



University Hospitals Dorset
NHS Foundation Trust

**Leading for Equality, Diversity and
Inclusion**

*Creating a kind, civil and respectful
culture*

Strategy 2021 – 2024

Table of Contents

FORWARD

INTRODUCTION	1
SETTING THE CONTEXT	2
National and local context	2
Our legal duties	4
OUR STRATEGY	5
Overarching principles and approach	5
OUR WORK PROGRAMME	8
Talent – our staff	8
Patients	9
Improvement and innovation	9
Living our values	10
MEASURING SUCCESS	10
Delivery of <i>Leading Equality, Diversity and Inclusion</i> (Year 1)	11
GOVERNANCE AND ACCOUNTABILITY	19
Roles and Responsibilities	20
APPENDICES	21
Appendix 1: What is equality, diversity and inclusion?	21
Appendix 2: Our lived experience: <i>what have we achieved together so far?</i>	23
Appendix 3: Legislation and national standards	25
Appendix 4: Definition of the 9 protected characteristics	28
Appendix 5: Useful links	29

FORWARD

Equality, Diversity and Inclusion (EDI) matter greatly to us as a Trust. The Board recognises the importance of EDI as being critical to delivering excellent patient care and supporting staff to feel UHD is a great place to work, an employer of choice.

We are committed as a Trust to the elimination of discrimination, harassment and reducing health inequalities by promoting equality of opportunity and dignity and respect for all our patients, service users, their families' carers and our people.

This new strategy for our combined Trust aligns with the National NHS People Plan equality, diversity and inclusion actions and our UHD People Plan. It also builds upon the success of our heritage organisations' positive progress and has been developed in partnership with our leaders, staff network groups, patient partners, Freedom to Speak Up Guardian, patient engagement leads, staff partnership forum representatives and staff. We have made positive progress on many aspects; however information collected from interactive listening and engagement events, survey and demographic data demonstrates differences in the lived experience and outcomes for certain individuals.

Our staff network groups have been instrumental in providing increased feedback to inform the Trust of the need for change to reduce potential organisational barriers and we are thankful to our staff network leads. We want to move beyond compliance and 'tick boxing' to create an inclusive organisation and a sense of belonging, where all individuals are treated fairly as part of our cultural change journey. We want to ensure that every member of staff feels properly valued and engaged in the development of our new organisation.

We will also share our progress at regular intervals and look forward to celebrating the progress we are making. On behalf of the Trust Board, we look forward to working with you to deliver this work.

“The NHS must be a place where all are welcome, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms. The NHS must be a place where discrimination, violence and bullying have no place.”

NHS People Plan (NHSI)

David Moss
Chairman

Debbie Fleming
Chief Executive

INTRODUCTION

University Hospitals Dorset NHS Foundation Trust (UHD) was created on the 1 October 2020 following the merger of Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

Leading for Equality, Diversity and Inclusion outlines our ambitions to become a truly inclusive employer and service provider for our staff, patients and local health community.

It builds upon the collaborative joint working during the merger transition period and supports our vision *to positively transform our health and care services as part of the Dorset Integrated Care System*.

Our new values have been developed by staff and are at the heart of our organisation. They define who we are and how we behave and our EDI commitment is part of our working to evidence these in practice.



As a large NHS employer, UHD recognises we have a corporate responsibility and opportunity to engage our whole community. Valuing diversity ensures an inclusive environment for potential staff and service users. We also know that celebrating individual difference and bringing diverse teams together with disparate styles and talent will foster innovation and continuous improvement for patients, service users, their families, carers and our staff.

We are extremely proud of our joint achievements so far. Through our active staff networks and the lived experience of our staff and patients, together with the evidence from our statutory EDI reporting, we understand that we need to do more to actively take account of equality, diversity and inclusion in our core business. This strategy outlines our approach and intent – a deliverable plan that will strive to:

- eliminate unlawful discrimination, harassment and victimisation;
- improve year on year the reported patient and staff experience for protected groups;
- reduce health inequalities for protected groups by improving access to all services.

SETTING THE CONTEXT

National and local

In the last twelve months all NHS organisations, including UHD have responded to the COVID-19 pandemic. This has impacted our patients, local community and staff in every aspect of our lives.

COVID-19 has shone the spotlight on the health inequalities faced by many of our communities. As well as lived experience of disadvantage and inequality, recent data demonstrates people from different backgrounds have been disproportionately affected by the pandemic.

We recognise this is the time for real action rather than words to tackle the underlying causes of health inequality. Now, more than ever, it is essential to focus on addressing these inequalities and to value the diversity of our staff by developing and sustaining an inclusive and compassionate workplace. This means positively and overtly valuing equality, diversity and inclusion both for its own sake and for its impact on care quality and staff wellbeing.

Our work to develop this strategy acknowledges the long term impact of COVID-19 will be felt by many and our recovery response will require strong and effective partnerships as part of the Dorset Integrated Care System (ICS). This will include working collaboratively with Dorset based professional and community organisations including Dorset Race Equality Council, Prejudice Free Dorset, Bournemouth University and other local NHS organisations to progress our EDI practice.

Our EDI strategy has also evolved in response to engagement with our staff networks, data from our NHS Staff Survey, gaps in our compliance against national standards and the NHS People Plan. The experience of COVID-19 has thrown into even sharper relief the need to engage with and listen to our staff to understand the differences they face. We want to ensure that lessons learnt and best practice in supporting staff and patients influence our inclusion practices going forward, including:

- early staff involvement and effective communication - to proactively check-in with those affected;
- confidence to develop a local and organisational response in the absence of national guidance;
- the power of sharing personal lived experiences to shift mindset and culture.

Equality in Action [1]

Hopes, dreams and aspirations: the voice of our staff networks

Our aim is to move beyond statistics and compliance, providing opportunities to hear the impact of unintentional organisational practices which may adversely impact certain groups is essential for ongoing culture change.

We are fortunate to have a thriving set of staff network groups who play an essential role in supporting the EDI strategy and proposals. The purpose of these employee-led groups is to provide support and guidance to other employees and also to provide insight and partner with the organisation to assist in improving the culture and experience. We will continue to invest in our network leaders via our Inclusion Champions Programme, ensuring they have the skills and the opportunity to be heard and influence.

Our network groups have made huge strides and are proactively networking across both Dorset and nationally to share their best practice.

“The network and leaders have been instrumental in supporting our staff and working with our HR teams to develop direct communications and the risk assessment process for those identified at increased risk and vulnerability to the COVID-19 virus”

Debbie Fleming, Chief Executive UHD

“There are many versions of the saying ‘you can’t understand someone until you’ve walked a mile in their shoes’. Although we can never physically “walk a mile in their shoes”, if we can learn to listen carefully to the lived experience of both patients and staff, we will develop a better understanding of what it means to be perceived by others as being different.”

Rosie Martin, Patient Partner

Moving beyond statistics and compliance, providing opportunities to hear the impact of unintentional organisational practices which may adversely impact certain groups is essential for ongoing inclusive positive culture change.

Inclusive leadership in practice requires leaders to be open, transparent and educationally vulnerable in order to learn and empower those individuals less heard and to proactively remove the unintentional organisational barriers which may be hindering progress and productivity.

We will continue to deepen and empower our staff network groups to inform and guide the organisation's development of culture and service provision.

“An effective employee voice (networks) is the cheapest smoke alarm organisations can install. Let's not remove their batteries. Test (messages) regularly”

Selvin Brown MBE, Director, Engagement and Policy, (Home Office)

Equality in Action [2]

Reverse Mentoring

Our Reverse Mentoring Programme is a positive action inclusion programme aimed at personally developing staff with protected characteristics (in the first instance) to act as mentors to other staff in positions of power within the organisation.

We will continue with our Reverse Mentoring Programme and extend the participation wider amongst leaders and individuals from protected groups working in partnership with our staff network groups.

Our legal duties

The Trust is also required to provide assurance of delivery against a number of national standards and compliance frameworks for equality, diversity and inclusion (EDI). These include:

- The Equality Act (2010)
- The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 (GPG)
- The NHS Constitution
- The Public Sector Equality Duty (PSED)
- The NHS Equality Delivery System (EDS2)
- The Workforce Race Equality Standard (WRES)
- The Workforce Disability Equality Standard (WDES)

Further details of our legislative framework are described in Appendix 1.

OUR STRATEGY

Our ambition is to be a great place to work where morale is high. Building on a culture of openness, we aspire to be an organisation where staff are engaged and proud to work for UHD, living our values and demonstrating these on a daily basis.

We will work collaboratively with staff and act on their feedback. Staff will feel fulfilled, free to speak up and believe they are being treated fairly. Their involvement will be encouraged and celebrated at the earliest opportunity to shape the services we provide for patients, carers and their families.

Our board of directors and senior leadership team will be visible and accessible with *Team UHD* building a reputation as a truly inclusive employer and service provider for our staff, patients, local health and social care community.

We are committed to the elimination of discrimination, reducing health inequalities, promoting equality of opportunity and dignity and respect for all our patients, service users, their families, carers and our staff. We want to create an environment and culture that celebrates diversity and inclusion and in line with our values, nurtures and harnesses difference for the benefit of patients.

The objectives within our *Leading for Equality, Diversity and Inclusion* strategy link closely to those described in the NHS People Plan, The Trust's People Plan, Quality Strategy and the Care Quality Commission's (CQC) domains of safe, effective, caring, responsive, and well led. It will be refreshed every twelve months as part of our annual planning round.

Overarching principles and approach

We have agreed a set of core principles that underpin the development and delivery of our ambitions and priority areas. These will help guide our work and refresh our approach to equality, diversity and inclusion. We want to achieve deeper cultural change moving beyond compliance and 'tick boxing' to a truly inclusive way of working. These principles will raise our level of aspiration and quicken the pace of change.



Goal Alignment

We will optimise our efforts by linking our EDI strategy to our corporate objectives. EDI will be clearly defined as an integral part of our hospital vision, firmly embedded and fundamental to its success. A standalone or silo approach to EDI will not be enough to create change or visible progress. In partnership with our staff networks, we will align all of our interventions directly with the objectives of the organisation to help us prioritise effort and show impact. Our organisational development plan acknowledges the importance of promoting equality, diversity and inclusion in everything we do, including our culture programme, health and wellbeing and leadership and talent management.

Inclusive Leadership

Diversity and inclusion is '*everybody's business*' and everyone in the Trust is therefore expected to take an active part, supported by the work of our specialist teams.

To make sustained diversity and inclusion progress it is imperative that we have the right level of leadership commitment and accountability at all levels within the organisation. We aim to create diverse and inclusive teams where individuals can reach their potential without unnecessary organisational barriers.

Our board of directors will lead by example in relation to inclusive practice, with board diversity champions, staff network sponsors and participation in EDI education and engagement events. Our senior leadership team will challenge poor inclusion practice and behaviours and work to proactively embed EI good practice to stimulate action and commitment.

This will encourage leaders to positively challenge their own thoughts and attitudes.

Awareness and Education

To foster a diverse and inclusive workplace we need to create the right levels of EDI awareness and education, focusing on challenging unconscious bias, privilege and micro aggressions and promoting allies. Our staff networks also play an important role in creating education opportunities for their members and allies. This will be a central component to engage the hearts and minds of all our staff, inspire team actions and accountability for change.

Data Driven Decision Making

We need to monitor what good looks like to ensure our interventions have an impact and report regularly to the board of directors. A data-driven approach will enable us to dispel any myths regarding our baseline (*where are we now?*) and track progress.

We will align our data to create a new benchmark and monitor *what good looks like* to ensure our interventions have an impact and report regularly to the board of directors.

A data-driven approach will continue to enable us to dispel any myths regarding our baseline and track progress. Our BAME and EU staff survey infographic will be a blueprint for easy interpretation. We will identify a small number of metrics we feel are the most critical to ensure success and use quality improvement (QI) methodology to experiment with new ideas and interventions. An end of stage evaluation framework for sustainability of the benefits will also be available to support our leadership teams and help them undertake meaningful equality analysis.

To support these core principles, we will ensure we maintain a balance between planning (*what should be happening*) and space for emergence and dialogue (*what is actually happening*)¹. This requires our diversity and inclusion approach to be deeply collaborative - listening to lived experiences, listening to understand, listening to make change. We believe a kind, civil and respectful inclusive culture will require us to a) be educationally and culturally curious rather than jumping to quick solutions b) adopt a mutual learning philosophy and c) accept vulnerability, learning and forgiveness.

We also recognise there is no quick fix solution and that we need to keep our ambitions and long term goals for diversity and inclusion simple and easily understood. This approach will help us consider what critical interventions work and can make a real difference in a complex

¹ Dialogic Organisational Development (Gervase, Bushe and Marshak 2015); Relational Organisational Gestalt (Chidiac 2018)

system so that we aren't defeated by lack of resources and competing pressures. We will actively involve staff in changes to policies, procedures and service improvements that will affect them.

OUR WORK PROGRAMME

Our Equality, Diversity and Inclusion Strategy will focus on four key areas.



Talent – our staff

We will:

- (a) ensure our senior leaders routinely talk about and engage their staff on EDI issues and communicate the benefits
- (b) embed the concept of inclusive leadership behaviours in all our management and leadership development programmes
- (c) strengthen accountability and visible leadership via EDI objectives at care group and directorate level
- (d) develop EDI capability and skills through the alignment and relaunching of a *bias reduction* tool kit and learning package
- (e) support the development of a diverse talent pipeline to senior leader roles via sponsorship, mentoring and coaching and promoting positive action programmes e.g. *Ready Now, Stepping Up, Reverse Mentoring Programme*
- (f) support the next stage in the development of our value based appraisal system, building in greater consideration of talent management approaches
- (g) ensure our recruitment and selection processes are free from bias so we make the fairest and best selection decisions and positively attract and retain diverse individuals within the workforce
- (h) support our health and wellbeing agenda, creating positive working environments for all staff
- (i) support career progression of staff with protected characteristics and improve development opportunities, taking positive action to promote equality from initial recruitment and beyond

Patients

We will:

- (a) ensure positive attitudes towards welcoming the diversity of patients, carers and service users and endeavour to meet their diverse needs
- (b) understand the potential impacts of the decisions we make on patients, their families, carers and service users, by protected characteristics and identify ways to mitigate these
- (c) identify and act to reduce any unwarranted variations in access, safety and experience of the Trust's services
- (d) improve the quality of the protected characteristic data by establishing service equality monitoring
- (e) increase patient collaboration and co-production to ensure their views and perspectives inform our D&I work programme
- (f) further identify and understand our local community, what their specific needs are and how these can be taken into account when planning the delivery of care
- (g) enable the Trust to use these shared experiences to inform and improve the design of our services
- (h) close the gap on the personal data we collect on patients to make sure we can accurately identify whether or not there are any equality related trends in patient activity that need to be looked into further
- (i) improve the monitoring of patient data to shape the Trust's approach to understanding, achieving and measuring equitable access and outcomes for patients
- (j) develop a community engagement strategy to benefit from the knowledge and expertise of our local community and help create the health services of the future
- (k) work in partnership locally, regionally and nationally to share best practice and develop inclusive initiatives that improve patients outcomes

Improvement and innovation

We will:

- (a) constantly reinforce the link between EDI and improvement to access diversity of thought and development of innovative ideas and solutions
- (b) use our quality improvement (QI) methodology and experience based design to embed improvements in patient and employee experience
- (c) use data and story-telling to identify outcome focused interventions for EDI

Living our values

We will:

- (a) be open and transparent in our communications regarding employee experience data for different groups and will work with staff to develop employment practice where employee experience falls short of the standards we are striving for
- (b) focus on effectively addressing bullying and harassment, abuse, violence and discrimination at work to improve and build psychological safety for staff identified as having a less positive experience in the workplace as reported in our national and local workforce standards (WRES / WDES / GPG)
- (c) actively involve staff in changes to policies, procedures and service improvements that affect them
- (d) champion and recognise inclusive behaviours to share good practice across the Trust
- (e) celebrate and share good practice of both individuals and teams across our three hospital sites throughout the year
- (f) improve our presence at EDI community events, such as local Pride and encourage staff to take the lead in campaigns
- (g) ensure multiple options are available for staff requiring individual support and advice relating to EDI issues in addition to their managerial team and the EDI team including:
 - Freedom to Speak Up Guardian
 - staff networks and EDI champions
 - council of governors
 - HR / Workforce Team

MEASURING SUCCESS

To evidence the impact of our interventions we will:

- ensure our policies, processes and systems are supportive and monitored in line with the ambitions set out in *Leading for Equality, Diversity and Inclusion*
- regularly review our EDI priorities through feedback and information to ensure they are grounded in reality for patients, public, staff and volunteers;
- measure and publish progress against our priorities every twelve months on our website and intranet;
- share and celebrate examples of good practice and improvement;
- benchmark our EDI activities in line with national NHS best practice and local identified needs;

- in addition to the WRES BAME definition we acknowledge the similar needs of our European people to be recognised as an ethnic group and included in all programmes and interventions;
- work in partnership and collaboratively with stakeholders, partners and our local community;
- review Equality Impact Assessments (EIA) to support meaningful equality analysis and ensure leaders a) identify where a policy, procedural document, service, service developments or organisational change may have a negative impact on individuals or groups of people with protected characteristics under the Equality Act and b) develop action plans to address them;
- ensure ongoing assessment and compliance with the NHS Equality Delivery System (EDS2) and the opportunities included to advance EDI practice and outcomes;
- increase awareness of the NHS Accessible Information Standard to ensure patients with a disability, impairment or sensory loss receive appropriate communication support from all our services;
- measure progress against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and GPD and adhere to the fundamental principle of listening to the lived experience of our people;
- improve the quality of staff protected characteristic data collected by encouraging staff to update their records;
- review external best practice accreditations and standards including Stonewall and Mindful Employer;
- review progress against our gender pay gap (GPD), taking actions to support progress;
- review patient feedback through the national NHS Staff Survey, Staff Impression Surveys, Patient and Staff Friends and Family Test, national and local patient surveys and our complaints process;
- metrics including appraisal rates and access to training opportunities;
- feedback from exit interviews;
- informal observations and conversations as part of our ongoing culture programme and culture champion engagement with staff;
- look beyond the national standards and datasets, to review the data of all protected characteristics at every level within the organisation and seek to understand why there are gaps.

Delivery of *Leading for Equality, Diversity and Inclusion*

Our *Leading for Equality, Diversity and Inclusion* strategy demonstrates a three-year forward view of inclusion; however, given the pace of change required for NHS recovery and reset post COVID-19, it is important to identify a number of key outcomes for delivery in 2021 – 22 (Year1).

The outcomes will be used to provide assurance to the board of directors, commissioners, regulators, patients and staff that the improvement goals we set are being achieved. A more detailed action plan will be monitored by the Equality, Diversity and Inclusion Group (EDIG).

Key Programme Areas	Objective	Taking Action	Impact Measure 2021 – 22 Target	Timeline	Lead
Talent – Our Staff Living our Values	Improve employee experience	Develop and launch employee value proposition to support reputation as a ‘great place to work’	Focus on <i>Welcome Me</i> [recruitment / induction] – <i>Develop Me</i> [share opportunities] – <i>Help Me Do My Role</i> [manage performance] – <i>Engage and Motivate Me</i> [retention] – <i>Recognise Me</i> [appreciation and recognition] – <i>Wish Me Farewell</i> [handling leavers]	March 2022	Organisational Development / Workforce / Communications Team and supported by Divisional / Corporate Leadership Teams
		NHS Workforce Race Equality Standard Improvement (WRES)	Significant improvement in % of BAME staff experiencing harassment, bullying or abuse from: <ul style="list-style-type: none"> • staff (NHS Staff Survey 2019 = 22% Bournemouth and 29% Poole) • patients (NHS Staff Survey 2019 = 26% Bournemouth and 33% Poole) 	June 2021	Organisational Development / Workforce / Communications Team and supported by Divisional / Corporate Leadership Teams
		Establish additional mechanisms to monitor the experiences of other protected characteristics (not covered by national standards)	Use of local datasets	March 2022	Organisational Development / Workforce Teams and supported by Divisional / Corporate Leadership Teams

	Report ethnicity gap when entering into formal disciplinary processes ²	Use of national decision-tree checklists for managers, post action audits on disciplinary decisions and pre-formal action checks	March 2022	Organisational Development / Workforce Teams and supported by Divisional / Corporate Leadership Teams
	Introduce core offer for <i>bias reduction</i> learning and development at all levels within the organisation	Implement training resources / toolkit on civility and respect for all staff to support our positive workplace culture. Roll out at directorate level. ³	March 2022	Organisational Development and supported by Divisional / Corporate Leadership Teams
	Ensure an inclusive approach to our inaugural annual values recognition event	Year on year increase in awards / recognition representing our diverse workforce	March 2022 - ongoing	Organisational Development supported by Divisional / Corporate Leadership Teams

² NHS People Plan

<p>Talent – our staff</p> <p>Living our Values</p>	<p>Develop inclusive leadership capability</p>	<p>Publish progress against <i>Model Employer</i> goals to ensure UHD workforce leadership is representative of overall BAME workforce / local community (whichever is higher)⁴</p> <p>Extend to include other protected characteristics and compare with local community</p> <p>Implement a development programme and talent pipeline to increase representation of BAME staff in (Agenda for Change) B8a – d, B9 plus Very Senior Managers (VSM) and the Board of Directors</p>	<p>Significant annual improvement towards 15% BAME composition target to improve leadership diversity by 2025</p>	<p>March 2022</p>	<p>Organisational Development / Workforce Teams and supported by Divisional / Corporate Leadership Teams</p>
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³NHS People Plan

⁴NHS People Plan

		Identify NHS Leadership Observatory best practice and practical advice / support ⁵	Design and embed within all UHD Leadership Development Programmes and Talent Management Plan. All leadership and management programmes to increase focus on inclusivity as a core theme	March 2022	Organisational Development / Workforce Teams and supported by Divisional / Corporate Leadership Teams
		Build in national competency frameworks for board level positions within Board Development Plan ⁶	Measurable progress on EDI and able to demonstrate positive impact as part of CQC <i>Well Led</i> assessment. Continue to share staff stories and promote experiences of our diverse workforce Design and deliver EDI training module(s) for Council of Governors	March 2022	Organisational Development and supported by Board of Directors and Divisional / Corporate Leadership Teams Organisational Development
		Include an inclusion standard within our performance management and capability frameworks and embed EDI objectives into all care group / directorate performance management reporting	Active reporting on EDI progress at care group / directorate level and case study examples shared at our annual staff recognition events	March 2022	Organisational Development and supported by Board of Directors and Divisional / Corporate Leadership Teams
Talent – our staff Living our Values	Increase equal opportunities for career development	Review recruitment and promotion practices ⁷	Increase in staffing levels more reflective of diversity of local community and regional / national labour markets	March 2022	Organisational Development / Workforce Teams and supported by Divisional / Corporate Leadership Teams

⁵ NHS People Plan

⁶ NHS People Plan

⁷ NHS People Plan

		Discuss EDI as part of the wellbeing conversations forming part of our new appraisal system ⁸	Collect evidence to ensure continuous improvement in compliance rate	March 2022	Organisational Development and supported by Divisional / Corporate Leadership Teams
		Increase reverse mentoring scheme	Extend to cover senior leadership team (circa 40 leaders)	March 2022	Organisational Development and supported by Divisional / Corporate Leadership Teams
Talent – our Staff Living our Values	Enhance staff network engagement	Review governance arrangements to ensure staff networks are able to contribute to and inform trust decision-making processes ⁹	Increase intersectionality by encouraging collaboration across the networks and with colleagues across the ICS, including primary care	March 2022	Organisational Development and supported by Executive / Divisional / Corporate Leadership Teams
		Identify opportunities and case studies for networks to share their work and engage formally in organisational decision making	Provide mentorship and support from chairs, sponsors and senior leadership team	March 2022	Organisational Development and supported by Executive / Divisional / Corporate Leadership Teams
		Promote leadership development via National Inclusion Champion Programme	Nominate one member of staff per year	Jan 2021	Organisational Development / Executive Team

⁸ NHS People Plan

⁹ NHS People Plan

Improvement and Innovation Living our Values	Improve collection and use of all EDI data and compliance against national standards	Develop a workforce and patient data set to increase awareness, activity and progress towards delivery of EDI objectives	Increase self-declaration rates and track action plan with targeted interventions against WRES, WDES and Gender Pay Gap	March 2022	Organisational Development / Workforce / Communications Team / Information and supported by Divisional / Corporate Leadership Teams
		Equality Impact Assessment (EIA)	Roll out of new Equality Impact Assessment (EIA) process and guideline toolkit and publish on EDI intranet site	March 2022	Risk Management / Organisational Development / Workforce / Communications Team and supported by Divisional / Corporate Leadership Teams
		Public Sector Equality Duty and Equality Delivery System (2)	Significant improvement across all domains with aspiration to become as a minimum 'Achieving' in all areas (Year 2)	March 2022	Organisational Development / Workforce / Communications Team and supported by Divisional / Corporate Leadership Teams
		Undertake Stonewall UK <i>Workplace Equality Index</i> to measure inclusion in the workplace	Track progress within <i>Top 100 Employers</i>	Commence in 2021—22 ongoing	Organisational Development / Workforce / Communications Team/ staff networks and supported by Divisional / Corporate Leadership Teams
Patients Living our Values	Develop patient co-production and engagement to reduce	Identify Executive Lead for tackling inequalities ¹⁰	Appointed October 2020	Completed	Patient Experience / Organisational Development / Information and supported by Divisional / Corporate Leadership Teams

¹⁰ NHS People Plan

	health inequalities	Put in place infrastructure for service equality monitoring in key patient pathways		Commence in 2021—22 ongoing	
		EDI patient dashboard to monitor data quality and compliance	As an ICS partner, audit progress against 8 urgent actions to reduce variation in outcomes across major clinical specialties within UHD ¹¹ As an ICS partner, explore our role and contribution as an Anchor Institution (Health Foundation) to further establish our key role in the health and wellbeing of our local community	March 2022 March 2022	Board Director Lead for Health Inequalities / Board of Directors / Organisational Development and supported by Divisional / Corporate Leadership Teams
		Increase patient and public representation committees and groups as part of our continuous improvement plan	More patient / carer representation on UHD hospital groups and case studies	March 2022	Patient Experience / Organisational Development / Communications Team and supported by Divisional / Corporate Leadership Teams
		Pilot Quality Improvement (QI) training offer for patients and carers	Friends and Family Test	March 2022	Patient Experience / Organisational Development / Communications Team and supported by Divisional / Corporate Leadership Teams

GOVERNANCE AND ACCOUNTABILITY

Governance arrangements for EDI will ensure the board of directors receives regular assurance that the Trust is meeting its Public Sector Equality Duty (PSED) and EDS2 continuous assessment requirements.

The delivery of *Leading for Equality, Diversity and Inclusion* will be overseen by the Equality Diversity and Inclusion group (EDIG) and co-chaired by a Non-Executive Director and Chief Officer. EDIG is responsible for setting the strategic direction for our EDI objectives, monitoring their delivery and championing inclusive behaviour within the Trust. EDIG will also ensure that resources are targeted to support key priority areas.

Each care group and corporate directorate will be asked to set EDI objectives as part of their annual planning cycle drawing on their performance against objectives in or EDI strategy and the equality delivery system. Patient access and experience and staff data will be available to inform this planning process.

Membership includes representatives from each of our inclusion networks, clinical care groups and corporate directorate leads. A quarterly update report on progress against our EDI objectives will be provided to the board of directors. EDIG will also contribute to the Trust's annual report.

EDI Community of Practice

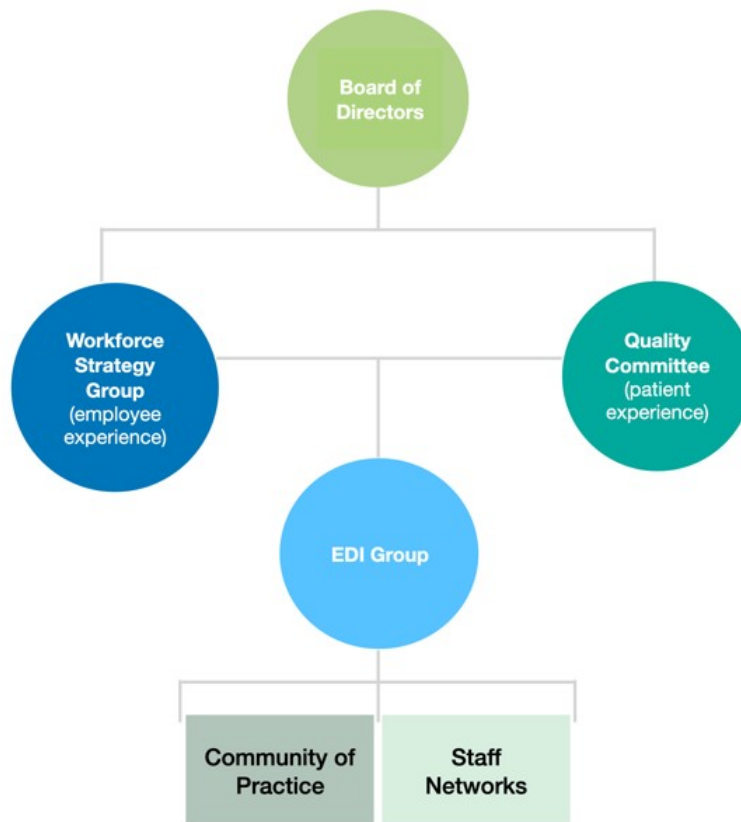
The EDI Community of Practice is responsible for designing key interventions within the *Leading for Equality, Diversity and Inclusion* strategy. It will also co-ordinate and reviewing progress in line with key actions and agreed timescales and collect feedback from on-going engagement activities.

Staff Inclusion Networks

Our current and proposed staff networks (BAME, European, ProAbility, LGBTQ+ and Armed Forces) are open to all staff, volunteers and students undertaking placements. Each network has an elected chair and secretary and is encouraged to attend EDIG on a monthly basis to provide updates on network activities.

EDI governance arrangements are illustrated in Diagram 1.

Diagram 1: EDI Governance Arrangements



Roles and Responsibilities

Board of Directors and Senior Leadership Team will:

- ensure EDI is at the heart of the organisation and everything we do;
- ensure all staff understand what our EDI strategy means for them and communicate the benefits of EDI;
- ensure assessment of the impact of policies and practices upon those with protected characteristics and take action, where appropriate.

Line Managers will:

- communicate the benefits of EDI and ensure their teams have access to, and are made aware of their responsibilities under our UHD equality policies.

Staff will:

- ensure they are aware of their responsibilities under the Trust's equality policies and seek further guidance if they are unclear.

APPENDICES

Appendix 1: What is equality, diversity and inclusion?

Equality is about fair treatment - making sure everyone is treated fairly and given the same life opportunities. It is about ensuring that every individual has an equal opportunity to make the most of their lives and talents, recognising that historically certain groups of people with protected characteristics have experienced discrimination. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. Equality recognises that people's needs may need to be met in different ways.

Diversity refers to characteristics relevant to our identity and important for individual authenticity, including gender and gender identity, ethnicity and race, religion and belief, nationality, sexual orientation, disability, age and social class. It is about recognising and celebrating difference and the benefit to our Trust from having a diverse workforce group. People differ in all sorts of ways which may not always be obvious or visible. Everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and we need to understand, value and respect these differences. It is a sense of belonging, of feeling respected and valued for who you are.

Inclusion refers to an environment which values diversity and enables people to be their authentic self in the workplace. It is about positively striving to meet the needs of different people and taking deliberate action to create environments where everyone feels respected and able to achieve their full potential. An inclusive workplace is characterised by openness, equality and non-discrimination. Inclusion is the enabler of diversity in that it provides the environment for our staff to give their best. In an inclusive culture, different perspectives are actively encouraged and people are confident in their ability to progress within the organisation regardless of their particular background or identity. There is a high level of psychological safety within an inclusive organisation.

Diversity and Inclusion are integral to how we attract, retain, develop and engage our staff and the team relationships we have with each other. Inclusive workplaces are crucial for our wellbeing and for minimising risk.

Intersectionality is the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group. Those (individuals or groups) with more than one diverse characteristic can face unique obstacles and increased inequality

because of the overlapping and interdependent systems of discrimination or disadvantage intersectionality creates.

Cultural intelligence is the ability to interact with people from different cultures and respond to their needs. Creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and the individual.

Intercultural English refers to the aim to use culturally neutral English principles to write in clear, translatable language that does not include culturally specific words and phrases (such as idioms or other local expressions).

Diversity and Equal Opportunities is a key driver in our plan. This is not about treating everyone the same; it is about removing organisational barriers to provide a level playing field where our staff members have equal access to opportunities. This concept also applies to the provision of health opportunities to our diverse patient population.

Appendix 2: What have we achieved together so far?

All our joint networks have supported history months and celebration events through the year as highlighted on the communications plan calendar. They have promoted the networks through posters, presentations and information sessions and supported each other through the inclusion champions' programme and understanding the aims and objectives of each network. This has involved working collaboratively on promoting the value of staff networks and the work being undertaken and holding listening events via MS Teams to encourage staff to approach and discuss issues or concerns in a safe space.

Black, Asian and Minority Ethnic (BAME) network

- Developed a growing and increasingly visible and engaged network of 300+ members
- Provided direct support for staff affected by Covid-19
- Developed the risk assessments process with HR/OH to include staff from a BAME ethnic background
- Held Overseas Nurses Wellbeing sessions to support
- Actively supported the Trust and CEO to send a letter to all staff identified as BAME on ESR, ensuring awareness of risks from covid-19 and the risk assessment process
- Developed workshops and seminars on being an ally, encouraging network allies
- Actively supported the Trust to develop a statement of support on Black Lives Matter
- Supporting staff to apply for the NHS Leadership Academy *Stepping Up Programme* and *WRES Expert Programme*

European Network:

- Raised awareness on the number of European staff in the Trust and their experience of working in our organisation (WRES data)
- Created an EU staff infographic on NHS Staff Survey data
- Challenged the national WRES team to include white ethnic minorities in positive action interventions as part of the wider NHS BAME strategies
- Supporting European staff with the EUSS (European Settled Status) applications
- Building relationships with local agencies supporting EUSS applications
- Supporting European staff to be part of the Reverse Mentoring programme

Lesbian, Gay, Bisexual, Transgender, Questioning plus (LGBTQ+) Network

- Developed NHS Rainbow badge and lanyard campaign – 3500 lanyards and badges distributed across both organisations to date
- Improved inclusive signage appropriate for people identifying as non-binary staff e.g toilet doors project with cardiology
- Developed and implemented Trans patient guidelines
- Attended Stonewall Conference
- Represented Trust at *Pride* and NHS at Bourne Free
- Raising awareness on prejudice and hate incidents related to homophobic behaviours

Pro-Ability Disabled Network

- Led WDES action plan published in the NHS England annual report March 2020.
- Developed and launched Health Passport in August 2020, consultation included staff, HR/OH and staff side representatives
- Developed and led deaf awareness and communication sessions (following mandatory face mask wearing – covid-19)
- Reviewing workshops and policies relating to staff working at home and shielding due to covid-19
- Developing advice for Access to Work support with Risk Management Team

International Doctors Support Initiative (IDSI):

- Raising awareness of overseas medical staff and their experience on joining the Trust
- Providing informal mentoring and support to new recruits from overseas

Armed Forces Network:

- Bringing the Armed Forces Covenant to UHD
- Supporting ex-forces staff and currently serving reservists in the Trust
- Supporting remembrance events and celebration days
- Raising awareness of support services available to Armed Forces families

Appendix 3: Legislation and national standards

There are a number of drivers that inform, regulate and monitor our equality work. These include:

The Human Rights Act 1998

Human rights are the basic rights and freedoms that belong to every person in the world. The Human Rights Act came into force in the UK in October 2000. The Act has two aims: To bring most of the human rights contained in the European Convention on Human Rights into UK law. To bring about a new culture of respect for human rights in the UK – Equality and Human Rights Commission (EHRC) Equality, Diversity and Human Rights is subject to regulation by the Equality and Human Rights Commission which is a public body set up to challenge discrimination, to protect and promote equality and respect for human rights and to encourage good relations between different people of different backgrounds. In addition to our legal duties, we are required to meet the standards set out by the Care Quality Commission (CQC). There are a range of standards determined by the CQC that are linked both directly and indirectly to equality, diversity and human rights. The delivery of our equality strategy will support us in ensuring that we continually meet these standards.

The Equality Act 2010

On 1st October 2010, the Government introduced the Equality Act. This Act brings together, harmonises and extends current equality law. It replaces the existing anti-discrimination laws with a single act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with it. The Trust has a legal obligation to ensure consistency and protection for people listed under the Act's 'protected characteristics' (see Appendix 2) and introduced a new general duty on public bodies in carrying out their functions to have due regard to:

- the need to eliminate discrimination, harassment and victimisation;
- the need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- the need to foster good relations between people who share a relevant protected characteristic and people who do not.

Due Regard (Equality Analysis). The Act also requires the Trust to have 'Due Regard' to the effects of its policies and practices on its service users and workforce in relation to the protected characteristics covered under the Equality Act. The Trust's Due Regard process is robust and has been implemented to gather information and mitigate any

adverse impact on vulnerable groups. The Due Regard process helps to make fair, sound and transparent decisions based on a detailed understanding of the needs and rights of the groups and individuals affected by the Trust's policies and practices.

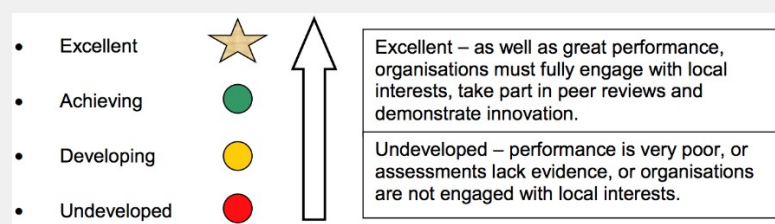
Public Sector Equality Duty (PSED)

The Public Sector Equality Duty came into force on 5th April 2011, a Duty which applies to all public authorities. It brings together previous gender, race and disability duties and extends the protection from discrimination on the basis of the 9 protected characteristics (see Appendix 2). PSED is supported by specific duties set out in regulations which came into force on 10 September 2011. The specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives.

The Equality Delivery System (EDS2)

The Equality Delivery System (EDS) is an NHS Employers initiative that is aimed at improving equality performance of the NHS and embedding equality into mainstream business. The EDS is about real people making real improvements that can be sustained over time. It focuses on the things that matter the most for patients, communities and staff. It emphasises genuine engagement, transparency and the effective use of evidence. By using the EDS NHS organisations will be able to meet the requirements of the Equality Act. There are 18 outcomes, grouped under four goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Workforce – the NHS as a fair employer
4. Inclusive leadership at all levels.



Based on transparency and evidence, NHS organisations and local interests should agree one of four grades for each outcome. Based on the grading, we will identify how the most immediate priorities are to be tackled, by whom and when. Each year, organisations and local interests will assess progress and carry out a fresh grading exercise. In this way, the EDS will foster continuous improvement.

Workforce Equality Standards

NHS Employers launched the Workforce Race Equality Standards (WRES) in April 2015 giving NHS Trusts a twelve month period to implement the standards and prepare for publishing 1 April 2016. Similarly the launch of the Workforce Disability Equality Standards (WDES) on 1 April 2017 gave NHS Trusts a twelve month period to implement the standards and prepare for publishing on 1 April 2018. Both schemes assist Trusts to identify areas for improvement in relation to staff from Black Minority or Ethnic (BAME) groups, or who have a disability or long-term health condition by monitoring processes and procedures to ensure equality and limiting discrimination.

Accessible Information Standard

The Accessible Information Standard defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. It is of particular relevance to individuals who are blind, deaf blind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss (for example people who have aphasia, autism or a mental health condition which affects their ability to communicate). The Standard applies to our services and it specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing. In 2018 we commenced our active monitoring of the Accessible Information Standard. The systems prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

National Health Service Litigation Authority (NHSLA)

The National Health Service Litigation Authority handles negligence claims and works to improve risk management practices in the NHS. All NHS Organisations are assessed by the NHSLA against a set of core standards, which encompass equality and diversity. Equality Delivery System (EDS) The Equality Delivery System has been designed to improve the equality performance of the NHS and embed equality into mainstream business. By using the EDS all NHS organisations will be able to meet the requirements of the Equality Act and the CQC. UHD demonstrates its commitment to equality-based national drivers through providing a health service that respects and responds to diversity of the local population.

As described in *Leading for Equality, Diversity and Inclusion*, we oppose all forms of unlawful and unfair discrimination for both service users and our workforce.

Appendix 4: Definition of the 9 protected characteristics

Age – a person belonging to a particular age or age group. An age group includes people of the same age and people of a particular range of ages.

Disability – a person has a disability if the person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Gender Reassignment – a person has this protected characteristic if they are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purposes of reassigning their sex, by changing physiological or other attributes of sex.

Marriage and Civil Partnership – people who have or share the common characteristics of being married or of being a civil partner can be described as being in a marriage or civil partnership. A married man and a woman in a civil partnership both share the protected characteristic of marriage and civil partnership. People who are not married or civil partners do not have this characteristic.

Pregnancy and Maternity – relates to women that are pregnant or within their allocated maternity period. Women that are not pregnant nor within their maternity period do not share this characteristic.

Race – for the purpose of the Act, 'race' includes colour, nationality and ethnic or national origins. People who have or share characteristics of colour, nationality or ethnic or national origins can be described as belonging to a particular racial group. A racial group can be made up of two or more different racial groups.

Religion or belief – the protected characteristic of religion or religious or philosophical belief, is also stated to include a lack of religion or belief. It is a broad definition in line with the freedom of thought, conscience and religion guaranteed by Article 9 of the European Convention on Human Rights.

Sex - people having the protected characteristic of sex refers to being a man or a woman, and that men share this characteristic with other men, and women with other women.

Sexual orientation – the protected characteristic of sexual orientation relates to a person's sexual orientation towards people of the same sex as him or her (in other words the person is a gay man or a lesbian); people of the opposite sex from him or her (the person is heterosexual); people of both sexes (the person is bisexual).

Appendix 5: Useful Links

NHS Employers Diversity & Inclusion Partners Programme

<https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/partners-programme>

King Fund

<https://features.kingsfund.org.uk/2020/07/ethnic-minority-nhs-staff-racism-discrimination/index.html>

Stonewall UK

<https://www.stonewall.org.uk/>

Disability Confident

<https://disabilityconfident.campaign.gov.uk/>

CQC

<https://www.cqc.org.uk/>

Inclusive Employers

<https://www.inclusiveemployers.co.uk>