NHS
Walsall Healthcare
NHS Trust

EDI Strategy 2021-22

Inclusion for All

Caring for Walsall together

Safe, high quality care

Care at home

Partners

Value colleagues

Resources

Respect
Compassion
Professionalism
Teamwork

Contents

Introduction

Walsall Healthcare NHS Trust provides local general hospital and community services to around 270,000 people in Walsall and the surrounding areas. We are the only provider of NHS acute care in Walsall, providing inpatients and outpatients at the Manor Hospital as well as a wide range of services in the community.

Walsall Manor Hospital houses the full range of district general hospital services under one roof. The £170 million development of our Pleck Road site was completed in 2010 and the continued upgrading of existing areas ensures the Trust has state of the art operating theatres, treatment areas and equipment.

We provide high quality, friendly and effective community health services from some 60 sites including Health Centre's and GP surgeries. Covering Walsall and beyond, our multidisciplinary services include rapid response in the community and home-based care, so that those with long-term conditions and the frail elderly, can remain in their own homes to be cared for.

The Trust's Palliative Care Centre in Goscote is our base for a wide range of palliative care and end of life services. Our teams, in the Centre and the community, provide high quality medical, nursing and therapy care for local people living with cancer and other serious illnesses, as well as offering support for their families and carers.

Our Long-term Vision, Values and Objectives

Walsall Healthcare NHS Trust is guided by five strategic objectives which combine to form the overall 'vision' for the organisation.

Our vision is underpinned by five strategic objectives which are to:

- **Provide safe, high-quality care;** We will deliver excellent quality of care as measured by an outstanding CQC rating by 2022.
- **Care at Home;** We will host the integration of Walsall together partners, addressing health inequalities and delivering care closer to home.
- **Work Closely with Partners;** We will deliver sustainable best practice in secondary care, through working with partners across the Black Country and West Birmingham System.
- **Value our Colleagues;** We will be an inclusive organisation which lives our organisational values without exception.
- **Use Resources Well;** We will deliver optimum value by using our resources efficiently and responsibly.

Our organisation's values

The Trust has a set of values which underpin and guide how we interact with colleagues and our patients these are;

Respect

- We are open, transparent and honest and treat everyone with dignity and respect.
- I appreciate others and treat them courteously with regard for their wishes, beliefs and rights.
- I understand my behaviour has an impact on people and strive to ensure that my contact with them is positive.
- I embrace and promote equality and fairness.
- I value diversity and understand and accept our differences. I am mindful of others in all that I do.

Compassion

- We value people and behave in a caring, supportive and considerate way"
- I treat everyone with compassion. I take time to understand people's needs, putting them at the heart of my actions.
- I actively listen so I can empathise with others and include them in decisions that affect them.
- I recognise that people are different and I take time to truly understand the needs of others.
- I am welcoming, polite and friendly to all.

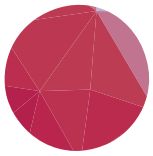
Professionalism

- We are proud of what we do and are motivated to make improvements, develop and grow".
- I take ownership and have a 'can-do' attitude. I take pride in what I do and strive for high standards.
- I don't blame others. I seek feedback and learn from mistakes to make changes to help me achieve excellence in everything I do.
- I act safely and empower myself and others to provide high quality, effective patient-centred services.

Teamwork

- We understand that to achieve the best outcomes we must work in partnership with others".
- I value all people as individuals, recognising that everyone has a part to play and can make a difference.
- I use my skills and experience effectively to bring out the best in everyone else.
- I work in partnership with people across all communities and organisations.

During 2021 and beyond through the Value Our Colleagues Board Improvement Programme there will be a refocus on our Trust values to ensure that these values are being demonstrated by everyone that works for the Trust.



Our legal and moral obligation to promote Equality, Diversity and Inclusion

Why is Equality, Diversity and Inclusion Important to us at Walsall Healthcare?

As a Public Sector organisation and with the introduction of the Equality Act 2010, Walsall Healthcare NHS Trust is required to comply with the Public Sector Equality Duty 2011.This means that as a provider of public services we must proactively take steps to eliminate unlawful discrimination for people with a protected characteristic that work for us and use our services.

There are nine protected characteristics that are protected from unlawful discrimination under the Equality Act 2010; namely age, race, religion and belief, sexual orientation, marriage and civil partnership status, pregnancy and maternity status, gender reassignment and disability and sex (gender).

There are three aims of the general duty. The Act explains that having due regard for advancing equality involves;

- Removing or minimising disadvantages suffered by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these needs are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

There is also a moral and financial business case argument for delivering good equality, diversity and inclusion outcomes. Substantial research shows that increased levels of equality, diversity and inclusion bring many advantages to NHS organisations such as increased profitability, efficiency and creativity as well as stronger governance and better problem-solving abilities.

The NHS mandated equality frameworks such as the Workforce Disability Equality Standard,(WDES) The Workforce Race Equality Standard (WRES) and the Equality Delivery System 2 EDS2 and Accessible Information Standard (AIS) are core work streams throughout this document. The Trust has already implemented the WRES and the WDES and in 2018 the Trust carried out an EDS2 exercise. This is due to repeated again in 2021 to support equality diversity and inclusion improvements in service delivery.

The Accessible Information Standard sets out a consistent approach to identifying, recording, flagging, sharing and meeting communication needs of patients and carers with a disability. Since 2016, the Trust has made a number of AIS improvements and has partnered with 360 interpretation and translation service to ensure disabled patient's communication requirements are met.

How we developed this strategy

To support the development of this strategy we have gathered extensive qualitative and quantitative feedback and information. In the summer of 2020 in partnership with our Communications Team, we developed a comprehensive EDI strategy consultation communications and engagement plan and undertook a number of engagement activities to help shape this strategy. We received 416 responses from our online and paper based surveys.

We also undertook the following engagement activities to enable us to obtain a wide range of views from colleagues and patients;

- Daily communications about the strategy through the daily dose and team brief using colleague stories to tell us their views about the improvements they wished to see take place at the Trust.
- Visits to teams out in the community and a wide variety of staff groups at Walsall Manor Hospital to seek their views on what they want to see in the revised strategy.
- Information posted on social medial platforms Twitter, Facebook and Instagram.
- A copy of the EDI strategy consultation presentation along with the link to the EDI questionnaire was uploaded onto our intranet pages asking for feedback from colleagues.
- A series of presentations were delivered virtually to teams in the community and colleagues based at Walsall Manor hospital.
- We visited Patients on the wards and engaged them to complete our EDI survey and distributed a copy of the questionnaire to our external partners to ask for their feedback.
- The Chair of The Trust hosted a number of Pull up a Chair with the Chair sessions to obtain feedback from colleagues about their experiences.
- We facilitated two EDI Board Development sessions and sent out a survey to the Board about EDI to obtain their views to help inform the development of this strategy.
- We also collated a number of themes from the Freedom to Speak Up Guardians which also helped to inform the development of this strategy.

We would like to acknowledge and thank all staff and patients and external partners who provided us with their feedback.

The aims of this strategy

Equality, Diversity and Inclusion is core Board business and as a result - equality, diversity and inclusion must become the new normal; the way how we carry out our day to day operations and act as a set of core principles for how we treat our colleagues and patients.

- Implement a robust and rigorous EDI framework to enable the Trust to become an anti-racist and anti-discriminatory organisation.
- Support our Board to become a skilled anti-racist, anti-discriminatory Board, committed to, equipped and educated to drive the change.
- Ensure fairer representation of different groups of staff through recruitment and career progression activities at all levels across the organisation.
- Ensure all staff across each of the protected characteristics recommend Walsall as great place to work due to having a sense of belonging.
- Ensure that the public and patients are given the highest standard of care and support irrespective of their cultural or ethnic diversity and can see themselves represented in the Trust's workforce.
- Educate all colleagues on equality, diversity and inclusion so they can clearly articulate what this is and can demonstrate how they live and breathe behaviours that support and promote inclusion.
- Tackle health inequalities in the Borough for our diverse patient population in areas of high deprivation. In practice this will mean being able to evidence how our activities are contributing to the reduction of health inequalities in the Borough through the use of high quality data and intelligence using population health management approaches.

The national context and external drivers for change

Why does equality, diversity and inclusion matter?

The year of 2020 has been a significant and unprecedented year for the NHS dealing with the negative impact of the COVID -19 global pandemic. The coronavirus pandemic has not only resulted in significant pressure on our NHS but it has also had a devastating impact on our local communities and their families. The COVID-19 pandemic along with the resurgence of the Black Lives Matter movement has also highlighted stark racial inequalities with a disproportionate impact on our colleagues from a Black, Asian and Ethnic Minority background along with other inequalities for people with a protected characteristic as highlighted below:

People from a Black, Asian and Minority Ethnic background are nearly twice as likely to die from COVID-19 as other ethnic groups (Race Equality Foundation 2020 Report).

Males have a higher risk in every age group of contracting and dying from coronavirus than females (Age UK 2020).

People with a disability and a long term health condition are more susceptible to develop serious ill health if they contract COVID-19.

Religious Faith groups have been severely impacted with the closures of places of worship with a significant increase in the rise of mental health issues (IDS 2020).

Research has shown that LGBTQ+ people are more likely to be living with long-term health conditions which increases the risk of the LGBTQ+ community contracting COVID-19 (LGBT Foundation).

Around 70% of health workers worldwide are women, and they are especially over-represented among nurses and community health workers, who tend to have particularly close and prolongued contact with those who are diagnosed with Coronavirus (WHO 2020).

The Transgender community has been significantly impacted more than ever with cancellations of medical appointments for surgery and this has been further axacerbated by lockdown restrictions (Stonewall 2020).

Older and disabled people have experienced difficulties in accessing care due to reductions in the availability of appointments and planned surgeries during the pandemic (Age UK 2020).

4 in 5 people that have died from coronavirus were aged 70 or over (Age UK).

NHS People Plan

The NHS People Plan published in July 2020 sets out clear actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care. There are specific actions which are required of all NHS organisations between now and March 2021 to accelerate progress on equality, diversity and inclusion. The Table below illustrates the expectation from NHSE/I that all Trusts are expected to meet.

Recruitment and Promotion:
In partnership with staff representatives, NHS organisations should overhaul recruitment and promoti on practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why thi s is a priority for our people and, by extension, patients. Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion (in NHS trusts, usually the chief executive).

Information and education:
From October 2020, NHS England and NHS Improvement will publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff. The NHS equality, diversity and inclusion training will also be refreshed to make it more impactful and focused on action.

Regulation and Oversight:
Over 2020/2, as part of its 'well led' assessment of trusts, the Care Quality Commission (CQC) will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion and whether they are able to demonstrate the positive impact of this progress on staff and patients.

Health and Wellbeing:
From September 2020, line managers should discuss equality, diversity and inclusion as part of the health and wellbeing conversations to empower people to reflect on their lived experience, support them to become better informed on the issues, and determine what they and their teams can do to make further progress.

Governance:
By December 2021, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes. Not only do staff networks provide a supportive and welcoming space for our people, they have deep expertise on matters related to equality, diversity and inclusion, which boards and executive teams need to make better use of. Staff networks should look beyond the boundaries of their organisation to work with colleagues across systems, including those working in Primary Care.

Accountability:
By March 2021, NHS England and NHS Improvement will have published competency frameworks for e very board- level position in NHS providers and commissioners. These frameworks reinforce that it is the explicit responsibility of the chief executive to lead on equality, diversity and inclusion, and of all senior leaders to hold each other to account on the progress they are making.

Leadership Diversity:
Every NHS trust, foundation trust and CCG must publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce. From September 2020, NHS England and NHS Improvement will refresh the evidence base for action, to ensure the senior leadership (very senior managers and board members) represents the diversity of the NHS, spanning all protected characteristics.

Building Confidence to Speak Up:
By March 2021, NHS England and NHS Improvement will launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts. We are also recruiting more BAME staff to Freedom to Speak Up Guardian roles, in line with the composition of our workforce.

Tackling the Ethnicity Gap:
Across the NHS we must close the ethnicity gap in entry into formal disciplinary processes. By the end of 2020, we expect 51% of organisations to have eliminated the gap in the relative likelihood of entry into the disciplinary process. For NHS trusts, this means an increase from 31.1% in 2019. As set out in A Fair Experience for All, NHS England and NHS Improvement will support organisations in taking practical steps to achieving this goal, including establishing robust decision-tree checklists for managers, post action audits on disciplinary decisions, and pre-formal action checks.

CQC Well Led Domain

In February 2019 the CQC inspection highlighted that there were areas for improvement in relation to equality, diversity and inclusion citing that there were no staff networks in place to support the diversity of staff groups. Since the inspection, the Trust has implemented a Board Improvement Programme of which equality, diversity and inclusion is a core work stream and the Trust has also made progress in capturing and recording patient demographic data through the EPR Medway project.

A Staff Inclusion Network has also been established with Staff Inclusion Network leads across the nine protected characteristics. The Trust also established a BAME Shared Decision Making Forum chaired by a Matron. The next round of CQC inspections during 2021 and beyond will be heavily focused on NHS Trusts being able to demonstrate significant improvement with equality , diversity and inclusion.

NHS England and NHS Improvement draft regional Race Equality and Inclusion strategy (Midlands)

NHS England and NHS Improvement have recently published its draft Race Equality and Inclusion Strategy for the Midlands Region following extensive consultation with staff in the region following the first phase of Covid-19.The NHS people plan places priority on racial discrimination as an urgent issue to be addressed. This does not mean that other protected characteristics or aspects of equality and inclusion is less important. By addressing race inequalities, research has shown that this can have a beneficial impact on other staff groups as well as patient outcomes. It is for this reason that the draft regional strategy document is primarily focused on race. There are 9 key proposed actions below and these are as follows;

- Remove barriers to inclusive and compassionate health and wellbeing support.
- Address the lack of leadership skills in leading with compassion and inclusion.
- Remove barriers to help staff speak up.
- Address the structural racism, bullying, harassment and other types of discrimination, across the region.
- Eliminate racism and bias in the disciplinary process.
- Provide reward and celebration when leaders demonstrate progress.
- Build a collaborative approach across the region with systems.
- Build accountability across the region.
- Eliminate racism and bias in recruitment and progression.

Walsall Together

Over the last two years the Walsall Together Partnership has been working closely to develop and provide services which will better meet the needs of our population, reduce inequalities and improve the health and well-being outcomes in Walsall. Focusing on prevention rather than treatment, the partnership is looking at ways to support our communities by equipping them with the tools and resources they need to improve the health and wellbeing of their population.

The partnership is working with Walsall Council and One Walsall to align the Resilient Communities Programmes, giving people better access to services such as social prescribers, Making Connections Walsall, housing, education and training information, Expert Patient Programme, Care Navigation and Co-ordination, carer support and opportunities to be involved in volunteering projects.

Health Watch Walsall has also been commissioned to support Walsall Together in engaging and communicating with service users, carers and the people of Walsall about the evolving integrated ways of working. They will take the lead in identifying and seeking the views of patients and the public on services delivered across the Walsall Together ICP, inform people of the benefits of integrated working and enable communities to be fully represented in the decision making process of future delivery of services and service change.

In line with the Black Country and West Birmingham Sustainability Transformation Plan (STP) to become an Integrated Care System (ICS) by April 2021, The move to an ICP will support the ambition of the partnership to deliver fully integrated services that are based on a population health approach to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population by focusing not just on health but on the wider determinants of health.

Walsall Together

Collaborating for happier communities

Future plans for the Walsall Together Partnership include working with the voluntary and community sector to engage with our communities, specifically with those people who are vulnerable or seldom heard, on issues such as the wider determinants of health including social isolation and the impact these have on the health and well-being outcomes for the population of Walsall.

Given the fact that over 60% of colleagues who work at the Trust, live in the Borough, the Trust has both a legal and moral responsibility to tackle and reduce health inequalities for the benefit of the residents of Walsall which includes colleagues working at Walsall Healthcare and their family members. It is important that our EDI strategy also compliments and underpins the Trust's five year strategy and Patient Engagement and Experience strategy.

Health inequalities in Walsall Borough

The local context and drivers for change.

Walsall is a metropolitan borough consisting of a mix of urban, suburban and semirural communities. It is one of the four local authorities that make up the Black Country sub region (with Dudley, Sandwell and Wolverhampton). Walsall has a local population of 281,293 (MYE 2017 ONS) and the local population is set to increase by 5.9% over 10 years to 290,200 by 2024.

Deprivation is deeply entrenched in Walsall and had worsened during the recession. Key facts are:

- 44 out of 167 neighbourhoods (LSOAs) are now amongst the most deprived 10% in England compared to 34 in 2015.
- The 2019 Index of Multiple Deprivation now ranks Walsall as the 25th most deprived English local authority (out of 317), placing Walsall within the most deprived 10% of districts in the country (33rd in 2015, 30th in 2010 and 45th in 2007).
- There are extremes of deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the borough.
- Walsall fares particularly badly in terms of income (16th), education, skills & training deprivation (11th) and employment (38th) and many of the issues that challenge the borough match the geography of deprivation.
- The high and increasing levels of child poverty puts additional demands on services. Walsall ranks 17th for income deprivation affecting children index (IDACI 2019) with the Borough's relative deprivation increasing over time (27th in 2015).
- 1 in 3 (29.9%) aged under 16 years are living in low income families, higher than the national average of 20.1% (HMRC, 2016).
- By the end of January 2017, 20.8% of primary school pupils were entitled to free school meals compared to the national average of 14.5% and 19.1% of secondary school pupils compared to 13.2% nationally (DfE June 2016).

Based on the rank of its average score, Walsall is now the 25th most deprived local authority district (out of 317). This puts it well within the most deprived 8% of areas in England, and is a worsening of position since 2015 when it was at 11% and in all previous releases of the indices over the past 15 years.

However, this does not necessarily mean that Walsall is more or less deprived than it was previously in absolute terms, neither does it describe how the number of people experiencing deprivation has changed – what it does show is that the borough is now relatively more deprived when compared with other local authorities. It is entirely possible that improvements may have been made across Walsall as a whole over time, with fewer people living in deprivation as a result, but these have not been significant as the reduction in deprivation elsewhere.

The following map figure 4.0 below displays the geographical picture of deprivation across the Walsall borough, ranked against England as a whole. The colour shaded LSOAs (Lower-layer Super Output Areas) rank the most deprived as red & least as green. For instance, we can see that Area E (Blakenall) has a high proportion of the most deprived LSOAs in England, whereas parts of Aldridge & Streetly feature the least. It shows a very diverse picture, with east & west radically different from one another. Figure 4.1 groups the LSOAs into quintiles ranking them from most to least deprived. This also displays the gulf in deprivation geographically, between east & west.

Figure 4.0

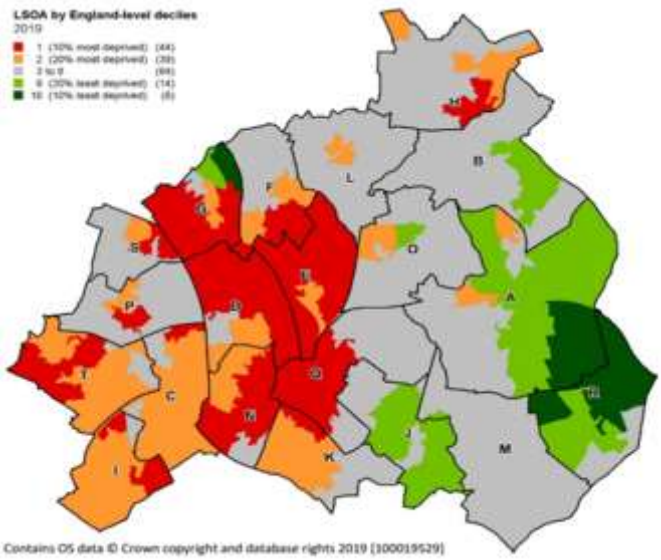
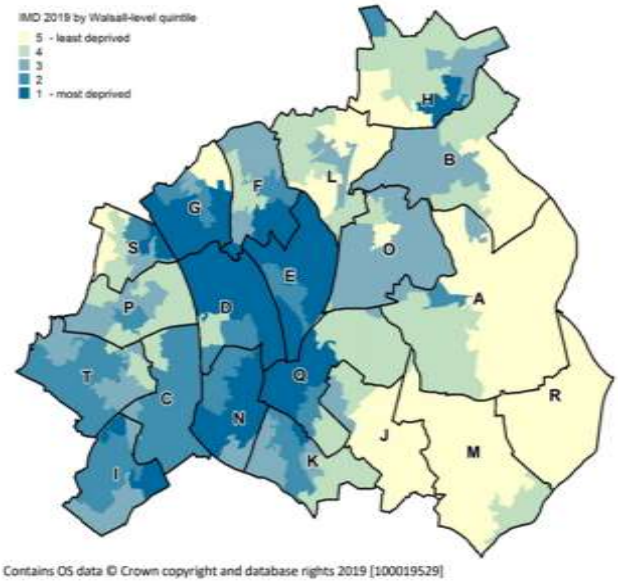


Figure 4.1



Workforce inequalities: the local context

Why do we need to take urgent accelerated action?

We have collated extensive qualitative and quantitative feedback to help inform the development of this strategy and the data tells us that there is a compelling argument to take urgent and accelerated action to eliminate racism bias , uncivil and other forms of discriminatory behaviours and practices at our Trust.

Our aim is for equality, diversity and inclusion to become the new normal. We now need to take accelerated and urgent action to reset our cultural norms to ensure we can demonstrate that we are well on our on way to becoming an anti racist, anti -discriminatory Trust. Incivility and behaviours, practices and processes that seek to undermine our efforts to become an inclusive and fair employer will no longer be tolerated at all levels in our Trust.

In 2018 our Trust Board Pledge set out a zero tolerance approach to tackling unlawful discriminatory behaviour and other behaviours and practices that are not in line with our Trust Values. Our Board Pledge states the following;

"We will demonstrate through our actions that we listen and support people. We will ensure the organisation treats people equally, fairly and inclusively, with zero tolerance of bullying. We uphold and role model the Trust values chosen by you".

We are aware that progress has been slow and we are not where we wish to be. For the past three years there has not been any significant improvement in relation to equality, diversity and inclusion with differential outcomes for colleagues with a disability and colleagues from a Black Asian and Minority Ethnic background. Further details of some of the workforce inequalities identified from various Trust reports since 2018 until present are displayed below:

In the 2020 Staff Survey 75.7% of colleagues reported that they believed Walsall Healthcare acts fairly in relation to career progression and promotion irrespective of ethnic background, religion, sexual orientation, disability or age. This is a reduction from 76.3% in the 2019 Staff Survey.

In the 2020 Staff Survey only 55.8% of colleagues from an ethnic minority background believed that the Trust provides equal opportunities for career progression and promotion compared to 81.8% of White colleagues.

23.9% of colleagues from a Black Asian and Ethnic Minority background reported they had experienced discrimination from their line manager, Team leader or other colleagues compared with 7.3% of White colleagues that responded to this question in the 2020 Staff Survey.

Our Gender Pay Gap data tells us that women's hourly wage is 14% lower than men. Women earn 86p for every £1 men earn when comparing median hourly wages.

In our 2020 Workforce Race Equality Standard report if you were from a White background you were 1.52 times more likely to be appointed to a position at Walsall Healthcare from shortlisting across all posts when compared to a candidate from a Black, Asian, or Ethnic Minority background.

Colleagues with a disability also reported similar levels of differential experience with 23.8% of disabled colleagues who reported that they had experienced harassment bullying or abuse from their line manager in the 2020 Staff Survey.

The percentage of disabled staff compared to non disabled staff saying that they were satisfied with the extent to which their organisation values their work was 32.5% compared to 44.1% of non disabled colleagues.

Work of the Black, Asian and Minority Ethnic Cabinet Task and Finish Group

The disproportionate impact of COVID-19 upon colleagues of Black, Asian and Minority Ethnic background, and the resurgence of the Black Lives Matter movement shone a spotlight on race inequality creating a widespread acceptance to take action. In May 2020 Walsall Healthcare Board established the BAME Cabinet on a task and finish basis to aid the acceleration of progress in this area.

The BAME Cabinet comprised the CEO, Chair, Director of People and Culture as well as the Chair of People and Organisation Development Committee PODC, and other Non Executive Leads for EDI, Health and Wellbeing and FTSU. BAME Cabinet members agreed that the task and finish group would enable the Trust to achieve the following;

- State our ambition for workforce race equity.
- Articulate what success looks like.
- Describe the approach and the steps along the way.
- Recognise the challenges.
- Explicitly articulate the mitigations as well as why we think these will be effective.
- Be clear on how we will hold ourselves and everyone else to account for delivery.

The outcomes from these sessions and the EDI Board Development Sessions commissioned on behalf of the CEO concluded and secured Board commitment to ensure the following aims as set out on page 7 of this strategy document.

- A skilled anti-racist, anti-discriminatory Board, committed to, equipped and educated to drive the change.
- Fairer representation of different groups at all levels, occupations, better colleague experience.
- Pride rather than uneasy shame in being a BAME board member of the Trust.
- The racists, homophobes and other bigoted people are the ones who will feel they do not fit in the Trust.
- Public and patients irrespective of background/ characteristics will see themselves represented in the Trust offer.
- Whiteness is discussed as much as any other identities.
- The approaches we use to get there will be research based with clear evidence behind the actions to evidence success.

The work of the BAME Cabinet has been a key enabler in driving collective support for Equality, Diversity and Inclusion.

Equality Diversity and Inclusion Strategy Objectives for the next two years

Quantitative and qualitative data along with anecdotal evidence provides a useful evidence base to develop a set of objectives that will be monitored over the next three years of our equality, diversity and inclusion strategy.

Our four objectives for the next two years are as follows;

Objective 1
18.0% of colleagues from a Black Asian and Ethnic Minority background are in AFC pay grades 8a and above. Our objective is to increase this by 10% which would mirror our current overall ethnic minority workforce representation which is 28%.

Objective 2
To work towards becoming an anti-racist and anti-discriminatory organisation by creating a healthy workplace culture and healthcare service which is fully inclusive for colleagues and patients with a disability ,from an ethnic minority background, LGBTQ+ background, and all of the other remaining protected characteristics (age, sex, gender reassignment, marriage and civil partnership status and pregnancy and maternity status) This will result in improvements in colleagues experience working at the Trust and better advocacy scores for both colleagues and patients.

Objective 3
To embed equality analysis into service redesign, improvement programmes and governance structures to ensure equality, diversity and inclusion is at the heart of everything we do.

Objective 4
To have reached Anchor Employer status by collaborating with partners to form a system wider Anchor Employer Alliance by April 2022. This will be achieved by working with partners in the Borough and beyond to offer employment opportunities for disadvantaged communities.

Listening and responding to feedback

What did our colleagues and patients tell us about their experiences and what needs to change?

(EDI Strategy consultation exercise, Pull up a Chair with the Chair, FTSU Guardians, EDI Board Development sessions feedback)

In the summer of 2020 we undertook a number of engagement exercises to engage with our colleagues and patients to understand their perspective from an EDI lens and what they believe needs to change at Walsall Healthcare.

Qualitative themes from our extensive equality, diversity and inclusion strategy consultation exercise and EDI Board Development Session, the Pull up a Chair with the Chair sessions and feedback from our Freedom to Speak Up Guardians report colleagues being subjected to racist taunts, bullying and uncivil behaviours.

There were also reports of unfair working practices and our colleagues from a Black Asian and Minority Ethnic background and colleagues with a disability reporting that they believed they had been treated unfairly during the peak of the COVID -19 wave 1 following feedback from the Virtual sessions with the Chair of the Equality, Diversity and Inclusion Group.

Below is a summary of some of the comments from our colleagues and patients engagement exercise during 2020:

"We need to stamp out bullying, favouritism - I even believe there are differences between how groups of different Health Care Professionals are treated (despite other factors)"

"We need to extend the duty of candour to require people to report poor behaviour in exactly the same way they would discuss something that goes wrong with someone's treatment. Take a 'civility saves lives' approach to explain that the impact of this not only impacts colleague wellbeing but also patient safety."

"We need to actively listen and invest in our people. We need to ensure that discriminatory culture is not tolerated. When clinicians/ staff talk about how difficult it is to speak to patients who do not speak English and complain about the cost of interpreter services; this is discriminatory. When black people are repeatedly given a lower standard of care due to bias in the health system and bias in clinical practice; this is discriminatory."

"This is not a nice environment for the staff. More people would come forward but they are scared. Change now needs to happen".

"Poor behaviour is endemic and accepted - e.g. it is left up to the junior members of staff to challenge their seniors about disparaging and discriminatory and racist, homophobic remarks."

"The Leadership culture is unacceptable and there are behaviours of speaking down to staff, pulling people from pillar to post".

"As a transgender male I feel inclusion is very important within every community as it means that everyone feels safe and accepted. I have had a lot of instances in other communities of people not including me because of being transgender so I think inclusion is a very important thing to have wherever you are"

What are we going to do?

Moving beyond 'equality speak' and taking meaningful and appropriate action.

This strategy is about building the foundation for an inclusive and culturally sensitive NHS Trust. We are focusing our attention on the issues that have been raised over the years by our staff and we are giving our commitment to doing something about it. Using Roger Kline's top ten actions as our guiding principles, the Board as a collective have committed to achieving the following;

1

Principle 1: Equality, diversity and inclusion must become core Board business. No one should be a member of any NHS Board if they cannot confidently explain to staff and managers (and interview panels) why tackling race discrimination is important for the NHS and demonstrate what they are doing personally to achieve this. It must not be an optional extra. To gain the insight required to act requires difficult face to face discussion, reading , and listening and acting on lived experience.

2

Principle 2: Every leader must seek out and understand their local challenges, looking for risk not comfort. They must be familiar with Workforce Race Equality Standard (WRES) and other equality data such as turnover, exit interviews, and absenteeism rates disaggregated by site, occupation, and service. Those challenges include patient and community experience. The repeated refusal of individual Boards (and national bodies) to be honest and open with equality data is a serious shortcoming that must end.

3

Principle 3: Boards should stop signing off "action plans" unless those proposing them can demonstrate why they are likely to work. In considering clinical interventions, we look for such evidence. Why on earth do Boards rarely ask the the same of those proposing interventions on discrimination?

4

Principle 4: Boards must be proactive and preventative. If they don't use research and data (including lived experience) to drive interventions, inserting accountability at every stage, they will fail. Rather than adding a BAME member to a disciplinary panel, for example, managers must not start a disciplinary investigation unless they can demonstrate it is the appropriate and fair response to an alleged offence and not discriminatory in itself.

5

Principle 5: Boards must embed accountability. Start by setting clear measurable time-limited goals, ensuring managers and staff understand why, and then holding themselves (and their managers) to account. There should be consequences and/or incentives when agreed diversity goals are not met, as for any other key performance indicator (KPI). It doesn't mean "beating up" managers, but rather helping build their capacity and confidence at every level, recognising that this requires investment of time and determination by leaders.

6

Principle 6: Boards and teams must prioritise psychological safety so they become inclusive, welcoming the difference that BAME staff bring, recognising that when they are really included and valued, able to bring themselves to work, there are immense benefits for all. Boards must understand that whilst improved BAME representation is crucial, the benefits are limited without inclusive behaviours and culturally sensitive psychological support.

7

Principle 7: Boards and leaders must model the inclusive behaviours they expect of others, with consequences if they do not. Culture is largely shaped by what leaders do and don't do. Good leaders put themselves in the shoes of others, listen, enable, polish the skills of others, and are honest about mistakes. They make diversity and inclusion a personal priority, not leaving it to those subjected to poor behaviours to challenge them. Demonstrable values should be a core part of appraisals.

8

Principle 8: Equality diversity and inclusion are drivers of service improvement, so must stop being primarily a matter of compliance delegated to junior staff.

9

Principle 9: The focus of NHS work around race equality must change. Remorsefully challenging racism must go hand in hand with supporting those who want to eliminate discrimination, question their own privilege and be allies. Such support must tackle the bizarre absence of a properly resourced national good practice repository on diversity and inclusion.

10

Principle 10: Finally it is time to step up national accountability. Good governance has accountable metrics. Why, for example, are Trusts that cannot demonstrate serious progress on race equality still receiving a CQC Good or Outstanding rating? Strong statements on racism are helpful. But in 2020, anything less than decisive practical action is unforgivable.

NHSE/I: Regional Race Equality and Inclusion priorities for the Midlands region

What are some of the actions we are going to take in the short medium and long term based on the NHSE/I regional priorities?

1

Addressing the lack of compassion in leadership Skill

EDI Self-assessment exercise/ Inclusion Maturity Matrix/Personal EDI objectives for Executive Directors/Sponsorship of Inclusion programme of work/EDI Leadership development programmes. Anti-racist diagnostics tools. Promote and encourage the use of resources around race equality.

2

Removing barriers to inclusive and compassionate health and wellbeing support

Develop culturally sensitive and gender specific health and wellbeing provision for colleagues from a Black Asian and Ethnic Minority background and colleagues with a disability and other protected groups. Train managers to understand what cultural competence is and how to support staff from different backgrounds.

3

Removing barriers to inclusive and compassionate health and wellbeing support

Explore options to develop an external speak up offer to encourage more staff to speak up / Enhance FTSU Dashboard/ Raise the profile of the Confidential Contact links /Implement a shared governance process for the Staff Inclusion Network and BAME Shared Decision Making Council. Seek agreement to establish paid protected time for staff networks. Implement Schwartz Rounds.

4

Addressing the lack of compassion in leadership Skill

EDI Self-assessment exercise/ Inclusion Maturity Matrix/ Personal EDI objectives for Executive Directors/Sponsorship of Inclusion programme of work/EDI Leadership development programmes. Anti-racist diagnostics tools. Promote and encourage the use of resources around race equality.

5

Eliminating racism and bias in disciplinary and grievance processes

Mediation skills training for line managers and colleagues to ensure there is no disproportionate impact on ethnic minority representation and disabled colleagues involved in employee relations cases. Investigation Skills Training for ethnic minority and disabled colleagues. Increase the number of ethnic minority Investigating Managers/Implement revised disciplinary and grievance policy along with a co-designed comprehensive training programme/Cultural Ambassadors involvement in employee relation cases/staff side support.

6

Reward and celebrate when good practice is identified

Implement Equality Charter Marks for WHT. Establish recognition and reward process to celebrate inclusive leaders inclusive teams and inclusive and compassionate colleagues and promote through the BC&WB ICS. Showcase best practice to NHSE/I and promote via Trust Communications

7

Building accountability

Implement the Equality Delivery System 3 across service areas and carry out a rolling programme of EDS3 assessments. Embed Equality Impact Assess ments into service redesign and Board Governance structures. Establish an External Equality Advisory Group (service delivery). Use local intelligence to target interventions and support with known hotspots for HBA on the grounds of race and disability (Staff Survey Heat Map).

8

Eliminating racism/bias in recruitment and progression

Implement Comply and Explain/100% uptake of Recruitment and Selection Training/Cultural Ambassadors on interview panels. Positive action leadership programmes. Pre assessment/ EDI diagnostic tools. Establish Divisional Talent Panels and Inclusive Talent Pools. Recruitment audits /Implement declaration of Interests/Internal monitoring of promotions and access to learning education and development.

9

A collaborative approach across systems

Establish a system wide BAME Network./ Inclusion Network/Anti-Racist Action Plan/ Embed specific anti-racist specific interventions/ System wide Black Lives Matter Recruitment Campaign. Develop Anchor Employer Alliance. System wide Race Code.

What does success look like?

1. Addressing the lack of compassion in leadership Skills (EDI Equality Objective 2)	2. Removing barriers to inclusive and compassionate health and wellbeing (EDI Equality Objective 2)	3. Removing barriers to help staff speak up (EDI Objective 2)
• 100% of leaders will have had a 360 degree appraisal / Carried out an EDI self-assessment • 100% of Executive team will have had an EDI objective and be working towards delivering on their objectives • Increase in% staff survey results Q 5b the support I get from my immediate line manager increase in line with best performing Trusts and above benchmark comparator Trust • Improvements in WRES Indicator 8 (q17 staff survey 15% decrease in the no of ethnic minority staff that have experienced discrimination from their manager / team leader or other colleagues • Improvements in WDES indicator 4 -20 % decrease in the number of disabled staff that state they had experienced bullying, harassment and abuse from their line manager or other colleagues • % increase in staff advocacy scores- a great place to work in line with comparator benchmark of 67% • % uptake of Civility and Respect Code of practice &/understanding micro aggressions /gaslighting development programmes • WHT in upper quartile of Model Hospital	• % increase staff survey questions in the number of staff that state their line manager/ organisation takes a positive interest in their health and wellbeing ((benchmark against comparator trust or higher %) • Improvements in WDES indicator 4 - % decrease in the number of disabled staff that state they had experienced bullying, harassment and abuse from their line manager or other colleagues • Increase in % staff survey results Q 5b the support I get from my immediate line manager increase in line with best performing Trusts • Improvements in WRES Indicator 8 (q17 staff survey 15% decrease in the number of ethnic minority staff that have experienced discrimination from their manager / team leader or other colleagues • WHT in upper quartile of Model Hospital	• % increase in the number of staff that state they feel confident to speak up about concerns (staff survey)in line with benchmark comparator • Increase in the number of FTSU concerns received by external FTSU service with themes being triangulated to specific divisional areas and departments and subsequent actions being taken. • Increase in % of overall concerns captured via FTSU dashboard reporting • % increase in the number of colleagues raising concerns about incivility and respect in the workplace • Governance structures in place to support staff networks involvement in decision making • Increase in the number of staff contacts via confidential contact links • WHT comparators in line with the best performing Trusts
4. Tackling racism and other types of discrimination (including bullying and harassment) (EDI Objective 2)	**5. Eliminating racism and bias in disciplinary and grievance processes (EDI objective 2 and 3)**	**6. Reward and celebrate when good practice is identified (EDI Objective 2)**
• Increase in% staff survey results Q 5b the support I get from my immediate line manager increase in line with comparator Trust • Improvements in WRES Indicator 8 (Q 17 staff survey % decrease in the no of staff that have experienced discrimination from their manager / team leader or other colleagues • Improvements in WDES indicator 4 - % of disabled staff that state they had experienced bullying, harassment and abuse from their line manager or other colleagues • % Improvements in staff advocacy scores- a great place to work	• Increase in% staff survey results Q 5b the support I get from my immediate line manager increase in line with benchmark comparator Trust • Improvements in WRES Indicator 8 (q17 staff survey% decrease in the no of ethnic minority staff that have experienced discrimination from their manager / team leader or other colleagues • Improvements in WRES Indicator 3 the relative likelihood of ethnic minority staff entering into the disciplinary process when compared to white staff	• % increase in the of nominations being received to celebrate inclusive leaders/inclusive and compassionate individuals as part of internal awards programme • Number of inclusive leaders/teams/individuals that have been put forward for external awards • EDI Charter Marks achieved
7. Building accountability (EDI objective 2 and 3)	**8. Eliminating racism and bias in disciplinary and grievance processes (EDI Objective 2 and 3)**	**9. A collaborative approach across systems- (EDI Objective 2 and 4)**
• Corporate accountability framework in place • Improvements in EDI metrics within Director of People cultural heat map • NHSE/I EDI Board competency framework implemented • Equality Impact Assessment Framework embedded • Divisional accountability structures in place • Heads of Service /Service leads accountability framework in place (EDI Metrics) • EDS3 assessment framework in place across key services- • Rolling programme of EDS3 assessments in place and being implemented	• % increase in the number of ethnic minority colleagues at Band 8a and above from 18.0% to 28%in line with overall number of ethnic minority colleagues in the workplace • 20 % increase in the number of disabled and ethnic minority colleagues that state they believe their organisation provides opportunities for career development • Improvements in WRES indicator 2 – the relative likelihood of ethnic minority colleagues reduced from 1.52 to below 1.00 • % of internal promotions gained by ethnic minority and disabled colleagues • Information on recruitment comply and explain outcomes being reported to PODC • Check and balance (HBA) process in place for senior management recruitment	• Anti racist action plan in place • System wide Ethnic Minority Network in place • % take up of Black Lives Matter interventions across the region and (WHT specifically) • Black Lives Matter interventions embedded across the system • Working with system partners to build an Anchor Employer Alliance • As part of our commitment to being an anchor employer we will achieve year on year %increases in the number of disabled people and disadvantaged communities gaining employment at the Trust

How are we going to communicate and monitor the implementation of this strategy?

This strategy will be circulated to Walsall Healthcare Board, members of the Trust Management Board, members of the Staff Inclusion Network ,BAME Shared Decision Making Council and the Equality, Diversity and Inclusion Group. We will also circulate this strategy to Divisional Boards which comprise of Divisional Directors, Deputy Divisional Directors and Care Group Managers and various teams across the organisation. We also publish this on our external intranet pages.

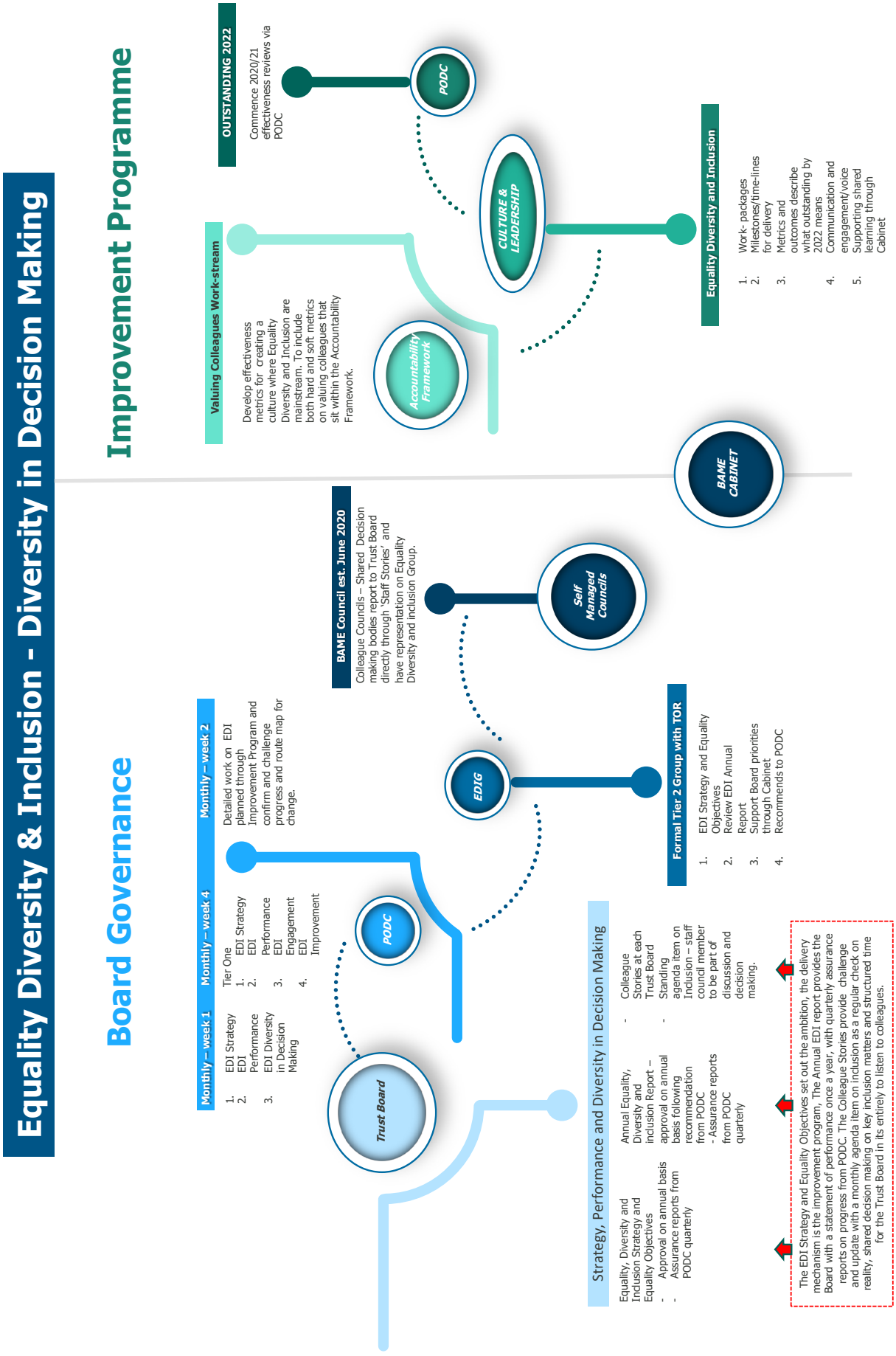
Our intention is to obtain meaningful and insightful feedback as to whether the interventions over the next year are the right ones for our colleagues and patients. We hope to make it clear that our ambitions to become an inclusive and fair employer can only be realised with the genuine commitment of everyone that works at the Trust. We also hope to make it clear that there is no place at our Trust for colleagues whose actions and behaviours undermine our efforts to achieve good equality outcomes for the benefit of our colleagues and patients. Simply put, we must reinforce our zero tolerance approach to bullying, racism and uncivil behaviours.

We will produce several copies for our community sites and for our operational colleagues that do not have regular access to the intranet. We want to ensure that everyone who works for us is clear about what we are going to do become an anti racist, anti discriminatory organisation and the role they play in support of this ambition.

This strategy will also be published on our external website and copies will be made available for our partners organisations. We will also publicise this strategy on all of our social media websites which includes face book, twitter and Instagram and also through our regular communication channels such as the Trust's corporate newsletter- Daily Dose and other internal communication mechanisms.

The delivery plan of this strategy and progress will be monitored and reported to the People and Organisation Development Committee through the Equality, Diversity and Inclusion Group. We will publish regular updates about our programme of work so that our colleagues understand the extent of the progress we are making and the impact that this strategy is making on colleague experience e.g the people that work for us and also the positive and beneficial impact and outcomes for our patients.

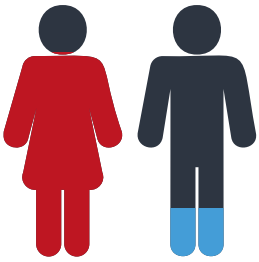
Annex A: EDI - Diversity in Decision Making



Annex B: EDI Workforce Demographics (January 2021)

Sex (Gender)

81% of the workforce are female



19% of the workforce are male

Age

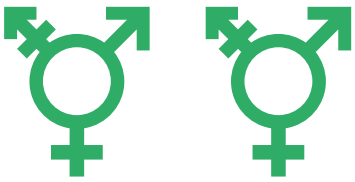
Baby Boomers
1945 - 1960
10%

Generation X
1960 - 1985
61%

Generation Y
1985 - 1995
23%

Millenials
1995 - 2005
5%

Gender Reassignment



2 colleagues
are from the trans community

Marriage and Civil Partnership

53%
of the workforce is married

1%
of the workforce is in a civil partnership

Sexual Orientation

1% identify as LGBT

4% chose not to declare

Maternity

30,000 hrs
of maternity/paternity leave were taken during 2019/20 by **231 colleagues**

Ethnicity

28%
are of Black, Asian or Ethnic Minority background

69%
declared their ethnicity as White-British

10%
declared themselves Asian or Asian British of Indian descent

28%
declared themselves Asian or Asian British of Pakistani descent

3%
declared themselves Black or Black British of Caribbean descent

2%
declared themselves Black or Black British of African descent

Religion

1 in 3
colleagues are Christian

7%
of colleagues are atheist

4%
of colleagues are Muslim

2%
of colleagues are Hindu

3%
of colleagues are Sikh

Annex C: Walsall Healthcare demographics comparison with Walsall Population

Age	Your Data	LA: Walsall	Region: West Midlands
Under 25	**5.15%** 224	**14.82%** 31,581	**15.05%** 678,398
25 - 29	**11.47%** 499	**8.30%** 17,690	**8.06%** 363,286
30 - 34	**12.25%** 533	**7.59%** 16,184	**7.62%** 343,295
35 - 39	**11.35%** 494	**7.93%** 16,906	**7.99%** 360,103
40 - 44	**12.18%** 530	**9.15%** 19,503	**9.01%** 406,247
45 - 49	**12.34%** 537	**8.96%** 19,087	**8.96%** 404,030
50 - 54	**13.72%** 597	**7.73%** 16,464	**7.79%** 351,121
55 - 59	**11.42%** 497	**6.88%** 14,672	**7.09%** 319,685
60 - 64	**7.17%** 312	**7.14%** 15,221	**7.44%** 335,265
65 - 69	**1.95%** 85	**6.21%** 13,227	**6.21%** 279,804
70 +	**0.99%** 43	**15.29%** 32,588	**14.78%** 666,171

Ethnicity	Your Data	LA: Walsall	Region: West Midlands
White - British	**68.51%** 2,993	**76.95%** 207,238	**79.16%** 4,434,333
White - Irish	**0.43%** 19	**0.44%** 1,181	**0.99%** 55,216
Gypsy/Traveller/Irish Traveller	**0.00%** 0	**0.11%** 287	**0.08%** 4,734
White - Other White	**1.69%** 74	**1.40%** 3,763	**2.49%** 139,386
White and Black Caribbean	**1.33%** 58	**1.60%** 4,312	**1.22%** 68,533
White and Black African	**0.25%** 11	**0.12%** 321	**0.16%** 9,232
White and Asian	**1.28%** 56	**0.65%** 1,754	**0.58%** 32,561
Other Mixed	**0.41%** 18	**0.31%** 837	**0.38%** 21,388
Asian/Asian British: Indian	**10.30%** 450	**6.13%** 16,502	**3.90%** 218,439
Asian/Asian British: Pakistani	**4.37%** 191	**5.31%** 14,289	**4.06%** 227,248
Asian/Asian British: Bangladeshi	**0.85%** 37	**1.93%** 5,194	**0.94%** 52,477
Asian/Asian British: Chinese	**0.37%** 16	**0.37%** 993	**0.56%** 31,274
Asian/Asian British: Other Asian	**1.99%** 87	**1.50%** 4,044	**1.34%** 74,997
Black/African/ Caribbean/Black British: African/Black British: Caribbean	**5.24%** 229	**1.93%** 5,196	**2.70%** 151,047
Arab	**1.49%** 65	**0.08%** 222	**0.32%** 18,079
Any Other	**0.96%** 42	**0.75%** 2,017	**0.57%** 31,825

Gender	Your Data	LA: Walsall	Region: West Midlands
Male	**18.57%** 808	**49.13%** 132,319	**49.33%** 2,763,187
Female	**81.43%** 3,542	**50.87%** 137,004	**50.67%** 2,838,660
Unknown	**0.00%** 0	**0.00%** 0	**0.00%** 0

Disability	Your Data	LA: Walsall	Region: West Midlands
Disabled	**2.46%** 107	**10.42%** 28,065	**9.08%** 508,454
Not disabled	**68.69%** 2,988	**10.34%** 27,837	**9.88%** 553,610
Not disclosed	**1.56%** 68	**79.24%** 213,421	**81.04%** 81.04%
Unknown	**27.29%** 1,187	**0.00%** 0	**0.00%** 0

Sexual Orientation	Your Data	Region: West Midlands
Heterosexual / Straight	**62.27%** 2,489	**98.66%** 4,217,000
Gay / Lesbian / Bisexual	**0.80%** 32	**1.33%** 57,000
Unknown	**36.93%** 1,476	**0.00%** 205

Religion & Belief	Your Data	LA: Walsall	Region: West Midlands
Atheism	**7.22%** 314	**20.00%** 53,876	**21.97%** 1,230,910
Buddhism	**0.32%** 14	**0.19%** 516	**0.30%** 16,649
Christianity	**33.78%** 1,469	**59.03%** 158,971	**60.22%** 3,373,450
Hinduism	**1.72%** 75	**1.69%** 4,560	**1.29%** 72,247
Islam	**4.64%** 202	**8.22%** 22,146	**6.71%** 376,152
Judaism	**0.07%** 3	**0.02%** 54	**0.08%** 4,621
Not disclosed	**10.26%** 446	**0.00%** 0	**0.00%** 0
Sikhism	**2.83%** 123	**4.31%** 11,606	**2.39%** 133,681
Other	**5.45%** 237	**0.53%** 1,420	**0.46%** 25,654
Unknown	**33.71%** 1,466	**6.01%** 16,174	**6.58%** 368,483

Carers	LA: Walsall	Region: West Midlands
Provides unpaid care	30,632	614,888

Carers	LA: Walsall	Region: West Midlands
Unemployed adults	41,659	807,458

Notes

Notes

Notes

00187 06/21

NHS
Walsall Healthcare
NHS Trust

Caring for Walsall together