

Diversity, Inclusion & Belonging Strategy

Our plan for the next

5 years...



Welcome

“Our Diversity, Inclusion and Belonging strategy for the next five years has been developed with and for the more than 11,000 people who work and volunteer in our hospitals and other NNUH services as well as our patients. We all have different backgrounds, lived experiences, needs and expectations, but together we are Team NNUH and we aim to provide the best care to every patient.”

In April 2022 we published our five year Caring with PRIDE plan, which shows how we will deliver our five commitments that, together, will help us give the best care for every patient. Our new purpose statement “working together, continuously improving for all” underpins our commitment to teamwork, collaboration, inclusivity and quality.

“Together, we will support each other to be the best that we can be, to be valued and proud of our hospital for all.”



Our hospital for all

The National Context

A number of national reports, plans and policies support improving diversity, inclusion and belonging for staff, patients and our communities. These include:

The NHS People Plan

"The NHS People Plan aims to have more people, working differently, in a compassionate and inclusive culture across healthcare. It sets out actions to support transformation across the whole NHS, focusing on how we must continue to look after each other and foster a culture of inclusion and belonging. This is supported by actions to grow our workforce, train our people and work together differently to deliver excellent patient care. The NHS People Plan also aligns with the NHS England EDI Improvement Plan which was launched in June 2023. The EDI Improvement Plan consists of six high impact actions which aim to: address discrimination, increase accountability for all leaders, support the levelling up agenda and make opportunities for progression equitable."

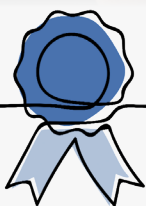
The NHS People Promise

"This sets out what NHS staff say would make the greatest difference to their working lives and has seven themes. Our strategy will take into consideration how each of the people promise themes align to our objectives and specifically the theme 'compassionate and inclusive'."

People Promise



We are
compassionate
and **inclusive**



We are **recognised**
and **rewarded**



We each have
a voice that
counts



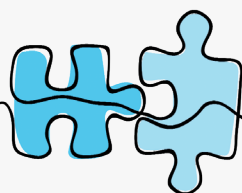
We are
safe and
healthy



We are
always
learning



We work
flexibly



We are
a team

CORE20plus5

Health inequalities within and between populations groups have been highlighted during the pandemic, in particular people from Black Asian and Ethnic Minority communities. However we have known for

many years that people living in the poorest circumstances have significantly poorer health outcomes and experiences of care.

NHS England have therefore introduced the CORE20plus5 approach, which aims to help organisations prioritise and focus on key clinical areas to reduce health inequalities. These cover Adults and Children.



CORE20 refers to the most deprived 20% of the population

Plus refers to Integrated Care System (ICS) identified populations or communities that are not thriving, and explicitly may include inclusion health groups.

5 refers to the five clinical areas of focus, where there are particular inequalities.

Adults

The following clinical areas are being focused on for adult patients:

- Maternity, focusing on continuity of care
- Severe mental illness, facilitating annual health checks
- Chronic respiratory disease, increasing the uptake on vaccines (Flu etc.) to reduce emergency admissions to hospital
- Early cancer diagnosis
- Hypertension (High Blood pressure) to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction (Heart Attack) and stroke.

Children

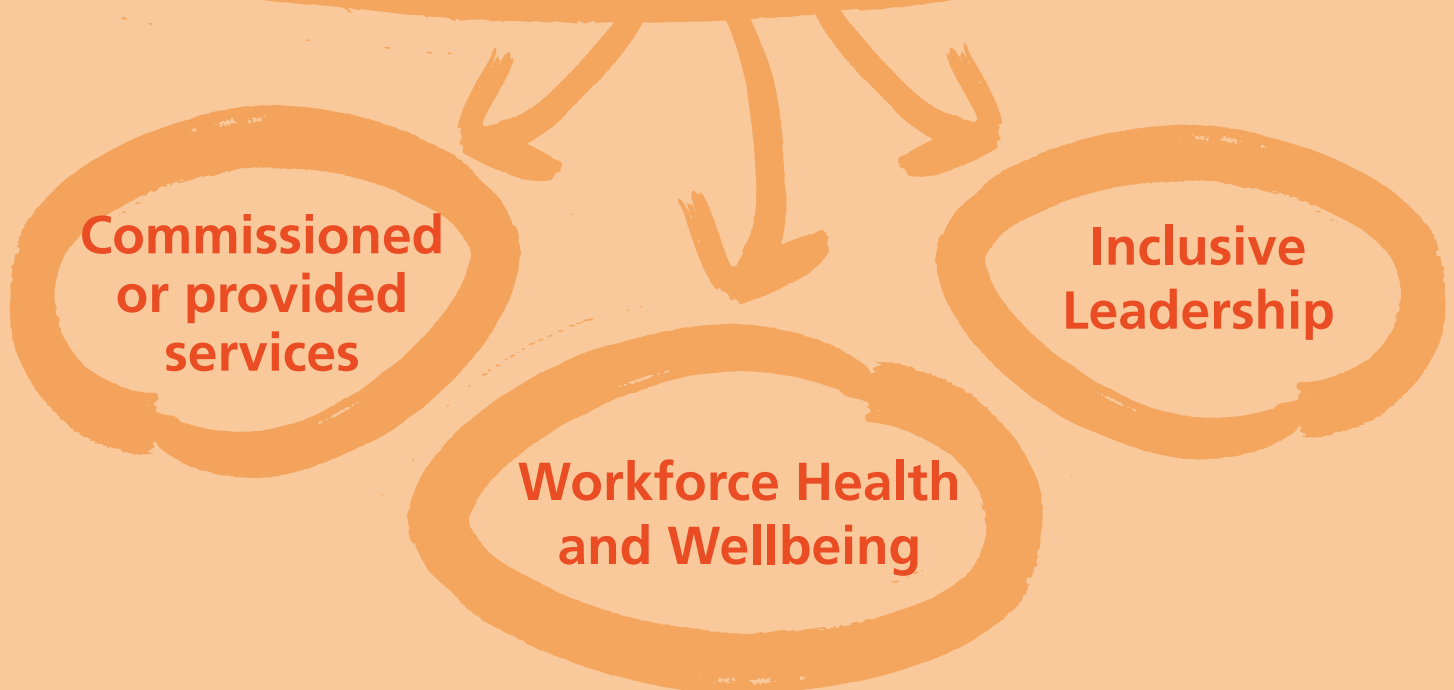
The following clinical areas are being focused on for children and young people:

- Asthma, review the use of medication to improve the prevention of emergency episodes
- Diabetes, improve access to health checks and tools to manage the condition
- Epilepsy, improve access to support
- Oral health, decrease the waiting lists
- Mental health, improve access to services.

What is the Equality Delivery System 2022?

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The Equality Delivery System 2022
is split into three domains:



“Following engagement with key stakeholders it was felt that referring to the EDS2022 would be a helpful reference to steer our Diversity, Inclusion and Belonging strategy and so it has been agreed that we would form these domains into our commitment areas – tailoring where it was deemed appropriate.”

Our Diversity and Inclusion Vision

Our Diversity and Inclusion vision is to create a hospital for all people. Where everyone feels a sense of belonging.

Belonging is having a voice that can be heard.

We want to embed a culture where every team member and patient feels they can bring their true authentic selves to work or when seeking treatment at our hospital, without judgement or fear.

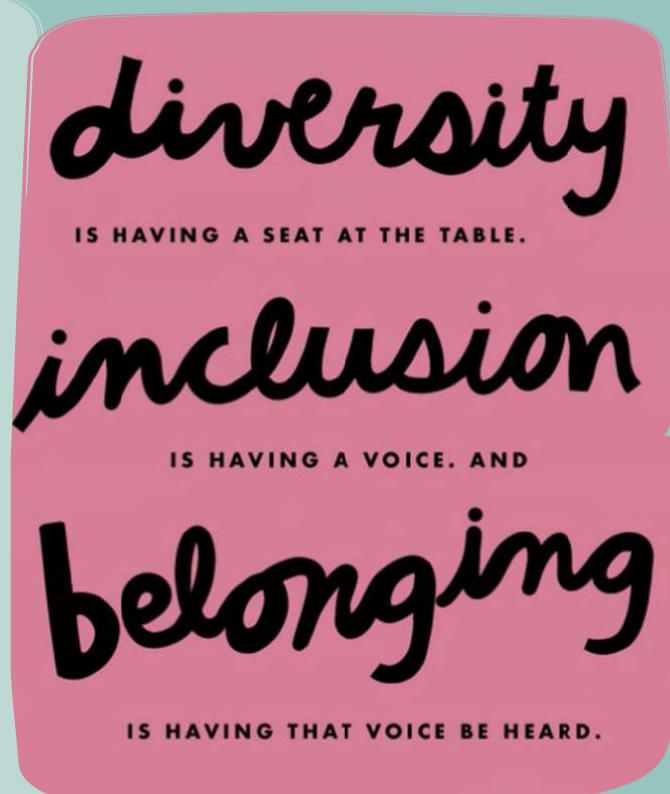
Embedding such a culture has a direct impact on the experiences of our staff and patients and so therefore aligns to our overarching corporate vision; to provide the best care to every patient.

We have developed the overarching objectives and actions in this plan to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation.

Our vision can also be linked to the NHS East of England Anti-Racism Strategy launched in 2021. To show our commitment to the NHS East of England Anti-Racism Strategy, the Trust published a pledge supported by our Board.

Our pledge is quoted below:

“We commit to promoting racial equity, celebrating diversity in our workforce and community. We acknowledge that racism still exists and we support our Black, Asian and Ethnic Minority colleagues in standing against prejudice wherever it appears. We pledge our commitment to become a fully inclusive organisation and realise our goal to become Our Hospital for All”.

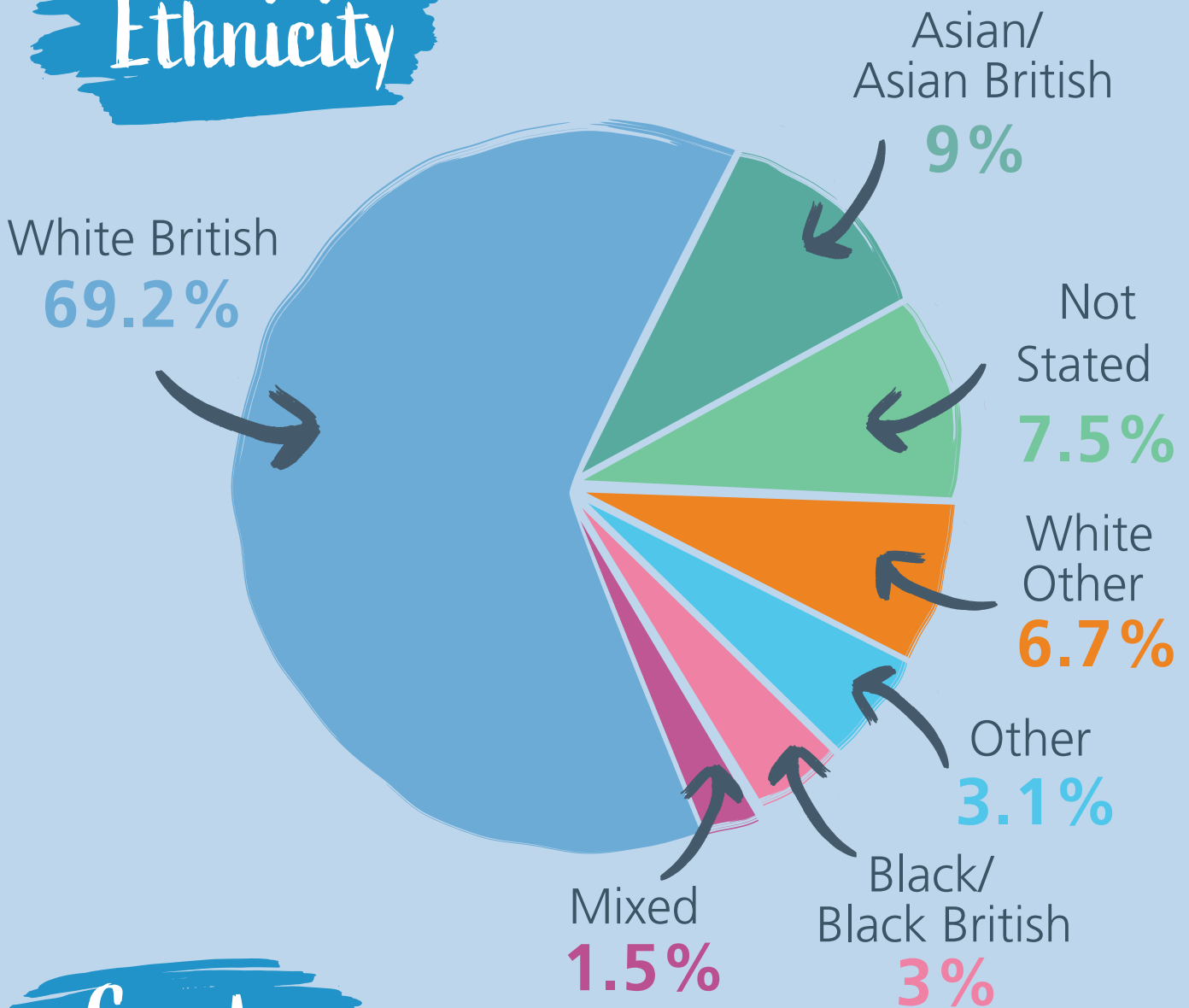


Our Local Context

- Where diversity - across the whole workforce - is underpinned by inclusion, staff engagement, retention, innovation and productivity improve. Inclusive environments create psychological safety and release the benefits of diversity - for individuals and teams, and in turn efficient, productive and safe patient care.
- The Diversity, Inclusion and Belonging Strategy supports delivery of the Trust's 5-Year Strategy: Caring with PRIDE and People & Culture Strategy.
- The Caring with PRIDE Strategy specifically outlines what NNUH needs to address and action to ensure that all patients are treated with respect and equity. Since the creation of the Caring with PRIDE Strategy, the Patient Engagement and Experience team have undertaken consultation and feedback with seldom heard community groups, Carers and Veterans to better understand their needs and their opinions of the services provided to them at NNUH.
- 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 hospital.
- For example, 15% of the workforce are from Black, Asian and Minority Ethnic (B.A.M.E) backgrounds but face discrimination across many aspects of their working lives.
- The 2023 Workforce Race Equality Standard data showed that 35.6% of Black and minority ethnic (BME) staff experienced bullying, harassment or abuse from other staff.
- The NHS Staff Survey along with the Workforce Disability Equality Standard shows that 31.8% of disabled staff have experienced bullying from their colleagues, compared to 21.9% of non-disabled staff.
- Similarly, 34.5% of our LGBT+ colleagues face bullying and harassment at work from other colleagues compared to 23.6% of heterosexual staff.

Our Workforce

Ethnicity

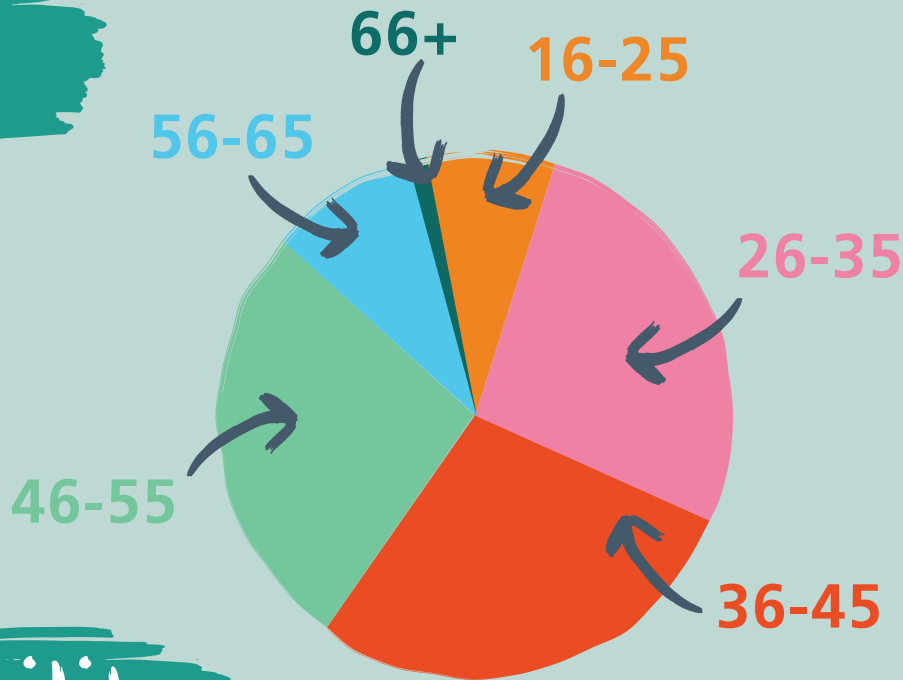


Gender



Our Workforce

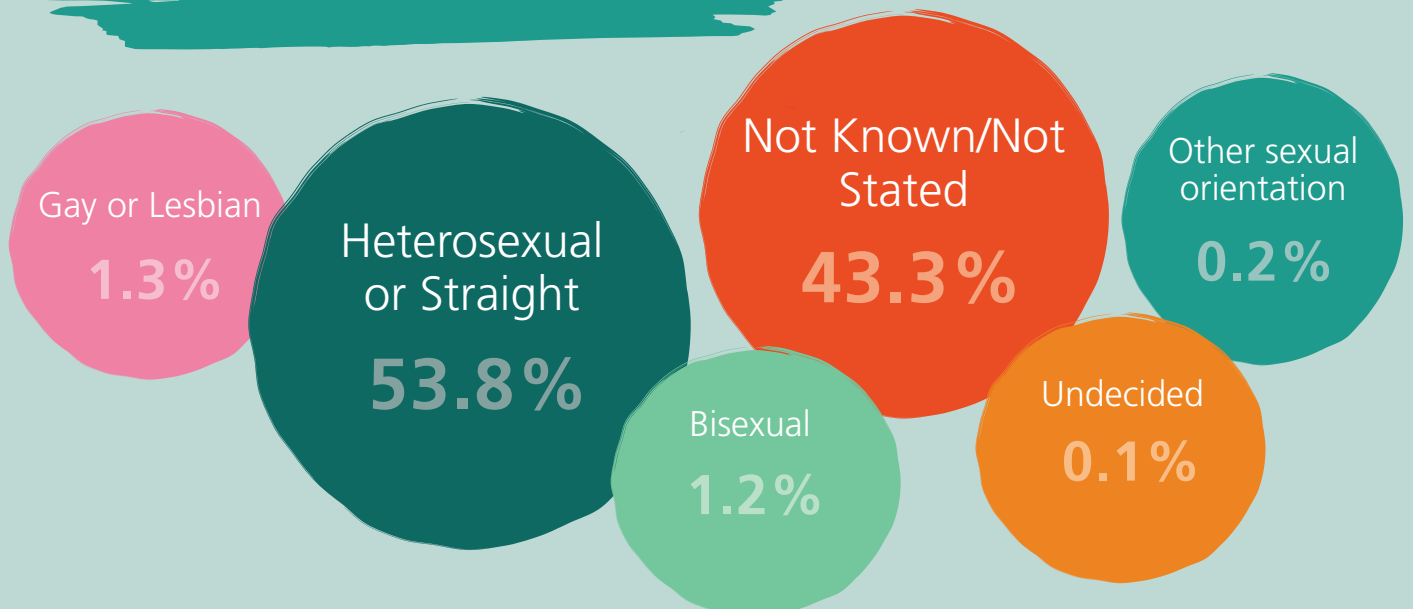
Age



Disability

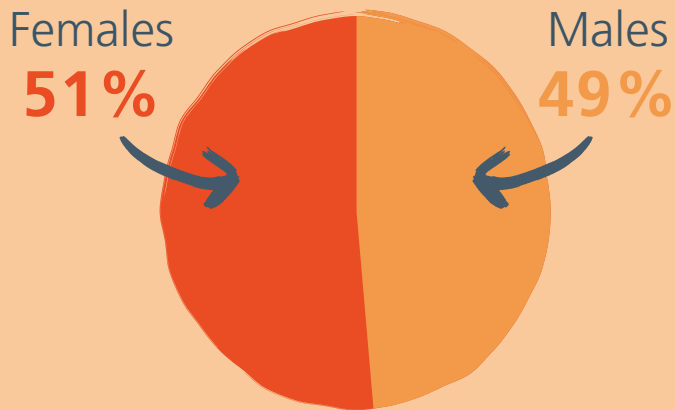


Sexual Orientation

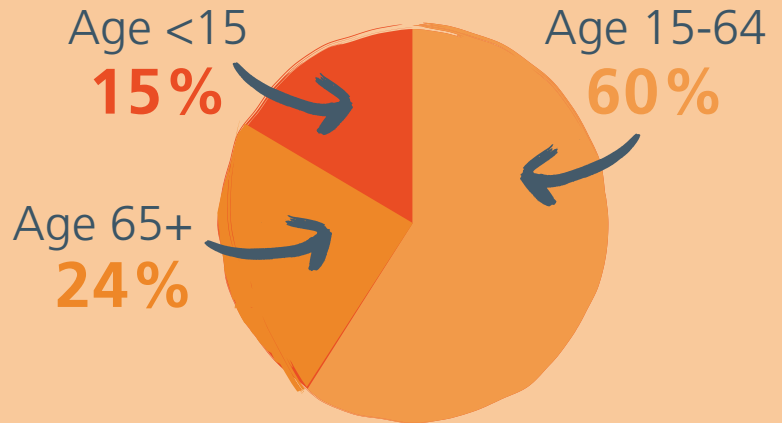


Norfolk Demographics

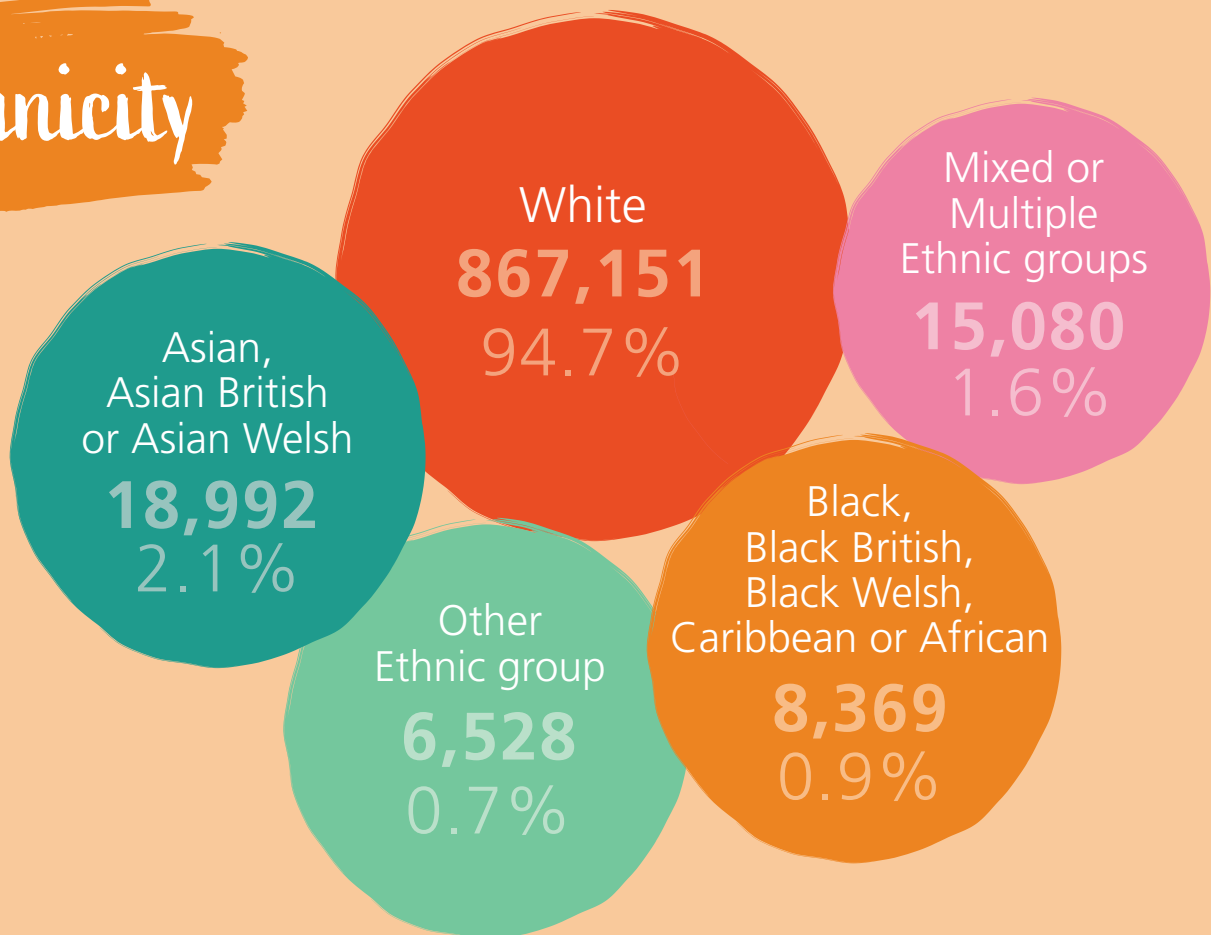
Population by sex for Norfolk (2021)



Population by broad age group for Norfolk (2021)



Ethnicity



Commissioned or Provided Services

Equality, diversity and inclusion is the golden thread that ties all of our Trust's patient experience work together. We believe that the Diversity, Inclusion and Belonging Strategy is the heart of Caring with PRIDE. With evidence collated from community outreach, Friends and Family Tests (FFT's), Local Equality and Diversity Groups (LEDG's) and the Patient Panel.

This strategy reflects the needs and wants of patients and staff at the NNUH.

We are an acute teaching hospital and aspire to provide the best care to every patient. Our patients all have their own individual needs and have different backgrounds, religions and beliefs.

National evidence suggests some patients and communities' experiences of accessing and using services can be less positive and may result in poorer health outcomes due to their socio-economic and demographic backgrounds. The Trust needs to consider these differences to ensure all patients receive equitable healthcare and have the best chance to achieve optimum clinical outcomes.

To properly guide our goals, we must look at the limitations in patient data. An overarching aim of continued engagement of patients with protected characteristics and from seldom heard groups will be present throughout years 1 to 5 and beyond, continually informing the goals for commissioned and provided services.

Over the next 5 years we will...

For experience of care

Year 1

Develop and introduce our Accessible Information Standards Policy (AIS).

Reach out, engage and develop partnerships with seldom heard community groups (1-5).

Improve how we collate demographic data from our patients (1-5).

Re-evaluate the Carer's Passport and Policy with co-production from carers.

Support the development of accessible care plans.

Support the development of the Patient Safety Partner role.

Investigate the development of an expanded EDI training package for staff.

Year 2

Educate service developers and patient/service user policy authors on equality impact assessments (EIA).

Ensure relevant papers presented to the Board have been impact assessed.

Investigate a reporting dashboard for bringing all feedback together including FFTs, PALS and Complaints, online feedback etc.

Year 3

Work with the Learning and Development team to ensure EDI is embedded within other training courses.

Year 4-5

See improvements in demographical data from patients with protected characteristics and from seldom heard groups.

See improved patient experience outcomes for patients from seldom heard groups.

Fully embed the AIS Policy and evaluate impact on experience for patients within the remit of the AIS Standards.

For health inequalities

Year 1-2

Strengthen and embed the newly combined Equality, Diversity, Inclusion and Health Inequalities Group. To apply the same focus to the local groups.

Complete a baseline assessment against CORE20plus5 for NNUH patients and communities with a focus on elective recovery.

Continue to work with the Integrated Care System (ICS) regarding the wider system agenda related to health inequalities (1- 5).

Year 3-5

Review outcomes of the baseline assessment and develop an improvement plan where gaps have been identified, prioritising elective recovery.

Increase engagement with patients and communities to co-design future services to reduce health inequalities.

Ensure data collection and systems are compatible to measure the demographics and outcomes related to health inequalities.

Workforce Health & Wellbeing

The health of our workforce is critical, and NHS organisations are best placed to support healthy living and lifestyles. The strategy will recognise that our NHS staff are also our patients, who belong to various community groups; the very same community groups that we serve. We want to ensure we address the causes of ill health and support resilience with divisions by introducing educational resources including menopause awareness training and implementing appropriate facilities aimed to support colleagues at work.

Another component to this theme is experiences of unfair treatment and inappropriate behaviour. Unfortunately, colleagues report that they face unfair treatment and experience discrimination from their peers or managers. Allyship is key to creating an inclusive culture free from inappropriate behaviour which is why we are committed to support staff to be active allies enabling staff to be able to challenge behaviours appropriately and supporting each other as our NNUH Team. This will be supported by each division within their local Equality, Diversity and Inclusion Groups, known as LEDGe. These groups provide another opportunity for staff voices to be heard in a safe environment.

Over the next 5 years we will...

Year 1

Deliver active bystander training and resources to help people understand the importance of allyship, impacts of microaggressions and how to challenge microaggressions in the workplace.

Expand the support and resources available to staff under our "No Excuse for Abuse" campaign.

Implementation of Civility and Respect policy and supporting guidance (to replace Dignity at Work).

Launch an infant feeding room for staff.

Rebrand the chaplaincy to ensure it is inclusive for all to feel able to use the service.

Introduce menopause training for managers and staff.

Establish a Staff Wellbeing Hub with access to key support services for colleagues.

Review terms of reference for each of our staff networks to enable protected time for colleagues attending staff network meetings.

Year 2

Review our reasonable adjustments process and produce an action plan to address areas for improvement.

Improve our disability declaration on ESR so we have a clearer understanding of our staff and their individual needs.

Become an accredited Carers Employer.

Year 3

Become an accredited employer on the Stonewall Workplace Equality Index.

Implement refurbishment of the chaplaincy.

Provide gender neutral facilities for staff.

Year 4-5

See significant improvement in our staff survey results specifically a reduction in staff experiencing bullying and harassment.

Explore working with a commercial partner to establish a dedicated Wellness Centre for staff and families using the Norwich Research Park.

Continue to embrace difference through hosting events and conferences for staff.

See increased attendance and engagement with these events.

Representative Workforce & Inclusive leadership

We have strong diverse staff networks - NNUH Together, Women's Network, Diverse Ability and LGBT+. Each Division has a Local Equality and Diversity Group (LEDGe) and a Trust wide equality steering group supporting measures to create a more inclusive hospital for all, with alternate meetings considering employment and patient diversity issues. Despite this, we know there are still evident inequalities in our patient and staff experience.

Inclusive leadership is about Board members and management routinely demonstrating their understanding of and commitment to equality and health inequalities. We have included representative workforce within this domain because we felt it is crucial to recognise diversity within our leaders in order to truly embed inclusive leadership. To achieve this we will be implementing improved recruitment practices as well as monitor the progression of our staff so that we can address any barriers colleagues may be experiencing.

Working with our leaders to ensure they have oversight on EDI matters and holding them to account to identify improvements is essential. We will provide support through delivering training and providing guidance on Equality Impact Assessments to ensure all functions, policies and service developments have been appropriately assessed and presented to the Board. Actions will also be embedded within our LEDGe's and will be monitored on the progress regularly.

Over the next 5 years we will...

Year 1

Implement balanced interview panels in respect of ethnicity for Band 8a and above roles and introduce positive action statements onto job adverts for Band 8a and above roles.

Improve the induction process for our international recruits.

Publish our first ethnicity pay gap audit with improvement plan.

Appoint Board Champions for each of our staff networks.

Review our divisional governance framework for EDI. Work with divisions to embed EDI objectives/ initiatives for each division.

Year 2

Review our recruitment policy and process to ensure a de-bias approach and governance of unfair practices.

Work with managers to undertake meaningful career conversations with all staff. Monitor the progression of BAME/international nursing staff specifically.

Have an improved CEA process where female colleagues feel confident in applying for the award.

Educate service developers and policy authors on equality impact assessments (EIA) and ensure they are presented to the Board where applicable.

Implement a clear process to enable staff to be able to shadow senior leaders or be coached by them.

Year 3

Work with the Norfolk and Waveney system to develop an EDI dashboard which will allow organisations to evaluate and benchmark against experiences of EDI across the system.

Deliver a suite of essential Diversity, Inclusion and Belonging training packages which includes lived experiences from staff and patients.

Year 4-5

See improvements in the percentage of staff believing that the trust provides equal opportunities for career progression or promotion.

Managers are able to demonstrate that they are active allies and are accountable for the progress made towards embedding an inclusive culture.

Commissioned or Provided Services

We will...

Hear your voice

Because...

By listening to what you, your families, and Carers tell us about your experience of our services will better meet your needs.

The key things we will do to measure progress

Timescale (Yrs)
1 2 3 4 5

Develop the key 'Patient Safety Partners' role to support the delivery of our Patient Safety Strategy.



Create a reporting dashboard for bringing all feedback together including the Friends and Family Test, Patient Advice and Liaison and complaints, online feedback, and compliments.



Co-design and implement a range of support for Carers including the Carer's Policy, partnership agreement and Carers' Passport.



Reach out, engage and develop partnerships with seldom heard community groups. Utilise Equality Delivery System and deliver NHS CORE20PLUS5 to identify health inequalities, and utilising Equality, Diversity and Inclusion (EDI) approaches to maximize impact.



What will be different in the future

Patients, Carers and service users will be involved from the start of any service change all project initiation documents and processes will reflect this; it will be the norm for Carer/patient representatives /leaders to be embedded in committees and divisions and work as 'equal partners' with colleagues to improve patient experience and safety.

Patient feedback and stories will drive our Quality Improvement projects. Improvements achieved will be measured in changes to feedback and identified themes, reductions and complaints, and increases in compliments.

Patients and clinicians collaborate to reach joint decisions around care and treatment; they feel empowered to make the right decisions at the right time for them.

Increased equity in service provision; better engagement from diverse people/communities in service improvements and redesign.

Commissioned or Provided Services

We will...	Because...	The key things we will do to measure progress	Timescale (Yrs) 1 2 3 4 5	What will be different in the future
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Design our services with you

By working with you to review and design the services that we offer they will better meet your needs and expectations.

Increase evidence of Equality Impact Assessments that ensure services/improvements are fair and equitable, by linking with staff networks and community links/engagement.



Improved health and experience outcomes of those who experience health inequalities.

Know your story

By ensuring that your health record is always with the person looking after you, you will not have to repeat yourself.

Make sure patient accessible information needs and reasonable adjustments are included in planning the care by developing and introducing our Accessible Information Standards Policy (AIS).



Improved health and experience outcomes of those who experience health inequalities.

Commissioned or Provided Services

We will... **Because...** **The key things we will do to measure progress** **Timescale (Yrs)** **What will be different in the future**

reduce unfair and avoidable differences in care (known as health inequalities).

by working with seldom heard groups we will ensure that everyone has equitable care.

Provide a suite of EDI educational resources and training in order for staff to become more aware of the needs for seldom heard patients and patients with protected characteristics.



All staff and volunteers will have the opportunity to learn more about the patients and communities who we serve, and grow their knowledge and empathy. This will lead to reductions in discrimination and microaggressions.

Measureable reduction in known differences in care for seldom heard groups linking to the NHS CORE20PLUS55 strategy and the Equality Delivery System.

Health Inequalities

We will...







Because...

The key things we will do to measure progress

Timescale (Yrs)

1 2 3 4 5

What will be different in the future

Strengthen and embed the newly combined Equality, Diversity, Inclusion and Health Inequalities Group.	We wished to capture all aspects of EDI and Health Inequalities under one umbrella.	Be able to evidence the work of the group through meeting papers and the workstreams for the LEDGES.		Streamlined communications collating EDI and HI information from our patients, staff and stakeholders to inform future service design.
Complete a baseline assessment against CORE20plus5 for NNUH patients and communities with a focus on elective recovery.	We wish to identify if any of our patients or our communities have been negatively impacted due to EDI and HI whilst on a waiting list.	Have completed the baseline assessment.		We will have an improvement plan for elective recovery and waiting list management that is fair & equitable.
Continue to work with the Integrated Care System (ICS) regarding the wider system agenda related to health inequalities (1- 5).	We wish to offer equitable health care across Norfolk and Waveney.	Be able to evidence engagement from across the system.		We will be working as one system.
Review outcomes of the baseline assessment and develop an improvement plan where gaps have been identified, prioritising elective recovery.	We wish to identify if any of our patients or our communities have been negatively impacted due to EDI and HI whilst on a waiting list.	Have an improvement plan in place.		We are able to evidence that elective recovery and waiting list management is fair & equitable.
Increase engagement with patients and communities to co-design future services to reduce health inequalities.	The views and involvement of our patients and communities are integral to future service design.	Evidence of proactive engagement with our patients and communities.		We are to evidence services have co-designed with patients and communities.
Ensure data collection and systems are compatible to measure the demographics and outcomes related to health inequalities.	Without this information we will not be able measure and understand patient experiences and outcomes based on their demographics.	We will have an Electronic Patient Record with integrated systems that record patient demographics, diagnosis, treatment and outcomes.		We are able to holistically analyse our patient and their care to enable continuous improvement.

Workforce Health and Wellbeing

We will...

Because...

The key things we will do to measure progress

Timescale (Yrs)

1 2 3 4 5

What will be different in the future

Create a culture of civility and respect.

By meaningfully changing our culture, everyone will be heard and contribute to a better workplace for all.

Put our wellbeing first.

By doing this we will be best placed to support each other with our daily challenges and feel that we can bring our true selves to work.

Provide better education and awareness of inclusion.

By having a better understanding of how we can all influence an inclusive culture will lead to positive experiences for all our colleagues.

Provide a suite of EDI educational resources and training in order for staff to become active allies.

Update our dignity at work policy to ensure everyone is clear on how we will address inappropriate behaviours.

Enhance our processes to allow for staff to be able to request reasonable adjustments as well as protected time to attend wellbeing events.

Expand the support and resources available to staff under our No Excuse for Abuse approach.



Through the NHS Staff Survey we will see a 5% year on year reduction in reported instances of bullying and harassment.

Increase membership of each of our staff networks by 20% each year.

Reducing the 'unknown' disability status to 12%.

Ensure our international staff report positive experiences upon starting at the Trust.

An increased awareness and use of the Health and Wellbeing Passport.

Staff are able to request time to attend work events that are important to them and their wellbeing e.g. staff networks.



There will be a measurable increase in the number of concerns openly reported by Team NNUH and a reduction in people reporting fear of consequences of raising concerns.



Representative Workforce and Inclusive Leadership

**We will...
Because...**

The key things we will do to measure progress

Timescale (Yrs)

What will be different in the future

Improve the representation of our diverse staff.

By actively being a diverse organisation with an inclusive culture our hospitals will be a better place for everyone to work and visit.

Enable employee voices to be heard.

By meaningfully changing our culture, everyone will be heard and contribute to a better workplace for all.

Develop our talent and leadership.

By giving everyone an equal chance to reach their full potential, we will have the best team giving the best care.

Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.



Year on Year improvement in race and disability representation in senior leadership roles.

Staff feel that the Trust acts fairly in regards to career progression/ promotion regardless of their protected characteristics.

Reduce gender pay gap by 10%

Undertake a race pay gap review and deliver an associated action plan.

Provide a suite of EDI educational resources and training in order for staff to become active allies.



Expand our No Excuse for Abuse package.

EIA's are embedded within every Trust policy.
Staff networks each have a Board champion.
Year on year improvement of the WRES and WDES outcomes.

Work with managers to ensure meaningful career conversations have taken place.



Monitor progression of our staff on a regular basis.



Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety.

Staff feel that the Trust acts fairly in regards to career progression/ promotion regardless of their protected characteristics.

See a measurable increase in the diversity of our management and leadership role.