NHS
Gateshead Health
NHS Foundation Trust

Gateshead Health NHS Foundation Trust Equality and Diversity Objectives and Action Plan 2020 – 2024

Acronyms used
WRES - Workforce Race Equality Standard
WDES - Workforce Disability Equality Standard
GPG   -   Gender Pay Gap
PSED   –   Public Sector Equality Duty
EDS   -   Equality Delivery System

EDI Objectives	Outline of supporting actions	Summary of progress - 2020 to 2021	Summary of progress - 2022	Cross Reference
Ensure EDI Strategy, principles and practice are embedded into Trust Governance and assurance arrangements at every level in the Trust.	Ensure Human Rights Equality, Diversity and Inclusion (HREDI) are integrated within the provision of care and employment practices	- Draft HREDI strategy developed and reviewed at the HREDI governance group. - Strategy to be presented to SMT and then to Exec. Team for sign off	- Strategy sent to all 3 Network Chairs for members views and incorporated into the Strategy. - Ongoing engagement with all staff members to coproduce the new strategy - Board development session dedicated to EDI - EDI policy for the organisation reviewed and approved (October 2022) - Establishment of 4th network (women's network) - Emerging network for armed forces - A number of face to face focus groups to be held for final update, prior to being submitted for ratification	WRES / WDES indicators 1 and 2
	Ensure Equality Diversity and Inclusive practices are mainstreamed	- HREDI group established. - Terms of reference for this group have been written and agreed - Regular meetings scheduled	- Agenda items circulated prior to meeting. - WRES / WDES / GPG are the drivers for actual work delivery. - Key colleagues identified for implementation cross reference to WRES / WDES action plan - Monthly updates take place with the Director of People and OD - Key trust training programmes (Managing and Leading Well) have EDI golden thread running through - Online equality and diversity mandatory training for all staff - EDI included in corporate and student induction	WRES / WDES indicators 1 and 2
	Ensure schedule of reporting for all national EDI initiatives is on track (WRES/ WDES/GPG	- National reporting process being reassessed in light of the COVID 19 pandemic. - Schedule timeframes being checked and will be passed on to the appropriate individuals for actioning. I7	HREDI programme board is established that leads and manages equality and diversity within the organisation. The aim is to support the delivery of Gateshead NHS FT's work on Equality and Diversity which seeks to ensure that all members of staff (Clinical and Non-Clinical) are treated in a fair and equitably manner. The Trust will actively work to ensure that all members of staff are enabled to reach their full potential. Specifically the group reviews: • Ensure that Gateshead NHSFT is compliant with the Equality Act 2010, Public Sector Equality Duty or any superseding legislation and oversee the EDI agenda and ensure that the functions attributed to EDI are discharged • Act as champions for monitoring and implementing EDI recommendations arising from National Initiatives e.g. The Workforce Race Equality Standard, The Workforce Disability Equality Standard, Gender and Ethnicity Pay Gaps, The Equality Delivery System • Act as the body responsible for ensuring coherence and synchronicity for EDI agenda across the Trust. • Receive and review equality data presented in respect of recruitment, workforce, service delivery, achievement of staff, potential barriers to achievement and progression. - Leading well and managing well training has EDI golden thread throughout programme - Doing deep dives into incidents of discrimination	WRES / WDES / GPG across all indicators (high priority area for improvement)
	Reverse and Reciprocal Mentoring	- Bespoke packages and offers being assessed	- The Reciprocal Mentoring pilot has 5 pairings, with the next evaluation stage planned for December. - Use of 'Positive Action' in future recruitment campaigns either for specific roles, professions or grades. - Bitesize Recruitment and Selection training offered to all staff involved in recruitment processes. - Training includes elements on diversity, inclusion, unconscious bias and fair recruitment practices. - Detailed R&S improvement plan in place	WRES Indicator 1 and 2 (high priority area for improvement)

Continued improvement of service provision and patient care	**Equality Delivery system 2 (EDS) Qualitative and Quantitative measurements around EDI and direction of travel**	- Reassess existing EDS2 action plans – for accuracy and relevancy. - Agree how EDS2 in new format should be rolled out. - HREDI Governance group to monitor progress. - All information for EDS to be cross referenced to the WRES /WDES / R and S actions.	- ED 2 is being replaced by a revised new version of the existing programme. The programme is still in discussion phase. - EDS actions have been crossed referenced into this action plans.	WRES / WDES indicators 1 and 2 and EDS indicator 3
	Faith Considerations Meet the spiritual needs of patients and staff	- Provision of faith / religious sacraments across all groups provided by the Chaplaincy service. - Provision of prayer materials for faith groups have been purchased via charity funds. - Assessing viability of where these should be placed for ease of accessibility.	•Religious artefacts for the Muslim and Christian faith available in the Chapel and the Muslim prayer room. •Ongoing work around ensuring existing religious literature is available on wards.	EDS indicator 2 (potential change in this indicator)
		- Reassess the current space being utilised for both Existing Chapel and Muslim Prayer room	•Muslim Prayer room refurbished. •Scoping exercise to be undertaken re relocation of both Chapel and Prayer room based on feedback from staff	EDS indicator 2
		- Reassess the current provision for all faith groups and existing peer groups	- Assess the current makeup of volunteers offering support to our patients - Engage with communities of interest to volunteer at QE	EDS indicator 2
		- Further work being scoped around engaging faith leaders from the community groups served by the Trust to offer Cultural awareness sessions - Developmental programme being scoped around Cultural competency	•Initial discussions undertaken with Connected Voice to deliver Cultural competency training on a monthly basis. •Local faith groups have been approached to deliver 'cultural awareness sessions' September/ October •Cultural and Spiritual booklet covering all faith groups has been produced - to be tabled at Ward Managers / Matrons Forums once to being ratified.	EDS indicator 2
	Clinical Service Continuous improvement in clinical services and identification of how EDI will be addressed in services	- To be progressed, however detailed action plan in place for rolling out EDS Goal 3 meeting the E and D agenda. I15 - To be addressed in the HRBP meetings, specifically linked to service specific issues. - To table findings from national research in light of the pandemic	- EDS Goal 3 outcome is linked to ' A representative and supported workforce'- this is an action plan in its own right indicated within the WRES/ WDES. - EDI actions within business unit oversight meetings - EQIA is completed for any clinical or service changes and policy refreshes - Open day for staff and public to promote services as well as vacancies within the trust - attendance of over 450 people (https://www.qegateshead.nhs.uk/news/open-day-2022-2/)	WRES / WDES indicators 1 and 2 and EDS indicator 3
	Utilise local population information on equality characteristics to identify service usage and develop plans with partners and external stakeholders, including service users from the communities served.	- Initial stakeholders' information is available, however fuller engagement yet to start due to lack of face to face meetings. - Detailed information pertaining to Health and Inequalities will be discussed at the newly established Health Inequalities Board	A health inequalities board has been established	NA
	Estates strategy Assess current provision of facilities, equipment that aid and support the 9 protected characteristics (e.g. Access, loop induction, prayer facilities and equipment)	- An audit of our estates will be scoped to assess compliance with the Disability Discrimination Act and address how EDI is integrated within the Estate strategy. - Assess how Estate's strategy insures equity of provision in the availability of all facilities and environment, equipment and services - Agreed actions to be tabled at the HREDIG meetings. E18	•Reassess the current Estates Strategy. This strategy has gone to the clinical strategy group and will be going to board for ratification in January •Agreed actions from this strategy will be incorporated into future HREDIG meetings once approved	WDES indicator 8 and EDS objective 3 (high priority area for improvement)
	Equality Analysis Assessment management and review process Quality and Equality Analysis Process to enable more effective assessment including, (stakeholders views where appropriate). Information collected to be used by services as part of any service changes	- New integrated Quality Impact assessment produced for capturing any Business / Service Change has been produced and is being used. - Equality Impact Assessments pro-forma aimed at assessing Policies and Procedures and Service Changes has been produced and is being used. I18	- Continuing to provide training to teams so that they can assess any potential impacts against the protected characteristics for staff and patients. Good compliance against equality impact assessment for all trust policies. - EQIAs produced for all updated and new policies - EQIAS produced for any clinical change - EQIA panel in place to review all assessments against any proposed changes to services	PSED / WRES / WDES

Improved Equality and Diversity data collection and information			
Accessible Information Standard (AIS) Ensure the implementation of AIS across services.	- Assess if the 5 Key principles of the AIS are being implemented. - Assess current provision of training offered in respect of the AIS - Assess how AIS info is captured across service provision.	- Assessment around the implementation of the AIS to be undertaken and reported to HREDIG	WDES
Work place adjustments Develop managers understanding of reasonable adjustments and the AIS and develop a process by which we can collate the information and have an overview of RAs across the Trust	- As above including reasonable adjustments within the Recruitment and selection process	Work place adjustment guidance document has been developed Zero tolerance policy has been produced	WDES / WRES (high priority area for improvement)
		- The Trusts meets the Disability Compliant L2 status and is one of the Pilot sites working towards achieving DCL3. Ongoing engagement with the Shaw Trust who are facilitating this process. Outcome expected early 2023	
Equality Data Improve Equality Data for service users, addressing data gaps.	- Collection of equality data from service users completing patient experience surveys and complaints and support services to inform key areas of improvement.	•Information has been collected from PALS / Complaints team - incorporated into the EDI dashboard	WRES / WDES
	- Assess how Patient Experience and Complaint incorporate E&D data into their data collection of captured from patients / families / carers completing patient experience surveys, complaints and compliments	•Assessment being undertaken at how to triangulate Patient Experience data such as PALS, formal complaints and the FFT, with patient safety data such as incidents and staffing data for wards and departments. •The Patient Experience team are working collaboratively with both the Community Business Unit and Maternity and are looking to implement a digital FFT option in 2022/23.	WRES / WDES
	- Develop EDI KPI Data set	- First set of KPI indicators populated - Information to be refreshed on a quarterly basis (called EDI dashboard) and presented to HREDI Group	PSED/ WRES/ WDES
Sexual orientation monitoring and transgender monitoring Equity for service users as well as incorporating data collection in Systems used by the Trust	- Scoping yet to begin – Check which Information systems capture protected characteristic e.g. PARIS and other electronic systems used. - Ensure there is an expansion within IT systems to capture aspects pertaining to Sexual Orientation. - Meetings with Stonewall agreed. Initial Policies to be assessed for inclusive language	- Additional training around LGBTQ have been scoped. - External provider approached. Dates for training being discussed. - Bespoke service specific training of gender reassignment and sexual orientation being developed once meetings with for Stonewall have taken place.	PSED and EDS indicator 1 and 2
Recruitment and Selection **Equality across all groups** incorporating the principles of EDI across the full process	- Assess how local communities served are able to access NHS jobs.	EDI Supply group established. 6 Key workstreams - Recruitment, Reporting, Process, Documentation, Training and Events. Progress monitored at HREDI Group	WRES / WDES
	- Promote via Job Fairs in community venues.		WRES / WDES
	- Ensure that reasonable adjustments are in place for the whole of the recruitment journey	- Cross reference to WDES - Reasonable Adjustments are put into place from start to finish. 6 monthly assurance report to be presented to HREDI Group. - The Trusts meets the Disability Compliant L2 status and is one of the Pilot sites working towards achieving DCL3.- Ongoing engagement with the Shaw Trust who are facilitating this process	WDES
Increased use of social media to engage directly with patients / families / carers	- Assess best ways to provide information taking into consideration the breadth of diversity in languages spoken	This will be developed as part of the communications and involvement strategy due to be published in Q4 2022/23	PSED

Ensure the Trust meets statutory compliance and promotes workforce and E&D matters	**Workforce Race Equality Standard (WRES)** **Workforce Disability Equality Standard (WDES)** **Gender Pay Gap**	- Detailed action plans for these standards developed as a separate document and will be monitored via the EDI Steering and HREDI groups - Gender Pay Gap report has been written for the last two Years	Action plan produced from latest report. Action plan to be tabled at HREDI Group	WRES / WDES / GPG
	Local Champions Embed equality and diversity by identifying local champions and ensuring that services have a local reference point as well as a corporate service.	- Specific actions indicated within the detailed WRES action plan around Bullying and Harassment - 9 Cultural ambassadors trained to aid in any Grievance and Harassment procedures	- Data to be provided for the number of Bullying and Harassment cases and uptake by trained ambassadors - Scoping has begun to train more Cultural Ambassadors	WRES / PSED (high priority area for improvement)
	Staff Networks Help readdress any detrimental impact as well as progressing the EDI agenda	- 4 Networks established and currently functional. Networks workplan to be brought to the EDI steering group for continuous updates	- Network workplans yet to be established - Ongoing network review - New network established (women's network) - Emerging network for armed forces	WRES / PSED
CORE and Essential Training:	Continued provision and monitoring of core/essential EDI training	- EDI currently briefly mentioned in Induction and E-Learning.	•Induction Slides updated and incorporates EDI. •A review of the current provision is being scoped for face to face and a new E – learning Package. •Every session of the Managing Well and Leading Well programme covers EDI •Cultural competency training and delivery dates being agreed	WRES / WDES / PSED
	Training and Awareness Develop and promote employee guidance for equality issues and make available localised equality data packs for services.	- Cross reference to EDS Goal 3, WRES / WDES actions.		WRES / WDES / PSED