EQUALITY DIVERSITY AND INCLUSION
A STRATEGY FOR 2016 – 2020

"A million opportunities"

striving for **excellence**

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CONTENTS

FOREWORD

Mid Yorkshire Hospitals Trust is fully committed to promoting our values of ‘respect’, ‘caring’, ‘high standards’ and ‘improving’.

The importance of these core values is that they should guide how our staff interact with each other and with our patients and their loved ones. They should also be what the Trust stands for to local people no matter what their background, their ethnicity, their beliefs, no matter what their sexual orientation.

Many in our communities are disadvantaged economically or in terms of their health, or both. Our task is to deliver quality care equally to everyone requiring our services.

Jules Preston MBE
Chairman

1. INTRODUCTION

There are number of national levers that give us a clear direction for delivering Equality, Diversity and Inclusion (EDI). These include the legal framework, the NHS Constitution, the NHS Equality Delivery System, the Workforce Race Equality Standard, the Accessible Information Standard and the NHS Five Year Forward View.

However, as we want to be an employer of choice for all staff and a provider of great care for our patients, we are seeking to go beyond mere compliance with standards and the law and so we have developed this strategy; a strategy which, at its heart, has ambitions for our patients and staff not because it 'must be done' but because it is the right thing to do.

Developing the Strategy

In developing this strategy we have engaged with managers, staff and external stakeholders, both face to face and virtually, to test our ambition and to ensure that the objectives we set are realistic and relevant.

This strategy has been developed using a range of sources, resources and activities, including:

- Quantative data and qualitative information we collect and monitor for our patient and workforce
- Feedback through our engagement, involvement and survey activities with patients, the public and other stakeholders
- Our assessment and progress against national frameworks and requirements such as the NHS Equality Delivery System and the NHS Workforce Race Equality Standard
- The monitoring and review of our previous equality objectives
- Feedback through the annual staff survey and our local staff engagement activities
- National drivers, good practice guidance and benchmarking with other NHS organisations

We recognise, as the Trust is starting from a relatively low base in terms of such critical matters as community engagement and staff satisfaction, achieving the culture change required to deliver our ambition will take time. The early years then, will be about building the foundations to facilitate this change.

2. THE NATIONAL CONTEXT

The Equality Act 2010 is the key statute; it protects people from discrimination in the workplace and in wider society across nine 'protected characteristics'. These are:

Gender	**Age**	**Ethnicity**
Disability	**Sexual Orientation**	**Religion and belief**
Pregnancy and maternity	**Marriage and civil partnerships**	**Transgender**

The Act provides a baseline: a minimum standard we are required to achieve for our patients and staff who share the protected characteristics.

The NHS Constitution sets out the rights of patients, the public and staff. It also makes a number of pledges the NHS is committed to achieve:

One of the Constitution's seven principles commits our Trust to '*provide a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief'.*

It identifies '*a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.'*

The Constitution's principles are underpinned by a set of six values. One of these values, ***'Everyone** Counts'*, commits our Trust to '*use resources for the benefit of the whole community, and make sure nobody is excluded or left behind*' and to '*recognise that we all have a part to play in making ourselves and our communities healthier'.*

3. HEALTH INEQUALITIES AND POPULATION PROFILES

Despite these principles and values being set out for the NHS in the Constitution - and the NHS having been established nearly seventy years ago to provide healthcare free at the point of delivery - data available at a national level shows certain groups in our communities endure on-going health inequalities. Unfortunately, data on the extent to which such inequalities may be prevalent in our communities is not readily available so below we contrast the national picture with our local population profiles.

Ethnicity and Inequalities
Statistics show in the UK:

- If you are of South Asian background, you may be at an increased risk of developing coronary heart disease, which could lead to a heart attack
- If you are over 65 and of South Asian background, you are at a greater risk of having a stroke
- If you are of African Caribbean background, you may be more likely to have high blood pressure
- The prevalence of Type 2 diabetes for people of African Caribbean and South Asian ethnicity is much higher than in the rest of the population.

Ethnicity in Mid Yorkshire
Based on the 2011 Census:

District	Total Population	BME (percentage)
Wakefield	325,500	7.2 (23,440 people)
North Kirklees	190,200	21.0 (39,940)
Total	515,700	12.3 (63,340)

In terms of the data above:

- By comparison, the BME population in Wakefield in 2001 was 3.3 per cent
- Within Dewsbury in 2010, just over half the live births (52 per cent) were to women of South Asian origin; in Batley the figure was 47 per cent
- In 2012 across Batley and Dewsbury, around one third of those aged under 20 were of South Asian origin; amongst those under 18 it was 38 per cent

Disability and Inequalities
Analysis of a range of patient survey results for West Yorkshire acute trusts by the Yorkshire and Humber Public Health Observatory in 2013 indicated:

- Deaf patients reported a relatively poor experience in Accident and Emergency departments
- Blind patients and those with a physical condition reported a relatively poor experience as Inpatient

In 2008 the Government Office for Disability reported:

- 48 per cent of respondents said that there were barriers to them accessing health services (e.g. transport difficulties; distance; need to be accompanied)
- 25 per cent of deaf or hearing impaired patients had missed health appointments because of poor communication

Disability in Mid Yorkshire
The 2011 Census did not ask specific questions about disability. However analysis shows in Wakefield 22.4 per cent of the population (72,912 people) declared a life-limiting condition. This compares to 17.9 per cent nationally.

Such data is not readily available for North Kirklees itself, but across Kirklees as a whole 18 per cent of adults indicated that they needed some form help with physical functioning

LGBT and Health Inequalities
There is at least twice the risk of suicide attempts for lesbian, gay and bisexual people compared to heterosexuals (NIMHE 2007)

42 per cent of gay men, 43 per cent of lesbians and 49 per cent of bisexual men and women have mental health problems compared with rates of 12 per cent and 20 per cent in the wider population

Some health care professionals think that lesbians do not require cervical smear tests, yet 10 per cent of lesbians have abnormal smears – this includes five per cent of lesbians who have never had penetrative sex with a man.

LGBT in Mid Yorkshire
Locally and nationally there are limitations in terms of data available about the LGBT community. However the LGBT charity Stonewall identifies some six per cent of the population will be LGBT.

Gypsies &Travellers and Health Inequalities
Life expectancy for Gypsy and Traveller men and women is ten years lower than the national average.

Gypsy and Traveller mothers are 20 times more likely than the rest of the population to have experienced the death of a child.

Gypsies &Travellers in Midyorkshire
It is extremely difficult to get accurate information about the number of Gypsies and Travellers in any area. This is because the only official Government statistics come from the bi-annual Caravan Count by local authorities. The count only provides a snapshot, only records caravans and does not take into consideration the numbers of Gypsies and Travellers living in bricks and mortar accommodation.

According to the latest data available on the official website, locally in 2012 there were 132 caravans in the Wakefield area and 10 in Kirklees.

In terms of health inequalities, the foregoing provides just a few examples from a wide range of health inequalities which exist for minority groups. They demonstrate the NHS continues to struggle to design and deliver services to reach the people who may need them most.

In order to deliver services which meet the needs of the communities we serve we need to understand the profile of the population. Based on the above examples of difference in the population, the importance of delivering services in a culture which promotes and values equality, diversity and inclusion for our patients, carers, public, staff and volunteers is self-evident.

4. THE LOCAL CONTEXT

Our Trust

Mid Yorkshire Hospitals NHS Trust provides services for a population of around 515,000 across the Wakefield (325,700) and North Kirklees (190,200) districts. This is comprised of many different groups, including people who live in economically deprived areas, rural communities, and urban areas.

The Trust's acute hospital services are organised over three sites, namely:

- Pinderfields
- Pontefract
- Dewsbury

In addition the Trust provides the full range of community services for the Wakefield population. The Trust, NHS Wakefield CCG, Wakefield Council and the other local major providers of health and social care services have agreed to work together to deliver care closer to home services. This involves groups of GP practices working as a network with a team of community nurses, social care staff, therapists and voluntary organisations to organise services around the needs of the people registered with their practices.

Whilst we have services based in location across the Wakefield district, three community hubs act as focal points. They are:

- Waterton House Wakefield
- Civic Centre Castleford
- Bullenshaw House Hemsworth

The Trust employs around 8000 staff with a Whole Time Equivalents of 5415. We have a directorate for corporate services and four clinical divisions, which are:

- Medical
- Surgical
- Family Services and Clinical Support
- Community Services

Income for 2016/17 will be in the order of £460m and based on current levels of service provision, on an average day:

- Around 620 people attend our emergency departments
- More than 170 patients are admitted as an emergency
- We carry out 270 procedures, of which 195 are planned
- We see around 1,337 people in our outpatients departments
- 17 babies are born in our maternity units
- We provide community services to 374 patients
- Our district nurses visit 1,011 patients
- Our health visitors see 16 new babies.

On this basis, during the course of a year, our employees have over one million interactions with the people making up the communities of Wakefield and North Kirklees. This provides the Trust with ***a million opportunities*** to influence the health and wellbeing of the population. It is therefore important we understand the difference which exists in the population so we can provide services appropriately.

Our Strategic Direction

Our overarching corporate strategy 'Striving for Excellence' is a comprehensive approach to move us from being an organisation which has successfully addressed turnaround to one which is known for delivering the highest standards of safe, effective services with a strong customer focus. Striving for Excellence sets out the programme of work that will help us to achieve our ambition to be a leading edge organisation based on our breakthrough objectives to:

- Keep our patients safe
- Become one of the best in the country
- Live and grow within the resources we have
- Develop one another to achieve the best for us and our patients
- Surpass expectations and build on our reputation

Our purpose is to deliver safe, effective and sustainable services and our strategic direction is based on innovation and transformation including:

- Integration of community and hospital services to improve pathways and reduce the need for hospital admission
- Reconfiguration of hospital services to enhance access to 24 hour consultant care for people with the most complex needs and ensure local access for routine conditions
- Partnership working with other agencies in the wider health and social care community to deliver more joined up services
- Developing partnership with neighbouring acute care providers to achieve efficiencies in clinical and non-clinical services.

However, in order to deliver such an ambitious set of outcomes, we must ensure all of the diverse groups making up our communities are supported by good health care. To deliver our goal we will work on a portfolio of improvement projects and programmes to improve the safety of the care we give to patients and also improve their experience of our services.

In undertaking this work we will use the Investors in People (IIP) framework to guide the development of a leadership culture which is inclusive and empowering, enabling the Trust to create and sustain a representative workforce. We will also be guided by our Trust values of Caring, Respect, High Standards and Improving and we are future proofing this strategy by working closely with the team developing the new vision and behaviour framework for 2016 onwards.

Accessible Services – Current Good Practice

We know there is much more work to do, however we already have examples of where the Trust has developed services to address the specific needs of particular communities. These are examples from a growing list:

The Chandni Clinic
The Chandni Clinic was established to enable women from communities who are sometimes reluctant to engage with the service to talk confidently about sexual health with a female doctor in their own language. Chandni (which means "moonlight" in Urdu) saw the light of day following a survey of local Asian women which revealed that 70 per cent had no concept of sexual health.

The Early Learning Disability Champions
Staff from across the Trust are trained to become department-based champions for patients with learning disabilities (LD). The role is to promote best practice around the care and treatment of patients with learning disabilities during their time within a particular department.

Improving pre-operative assessment for adult patients with LD
A specialist team develops an adjusted surgical pathway for each LD patient and supports this vulnerable group in accessing surgery in a timely manner.

Forget-me-not scheme
The Trust's Forget-Me-Not scheme aims to provide better hospital services for people with dementia and reassure their loved ones they are receiving the best possible care.

Rainbow Clinic for gay/bisexual men
This clinic provided a service tailored to the needs of this community in an environment which provided dignity and respect.

Release of the body of a deceased patient
Working with local communities we have developed this Protocol in response to the fact that in certain circumstances, relatives of the deceased may request the body to be released from the hospital as soon after death as possible. Such a request can be in response to cultural and religious requirement.

Our Workforce

The advantages of a representative workforce have been supported by several authors (e.g. Subeliani and Tsogas, 2005) who suggest that increased diversity can lead to a better understanding of the needs of the local population, increased ability to attract and retain the best people, greater creativity, better problem solving and greater flexibility for organisations. The following explores the current representation in the Trust workforce. This information has been used to inform the development of a new set of Equality Objectives for the Trust, which we set out in detail below.

Gender
Like the NHS as a whole, our Trust has high proportion of female representation (82 per cent in March 2015) due to the disproportionate number of women who continue to be drawn to roles in nursing, the therapies, etc. We recognise that gender representation in higher pay bands can be an issue; the situation in the Trust (March 2015) is as follows:

	Board	Band 9 (Three Posts)	Band 8	Band 7	Band 6
Female Representation	57%	33%	73%	83%	89%

In view of the wider context the Trust considers the above profile positive, bearing in mind most nursing posts are Band 5. Despite this profile the Trust is not complacent; there is a plan to use the proposed gender pay reporting framework to monitor OUR performance going forward.

In relation to the representation of the other characteristics in the workforce, here is some further information:

Ethnicity
Across the Trust as a Whole (in percentages):

BME Staff in 2014	BME Staff in 2015
11.3	11.2

This level of BME representation in the workforce compares with 12.2 per cent in the wider population (Census, 2011)

These overall figures mask variation in BME representation across the hospital sites and community. Figures for 2015 are:

Pontefract	Pinderfields	Dewsbury	Community
6.3	11.6	14.6	4.3

Whilst the situation at Pinderfields is relatively representative, the above shows that there is still work to do in other areas of the Trust, particularly in Dewsbury where the local BME population is 21 per cent.

A further issue in terms of BME staff is the under-representation in senior positions with only seven per cent being in the higher pay bands (i.e. Band 8 and above).

Whilst the quality of data we have in relation to ethnicity (a 'visible' characteristic) in the workforce is excellent (99.8 per cent complete) data quality for characteristics such as disability, sexual orientation, etc. is not so helpful. For example:

Disability
Only 3.8 per cent of staff have declared that they have a disability on their employment record. (32 per cent of staff have either indicated they prefer not to disclose or appear as undefined despite a recent exercise which gave staff the chance to update their information)

By comparison, in the staff survey - where anonymity is assured – around one in five respondents indicated they had a disability

LGBT
Only 1.1 per cent of our staff have declared that they are LGBT on their employment record (31 per cent of staff have either indicated that they prefer not to disclose or appear as undefined)

By comparison, Stonewall estimate that there will be around six per cent of staff who are LGBT

These examples show, for 'invisible' characteristics, there is a reticence on the part of staff to be open with the Trust about themselves. From the growing body of research by Stonewall (2008), Michael West and Jeremy Dawson (Kings Fund 2012), etc. we know staff who can be themselves at work are happier, more engaged and are more likely to continue

working for the Trust. Such evidence also tells us that engaged staff provide better services for patients and colleagues.

We therefore recognise the reticence of our staff is something we need to understand and address. Once we have done this we will have a better understanding of representation in our workforce. We will then be able to identify issues we may need to address and can plan to take appropriate action.

Staff Engagement

Critical to developing a representative workforce is having a workplace where staff, across all the protected characteristics, believe there is fairness and their contribution is valued. Our annual staff survey results provide a wealth of information on how all our staff view working for the Trust. We are able to drill down into the data to explore whether different groups in the workforce report a more or less positive experience than the wider cohort. However, at this time this facility is currently only available in respect of gender, age, ethnicity and disability.

The following are some examples taken from 2015 Staff Survey results:

Positives:
Compared to men, women gave more positive responses on issues such as:

- Effective team working
- Quality of appraisals
- Opportunities for flexible working

Compared to white staff, BME staff were more likely to recommend the Trust as a place to work and receive treatment.

BME staff also reported higher levels satisfaction with:

- Quality of appraisal
- Opportunities for flexible working
- The level of responsibility and involvement

On the down side:
Staff with disability reported significantly worse experience in respect of:

- Suffering from work related stress
- Pressure to attend work when feeling unwell
- Experiencing bullying, harassment and abuse from both patients and colleagues
- Experiencing discrimination at work In the last 12 months
- Believing the trust provides equality of opportunity
- Recommending the trust as a place to work

Staff aged 51 and above reported lower levels of satisfaction in relation to ability to contribute to improvements at work and support from line managers

Men reported lower levels of satisfaction in relation to:

- Opportunities for flexible working patterns
- Able to contribute to improvements at work
- Believing the trust provides equality of opportunity

BME staff reported lower levels of satisfaction or a worse experience in relation to:

- Experiencing bullying, harassment and abuse from colleagues

- Believing the trust provides equality of opportunity
- Experiencing discrimination at work In the last 12 months

The Trust acknowledges our staff survey results for all groups continue to be a cause for concern. The above highlights, where we have the data by protected groups, the levels of satisfaction for such groups can be lower across a range of dimensions. Whilst we do not have such data for LGBT staff, the very fact they are so reluctant to disclose their sexual orientation is likely to be a strong indication they too experience lower levels of satisfaction. We therefore recognise addressing these issues is of high priority.

5. OUR AMBITIONS AND OBJECTIVES

It is within the context we have outlined so far that the Trust is developing its Equality, Diversity and Inclusion Strategy. We restate here that this is a strategy to take us beyond legal compliance. It is a strategy which, at its heart, has ambitions for our patients and staff not because it 'must be done' but because it is the right thing to do.

Our Ambition

We will improve the patient experience for diverse groups by involving and empowering them to work with our staff to develop services to deliver better health outcomes and address local health inequalities.

To deliver this ambition for patients, we will continue to strive for a workforce which is representative of the communities we serve. This will be achieved by developing a leadership culture which is 'inclusive, welcoming and compassionate to all' (West 2014), enabling the Trust to improve the experience of all its staff and eliminate the adverse variations which currently exist for some diverse groups.

Our Equality Objectives

To deliver our ambition we are establishing a new set of Equality Objectives. These objectives build on our previous equality objectives, which were established in response to the Public Sector Equality Duty. The new objectives focus on:

Service Improvement Activities	**Involving and empowering stakeholders**
	Understanding local population and patient profiles & needs
	Measuring and monitoring patient experience
UNDERPINNED BY	
Workforce Activities	**Building Inclusive leadership**
	Delivering a representative workforce

6. OUR STRATEGY FOR DELIVERY

Our Equality Objectives - What we intend to do

Below we set out in more detail the five new Equality Objectives for the Trust for the period 2016 – 2020.

1. Involving and empowering stakeholders

We will put in place ways for all stakeholders to be involved in developing the Trust's services; a commitment made in our Communications and Involvement Strategy.

The Trust recognises there is room for improvement in how it involves patients, the wider population and other external stakeholders in its decision making. It has therefore made a commitment to develop an infrastructure to enable more effective stakeholder involvement through the Trust's Communications and Involvement Strategy.

We are already working with a range of local groups, including the Wakefield Equalities and Cohesion Partnership, the North Kirklees Deaf and Hard of Hearing Group, the Wakefield Community Engagement Partnership and the Wakefield Deaf Users Partnership. However, we still have more to do to secure the involvement of a wider range of stakeholders across the full range of community groups in the Wakefield and North Kirklees Districts.

Every day the majority of our 8,000 employees are involved in talking and listening to patients, carers, family and visitors. During the course of the year this represents *a million opportunities* to develop our understanding of the needs of different groups and communities. To this end we promote 'Cultural Curiosity'; asking in a sensitive manner to improve our understanding of different cultures, values and beliefs so we can deliver care accordingly.

During 2016/17 the Trust will be implementing its Acute Hospital Reconfiguration (AHR) programme. AHR is a major programme of work to improve a wide range of services across the Trust. This programme draws on the latest national evidence and has the key aim of improving patient safety and health for all the different groups making up the communities we serve.

As our AHR programme progresses we will use the opportunities it presents to engage and involve local communities in shaping the new services. We also intend to use this opportunity to devise an engagement framework we can use for ongoing involvement of communities in local decision making about services changes and developments.

We believe this commitment to a more consistent approach to involvement is fundamental to improving access and removing the barriers inhibiting people from protected groups accessing our services.

2. Understanding the local population, patient profiles and needs

We will improve the collection, recording and use of demographic data on patients. This data will be used to inform decision making to improve the accessibility of services for patients from protected groups.

To ensure we deliver quality services accessible to all, as well as meet the needs of the different groups making up our diverse communities, it is important we understand the profile of patients actually using our services.

Currently many of our patient systems lack the facilities to capture the full range of characteristics. We will continue to lobby NHS England to take the lead in encouraging suppliers of NHS IT systems to upgrade their products to conform to the legislative requirements. As of the date of publication of this strategy in September 2016 we only collect gender, age and ethnicity on a consistent basis, and there are only limited, local, examples of this data being used to inform planning.

In view of the barriers we will need to overcome to address this data deficit it will take time. In the meantime we will encourage managers at a local level to improve their understanding of the patient profile within the services they provide. *Equality Analysis* can be used to support this process. It is an effective way of ensuring we identify and respond to the needs of patients, within the context of the protected characteristics.

The Trust recently developed a new Equality Impact Assessment (EIA) framework to support equality analysis within the decision making process and provide evidence 'due regard' is being given, in relation to both service and workforce issues. In the past, proposals have been approved and decisions made which were not supported by meaningful EIAs. In the future the Trust's Tier 1 (Board level) committees will be responsible for ensuring all relevant decisions are supported by robust and meaningful EIAs and that relevant action has been taken where it is needed.

3. Measuring and monitoring patient experience

We will review all available sources of patient feedback to identify areas for improvement so all groups receive a quality experience.

Analysis of a range of patient survey results for West Yorkshire acute trusts (YHPHO, 2013) indicated patients with some protected characteristics reported poorer experiences than patients from the wider population. These local results resonated with results at national level. It is therefore important for the Trust to monitor patient experience across the protected groups and respond to the feedback received, in line with the commitments given in our new patient experience strategy *'Listening to You'*.

However, even in national surveys, the limited number of responses received from protected groups can mean analysis at an individual Trust level may not produce statistically significant results. At local level some demographic data is currently asked of patients on the Family and Friends Test Response cards. However, the information is not always provided and this has the effect of diluting the validity of any analysis.

In the longer term we will aim to collect data across all the protected characteristics but for now we will be working to develop our feedback mechanisms so that we get improved reporting on the characteristics we currently ask for. Doing this will mean we will have a better understanding of the experiences of different protected groups so we can take any actions necessary to address the issues raised.

4. Building Inclusive leadership

We will develop a leadership style that is inclusive, welcoming and compassionate for all staff enabling them to be themselves at work so they deliver the best possible patient care.

Trust data indicates some groups in our workforce are reluctant to be themselves at work. For example, only a limited number of our staff currently declare they are LGBT or have a disability.

To understand why this might be the case we can look to our staff survey. Our results tell us some protected groups in the workforce are less satisfied, have a worse experience or report higher levels of discrimination than the wider workforce. This may be why many are reluctant to share such details with the Trust. We will therefore take action to identify why this is the case and how we might respond in order to create a more inclusive workplace.

We recognise having an inclusive leadership style across the Trust will be critical to our success and to achieve our ambitions. To this end we will support our leaders by threading EDI training into our leadership development programmes. We will also support them to manage in ways that embed our Values and promote equality, diversity and inclusion. In particular we will:

- Use Big Conversations to engage staff more effectively, to understand their issues and work with them to make changes
- Organise regular events and displays to highlight and showcase examples of the types of services and support the Trust provides for protected groups – both in the workforce and amongst our patients
- Focus on providing a safe and supportive work environment with a zero-tolerance to bullying, harassment and abuse
- Continue to work with Stonewall to create a workplace which is supportive for our LGBT staff and establish the Trust as an employer of choice for this community.

5. Delivering a representative workforce

We will look to recruit staff from the widest range of applicants to achieve a workforce which reflects the diversity of our local communities.

To deliver our objective for a representative workforce, underpinned by inclusive leadership, we will:

- Explore new and innovate ways to promote opportunities at the Trust within our local communities, schools and colleges
- Continue to monitor our recruitment and selection activity, and the associated training, to ensure they support our aim to appoint the best candidate for the role
- Work to ensure our staff have equality of access to development programmes, coaching, mentoring and shadowing in order to develop their potential and provide diversity in the leaders of the future
- Have a zero-tolerance to bullying, harassment and abuse in the workplace
- Develop a volunteering strategy which recognises the importance of a diverse, supported and valued volunteering service
- Promote our work with Stonewall to demonstrate our commitment to the LGBT community within our workforce
- Continue to use Equality Impact Assessments to underpin the development and revision of workforce policies.

How we plan to deliver our strategy

As already mentioned the drive for delivery will focus on our four operations divisions as they provide our services and recruit and manage the majority of our staff. For example, they will increasingly need to take a lead on:

- Engaging patients, carers, representative groups and other relevant stakeholders in decisions about changes to services
- Ensuring meaningful EIAs, which consider the needs of staff, patients and carers, are carried out on **all** service developments and improvements
- Monitoring the impact of recruitment activity on representation in their workforce
- Developing an inclusive leadership style within their team to improve staff survey results for all employees and eliminate disparity between the protected groups

Corporate functions such as Human Resources, Organisational Development, Staff Engagement, Information Management and Technology, Patient Experience and the Diversity and Inclusion Service will be a crucial source of advice and support to operational colleagues in ensuring they deliver this strategy's ambition.

An overarching implementation plan will provide the framework for delivery. This plan will present a summary of the work each of the operational divisions will be undertaking to deliver progress against our Equality Objectives. This plan will be reviewed and updated annually - based on progress made, new challenges identified and any external and internal developments. Each year we will identify a set of indicators, relevant at the time, which will enable us to monitor the progress we are making.

To make sure this happens we will build on a number of coexisting strategies, namely:

- **Quality Improvement**
  The key aim of the strategy is to reduce mortality, reduce harm, continually improve clinical services and practices and improve patient experience
- **Communications and Involvement**
  This strategy sets out the approach to be taken to develop communications and involvement with staff and stakeholders
- **Patient, Family and Carer Experience**
  The strategy *'Listening to You'* seeks to ensure our services are sensitive to different cultures and requirements and provides the framework for achieving this aim.
- **Customer Care**
  Our strategy, and the related training programme, provides the framework and support for staff to identify, recognise and respond to the different needs of diverse patients and colleagues
- **Workforce**
  This aims to ensure we attract the widest range of potential candidates for our vacancies and appoint the best candidates. We also aim to ensure all groups in the workforce have equality in opportunities to progress to achieve their maximum potential and that all groups are treated fairly and with respect

Every employee has a responsibility to ensure the Trust achieves its strategic aim of putting it amongst the best for patient safety, quality and experience and making it a great place to work. We all have a responsibility for ensuring we exemplify the Trust's Values in the way we interact with our patients, public and colleagues. In particular we want all those involved in the management of people to be visible, fair and demonstrate the behaviours which embody these Values. We will celebrate good practice against these qualities and challenge those who do not live the Values in their behaviours. There will be no bystanders.

In terms of delivery of the ambition and objectives in this strategy, responsibilities fall as follows:

- **The Trust Board**
  Ensuring overall delivery, within the lifecycle of the strategy

- **The Resources and Performance Committee**
  Monitoring progress with the Strategy Implementation Plan on a quarterly basis and providing subsequent assurance to the Board
- **Directors**
  Ensuring their divisions and services are building the aims of this strategy into their planning, decision making and delivery processes and develop an annual implementation plan to deliver progress against the five Equality Objectives
  Heads of Service, Ward Managers, Supervisors and Policy Makers
  Ensuring due regard is given to the needs of protected groups within the workforce and the wider communities in the delivery of services, especially when policy or service developments or changes are being planned and implemented
- **Individual staff**
  Identifying, recognising and responding to the different needs of patients and colleagues in order to deliver the best possible customer care
- **Patients, families and Carers**
  Recognising and respecting the diversity in our workforce and contributing feedback and ideas to help us improve access to our services

Measuring and reporting progress

As already explained, delivery of this strategy will be through annual implementation plans developed by the operational divisions, with appropriate support from corporate functions. Appropriate measures will be established to support monitoring and provide a framework for reporting performance against the objectives.

Some of the measures we will use will be mandated to us and others we may develop locally. Such measures will include:

- Information monitored and reported as part of the Public Sector Equality Duty
- Assessment and compliance with the NHS Equality Delivery System
- Progress against the Workforce Race Equality Standard and other similar standards which may be introduced
- Benchmarking data from other NHS Trusts
- External best practice accreditations and standards including Stonewall, Two Ticks, etc.
- Patient feedback through surveys, complaints, comments and compliments
- Staff Survey response rate and results and other feedback activities (including the Staff Friends and Family Test; Big Conversations, etc.)
- Metrics including appraisal rates and access to training opportunities

At the start of each year the divisional plans will be summarised into an overarching corporate plan which will be shared with the Resources and Performance Committee. The Clinical Executive Committee will then be asked to consider and approve the plan before it is submitted to the Board for adoption.

During the year a quarterly update on progress with the plans will be provided to the Resources and Performance Committee. At the end of each year an EDI Annual Report will be presented to the Board.

Communicating our strategy and progress

It is crucial patients, the public, staff and volunteers feel a connection with what we are striving to achieve through this strategy. We will therefore promote the strategy in the most meaningful ways to ensure it becomes real. We will:

- Publish it on our website and intranet
- Send it to our partners in health, local government and the third sector
- Create displays across the Trust
- Provide regular updates and news through internal channels – such the weekly Staff Bulletin or the MY News publication – and externally where appropriate
- Visit wards, service areas and community hubs to talk to staff about it.

To ensure visibility and transparency for patients, the public and our staff we will report progress against our objectives by publicising the EDI Annual Report widely, including on the Trust's intranet and website.