

Classification: Official

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Appendix 1

NHS Equality Delivery System 2025 - 2026

EDS Reporting Template

University Hospitals Birmingham
NHS Foundation Trust

NHS Equality Delivery System (EDS)

Name of Organisation		University Hospitals Birmingham NHS Foundation Trust		Organisation Board Sponsor/Lead	
Name of Integrated Care System		Birmingham and Solihull		ICB: Head of Equality, Diversity and Inclusion UHB: Chief People Officer	
EDS Leads		ICB: Head of Equality, Diversity and Inclusion UHB: Director of Inclusion			
EDS engagement date(s)		ICS EDI Leads meeting August 2025 ICS EDI Leads meeting October 2025 ICS EDI Leads meeting November 2025 ICS EDI Leads meeting December 2025 UHB People and Culture Committee February 2026			
Date completed	February 2026	Month and year published	February 2026	Partnership	Partnering and peer assessment with Royal Orthopaedic Hospital NHS Foundation Trust. Ongoing work with ICS EDI Leads for Domain 1 and 2. Birmingham and Solihull ICS EDI Colleagues.
Date authorised	February 2026	Revision date	June 2026	Integrated Care System-wide*	Birmingham and Solihull

EDS Organisation Rating (overall rating): **Achieving (2)**

EDS Rating and Score Card

Undeveloped activity	Organisations score out of 0 for each outcome
Developing activity	Organisations score out of 1 for each outcome
Achieving activity	Organisations score out of 2 for each outcome
Excelling activity	Organisations score out of 3 for each outcome

Domain 1: Commissioned or provided services – **Research**

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>Within Research, Development and Innovation (RD&I), we are fully aligned with the National Institute for Health and Care Research (NIHR) networks through a joint Equality, Diversity and Inclusion (EDI) strategy.</p> <p>This collaborative approach ensures that the benefits of our work are equitably distributed across the entire department, fostering a culture of fairness, respect, and inclusivity.</p> <p>Our research services are accessed by a diverse range of stakeholders, including patients, researchers, industry partners, and charitable organisations.</p> <p>We recognise the unique perspectives and contributions of each group, and we are committed to ensuring that all stakeholders experience equitable access to our resources and opportunities.</p> <p>We maintain a strong digital presence that clearly outlines our resources and pathways for engagement. In developing these platforms, accessibility has been a central consideration.</p> <p>Our websites comply with the Web Content Accessibility Guidelines (WCAG) version 2.2 AA standard, reflecting our commitment to inclusive design. This compliance extends well beyond basic requirements such as colour contrast and font size. It encompasses rigorous usability testing to support individuals who rely on screen readers, keyboard-only navigation, and other assistive technologies.</p>	<p>3</p>	<p>Head of NIHR Birmingham Biomedical Research Centre (BRC) Infrastructure</p> <p>Head of R&D Operations</p> <p>Director of Research Development and Innovation</p>

Through these measures, RD&I demonstrates its dedication to embedding inclusion, equity, and diversity in every aspect of our research infrastructure, ensuring that all communities can benefit from and contribute to our work.

Accessibility and Inclusive Communication

For all of our digital and print materials, including newsletters and brochures, RD&I is committed to ensuring that information is accessible, equitable, and inclusive. To achieve this, we:

- **Adhere to NIHR brand guidelines** which are designed with accessibility at their core. For example, we use text and background colour combinations that provide sufficient contrast to support readability for all users.
- **Apply digital accessibility principles** by ensuring that calls to action are specific and meaningful. Rather than using generic prompts such as “read more,” we provide clear descriptions so that users understand exactly what they are choosing to explore.
- **Implement accessible document formatting**, including correctly tagged headers with a clear hierarchy. This ensures that documents are easily navigable, particularly for users accessing materials in digital formats.
- **Provide alternative text for images** across all digital platforms, enabling users who rely on screen readers or other assistive technologies to fully engage with our content.

Through these measures, we embed inclusion, equity, and diversity into our communication practices, ensuring that all stakeholders – patients, researchers, industry partners, and charities – can access and benefit from our resources.

Accessibility, Patient Involvement and Inclusive Practice

We are committed to ensuring that our communication channels, including social media, are accessible to all.

This includes consistently adding alternative text to images, providing subtitles for video content, and limiting the use of emojis to avoid disruption for users relying on screen readers.

To promote openness, transparency, and inclusivity, we provide a monthly newsletter across all patient groups engaged with our NIHR-funded programmes. This newsletter is available in multiple accessible formats, and we are actively translating our Plain English Biomedical Research Centre (BRC) brochure into a range of languages to broaden access.

We also recognise and value the contributions of patients by ensuring that their time and involvement in shaping research ideas and design is appropriately recompensed.

In recruitment for participation, patient information sheets are produced in accessible formats, as outlined above, and translation services are utilised wherever possible to support equitable recruitment across diverse communities.

We have delivered cultural competency training to several teams and are now collaborating with the University Hospitals Birmingham (UHB) Inclusion Team to embed Equality Impact Assessments into RD&I processes.

Dedicated training sessions to support this work are scheduled for January 2026, reinforcing our commitment to embedding equity, diversity, and inclusion across all aspects of our research activity.

	<p>Community Engagement and Access to Research</p> <p>We are committed to supporting equitable access to research by raising its profile within the community and ensuring that opportunities to engage are inclusive and representative of the diverse populations we serve.</p> <p>In 2025, we have delivered a comprehensive programme of community engagement designed to increase awareness of our work and strengthen connections across different communities.</p> <p>Key activities have included:</p> <ul style="list-style-type: none"> • UHB Research Showcase – May 2025 • Neighbourhood Futures Festival, Edgbaston – June 2025 • ShedFest, Worcester – July 2025 • Simmer Down Festival, Handsworth – July 2025 • Unity FM (predominantly Muslim audience) • Green Lane Masjid. <p>Through these initiatives, we have actively promoted research participation and involvement, ensuring that our outreach reflects the diversity of the communities we serve.</p> <p>By engaging with festivals, faith organisations, and local media, we aim to build trust, foster inclusion, and create equitable opportunities for patients and the public to contribute to and benefit from research.</p>		
<p>1B: Individual patients (service users) health</p>	<p>A structured programme of community engagement events has strengthened awareness of research activity and ensures that our studies are responsive to the healthcare needs of our patients.</p> <p>We actively support direct patient involvement in shaping our research portfolio.</p>	<p>3</p>	<p>Head of NIHR Birmingham Biomedical Research Centre (BRC) Infrastructure</p> <p>Head of R&D Operations</p>

<p>needs are met</p>	<p>Opportunities are shared through a monthly newsletter, enabling patients to contribute to the development of research questions that reflect their priorities and lived experiences.</p> <p>Involvement is embedded throughout the lifecycle of each study. RD&I research delivery teams include senior nursing staff and administrative colleagues, ensuring that patients receive comprehensive support.</p> <p>Patients enrolled in trials are cared for by dedicated research nursing teams, who provide clear contact details for queries, concerns, and the reporting of adverse events (AEs).</p> <p>Recruitment and training of staff in disease-specific areas further strengthens this model, ensuring expert care and safeguarding patients from receiving treatment outside of established clinical delivery teams.</p> <p>Evidence demonstrates that patients benefit from enhanced levels of care while participating in research. This is reflected in the Patient Research Experience Survey (PRES), where 95% of respondents reported knowing how to contact a member of the research team if they had questions or concerns.</p> <p>We provide additional support to review study protocols, ensuring that patient groups are appropriately included and that research questions can be answered effectively. Importantly, we consider whether research questions can be enhanced through the inclusion of patients statistically more vulnerable to disease, thereby addressing health inequalities.</p> <p>To further embed equity, the RD&I Medical Director has initiated work to establish baseline demographics within our University Hospitals Birmingham (UHB) trial population. These data are being compared against both the wider UHB patient population and national census data to identify underrepresentation.</p>		<p>Director of Research Development and Innovation</p>
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	<p>The aim is to better target health inequalities and expand access to research for groups currently excluded or underrepresented.</p> <p>Initial analyses indicate that the South Asian community is underrepresented in Heartlands Hospital trials, and a follow-up session is planned to explore this further.</p> <p>Our Health Data Research programme is also harnessing data to understand and address health inequalities, particularly in acute care settings where the need is greatest.</p> <p>This work underpins our commitment to ensuring that research is inclusive, equitable, and representative of the diverse communities we serve.</p>		
<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Safeguarding, Safety and Risk Management in Research</p> <p>All RD&I staff complete safeguarding training and are required to reflect on safeguarding practice as part of their Personal Development Review. This ensures that safeguarding principles are embedded across all aspects of research delivery and that staff remain accountable for maintaining safe and inclusive environments.</p> <p>In line with Good Clinical Practice, ethical standards, and Research Governance, family members are not used for interpreting during trial study visits or consultations with research staff and Principal Investigators.</p> <p>This policy safeguards both patients and clinicians by ensuring that interpretation is independent, accurate, and free from bias.</p> <p>Interpreter services are available to research staff for patient and volunteer visits, including mobile solutions such as the “interpreter on wheels,” which provides flexible access to language support.</p>	<p>3</p>	<p>Head of R&D Operations</p> <p>Director of Research Development and Innovation</p>

	<p>All trials undergo rigorous risk assessment and are reviewed by appropriate safety committees, including the Genetically Modified Safety Committee (GMSC), Trial Management Committees, and Data Safety Boards for each trial and sponsor. These groups assess risks to both patients and staff, ensuring that all safety precautions are in place for trial delivery, investigational medicinal product preparation, and equipment disposal.</p> <p>RD&I staff operate within Trust Health and Safety policies. Each research clinical facility is risk assessed to safeguard patient safety, both in terms of the environment and the specific tasks being performed.</p> <p>Any incidents, whether related to research trials or clinical care, are reported via the Radar system, with all reports collated for leadership review.</p> <p>Workplace safety is further supported through reporting of sickness or absence due to incidents via the Trust Health and Safety team, with RIDDOR reporting completed as required.</p> <p>RD&I office spaces are also risk assessed, and environment audits are undertaken to ensure safe and accessible working conditions for all staff.</p> <p>Finally, all patients are assessed against inclusion and exclusion criteria for each research study to ensure their safety and suitability.</p> <p>This process protects participants from unnecessary risk and ensures that research outcomes are robust, ethical, and representative of diverse patient populations.</p>		
1D: Patients (service users) report positive	Patient Experience and Public Involvement	3	Head of R&D Operations

<p>experiences of the service</p>	<p>The Regional Delivery Network (RDN) Participant in Research Survey (PRES) is offered to all patients and participants attending trial and study visits at University Hospitals Birmingham (UHB).</p> <p>This survey provides valuable insight into patient experience and helps ensure that our research activity is inclusive, respectful, and responsive to the needs of those we serve.</p> <p>Feedback from patients highlights the positive impact of participation in research:</p> <ul style="list-style-type: none"> • <i>“I feel it is important to write on record how well I feel I have been looked after through an invasive trial. Most importantly, my experience has given me hope for a condition currently with limited recognised treatment.”</i> <p>In the current financial year, we have received 190 responses across 52 trials and studies. Notably, 98% of respondents reported that research staff always treated them with courtesy and respect, and that they felt valued as participants in the research process.</p> <p>Patient and Public Involvement and Engagement (PPIE) is central to our approach. Testimonies illustrate the meaningful role patients play in shaping research:</p> <p>Patient and Public Advisory Group (PPAG) representative:</p> <p>“J” - part of the Biomedical Research Centre (BRC) Communications Group</p> <ul style="list-style-type: none"> • As part of the Biomedical Research Centre (BRC) Communications Group, “J” contributed to the development of the new BRC website. • She reviewed and tested content across two research themes, provided feedback on the PPIE section, and helped ensure that language was clear and engaging. • She also advised on visuals, layout, mobile-friendliness, and accessibility, ensuring the site was welcoming and easy to navigate. 	<p>Director of Research Development and Innovation</p>
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	<ul style="list-style-type: none"> • “J” reflected: <i>“It’s brilliant to be part of a team that listens, reflects and takes action, based on our input.”</i> <p>“E”, Liver & GI PPI Group member:</p> <ul style="list-style-type: none"> • “E” became one of two PPI co-applicants on a Liver Cancer Study grant exploring whether a small dose of an anti-cancer drug, combined with nutritional advice, can be safely administered to patients with moderate to severe liver impairment who are currently ineligible for treatment. • She shared: <i>“You never know what you will get to learn more about, and I really like that.”</i> <p>These examples demonstrate how patient involvement strengthens research design, enhances accessibility, and ensures that studies address the real healthcare needs of diverse communities.</p> <p>By embedding patient voice at every stage, RD&I affirms its commitment to inclusion, equity, and diversity in research.</p>		
<p>Domain 1: Commissioned or provided services overall rating – Research</p>		<p>Excelling activity 3</p>	

Domain 1: Commissioned or provided services – Immunisation

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>Patients (service users)</p> <p>Where a patient is eligible for a vaccine (such as the seasonal influenza vaccine) and has not yet received it, the clinical team will discuss vaccination with the patient and where appropriate this will be provided.</p> <p>Consideration will also be given to the place of discharge – e.g. care home – as to what vaccine will be offered.</p> <p>This approach ensures that all eligible patients are given the opportunity to receive the appropriate immunisations.</p> <p>Consideration will also be given to any protected characteristic that may affect a patient’s eligibility for vaccination or reduce their likelihood of accepting it if offered. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • providing information in a range of languages; • ensuring information is appropriate to the patient’s age; • assessing the suitability and accessibility of vaccination sites for individuals with physical disabilities; • offering tailored support for patients with cognitive or sensory impairments; • providing clear, evidence-based guidance for patients who are pregnant or breastfeeding. 	<p>2</p>	<p>Director of Occupational Health and Wellbeing</p> <p>Occupational Health Service Manager</p>

UHB promotes awareness campaigns for vaccines. In November 2025 UHB promoted videos showing the consequences of not having the flu vaccine based on real life patient cases.

[Health and social care providers across Birmingham and the Black Country launch hard-hitting awareness campaign asking the public to take action against flu](#)

Staff at UHB

Appointments

Appointments are arranged via multiple accessible channels, including telephone, email and text messaging, to support equitable and inclusive access for all staff.

This ensures that individuals with differing communication preferences and needs, including those with disabilities, neurodiversity, sensory impairments, or language barriers, are able to access the service without disadvantage.

Staff may also contact the Occupational Health service directly to arrange an appointment at a time and date that meets their individual needs.

Occupational Health clinics

Occupational Health clinics are delivered across all four sites, and operate Monday to Friday 08:30–16:30 on most sites.

Interpretation services

Interpretation services, translation support and reasonable adjustments are proactively offered to promote inclusion and to ensure compliance with the Equality Act 2010.

	<p>Data: Over 2024/2025 Occupational Health and Wellbeing administered 27,460 different immunisations, vaccinations and blood appointments, and received and cleared 8342 new starters in 2025.</p>		
<p>1B: Individual patients (service users) health needs are met</p>	<p>Patients (service users)</p> <p>National Guidance The independent expert advisory group, Joint Committee on Vaccination and Immunisation (JCVI), makes recommendations on who should be offered vaccines. These recommendations guide national policy.</p> <p>The UK Health Security Agency (UKHSA) uses JCVI’s advice to set the official eligibility criteria for vaccination programmes, such as flu and COVID-19 vaccines.</p> <p>The Department of Health uses this advice to deliver the vaccine programme accordingly.</p> <p>UHB uses this advice to ensure that the health needs of all patients are met in relation to vaccines.</p> <p>Clinical trials UHB take parts in clinical trials that involve vaccines – e.g. potential cancer vaccine trials for head and neck patients.</p> <p>All trials are in line with appropriate guidance</p> <p>Consideration for EDS principles The following provides examples of incorporating consideration for patients with a protected characteristic to ensure that their health needs are not affected disproportionately:</p>	<p>2</p>	<p>Director of Occupational Health</p> <p>Occupational Health – Lead Nurse</p>

Reasonable Adjustments:

- Enabling carers to attend with the patient;
- Adjusting the appointment time to allow for a longer session.

Cultural and Religious:

- Ensuring clear information is provided about ingredients, for informed consent to be made;
- Offering same sex health care professionals to administer vaccine to enable patients to have it.

Staff at UHB

Immunisation risk assessments

Immunisation risk assessments are undertaken in line with UK Health Security Agency (UKHSA) guidance and consider both role-specific exposure risks and individual health factors, including pregnancy, disability, long-term health conditions, and other clinical vulnerabilities.

Health clearance assessments

Health clearance assessments are completed for all staff, including a review of immunisation history and vaccination requirements, to support safe and inclusive working practices.

Immunisation and vaccination

Immunisation and vaccination pathways are evidence-based and regularly reviewed to reflect updated national guidance.

Protocols, staff health assessments and audit processes are in place to ensure consistent application, quality assurance and equitable access to occupational health support.

	<p>Updates are communicated clearly to promote transparency and understanding across the workforce.</p> <p>Immunisations and vaccinations are not mandatory. Staff who are uncertain or hesitant are offered a confidential, supportive and non-judgemental environment to discuss their concerns.</p> <p>Occupational Health services provide clear, balanced and evidence-based information on the potential benefits and risks, tailored to individual clinical needs, cultural considerations and personal circumstances.</p> <p>Staff are supported to make informed decisions without coercion, and reasonable adjustments are considered and implemented where appropriate for individuals with disabilities, clinical vulnerabilities, pregnancy, or protected beliefs, in accordance with the Equality Act 2010.</p>		
<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Patients (service users)</p> <p>Vaccinations Vaccinations are only able to be administered by staff who hold the relevant competency for the administration of vaccines.</p> <p>Adverse events Any incidents relating to inpatient vaccination are reported via internal incident reporting systems (Radar) and thoroughly investigated.</p> <p>Untoward incidents related to vaccine administration or side effects are also reported via the Medicines and Healthcare products Regulatory Agency (MHRA) yellow card scheme.</p>	<p>2</p>	<p>Director of Occupational Health</p>

Policy and Guidelines

The Trust has a number of policies, procedures, standard operating procedures and guidelines in place, including:

- Bee and Wasp Venom Immunotherapy Treatment Plan;
- National Protocol for Inactivated Influenza Vaccine;
- Complement Deficiency (not Hereditary Angioedema);
- Guideline for Pre-conception counselling within Umbrella Sexual health Service;
- Standard Operating Procedures for Safeguarding Management in the Neonatal Community Outreach Team;
- Guideline for the administration of Hepatitis B Vaccination to Renal Patients;
- Patient Group Direction for the Administration of Hepatitis A vaccine by registered nurses, midwives, pharmacists paramedics and physiotherapists for active immunisation within UHB.

Consideration for EDS principles

- Healthcare staff must ensure that they are not making clinical assumptions and thus potentially placing the patient at risk.
- Healthcare staff must undergo inclusion training to ensure that they do not discriminate based on a protected characteristic.
- Healthcare staff must ensure that appropriate information is provided that is fully understood by the patient.

Staff at UHB**Vaccinations**

Vaccinations are administered by appropriately trained and competent clinicians in accordance with infection prevention and control standards and inclusive safety practices.

Reasonable adjustments

Reasonable adjustments are considered and implemented to support staff with allergies, disabilities, neurodiversity, pregnancy, or anxiety related to clinical procedures, ensuring equitable access and a positive experience.

Adverse events

Adverse events are monitored, reported, and reviewed in line with national reporting requirements and local governance processes.

Learning from incidents is shared appropriately to support continuous improvement and to ensure that safety improvements benefit all staff groups, with due consideration to equality, diversity and inclusion.

Needle stick injuries

Any needle stick injuries to staff are reported to Health and Safety.

In 2025 there were 776 reported SHARPS incidents. All of these were reviewed, bloods taken where required and any serious incidents reported (this data is retained by Health and Safety).

A new training video and guidance has been created to show what to do at the time of an incident. This has been shared with all clinical teams and sites.

Policy and Guidelines

The Trust has a full suite of relevant policies in place, including:

- COVID-19 Vaccine Handling and Management Operational Policy;
- Patient Group Direction for the administration of inactivated Hepatitis B vaccine in Occupational Health to clients aged 16 years and over.

<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Patients (service users)</p> <p>Patient feedback is collated in a number of ways:</p> <ul style="list-style-type: none"> • Direct feedback to the member of staff; • Friends and Family Test (FFT); • Patients Advice and Liaison Service (PALS); • Compliment; • Formal Complaint. <p>Consideration for EDS principles</p> <ul style="list-style-type: none"> • Ensuring that there are appropriate physical spaces for when patients are completing the feedback forms – e.g. wheelchair access. • Ensuring that the above feedback channels can be accessed in a variety of ways and languages. <p>Staff at UHB</p> <p>Feedback</p> <p>Feedback is actively sought through a range of accessible and inclusive formats, including digital surveys, QR codes and multilingual feedback cards, to ensure diverse staff voices are captured.</p> <p>Feedback mechanisms are designed to reduce barriers to participation and support engagement across different staff groups.</p> <p>Feedback data is analysed biannually, with specific consideration given to themes relating to equality, accessibility and inclusion.</p> <p>Findings inform service development and quality improvement actions, which are communicated transparently through multiple channels, including staff</p>	<p>2</p>	<p>Director of Occupational Health</p> <p>Occupational Health Service Manager</p>
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	forums, governance structures and relevant committees, to ensure learning and improvements are shared across the organisation.		
Domain 1: Commissioned or provided services overall rating – Immunisation		Achieving activity 2	

Domain 1: Commissioned or provided services – **Pharmacy**

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>1A: Patients (service users) have required levels of access to the service</p>	<p>Pharmacy Service Provision and Accessibility – Quarter 2 (2025) Scale of Service Provision</p> <p>During Quarter 2 of 2025, the Pharmacy Directorate delivered a high volume of services across University Hospitals Birmingham (UHB), reflecting the breadth, resilience and reach of pharmacy support across all care settings.</p> <p>Activity during this period included:</p> <ul style="list-style-type: none"> • 30,351 discharge prescriptions (TTOs) dispensed; • 60,785 outpatient prescriptions dispensed; • 25,563 aseptic preparations manufactured; • 3,352 monitored dosage systems (blister packs) prepared to support patient adherence; • 905 on-call requests managed. <p>This activity demonstrates the critical role of pharmacy services in supporting safe, effective and timely patient care across inpatient, outpatient and specialist pathways.</p> <p>Service Access and Availability Pharmacy services are delivered in a way that promotes equitable access for patients, carers, staff and visitors across all Trust sites:</p>	<p>2</p>	<p>Chief Pharmacist</p>

- Pharmacy services operate 7 days a week, 365 days a year across all four hospital sites (Queen Elizabeth Hospital Birmingham, Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital).
- Extended pharmacy presence is provided on the Acute Medical Unit (AMU) at three sites from 07:00 to 21:00 to support urgent and high-turnover clinical areas.
- Comprehensive on-call arrangements are in place, including first on-call, second on-call (senior pharmacists), Oncology on-call and Pharmacy IT on-call, ensuring continuity of care and clinical safety out of hours.
- A full range of pharmacy services is provided, including inpatient and outpatient dispensing, clinical pharmacy services, aseptic services and Medicines Information.
- Specialist pharmacist-led clinics are available in Oncology, Hepatitis C, HIV, Liver, Renal and Diabetes services, supporting personalised and condition-specific care.
- Over-the-counter (OTC) medicines are available for staff and visitors, supporting self-care and accessibility.
- The Medicines Information service operates a patient helpline five days per week, supporting patients following discharge and those attending outpatient clinics, with a focus on medicines optimisation and safe use.

Accessibility and Inclusion

The Pharmacy Directorate is committed to providing inclusive, accessible services that meet the diverse needs of the population it serves. Key accessibility provisions include:

- Access to Trust-approved interpreting services, with pharmacy staff trained in how to arrange and use interpretation support effectively;
- Hearing loop systems installed across all pharmacy departments to support patients and carers with hearing impairment;
- Lowered dispensing and consultation counters in all pharmacy areas to ensure accessibility for wheelchair users and individuals with mobility needs;
- Patient information leaflets available in large print on request, with additional formats accessed via Trust processes where required.

	<p>These measures support compliance with the Equality Act 2010 and reflect the Trust's commitment to reducing health inequalities, promoting inclusive access to medicines and ensuring that pharmacy services are responsive to the needs of all patients and communities.</p>		
<p>1B: Individual patients (service users) health needs are met</p>	<p>Medicines Reconciliation and Clinical Pharmacy Services</p> <p>Medicines Reconciliation</p> <p>Medicines reconciliation is undertaken for all patients on admission using a minimum of two reliable sources, in line with national guidance, to support medicines safety and reduce the risk of error.</p> <p>Any changes made to a patient's medication during admission are clearly documented on discharge communications, including discharge letters, to ensure continuity of care and safe handover to primary care providers.</p> <p>Ward-Based Clinical Pharmacy Services</p> <p>Clinical pharmacy services are embedded across all inpatient areas, with pharmacists and pharmacy technicians allocated to wards across all Trust sites. This model supports timely medicines optimisation, patient engagement and multidisciplinary working.</p> <p>Pharmacy teams provide individualised support to meet diverse patient needs, including the provision of alternative formulations where clinically appropriate, such as liquid preparations for patients with swallowing difficulties, intravenous alternatives where oral administration is not suitable, and transdermal patches to support adherence or clinical need.</p> <p>During Quarter 2 of 2025, 3,352 monitored dosage systems (blister packs) were prepared to support patients who require additional assistance with medicines adherence, including those with cognitive impairment, dexterity issues or complex medication regimens.</p>	<p>2</p>	<p>Chief Pharmacist</p>

Specialist Pharmacy Services

As a large academic teaching hospital, University Hospitals Birmingham provides specialist pharmacy support across all key clinical services.

Dedicated pharmacist-led specialist clinics operate within Oncology, Hepatitis C, HIV, Liver, Renal and Diabetes services, supporting personalised medicines management and complex treatment pathways.

For patients prescribed complex or high-risk regimens, additional written information is provided in accessible formats to support understanding, adherence and informed decision-making, including guidance for reducing or time-limited courses of treatment.

Cultural, Religious and Ethical Considerations

Pharmacy services are delivered respectfully of cultural, religious and ethical beliefs.

Where requested and clinically appropriate, support is provided to source vegetarian, vegan or alcohol-free medicines.

Pharmacy staff are trained to recognise and respond sensitively to cultural considerations in medicines selection and counselling, supporting shared decision-making and patient-centred care.

Mental Health Pharmacy Provision

Mental health pharmacy services are not provided directly on University Hospitals Birmingham sites. Patients requiring specialist mental health pharmacy support are referred appropriately to Birmingham and Solihull Mental Health Foundation Trust (BSMHFT), in line with established care pathways and partnership arrangements.

<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Electronic Prescribing and Medicines Safety Systems</p> <p>The Trust has an Electronic Prescribing and Medicines Administration (EPMA) system in place across all sites, incorporating comprehensive clinical decision support, safety features and automated warnings to reduce the risk of medicines-related harm. The system supports standardisation, legibility and safer prescribing practices for all patient groups.</p> <p>Scan4Safety technology is implemented for high-risk medicines, strengthening traceability, accuracy and patient safety throughout the medicines-use process.</p> <p>There have been no medicines-related Never Events reported for a number of years, reflecting the effectiveness of existing safety systems, governance arrangements and staff engagement.</p> <p>Incident Reporting and Learning Culture</p> <p>All medicines-related incidents are reported via the Trust’s Radar incident reporting system, supporting a transparent and just culture that encourages reporting, learning and continuous improvement.</p> <p>Learning from incidents is shared through a range of accessible and inclusive communication channels, including:</p> <ul style="list-style-type: none"> • A monthly Pharmacy Governance Newsletter produced in line with the Trust’s <i>Listen, Learn, Share</i> approach; • A monthly Reporting and Learning Bulletin circulated across all sites to support organisational learning and prevent recurrence; • Patient Safety Notices developed following significant incidents and cascaded to all relevant staff through structured handovers and safety briefings. <p>These processes support consistent learning across the workforce and ensure that safety messages reach staff working across different sites, roles and shift patterns.</p>	<p>2</p>	<p>Chief Pharmacist / Pharmacy Governance Team</p>
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Training Compliance and Workforce Assurance (October 2025)

Mandatory training and appraisal compliance is monitored regularly to ensure staff are appropriately supported, competent and up to date. Compliance levels as at October 2025 are as follows:

- **Queen Elizabeth Hospital Birmingham (QEH):**
Appraisals 93%, Information Governance 92%, Fire Safety 91%, Infection Prevention and Control (IPC) 99%
- **Birmingham Heartlands Hospital (BHH):**
Appraisals 71%, Information Governance 72%, Fire Safety 74%, IPC 96%
- **Good Hope Hospital (GHH):**
Appraisals 79%, Information Governance 90%, Fire Safety 82%, IPC 100%
- **Solihull Hospital (SHH):**
Appraisals 90%, Information Governance 92%, Fire Safety 87%, IPC 100%
- **Cancer Services:**
Appraisals 77%, Information Governance 90%, Fire Safety 82%, IPC 95%.

To ensure that training incorporates the EDS principles, considerations for protected characteristics will be discussed – e.g.

- in fire safety, the considerations for wheelchair users;
- in information governance, the considerations for trans colleagues.

Targeted actions are in place to address variation in compliance, with consideration given to service pressures, workforce availability and the need for reasonable adjustments to support equitable access to training across staff groups.

Current Quality and Safety Initiatives

	<p>A paperless controlled drugs system is currently being rolled out across the Trust. This initiative aims to enhance medicines safety, improve auditability, reduce transcription errors and strengthen governance and accountability, while supporting more efficient and inclusive working practices.</p>		
<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Feedback Mechanisms and Evidence of Compassionate Care</p> <p>Feedback Mechanisms</p> <p>The Trust actively collects feedback from patients, carers and staff through multiple channels to ensure diverse perspectives are captured:</p> <ul style="list-style-type: none"> • Trust Inpatient Survey; • Friends and Family Test (FFT); • Monitoring of compliments and complaints; • <i>Kind Connected Bold</i> staff recognition scheme. <p>These mechanisms are designed to capture both quantitative and qualitative feedback, supporting continuous improvement, patient-centred care and the recognition of staff contributions across all sites and services.</p> <p>Evidence of Compassionate Care</p> <p>Staff within the Pharmacy Directorate have been consistently recognised for compassionate, patient-focused care through the Trust's <i>Kind Connected Bold</i> scheme.</p> <p>Notable examples include:</p> <ul style="list-style-type: none"> • The aseptic services team volunteering out of hours to ensure a patient with Down's syndrome received chemotherapy under general anaesthetic, with safe manufacture and delivery of treatment; • A staff member personally producing and delivering an intrathecal treatment for a vulnerable patient when planned transport failed, ensuring timely and safe treatment; 	<p>2</p>	<p>Chief Pharmacist</p>

	<ul style="list-style-type: none"> • Discharge pharmacy services operating daily, including public holidays, with staff frequently working additional hours to ensure patients can safely receive medications and be discharged; • A clinical pharmacist acting as a key contact for a patient’s family, providing clear, compassionate communication during a complex care transition; • A staff member offering comfort and reassurance to a distressed relative, demonstrating attentiveness and kindness beyond their immediate clinical responsibilities. <p>Complaints</p> <ul style="list-style-type: none"> • No complaints specific to pharmacy services have been received. • Pharmacy has responded to medication-related elements of broader complaints; investigations have confirmed these were not attributable to direct pharmacy service provision. <p>Areas for Development</p> <ul style="list-style-type: none"> • A pharmacy-specific patient satisfaction survey is not currently in place. Implementation of such a survey is recommended to capture service-specific patient feedback systematically and to support continuous quality improvement. 		
Domain 1: Commissioned or provided services overall rating – Pharmacy		Achieving activity 2	

Domain 2: Workforce Health and Wellbeing

Outcome	Evidence	Rating	Owner (Dept/Lead)
<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p><u>Occupational Health - Home</u></p> <p>The UHB Occupational Health (OH) and Wellbeing department is an accredited Safe Effective Quality Occupational Health Service (SEQOHS) committed to reducing health inequalities and promoting inclusive, equitable access to health and wellbeing support for all staff.</p> <p>UHB’s Occupational Health and Wellbeing service delivers a comprehensive, inclusive, and equitable approach to staff health. Services are tailored to individual needs, sensitive to cultural, gender, and accessibility considerations, and underpinned by robust monitoring and EDI principles to reduce health inequalities and promote a resilient workforce.</p> <p>Our multidisciplinary team including Occupational Medicine consultants, nurse practitioners, psychiatry specialists, counsellors, wellbeing officers and administrative staff ensures that services are accessible, culturally sensitive, and responsive to the needs of staff from underrepresented groups and with protected characteristics.</p> <p>Different staff groups have distinct needs. By integrating clinicians, mental health professionals, wellbeing practitioners and administrative personnel, the service is able to provide comprehensive support to individuals irrespective of their role, background, health status, or personal circumstances.</p>	<p>2</p>	<p>Director of Occupational Health & Wellbeing</p>

	<p>The breadth of expertise within the team enables the service to:</p> <ul style="list-style-type: none"> • Provide multiple access routes, including clinical, psychological, wellbeing, and administrative pathways; • Deliver support that is tailored to individual requirements rather than relying on a uniform approach; • Reduce stigma by promoting help-seeking behaviours across all staff groups; • Offer culturally competent care informed by diverse professional perspectives; • Ensure that staff with protected characteristics receive equitable, consistent, and sensitive support; • Comply with SEQOHS standards relating to accessibility, quality, and equity. <p>Wellbeing hubs</p> <p>Wellbeing hubs and clinics provide culturally sensitive support for obesity, diabetes, asthma, COPD and mental health. Services include gender-specific clinics, menopause support, physiotherapy, and counselling. Outreach ensures inclusion of underrepresented staff groups</p> <p>Wellbeing Hubs across the four sites recorded approximately 30,000 staff visits over the year. In addition to providing on-site support, Hub staff conduct regular ward rounds to engage with teams directly and raise awareness of available services. This approach helps ensure that the offer is accessible to the widest possible range of staff groups and roles. Visibility is further enhanced through regular information stands in high-footfall areas, coordinated email campaigns and the distribution of printed materials.</p>		
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	<p>The services are structured to address health inequalities by monitoring engagement across protected characteristics and undertaking targeted outreach to staff groups that are underrepresented.</p> <p>Staff Well Clinics offer staff their annual health check within the Trust, including, BMI, bloods and self-report questionnaires, review and signposting for support or further testing if needed.</p> <p>Equality Impact Assessments (EIAs)</p> <p>Services are underpinned by Equality Impact Assessments (EIAs) and the principles of the NHS Equality Delivery System (EDS), supporting continuous improvement, monitoring uptake by protected characteristics, and implementing targeted outreach to underrepresented groups.</p> <p>Equality Impact Assessments guide ongoing service development and ensure alignment with EDS principles. These assessments are completed annually as part of SEQOHS accreditation and the organisation’s internal review and improvement processes.</p> <p>Support for Obesity and Physical Health</p> <ul style="list-style-type: none"> • Occupational Health Screenings: BMI checks, blood pressure monitoring, and lifestyle assessments identify risk factors for obesity-related conditions, such as diabetes and cardiovascular disease. Personalised care plans and reasonable 		<p>Head of R&D Operations</p>
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adjustments are offered to staff with chronic conditions to ensure equity in work capability and health monitoring.

- **Staff Well Clinics:** Comprehensive health screenings include:
 - Waist-to-hip ratio and BMI
 - Blood pressure, pulse rate, and rhythm
 - Dementia screening
 - Q-Risk score
 - Blood tests: HIV, cholesterol, HbA1c, renal function
 - Review of activity levels, alcohol intake, anxiety, and depression
 - Adjustments for staff with disabilities, language needs, or other accessibility requirements.

Support for Diabetes, Asthma, COPD and Long-Term Conditions

- **Occupational Health Services:** Experienced OH staff support management of long-term conditions, work capability, reasonable adjustments, and ongoing health monitoring.
- **Wellbeing Hubs:** Located across all four hospital sites, these hubs provide culturally sensitive and accessible support for obesity, diabetes, asthma, COPD, and mental health, with outreach to wards and departments where engagement is lower or health risks are higher.
- **Gender- and Condition-Specific Clinics:**

- Dedicated services for women’s health, menopause (including CBT and MClub), and gynaecological care.
- Physiotherapy and podiatry services available via self-referral to all staff.

Mental Health and Emotional Wellbeing

- **Counselling and Staff Support Services:**

- Internal counselling using solution-focused brief therapy supported 642 staff members in 2025
- Regional mental health hub offering rapid access for staff requiring support
- Relationship counselling via Relate
- Addiction support via Aquarius (drug, alcohol, gambling)
- Fast-track advice and support through Birmingham Citizen Advice Bureau (housing, benefits, etc.).

- **Wellbeing Hubs:**

- Safe, accessible spaces on all four sites for staff to discuss wellbeing and access support resources
- Promote physical and mental wellbeing through campaigns, clinics, and wellness programmes

	<ul style="list-style-type: none">○ Signposting to internal and external support services, including financial, domestic violence, and mental health support.● Wellbeing Officers:<ul style="list-style-type: none">○ Two Staff Wellbeing Officers and four Resident Doctor Wellbeing Officers actively engage with staff in their work areas, providing check-ins and signposting to services● Mental Health Training:<ul style="list-style-type: none">○ Psychological Wellbeing Training for Managers trial: designed internally to improve confidence in early intervention and support for staff mental health○ Samaritan Supportive Listening e-learning: UHB-wide roll-out from January 2026 for all staff and managers		
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<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>University Hospitals Birmingham (UHB) is committed to creating a safe, inclusive, and supportive working environment for all staff. Policies, safe spaces and proactive initiatives are designed to protect staff from harassment, bullying, and discrimination, and to promote equality, diversity, and inclusion across the workforce.</p> <p>Policies and Governance</p> <ul style="list-style-type: none"> • Dignity at Work and Grievance Procedures: Embedded within the Trust’s Equality Delivery System (EDS) framework, these policies ensure all staff are treated fairly, respectfully, and consistently. • Violence and Aggression Reduction: Equality considerations are integrated into risk assessments and reduction plans to protect staff from harm and ensure equitable support. • Human Resources Support: The People Advisory Service provides practical advice and guidance to staff and managers, facilitating early resolution of concerns through supported discussions, advice, and formal processes where required. <p>Wellbeing Hubs</p> <p>Wellbeing Hubs serve as inclusive, psychologically safe spaces for all staff, with particular focus on supporting underrepresented groups and those with protected characteristics:</p> <ul style="list-style-type: none"> • Located on all four hospital sites, accessible during core hours to staff across all roles and shift patterns; 	<p>2</p>	<p>Service Manager Occupational Health & Wellbeing</p>
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	<ul style="list-style-type: none"> • Provide a calm, welcoming environment for staff to decompress, access wellbeing resources, and connect with colleagues; • Staffed by trained personnel offering culturally sensitive listening, signposting, and immediate support to ensure equity for staff with diverse needs; • Outreach initiatives target departments with higher stress levels or lower engagement to proactively address health inequalities and promote psychological safety. <p>Occupational Health and Wellbeing (OH&WB)</p> <ul style="list-style-type: none"> • Works collaboratively with departments and senior leadership to identify and address wellbeing concerns through an EDS lens. • In-house OH services and counselling teams provide tailored psychological and physical health support, including reasonable adjustments for staff with disabilities, long-term conditions, or other protected characteristics. • Counselling appointment reasons – “work load” and “work relationships” are the highest reason for referral, with 642 staff members seen in 2025. <p>Chaplaincy and Emotional Support</p> <ul style="list-style-type: none"> • Multi-faith chaplaincy team provides pastoral care and emotional support, accessible to all staff regardless of faith or belief. <p>Staff Networks and Support Groups</p> <ul style="list-style-type: none"> • Networks include Disability/Long-Term Health Conditions, Neurodiversity, REACH, UHBeProud, Women’s Network. 		
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	<ul style="list-style-type: none"> • There are also Carers and Parent and Carers of Neurodiverse Children peer support groups. • M Club and other peer support groups provide targeted wellbeing initiatives, social connection, and community support. <p>Freedom to Speak Up Guardians and Speak Up Champions</p> <ul style="list-style-type: none"> • We have 4 Freedom to Speak up Guardians (FTSUG) and over 90 Champions supporting across the Trust. • Where concerns have been identified, we have conducted cultural reviews, speaking with all staff within a department and making recommendations for change. <p>Future Initiatives</p> <ul style="list-style-type: none"> • Development of clearer guidance and support for staff to prevent abuse from patients. • Ongoing enhancements to the wellbeing offer and psychological safety measures, informed by staff feedback, EDS principles, and Trust-wide engagement. 			
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<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ol style="list-style-type: none"> 1. Occupational Health and Wellbeing Service. The Occupational health and wellbeing Service is Safe, Effective, Quality Occupational Health Service (SEQOHS) accredited, ensuring safe, effective, and equitable occupational health practice for all staff. Our approach prioritises confidentiality, impartiality, and inclusivity, addressing health inequalities and supporting diverse workforce needs. 2. Trained Counselling Team: Our experienced counselling team provides confidential, non-judgmental support for staff facing personal or work-related challenges. Sessions are tailored to individual needs, including cultural sensitivity and reasonable adjustments, helping staff manage stress, anxiety, depression, and other mental health concerns. “Workload” and “work relationships” are the highest reason for referral with 642 staff members seen in 2025. 3. Consultant Occupational Psychiatrist: A highly skilled consultant offers specialist support for complex mental health conditions, ensuring equitable access to expert care for staff with clinical vulnerabilities or protected characteristics. 121 staff members were seen in 2025. 4. Wellbeing Officers: Wellbeing officers proactively engage with staff across all sites, promoting resilience and work-life balance. They deliver targeted outreach to departments with higher stress levels or underrepresented groups, ensuring inclusion and early intervention. 5. Wellbeing Hubs: Our hubs provide safe, welcoming spaces for all staff, logging over 3,000 visits weekly and 1,000 additional ward contacts. They offer culturally sensitive support, signposting, and immediate assistance, reducing barriers for staff who may feel isolated or marginalised. 	<p>2</p>	<p>Service Manager Occupational Health & Wellbeing</p>
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	<p>6. Doctors Survey: This has shown continued improvement in awareness of wellbeing services across diverse staff groups.</p> <p>7. Staff Survey: This has demonstrated progress in staff perception that UHB takes positive action on health and wellbeing, reflecting our commitment to equality and inclusion.</p>		
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<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>National Staff Survey (NSS)</p> <p>Information from the National Staff Survey is used to identify key priorities for strengthening staff engagement. The survey data enables UHB to assess the extent to which colleagues would recommend the organisation as a place to work and as a provider of care. The relevant findings are outlined below.</p> <p>Recommend UHB as a place to work</p> <p>Data from the 2024 National Staff Survey showed that 53.16% of respondents indicated that they would recommend UHB as a place to work. This represents an improvement from the previous year's figure of 49.51%, although it remains below the national average of 60.9%.</p> <p>Data since 2020 is as below:</p> <ul style="list-style-type: none"> • 2020 – 61.18% • 2021 – 49.51% • 2022 – 48.23% • 2023 – 49.51% • 2024 – 53.16% <p>Recommend UHB as a place to receive treatment</p> <p>57.14% of respondents reported that they would be satisfied with the standard of care provided by UHB if a friend or relative required treatment. This reflects an increase from 55.37% in the previous year but is still lower than the national average of 61.54%.</p> <p>Data since 2020 is as below:</p> <ul style="list-style-type: none"> • 2020 – 72.68% • 2021 – 60.40% • 2022 – 56.30% • 2023 – 55.37% • 2024 – 57.14% 	<p>2</p>	<p>Service Manager Occupational Health & Wellbeing</p>
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UHB takes positive action on health and Wellbeing

51.25% of respondents reported that UHB takes positive action on health and wellbeing. This is an increase from 45.26% in the previous year but is still lower than the national average of 55.99%.

Data since 2021 is as below:

- 2021 – 46.03%%
- 2022 – 46.10%
- 2023 – 45.26%
- 2024 – 51.25%

Data, Governance and Staff Wellbeing Impact: Use of Data to Promote Equity and Inclusion

Occupational Health (OH) and Wellbeing services at UHB actively utilise workforce data to identify health inequalities, monitor service uptake, and improve support for all staff.

Management referral trends are reviewed in partnership with HR, senior leadership, and site management to ensure equitable access and timely interventions for staff, including those from underrepresented groups and with protected characteristics.

Key governance forums supporting this oversight include:

- People and Culture Committee;
- Senior Management Site Meetings;
- Occupational Health Management and Site Leadership Meetings.

These forums embed Equality Delivery System (EDS) principles by:

- Monitoring service uptake by protected characteristics;
- Identifying workforce diversity challenges;

- Agreeing targeted actions to reduce inequities and enhance staff support.

Wellbeing Team and Hub Feedback (May–September)

Analysis of feedback from staff accessing the Wellbeing Hubs shows high levels of trust and inclusivity, with 99% of respondents (114/115) recommending the service.

Staff highlight the hubs as psychologically safe, welcoming spaces that reduce isolation, promote mental health, and support staff with flexible or non-standard working patterns.

Representative feedback includes:

- *“The well-being team I see in Solihull are amazing, they brighten up everyone’s day and the hospital wouldn’t be the same without them!”* (SOL)
- *“The wellbeing hub has been a life saver for me. It helped ensure I had some belonging and improved my mental health when I was hot-desking.”* (QE)
- *“Very attentive and great at listening. Offered lots of options on next steps for further support.”* (QE)
- *“The team are a great support for my wellbeing, and I would be off sick longer without them.”* (BHH)
- *“So friendly, chatty staff. Make lovely drinks & super welcoming. Makes a positive difference to my day at work.”* (GHH)
- *“The wellbeing team are fantastic and a really valuable resource... regularly check in by visiting wards. They are accessible and approachable.”* (GHH)
- *“The wellbeing hub staff are all excellent on all sites, welcoming and friendly, providing invaluable support to manage challenging workplaces.”* (All sites)

In addition to feedback forms, the Kind, Connected and Bold recognition scheme and People Praise highlight regular nominations for the Wellbeing Team, demonstrating consistent appreciation for the impact of their work across all staff groups.

Domain 2: Workforce health and well-being overall rating		Achieving activity 2	

Domain 3: Inclusive leadership – **Research**

Outcome	Evidence	Rating	Owner (Dept/Lead)
<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>RD&I is committed to fostering a culture of inclusion, equity, and diversity across all aspects of its work. This commitment is demonstrated through:</p> <ul style="list-style-type: none"> • Senior RD&I representation at the Trust’s Culture and Inclusion Delivery Group, ensuring that research activity is aligned with organisational priorities for equity and inclusion; • Leadership accountability, with the Chief Medical Officer designated as the Health Inequalities Lead, providing strategic oversight and direction in addressing disparities in healthcare and research participation; • Staff engagement in inclusion networks, with several RD&I colleagues serving as Freedom to Speak Up (FTSUG) Champions and active members of staff networks such as Neurodiversity and REACH. These roles strengthen advocacy, representation, and support for diverse staff communities; • Integration of wellbeing and EDI into leadership practice, with the Senior Leadership Team (SLT) regularly including staff wellbeing updates, services, and events in RD&I Connected sessions. These sessions also highlight Equality, Diversity and Inclusion (EDI) training and development opportunities, ensuring that staff are supported to grow in an inclusive environment. 	<p>2</p>	<p>Managing Director - Research, Development and Innovation</p> <p>Consultant - Critical Care and Respiratory Medicine</p>

	<p>Through these measures, RD&I embeds inclusion and equity into its organisational culture, ensuring that both staff and patients benefit from a supportive, diverse, and fair research environment.</p>		
<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>Research Diversity and Inclusion (RDI) Monitoring</p> <ul style="list-style-type: none"> • Quarterly Reporting: Research Diversity and Inclusion (RDI) metrics are reported quarterly via the Board Assurance Framework (BAF) and Strategic Implementation Plan (SIP), with a focus on EDI and organisational culture within the research workforce. These reports inform senior leadership, ensure accountability, and guide interventions to promote an inclusive research environment. • Patient Demographics Analysis: The Data Research Team is actively analysing the demographics of patients participating in research studies. This work aims to understand the representation of local communities in research, identify gaps in participation, and support strategies to ensure research populations reflect the diversity of the population served by the Trust. <p>Impact on EDI and Culture: Findings from both workforce and patient demographic analyses inform Trust-wide strategies to:</p> <ul style="list-style-type: none"> • Promote equitable opportunities for research staff from underrepresented groups; • Ensure inclusivity in patient recruitment for studies; • Support transparency and accountability in research governance. 	<p>2</p>	<p>Managing Director - Research, Development and Innovation</p> <p>Consultant - Critical Care and Respiratory Medicine</p>

<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>The National Institute for Health and Care Research (NIHR) has introduced a framework of EDI performance metrics to strengthen accountability and ensure that equality, diversity, and inclusion are embedded across all research activity.</p> <p>These metrics provide a structured approach to monitoring progress, identifying gaps, and driving continuous improvement.</p> <p>Research, Development and Innovation (RD&I) actively supports and seeks opportunities to contribute to EDI projects.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Engagement in EDI initiatives that promote equitable access to research and representation across diverse patient and staff groups; • Contribution to the development and implementation of EDI data projects, ensuring that data collection, analysis, and reporting are aligned with NIHR standards and reflect the needs of underrepresented communities; • Commitment to transparency and improvement, using EDI data to inform strategy, address inequalities, and measure the impact of interventions. <p>Through these actions, RD&I demonstrates its commitment to advancing inclusion, equity, and diversity, ensuring that research is representative, accessible, and responsive to the needs of all communities.</p>	<p>2</p>	<p>Managing Director - Research, Development and Innovation</p> <p>Consultant - Critical Care and Respiratory Medicine</p>
<p>Domain 3: Inclusive leadership overall rating – Research</p>		<p>Achieving activity 2</p>	

Domain 3: Inclusive leadership – Immunisation

Outcome	Evidence	Rating	Owner (Dept/Lead)
<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>Immunisation Governance and Leadership Oversight</p> <ul style="list-style-type: none"> • Routine Oversight: Immunisation activity is regularly reviewed through senior management structures, ensuring leaders maintain comprehensive oversight of access, uptake, and any potential health inequalities affecting staff groups. • Equitable Service Delivery: Leadership actively supports consistent and inclusive service provision across all four hospital sites. Clinics operate Monday to Friday with flexible booking systems, ensuring that no staff group is disadvantaged due to shift patterns, role design, or protected characteristics. • Targeted Support for High-Risk Groups: Senior leaders prioritise timely occupational health clearance and vaccination pathways for new starters, staff in higher-risk roles, and patient-facing colleagues, reducing inequalities in immunisation access. • Manager Guidance and Reasonable Adjustments: Managers receive clear guidance to support staff attendance at immunisation appointments. This includes facilitating reasonable adjustments and time-away-from-duty provisions for staff unable to attend standard hours, promoting fairness and inclusion. 	<p>2</p>	<p>Director of Occupational Health</p>

	<p>Compliance and Safety Standards: Leaders reinforce adherence to UKHSA immunisation guidance and infection prevention priorities through governance discussions. This ensures all staff receive safe, evidence-based immunisation interventions regardless of background, role, or protected characteristic.</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>Immunisation Governance and Equality Oversight</p> <ul style="list-style-type: none"> • Routine Reporting: Immunisation activity and updates are regularly presented to key governance groups, including the Infection Prevention and Control Group (IPCG) and Health & Safety Committee, ensuring that risks related to uptake, access, and compliance are reviewed through an equality, diversity, and inclusion (EDI) lens. • Data-Driven Oversight: Reports provide detailed trend data on: <ul style="list-style-type: none"> ○ Immunisation clearance for new starters; ○ Vaccination uptake across diverse staff groups; ○ Emerging risks such as delayed clearances or lower attendance among specific staff demographics. • Mitigation of Inequalities: Where disparities are identified, such as limited access for night-shift workers, remote staff, or smaller departments, targeted mitigation actions are implemented. These include: <ul style="list-style-type: none"> ○ Additional clinic sessions; ○ Targeted communications; ○ Flexible booking windows. <p>These measures ensure equitable access to immunisation for all staff.</p> <p>Embedded Equality Considerations</p> <p>Decision-making incorporates equality factors including role-based exposure, disability, clinical vulnerability, pregnancy and long-term conditions.</p> <p>Occupational Health escalates concerns through governance channels to ensure timely interventions and maintain compliance with EDS principles.</p>	<p>3</p>	<p>Director of Occupational Health</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>Performance Monitoring and Leadership Oversight – Immunisation</p> <ul style="list-style-type: none"> • Monitoring and Reporting: Occupational Health performance is regularly monitored through reports presented to People and Culture Committee, Senior Management, IPCG, and Health & Safety forums. Reports include key equality-focused metrics such as: <ul style="list-style-type: none"> ○ Management referral KPIs; ○ Vaccination uptake by staff group; ○ Outstanding clearances; ○ Compliance with UKHSA standards. <p>This ensures transparency, accountability, and oversight of health inequalities across the workforce.</p> <ul style="list-style-type: none"> • Infrastructure for Safe and Inclusive Delivery: Leadership actively supports the systems required for equitable immunisation, including: <ul style="list-style-type: none"> ○ Multi-site clinic availability; ○ Trained immunisers and infection prevention compliance; ○ IT reminder systems; ○ Role-based risk assessment processes to mitigate health inequalities. <p>Collaborative Working: Senior leaders facilitate coordination between Occupational Health, Wellbeing Teams, People Services, and IPC to provide timely support for staff with long-term conditions, disabilities, pregnancy, or other factors impacting immunisation access.</p> <p>Line Manager Guidance: Managers receive clear guidance to promote timely staff attendance while balancing workload pressures and individual health needs.</p>	<p>2</p>	<p>Director of Occupational Health</p>
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	<p>Support includes:</p> <ul style="list-style-type: none"> • Reasonable adjustments for staff unable to attend standard clinic hours; • Signposting to wider wellbeing support (counselling, wellbeing hubs, mental and physical health services under Domain 2); • Ensuring equitable and inclusive access to immunisation services for all staff. 		
Domain 3: Inclusive leadership overall rating – Immunisation		Achieving activity 2	

Domain 3: Inclusive leadership – Pharmacy

Outcome	Evidence	Rating	Owner (Dept/Lead)
<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>Pharmacy Leadership, Workforce Inclusion, and Board Access</p> <p>Board Access and Executive Visibility</p> <ul style="list-style-type: none"> • The Chief Pharmacist has direct access to Trust Executive Directors, ensuring operational and strategic alignment with executive decision-making. • Attendance at Trust Board meetings occurs by exception, with escalation for significant issues or performance concerns. • Visible leadership is demonstrated through regular site presence and scheduled open-door drop-in sessions, providing accessible support and engagement for staff across all hospital sites. <p>Inclusive Practice and Religious Observance</p> <ul style="list-style-type: none"> • Pharmacy leadership proactively reduced services during Eid to enable Muslim colleagues to take leave for religious observance at the end of Ramadan. • This approach demonstrates recognition of workforce diversity and a commitment to inclusive and culturally sensitive working practices. <p>Staff Development and Networks</p> <ul style="list-style-type: none"> • Staff are supported to participate in Staff Network events covering disability, neurodiversity, and other protected characteristics. • All staff complete Oliver McGowan mandatory training on learning disability and autism, ensuring a baseline of inclusive practice knowledge. 	<p>2</p>	<p>Chief Pharmacist</p>

	<ul style="list-style-type: none"> • During Q2 2025, 183 study days were supported, with £101,486 invested in training courses, reflecting a strong commitment to continuous professional development. <p>Workforce Diversity</p> <ul style="list-style-type: none"> • The pharmacy leadership team reflects the diversity of both the workforce and patient population. • Representation spans gender (male and female staff) and a range of ethnicities at all levels, supporting inclusive leadership and decision-making. <p>Staff Survey Performance (2024)</p> <ul style="list-style-type: none"> • 85.4% of pharmacy staff feel their role makes a difference to patients. • 94.4% report no discrimination from patients or the public. • 88.4% report no discrimination from colleagues. • Overall improvement of +4.8% year-on-year, with 75.4% of metrics showing improvement, demonstrating a positive culture and inclusive working environment. <p>Areas for Development</p> <p>Currently, there is no specific EDI training for pharmacy leaders (Band 8a and above); development of targeted leadership EDI programmes is recommended to further embed inclusive leadership practices.</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>Pharmacy Equality, Governance, and Risk Oversight</p> <p>Equality Impact Assessments (EIAs)</p> <ul style="list-style-type: none"> • EIAs are routinely incorporated into pharmacy papers submitted to Trust committees, ensuring that proposed policies, service changes, and initiatives are reviewed for potential impacts on staff and patient groups with protected characteristics. <p>Governance Structure</p> <ul style="list-style-type: none"> • Monthly Pharmacy Governance Meetings are held with senior service leads to review operational, quality, and safety matters. • All discussions explicitly consider equality impacts, ensuring that decisions reflect the Trust’s commitment to equity, diversity, and inclusion. <p>Risk Register</p> <ul style="list-style-type: none"> • At present, there are no pharmacy-specific equality-related risks recorded on the Trust risk register. • Equality considerations continue to be monitored through governance meetings and EIAs, with escalation pathways in place if emerging risks are identified. 	<p>2</p>	<p>Chief Pharmacist / Pharmacy Governance Team</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>Pharmacy Incident, Staff Experience, and Workforce Monitoring</p> <p>Incident and Safety Monitoring</p> <ul style="list-style-type: none"> • Radar incident reporting is reviewed daily to capture issues from the preceding 24 hours. • The Pharmacy Governance Team analyses incidents for trends and patterns, ensuring lessons are identified and shared across services. • Matters raised via complaints are investigated promptly, with actions implemented to address any identified concerns, supporting a culture of safety and continuous improvement. <p>Staff Experience Monitoring</p> <ul style="list-style-type: none"> • Staff survey analysis by site shows overall positive experience scores, though there is significant variation (Solihull 65.5% vs Good Hope 45.4%), highlighting a 20-percentage point gap requiring targeted intervention. • Action plans have been developed in response to feedback, with site-specific interventions underway to improve staff experience and engagement. <p>Flexible Working Monitoring (April–September 2025)</p> <ul style="list-style-type: none"> • 61 flexible working requests were submitted across pharmacy; 54 were approved, reflecting an 89% approval rate of decided cases. • 7 requests were declined. • Site breakdown of approvals: <ul style="list-style-type: none"> ○ QEH 11; ○ BHH 15; ○ GHH 8; ○ SHH 3; ○ Aseptics 5. • These processes demonstrate a commitment to work-life balance, inclusion, and accommodating staff needs. 	<p>2</p>	<p>Chief Pharmacist</p>
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	<p>Staff Support and Wellbeing</p> <ul style="list-style-type: none"> • Collaboration with the Trust Ergonomics Team ensures staff requiring specialist or adapted equipment receive appropriate support. • Workplace adjustments are implemented for staff with disabilities, supporting equitable access to work and reducing health inequalities. <p>Recruitment Monitoring</p> <ul style="list-style-type: none"> • Demographic monitoring is undertaken for recruitment processes to inform equitable hiring practices and workforce diversity initiatives. <p>Areas for Development</p> <ul style="list-style-type: none"> • Staff survey results are not currently analysed by protected characteristics within pharmacy, limiting insight into equity of experience. • Service metrics are not yet monitored by patient demographics, restricting understanding of differential access and outcomes for diverse patient groups. 		
<p>Domain 3: Inclusive leadership overall rating – Pharmacy</p>		<p>Achieving activity 2</p>	

EDS Action Plan	
EDS Lead	Year(s) active
Research - Managing Director - Research, Development and Innovation Research - Consultant - Critical Care and Respiratory Medicine Pharmacy - Chief Pharmacist Immunisation - Director of Occupational Health and Wellbeing Workforce Health and Wellbeing - Director of Occupational Health and Wellbeing	2025/26
EDS Sponsor	Authorisation date
Chief People Officer	February 2026

Action Plan Domain 1: Commissioned or Provided Services – Research

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Wheelchair Access</p> <p>Following the review, key points were noted:</p> <ul style="list-style-type: none"> • there is clear access in some areas; • assess areas where doors are heavy and difficult to open. 	A wheelchair access review of RDI areas CRF / ITM conducted following a complaint by a wheelchair user.	End of Q2 2026
	1B: Individual patients (service users) health needs are met	RDI support and seek opportunities for EDI projects and contribute to the development and implementation of EDI data projects.	The NIHR EDI framework are to introduce EDI performance metrics for patient demographic data returns.	End of Q1 2026
	1C: When patients (service users) use the service, they are free from harm	R&D projects are risk assessed and sponsor protocols provide mitigation and compensation for non- negligent harm.	All SAE reports are recorded via Radar for trend analysis, sponsor oversight, data safety committees and trial management reports.	End of Q1 2026

	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>PRES survey results will be shared by the RDN annually.</p> <p>A UoB/UHB research team is undertaking a research project to understand why research staff from racially minoritised backgrounds may not wish to share their perceptions in a staff survey or share their personal information. The aim is to identify what would help staff feel more comfortable to do so, and to explore barriers to career progression.</p>	<p>Trust action plans will inform future actions.</p> <p>Results will be shared in Q4.</p>	<p>Annually</p> <p>End of Q4 2026</p>
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Action Plan Domain 1: Commissioned or Provided Services – **Immunisation**

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Improve equity of access across all sites and staff groups.	<ul style="list-style-type: none"> • Review clinic capacity across the four sites with consideration for staff with mobility or physical accessibility needs, ensuring clinic layouts and access routes meet their needs. • Strengthen communication on booking routes (email, phone, wellbeing hubs, SharePoint) with accessible formats where required (large print, plain language). • Explore extended/flexible clinic times to enable access for: <ul style="list-style-type: none"> ○ shift workers (night/weekend staff); ○ remote and hard-to-reach areas; ○ staff with caring responsibilities; 	<p>End of Q3 2026</p> <p>End of Q3 2026</p> <p>End of Q3 2026</p>

		<ul style="list-style-type: none"> ○ staff with religious or cultural needs that affect availability. ● Review data to understand whether there are differences in immunisation access for: <ul style="list-style-type: none"> ○ age groups; ○ genders (reflecting a predominantly female workforce); ○ staff who identify with disability; ○ REACH and other ethnically diverse staff groups. <p>Review effectiveness of text/email reminders quarterly, including whether uptake differs across demographic groups.</p>	<p>End of April 2026</p>
<p>1B: Individual patients (service users) health needs are met</p>	<p>Ensure timely and consistent immunisation risk assessments and vaccination pathways.</p>	<ul style="list-style-type: none"> ● Conduct quarterly audits of new starter immunisation clearances, including any observed variation by gender, age, ethnicity or disability. ● Update protocols in line with UKHSA guidance and ensure adjustments are available for: <ul style="list-style-type: none"> ○ pregnant staff; 	<p>End of Q2 2026</p>

		<ul style="list-style-type: none"> ○ staff with needle phobia; ○ staff with disabilities requiring adapted communication or physical support. <ul style="list-style-type: none"> ● Improve documentation quality through refresher training, including how to record reasonable adjustments and health inequality considerations. <p>Strengthen escalation pathways for incomplete clearances in high-risk roles, with specific monitoring for protected groups who may face barriers or delays.</p>	
<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Maintain high standards of clinical safety and vaccination quality.</p>	<ul style="list-style-type: none"> ● Deliver annual training updates for immunisers (infection control, anaphylaxis, vaccine storage), including inclusive practice and communication needs for diverse staff groups. ● Conduct quarterly cold-chain audits ensuring documentation is consistent and accessible. 	<p>Annual review during Q4 each year</p>

		<p>Review incident reporting processes for vaccine-related events, capturing whether any protected characteristics were a relevant factor (e.g., communication barriers, access issues).</p> <p>Strengthen links with IPCG and Health & Safety Group to ensure that health inequalities and accessibility concerns are included in shared learning and risk discussions.</p>	
<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Improve and increase client feedback to enhance service quality.</p>	<ul style="list-style-type: none"> • Develop and roll out inclusive feedback methods (QR codes, digital surveys, multilingual options, accessible formats), ensuring staff from REACH communities and staff with disabilities can participate fully. • Conduct biannual reviews of feedback, analysing themes by age, gender, ethnicity, disability and staff group where data is available. 	<p>End of Q4 2026</p>

		<ul style="list-style-type: none">• Improve visibility of service changes informed by staff feedback (“You said, we did”), ensuring communication reaches diverse groups across all sites.• Strengthen communication with departments regarding immunisation processes and waiting times, considering staff with accessibility needs and staff working non-standard hours.	
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Action Plan Domain 1: Commissioned or Provided Services – Pharmacy

Outcome	Objective	Action	Completion date
1A: Patients (service users) have required levels of access to the service	Review accessibility of patient information materials.	<ul style="list-style-type: none"> • Audit current patient information leaflets for accessibility • Identify priority leaflets for translation into community languages • Ensure Easy Read versions available for key pharmacy information 	End of September 2026
1B: Individual patients (service users) health needs are met	Ensure that every patient receives safe, personalised, and clinically appropriate pharmaceutical care that reflects their individual health needs, preferences, and circumstances.	<ul style="list-style-type: none"> • Develop bespoke patient feedback in relation to EDI to monitor the effectiveness of pharmaceutical care and make improvements where required. 	End of Q1 2026

<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Ensure that all patients receive safe, equitable and harm-free pharmaceutical care, with particular attention to meeting the diverse needs of individuals and eliminating disparities in safety outcomes.</p>	<p>Complete an audit to ensure that</p> <ul style="list-style-type: none"> • inclusive safety checks are completed, ensuring that considerations such as language needs, cultural factors, disability, age, and health literacy are completed; • revision of accessible and culturally sensitive medicines information is made for all. 	<p>End of Q2 2026</p>
<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Develop pharmacy-specific patient feedback mechanism to understand patient experience of pharmacy services.</p>	<ul style="list-style-type: none"> • Review current Trust feedback mechanisms and identify gaps in pharmacy-specific feedback. • Implement feedback collection in outpatient pharmacy and discharge settings. • Analyse feedback by protected characteristics where data is available. • Report findings to pharmacy governance meeting and develop improvement actions. 	<p>End of Q1 2026</p>

<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<p>Contribute towards the Violence and Aggression Steering Group.</p> <p>Continue to provide accessible wellbeing hubs, counselling, and Freedom to Speak Up services.</p>	<ul style="list-style-type: none"> • Embed equality considerations in all interventions, ensuring targeted support for staff most at risk (e.g. frontline, minority groups). • Monitor uptake by protected characteristics and implement targeted outreach where engagement is low. 	<p>End of September 2026</p> <p>End of January 2026</p>
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<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>Regularly review working arrangements and relationships with External Support Partners.</p>	<ul style="list-style-type: none"> • Maintain and strengthen partnerships with external support providers to ensure impartial, confidential, and culturally sensitive services for all staff. • Review partnerships to confirm accessibility for underrepresented groups and compliance with equality standards. • Promote these services widely using inclusive communication channels (multilingual materials, accessible formats) to ensure awareness across all staff groups. 	<p>Quarterly meetings with all contracts</p> <p>Quarterly meetings with all contracts</p> <p>End of Q4 2026</p>
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<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Ensure all feedback is inclusive.</p>	<ul style="list-style-type: none"> • Implement inclusive feedback mechanisms such as staff surveys, multilingual feedback cards, and anonymous digital platforms. • Conduct annual outreach campaigns to capture feedback from diverse staff groups, including those in hard-to-reach roles. • Design new data collection methods to identify equality-related themes and address health inequalities. • Provide both formal and informal feedback opportunities to ensure all voices are heard. 	<p>End of Q1 2026</p> <p>End of Q1 2026</p> <p>End of Q1 2026</p> <p>End of June 2026</p>
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Action Plan Domain 3: Inclusive Leadership – Research

Outcome	Objective	Action	Completion date
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	RDI staff continue to support FTSU as champions.	Support and increase FTSU champion programme.	End of Q4 2026
	RDI staff are supported to contribute to the Staff networks – Neurodiversity and REACH.	Support and increase staff network attendance and membership.	End of Q2 2026
	SLT regularly include staff wellbeing updates, services and events at RDI connected sessions including EDI training and development opportunities.		
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	A project being led by the Health Data Research team is analysing recruitment of patients to research studies at each site to collect demographic data to identifying where more support is needed to ensure a representative population is offered access to research studies.	This pilot data will inform next steps in addressing inclusive research participation.	End of Q2 2026
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in	The NIHR EDI framework are introducing a pilot EDI performance metric.	UHB are considering taking part in this pilot, subject to IG approvals.	End of Q2 2026

place to manage performance and monitor progress with staff and patients	RDI support and seek opportunities for EDI projects and contribute to the development and implementation of EDI data projects.		
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Action Plan Domain 3: Inclusive Leadership – Immunisation

Outcome	Objective	Action	Completion date
<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>Strengthen leadership capability and visibility around health inequalities within the immunisation pathway.</p>	<ul style="list-style-type: none"> • Deliver targeted briefings to senior leaders, including immunisation uptake broken down by age, gender, ethnicity and disability, to highlight any inequalities. • Embed routine equality and health inequality discussions in OH and Immunisation leadership meetings, ensuring protected characteristics are considered for every decision. • Include a health inequalities module within annual mandatory training for Band 7–VSM leaders, with practical examples around gender (pregnancy pathways), disability (reasonable adjustments), and REACH groups. 	<p>End of Q3 2026</p> <p>End of Q3 2026</p> <p>End of Q3 2026</p>

	<p>Ensure leaders model inclusive behaviours for their teams.</p>	<ul style="list-style-type: none"> • Provide quarterly dashboards including: <ul style="list-style-type: none"> ○ uptake by staff group and service area; ○ uptake by protected characteristics where data is available; ○ identification of groups experiencing barriers (e.g., Staff with physical accessibility needs, night staff). • Incorporate equality/health inequality objectives into appraisal process for all leaders. Encourage leadership walk-arounds focused on identifying access barriers for staff with disabilities (including wheelchair access), staff from ethnic minority backgrounds, and shift workers. • Promote active use of PSED principles (eliminating discrimination, advancing equality, fostering good relations) in immunisation-related decisions. 	<p>End of Q3 2026</p> <p>End of Q2 2026</p> <p>End of Q3 2026</p>
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		<ul style="list-style-type: none"> • Work with EDI leads to co-develop guidance for managers on supporting immunisation for pregnant staff, disabled staff, and minority ethnic groups. 	End of Q2 2026
<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>Improve the routine identification of EDI impacts in immunisation-related papers.</p>	<ul style="list-style-type: none"> • Add a mandatory Equality Impact Assessment (EIA) / health inequalities section to all committee papers relating to immunisation (IPCG, Health & Safety, Workforce). • Train report authors on completing EIAs with reference to what the data shows for gender, race, age and disability. • Embed a standard paragraph requiring identification of: <ul style="list-style-type: none"> ○ accessibility for disabled staff (including wheelchair access); ○ uptake gaps between staff groups ○ gender factors (e.g., pregnancy needs); ○ ethnicity trends for staff groups with lower uptake. 	<p>End of Q1 2026</p> <p>End of Q1 2026</p> <p>End of Q4 2026</p>

	Strengthen escalation of inequality-related risks.	<ul style="list-style-type: none"> • Ensure any gaps in demographic data are recorded and added to the action plan for future monitoring. • Integrate immunisation-related inequality risks (e.g., lower uptake among REACH group, inaccessible clinic layouts for wheelchairs) into IPCG and H&S risk registers. • Present quarterly updates to IPCG and Workforce Wellbeing Groups referencing protected characteristics and actions taken. • Ensure committee minutes clearly record mitigation actions and timelines. 	<p>End of Q2 2026</p> <p>End of Q2 2026</p> <p>End of Q4 2027</p> <p>End of Q4 2026</p>
3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor	Establish a robust immunisation performance monitoring framework.	<ul style="list-style-type: none"> • Create a performance dashboard including: <ul style="list-style-type: none"> ○ uptake by staff group; ○ ethnicity-based trends; ○ gender insight linked to pregnancy and women's health; 	End of Q3 2026

<p>progress with staff and patients</p>	<p>Align leadership oversight with organisational priorities.</p>	<ul style="list-style-type: none"> ○ age-based differences in uptake; ○ staff with declared disability and any access challenges. ● Review the dashboard monthly at OH management meetings and quarterly at IPCG & H&S committees. ● Introduce targeted, data-driven action plans for any group with lower uptake (e.g., REACH group, staff with mobility impairments/Disabilities, night shift workers). ● Provide quarterly exception reports to departmental leads and Workforce Wellbeing Committee, highlighting EDI themes, race, disability, age and gender variations. ● Ensure immunisation KPIs incorporate equality indicators and are reported consistently. 	<p>End of Q4 2027</p> <p>End of Q1 2027</p> <p>End of Q3 2026</p> <p>End of Q2 2026</p>
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		<ul style="list-style-type: none">• Monitor improvement actions and provide targeted support to high-risk or underrepresented groups (e.g., staff with disabilities, male staff in a predominantly female workforce, ethnic minority staff).	End of Q3 2026
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Action Plan Domain 3: Inclusive Leadership – Pharmacy

Outcome	Objective	Action	Completion date
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Ensure all pharmacy leaders receive appropriate EDI training to support their understanding of equality and health inequalities.	<ul style="list-style-type: none"> • Identify appropriate EDI training needs for pharmacy leaders (Band 8a and above). • Develop a pharmacy leadership EDI training programme in conjunction with Trust Learning and Development. • Include EDI objectives in pharmacy leadership appraisals. • Review impact of training. 	<p>End of Q4 2027</p> <p>End of August 2026</p> <p>End of January 2027</p> <p>End of Q4 2027</p>
3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Provide strategic leadership and oversight to ensure that equality-related impacts and health inequality risks are systematically identified, assessed, and effectively mitigated across all services,	<ul style="list-style-type: none"> • Embed Equality Inequalities Impact Assessments (EIAs) into all, service changes, business cases, and transformation programmes, including explicit consideration of risks and mitigations. 	End of Q2 2026

	policies, and organisational decisions.		
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	Address site variation in staff experience identified through staff survey.	<ul style="list-style-type: none"> • Implement knowledge-sharing programme between high and lower-performing sites. • Conduct focused listening events to identify site-specific challenges. • Review staffing and resource allocation to identify systemic pressures. 	End of Q2 2026

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