NHS England

NHS Equality Delivery System 2022
EDS Reporting Template

Version 1, 15 August 2022

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation	University Hospitals Birmingham NHS Foundation Trust (UHB)	Organisation Board Sponsor/Lead	
		Birmingham and Solihull (BSol) ICB - Head of Equality, Diversity and Inclusion	
Name of Integrated Care System	Birmingham and Solihull (BSol)	UHB – Chief People Officer	

EDS Lead	Birmingham and Solihull ICB - Head of Equality, Diversity and Inclusion UHB – Director of Inclusion	At what level has this been completed?	
			*List organisations
EDS engagement date(s)	Contributors November 2024 – January 2025	Individual organisation	University Hospitals Birmingham NHS Foundation Trust
		Partnership* (two or more organisations)	Royal Orthopaedic Hospital BSol Stakeholder Group
		Integrated Care System-wide*	Birmingham and Solihull (BSol)

Date completed	7 February 2025	Month and year published	February 2025

Date authorised	20 February 2025	Revision date	July 2025

EDS Rating and Score Card

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

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

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

Domain 1: Commissioned or provided services – Chaplaincy

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services –	**1A: Patients (service users) have required levels of access to the service**	**Chaplaincy Access** There is 24/7 access (including Bank Holidays) for end of life (EOL) for Roman Catholic, Protestant, Muslim, Sikh, Hindu and Jewish patients. **Wheelchair Access** A wheelchair access review of the QEHB Faith Centre was conducted following a complaint by a wheelchair user. Following the review, key points were noted: • there is clear access in some areas. • there is a need to relocate the box containing patient lists that are accessed by volunteers to make it more accessible.	3 2	Head of Chaplaincy Head of Chaplaincy

		• further reviews are scheduled at the other Faith Centres.	
		Baby loss Memorial services and support 2	Bereavement Team Bereavement Midwife Memorial service planning group
		The Chaplaincy Team work closely with the Bereavement Team and Bereavement Midwives to ensure that appropriate baby loss support is provided for all faiths and none.	
		Memorial services are provided at Heartlands and Good Hope Hospitals where we have maternity services.	
		Annual memorial service 2	Bereavement Team Head of Chaplaincy Memorial service planning group
		A Trust-wide memorial service is hosted each year by Chaplaincy and the Bereavement Team for all those effected by bereavement.	
		The service is for colleagues, patients and relatives.	
		Muslim Friday Prayers 2	Head of Chaplaincy Director of Inclusion
		A review of access and provision for Muslim Friday Prayers at Heartlands Hospital was	

<table>
<tr><td></td><td></td><td>undertaken to support discussions around changes to the Faith Centre.

The facilities for Friday prayers were identified as inadequate in terms of space for colleagues, patients and visitors.

The review also identified the needs and provision for Dharmic faiths (Sikh, Hindu, Buddhist, Jain).

Following the working of a Task and Finish Group to assess the Faith Centre provision, two work streams have been established:

1. group to action immediate uplift of BHH Faith Centre with new chairs, paintings and ablutions.
2. new working party established to develop a new Faith Centre provision as a centre of excellence for colleagues, patients, and visitors at BHH.</td><td></td><td></td></tr>
<tr><td></td><td></td><td>**Emergency weddings**

There is provision for short notice weddings for patients nearing EOL across the Trust.</td><td>2</td><td>Head of Chaplaincy Macmillan Nursing Team</td></tr>
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		Sikh Chaplaincy Support A current review of chaplaincy support for our Sikh patients is being undertaken.	2	Head of Chaplaincy
		Bank Chaplains 3 new Muslim Bank Chaplains, and 4 new Protestant Bank Chaplains have been recruited to ensure provision across all sites.	2	Head of Chaplaincy
		Chaplaincy Bulletin A Chaplaincy Bulletin has been established and circulated to all staff and volunteers in the department, weekly to: • provide clear and consistent communication of key issues. • strengthen awareness of patient and staff needs. • inform the team of Trust-wide news and activity.	2	Head of Chaplaincy

		Recording of data	1	Head of Chaplaincy
		Colleagues can refer patients to the Chaplaincy Team via the patient information communication system (PICS).		
		This also enables an audit trail of the number of referrals and the responses to referrals.		
		Visits from volunteers to patients are recorded on the Chaplaincy database to monitor those visited across different faith groups.	2	Head of Chaplaincy
			(2)	
	1B: Individual patients (service users) health needs are met	**Volunteer multi-faith chaplains**	1	Head of Chaplaincy
		Recruitment, training, and ongoing supervision of volunteer multi-faith chaplains to provide routine and ad-hoc pastoral and spiritual support is ongoing.		
		Additional training for Chaplaincy Volunteers on dementia and EOL care and Dementia is consistently provided.		
		Cultural and Religious Needs of Patients – Good Practice Guide	3	Chief Nurse
		February 2025 saw the launch of the Cultural and Religious Needs of Patients – Good Practice Guide.		

| | | Details on the guide and Chaplaincy provision was provided via:

- Internal Comms
- Good Practice Guide
- Training Video
- Moodle resource

The launch was supported by a series of roadshows across the Trust throughout February 2025. | | |
| | | **Staff training**

Staff training to enable appropriate referrals for chaplaincy from Palliative Care. The training will be provided to:

- Resident doctors in palliative care
- Student Nurses in Person-centred care
- Multiple sessions to be delivered across the Trust on bereavement care to different support staff to understand | 2 | Consultant-Palliative care

Practice placement tutors

Palliative care team |

		the cultural and religious needs of patients at End of Life (EoL).		
		Support and additional training to be given to specific locations where there is a requirement to improve the knowledge and understanding of cultural and religious care.	2	Head of Chaplaincy
		An induction training video on the cultural and religious needs of patients has been recorded in preparation its forthcoming launch.	2 **(2)**	Head of Chaplaincy
	1C: When patients (service users) use the service, they are free from harm	**Mandatory Training** Ensuring that all substantive and volunteer members of the team are compliant with their safeguarding training. **Incidents** Ensuring that all incidents and reviewed appropriately to enable continuous learning and improvement.	2 2	Head of Chaplaincy Head of Chaplaincy

	1D: Patients (service users) report positive experiences of the service	**Survey** Feedback recorded on Bereavement surveys is reviewed for continuous learning and improvement. **Compliments** Recent examples of positive experiences of the Chaplaincy service: *"if it was not for the faith centre chaplain service, I am not sure how I would have continued my healing process."* *"XXX has passed on and her daughter felt at peace when you came."* *"the family were very grateful for all the support the team gave"* *"the patient's family were given spiritual care at the end of life/chaplaincy assisted patent brother who was in prison to visit her"* **(2)**	2 3	Lead Nurse for End of Life and Bereavement Head of Chaplaincy

Domain 1: Commissioned or provided services overall rating – Chaplaincy	Achieving Activity (2)	

Domain 1: Commissioned or provided services – Oral Health

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Mouth Care Strategy** **Inpatients** **Assess** Mouth assessment tab including denture assessment is present on electronic recording available on all wards and specialist areas across all 4 sites for recording the patients mouth assessment every 7 days **Plan** Mouth care tab and tick boxes are now present in the patients' electronic care plan enabling nursing staff to record the plan for every patient to maintain a clean comfortable mouth	1	SRDN/Mouth Care Lead IPC

		Evidence of care		
		Documenting mouth care provided in PICs observations section with a dedicated tab for mouth care for medium and high-risk patients		
		Evaluation/Audit		
		Auditing care is necessary to evaluate the quality, accuracy and completeness to ensure that all patients receive safe quality care.		
		Training		
		Moodle mouth care education package		
		Mouth care & denture care – online 24/7		
		Extra training videos for palliative care / End of Life / patients resistant to mouth care / patients with specification needs in planning stage, needs to be filmed and incorporated in Moodle training		

		Mouth Care Network Group Oral health Ed Dental membership working in acute care and community service - active group meeting 3 monthly – online meetings. Aim to share good practice, knowledge and research etc England and Wales. **Project** Project with UHB Dieticians/ Speech & Language therapists – to improve mouth care on elderly wards – audit and education re-audit **Equipment** Mouth Care equipment available on all sites. **Patient Information** There are mouth care information leaflets available for patients and staff. These are currently in English only. Work is needed to make them available in different formats - e.g. different languages, large type, braille. **Expanded Practice Protocol**		

		Current Expanded Practice Protocol for dental nurses to provide mouth care assistance for patients. **Lost denture audit** Currently there is no Trust-wide protocol for last dentures. A previous questionnaire at Queen Elizabeth Hospital Brimingham suggested that £17,000 had been claimed to replace lost dentures (pre Covid pandemic). **Outpatients** Head and neck oncology patients and other maxillofacial patients can access oral health support and advice from oral health qualified dental nurses OHE RDNs **Information Leaflets** There are information leaflets regarding oral health advice following surgery, after starting orthodontic treatment and how to look after the mouth after having minor Oral Surgery. These are currently in English	1	Lead Dental Nurse Outpatients

		only. Work is needed to make them available in different formats - e.g. different languages, large type, braille.		
			(1)	
	1B: Individual patients (service users) health needs are met	**Inpatients** All patients benefit from an individual mouth assessment and a documented mouth care plan A dental nurse-led referral service (2 day per week) is available to ensure patients' individual needs and challenges are met. This service is based at QEHB. There is a very limited service at Good Hope, Solihull and Heartlands Hospital (1 part time Registered Dental Nurse). **Outpatients** Interpreting service available including British Sign Language (BSL). Collaborating with other healthcare services e.g. Community Dental Service to facilitate coordination of care for patients.	2 2	SRDN/Mouth Care Lead IPC Lead Dental Nurse

		Communication box – including Makaton cards about going to the dentist and NHS smile information.		
		Patient information leaflets available in different formats.		
			(2)	
	1C: When patients (service users) use the service, they are free from harm	**Inpatients** Poor mouth care increases the risk of Hospital Acquired Pneumonia and for intubated patients the risk of Ventilated Associated Pneumonia. To address this risk: • online mouth care education package – accessible for day /night shift staff 24/7 • dental nurse referral service • ward staff training	2	SRDN/Mouth Care Lead IPC
		Outpatients Mandatory training including Safeguarding All staff are up to date with mandatory training including Oliver McGowan.	2	Lead Dental Nurse

		If patients frequently did not attend (DNA) their appointments this is flagged up with the safeguarding team particularly if they are a child. Compliance with Infection Prevention Control (IPC), HTM 0105 to ensure patients are being treated in a safe environment Departmental Risk assessments up to date Daily Safety Huddles with Teams All incidents are reported on Radar and are investigated. Feedback is given to the team following incidents.	**(2)**	
	1D: Patients (service users) report positive experiences of the service	**Inpatients** Limited audits have been carried out to assess patients experience of mouth care in the Trust. Limited audits have been carried out to assess staff experience of mouth care support and mouth care education. Staff feedback – results of key staff engagement email questionnaire. There is evidence of poor mouth care – patient complaints and a	1	Senior Dental Nurse/ Mouth Care Lead Infection Prevention and Control Team (IPC)

		Radar incident report of poor mouth care on a ward.		
		Outpatients Friends and family test - patients are encouraged to complete the outpatient patient experience surveys. This is available in paper format and digitally via a QR code. Compliments – all compliments are recorded and sent to the patient experience team.	2 (1-2)	Lead Dental Nurse
Domain 1: Commissioned or provided services overall rating – Oral Health			**Developing activity (1-2)**	

Domain 1: Commissioned or provided services – Transport

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Patients requiring Transport** • All patients who require patient Transport are given the booking number to call on their outpatient letter. • Inpatients are booked by the ward staff for transport home, if an interpreter is needed then, one is booked or accessed as per Trust protocol. • The suitability of the request is assessed by the provider of transport, West Midlands Ambulance Service (WMAS) for BSOL patients and EMED Group for Staffordshire patients.	**(2)**	Senior Operational Lead
	1B: Individual patients (service users) health needs are met	An individual assessment is made for each patient for their suitability to access Non-Emergency Patient Transport (NEPT) This is done by the provider.	**(1)**	Senior Operational Lead

	1C: When patients (service users) use the service, they are free from harm	*Due to the provider of the transport being WMAS and EMED agreement from ICB for this to be reviewed over 2025 in collaboration with WMAS and EMED.*	NA	WMAS EMED
	1D: Patients (service users) report positive experiences of the service	*Due to the provider of the transport being WMAS and EMED agreement from ICB for this to be reviewed over 2025 in collaboration with WMAS and EMED*	NA	WMAS EMED
Domain 1: Commissioned or provided services overall rating - Transport			**Developing activity (1-2)**	

Domain 2 -Workforce Health and Wellbeing

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | **Wellbeing support**

• We provide comprehensive wellbeing support for all staff at UHB and advertise and contribute to the wider ICS wellbeing offer.
• We also provide Occupational Health services to Birmingham & Solihull ICB, local universities and a number of NHS sites across the region.

Details of the offer can be found at [Supporting your health and well-being](#)

We provide a multidisciplinary team to meet all employee health needs:

Occupational Health Consultants

• Offering expert advice on risk assessments, fitness to work, and return-to-work planning.

Specialist Doctors and Registrars

• Providing support for complex cases to ensure high-quality care. | | Occupation Health (OH)
Health and Wellbeing (H&W) Service Manager |

		Specialist Trained Occupational Health Nurses • Conducting health surveillance, assessments, and lifestyle guidance. **Trained Counselling Team** • Offering confidential support for mental health challenges. **Consultant Occupational Psychiatrist** • Managing and supporting mental health conditions related to work. **Wellbeing Officers** • Promoting mental health, resilience, and work-life balance through tailored support and wellness programs. • 4 Staff Wellbeing Officers. • 4 Junior Doctor Wellbeing Officers. • They link in with staff where they work, checking in and signposting to the wider wellbeing offer. **Wellbeing hubs** • Wellbeing hubs – a space on all four sites that staff can access, get away from their		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager

		place of work and speak about their wellbeing and the wider wellbeing offer. Provide Yoga and hand massage. • Supporting physical & mental wellbeing for our staff by delivering specific campaigns or clinics. **Women's Health & Gynae Clinic** • Supporting inequalities, also supports age/gender support for Women – 291 referrals since May 2024. • Menopause champions and MClub. **Staff Well Clinics** • Offering staff their annual health check within the Trust, including, BMI, bloods and self-report questionnaires, review and signposting for support or further testing if needed. **Physiotherapy service** • Available via self-referral for all staff. **Staff podiatry service** • Available via self-referral for all staff.	Occupation Health (OH) Health and Wellbeing (H&W) Service Manager Lead Nurse for Menopause OH and H&W Service Manager Head of Therapy Services

		Hypertension Campaign • ~800 staff participated during the 2-month campaign in summer **Health Surveillance** • Work-related exposure checking and screening and support – carried out by in-house Occupational Health Team. **Pre-employment Health Assessment process** • Identification of applicants during the pre-employment Health Assessment process who need to be enrolled in a health surveillance programme. • This includes employees who, due to the nature of their roles, will be exposed to certain occupational hazards that require them to be enrolled into a statutory or mandatory health surveillance programme and those who may need to be enrolled due to a specific (health) vulnerability. • Carry out appropriate health surveillance assessments and provide outcome HSE Health records to managers.		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager

		- Provide employees attending OH with the appropriate information relevant to their health surveillance programme. - Update managers and staff on fitness to work following health surveillance assessments. - When indicated, update General Practitioners of any work-related ill-health that requires follow-up treatment and investigation. - The Occupational Health Physician shall notify the Health and Safety Manager of any confirmed cases of an occupational-acquired disease by email. - Liaise with Health and Safety Advisers, Managers, and employees to provide guidance, advice on good working practices and methods of preventing or alleviating health problems. - Participate in complex assessments for individual employees following identification of issues that cannot be resolved at local level or following an injury or condition associated with particular work activities.		

		• Undertake regular audits of health surveillance records to identify any potential cases of occupational ill health and any corresponding areas of concern if a cluster is identified. • Provide quarterly updates to the Trust Health & Safety Committee once each health Surveillance programme has been completed. **Counselling service** Self-referral pathway - Staff Support services • In-house staff counselling service using solution focused grief therapy to support staff across the Trust. • Regional mental health hub offering quick referrals for staff requiring support. • Relate for relationships counselling. • Aquarius support for drug, alcohol, and gambling addiction. • Fast track support from Birmingham citizen advice bureau for UHB staff from benefits to housing.		OH and H&W Service Manager Head of Chaplaincy

                        	• Chaplaincy team on all sites support staff of all and of no faith, offering spiritual and pastoral support to staff. • Mindfulness service providing 8-week Mindfulness courses, regular, drop-in sessions, and weekly and monthly mindfulness sessions led in the Chaplaincy, Well-being hubs and Education centre. • 24/7 access to support and information available by searching for UHB wellbeing on any device. **Disability** • The Trust has implemented a fully centralised pathway for the implementation of workplace adjustments, including a permanent workplace adjustment officer. • New guidance document for the implementation of workplace adjustments has been launched and a ND toolkit to support staff and managers is in use. • The Trust is signed up to the Business Disability Forum service who provide expert advice in supporting staff with disabilities • Our disability and long-term health condition and Neurodiversity staff network continues to meet monthly and is open to staff that identify	Director of Inclusion OH and H&W Service Manager

		as a member of the group, and to allies who would like to learn more. This includes physical disability, mental disability and neurodiversity.		
		Suicide Prevention review • A learning from suicide review has taken place. This included holding engagement events with staff and line managers with a focus on pre- and post- intervention support in the event of a death by suicide. • A comprehensive literature review and review of specific incidents of deaths by suicide was conducted. The review put forward several actions and recommendations which are in the process of being operationalised by the Trust.		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager
		Staff self-referral • Staff self-referral for pastoral and spiritual support via email inbox for mental health support and mindfulness.		Head of Chaplaincy

		Mindfulness • 2-year Contract for Mindfulness-led came to an end, January 2025 • Mindfulness in menopause and andropause ongoing; also offer to establish a volunteer-led mindfulness drop-in.		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager
			(2)	

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	**Independent domestic abuse advocates (IDVA)** • Independent domestic abuse advocates that are able to support staff around all aspects of domestic abuse. **Freedom to speak up guardians and confidential contacts** • Freedom to Speak up Guardian (FTSUG) two Deputy Guardians and champions across the whole organisation. • Where concerns have been identified, we have conducted cultural reviews, speaking with all staff within a department and making recommendations for change. **HR guidance** • We have several People policies such as Dignity at Work, Grievance procedures. • First line People Advisory Service that offers practical advice to staff and managers across the Trust. • Expert People support is provided to staff and managers in enabling early resolutions of concerns where appropriate through facilitated meetings, discussions, advice and guidance.		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager Freedom To Speak Up Guardian (FTSUG) People Team

		• We are developing clearer guidance to prevent abuse from patients and improve the offer of support staff.		
		Other		
		• Staff Partnership Lead and accredited Mediator who can support with formal mediation between parties etc. • Trade union staff side representative • We provide online development and training on topics such as communications. • Overcoming challenges, conflict resolution. • Our latest bullying and harassment figures can be found within our annual WRES (indicator 5 and 6) and WDES (indicator 4A) reports.		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager
		Wellbeing Hubs		
		• The four Wellbeing Hubs are based on the main hospital sites and are open to all staff during core hours. • They provide a safe, calm and welcoming space where staff can come to switch off from work for a short period, connect with others, access information about wellbeing		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager

		services or seek immediate support if needed. • Trained staff to support, listen and signpost.	
		Occupational Health & Wellbeing (OH&WB) OH&WB work closely with all departments and senior management across all sites to address any specific concerns and support with Wellbeing offers. • An in-house OH Service and counselling team can support staff through the psychological and physical impact as well as a guide on appropriate routes to resolve issues.	Occupation Health (OH) Health and Wellbeing (H&W) Service Manager
		Staff Networks • Staff Networks - Disability or long term Health Condition / Neurodiversity/ REACH/ UHbeProud/Womens' - plus staff support groups - carers, parent or carers of Neurodiversity children and young people, M Club. **(2)**	Director of Inclusion

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Impartial and confidential service for all staff. The UHB Occupational Health and Wellbeing Service is accredited by the SEQOHS (Safe Effective Quality Occupational Health Service) scheme, which ensures that we meet the highest standards in occupational health practice.		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager
		1. **Trained Counselling Team**: Our trained and experienced counselling team offers confidential support for employees facing personal or work-related challenges. These trained and experienced professionals provide individual appointments to help employees manage stress, anxiety, depression, and other mental health concerns. They offer an empathetic, non-judgmental space for employees to discuss and address their mental health needs, contributing to improved emotional wellbeing and resilience.		
		2. **Consultant Occupational Psychiatrist**: We have access to a highly experienced Consultant Occupational Psychiatrist, who plays a key role in managing and supporting employees with mental health conditions related to their work.		

| | | 3. **Wellbeing Officers**: Our wellbeing officers work proactively to assess and improve the overall wellbeing of employees, promoting mental health, resilience, and work-life balance. They are skilled in providing tailored support, including wellness programs, stress management, and support for individuals facing challenging personal or work-related issues.

4. **Wellbeing Hubs**: currently, we are logging over 2000 visits to the Wellbeing Hubs each week, with up to 1000 additional contacts made as part of ward visits.

5. Approximately 110 training sessions focussed on the importance of wellbeing and the support available to Trust employees have been delivered over the last 12 months; these have been attended by over 1000 staff members altogether.

6. The value of the support provided to the doctor workforce by Wellbeing Officers was recognised in a report following a GMC visit to the Trust focussed on educational provision for International Medical Graduates | | |

| | | and also in the Annual Doctor Wellbeing Survey. Some key quotes include:

"There is a strong emphasis on wellbeing, with colleagues leading this programme sharing powerful examples of how the team have supported their IMGs."

"Well-being support has been amazing… easy to access and timely response with really good support provided."

"Wellbeing officers and the wellbeing hub are the best things in the hospital."

• 2024 Doctors Annual Survey showed a 10% increase in awareness of the Resident Doctor Wellbeing Officers support (the uptake was 252 answers vs 155 in 2023) 20% increase in awareness of Wellbeing Hubs. | **(3)** | |

	2D: Staff recommend the organisation as a place to work and receive treatment	**Surveys** • Results of existing surveys such as the national and quarterly staff surveys, friends and family test, and action plans in response • 'Stay' and exit interviews, and action plans in response • 100-day engagement with new starters interviews, and action plans in response • Staff Survey (NHS Staff survey results not yet known and Q4 survey doesn't close till end of January) • July 2024 51% (compared to July 23 37%) *Would recommend organisation as a place to work.* **Meeting attendance** Meetings attendance and participation, to share trends, review support needs and use data to enhance offer: • People and Partnership Committee • Senior Management site meetings • Occupational Health Management and Site Senior Management Meetings		Staff engagement, HR Occupation Health (OH) Health and Wellbeing (H&W) Service Manager

		Feedback		Occupation Health (OH) Health and Wellbeing (H&W) Service Manager
		We regularly receive positive feedback from staff who make use of the Hub facilities. A couple of recent examples include: *"The Wellbeing Hub is my escape, my safe place. I am grateful to have met the staff who work here."* *"The Wellbeing Hub has been crucial for my mental health and wellbeing at work… it's so helpful to have a quiet space to go to and people who can support me. For somebody who struggles with sensory overload, it has been a blessing."* *"Love to come to the Hub to meet other staff that I wouldn't usually get to spend time with. The Hub allows me to take time out of my busy day to unwind and relax and the Hub staff are wonderful."* **(2)**		
Domain 2: Workforce health and well-being overall rating			**Achieving activity (2)**	

Domain 3: Inclusive leadership - Chaplaincy

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	**Culture and Inclusion group** • Promotion of *The Good Practice Guide* presented at the Trust's, Culture and Inclusion oversight group for consultation and feedback from members prior to publication.	2	Head of Chaplaincy
		Inter-faith activities • Promotion of inter-faith dialogue and collaboration in the workplace. • The application of the Trust's values to the daily practice of chaplaincy from the perspective of different faith community leaders during an interfaith panel to mark interfaith week.	3	UHB Chaplains Community Faith leaders Director of Inclusion
		Thangka Event • The installation of a Tibetan Buddhist devotional wall-hanging gifted to chaplaincy by a patient who valued the care she received by Buddhist chaplains and medical teams.	2	Chief People Officer; Hospital Executive Director Director of Inclusion

		Diwali celebration • The Director of Inclusion was invited to speak at the event and address those gathered at the celebration.	2	Chief Nurse
		Cultural and Religious Needs of Patients – Good Practice Guide February 2025 saw the launch of the Cultural and Religious Needs of Patients – Good Practice Guide. Details on the guide and Chaplaincy provision was provided via: • Internal Comms • Good Practice Guide • Training Video • Moodle resource The launch was supported by a series of roadshows across the Trust throughout February 2025.	3 **(2-3)**	Chief Nurse

	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	**Culture and Inclusion Group** • Attendance at Culture and Inclusion panel to promote Chaplaincy services and to gain feedback from the Wise Council members and the wider Trust on standards and efficiency of its services.	2	Head of Chaplaincy
		People and Culture Committee and health Inequalities Steering group • Regular updates for reports presented for assurance and approval by members of the committee and steering group.	2	Director of Inclusion
		Appointment of Head of Chaplaincy and Multifaith services. • This new post will work with the Director of Inclusion to drive equality of opportunity and equality of access to multifaith provision.	3	Director of Inclusion

		• This work will also involve identifying and addressing health inequalities for those of multiple faiths and none.	(2)	
	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	**PICS recording** • Authorisation granted for the patient information communication system (PICS) to populate data for the Chaplaincy database. • This will enable visits to patients to be allocated to either volunteers or Chaplains as appropriate.	2 (2)	Head of IT services
Domain 3: Inclusive leadership overall rating – Chaplaincy			**Achieving activity (2)**	

Domain 3: Inclusive leadership – Oral Health

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	• Site Leadership teams addressing localised needs of their patients and populations. • Evolving Board developing new strategy and vision, with integrated approach to equalities and health inequalities. • Board, Board Committees and Executive Team have agenda items and papers related to equality and health inequalities in relation to oral health. • Chief Medical Officer designated Health Inequalities lead. • Executive and Non-Executive active engagement at Trust and ICS equalities and health inequalities events	(1)	Chief Nurse

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• Mouthcare is currently reported in the IPC annual report in relation to training and education. • Mouthcare has been added to the safety thermometer quality indicators,	**(2)**	Dental Team
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	• Data is available on the Health Observatory dashboard; however, this is not currently reported to Board as an indicator. • No actions are related to the education uptake as it is not a mandatory, role specific, or compulsory topic.	**(1)**	Dental Team
Domain 3: Inclusive leadership overall rating – Oral Health		**Developing activity** **(1)**	

Domain 3: Inclusive leadership - Transport

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	• ICS holds regular meetings with UHB and the commissioned services regarding patient satisfaction and governance • *Due to the provider of the transport being WMAS and EMED agreement from ICB for this to be reviewed over 2025 in collaboration with WMAS and EMED*	(1)	
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• ICS holds regular meetings with UHB and the commissioned services regarding patient satisfaction and governance • *Due to the provider of the transport being WMAS and EMED agreement from ICB for this to be reviewed over 2025 in collaboration with WMAS and EMED*	(1)	

	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	• All incidents and complaints are dealt with through PALS or via Radar, these are then shared with the providers and findings/actions discussed at the operational and quality meetings.	**(1)**
Domain 3: Inclusive leadership overall rating - Transport			**Developing activity** **(1)**

	Internal Stakeholder involvement

Independent Evaluator(s)/Peer Reviewer(s):

Chaplaincy
- Bereavement team
- Palliative care team
- Bereavement midwives
- Practice placement team
- Palliative care consultant
- Task and Finish group for Culture and Religious Needs of patients

Mouth Care
- Nurses
- Medics
- Dieticians
- Physiotherapists

- Speech and Language therapists

Wellbeing
- Unison
- Comms team
- Service users
- Medical Directors
- Hospital Executive Directors

EDS Organisation Rating (overall rating):

- Chaplaincy – **Achieving Activity**
- Mouth Care –**Developing activity**
- Transport - **Developing activity**
- Health and Wellbeing – **Achieving Activity**

Organisation name(s): University Hospitals Birmingham NHS Trust

EDS Action Plan	
EDS Lead	**Year(s) active**
Director of Inclusion	2025
EDS Sponsor	**Authorisation date**
Chief People Officer	20 February 2025

Action Plan: Commissioned or Provided Services - Chaplaincy

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service			
		1. **Dharmic Faith** Develop wider Dharmic faith access at QEHB site	Develop the plans to relocate the Hindu Mandir to a dedicated space for access to Hindu devotional space and resource.	April 2025
		2. **Access.** Develop equitable access to on-call provision for EoL across faith groups.	Review of on-call service provision across faith backgrounds	April 2025
		3. **Multi-faith spaces**. Review the adequacy and equity of multi-faith spaces across the Trust and disseminate recommendations to all sites.	Audit of footfall and use of faith centres to inform plans for improved access.	May 2025
		4. **Cultural and Religious Needs of Patients – Good Practice Guide".** Launch and embed the "Cultural and Religious Needs of Patients – Good Practice Guide"	Provide a range of roadshows across the Trust to promote embed the guide. Provide regular training sessions for staff on cultural and religious care, particularly at the end of life.	Mar 2025
		5. **Recording of data –**	Develop accurate reporting data system utilising existing trusts	November 2025

			systems to enable data to be reported on within the people report and associated actions plans as needed put in place.	
	1B: Individual patients (service users) health needs are met	1. **Access**. Wheelchair access assessed at all sites	Review access at all Faith Centres	May 2025
	1C: When patients (service users) use the service, they are free from harm	1. **Training.** Review of training for Chaplaincy Volunteers for EoL and dementia.	Identify appropriate training and to ensure that Chaplaincy Volunteers have undertaken it.	May 2025
	1D: Patients (service users) report positive experiences of the service	1. **Feedback.** Develop an efficient qualitative feedback system to understand the experiences and needs of patients.	Review current feedback system, design, test and evaluate an improved system to understand the experiences and needs of patients.	November 2025

Action Plan: Domain 1 - Commissioned or Provided Services – Oral Health

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Outpatients**		
		1. **Information Leaflets** – look at offering in other languages and having them in other accessible formats, - braille, large type, main languages	Look at having leaflets available in other languages and other accessible formats – e.g. other languages, larger print	February 2026
		2. **Website.** Information on Trust website	Currently there is very little information on the Trust website about our service. There is nothing on there about Oral Health so we will look at getting oral health advice added onto it	February 2026
		Inpatients 1. **Electronic recording** for mouth care – ensure mouth care tab is added to observations for staff to record mouth care provided.	PICs request made to incorporate a mouth carer tab in observations section – in queue to be actioned	August 2025
		2. **Audit mouth care** – once mouth care tab is present then audit information to identify training needs	Audit mouth care provided as part of evaluation of mouth care for inpatients across all 4 sites	February 2026

		Moodle training 1. Add training film for comfort mouth care for palliative care & End of Life / patients with special needs resistant to mouth care.	Create mouth care films to be incorporated in moodle	February 2026
		Information leaflets 1. Make leaflets available in different formats braille, large print, main languages so they are accessible for all patients/carers/families, on request	All mouth care leaflets are available in different formats, braille, large print, main languages, on request	February 2026
		Mouth Care Network Group 1. Continue meeting and sharing information - plan an annual mouth care conference to promote mouth care in wider community for health care professions awareness.	Meet 3 monthly to share good practice expertise, knowledge and research within wider health care community Arrange an annual conference to showcase mouth care for all patients and service users	Ongoing
		Mouth Care Improvements at UHB	Invite and support mouth care champions on each ward – all sites	Ongoing

		1. Optimise a reduction in Hospital Acquired Pneumonia and Ventilated Associated Pneumonia due to poor mouth care by employing a team of dental nurses/ health care professionals supporting ward staff by teaching and demonstrating mouth care on patients and able to physically clean a patient's mouth and offer specialist advice and support for patients with challenges. 2. **Mouth care champions.** Train mouth care champions on targeted wards e.g. but not exclusively - stroke, cardiology, elderly care, and intensive care to promote effective mouth care and audit assessments and documentation – all mouth care champions to be	Invite and support mouth care champions on each ward – all sites	Ongoing

		strongly supported by a mouth care dental nurse 3. Carry out new research projects to evidence the benefits of mouth care for patients, better outcomes for patients, the trust and the wider NHS	Plan and carry out research on wards to evidence a reduction in HAPs – invention – Dental nurse working on ward providing mouth care training for all ward staff and therapies and individual patient support for high-risk patients	February 2026
	1B: Individual patients (service users) health needs are met	**Outpatients** 1. Interpreting services. 2. Collaborating with other healthcare services e.g. Community Dental Service to facilitate coordination of care for patients. 3. Communication box – including Makaton cards about going to the dentist and NHS smile information.	Staff training – ensure staff are aware of how to access the interpreting services Ensure staff are aware of how to access Community Dental Service for Birmingham and Solihull. Ensuring staff know the location of the communication box on their department, know what's in it and how it can be used to support patient care	Ongoing

	1C: When patients (service users) use the service, they are free from harm	**Outpatients**		
		1. To ensure patients are free from harm when visiting our clinics	Ensure all mandatory training is complete. Make sure staff are aware of escalation procedures	Ongoing
		Inpatients 1. Poor mouth care or the omission of mouth care can cause harm - Ensure relevant staff have completed mouth care training on moodle and requests for additional training is actioned.	Reduce risk of Hospital Acquired Pneumonia on the wards for vulnerable patients Providing regular teaching sessions for study days - Palliative care, Eat Drink Dress Move, Hydration and Nutrition etc	Ongoing
		2. Audit mouth assessments, care plans, documentation and address training needs and support needs	Continue to provide regular mouth care teaching sessions for nursing students and new starters, nurses and health care assistants and training for gaps in knowledge and practice from audits and patient incidents/complaints.	Ongoing

| | 1D: Patients (service users) report positive experiences of the service | **Outpatients**
 1. Feedback from Friends and family surveys and compliments | Information from this data should be fed back to the Lead Dental Nurse to action and feedback to the team | Ongoing |

Action Plan: Domain 1 - Commissioned or Provided Services – Transport

- *As in agreement with ICB Region wide review with WMAS and EMED to be undertaken*

Action Plan – Domain 2 Inclusive Leadership – Health and Wellbeing

Domain	Outcome	Objective	Action	Completion date

Domain 2: **Workforce health and well-being**	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	1. Mental Health Training for Managers and Wellbeing staff	Design or source a mental health training package that complements the training we currently have and supports managers to support their staff	April 2025
		2. Wellbeing in the Community	Have access to an outreach service in the community to support staff and ensure they feel part of the Trust and have awareness of the offer for all.	December 2024
		3. Engaging with the Wise Council to develop and review Wellbeing Offer	Reviewing and designing a service for the staff with engagement from the staff. 46 members recruited for meetings to begin in February	Summer 2025
		4. Peer to Peer Champions	Engaging with all departments across all sites, upskilling and training volunteers to support colleagues to enhance the wellbeing offer and support available	Autumn 2025
		5. New OH System (Cority)	Once fully implemented, use data to support specific interventions and actions – looking at inequalities, trends and demographics	Ongoing 2025

	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	1. Freedom to Speak Up Guardians/confidential contacts Resident Doctor Wellbeing Officers Wellbeing Officers Peer to Peer Champions	Promote services across all areas	Ongoing
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	1. External Support Partners	To update and maintain external support partnerships	Ongoing
	2D: Staff recommend the organisation as a place to work and receive treatment	1. Staff Survey/Feedback cards/Annual feedback outreach	Review regular feedback to improve service	Ongoing

Action Plan – Domain 3 Inclusive Leadership – Chaplaincy

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	1. To develop a regular process for informing and updating board members on Chaplaincy and Multi-Faith service provision.	Invitation to events On-going roll out of chaplaincy resources Follow-up on chaplaincy activities and response to chaplaincy resources.	May 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	1. To identify health inequalities in relation to Chaplaincy patient caseload	Review of PICS referrals. Review of Chaplaincy database	May 2025
	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	1. Development of fit-for-purpose monitoring and recording system for chaplaincy	Review and develop current provision with Head of IT services.	Ongoing

Action Plan – Domain 3 Inclusive Leadership – Oral Health

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	1. CDGs to have an understanding of how poor basic nursing interventions have a profound impact on the mortality and morbidity of patients. This then further impacts the wider health economy, delaying discharges, increasing length of stay, and causing further infections such as C. difficile due to antibiotic treatments.	IPC and RGN to deliver education to CDGs level to fully explain current service.	September 2025
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	1. Safety thermometer reporting currently under Quality and safety team	Clinical areas auditing a specific intervention regularly	September 2025
	3C: Board members and system leaders (Band 9 and	1. To develop a reporting structure within each CDG	Data available via Health observatory, and safety	May 2025

VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	to monitor individual clinical area performance	thermometer, each CDG to determine how this is reported e.g. via quality and safety meetings	

Action Plan – Domain 3 Inclusive Leadership – Transport

- *As in agreement with ICB Region wide review with WMAS and EMED to be undertaken*