

Diversity and Inclusion Strategy

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1.0			Replaces the Equality, Diversity and Human Rights Policy and the Single Equality and Human Rights Scheme SEHRS Strategy

Equality Impact

Bolton NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of healthcare Bolton NHS FT aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individuality. The results are shown in the Equality Impact Assessment (EIA).

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1.	<p>Purpose</p> <p>Diversity and Inclusion (DI) Compliance is a significant aspect of the Quality Care Commission’s (CQC) Inspection in relation to improving health outcomes for patients, reducing health inequalities and ensuring equity of our workforce. Compliance not only relates to our legal obligations but also contractual obligations as set out in the Standard NHS Contract.</p> <p>This document sets out four overarching Strategic Aims that indicate how we as a Trust intend to fulfil our legal, contractual and moral obligations in relation to DI. The Strategic Aims will enable the Trust to confidently position itself, as an employer and provider of healthcare, who can demonstrably link DI activity to meeting Key Performance Indicators.</p> <p>The strategic aims are:</p> <ul style="list-style-type: none"> • To position Patient Experience and Community Engagement as a fundamental driver for the Trust’s, Diversity and Inclusion (DI) activities • To empower staff to excel in their role and provide an exceptional service in an environment where dignity and respect are paramount • To provide staff with a relevant and contextualised package of DI training so that they are culturally competent and able to deliver services that are adapted to meet the diverse needs of patients • To embed Diversity and Inclusion within Trust systems to support better health outcomes as well as ensure legal compliance 	
2.	<p>Context</p> <p>The development of a Trust DI Strategy cannot take place outside of the context of National NHS strategy and the development of best practice. The introduction of The Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2) into the standard NHS Contract from 2016, places new technical demands on the Trust. (Further details of WRES and EDS2 can be found in the appendix.) Similarly, WRES and EDS2 will form part of the CQC monitoring framework from 2016. This will require robust data collection and analysis with effective risk management to inform action planning and evidencing equity of service to both patients and the workforce.</p> <p>Broader NHS support structures, such as NHS England and NHS Employers are currently providing resources nationally and regionally to support Trusts to develop best practice around these two methodologies. This will generate a</p>	

wealth of knowledge drawn from the experience of health professionals from a range of disciplines. The DI team intend to use this knowledge alongside local knowledge and expertise from our own stakeholders to ensure that the Board are provided with robust contextualised data to support their decisions in meeting our DI commitments set out in this strategy.

The Trust has a legal duty under the Public Sector Equality Duty (PSED) to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

The DI team intends to collaborate with internal and external partners to create projects, systems and best practice to fulfil our duty under the PSED and make demonstrable links to improved health outcomes for patients with protected characteristics, reduce health inequalities and ensure equity for our workforce.

The Trust must pay close attention to significant global events which have the potential to impact on our ability to deliver services in the future. One such instance is the movement and migration of people through Europe at levels not experienced since the Second World War. This has the potential to change the demographics of the communities that we serve. This will challenge the Trust to develop Community Engagement activities to address assistance and access barriers that these new communities might face, as well as barriers caused by the attitudes and behaviours of staff. The DI team intends to develop strong partnerships with local stakeholders and other providers of public services to ensure that the board is able to use real time data to ensure services remain adaptable to meet the diverse need of our patients.

The Trust is an Equality and Diversity Partner with NHS Employers for 2015/16. There are 25 partners in the Programme which is designed to support participating Trusts to progress their DI performance. The DI team intend to use this opportunity to strengthen its networks nationally in order to continue to develop innovative and collaborative approaches (both inside and outside the NHS) to DI activity that improve health outcomes for patients, reduce health inequalities and ensure equity for our workforce.

3.

Strategic Aims

Strategic Aim One:

To position patient experience and community engagement as a fundamental driver for the Trust's Diversity and Inclusion (DI) activities.

Objectives

- In line with NHS England developments for Equality Data Collection Standards, develop robust systems for patient equality data collection and analysis
- Ensure that equality data collection and analysis is used effectively across the Trust to support divisional activity in meeting Key Performance Indicators (KPI's) to improve health outcomes, reduce

- health inequalities and improve the patient experience
- Increase the capacity of patient groups, community networks and other external stakeholders to scrutinise Equality Delivery System (EDS2) evidence and actively participate in the development and monitoring of subsequent action plans
- Develop Community Partnerships that address and remove barriers accessing healthcare faced by certain groups within the community
- Create a culture where Equality Impact Assessments and Analysis are used as part of the planning and delivery of services with evidence of the analysis improving outcomes and equity of experience for all patients

Strategic Aim two:

To empower staff to excel in their role and provide an exceptional service in an environment where dignity and respect are paramount.

Objectives

- Use the Workforce Race Equality Standard (WRES) data and subsequent action plans to ensure equity of opportunity for the workforce with regard to race
- Utilise WRES as a pilot to develop good practice to ensure equity across all protected characteristics in line NHS England developments and/or Trust identified need
- Develop effective working relationships with Trust partners and contractors to share best practice so that all staff on any of the Trust's sites, are treated fairly and with respect and treat others fairly and with respect in line with the Trust values as well as any legal obligation we hold as the contractee
- Develop robust staff networks/forums to enable consultation and engagement. To develop TOR that enable staff to influence decisions and the design of services
- Create a network of champions to support staff engagement in DI as well as ensuring that the diverse needs of our patients are considered at all levels of planning, decision making and service delivery
- Promote the positive aspects of Diversity and Inclusion in terms of improved team-working and creativity, towards delivering an excellent patient experience

Strategic Aim three:

To provide staff with a relevant and contextualised package of DI training so that they are culturally competent and able to deliver services that are adapted to meet the diverse needs of patients.

Objectives

- Develop a suite of training based on Equality Competences that are developed in line with job roles
- Integrate Equality Competences into the Professional Development Review to ensure that DI training is demonstrably applied through behaviours and actions and result in better outcomes for patients
- Provide staff with the resources necessary to easily access information that they require to make appropriate decisions around DI that are

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Patient focused and legally compliant

Strategic Aim four:

To embed Diversity and Inclusion within Trust systems to support better health outcomes as well as ensure legal compliance.

- Ensure that DI is central to Divisional Business Planning, and that business plans utilise activity developed around WRES, EDS2 and PSED to support divisions meeting Key Performance Indicators
- Develop a DI communication strategy to ensure that staff are provided with contextualised information; are able to engage and participate in the development of DI strategy and action planning; and understand how DI activity results in better outcomes for patients and the workforce
- Ensure that any new procurement of systems enables the Trust to collect and analyse equality data in a meaningful way that will inform the Trust's action planning as well as ensuring legal and contractual compliance
- Ensure that the Trust is compliant with CQUIN requirements as set out contractually with Bolton CCG at all times

4. Roles & Responsibilities

Board of Directors

This strategy was ratified by the Board of Directors on 24th September 2015. The Board have responsibility for ensuring that the Trust is compliant with DI legal and contractual requirements. The Board will manage its responsibility through the monitoring of the Equality Plan which sets out how the trust intends to achieve its responsibility. The DI sub group will have operational responsibility for the Equality Plan. The Board will ensure compliance with this strategy by utilising resources and/or leverage where necessary.

Director of Nursing & Midwifery

The Lead Director responsible for this strategy is the Executive Director of Nursing and Patient safety. As Chair of the Patient Experience and Inclusion Committee, The Director of Nursing will provide senior leadership for this strategy and ensure scrutiny of any associated action plans.

Director of Strategic and Organisational Development

Has overall responsibility for ensuring that the Strategic Aims are complementary to Human Resources, policies, practices and procedures. To ensure that the Trust is continuously striving towards reflecting, as a major local employer, the diversity of the local population it is here to serve.

Head of Governance

The Head of Governance will monitor this strategy and any associated action plans with regard to risk management and ensure DI is integrated into the delivery of quality care.

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Equality and Diversity Lead

The ED Lead will provide tailored support across the Trust to enable Directors, Divisional Leads, Managers and local teams to deliver the objectives of this strategy and any associated action plans to ensure Trust compliance with national and local legal and contractual obligations.

Patient Experience and Inclusion Committee and the DI Sub Group

The Patient Experience and Inclusion Committee and the DI Sub group will have operational responsibility for implementing and monitoring this strategy and any associated plans. It will provide strategic leadership to drive the DI agenda across the Trust for patient care and services and for the workforce.

Managers and Staff

Managers are responsible for cascading this Strategy and ensuring that it is implemented throughout their sphere of responsibility. This in part includes making sure that all staff are aware of their responsibilities and adhere to the requirements of equality legislation. They also have a responsibility under this Strategy to ensure that proper records of employment decisions are maintained (see also Trust Policies on Recruitment & Selection, Dignity and Respect and Grievance).

5.

Monitoring Compliance

The Patient Experience and Inclusion Committee will manage the overall responsibility for the monitoring and delivery of this Strategy, via the DI sub group. WRES and EDS2 (which will include scrutiny of DI outcomes from Patient Groups, Community groups and external stakeholders) will form major measurement tools as part of our contractual obligations.

Evidence to monitor performance will also be drawn from:

- Divisional Key Performance Indicators
- Data provided by the Patient Experience Team including complaints associated with DI
- Patient stories as submitted to the Patient Experience and Inclusion Committee
- Activity developed from Community Partnerships that address and remove barriers accessing healthcare faced by certain groups within the community
- Data provided by the Staff Engagement Team, staff networks/forums, and Equality Champions

The impact of the Equality and Diversity Strategy will be reviewed by the Executive Director of Nursing and Patient Safety and Director of Strategic and Organisational Development in consultation with the appropriate Senior Management and staff groups, on a regular basis, or in line with changes to legislation.

The Executive Director of Nursing and Midwives and Director of Strategic and

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	Organisational Development will undertake regular consultation as appropriate, particularly in respect of any positive action proposals arising from this Strategy and its regular review, with all concerned parties. This will include Trade Unions, the Patient Experience and Inclusion Committee, and local community groups.
6.	Appendices
	6.1 Appendix – Equality Delivery System (EDS2)
	6.2 Appendix – Workforce Race Equality Standard (WRES)
	6.3 Appendix - EIA

Appendix 6.1

Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) forms part of the mandatory requirements in the 2015/16 standard NHS contract, which came into effect on 1st April 2015

EDS2 is designed to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS2, we will also be helped to deliver on the Public Sector Equality Duty (PSED)

At the heart of EDS2 are 18 outcomes, against which NHS organisations assess and grade themselves. They are grouped under four goals, as shown in the table below. These outcomes relate to issues that matter to people who use, and work in, the NHS. Among other things they support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission's key inspection questions.

Goal	Number	Description of outcome
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff

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	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix 6.2

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) forms part of the mandatory requirements in the 2015/16 standard NHS contract, which came into effect on 1st April 2015

The Standard is intended to provide real impetus, not just on race equality, but on equality generally, for all those who still experience unfairness and discrimination within our health and care system. For sustained improvement in this area, the focus will not simply be upon compliance with implementing the Standard, but on using the Standard as an opportunity to help improve the wider culture of NHS organisations for the benefit of all staff and patients alike.

There are nine indicators. Four of the indicators are specifically on workforce data, four are based on data from the national staff survey indicators, and one considers Board composition. The Standard will highlight any differences between the experience and treatment of White staff and BME staff in the NHS with a view to closing those metrics. Indicator 9 requires organisations to ensure their Boards are broadly representative of the communities they serve. These indicators were developed in partnership with the NHS. The table below outlines the 9 indicators.

	<p>Workforce Indicators For each of these four workforce indicators, the Standard compares the metrics for White and BME staff</p>
1.	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.
4.	Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff
	<p>National NHS staff survey findings For each of these four staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question</p>
5.	KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
6	<p>Boards Does the board meet the requirements on Board membership in 9</p>
9.	Boards are expected to be broadly representative of the population they serve

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Appendix 6.3

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		This strategy broadly sets out how the trust aims to achieve equitable experience and outcomes for all patients and staff. This in itself will not result in any group mentioned opposite being treated less or more favourably. However subsequent action plans resulting from this strategy will need robust measures to ensure inclusive access. In addition, and in line with development made with NHS England, The Trust will need use resources developed for WRES to enable the Trust to deliver equitable experience across the entire workforce
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender (including gender reassignment)		
	• Culture		
	• Religion or belief		
	• Sexual orientation		
	• Age		
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems		
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Co-ordinator together with any suggestions as to the action required to avoid/reduce this impact.

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