

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

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| **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*  *GEM - Global Ethnic Majority (previously BAME)* | |  | | --- | | Complete | | In Progress / Partially Complete/ Minor risk of delay | | Stood Down | | Not Started / Major risk or delay | |

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| **OVERALL RAG Rating** |

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| **Overarching EDI Aims** | 1. **Empowering our People in investing time in engaging with one another through inclusive networks, communities and forums** | | | | | |
| ***Outline actions*** | | ***Work undertaken / progress - 2023*** | ***Cross reference indicators*** | ***Diversity Inclusion KPI*** | ***Time Frame*** | ***Supported / Advised by*** | |
| 1. ***Ensure Human Rights Equality, Diversity and Inclusion (HREDI) are integrated within the provision of care and employment practices*** | | EDI Board development session undertaken for Board. Further development sessions planned in respect of each of the PC’s | WRES / WDES indicators 1 and 2 | All KPIs applicable | **Apr-23** | **EDI Manager with support from the Network Chairs Recruitment Manager**  **As above** | |
| Women’s Network established. | PSED | WRES / WDES/ GPG |  |
| A separate Network already exists for the Armed forces and the Recruitment Manager has ongoing meetings re workforce recruitment HREDI strategy has been approved at board | PSED | WRES / WDES |  |
| Three months reporting cycle on progress and activity to the People and Organisational Development Committee (a sub-committee of the Board) | WRES / WDES indicators 1 and 2 | All KPIs applicable | **Dec 23/ Jan 24** |
| Quarterly updates to the Senior Management Team | PSED | All KPIs applicable | **Dec 23/ Jan 24** |
| 1. ***Recruitment and selection*** *Ensuring that EDI is embedded in our recruitment processes.* | | Detailed action plan developed in respect of this KPI. Aspects of work being carried out are as follows:   * Understand the barriers to accessing recruitment * Provide appropriate and targeted training around Values and Inclusion (R and S) * Undertake an audit around inclusive recruitment * Undertake a deep dive on those who have not been successful and offer of feedback and support * Monitor the outcome of engagement sessions * Coaching opportunities - for internal applicants * Ensure that people are aware of Conscious and Unconscious bias that can impact upon recruitment and delivery of care. * Involve people with lived experience on interview panels and People inductions (dependent upon the level of job being recruited to). * Empowering and upskilling our people. | WRES / WDES indicators 1 and 2  NHS EDI improvement Plan – High Impact A | All KPIs applicable | **Aug 23 onwards**  **Oct 23 onwards for the duration of the Plan** | **Recruitment manager, EDI Manager and Head of People Services** | |
| 1. ***Ensure Equality Diversity and Inclusive practices are mainstreamed*** | | * Agenda items circulated to all members of the Panel are referenced to the WDES / WRES KPI's. | All WRES and WDES Indicators | All KPIS are applicable | **Ongoing for the duration of the plan** | **Interim Executive Director of People & OD**  **Director of Corporate services and Transformation / Head of People Services / EDI Manager** | |
| * All external EDI related information is discussed and actions agreed |
| * Links to culture programme around the vision, values and behaviours * Have a Zero tolerance Policy around behaviours that lead to bullying and harassment of our people |
| 1. ***Board development around HREDI.*** Specifically this includes: | | * Executive sponsor for EDI identified and Potential Chair for the HREDI Programme Board | All WRES and WDES indicators/  NHS Improvement Plan High Impact Action 2 | All KPIS are applicable | **Oct 2023** | **Company Secretary/ EDI Manager and Executive Sponsor + Interim Executive Director of People & OD** | |
| * Board development sessions for EDI across all PC’s - Board attendance at visibility at network events - Board development plan to ensure future inclusivity - Visibility of Board to ward e.g Board Members and Governors take a proactive approach toward Inclusive behaviour | All WRES and WDES Indicators | All KPIS are applicable | **Partially compliant – 2 sessions on Board development undertaken. More planned for the year**  **Sept 2023 – July 2024** |
|  | | * Board engagement with People, patients, public and community |  |  | **Listening exercise with Board Members now operational every Wednesday** | **Company Secretary** | |
| * Utilising the Inclusive leadership Framework   Assessing and cross referencing this to the NHS Improvement Plan High Action 1) | All WRES and WDES Indicators |  | **Not yet begun** | **EDI Manager and Company Secretary** | |
| * Individual anonymised staff stories at board | All WRES and WDES Indicators | All KPIS are applicable | **Ongoing for duration of the plan** |  | |
| * Work towards including an increase in Board BME membership - representative of the population we serve, | WRES Indicator | All KPIS are applicable | **Ongoing for the duration of the plan** | **EDI Manager and Company Secretary** | |
| * EDI metrics are reported at Board | All WRES and WDES Indicators | All KPIS are applicable | **Jan 2024** | **EDI Manager** | |
| * Three Monthly reporting on progress and activity to the People and Organisational Development Committee (a sub-committee of the Board) | All WRES and WDES Indicators | All KPIS are applicable | **Jan 2024** | **EDI Manager** | |
| * Quarterly updates to the Senior Management Team | All WRES and WDES Indicators | All KPIS are applicable | **Jan 02024** | **EDI Manager** | |
| * EDI board development has taken place, further sessions being planned. | E and D across all PCs | All KPIS are applicable | **TBA – Jan 2024** | **EDI Manager and Company Secretary** | |
| * External consultant engaged in NED recruitment. | E and D across all PCs | PSED |  | **EDI Manager and Company Secretary** | |
| * Offer support to BAME individuals who were shortlisted but were unsuccessful for future appointments | All WRES and WDES Indicators | All KPIS are applicable | **Not yet begun** | **Head of People Services / EDI Manager** | |
| * EDI Governor session delivered | E and D across all PCs | PSED |  | **EDI Manager** | |
| **5 Freedom to Speak Up** | | * Full time Freedom to speak up Guardian appointed | Cross reference to all WRES and WDES indicators | All KPIs applicable | **Oct 2023** | **Freedom to Speak Up Guardian** | |
| * Developing the capabilities around the Freedom to Speak up particularly working with GEM staff - where inequalities have been perceived are discussed and potential resolution methods are looked at with help from network chairs and recording * FTSU champions are diverse and reflect the communities served * Protected Characteristics recorded on FTSU database. | Cross reference to all WRES and WDES indicators | All KPIs applicable | **Oct 2023 onwards** | **Freedom to Speak Up Guardian / EDI Manager** | |
| * FTSU induction and ongoing training for Internationally Educated Nurses (conscious of their vulnerability) * The possible  barriers to speaking up for staff with protected characteristics to managers is covered on the Managing Well course | Cross reference to all WRES and WDES indicators | All KPIs applicable | **Oct 2023 onwards** | **Freedom to Speak Up Guardian / EDI Manager** | |
| **4 Workstream areas identified**. *1. Removing access to barriers* (What are the inequalities in our workforce across health outcomes & health determinants - What are the inequalities in the patient population as they arrive into our services?) *2. Focus on Experience of Care*  (Services and pathways to improve inclusivity) *3. Improving outcomes for everyone* (Focusing our population health impact using Core 20 plus 5 principles) *4.Workforce* ((Maximising our social value As an anchor institution we will also make choices aimed at reducing inequalities with particular focus on purchasing locally and employing inclusively.) | Detailed Action plan produced in respect of the work streams - work is underway |  | **On-going for the duration of the plan** | **Deputy Director of Transformation and Corporate Services** | |
| 1. **Health inequalities** | | **Detailed action plan developed for this area of work.**  Proactive approach by taking positive action for inclusion around;   * access and supporting Digital Inclusion * Collaboration and co- design * Exploiting our data and analysis * Ensure equality of outcomes. * Maximising our social value * Intelligence led preventive programmes * Targeting long term health condition diagnosis and management   **Engagement with other Health partners within the ICB region will give a wider understanding around Health inequalities based upon different communities accessing our services** | All WRES and WDES indicators  NHS Equality Diversity and Inclusion Improvement Plan High Impact Action 4 | All KPIs applicable | **On-going for the duration of the plan** | **Quality improvement Lead / Deputy Director of Transformation and Corporate Services** | |
| 1. **Awareness training programmes** | | * **Calendar of events for the Trust** - Ensure that world faith days / customs are celebrated  - Ensure cognisance is paid around cultural and religious practices impacting upon holidays and food  - Enabling people to attend, and be involved in regular meetings about programmes impacting upon provision of service, this will include assessing recruitment, promotion , leadership Linking into regional EDI programme * Engagement with the international nurses to help facilitate forthcoming days of faith   (**Linked into regional EDI programme**  **Engagement with the international nurses to help facilitate forthcoming days of faith**  **South Asian History Month**  **Planning ongoing in terms of celebrating Black History Month)** | PSED  Cross referenced to the WRES/ WDES/ EDS | WRES /WDES indicators and GPG | **Ensure ongoing conversations value diversity, inclusion and belonging, and liaise with stakeholders to identify the teams that need priority focus.** | **Head of Communications and Engagement and EDI Manager** | |

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| **Overarching EDI Aims** | 1. **Holding one another to account in living our values, by incorporating EDI into our core values, challenging unconscious bias and fostering diverse thinking** | | | | | |
| ***Outline actions*** | ***Work undertaken / in progress - 2023*** | | ***Cross reference indicators*** | ***Diversity Inclusion KPI*** | ***Time Frame*** | ***Supported / Advised by*** |
| **Ensure mandatory reporting is completed.** - *Workforce Race Equality Standard (WRES) - Workforce Disability Equality Standard (WDES)  - Gender Pay Gap* | * The HREDIG programme Board has concentrated on the WRES / WDES action plans. * Network Chairs concerns have also been tabled within this group and appropriate actions have been undertaken. * Two sessions around Cultural Competency Training have been delivered. More dates being assessed. * POD leads have contributed in providing R and S info, however further work is required. * E and D continues to be delivered as part of the Managing Well programme | WRES / WDES / GPG across all indicators  (high priority area for improvement) | | All KPIs | **Ongoing updates to HREDI. Board update due Sep / Oct**  **23**  **Ongoing** | **EDI Manager/ Heads of Service for POD** | |
| **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. | Still to begin | WRES / PSED (high priority area for improvement) | | All KPIs | **Jan/ Feb 24** | **EDI Manager/ Head of People Services/ Head of Education, Learning and Development** | |
| **Staff Networks** *Help readdress any detrimental impact as well as progressing the EDI agenda* | * Network Review undertaken - waiting ratification *(Network members will develop and grow in their own right as well as helping deliver effective patient care)* * Developmental sessions agreed with the Head of Equity and Equality ICB Lead * Specific areas of work identified by Network members being assessed. E.g * Leadership and OD * Career pathways * Highlight EDI issues from Network members to Board * Work with Allies to readdress change.   **(Address culture change required based on allyship and a greater appreciation of the different cultural norms that can cause misunderstandings and miscommunication.)** | WRES / PSED | |  | **Oct 23**  **Nov 23**  **NOT YET BEGUN** | **EDI Manager/ DD Corporate Services and Transformation/ Interim Deputy Director of People and OD** | |

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| **Overarching EDI Aims** | 1. **Fostering an inclusive culture of belonging where everyone is seen, supported, respected and valued for their unique contributions** | | | | | | | |
| ***Outline actions*** | | ***Work undertaken / in progress - 2023*** | | ***Cross reference indicators*** | | ***Diversity Inclusion KPI*** | ***Time Frame*** | ***Supported / Advised by*** |
| **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* | * Ongoing - however detailed analysis to be undertaken to assess how often reasonable adjustments are put into place. * Achieved Level 2 Disability Compliant Leader   **(Change the working culture and move to a more compassionate and inclusive environment)** | | WDES / WRES (high priority area for improvement) | |  | | **Information for L3 being complied - for submission end of March 2023** | E**DI Manager/ Head of People Services** | |
| **Equality Data** *Improve Equality Data for service users, addressing data gaps.* | * EDI dashboard updated on a quarterly basis and intelligence shared with key members of the HREDI programme board. Information is used to sense check WRES, WDES, GPG reports and recommendations | | WRES / WDES | | All KPIs | | **Refresh information gathered on a quarterly basis**  **Jan 24** | **EDI Manager/ Head of People Services/ People & Information Systems Team Manager** | |
| **Sexual orientation monitoring and transgender monitoring** *Equity for service users as well as incorporating data collection in Systems used by the Trust* | * Initial meetings arranged with Stonewall * Regional EDI leads approached to assess positive outcomes of using Stonewall equality index * Sexual orientation training with external provider being assessed   **(Change the working culture and move to a more compassionate and inclusive environment)** | | PSED and EDS indicator 1 and 2 | | PSED | | **Sept 23**  NOT YET STARTED | **EDI Manager Head of People Services** | |

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| **Recruitment and selection** *Ensuring that EDI is embedded in our recruitment processes. This includes reviewing the following:* | * Bite sized R and S programme on offer by providing appropriate and targeted training around Values and Inclusion * Unconcious and conscious bias addressed within R and S training * Re assessing where inequalities within the process take place * Have a Zero tolerance Policy around behaviours that lead to bullying and harassment of our people * Undertake an audit around inclusive recruitment in respect of:- monitoring the outcome of the engagement sessions - understanding where the barriers to accessing recruitment - undertake a deep dive on those who have not been successful - feedback and support/coaching opportunities - for internal applicants - undertake a data analysis of who applied - Involve people with lived experience in interview panels and People inductions (dependent upon the level of job being recruited to). - Empowering and upskilling our people | WRES / WDES indicators 1 and 2 | . | **Ongoing for the duration of the plan** | **Recruitment Manager, EDI manager and Head of People Services** |
| **Zero Tolerance work has begun** |
| **Not yet Begun** |
| **Increased use of social media** *to engage directly with patients / families / carers* | * Ongoing use of social media to engage with patients, families and carers (to have a clearer   understanding of our people, patients and communities served) | WRES / WDES indicators 1 and 2 | . | **Ongoing for the duration of the plan** | **Head of Communications and engagement** |
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| **Overarching EDI Aims** | | 1. **Increasing opportunities for our people to have their voices heard.** | | | | |
| ***Outline actions*** | ***Work undertaken / in progress - 2023*** | | ***Cross reference indicators*** | ***Diversity Inclusion KPI*** | ***Time Frame*** | ***Supported / Advised by*** |

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| **Equality Delivery system 2 (EDS)  Qualitative and Quantitative measurements around EDI and direction of travel** | * EDS goals have changed - One of the Domains is around Inclusive leadership. (There is detailed actions around Recruitment and Selection as part of the delivery of EDS). The goals and ways forward are a standing agenda item on the HREDI Programme Board. * A pro forma produced by the NHS patient and Engagement Lead was sent to Trust - This was populated and used as part of the EDI discussions. * Ongoing discussions as to how the EDS will be used, (cross referenced to the WRES/WDES / and the NHS Inclusion Plan) around next steps for 2024 * 3 working groups to assess ways forward, Further discussions to be held in the next 2 months to agree priority actions and ways forward. | WRES / WDES indicators 1 and 2 and EDS indicator 3 | All KPIs | **Feb 23**  **Dec 23/Jan 24** | **EDI Manager/ Head of People services / Trust Secretary / Patient Experience Manager** |
| **Faith Considerations  -** *Meet the spiritual needs of patients and staff - Ensure that all patients, families and carers can utilise the chaplaincy services across all faith groups;* - *Work towards an inclusive provision for contemplation /prayer for non-faith groups* | * The Chapel and Faith room are available for all faith groups. Updated literature is being sourced and will be made available within the prayer rooms. * Cultural competency is an integrated within our everyday understanding * Change the working culture and move to a more compassionate and inclusive environment | EDS indicator 2 (potential change in this indicator)/  PSED | All KPIs | **Head of Chaplaincy and EDI Manager Report to HREDI April 2023** | **EDI Manager/ DD Corporate Services and Transformation / Finance Director and Head of Chaplaincy** |
| * Meetings arranged with Head of Estates to scope both the Chapel and prayer room as Muslim members of staff have indicated that the space has outgrown its usage | EDS indicator 2  PSED | All KPIs | **Head of Chaplaincy and EDI Manager Report to HREDI April 2023** | **EDI Manager/ DD Corporate Services and Transformation / Finance Director and Head of Chaplaincy** |
| * 2 sessions around Cultural Competency delivered. Further training sessions being planned to roll out to the Trust. | PSED/ WRES | All KPIs | **From June 2023** | **EDI manager and the Head of Education, Learning and Development** |
| **Accessible Standard** | * Detailed actions in the WDES action plan * AIS Policy being refreshed * Ensure that inclusive imagery and gender free terminology is used * Renewing provider for Interpreting services for equitable interpretation across all of our services * Use the NHS Accessible Standard and work to ensure that all letters are jargon free and user friendly. | WDES | All KPIs | **Oct 23**  **Ongoing for the duration of the plan**  **July 23** | **Patient Experience Lead, Head of Communications and Engagement and EDI Manager** |
| **Development of an engagement programme from June 2023 for 12 months and**  **To involve partners at place (Gateshead) and regionally to:**  *Proactively engage with communities served to understand issues  - Continually welcomes comments, compliments, complaints and concerns  - listen and respond effectively to complaints and concerns - Continue to use a variety of modes to capture the experience of patients - collect Equality data in line with the current protected characteristics - Continue to utilise the Patient Advice and Liaison Service (PALS) service* | * Gather comprehensive demography data to assess the makeup of the communities broken down via the protected characteristics. * Assess the access needs of groups served * Ensure that the Patient Public Engagement and Experience (PPEE) is sustained for full involvement. * Ensure that there is on-going support for and provision of the service user, young people and carers. * Work towards developing innovative peers support – a listening service that develops service users and carers as volunteers (help in evaluating elements of services to ensure due diligence has been paid in respect of service delivery for all our users and carers) * Ensure that adequate provision is there for patients where English may not be their first language. * Involve and empower people from the communities served. To include engagement with: - communities - established networks (internal and external) - staff - stakeholders | PSED/ WRES/ High Impact Actions/ EDS | All KPIs | **Partially begun** | **Patient Experience Lead, Head of Communications and Engagement and EDI Manager** |
| * Communication with the following groups has been undertaken * Connected Voice * Haref * Gateshead Council * Mosques * Sikh and Hindu Temples * Jewish Community group   **(Change the working culture and move to a more compassionate and inclusive environment)**   * For all faiths served, calendar days and dates have been identified celebrations of faith around EID - Diwalli, Bashaki, Rosh Hashanan and Yom Kippur be integrated within the existing Trust celebrations * Calendar of important faith days being produced * PALS – to ensure that information be provided in an appropriate manner across faith. * Have a clearer understanding of our people, patients and communities served * Engagement with other Health partners within the ICB region will give a wider understanding across the region around Health inequalities based upon different communities accessing our services   **(Change the working culture and move to a more compassionate and inclusive environment)** | PSED/ WRES/ High Impact Actions/ EDS |  |  | **Patient Experience Lead, Head of Communications and Engagement and EDI Manager** |
| **Clinical Service** *- Continuous improvement in clinical services and identification of how EDI will be addressed in services*   * *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.* | * Clinical estates strategy being developed   **(Change the working culture and move to a more compassionate and inclusive environment)** | WRES / WDES indicators 1 and 2 and EDS indicator 3  High Impact Action 3 | All KPIs | **Not yet Begun** |  |
| * The work around this agenda is still in its infancy. However we are looking at how we can integrate work streams and cross reference pieces of work that other trusts are undertaking within the region   **(Change the working culture and move to a more compassionate and inclusive environment)** | All KPIs | **Not yet Begun** |  |
| **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)   Cross reference to faith considerations above  **(Change the working culture and move to a more compassionate and inclusive environment)** | WDES indicator 8 and EDS (high priority area for improvement) | All KPIs |  | **EDI Manager / Head of Estates** |

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| **Overarching EDI Aims** | **5. CORE and Essential Training** | | | | | |
| ***Outline actions*** | | ***Work undertaken / in progress - 2023*** | ***Cross reference indicators*** | ***Diversity Inclusion KPI*** | ***Time Frame*** | ***Supported / Advised by*** |
| **Continued provision and monitoring of core/essential EDI training** | | Training programme has been developed - specific training is listed below as part of the core and essential training for EDI  **Neurodiversity training**   * Change the working culture and move to a more compassionate and inclusive environment | WRES / WDES / PSED | All KPIs | **Ongoing** | **EDI Manager / Head of Education, Learning and Development** |
|  | | **Cultural competency training**   * Cultural competency is an integrated within our everyday understanding * Address culture change required based on allyship and a greater appreciation of the different cultural norms that can cause misunderstandings and miscommunication   ***(Ongoing - Training is being provided by HAREF and started in June 2023.***  ***Further sessions being assessed for roll out)*** | PSED/ WRES/ EDS | PSED | **Ongoing** | **EDI Manager / Head of Education, Learning and Development** |
|  | | **Reverse and Reciprocal Mentoring**   * Reciprocal mentoring programme being re-assed and will be offered in a different format linked to Leadership linked to our Change culture programme. * External NHS provision around developing leaders is being assessed | WRES/ PSED | WRES Indicator 1 and 2 (high priority area for improvement) | **Not yet Begun** | **Head of Leadership, OD and Staff Experience** |