

TRUST BOARD MEETING

4th November 2021

Report Title:	ESNEFT Equality, Diversity & Inclusion (EDI) Strategy and Action Plan
Executive/NED Lead:	Kate Read, Director of People and OD
Report author(s):	Julia Smyth, Associate Director of OD & Culture
Previously considered by:	Consultation with key stakeholders/EMC 21 October 2021

Approval

 Discussion

 Information

 Assurance

Executive summary

The Board recognises the importance of EDI as being critical to delivering excellent patient care and supporting staff to feel ESNEFT is a great place to work and 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. The key responsibilities on 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 to proactively promote inclusion and respectful interactions for all our colleagues, patients and service users.

This new draft strategy and action plan aligns with the National NHS People Plan's equality, diversity and inclusion actions and our ESNEFT People Strategy and was developed in partnership with our leaders, staff network groups, patient partners, Freedom to Speak Up Guardian, patient engagement leads, staff and Trade Union colleagues.

Please note that discussions are currently underway with our EMBRace Network colleagues with regard to the use of language within the organisation which may result in some slight changes within this strategy at a future date.

Action Required of the Board

The Board is asked to note that the report has been reviewed by the Executive Management Committee on the 21 October '21 and recommends the following to the Board:

- Receive and approve the publication of the Strategy; and
- Approve the detailed and co-produced Action Plan (Appendix 1).

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input type="checkbox"/>
SO3	Develop our centres of excellence	<input type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input type="checkbox"/>

Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	Risk that staff do not fulfil their individual and professional potential.
Trust Risk Appetite	The Board has a cautious risk appetite when it comes to compliance and regulatory issues. Where the laws,

	regulations and standards are about the delivery of safe, high quality care, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so.
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	Compliance with the Equality Act 2010 is a mandatory requirement
Financial Implications	None in this report
Equality and Diversity	This report provides positive assurance of compliance with the Equality Act 2010 as required in the Standard NHS Contract.



East Suffolk and
North Essex
NHS Foundation Trust

Equality, Diversity and Inclusion

Creating a values based culture

Strategy 2021 – 2024

“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) – March 2021

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FOREWORD

Equality, Diversity and Inclusion (EDI) matter greatly to us as a Trust. The Board of Directors recognises 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. 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 new strategy aligns with the national NHS People Plan's equality, diversity and inclusion actions and 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 organisation and a sense of belonging, where all individuals are treated fairly and, 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 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 11,000 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 talents will foster innovation and continuous improvement for patients, service users, their families, carers and our staff.

We are extremely proud of what has been achieved so 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.

SETTING THE CONTEXT

National and local

In the last twelve months all NHS organisations, including ESNEFT, have responded to the COVID-19 pandemic. This has impacted our patients, local communities and staff across every aspect of life.

COVID-19 has 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.

The work to develop this strategy acknowledges that the long term impact of COVID-19 will be felt by many for years to come, and our recovery response will require 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 People 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 11225 colleagues, of which 1.94% have identified as disabled, 20.1% as BAME, 78.81% as women, and 1.52% as lesbian, gay or bisexual. We have a fairly even split across the age ranges of colleagues 21-35 (6.04%), 26-30 (13.12%) and 46-50 (12.45%). The biggest religious affiliation is with Christianity (25.77%), followed by Atheism (10.28%) and Hinduism (1.26%). More detailed data on our workforce profile will be available in the Annual Equality Report, which will be published on the Trust website and made widely available alongside the Gender Pay Gap report, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Reports, following committee approval, in October 2021.

Key challenges identified in relation to our workforce are that:

- staff disclosure data is disproportionately low for sexual orientation, with only 1.52% disclosing as lesbian, gay or bisexual, and for disability with only 1.94% identifying as disabled
- we have a high proportion of our workforce data that is 'Unknown' or 'unspecified', with 53.48% not disclosing on disability, 54.41% not disclosing on sexual orientation and 51.5% 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;
- patients, service users as well as colleagues severely impacted by Coronavirus (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 them to have a voice in the Trust's delivery of the new 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)

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 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.

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 People Plan, the Trust's Workforce 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.

Goal Alignment

We will optimise our efforts by ensuring our EDI strategy links to our corporate objectives 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, 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

We need to ensure we monitor what good looks like to ensure our interventions have an impact and these are 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.

Our data and reporting will be aligned and benchmarked to monitor of “*what good looks like*” to ensure our interventions have an impact.

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 that will affect them 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.

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



THE OVERALL WORK PROGRAMME

How the four areas translate:

Living our values

We will:

- 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
- actively involve staff in changes to policies, procedures and service improvements that affect them
- 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 and 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 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 of our local community and help 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:

- relaunch our Reverse Mentoring (3 year plan) reconnecting with existing Mentees/Mentors to redefine 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 and re-launching 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 promoting 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 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

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

<i>How will we measure our success?</i>
<i>Reduce the % of staff involved in formal processes from protected characteristics</i>
<i>Improve our gender pay gap reporting across mean and median measures</i>
<i>Increase in diverse workforce at Bands 6 and above by 2% per year - Currently: 10.28% - target for 2024: 17%</i>

To evidence the impact of our interventions we will:

- improve our EDI data capture incrementally by 20% over the next four years in order to monitor the relevant KPI measures which will be reported regularly to the Divisional Accountability Meetings, EDI

Steering Group and People & Organisational Development Committee

- 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 LBGT staff and patients to drive a supportive work and clinical environment;
- review colleague and 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 creating triangulation to identify themes or areas of concern where specific interventions can be provided;

- ensure we are able to report on protected characteristics on specific metrics including appraisal rates and access to non-statutory or mandatory training opportunities;
- 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 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, one-to-ones and through key working groups, including the Trust's EDI Steering Group, Patient Experience Group, Staff Side Partnership Forum and more widely, including alternate formats and languages on request, to patients, service users and stakeholders.

Progress on the new Strategy and action plan will be reported to our EDI Steering 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 final EDI Strategy will be undertaken in conjunction with our stakeholders in October 2024.

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

EDIS will lead a programme in 2022/23 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 EDIS 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. EDIS will also contribute to the Trust’s annual report, which will be shared with our Council of Governors for transparency and progress.

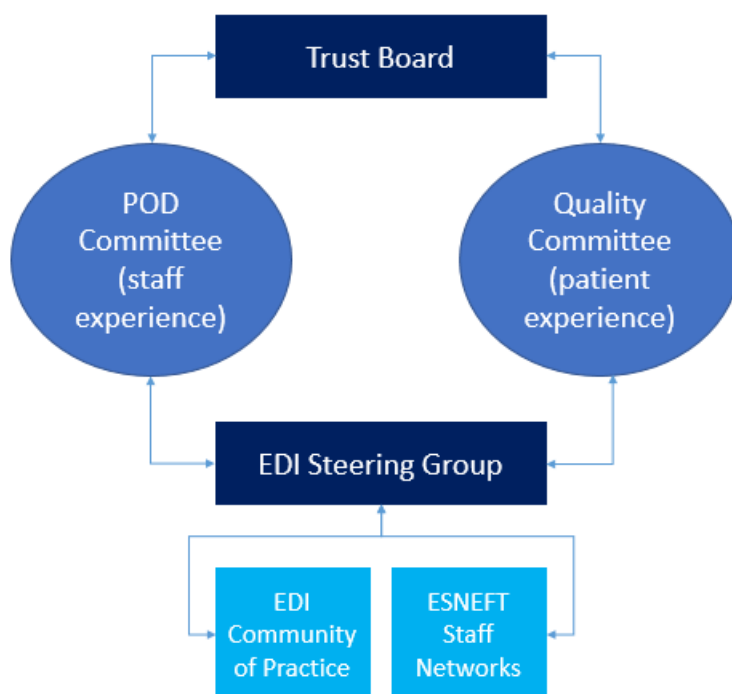
EDI Community of Practice

An EDI Community of Practice will be created and which will be responsible for designing key interventions within the strategy. It will also co-ordinate and review progress in line with key actions and agreed timescales and collect feedback from on-going engagement activities.

Staff Inclusion Networks

Our current (EMBRACE, ESnable (inc Carers), LGBTQ+, Veterans) and emerging (Women’s Group, Post Covid Syndrome Group, European Network) staff networks are open to all staff, volunteers and students undertaking placements within the organisation. Each network has an elected chair(s), deputy and secretary and is encouraged to attend EDIS to provide updates on network activities.

EDI governance arrangements are illustrated in Diagram 1: EDI Governance Arrangements



Date Approved by Trust Board: [tbc]

Review Date: November 2024

Is this document accessible to you? Would you prefer it to be resent 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 Julia.smyth@esneft.nhs.uk or call Julia Smyth on 07857 032459.

Appendix 1 – EDI Strategy Action Plans

See separate cover.

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.

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. ESNEFT 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 *the Equality, Diversity and Inclusion Strategy*, 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>