity provides cuddle cots for bereaved families. • Our Maternity Services scored better than most Trusts to three questions in the CQC Maternity Survey: <ul style="list-style-type: none"> - During your pregnancy did midwives provide relevant information about feeding you baby - Were you involved in the decision to be induced? - If you contacted a midwifery or health visiting team, were you given the help you needed? • HR and the Patient Engagement and Experience team are coproducing a Diversity, Inclusion and Belonging strategy which will directly impact and benefit patient healthcare and their individual needs. • We provide holistic assessments for Palliative Care patients • Our volunteer team includes Butterfly Volunteers for End of Life patients • Our Dementia Support team supports patients and their families. • What was the Chaplaincy has been renamed to Spiritual Health to provide a safe space for patients and their visitors, no matter what their faith or if they have no faith. • Each clinical division has their own Local Equality and Diversity Group (LEDGe), where staff discuss the equality, diversity and inclusion needs of both staff and patients and how to create a better environment for both. • LEDGes report into the Equality and Diversity Group (EDGE) which brings together a diverse group of staff who can further discuss and facilitate the needs of our patients. • Our Family Liaison Officers help to support patients and their families and friends with needs such as communication from the ward to home e.g. helping with technological communication through the use of Trust provided iPhones and iPads. • A working group has been formed to address functional issues within our Patient Administration System when identifying transgender patients. This will assist in overcoming any health inequalities, discrimination and possible misgendering.
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		<ul style="list-style-type: none"> • Red2Green helps staff to identify patients who may have additional care needs when they leave hospital. Utilising Red2Green means that patients who need additional support when they are discharged will get the help they need with their discharge plan. • Update from children’s board on the work done on Play In Hospital, Little Journey (an app for virtual tours of the pathways) longer term work will be focusing on all of NICU and Paediatric pathways. Gynaecology- national cancer patient survey had positive results with areas of improvements and action taken on RN post for personalised Gynae Oncology care appointed to support the work. • Collaborative working with MVP on identified improvements via FFT feedback has seen returning to overnight visiting on antenatal wards, induction of labour leaflet made more user friendly and BRAIN poster with service user involvement. • NICU awarded gold accreditation in Aug 2022, reaccreditation due in Aug 2025- maintaining the work happening around family centred care in the neonatal and parent unit will lead us to achieving the platinum award. • A Dementia-friendly garden is in early planning stages, to be located in the courtyard between friendly garden is in early planning stages, to be located in the courtyard between Elsing and Dunston wards. • Pets as Therapy dogs regularly visit wards across the Trust to improve the morale of patients. • The Complex Health Hub is working with local prison services to ensure that prisoners have the best care possible while in our Trust. This has been outlined in our Care of Prisoners Policy.
	Score	Achieving
1C	When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • Responses from patients are captured within patient surveys. Actions are then taken to highlight any potential causes of harm and the put a stop to them. These can be physical, mental and/or emotional. • The Complex Health Hub works with other teams to address and support the health needs of patients with complex social needs and mental health needs. • Staff are trained to report patient harm incidents, actions in place to prevent future occurrence

		<ul style="list-style-type: none"> • Security personnel on site to support with incidents • Our ESR provides multiple training packages to assist staff and volunteers with their learning around seldom heard groups, patients with protected characteristics and vulnerable patients. Learning assists with staff and volunteer's understanding and empathy and reduces discrimination against patients. • All instances of discrimination or incidences of harm are reported on Datix, and are then reviewed, analysed and investigated to identify themes, action where necessary, and enable learning. • From the CQC Maternity Survey (published January 2023) we had a better response rate and the overall experience for those giving birth was positive. For example: • Midwives providing mothers with relevant information, during their pregnancy, about feeding their baby. • Mothers being involved in the decision to be induced. • Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this. • Mothers being given the help they need when contacting a midwifery or health visiting team after the birth. • Mothers having the opportunity to ask questions about their labour and the birth after the baby was born. <p>Areas where the experiences of pregnant people could improve were:</p> <ul style="list-style-type: none"> • Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital. • At the start of their pregnancy, mothers being given enough information about coronavirus restrictions and any implications for their maternity care. • Mothers being given enough information on induction before being induced. • Mothers discharge from hospital not being delayed on the day they leave hospital. • Midwives or the doctor appearing to be aware of mothers' medical history during antenatal check-ups.
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		<ul style="list-style-type: none"> • In November 2022 the Trust signed the HEAR pledge (Hear, Educate, Awareness, and Respond). This campaign calls on organisations to break the silence around domestic abuse. As a part of the pledge we have placed posters across the Trust to advise our patients of where they can seek help. • NNUH are involved in a system wide review of the crisis provision pathway for children, this remains ongoing. • NNUH (on behalf of the regions acute trusts) are working collaboratively with social care and the ICB to develop a business case that seeks to create a joint MH/social care community placement to social care and the ICB to develop a business case that seeks to create a joint MH/social care community placement to support discharge from acute hospitals for complex, high risk cases. A location has been identified and the ICB are leading support discharge from acute hospitals for complex, high risk cases.
	Score	Achieving
1D	Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • We hear about patient experience and their reports of positive experiences through our Friends and Family Tests (FFT), Patient Advice and Liaison Service (PALS) and our Family Liaison Officers (FLOs) • We are also active across social media, specifically Facebook and Twitter. • Critical Care Ward collates all their feedback and displays this in a 'You Said, We Did' format. • Patients have the opportunity to take part in Experience of Care stories to report their feedback. This is then reported back to the relevant boards and made accessible to the public. • We utilise the feedback reported to us from patients via Healthwatch Norfolk and CareOpinion. • 'You Said, We Did' examples are on ward boards across the Trust to let patients know that we listen and take action on all feedback.
	Score	Achieving

Domain 1 Evidence – Maternity

#	Outcome	Maternity Evidence
1A	Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> • Patients have reported being thankful for the maternity and midwifery services throughout their pregnancy. • The CQC Maternity Survey shows NNUH maternity services scoring higher than most Trusts in three specific questions: <ol style="list-style-type: none"> 1. During your pregnancy did midwives provide relevant information about feeding you baby 2. Were you involved in the decision to be induced? 3. If you contacted a midwifery or health visiting team, were you given the help you needed? • The Experience of Care Health Inequalities Project is focusing on maternity care for those in deprived areas – specifically those who struggle to access face-to-face care. • INTRAN and CardMedic are used throughout the maternity services so that everyone can experience proficient care whatever language they speak. • There are hearing loops throughout the Trust, and pregnant people can use the AccessAble service to view the location and its accessibility ahead of time. • Equality Impact Assessments are used throughout the Trust to address the effects of services and policies have on different patients, staff and communities. They are used to make sure that no community or staff group is disadvantaged. • We can provide communication trolleys to those who require them.
	Score	Developing
1B	Individual patients (service users) health needs are met	<p>The data from the above questions shows us:</p> <ul style="list-style-type: none"> • The surveys were filled out by the patient or the patient's relative: for this reason the data analysis will not assume that all the demographics relate to the patients <ul style="list-style-type: none"> - Majority of answerers are white - Majority of answerers are women - Majority of answerers are not disabled - Majority of answerers are heterosexual

		<ul style="list-style-type: none"> - Majority of answerers are between the ages of 25 – 34 • NNUH provides care through the Rainbow Suite, a dedicated antenatal service for pregnant women who have previously experienced baby loss • We have the Skylark Team, a specialist midwives who support the maternity team with advice, guidance and training on the coordination and planning of care for women with perinatal mental health needs and complex social factors. • The Meadow Suite is a bereavement suite for families experiencing baby loss • Maternity provides cuddle cots for bereaved families. • Patients’ personal needs are met through maternity’s use of the AIS Policy and INTRAN and CardMedic. • Collaborative working with MVP on identified improvements via FFT feedback has seen returning to overnight visiting on antenatal wards, induction of labour leaflet made more user friendly and BRAIN poster with service user involvement. • NICU awarded gold accreditation in Aug 2022, reaccreditation due in Aug 2025- maintaining the work happening around family centred care in the neonatal and parent unit will lead us to achieving the platinum award.
	Score	Developing
1C	When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> • From the CQC Maternity Survey (published January 2023) we had a better response rate and the overall experience for those giving birth was positive. For example: <ul style="list-style-type: none"> - Midwives providing mothers with relevant information, during their pregnancy, about feeding their baby. - Mothers being involved in the decision to be induced. - Mothers being able to get support or advice about feeding their baby during evenings, nights, or weekends, if they needed this. - Mothers being given the help they need when contacting a midwifery or health visiting team after the birth.

		<ul style="list-style-type: none"> - Mothers having the opportunity to ask questions about their labour and the birth after the baby was born. • Areas where the experiences of pregnant people could improve were: <ul style="list-style-type: none"> - Partners or someone else involved in the mother’s care being able to stay with them as much as the mother wanted during their stay in the hospital. - At the start of their pregnancy, mothers being given enough information about coronavirus restrictions and any implications for their maternity care. - Mothers being given enough information on induction before being induced. - Mothers discharge from hospital not being delayed on the day they leave hospital. - Midwives or the doctor appearing to be aware of mothers' medical history during antenatal check-ups. • Our FFT comments were mixed, with some patients reporting that their ‘birth plan was closely followed’ and felt that they were ‘well informed and reassured’ with their ‘concerns listened to’, while there were also reports of feeling let down and now struggling with their mental health due to ‘unnecessary stress’. • Suggestions of shorter periods for visits from midwives was suggested in order to be more accessible. • A non-binary patient reported being misgendered throughout their experience.
	Score	Developing
1D	Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • The Friends and Family Tests from 2022 showed a good balance of positive and negative experiences from patients and their family members. Below are a selection of some of the positive experiences reported by patients: <p>Seen quickly on delivery suite; friendly midwives and doctors; admitted quickly and have felt listened to</p>

		<p>The team decided very quickly to have an emergency C-section when abnormal condition were noticed. I'm really grateful for this!</p> <p>Maternity has also received numerous compliments which can be seen on Envoy. Below are a selection of examples:</p> <p>'The same level of support and care was well demonstrated, from the changeover of staff for the night shift.</p> <p>'Made me feel at ease and worked in a person centred way at all times. Answered all my questions and worked so hard with a smile on their face even at the busy times. The ward was calm and quiet, everyone was so caring and the food was amazing. My dignity and privacy was respected at all times.'</p> <ul style="list-style-type: none"> • The Trust rated highly in the CQC Maternity Survey. More than 200 patients responded to the 2021 survey, which is coordinated by the Care Quality Commission, and asked a range of questions about antenatal, care in hospital and postnatal support. Our Maternity team received a score of 9.4 out of 10 for treating patients with respect and dignity and nine out of 10 of respondents had confidence and trust in staff. The CQC said that our hospital rates about the same as other Trusts for 48 questions and was better than most trusts for a question about midwives providing information about feeding. • Healthwatch Norfolk reports were all positive. • Overall FFT response rating for maternity was 92.5% positive (their experience was very good or good) and 5% negative (their experience was poor or very poor). • We found gaps in people responding to our FFT surveys not always giving free text comments as to why they answered positively or negatively. We also lacked patient demographics.
	Score	Developing

Domain 1 Evidence – Cancer Services

#	Outcome	Cancer Services Evidence
1A	Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> From the Cancer Patient Experience Survey 2021, Norfolk and Norwich University Hospital answered above the expected range for Q14. Cancer diagnosis explained in a way the patient would completely understand. The MacMillan Pod being on site means that patients and their friends, family, carers and partners can receive support and information via walk-in. From January to December 2021 there were 767 total interactions; 543 of those were first time users and 641 were face-to-face. 9 of these were by a Carer. Similarly, we have our Cancer Advice Resource & Enquiries (CARE) Hub, which is for patients, relatives, friends and anyone affected by cancer to find useful advice, information and resources to help you through your cancer pathway. The Oncology compliments noted that patients were pleased with how quickly medication was delivered to their homes.
	Score	Developing
1B	Individual patients (service users) health needs are met	<ul style="list-style-type: none"> The Trust has had a patient and carer representative group- Together Against Cancer (TAC) working in partnership with clinical and non clinical staff to improve patient experience. In the Cancer Patient Experience Survey 2021, scores were spread evenly across all ages (when scores are high or low there is consistency) apart from bracket '35 – 44' which displays some lower scores compared to others.

		<ul style="list-style-type: none"> Percentages were evenly spread for the most part, though 'female' has a higher frequency of lower percentages compared to 'male'. There were no non-binary and one self-describe respondent, and we have no information about how binary transgender respondents answered (if at all). For most questions, respondents were either white or did not provide this demographic information ('not given'), or the results were suppressed because there were less than 11 results. For IMD Quintiles there were evenly spread scores, lower scores are most frequent in 1 (most deprived). NNUH and MacMillan are now facilitating a <i>Pride Through Cancer</i> support group for anyone from the LGBTQIA+ community affected by cancer. This runs once a month. Most people visited the MacMillan pod in 2022 as a means of receiving both verbal information, and written/audio/visual information. Emotional support came close behind. The data shows that a proportionately higher amount of women utilise the service than men. The majority of users are White/White British though quite often the ethnicity question was not asked. Service users were of all ages, with a slightly higher report of 65 – 80. As with ethnicity it was also often the case that the question was not asked. The highest listed reasons for visiting were for emotional support; counselling, wants to talk, relationship issues, and hope. 83 people visited due to the practical listing; Carer Issues. 584 service users received verbal information, and 594 received written/audio/visual information. The staff also helped service users with the information received, and provided help with relevant forms. MacMillan hosts 'Time for You' sessions – health and wellbeing sessions held at health and wellbeing sessions held at Norwich City Football Club. The Together Against Cancer (TAC) group continues to meet monthly and ensure patient voice in cancer care.
	Score	Developing/Achieving
1C	When patients (service users) use	<ul style="list-style-type: none"> The Trust uses Personalised Care and Support Planning (PCSP) which helps people living with cancer to take an active and empowered role in the way their care is planned and delivered with

	the service, they are free from harm	<p>interventions and care tailored around the things that matter most to them. It is achieved through a series of supportive conversations in which the patient, or someone who knows the patient well (such as a Carer, family member or partner) explores the management of the patient’s own health and well-being in the context of the patient’s life and family situation.</p> <ul style="list-style-type: none"> • Cancer services also utilised Holistic Needs Assessments (HNA), which ensures that people’s physical, practical, emotional, spiritual and social needs are met in a timely and appropriate way and that resources are targeted to those who need them most. A HNA is a simple questionnaire that is completed by a person affected by cancer. It allows them to highlight the most important issues to them at that time, and this can inform the development of a care and support plan with their nurse or key worker. The questionnaire can be completed on paper, or electronically.
	Score	Developing
1D	Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> • Compliments for Oncology noted that the staff were ‘supportive’ for both the patient and those accompanying the patient. Staff were ‘professional’, ‘thorough’, and treated patients with ‘dignity’. • Friends and Family Test responses noted that staff were ‘quick and efficient’ with patients saying that they were ‘met with kindness’. • Healthwatch Norfolk feedback for 2022 was limited but all positive. • Overall FFT response rating for oncology and hematology was 96% positive (their experience was very good or good) and 2% negative (their experience was poor or very poor). • We found gaps in people responding to our FFT surveys not giving any free text comments as to why they answered positively or negatively. We also lacked patient demographics.
	Score	Developing

Domain 1 Evidence – Patient Survey results

There were 60 responses to the ‘Are We Meeting Your Needs?’ patient survey. Respondent demographics can be found within appendix A.

#	Characteristics	Evidence
1A	Patients (service users) have required levels of access to the service	<ul style="list-style-type: none"> Comments about accessibility to our services were mixed. Some patients noted that we had been ‘very quick’, with ‘excellent staff and a clean, modern environment made the whole episode a lot more bearable’. However, there were opposing comments of ‘long waiting times’ for follow ups, and a ‘long process to get an appointment’. One patient noted that our services are ‘inaccessible for people who don’t have a car.’ Most commonly there were reports of further reviews of the accessibility throughout the hospital. This included a visually impaired patient asking for directions and ‘despite having a white cane’ was ‘just given a map’. It was also noted that ‘finding the gents toilet is very difficult as there are no braille on them and the symbols look very similar.’
	Score	Developing
1B	Individual patients (service users) health needs are met	<ul style="list-style-type: none"> One patient noted that they would benefit from ‘more overtly trans friendly services’ for example ‘people offering their pronouns’ and asking the pronouns of the patient. A patient said that they struggle with finding their way around as ‘signage is not good for visually impaired’ people, and that their ‘letters are never received in the correct format.’ A patient noted that staff cared for their ‘child in NICU for 3 months so well.’

	Score	Developing
1C	When patients (service users) use the service, they are free from harm	<ul style="list-style-type: none"> Evidence for outcomes 1A, 1B and 1D show that staff are ensuring that patients are free from harm when visiting the Trust, though actions can be put in place to create consistency, especially when considering accessibility for patients with disabilities.
	Score	Developing
1D	Patients (service users) report positive experiences of the service	<ul style="list-style-type: none"> Patients noted that their doctors have always been 'supportive and kind, and try their best.' They reported that 'the nurses and support staff are incredible.' A patient 'got into A&E, saw a clinician, and was seen by a registrar and consultant in 4 hours' leaving them 'very happy!' Cancer care was noted as being 'excellent.' Staff were continually referenced as being 'great', with one answer being that they 'completely support the strike action, and the way it's being managed in a safe way.'
	Score	Developing

Domain 2: Workforce Health & Wellbeing Evidence

#	Outcome	Evidence
2A	<p>When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Any staff referred to Occupational Health will have a full assessment, and will be offered information / signposting to services that can support their physical and mental health.</p> <p>The Trust encourages managers to have wellbeing conversations with their staff on a regular basis. This includes at point of appraisal where there is specific mention of staff wellbeing within the appraisal form. Within return to work meetings managers are encouraged to refer to our Health and Wellbeing Passport which enables both staff and manager to talk about their health and wellbeing and explore whether reasonable adjustments would benefit and can be accommodated. The Trust provides support to staff who have protected characteristics for all mentioned conditions. The organisation promotes work-life balance and healthy lifestyles. The Trust signposts to national and VSCE support.</p> <p>Some examples of our initiatives are set out below:</p> <ul style="list-style-type: none"> The 'Your Home Workout' app is promoted to all staff where they can be given a free subscription up until 31st May 2023. Those who join can choose from 30 live classes and more than 60 on demand ranging from yoga to body combat. As an employee benefit discounted gym membership for certain gyms is available.

		<ul style="list-style-type: none"> • Dance classes and yoga are also hosted on site for staff on an ad-hoc basis along with other wellbeing initiatives such as rest and restore days. Such classes/ initiatives are aimed to support both physical and mental health. • Our Employee Assistance Programme Vivup also provide a range of information for all aspects of health and wellbeing. Staff are able to access this either via their computers or mobile device. <p>Our staff survey 2022 findings show that although the Trust provides wellbeing initiatives there is room for improving how our staff feel about the support for their health and wellbeing and so it is felt we have not yet met the 'excelling' score.</p>
	Score	Achieving
2B	When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Access to independent support regarding bullying, harassment, etc. is through the Employee Assistance Programme. There are also other options for support including one to one sessions with a health and wellbeing practitioner, and our Professional Advocates.</p> <p>Our 2022 Staff Survey results show that 24.5% of our staff have experienced harassment, bullying or abuse from colleagues and 33% of colleagues reported they had experienced bullying or abuse from the public.</p> <p>When breaking this data down by race; 29.1% of our B.M.E staff reported they had experienced bullying or abuse from staff in the last 12 months.</p> <p>When breaking this data down by disability 31.5% of disabled staff reported they had experienced bullying or abuse from other colleagues in the last 12 months.</p> <p>Furthermore, we also acknowledge that a high percentage of our disabled and BAME staff have experienced bullying, harassment or abuse from our patients/ service users. Actions to address such experiences are found within our WDES and WRES Action Plan</p>

		<p>The Trust is taking action to improve these statistics and have made this commitment within its People and Culture strategy which was launched in Summer 2022. Such initiatives include revising our dignity at work policy, implementing a no excuse for abuse poster campaign and withdrawal of patient care protocol which provides support for staff with protected characteristics to report patients who verbally or physically abuse them.</p> <p>The Trust has also delivered two cohorts of their reverse mentoring programme where executives and senior leaders were mentored by diverse colleagues more junior to them. Our executives and senior leads were provided with an insight into their mentors lived experiences as well as others enabling reflection and willingness to take tangible steps to embed positive change.</p> <p>The Trust is currently implementing the role of EDI Allies. This role will enable staff to reach out to trained allies who can signpost them to relevant resources and contacts for support. Alongside this programme the Trust has been promoting the ICS Norfolk and Waveney microaggression portal. With this data, the EDI HR Advisor provides bespoke ‘call it out’ workshops to areas where there are reports of staff experiencing or witnessing microaggressions. The workshops enable colleagues to learn about microaggressions – what they are and how to be an active bystander.</p> <p>Our representative staff network chairs can also be accessed should staff like to raise a concern with them for peer support.</p> <p>Our Freedom to Speak Up service and speak up in confidence platform is also available to utilise – with guardians and champions available to help and provide support.</p> <p>As it is recognised from our recent staff survey results that a significant proportion of staff have experienced bullying/ harassment or abuse from any source we acknowledge that there is more to do and are looking to address this as part of our revision of the dignity at work policy and cultural change work.</p>
	Score	Developing

<p>2C</p>	<p>Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>If staff are experiencing work related low-moderate stress, anxiety and/or depression, our Health and Wellbeing Practitioners offer 1:1 support sessions.</p> <p>Up to six virtual sessions are available where the team uses counselling and cognitive behavioural support skills, motivational interviewing, empowerment and mindfulness techniques.</p> <p>The Workplace Health and Wellbeing team also deliver mental health training, including sessions on how to know colleagues' mental health, resilience in the workplace and reflective support sessions.</p> <p>The Trust also promotes the national People team and NHS Practitioner Health which offers Virtual Staff Common Rooms for Black, Asian and Minority Ethnic (BAME) NHS staff. They provide a safe and supportive environment hosted by an experienced and approved practitioner.</p> <p>The hour-long meetings are for a maximum of 10 people and take place Monday to Friday, 8am – 8pm at varying times, increasing if there's demand. Discussion is guided by participants and focuses on present and future coping and support. They are an opportunity to share experiences and learning, with hosts also guiding people to additional support and resources.</p> <p>Vivup (our EAP) provides an evidenced based route for psychological support for all staff which includes guided CBT self help (in line with NICE guidance). The service includes:</p> <ul style="list-style-type: none"> • 24/7 telephone support • 6 sessions telephone counselling • Guided self help CBT <p>The Trust has a 'speak in confidence' portal whereby staff can raise a concern anonymously to a senior lead, executive or the Freedom to Speak Up Guardian. This is promoted within the Speak Up Policy.</p> <p>The Trust has four staff networks whereby staff are encouraged to share their experiences in a safe environment and obtain peer support. Two of the four networks are chaired by staff representatives who have up to 12 hours a month protected time to support the network and its members.</p>
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	Score	Achieving
2D	Staff recommend the organisation as a place to work and receive treatment	<p>Our staff survey 2022 results show that 41% of respondents would recommend the NNUH as a place to work and 47.3% would be happy for their friend or relative to receive treatment at the Trust. This is below 50% which is the benchmark to achieve a higher score in respect of the EDS2022 scoring.</p> <p>The Trust collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members on a regular basis and is shared within the relevant staff networks to discuss and suggest actions to address experiences that require improvement.</p>
	Score	Underdeveloped

Domain 3: Inclusive Leadership – Evidence

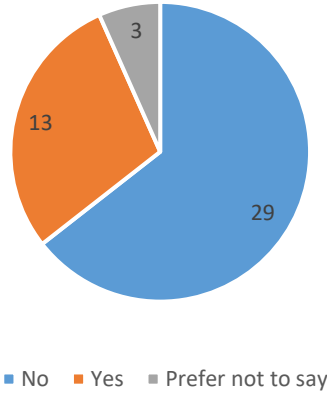
#	Outcome	Evidence
3A	Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<p>Both equality and health inequalities are standing agenda items and discussed in board and committee meetings.</p> <p>Our Chief People Officer regularly attends our staff network meetings where he listens to feedback but also shares workforce updates to consult and share learning. Each of our four staff networks are championed by a Non-Executive Director however there is an aim for each of the networks to have their own Board Champion by the end of this year.</p> <p>Board members and senior leaders engage in religious, cultural or local events and/or celebrations. A most recent example of this was our Chief People Officer and Chief Nurse attended our LGBT+ History</p>

		<p>Month 'in my shoes' event in February 2023 where they introduced the event and expressed their support.</p> <p>Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion.</p> <p>The People and Culture Committee agreed Unconscious Bias Training in May 2019. Unconscious Bias Training has been undertaken by the Hospital Management Board.</p> <p>The principle of 'Know Your Staff' is integral to leadership and embraces equality, diversity and inclusive practices.</p> <p>Line managers are encouraged to attend the License to Lead training workshop which enables development of skills and knowledge to support our staff. All staff including managers are also welcome to attend their divisional equality and diversity group to support with embedding local actions to improve staff experiences.</p> <p>A number of Executives and senior leads have volunteered to be part of our Reverse Mentoring Programme enabling leaders to listen and gain insight into more junior members of staff experiences.</p> <p>Currently it is felt that the gap in understanding sits with line managers and so this area is developing.</p>
	Score	Developing
3B	Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will	<p>The Trust recognises that awareness and learning of Equality Impact Assessments must be increased to ensure these are undertaken for all service proposals, policies, protocols and procedures. The Trust has recently revised its EIA tool and guidance and consideration will also be made for EIA training.</p> <p>In the meantime, all HR policies require an EIA to be submitted to our Pay and Conditions committee for review and approval.</p>

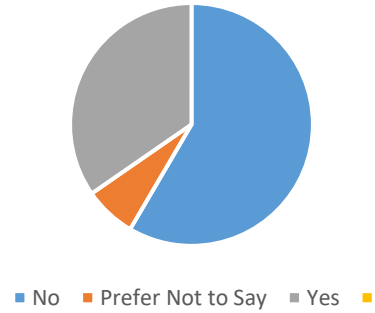
	be mitigated and managed	<p>All EDI standards which are assessed on behalf of the NNUH e.g. WRES, WDES, Gender Pay Gap, follow a governance process which means that they are considered by WESB and Hospital Management Board. JSCC which invites our staff network chairs are consulted on significant factors impacting the workforce.</p> <p>Currently it is felt that the Trust's Equality Impact Assessment is not being fully utilized particularly in respect of patient/service functions or developments and so this area is developing.</p>
	Score	Developing
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>Each equality standard such as WRES, WDES, Gender Pay Gap is reported to our Hospital Management Board and People and Culture Committee. Data is also broken down for the likelihood of recruitment by each protected characteristic on a quarterly basis and reported to our Board.</p> <p>Action plans are drafted with the support of our staff networks and Board members and goals are monitored through a clear governance process e.g. our Equality and Diversity Group, Workforce Education Sub-Board, Patient Panel and Hospital Management Board.</p> <p>Board members regularly invite staff to attend board meetings for them to share their own lived experiences to enable reflection and learning. This may also include presentations from staff networks who wish to propose a new initiative or policy. For example, a member of our womens network presented a proposal for a designated breastfeeding/ chestfeeding room and policy at the hospital which our Board members supported.</p> <p>On an annual basis our Board members also have an 'away day' with a focus on EDI and the progress we are making. This may also include refresher training.</p>
		Achieving

Appendix A – Patient Survey Demographics

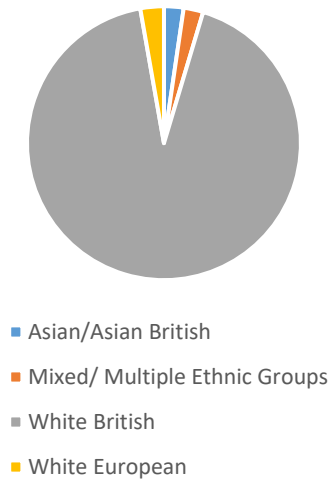
Religious belief or Faith



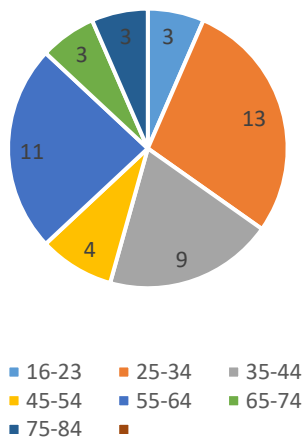
Disability



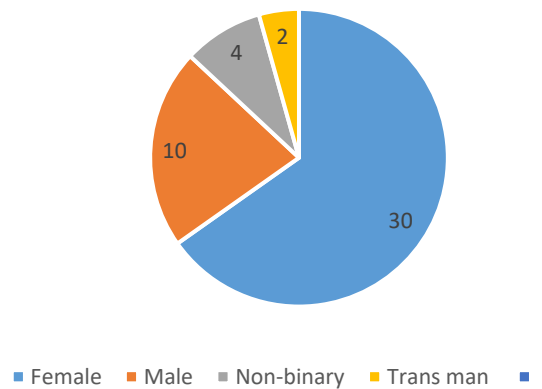
Ethnicity



Age



Gender



Sexual Orientation

