Equality, diversity and inclusion strategy 2023-2030

Making The Princess Alexandra Hospital NHS Trust (PAHT) a truly inclusive employer and health service provider for our diverse people, patients and local community

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Introduction

This document sets out The Princess Alexandra Hospital NHS Trust's (PAHT) equality, diversity and inclusion strategy; our vision, principles, goals and focus areas for the next three years, as well as our journey to this point.

Equality, diversity and inclusion are at the core of who we are as an organisation. As the largest employer in Harlow, with almost 4,000 staff - over a quarter of whom are from an ethnic minority background - PAHT recognises that we have a responsibility to engage our whole community.

Our starting point is that everyone has the right to be treated fairly and equitability. This is true whether they are members of PAHT staff, those from partner organisations that we work with, community groups we seek to engage, or the patients, carers and families who our work is ultimately for.

- We aim to maintain and promote a zero-tolerance approach to discrimination in any form, and we are committed to planned and consistent action to reduce and eliminate all practices that allow the continuation of discriminatory behaviours, policies or practices.

- We value both visible and non-visible difference as a key part of a healthy organisation. We will strive to harness people's differences to create an environment in which people feel valued, staff talents are fully utilised, and we deliver against our strategy.

- We know that celebrating individual difference, and bringing diverse teams together with disparate styles and talent, will foster innovation and continuous improvement for patients, service users, their families, carers and our people.

- We recognise that equality and diversity are most effective and sustainable if we are inclusive, and all of our people are welcome, valued and able to contribute.

- We want to build a reputation of being a values-based organisation that focuses on ensuring that all care delivered to patients by our people has a truly person-centred focus.

- We are in no doubt that equality, diversity and inclusion is a collective responsibility, and the Trust Board has a duty to ensure this work is at the heart of our business.

- We are asking all our people to adopt and embrace this strategy within their individual roles and workplaces.

This strategy is for 2023–2030.

Setting the context
National, regional and local context

COVID-19 shone the spotlight on the health inequalities faced by many of our communities. We recognise now, more than ever, it is essential to focus on addressing these inequalities and to value the diversity of our people by developing and sustaining an inclusive and compassionate workplace.

Our strategy is supported by a wide range of academic papers, government reports, rich sources of information on staff experience derived from the annual staff survey and lived experience data to inform our direction of travel.

- **NHS Constitution:** NHS values of Everyone Counts, Compassion, Dignity, and Respect.

- **The NHS People Plan and People Promise (2020)**: specific actions for promoting civility and respect and improving sense of 'belonging'.

- **The NHS equality, diversity, and inclusion improvement plan (June 2023)**: builds on the People Promise, using the latest data and evidence to identify six high impact actions organisations across the NHS can take to considerably improve equality, diversity and inclusion.

- **The Messenger Review– Leadership for a collaborative and inclusive future (July 2022)**: reaffirmed the need for action on equality, diversity and inclusion (EDI).

- **Creating and maintaining a restorative 'Just and learning' culture**. The approach is centred around creating a culture where staff feel supported and empowered to learn when things do not go as expected, rather than allocating blame.

- **Ockenden Report (2022)**: it recognised within the Ockenden report that women from black and ethnic minority backgrounds, and women living in areas with higher rates of social deprivation are at increased risk of maternal and neonatal morbidity and mortality.

- **Levelling Up White Paper (2023)**: recognising that discrimination undermines social justice.

- **East of England Anti-Racism strategy (2021):** sets outs actions required to challenge, confront & remove racism.

PAHT 2030 strategy.
Legal requirements and standards

The Trust is required to provide assurance of delivery against a number of national standards and compliance frameworks for EDI.

These include:

- **The Equality Act 2010** - outlaws discrimination based on access to goods and services as well as employment, on the basis of nine protected characteristics.

- **Health and Social Care Act 2012** - introduced the first legal duties about health inequalities and specified duties for health bodies to have due regard to reducing health inequalities between the people of England.

- **Human Rights Act 1998** - sets out the fundamental rights and freedoms that everyone in the UK is entitled to and requires all public bodies carrying out public functions to respect and protect human rights. The aim is that all people are treated with dignity, respect, equality, fairness and autonomy.

- **Accessible Information Standard** - sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

- **Gender Pay Gap** - became mandatory for all public sector employers with more than 250 employees to measure and publish their gender pay gap.

- **Equality Delivery System** - is a framework for NHS organisations to continuously improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS.

- **The Workforce Race Equality Standard (WRES)** - requires NHS organisations to report on nine indicators of race equality and to agree actions to ensure employees from black and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

- **The Medical Workforce Race Equality Standard (MWRES)** - focuses on doctors and dental staff measured against eleven indicators. MWRES enables organisations to understand the challenges that exist in the medical workforce, with the aim of encouraging improvement by learning and sharing good practice.

- **The Model Employer** - sets out an ambition to increase Black and minority ethnic (BME) representation at all levels of workforce by 2028. This ambition has been expedited by the NHS People Plan 2020 to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is highest.

- **The Workforce Disability Equality Standard (WDES)** - requires NHS organisations to report on indicators of disability and to agree actions to

ensure disabled employees have equal access to career opportunities and receive fair treatment in the workplace.

- **Sexual Orientation Monitoring Information Standard** - provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years across all health services in England.

- **The NHS Standard Contract Section 13 Equity of Access, Equality and Non-Discrimination** - outlines standards and requirements that must be adhered to ensure NHS services promote equality and address health inequalities.

- **Health and Care Act 2022** - introduced a requirement that regulated service providers must ensure their staff receive learning disability and autism training appropriate to their role.

What led us to this point

During the period April 2022 to March 2023, PAHT has been on a journey of learning and internal discussion, to inform the development of this EDI strategy. This feedback has informed the focus, prioritisation and direction of our work on EDI.

Our established EDI steering group has provided strategic oversight for the planning and delivery of our EDI development.

The steering group meets quarterly, and includes members of staff from across PAHT.

Staff survey and workforce data reflecting the lived experience of our staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across our organisations. For example:

- Women make up 78% of our workforce but experience a pay gap.
- Just under 40% of the workforce is from a BME background but face disadvantage across some aspects of their working lives.
- The 2022 Workforce Race Equality Standard (WRES) data showed that 29.3% of BME staff experienced bullying, harassment or abuse from other staff in the preceding year.
- The NHS Staff Survey, along with the Workforce Disability Equality Standard (WDES) shows that disabled staff are under-represented when compared to the general population.
- The NHS staff survey data shows that 31.4% of disabled staff have experienced bullying from their colleagues, compared to 18.9% of non-disabled staff.

We are committed to ensuring that this strategy is not seen as being separate, but is clearly linked with existing strategies, and through our ways of working, so that it can successfully act as a lever for change and service improvement. The expectation being that all leaders and managers will be familiar with this strategy and ensure that equality considerations are an integral part of our daily business including: service delivery, staff recruitment and retention, professional development and staff training, service redesign and development, and procurement and commissioning of any goods and services.

Protected groups include those for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. But if we are to think holistically about our responsibilities other groups to take into account in order to address health inequalities would include armed forces families, gypsies, roma, travellers, showmen and liveaboard boaters, people experiencing homelessness, people experiencing alcohol and/or drug dependence, sex workers, migrants and refugees, young carers, victims of modern slavery and people in contact with the criminal justice system.

This strategy focuses on the long-term vision for equality, diversity and inclusion, while also highlighting our focus areas.

We held a number of meetings with staff networks where we invited our people to talk about what mattered to them. In addition to this, we have also used the rich source of information on staff experience derived from the annual staff survey to inform our direction of travel.

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

Overarching principles and approach

We will optimise our efforts by linking our EDI goals to the Trust's five strategic objectives. EDI will be clearly defined as an integral part of our hospital vision, firmly embedded and fundamental to its success. A standalone or silo approach to EDI will not be enough to create change or visible progress.

The goals within our Equality, Diversity and Inclusion Strategy 2023-30 link closely to those described in the NHS People Plan, the Trust's people strategy, patient safety experience and quality strategy, the quality improvement strategy and the patient engagement and coproduction strategy and the Care Quality Commission's (CQC) domains of safe, effective, caring, responsive, and well led.

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

Leaders set the tone and culture of their NHS organisation. Leaders who demonstrate compassion and inclusion, and focus on improvements, are key to creating cultures that value and sustain a diverse workforce. Staff will in turn feel more empowered to deliver great care and patient experience.

As highlighted in the Messenger Review, July 2022, principles of EDI should be embedded as the **personal responsibility of every leader** and every member of staff. It is in this context our chief executive, chair and board members will have distinct objectives on improving inclusion in our organisation. Our board of directors and senior leadership team will be visible and accessible with team PAHT, building a reputation as a truly inclusive employer and service provider for our staff, patients, local health and social care community.

A **data-driven approach** will enable us to establish a baseline of where we are now to track progress. We will align our data to create a new benchmark and monitor what good looks like to ensure our interventions have an impact and report regularly to the Trust Board.

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

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). This requires our diversity and inclusion approach to be deeply collaborative - listening to lived experiences, listening to understand, listening to make change.

Our strategy:
Our vision
To have a naturally inclusive organisation where everyone feels valued and is treated with fairness and respect.

Our mission
Is to eliminate discrimination, reduce health inequalities, promote equality of opportunity and dignity and respect for all our patients, service users, their families, carers and our staff.

Our policy
Is to respect the diversity of all, treating each person fairly and equally, based on their needs and regardless of characteristics whether those defined and protected by UK law in the 2010 Equality Act or other characteristics.

We are committed to creating an inclusive environment where everyone feels valued and respected; a place where every member of staff can be the whole and best version of themselves, so they can reach their own potential and help us to achieve our goals.

Our aims
To ensure the voice of our people, patients and communities we serve are heard. To promote equality of opportunity and dignity and respect for all patients, service users, families, carers and our people. Valuing and harnessing people's differences.

Our goals and objectives

The aims of this strategy are driven by our commitment to EDI. We want everyone who comes into contact with us to feel valued and respected, and for our programmes, activities and day-to-day ways of working to demonstrate our stated commitment to EDI.

We also want to use our increasing knowledge and experience to make a leading contribution to promoting EDI on a regional stage. We want to engage with organisations who share this ambition, and to encourage those that we work with, including partners, to demonstrate a similar commitment to EDI.

Our strategy has four goals:

Goal 1: To put equality, diversity and inclusion at the heart of our organisation

We will achieve this by:

- Having compassionate, inclusive and effective people at all levels
- Developing people to be compassionate and inclusive through greater learning and development opportunities
- Having measurable objectives for EDI for all leaders and managers
- Making sure everyone has a voice that counts.
- Achieving a positive shift in our culture to include restorative practice and justice.

Goal 2: Recruit, retain, develop and support a diverse workforce.

We will achieve this by:

- Implementing fair and inclusive practices across all HR processes
- Widening representation and building a talent pipeline of people with protected characteristics including BME communities, people with disabilities, women, and LGBTQ+ individuals.
- Ensuring that, wherever in the world our people join us from, they are welcomed with an inclusive, equitable and comprehensive onboarding programme, sustained care and development.
- Ensuring health and well-being is personalised for all staff based on their needs.
- Ensuring everyone has a voice that counts and that we listen and collaborate to develop clear plans that will improve our people's experiences.

Goal 3: Improve patient experience and outcomes for people with protected characteristics and other communities who experience marginalisation

We will achieve this by:

- Improving the recording and monitoring of protected characteristic data
- Using protected characteristics data for improvement, especially working with unpaid carers, people affected by cancer and care pathways for urgent care, inpatient care and palliative care
- Using experiences to inform and improve the design of our services
- Ensuring working practices and spaces are accessible for all

Goal 4: Engage our diverse communities across our services and pathways
We will achieve this by:

- Increasing collaboration and co-design and production with protected groups, particularly in our work on the new hospital and new electronic health record aligned to CORE20PLUS5 and the major conditions.

Accountability

The delivery of EDI is overseen by the Equality, Diversity and Inclusion Steering Group (EDISG) chaired by the director of people, organisational development and communications.

The EDISG is responsible for setting the strategic direction for our EDI objectives, monitoring their delivery and championing inclusive behaviour across the Trust.

Workstreams will be monitored through Workforce Race Equality Standard, Workforce Disability Equality Standard, EDI reporting, Equality Delivery System, staff survey analysis and evidence from staff networks, patient groups.

Progress against our EDI objectives and action plans will be reviewed quarterly.

The learning and organisational development team are responsible for monitoring this strategy and supporting a cultural shift through effective development programmes and learning opportunities.

We ask that all our people adopt and embrace this strategy within their individual roles and workplace.

modern • integrated • outstanding

patient at heart • everyday excellence • creative collaboration

Appendix 1: High impact focus areas

Our people
- Ensure our recruitment and selection processes are free from bias so we make the fairest and best selection decisions and positively attract and retain diverse individuals within the workforce
- Widen recruitment opportunities within local communities to include the creation of career
- Embed EDI in onboarding
- Implement inclusive talent management processes
- Support career progression of staff with protected characteristics and improve development opportunities, taking positive action to promote equality from initial recruitment and beyond
- Sponsorship, mentoring and coaching and promoting positive action programmes e.g. Ready Now, stepping up, reverse mentoring programme
- Encourage access to CPD across protected characteristics
- Develop and implement an improvement plan to eliminate pay gaps
- Implement the Mend the Gap review recommendations for medical staff and develop a plan
- Implement an effective flexible working policy including advertising flexible working options on recruitment campaigns
- Develop and implement an improvement plan to address health inequalities within the workforce
- Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff
- Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety
- Review data by protected characteristic on bullying, harassment, discrimination and violence and plans implemented to improve staff experience year-on-year
- Ensure that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics
- Review disciplinary and employee relations processes
- Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence
- Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements
- Focus on effectively addressing bullying and harassment, abuse, violence and discrimination at work
- Supportive methods in place for staff who report/ experience discrimination and how this support links to FTSU adopt the NHS Resolution 'Just and Learning Culture Charter'
- Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence
- Education resources and activities to support cultural awareness

- Support for staff networks to thrive and be part governance processes
- Embed Menopause Friendly Accreditation standards
- Ensure the Trust board demonstrate how lived experience is being used to improve culture

Trust board to review relevant data to establish EDI areas of concern and prioritise actions.

Progress will be tracked and monitored via the Board Assurance Framework

Our patients

- Ensure positive attitudes towards welcoming the diversity of patients, carers and service users and endeavour to meet their diverse needs, particularly in urgent and emergency care, older people's inpatient care and palliative care service
- Improve the quality of the protected characteristic data by establishing service equality monitoring and driving DQ (data quality) initiatives through a newly established digital communication steering group to standardise and rationalise patient communications
- Enable the Trust to use experiences to inform and improve the design of our services through our patient experience strategy on harnessing the lived experience using a new FFT and experience gathering tool (IQVIA)
- Improve the monitoring of patient data to shape the Trust's approach to understanding, achieving and measuring equitable access and outcomes for patients working with Safety and Quality teams to review incident data, patient experience teams to review complaints data
- EDI issues imbedded in frontline staff forums, safety huddles and other forms of reflective practice
- Understand the potential impacts of the decisions we make on patients, their families, carers and service users, by protected characteristics and identify ways to mitigate these through our engagement and coproduction strategy working in particular on nutrition and hydration issues and supporting unpaid carers
- Close the gap on the personal data we collect on patients to identify whether equality trends through cross cutting programmes such as the EHR implementation and protected characteristics data quality initiative
- As part of the new Safety Framework develop a compensation process for Patient Safety Partners
- Increase patient collaboration and co-production to ensure their views and perspectives inform our D&I work programme as part of the engagement and coproduction strategy and to support the 6 Major conditions strategy
- Use data and story-telling to identify outcome focused interventions for EDI

Our community	• Actively involve people in changes to policies, procedures and service improvements that affect them
	• Champion and recognise inclusive behaviours to share good practice across the Trust
	• Celebrate and share good practice of both individuals and teams across our three hospital sites throughout the year
	• Improve our presence at EDI community events, such as local Pride and encourage staff to take the lead in campaigns
	• Ensure multiple options are available for staff requiring individual support and advice relating to EDI issues in addition to their managerial team
	• Health Equity Partnership Programme
	• Prevention Programme LTP commitments on tobacco, alcohol, obesity and TB
	• Identify and understand our local community, what their specific needs are and how these can be considered when planning the delivery of care through staff networks, WRES, WDES, gender pay gap and clinical audit
	• Work collaboratively with local partners to address health inequalities and improve health outcomes