



Equality, Diversity and Inclusion

Strategy 2025 - 2029

Creating a values based culture

“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 Long Term Plan

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FOREWORD

Equality, Diversity and Inclusion (EDI) matter greatly to us as a Trust; we view EDI at the heart of all we do and is reflected in our values. The Board of Directors recognise the importance of EDI as being critical to delivering excellent patient care and supporting staff to feel that ESNEFT is a great place to work, a Trust they would recommend and an Employer of Choice.

We are committed as a Trust to the elimination of discrimination, harassment and reducing health inequalities by promoting equity of opportunity and dignity and respect for all our patients, service users, their families, carers and our people in line with the Equality Act (2010). We take our Equality Public Duty seriously in all we do. The key responsibilities for ESNEFT, as a large local employer and provider of services, are to call out inequity wherever we see it, take the appropriate actions and most importantly proactively promote inclusion and respectful interactions for all our colleagues, patients and service users.

This strategy has been updated and it now aligns with the equality, diversity and inclusion actions within the national NHS Long Term Plan and the NHS EDI Improvement Plan as well as our ESNEFT Workforce Strategy. It has been developed in partnership with our leaders, staff network groups, patient partners, Freedom to Speak Up Guardian, patient engagement leads, staff and Trade Union colleagues.

Our staff network groups and Trade Union partnership working forums 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 existing and emerging staff network leads. We want to move beyond compliance and 'tick boxing' to create an inclusive culture at the Trust and a sense of belonging, where all individuals are treated fairly. As part of a wider cultural change programme, we want to ensure that every member of staff feels properly valued and engaged in the development of this. We have set up an EDI Strategic Reference Group with the support of external partners to map out and monitor the medium to long term changes we want to make. We will increase the visibility of EDI, sharing progress not only against statutory requirements but focussed on the continued improvement work and their emerging themes. We look forward to celebrating the progress we are making with all of our stakeholders and partners in the system.

On behalf of the Trust Board, we look forward to working with you to deliver this work.

Hussein Khatib
Non-Executive Director /
Lead for Equality, Diversity and Inclusion

Kate Read
Director of People & Organisational
Development

INTRODUCTION

East Suffolk and North Essex Foundation NHS Trust (ESNEFT) is one of the largest healthcare organisations in East Anglia, following the merger of Colchester Hospital University NHS Foundation Trust and The Ipswich Hospital NHS Trust in July 2018. We provide services from Colchester and Ipswich Hospitals, Aldeburgh, Clacton, Halstead, Harwich and Felixstowe Community Hospitals and Bluebird Lodge near Ipswich, to over one million people. We also provide community services in Suffolk and North Essex and have over 12,000 people working and volunteering across our hospitals and community services.

Our **Equality, Diversity and Inclusion Strategy** outlines our ambitions to become a truly inclusive employer for our staff, and service provider for our service users and the communities we serve.

Our Trust Philosophy – ‘Time Matters’, with the associated values and behaviours have been developed and are at the heart of our organisation. They define who we are and how we behave. Our commitment to EDI and this supporting strategy is designed and is integral to our working to evidence these in practice.



ESNEFT recognises that we have a corporate responsibility and opportunity to engage our whole community. Valuing diversity ensures an inclusive environment for staff and patients alike. We also know that celebrating individual differences and bringing diverse teams together with disparate styles and talent is essential for innovation and continuous improvement for patients, service users, their families, carers and our staff.

We are extremely proud in what has been achieved thus far. Through the gradual establishment of our staff networks and the lived experience of our staff and patients, together with the evidence from our statutory EDI reporting, we know that we need to do more to actively champion equality, diversity and inclusion in everything we do. This strategy outlines our approach and intent – a deliverable plan that will strive to:

- eliminate discrimination, harassment and victimisation in all its forms;
- improve year on year reported patient and staff experience for protected groups;

- reduce health inequalities for protected groups by improving access to all services;
- ensure everyone embraces equality, diversity and inclusion as their responsibility and adopts a proactive approach to enhancing equal opportunities and accessibility to resources for staff and patients.

SETTING THE CONTEXT

National and local

COVID-19 shone the spotlight on the health inequalities faced by many of our communities. As well as the lived experience of disadvantage and inequity, data has evidenced that people from different backgrounds have and continue to be disproportionately affected by the pandemic. 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 the quality of care delivered and staff wellbeing.

We are equally aware, from national reports, of:

- the issues that women from different races face when using maternity services
- people from different cultures having difficulties accessing healthcare
- people from the national characteristics requiring additional support

The long term impact of COVID-19 will be felt by many for years to come, and our recovery response has required strong and effective partnerships as part of the Suffolk and North East Essex Integrated Care System (ICS). This will include working collaboratively with East Suffolk and North Essex based professional and community organisations and will include strengthening working relationships with Ipswich and Suffolk Race Equality Council, Essex Cultural Diversity Project and other local organisations to progress our EDI ambitions.

Our EDI strategy has evolved in response to data from our NHS Staff Survey, our internal metrics and the [NHS England » The NHS Long Term Plan](#) and [NHS equality, diversity, and inclusion improvement plan](#), with contributions from our Staff Networks, Staff Council and Trade Union colleagues. The experience of COVID-19 has further demonstrated the need to engage with and listen to our staff to understand the differences and challenges 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; and
- the power of sharing personal lived experiences to shift mind-set and culture.

Our Workforce

The Trust's current workforce comprises 12,379 colleagues, of which 7.1% have identified as disabled, 26.4% as BAME, 77% as women, and 3.3% as lesbian, gay or bisexual. We have a fairly even split across the age ranges of colleagues <20-35 (33.2%), 36-45 (26.6%) and 46-55 (22.2%). The biggest religious affiliation is with Christianity (46.6%), followed by Atheism (19%), Hinduism (1.87%), Islam (1.19%) and Buddhism (0.8%). More detailed data on our workforce profile is available in the Annual Public Sector Equality Duty Report, Gender Pay Gap report, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Reports which are published on the Trust website.

Whilst disclosure rates have improved significantly over the past 3 years, key challenges identified in relation to our workforce demographics are that:

- we have a high proportion of our workforce data that is 'Unknown' or 'unspecified', with 11% not disclosing on sexual orientation and 18% not disclosing on religion or belief;
- there is a clear under-representation of colleagues from Black, Asian and Minority Ethnic (BAME) backgrounds and women at more senior pay bands.

Our Communities

We serve an area of contrasts, from rural villages to bustling coastal towns, great affluence to some of the most marginalised and deprived areas, communities with their own distinctive identities, varying in demographics and need. To enable greater impact in our work for our patients and service users, we will work closely with all of our partner organisations across the Integrated Care System (ICS) to systematically tackle health inequalities and place our diverse communities at the heart of our transformation plans and service improvements. As well as collaborating with other local key partners including Suffolk and Essex Health Watch, Ipswich and East Suffolk Alliance, we are also continually looking at more innovative ways of engaging, establishing Patient Panels and linking with Youth Forums to better communicate with and involve our patients and service users across all the different protected characteristic groups in our community.

Key challenges that have been identified include:

- patient and service user data not being routinely collected across the nine protected characteristics;
- many of our patients, service users as well as colleagues continue to be severely impacted by COVID-19, with those from a BAME background or those with underlying health conditions disproportionately affected, many suffering multiple disadvantages;
- engagement with patients and service user groups needs to be further increased to enable all the communities we serve to have a voice in the Trust's delivery of the EDI Strategy and decision-making, as well as getting actively involved in ongoing EDI initiatives, such as the new ESNEFT Diversity Calendar events.

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)
- The NHS EDI Improvement Plan – 6 High Impact Actions

Further details of our legislative framework are described in Appendix 3.

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 ESNEFT, living and working within our values, behaviours and philosophy of Time Matters, and demonstrating these on a daily basis.

We will work collaboratively with staff and act on their feedback ensuring they understand the direction of travel and how it will make a difference to them. Staff will feel fulfilled, free to speak up and believe they are being treated fairly. Their involvement will be encouraged and celebrated at every opportunity to help shape the services we provide for our patients, their carers and their families.

Our board of directors and senior leadership team will be visible and accessible to 'Team ESNEFT' building a reputation as a truly inclusive employer and service provider for our staff, patients, local health and social care partner organisation, and wider communities. Where possible we will ensure the Board composition reflects our workforce and wider communities in terms of protected characteristics.

We are committed to ensuring we are free from discrimination, reduce health inequalities, promote equity of opportunity and champion dignity and respect for all our patients and service users, their families and carers, and our staff. We will create an environment and culture that celebrates diversity and inclusion and is in line with our values, whilst nurturing and harnessing difference for the benefit of all.

The objectives within our Equality, Diversity and Inclusion Strategy link closely to those described in the NHS Long Term Plan, NHS EDI Improvement plan, the Trust's Workforce Strategy and the Care Quality Commission's (CQC) domains of Safe, Effective, Caring, Responsive, and Well led.

Goal Alignment

We will optimise our efforts by ensuring our EDI strategy links to our corporate objectives such as our Accountability Framework and other Trust strategies. EDI will be clearly defined as an integral part of the Trust's vision, firmly embedded and fundamental to its success. A standalone approach to EDI is not enough to create change or visible progress.

Our organisational development plan will also acknowledge the importance of promoting equality, diversity and inclusion in everything we do, including our Just and Learning culture programme, health and wellbeing offer, and leadership and talent management programmes.

Compassionate, Inclusive Leadership

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

To make sustained 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 compassionate, inclusive practice, with Non-Executive leads on each of the Staff Networks as well as active participation in EDI education and engagement events. All leaders will challenge poor inclusion practice and behaviours and work proactively to embed EDI best practice to stimulate action and commitment from our leaders to positively challenge their own thoughts and attitudes, and unconscious biases.

Awareness and Education

To foster a diverse and inclusive workplace we must develop EDI awareness and education in all our staff, focusing on challenging unconscious bias, privilege and micro aggressions, whilst promoting allyship. Our staff networks will also play an important role in working with external experts and stakeholders in development education opportunities for their members and allies. This will be a central component to engage the hearts and minds of all of our colleagues, inspire action and champion positive change.

Data

Our data and reporting will be aligned and benchmarked to monitor “what good looks like” to ensure our interventions have an impact and these will be reported regularly to the Executive Management Committee and the Board of Directors. A focused data-driven approach will enable us to dispel any myths regarding our baseline position, our performance in comparison to others, and to enable to monitor our progress over time.

Approach

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 strategy approach to be deeply collaborative - listening to lived experiences, listening to understand, listening to make change, and is underpinned

with the determination to engender psychologically safe space for all our staff to be able to share experience.

There is no quick fix solution, and we need to keep our ambitions and long-term goals for EDI simple and easily understood. This approach will help us consider what critical interventions work and can make a real difference in a complex organisation. Our approach will mean that we are not constrained on delivery by a lack of resource or competing pressures. Actively involving staff in changes to policies, procedures and service improvements is core to this approach.

Four areas of focus

There are four areas of focus that underpin the development and delivery of our strategy. These will help guide our work and refresh our approach regularly. Long term we aim to achieve real cultural change, moving beyond compliance and ‘tick boxing’ to a truly compassionate, inclusive way of working. These areas are identified as a focus to raise our level of aspiration and create momentum and pace of change.



THE OVERALL WORK PROGRAMME

How the four areas translate:

Living our values

We will:

March 2025

- be open and transparent in our communications regarding employee experience data for different groups
- work with staff to develop employment practice where employee experience falls short of the standards we are striving for
- create a culture where staff can speak up about inequity, micro-aggressions and difficult team dynamics openly
- focus on effectively addressing bullying and harassment, abuse, violence and discrimination at work to improve and build psychological safety for all staff, as reported in our national standards and workforce feedback
- deliver equality impact assessments and actively involve staff in changes to policies, procedures and service improvements
- champion and recognise open, compassionate and inclusive behaviours to share good practice across the Trust
- celebrate and share good practice from individuals and teams across all of our sites
- improve our presence at EDI community events, such as local Pride and encourage staff to take the lead in EDI campaigns
- ensure multiple options are available for colleagues requiring individual support and advice relating to EDI issues, in addition to their management team and the EDI team including:
 - Freedom to Speak Up Guardian
 - Trade Union Representatives
 - Staff Networks
 - Culture Ambassadors
 - Wellbeing Team
 - HR Teams

Our Patients

We will:

- embrace the diversity of our patients, carers and service users and endeavour to best meet their diverse needs
- understand the impacts and human factors of the decisions we make with patients, their families, carers and service users, and identify ways to mitigate these

- identify and act where there are any variations in access, safety and overall patient experience of the Trust's services for any patient group with a protected characteristic
- improve the quality of the protected characteristic data held by ensuring there is regular equality monitoring and by creating a safe space for patients to share their data in a confidential way
- increase patient collaboration, co-production and co-design to ensure all views and perspectives inform our EDI work
- understand our local communities, and identify their specific needs and how these can be met when planning the delivery of care
- ensure experiences are shared to inform and improve the design and delivery of our services, co-producing and designing services with our patients
- improve the monitoring/analysis of patient data to shape the Trust's approach to understanding, achieving and measuring equitable access and outcomes for patients
- develop a community engagement strategy to benefit from the knowledge and expertise from all of the communities we serve and help co-create the health services of the future
- work in partnership locally, regionally and nationally to share best practice and develop inclusive initiatives that improve patient outcomes

Our Talent

We will:

- continue our Reverse Mentoring programme working with existing Mentees/Mentors to refine the process, training and support provided
- ensure our senior leaders are equipped to talk with their teams about EDI and inclusivity
- embed the concept of open, compassionate, inclusive leadership in all leadership development programmes
- develop EDI capability and skills through the alignment of all EDI based learning offerings
- in line with the Talent Management programme support the development of diverse talent pipelines right through to senior leader roles via sponsorship and continue to

promote positive action programmes (e.g. Reverse mentoring, NHSLAs Ready Now and Stepping Up, HPMA Aspire Programmes)

- embed our values into the appraisal system and build in greater consideration of talent management and succession planning
- ensure Recruitment and Selection processes are free from bias at all levels so we make the fairest selection decisions, positively attracting and retaining diverse colleagues within the workforce
- support our health and wellbeing agenda, creating positive working environments for all staff
- support career progression of colleagues with protected characteristics, improving accessibility to development opportunities
- take positive action to promote equality right across the Employee Journey.

Improvement and Innovation

To actively encourage improvement and innovation we will:

- constantly reinforce the link between EDI and improvement to access diversity of thought and development of innovative ideas and solutions
- use our quality improvement (QI) methodology and experience based design to embed improvements in patient and employee experience
- use data and story-telling to identify outcome focused interventions for EDI
- build trust and confidence with teams using innovative communication techniques to encourage participation and disclosure so our data sources better reflect our patients and staff

MEASURING SUCCESS

How will we measure our success?

Ensure every member of staff entering formal performance or disciplinary processes is provided with an advocate.
Improve our gender pay gap reporting across mean and median measures
Increase in diverse workforce at Bands 6 and above to be representative of Trustwide demographics Currently: BAME 17% - target 26%
A year on year reduction in the number of staff that experience discrimination in the workplace as measured in the national staff survey
Reduce the relative likelihood of white staff being appointed in comparison to BAME Staff

Listening to and acting on the voices of the patients
Listening to and acting on the voices of staff
Improve our position relative to our comparators

To evidence the impact of our interventions we will:

- continue to monitor the relevant KPI measures which will be reported regularly to the Divisional Accountability Meetings, EDI Operational Group and People & Organisational Development Committee
- continue to promote equality impact assessments to ensure our policies, processes and systems are supportive and monitored in line with the ambitions set out in the Strategy
- regularly review our EDI Action Plans and priorities through feedback and information to ensure they are grounded in reality for patients, public, colleagues and volunteers;
- review, measure and publish progress against our priorities every twelve months on our website and intranet;
- provide regular communications to colleagues on EDI work currently being undertaken, celebrating success regularly
- share and celebrate examples of good practice and improvement;
- benchmark our EDI activities in line with national NHS best practice and ICS identified needs;
- in addition to the WRES BAME definition we look to acknowledge the similar needs of our European colleagues to be recognised as an ethnic group and included in programmes and interventions;
- work in partnership and collaboratively with stakeholders, partners and our local communities;
- 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;

- become fully compliant with the NHS Accessible Information Standard to ensure patients with a disability, impairment or sensory loss receive appropriate communication support from all our services as standard practice;
- 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;
- review progress against our Gender Pay Gap (GPD), taking actions to support progress;
- improve the quality of staff protected characteristic data collected by encouraging staff to update their records every six months as part of an agreed update programme with the Workforce team;
- review external best practice accreditations and standards including Disability Confident, Stonewall and Mindful Employer;
- Achieve Gold Tier in the NHS Rainbow Badge award scheme to support LGBT staff and patients to drive a supportive work and clinical environment;
- review colleague and patient feedback through the national NHS Staff Survey, Staff Pulse Surveys, Patient and Staff Friends and Family Test, national and local patient surveys and our complaints process creating triangulation to identify themes or areas of concern where specific interventions can be provided;
- review and report on protected characteristics on specific metrics including appraisal rates and access to non-statutory or mandatory training opportunities;
- act on feedback from exit interviews;
- engagement events as part of a culture programme and with Cultural Ambassadors;
- 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

Our strategy applies to every colleague and volunteer at ESNEFT, our Trust Board, as well as any other persons or organisations contracted by the Trust to work or deliver services on its behalf. Everyone is responsible for taking personal ownership in ways to deliver our commitment to Equality, Diversity and Inclusion.

Following a consultation on the review of the EDI strategy and associated action plans with colleagues, patients, service users and stakeholders, the document will be finalised and local action plans will be devised to support our corporate EDI aims and objectives. We will then ensure that everyone employed or those delivering services are aware of the EDI Strategy and their responsibilities for delivering it. It will be communicated to colleagues through induction programmes, team meetings, appraisals and through key working groups, including the Trust's EDI Operational Group, Patient Experience Patient Experience Coproduction & Carers Council (PECCC), Staff Side Partnership Forum and more widely, including alternate formats and languages on request, to patients, service users and stakeholders.

Progress on the Strategy and action plan will be reported to our EDI Operational Group, EDI Strategic Reference Group, People & OD Committee and Trust Board bi-annually and regular feedback sought from our colleagues, patients and service users, partners and other stakeholders. A formal review of the EDI Strategy will be undertaken in conjunction with our stakeholders in December 2029.

GOVERNANCE AND ACCOUNTABILITY

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

The delivery of the Equality, Diversity and Inclusion Strategy will be overseen by the Equality Diversity and Inclusion Strategic Reference group (EDISRG) and co-chaired by the Director of People and Organisational Development and the Non-Executive Director for EDI Lead. EDISRG is responsible for setting the strategic direction for the EDI objectives, monitoring their delivery and championing compassionate, inclusive behaviour within the Trust. EDISRG will also ensure that resources are targeted to support key priority areas.

EDISRG will lead a programme in 2025/26 where each Division/Directorate will be asked to set at least two EDI objectives as part of their annual planning cycle drawing on either their performance against objectives within the EDI strategy or the Equality Delivery System (EDS2). It is expected that with the improved data collection and monitoring

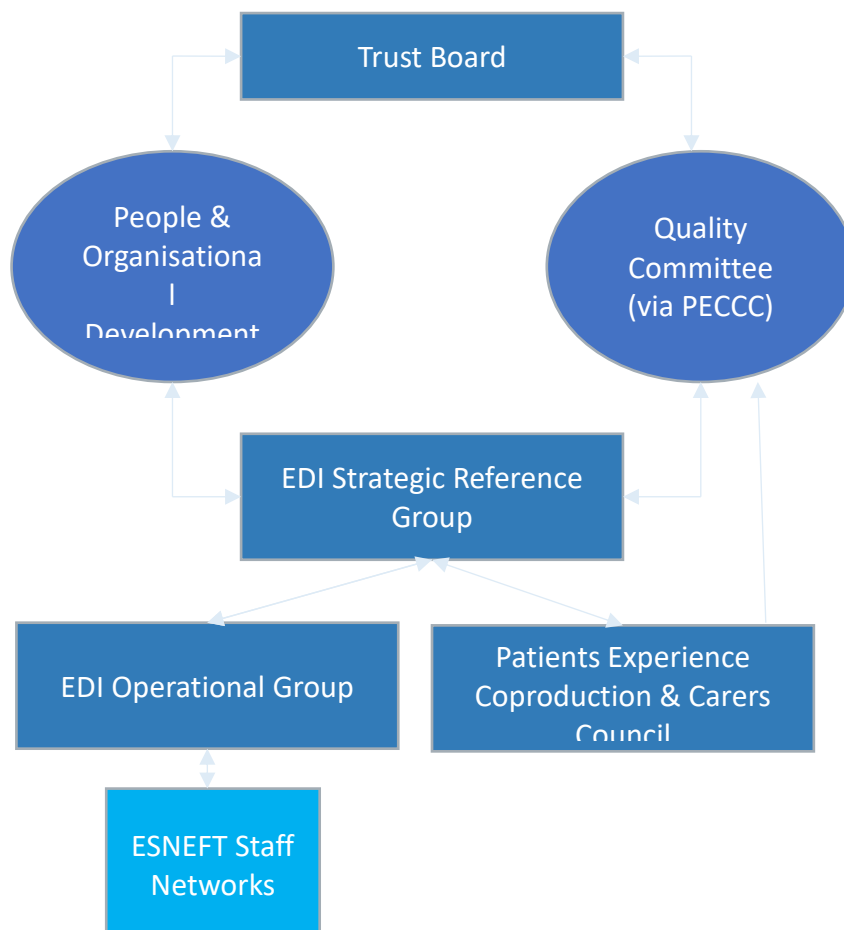
patient access and experience and staff data will be available to inform the objective setting.

Membership of EDISRG includes representatives from each of our inclusion networks, clinical and corporate directorate leads. A quarterly update report on progress against our EDI objectives will be provided to the POD and Trust Board. EDISRG will also contribute to the Trust's annual report, which will be shared with our Council of Governors for transparency and progress.

Staff Inclusion Networks

Our current staff networks (EMBRACE, ESNAble (inc Carers), LGBTQ+, Women's and Armed Forces) are open to all staff, volunteers and students undertaking placements within the organisation. Each network has an elected chair, deputy and administrator and is encouraged to attend EDISRG to provide updates on network activities.

EDI governance arrangements are illustrated below:



Date Approved by Trust Board: XXXXX

Review Date: XXXXX2029

Is this document accessible to you? Would you prefer it to be presented to you in a different format?

We recognise that people who need or receive information from us may need it provided in a different way for a variety of reasons:

- We want everyone to be able to understand us.
- We want everyone to be able to access our written materials.
- We want to provide you with what you need to communicate effectively with us

On request we will provide this and other documents in alternative formats including large print; Braille; BSL-signed DVD; Easy Read; audio and electronic formats; and translation into other languages.

If you need this, please contact Clare Harper via email: Clare.harper@esneft.nhs.uk.

APPENDIX 1 – EDI STRATEGY ACTION PLAN

Workstream	Topic	Action	Impact Measure/Outcomes 2024 - 2029	Lead
Our Talent and Values	NHS Improvement Plan HIA	Continue to embed the high impact actions as BAU	Progress monitored via EDI Strategic Reference Group, POD Committee and Board	Business Manager – Staff Experience & Culture
Our Values Our Talent	Developing Compassionate Inclusive Leaders	Wider delivery and support of Coaching and Mentoring to embed compassionate, inclusive leadership Leadership competencies to include compassion and inclusivity.	Coaching and mentoring initiatives will have direct training on compassionate, inclusive leadership and supervision sessions offered with input sessions to further embed. Intranet will promote not only development opportunities but staff storytelling and case studies on compassionate, inclusive leadership	Assistant Director of OD and Culture/Director Of Allied Health Professions/ Head of Apprenticeships (Internal Delivery) and Leadership Development
Our Talent Our Values	Ensuring diverse representation in recruitment processes	We will ensure recruitment for Senior Leadership and Board-level staff is inclusive, fair and equitable and actively welcomes diversity	All jobs are advertised via NHS Jobs/TRAC and any agencies are requested to provide diverse candidates. All interview and stakeholder panels are diverse.	Head of Recruitment
Our Values Our Talent	Widening access to inclusive National programmes	Supporting our colleagues under all protected characteristics with career progression. Promoting access and supporting colleagues with applications to nationally driven programmes i.e. NHS Leadership Academy, Ready Now and Stepping Up programmes	Colleagues experiencing system wide development and networking as well as tools to support their next steps in their careers. Increase in diverse workforce at Bands 6 and above which is reflective of the trust wide demographic and improve our gender pay gap position for Band 7 and above.	Assistant Director of OD and Culture/Assistant Director of Innovation and Education/ Deputy Director of Communications an Engagement /Business Manager – Staff Experience & Culture
Improvement and Innovation Our Values	Improving intersectionality	Support our staff networks to create safe spaces for stifled voices to be heard and work together to educate and support staff on EDI and the important role it plays in making individuals feel included and valued Provide a robust EDI training provision accessible	Monitoring national staff survey EDI results and rolling out key interventions Identify areas of improvement from local surveys feedback Enhance staff knowledge of equality, diversity and Inclusion to create inclusive behaviours and ethos	Business Manager – Staff Experience & Culture / Associate Director of OD and Culture / Staff network leads Business Manager – Staff Experience & Culture
Improvement and Innovation	EDI standards built into people development processes Equality of access to non-mandatory training opportunities	PDR Appraisals & Talent Management Programmes All non-mandatory training is recorded across the organisation in order to be able to evidence equality of access to non-mandatory training	There is a focus on equality of access to development opportunities and promotions and there is clear progression of staff with protected characteristics. We are able to identify areas for improvement and assure our Board and external governing bodies that our colleagues with protected characteristics have equality of access to non-mandatory training opportunities.	Assistant Director of Innovation and Education /Assistant Director of OD and Culture/ Business Manager – Staff Experience & Culture
Improvement and Innovation	Zero Tolerance to Harassment and Abuse Campaign	Introduce a values and behaviours model based campaign to be displayed in patient and staff areas and publicised externally.	Staff feel supported and able to challenge poor behaviours as they experience them.	Business Manager – Staff Experience & Culture / Deputy Director of Communications and Engagement; People Promise Lead
Improvement and Innovation	EDI Stories	Short videos/webinars introduced to shine a spotlight on particular areas of EDI delivered by subject matter experts or as part of storytelling	Regular short snapshots are visible right across the organisation that staff can attend, view, download really bringing EDI into BAU	Business Manager – Staff Experience & Culture/ Deputy Director of Communications and

				Engagement/ People Promise Lead
Improvement and Innovation Our Talent	Implement a Just and Learning Culture	Using early resolution in disciplinary and grievance including utilisation of round table facilitation and mediation Increasing the number of cultural Ambassadors to support colleagues from protected characteristics in formal processes.	Monitoring WRES/WDES data as well as number of formal cases with breakdown of protected characteristics. Collective themes from Cultural Ambassadors to take forward to improve staff experience	Head of ER/Assistant Director of OD & Culture Head of ER/Business Manager – Staff Experience & Culture
Improvement and Innovation Our Values	Improving Intersectionality with Staff Networks	Continue to provide protected time and support for Network Leads. Identify and develop additional staff networks (e.g., Staff Carers and Faith Networks)	Staff focus groups will determine success of current networks and the interest/need for new networks as well as support required in their establishment	Head of Chaplaincy/ Head of Patient Experience/ Business Manager – Staff Experience & Culture
Improvement and Innovation	Identifying EDI Issues	Board and Committee papers should identify any equality related impacts and risks.	Papers will accurately reflect EDI impacts and risks so they are being identified as part of decision making. Regular internal audit to review progress.	Director of Governance/ Trust Secretary/ Director of People & Organisational Development/ Business Manager – Staff Experience & Culture/Head of Patient Experience
Improvement and Innovation Our Patients	Recording, monitoring and reporting on the protected characteristics for patients	Identify improvements in the disclosure process, recording, monitoring and regular reporting across the protected characteristics. Work with local ICB to improve data collection for patients at source.	Monthly EDI Reporting to be maintained Annual Public Sector Equality Duty compliance	Patient Records Lead/ Business Manager – Staff Experience & Culture /Head of Patient Experience
Our Patients Improvement and Innovation	Our Patients and communities are involved in service redesign and provision	Regular engagement with our patients and communities on service redesign and provision to ensure we meet public sector equality duties	Patient Forums and Patient Experience specific engagement events are held routinely to engage with our communities to inform of plans	Operations Leads/ / Head of Patient Experience/ Deputy Director of Communications and Engagement
		Accessibility - Ensure patient engagement interventions are appropriate and accessible.	Any events are reviewed with an EDI lens to ensure they are accessible to the communities we serve.	Deputy Director of Communications & Engagement/Head of Patient Experience/Heads of Services
Our Patients Improvement and Innovation	Patient Feedback/Guides/ Information provision	Ensure that all of our patient documents are provided in the format they need and are able to communicate and engage with us	Patients are clear on the routes to provide feedback and information and guides are provided by us in the format they require, widening patient participation in provision of care.	Deputy Director of Communications and Engagement/ Head of Patient Experience
Our Patients Improvement and Innovation HIA4	Develop partnership working	Enhance and establish partnership working across the ICB, other NHS organisations, Trade Unions, Councils for Race Equality and other key stakeholders	To be fully integrated into the local system and beyond on sector specific, regional and national scale to provide key input from a point of influence into the EDI Agenda around health inequalities, inclusion and align with the Accessible Information Standard	Business Manager – Staff Experience & Culture/ Health Inequalities Lead / Head of Patient Experience

Appendix 2: 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 categorisations 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.

Protected Characteristics are defined under the Equality Act 2010 as:

- **Age** – a person belonging to a particular age, range of ages 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 they have a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
- **Gender Reassignment** – a person undergoes, or proposes to undergo, a process for the purpose of reassigning their sex.
- **Marriage and Civil Partnership** – Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
- **Pregnancy and Maternity** – Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a person unfavourably because they are breastfeeding.
- **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** – Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

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 Equality 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.

NHS EDI Improvement Plan – High Impact Actions

This plan recognises that achieving equality of health outcomes requires identification of barriers and biases, and targeted action to overcome specific inequalities, discrimination and marginalisation experienced by certain groups and individuals. The aim of this plan is to improve equality, diversity and inclusion, and to enhance the sense of belonging for NHS staff to improve their experience. The 6 high impact actions set out in the plan are intended to positively impact groups and individuals and have been developed through an intersectional lens. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles

that cannot be addressed through the lens of a single characteristic in isolation. The high impact actions are:

- HIA1: Measurable objectives on EDI for Chairs, Chief Executives and Board members
- HIA 2: Overhaul recruitment processes and embed talent management processes
- HIA 3: Eliminate total pay gaps with respect to race, disability and gender
- HIA 4: Address Health Inequalities within their workforce
- HIA5: Comprehensive Induction and onboarding programme for International recruited staff
- HIA6: Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

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.

Appendix 4: 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>

NHS Long Term Plan

[NHS England » NHS equality, diversity and inclusion \(EDI\) improvement plan](#)

NHS EDI Improvement Plan

[NHS equality, diversity, and inclusion improvement plan](#)