

# Public Sector Equality Duty (PSED) Annual Report 2023

Equality, Diversity and Inclusion (EDI) is enshrined in our vision and through our values of care, respect and responsibility that underpin the day-to-day activities and diverse communities of the Trust. We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our goal to be a brilliant place to work and thrive.

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#### 1. Introduction

We are committed to Equality, Diversity, and Inclusion because we are passionate about this, it is what we want to do and is the right thing to do for the benefit of our staff, patients, visitors, service users and the community that we serve. In the course of this, it helps us to comply with our legal and statutory obligations, for example, through the workforce race equality standard, workforce disability equality standard and the gender pay gap reporting.

We are committed to being a more inclusive organisation, ensuring equal opportunity and celebrating diversity. Encouraging and supporting the workforce we employ to reach their potential. This will support our goal to be a brilliant place to work and thrive.

Equality, Diversity and Inclusion (EDI) is enshrined in our vision and through our values of care, respect and responsibility that underpin the day-to-day activities and diverse communities of the Trust.

Our aim is to create a culture of inclusion where everyone feels valued and respected for who they are and what they bring to our organisation. Our Equality, Diversity and Inclusion activity is linked to the NHS People Plan, the Trust's Dudley People Plan and Strategic Objectives.

This Public Sector Equality Duty (PSED) report highlights the progress we have made in the year of 2022/23 and provides a valuable reflection of our commitment to our vision and achievements against the areas where we need to improve and our programme of work, as we look forward to continuing to make a difference to the lives our staff, our patients, and the community that we serve.

#### 2. Our Duties and Responsibilities

Our vision statement is *Excellent healthcare, improved health for all* and we are a values-based, aspiring for excellence organisation. We Intend to build on and uphold our pledge to become a more inclusive Trust.

At The Dudley Group, we want to ensure all colleagues, patients and visitors are, respected and included in decisions that affect them. Our staff must feel safe and confident to be themselves at work and develop their skills as part of a great team. Embracing our diverse cultures and inspiring collaboration is critical to the success of the Trust.

The care of our patients is strengthened through the diversity of thought, approach and culture delivered by staff from rich and different backgrounds. Embedding an environment of Equality and Inclusion is a pivotal pillar of the Dudley People Plan, which has the full support and championship of the Trust Board.

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions. These are to:

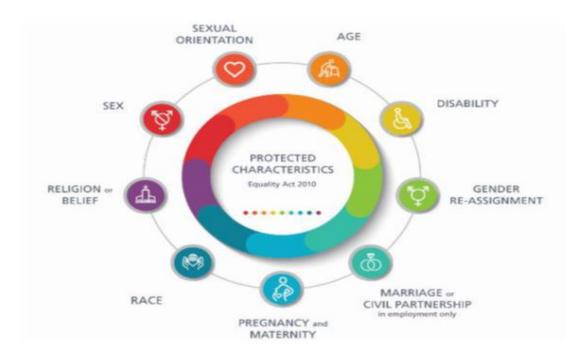
• Eliminate discrimination, harassment, and victimisation.

- Advance equality of opportunity between people who share a protected characteristic and people who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

#### We are required to do this by:

- 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 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.
- The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled person's disabilities.
- Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to tackle prejudice and promote understanding.

The Protected Characteristics covered by the Equality Act 2010 are:



#### 3. Our Commitment

We are committed to being a more inclusive organisation where Equality, Diversity, and Inclusion are a golden thread running through everything we do. The Equality, Diversity, and Inclusion Team at the Dudley Group has changed and grown enormously in 2022. The team, which is now the Equalities and Wellbeing Team, has quadrupled in size to now four members of staff. The team has dedicated itself to ensuring equal opportunity for everyone, celebrating staff differences, and encouraging the workforce to reach their potential.

Connecting our strategic objectives to enhancing Equality, Diversity, and Inclusion:

- Deliver right care every time
- Build innovative partnerships in Dudley and beyond
- To be a brilliant place to work and thrive
- Drive Sustainability and financial environment
- Improve health & well-being and reduce inequalities

#### 4. Compliance Drivers

In support of the effective delivery of the equality duties of the Equality Act 2010 and the Public Sector Equality Duties (PSED), there are other mandatory requirements for the Trust as an NHS organisation. These include:

- NHS Standard Contract (SC13 Equity of Access, Equality and Non-Discrimination) compliance of which is regulated and monitored by the Care Quality Commission (CQC)
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap (GPG) reporting
- Equality Delivery System (EDS22)
- Accessible Information Standard (AIS)
- Sexual Orientation Monitoring Standard (SOMS)

#### 5. The Dudley People Plan

The Trust published its Shaping #Our Future in 2022, developed through engagement with staff, patients, and partner organisations. Through a clear vision, set of strategic priorities and refreshed values, it places staff at the heart of what we do as they are central to the success of the organisation. The successful delivery of the Trust's vision "Excellent health care, improved health for all" requires a motivated and skilled workforce.

We recognise the contribution made by every member of staff and the important role they play, each and every day, in delivering safe, effective, high quality patient care, whilst role modelling our values Our People Plan recognises the value of our people and the link that exists between an engaged, happy workforce who feel valued and the quality and efficiency of the care they are able to provide.

The Dudley people Plan should be read in conjunction with the organisational strategy Shaping #Our Future and the 5 key people journeys as they reflect what matters to our people in its delivery. It is recognised that not all staff provide direct patient care but that we all have a key role in the patient journey. All staff should feel supported and valued in their development to ensure they are able to progress as far as possible in their careers.

The Dudley People Plan covers a three-year period from 2023-2025. The Dudley People Plan summarises the work that our people can expect embedded in our 5 People Journey:

- 1. Equality, Inclusion and Diversity
- 2. Organisational Development
- 3. Wellbeing
- 4. Recruitment and Retention
- 5. Continuous Improvement

People Journeys							
Equality, Diversity & Inclusions	Organisational Development	Wellbeing	Recrui	t & <u>Retain</u>	Continuous Improvement		
We will create an inclusive organisation that ensures equal opportunity and celebrates diversity	We offer support and growth for you to develor your potential. There are opportunities for everyone	access to professional support when needed	want to wo	e place people rk. We make it ork at Dudley	We engage, empower, and enable everyone to continuously improve their work		
		Measures of Success	<u> </u>				
Sustain an expand membership of induvial diversity networks.     Improve reported position on WRES and WDES metrics around progression, development, and leadership representation.	1. 100% of managers have completed Managers Essentials     2. 95% compliance for Annual Reviews to be achieved from 2023 onwards, with quality audits demonstrating reviews meets standards.	1. Wellbeing Staff Survey scores improve annually with the goal of achieving the top quartile by 2025. 2. Fully embed Wellbeing Champions with a gaol of one active champion for each team/service.	7%	ry rate below er Rate below	1. The proportion of employees engaged in improvement activity is above 50%. 2. DGFT's culture of continuous improvement as measured by a subset of staff survey questions is in the top quartile of Acute and Community trusts.		
	<b>Enablers</b>						
Digital  We use digital tools to deliver our We listen and le plans		Communication I learn from our people to inform what we do Organisational Culture		We listen and learn from our people to inform do		Engagement orm what we We involve our people in our work	

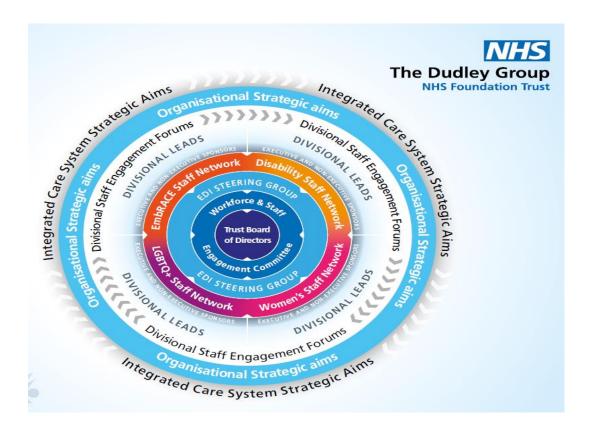
To develop each of the journeys, it was important to understand the employee lifecycle, a model that identifies and describes all the various stages an employee experiences with an employer. It starts from the pre-inception stage of knowing the employer but not yet working for them, to the last lap stage of post-employment.

A Positive employee experience is at the heart of our strategy, this brings employee life cycle model at the forefront of developing our journeys, it provides a model for managing every interaction between employee and employer at various points of their timespan brings many advantages, including:

- Engaging with employees at each level:
   Adopting the employment life cycle model and working towards improving each stage of employee experience helps deepen employee engagement. This, in return, helps increase productivity with a happier and engaged workforce.
- Optimising employee experience:
   The model also helps in maximising employee experience, which helps in the building of happier and stronger team with better cohesion.
- Low turnover and higher retention rates:
   Employees find themselves more appreciated and tend to remain with the organisation for longer periods. This helps the business save on hiring costs in the longer term.

#### 6. Trust EDI Governance

The following framework sets out the way in which the Trust embeds inclusive leadership across all parts of the organisation through direct engagement and representation. This approach will engage with staff from all communities, professions, and protected characteristics to improve the experience for everyone working at The Dudley Group.



# 7. Trust Equality, Diversity and Inclusion (EDI) Key Achievements over the last twelve months

The Trust has achieved the following:

- Reviewed and increased membership of the Equality, Diversity and Inclusion Steering Group.
- Recruited a Head of Equality, Diversity and Inclusion.
- Continued to implement the WRES, WDES and Gender Pay Gap
- Implemented the Equality Delivery System 22
- Equality, Diversity and Inclusion is a strategic theme in our Trust strategy.
- Embedded Equality, Diversity, and Inclusion as a 'Golden Thread' throughout our organisation.
- Identified the need to undertake employee lifecycle review to address disparities within the workforce.
- Each Staff Network has an event plan and celebrates key dates in the inclusion calendar throughout the year to increase awareness and visibility.
- Updated the Equal Opportunity and Diversity Policy and developed Supportive Guidelines which support all colleagues in inclusive practice.
- Undertaken Career Conversations with Women from areas where we have a Gender Pay Gap and Black, Asian and Minority Ethnic nurses to improve career progression.
- Achieved a gold level award from the Employers Network for Equality and Inclusion (ENEI) in our Talent Inclusion and Diversity evaluation (TIDE)
- Increasing disability declaration rates campaign
- Developing our Anti-Discrimination 'Campaign to tackle all forms of discrimination.
- Continued implementation of the RACE code Kite mark and have a clear set of actions to support our organisation to improve Race equality.
- In the process of implementing the RCN Cultural Ambassadors programme.
- Supported the development of the Backcountry ICS EDI Strategy.

#### 8. The Trust's Equality, Diversity & Inclusion (EDI) Journey (Strategy)

Our EDI Journey has been coproduced and in 2022-2023 a range of stakeholders, including patient and service user groups and staff groups, were given the opportunity to contribute to the strategy.

Our Equality, Diversity, and Inclusion (EDI) strategic Journey for 2023 – 2025 has now been agreed and will be launched Trust wide. The journey outlines our commitments for the next few years in becoming a more inclusive organisation and ensuring Equality, Diversity, and Inclusion is enshrined in our values. The journey is built on 6 building blocks i.e the employee life cycle.

Each building block illustrates our Goals, key focus on what we want to achieve and clear indicators on how we will measure success.

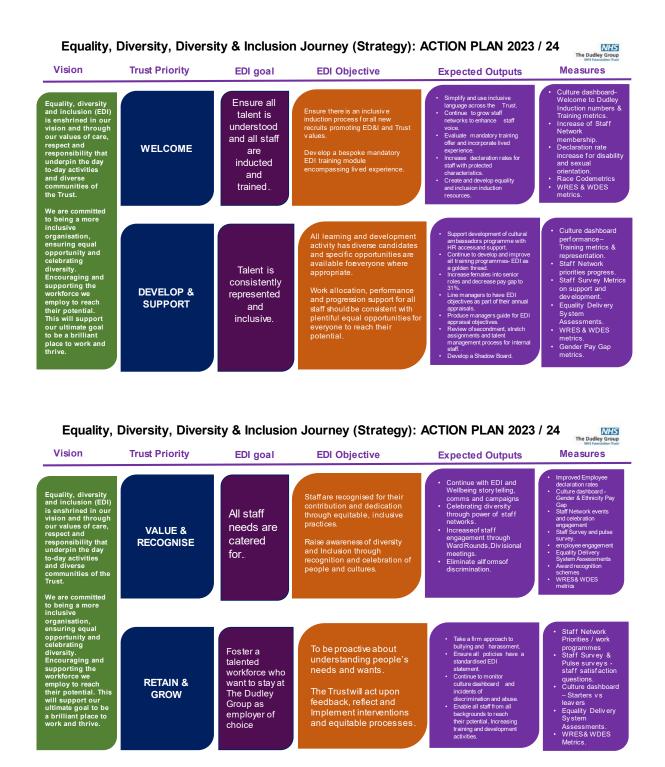
 Attract – attract talent, appeal to diverse pool talent pool, increase workforce diversity. Increase the ethnically diverse senior leaders (model employer targets)

- Recruit overhauling our recruitment practices, strengthen our Equality Impact Assessment (EqIA) practices, eliminating bias in recruitment and selection processes. Increase diverse recruitment to create a representative workforce.
- Welcome Embed an inclusive culture and value lived experiences.
- **Develop & Support** Nurture and support our workforce. Implement equitable talent management. Assign specific EDI objectives in appraisals and continue to improve Trust Learning & Development Programmes.
- Value & Recognise Raise awareness of diversity and Inclusion through recognition and celebration of our people. Further strengthen staff voice, empowering our staff networks to support positive decision making.
- Retain & Grow act upon feedback, reflect and implement interventions and equitable processes. Improve staff experience and creating antidiscriminatory practices.

#### **Equality Diversity and Inclusion Objectives 2023/24**

The setting, monitoring and delivery of equality objectives form part of our Public Sector Equality Duty. Our equality objectives are contained within our Equality, Diversity, and Inclusion Journey, Trust Strategy, and translated into deliverables in line with the NHS People Promise, Our Dudley People Plan, WRES, WDES metrics and EDS assessments.





## 9. Equality, Diversity, and Inclusion Steering Group

The steering group is responsible for the co-ordination and strategic leadership of all aspects of the inclusion agenda and upward reports into the Workforce Staff Engagement Committee and to the Trust Board.

Membership of the steering group and the committee includes key representatives from each of the departments and divisions. The group is chaired by a non-

executive director. The Terms of Reference of the group has now been revised and membership has grown.

## 10. Implementation of the Equality Delivery System

The EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England. It supports active conversations with patients, public, staff, staff networks and trade unions, to review and develop services, workforces, and leadership. It is driven by evidence and insight.

The EDS comprises of eleven outcomes spread across three Domains, which are:

- Commissioned or provided services
- Workforce health and well-being
- Inclusive leadership.

The outcomes are evaluated, scored, and rated using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement.

The EDS is designed to encourage the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010 to help the Trust to meet the public sector equality duty (PSED).

The implementation of the EDS is supported by two Executive Board Sponsors. The service chosen to grade for this year was our Patient Experience service. This was agreed at an Integrated Care System (ICS) level and scored at Trust and System level.

The Trust has now carried out specific stakeholder engagement and grading has taken place for all three Domains. All three Domains were peer-reviewed by an external organisation with also providing independent scrutiny.

A full evaluation report and action plan will be published by June 2023.

#### 11. Implementation of the Gender Pay Gap

Overall gender representation across the staff groups is 80% female and 20% male; however, in the lowest-paid staff group, females are overrepresented at 88%. In the highest-paid staff group, males are significantly overrepresented at 67%. This imbalance alone accounts for the majority of the GPG in favour of males.

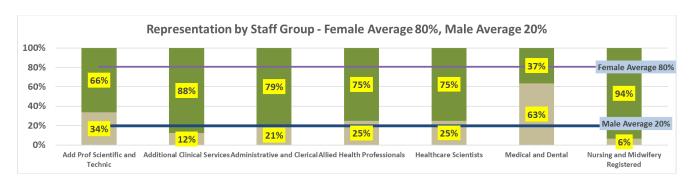
The Highest-paid staff group contains:

- 35.7% of all male employees
- 5.0% of all female employees

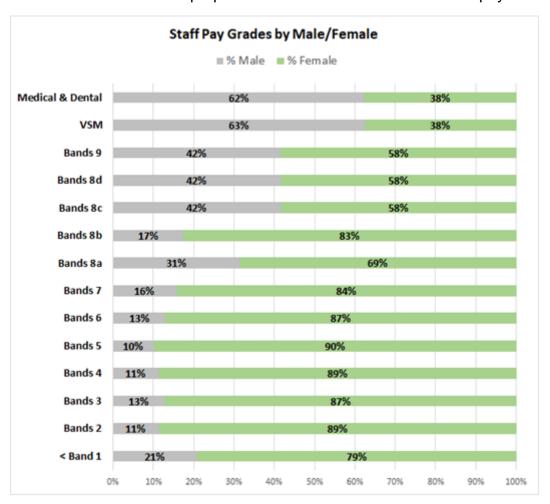
The lowest-paid staff group contains:

- 3.0% of all female employees
- 13.2% of all male employees

The table below illustrates the proportion of males and females in each staff group compared to the overall average; males are represented in grey and females in green.



The table below illustrates the proportion of males and females in each pay band.



VSM = Very Senior Manager; Band 1 is our Apprentices.

	Female Staff	% Female
Band 2-7	4085	88%
Band 8a and above	206	68%
Band 8a and above, and Medical & Dental	421	48%

Reducing our gender pay gap implies either increasing the proportion of men in lower grades or increasing the proportion of women occupying the more senior roles in The Dudley Group NHS Foundation Trust.

Effective policies for closing the gender pay gap not only address factors and barriers familiar to most women but also target the inequalities faced by women belonging to specific groups based on characteristics such as ethnicity, age and profession.

We have implemented several actions that will support the organisation in reducing our pay gap:

- Introduction of an annual deep dive report into the gender pay gap data to further understand areas of concern and monitor further data, for example, length of service and starters and leavers.
- Continuing in the promotion of policies such as Flexible Working, Shared Parental Leave and Remote Working.
- Working Group was established focusing on recruitment and retention, narrowing vacancies, and introducing processes to monitor retention rates of all staff groups.
- Career conversations conducted with women across the Trust, supporting us in understanding lived experience and implementing recommended actions.
- Continuing to expand our inclusive approaches to our recruitment and talent management by utilising existing management training programmes and developing new training and toolkits.

The full Gender Pay Gap report can be accessed via the Trust website.

#### 12. Implementation of the Race Equality Code

The RACE Equality Code (REC) provides best practice guidance that helps organisations to understand not only what is required of them by their sector, regulator and/or their stakeholders, but also how to apply what is required. Stakeholders will gain assurance where an organisation is able to demonstrate compliance with the RACE Equality Code 2020.

The Code is based on current laws, reports, and NHS Standards. It is designed to challenge managers to identify ways in which they could improve diversity and race equality within services – ensuring staff and service-users feel both valued and understood.

The Race Code is a three-year accreditation, and the Trust was awarded the kite mark in 2021.

The Code is based on the following four themes:

 REPORTING: A clear commitment to be transparent – reporting on equality data / information to all stakeholders (internal and external) demonstrating openness and transparency.

- **2. ACTION:** Organisations must have a list of the measurable actions and outcomes that contribute to and enable a shift in the organisation's approach to deliver positive and sustainable change in race equity and equality.
- 3. COMPOSITION: A set of key indicators that create tangible differences in race diversity across all levels of the organisation. The narrative around what is acceptable will need to change through dialogue and data, and this will lead to challenging conversations leading to necessary decisions which the organisation is committed to making.
- **4. EDUCATION:** A robust organisational framework that develops the ethical, moral, social, and business reasoning for race diversity at all levels.

The REC has tested the governance at Dudley Group through a pre-assessment process, governance assessment and a self-assessment.

The provisions of the assessment are divided into three distinct categories, namely Must, Should and Could.

There are now twelve Must provisions, it is to be noted that at the time of the assessment the Trust was assessed on ten provisions. The Trust is required to comply with all. Where there is partial or non-compliance at the time of the assessment, an explanation and date for compliance must be given.

The Should and Could sections, which make up a further 31 provisions, are examined on a comply or explain basis.

Dudley Group completed all the required stages of the assessment and demonstrated that the Trust will need to address a number of areas to achieve the required level of compliance as identified in the RACE Action Plan.

During the assessment, Dudley Group was asked to score its current performance on a scale of 1-5 against the ten Must benchmark questions. The scale of 1-5 was interpreted as 1 (not satisfactory) and 5 (no development required).

The Trust scored itself as a 4 in five of the questions and as a 5 (no development required) in one of the questions.

The Trust has demonstrated that it has worked through a robust, facilitated self-assessment.

The following strengths were highlighted:

- The Trust takes positive action to improve reporting rates and collecting data amongst the workforce.
- The Trust has Identified Board level and Executive sponsors for race.
- Plans in place to grow diverse talent supporting employees and pipeline to reach the top of the organisation.
- The Trust captures the relevant data required to report effectively on racial diversity.
- The Trust has in place clear race diversity objectives and relevant targets.
- The Trust explains the legal framework to all workforce and patients and the benefits of capturing equality data.

#### 13. Implementation of the Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) was launched in 2016 and aims to improve the workplace and career experiences of our ethnically diverse workforce (Black and Minority Ethnic -BME) colleagues in the NHS.

The Workforce Race Equality Standard is a set of nine specific measures that will enable NHS organisations to compare the experiences of our ethnically diverse and White staff.

Key Highlights from this year's reporting:

- Our Black & Minority Ethnic (BME) representation is 25%, this is a 5% improvement on our 2022 data (20%).
- Relative likelihood of white candidates being appointed from shortlisting compared to BME applicants, the rate for 2023 is 1.5, this is consistent with last year (1.49)
- Relative likelihood of BME staff entering the formal disciplinary process compared to white staff - The Trust's latest rate is 0.79, an improvement of 0.28 on 2022 (1.07).
- Relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff - The Trust's latest rate is 1.02; the variance has improved by 0.93 since 2022 (1.95).
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months Percentage rates for BME (26.2%) and white staff (24.8%) are broadly in line with last year's results.
- Percentage of BME staff experiencing harassment, bullying or abuse from other staff in the last 12 months has continued to improve. Percentage rates for BME are now 24% (26.8% in 2021), and white are now 15.6% (19.7% in 2021).
- Percentage of staff believing that their trust provides equal opportunities for career progression or promotion - The percentage rate has improved slightly for BME staff (2021=45.5% to 47.2% in 2022). However, there is still a variance between BME and White staff scores (BME 47.2%, White 63.2%).
- Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues - Both BME and white staff scores are in line with last year's scores; however, there continues to appear to be variance between scores from BME and White staff (BME 16.4%, White 5.3%).
- Board Membership Board member representation is 17%; this compares to a total workforce representation of 25%

The full WRES report can be accessed via the Trust website.

#### 14. Implementation of the Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career

experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. It will enable us to demonstrate progress against the indicators of Disability equality.

The WDES enables us to understand the experiences of our Disabled staff and support positive changes for all existing employees. The Trust is committed to creating a more inclusive environment for Disabled people working and seeking employment in our Trust.

Key Highlights from this year's reporting:

- Disability Representation is 5%; this is an improvement from 2022 (4%). 33% of staff have a disability status of unknown or not stated.
- The overall relative likelihood of non-disabled staff being appointed from shortlisted compared to disabled staff ratio is 1.34. This is a decline from our 2022 result of 0.87. 19% of shortlisted disabled candidates are recruited, while 31% of shortlisted non-disabled candidates are recruited
- A figure above 1:00 indicates that disabled staff are more likely than nondisabled staff to enter the formal capability process. Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff - The latest trust rate is 0; this compares to 0.75 in 2022.
- 33% of Disabled staff experienced harassment, bullying, or abuse from patients or the public in 2022. This compares to 22% of non-disabled staff experiencing incidents.
- Incidents of harassment, bullying or abuse from managers towards Disabled staff have increased to 17% in 2022 compared to 14.5% in 2021. There is a gap between the experiences of disabled and non-disabled staff, non-disabled is 8.8%.
- In 2022 25.3% of disabled staff had experienced harassment, bullying or abuse from colleagues – compared to 15% of non-disabled staff experiencing an incident.
- Equal opportunities for career progression or promotion In 2022 55% of disabled staff (3% increase on 2021) believed they had equal opportunities for career progression or promotion. This compares to 61% of non-disabled staff.
- 28% of disabled staff (an improvement since the 2021 result of 33.1%) said they felt pressure from their manager to come to work, even when they did not feel well enough to perform their duties. This compares to 20% for nondisabled staff.
- 29% of disabled staff feel valued by the organisation, compared to 43% of non-disabled staff. Rates for disabled staff have decreased this year, while rates for non-disabled staff have improved.
- Percentage of Disabled staff saying that their employer has made an adequate adjustment(s) to enable them to carry out their work. Staff experience has declined since last year (2021=72.8%) to 67%
- Staff Engagement score has been consistent at a Trust level over the last 5 years, with disabled staff scoring slightly lower each year. The 2022 staff engagement score for disabled staff was 6.3; this compares to the non-disabled staff rate of 6.9.

 Overall, 11% of board members have declared a disability; this compares to 5% of the total workforce.

The full WDES report can be accessed via the Trust website.

# 15. Implementation of the ENEI Tide (Talent Inclusion & Diversity Evaluation) Mark

The ENEI Tide Mark is a benchmarking tool developed by the Employers Network for Equality & Inclusion (enei) to assess organisational performance and progress with diversity and inclusion. TIDE measures the organisation against eight different areas of diversity and inclusion practice and then benchmarks them against their peers. The Trust has been awarded the gold award in December 2022, scoring 88% in our assessment. The only Trust to be awarded Gold in the West Midlands.

#### 16. Staff Equality Networks

It is recognised that staff equality networks are an excellent mechanism through which the general duties of the Act can be supported in relation to staff from the protected groups and other groups at potential risk of inequality.

The Trust has four staff networks; the networks have focused on growing their membership over the past year to strengthen the voices and now have over 7% of our workforce signed up. They work closely together, supporting each other with their priorities and driving improvements alongside the Equalities and Wellbeing Team.

#### **Disability Network**

This network has gone from strength to strength, growing in numbers and visibility across the Trust. The network has co-produced supportive disability guidance for managers and staff, including a reasonable adjustment passport.

The Trust was awarded the 2022 Disability Innovation fund from the National Workforce Disability Equality Standard (WDES). As a result, a project to improve disability declaration rates called 'This is Who I Am' was launched. The network was instrumental in the success of this project, and so far, we have seen the rate rise to 5.2%, with the work being nationally recognised at the NHS Employers 2022 Disability Summit.

#### **Embrace Network**

This network has grown and has supported the Trust in shaping some critical steps in our equality journey. The staff survey participation rates for ethnically diverse staff doubled last year, with over 500 completing the survey and sharing their experience.

The Network members have been pivotal in driving improvements in learning and development content and opportunities, policy, guidance development and raising awareness of lived experience to support the Trust and opportunities for colleagues.

The network has also been instrumental in simplifying language and terminology across the Trust in response to members and national guidance, moving away from controversial terms such as BAME. In addition, the Network has celebrated national calendar events such as South Asian History Month and Black History Month, raising awareness across the Trust.

#### **LGBTQ+ Network**

The LGBTQ+ network has worked on the revitalisation of the Network. This has been one of the most challenging networks to grow and sustain. With a new chair and deputy chair coming into the post in 2022, the main priority was to reinstate creating a safe space for LGBTQ+ members to talk about issues that affect them, signposting and offering support. The network members have supported shaping policy and guidance for the organisation and raising awareness across the Trust. The Network is now working towards Phase 2 implementation of the accredited Rainbow Badge scheme.

#### Women's Network

The network has supported the Trust to improve its gender pay gap, already seeing an improvement. The network has been instrumental in gathering lived experience from members to recommend meaningful action to decrease the pay gap.

The network also plays an active role in recommending actions to improve flexible working across the Trust and hosting and participating in a menopause working group, recommending actions to the Trust and supporting the workforce with experience sharing, signposting and general support.

The network has been involved in events such as White Ribbon Day, raising awareness of violence against women.

#### 17. Inclusive Mentoring programme

Mentoring can play a key role in the personal and career development of staff through tailored one to one support. A mentor plays a key role in helping people achieve their potential.

Mentoring can also be a learning experience for the mentor and encourage personal reflection about how the mentoring is going and identify any support required. The Trust launched the inclusive mentoring programme in 2021, however, we are reestablishing the mentoring programme specifically focused on ethnic minorities and other under-represented groups targeted by profession to develop leadership potential.

#### 18. Spotlight on International educated nurse recruitment



In the last 18 months, the Trust has undertaken a large-scale international recruitment project to recruit internationally educated nurses and midwives to join our already diverse workforce here at The Dudley Group.

This project was partially funded by NHS England and all these nurses had to be in the UK by the end of December 2022 as a stipulation of the funding.

The Trust now has 375 nurses and 15 midwives already working with the Trust and they have travelled to work here at Dudley from all over the world.



We appreciate that this is a lot of new nursing staff to start in Trust in one year and understand the challenges that this has brought with it, but we are investing for the long term, so by supporting them in the short term we can fully realise the benefits of their vast skills and experience.

They have been allocated to work in every ward and department across the Trust. They bring with them a wealth of knowledge and experience that they have gained whilst working as a qualified nurse or midwife in their home country and also bring new perspectives and fresh ideas to influence how we work here at Dudley.



Many of them have travelled here alone, leaving family and friends behind to start a new career supporting the NHS in Dudley. Some of our international nurses have already progressed on to band 6 roles within the Trust, demonstrating the great value they bring to our organisation.

We are fully supporting our international nurses in their journey to become NMC registered nurses in the UK by offering a OSCE preparation programme as well as ongoing pastoral care to help them adjust to life in the UK, which has been recognised by our NHS Pastoral Care Quality Award presented to the Trust in January 2023. We are very proud to have won the award, the Trust was one out of 27 Trusts awarded nationally, and the only Trust in the Blackcountry to be awarded.

#### 19. Equality Impact Analysis

Equality analysis is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality analysis ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of equality analysis in place, however, the process is currently being reviewed with view of improving current practice.

#### 20. Accessible Information Standard

The Trust has an Accessible Communications Policy which describes the actions that will be taken to ensure that the Trust is compliant with the accessible information standard. This policy was last revised in November 2022.

A summary statement outlining the Trust's commitment to meeting the standard is available on the Trust's website at: <u>Accessible Information Standard - The Dudley Group NHS Foundation Trust (dgft.nhs.uk)</u>

How to access interpreting services including British Sign Language is available on the public website: <u>Interpreting service - The Dudley Group NHS Foundation Trust</u> (dgft.nhs.uk)

Website accessibility statement: <u>Accessibility statement - The Dudley Group NHS</u> Foundation Trust (dgft.nhs.uk)

The Trust is committed to monitoring compliance against the accessible information standard and will be working on strengthening monitoring arrangements in the future, this includes integration of the standard in the Trust's IT systems to support patients and service users in accessing care services appropriate to their communication requirements.

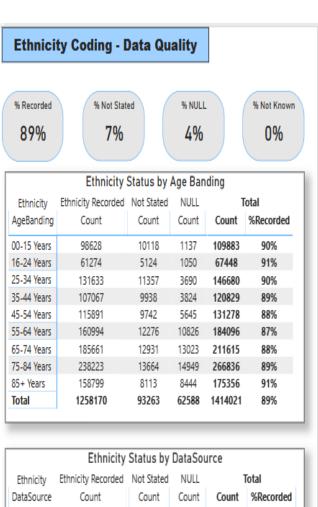
#### 21. Improving Patient Experience

We are committed to continually improving patient experience, which in turn has the potential to positively impact health inequalities. As part of this commitment, we are developing a new Patient Experience Strategy. And we are also implementing the National Patient Safety Strategy, which focusses on maximising the things that go right and minimising the things that go wrong.

This has included the formal launch of the Patient Safety Incident Response Framework (PSIRF) and a "Safer September" campaign to promote World Patient Safety Day and create a culture of continuous learning and improvement. We are also engaging our patients in helping us to develop Patient Experience Principles, in order to elevate patient experience and incorporate our values of excellence, equity and kindness across the whole patient pathway.

Following the COVID pandemic, the NHS was issued guidance on restoring services and one of the priorities identified was to ensure that datasets are complete and timely. The Trust has been monitoring the recording of ethnicity status for the services it provides as demonstrated in the tables below:

The tables below highlights ethnicity coding for 2022/23



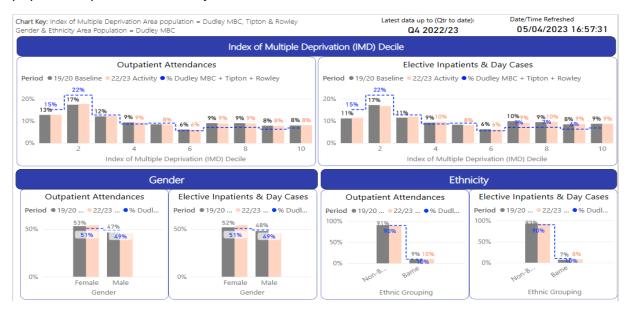
Ethnicity Status by Month					
Ethnicity	Ethnicity Recorded	Not Stated	NULL	1	otal
MonthYear	Count	Count	Count	Count	%Recorded
April 2022	100101	6823	4786	111710	90%
May 2022	109970	7625	5164	122759	90%
June 2022	104018	7065	4870	115953	90%
July 2022	105815	7412	5166	118393	89%
August 2022	109404	7586	5360	122350	89%
September 2022	107681	7524	5157	120362	89%
October 2022	105037	7755	4916	117708	89%
November 2022	110316	8292	5304	123912	89%
December 2022	97484	7373	4773	109630	89%
January 2023	104702	8432	6463	119597	88%
February 2023	96570	8115	4788	109473	88%
March 2023	107072	9261	5841	122174	88%
Total	1258170	93263	62588	1414021	89%

	Limitity	Status by	Dutusot	11 CC	
Ethnicity	Ethnicity Recorded	Not Stated	NULL	Total	
DataSource	Count	Count	Count	Count	%Recorded
APC	135596	9297	5392	150285	90%
COM	325782	14200	20157	360139	90%
EMC	98493	6175	4141	108809	91%
OPA	698299	63591	32898	794788	88%
Total	1258170	93263	62588	1414021	89%

Ethnicity recording is complete for 89% of all patient records with 7% not stated and 4% with a null value.

The Trust has analysed activity data for planned hospital care (either as elective admission including day case admissions or as outpatient attendances) to see if there are any discernible differences in the uptake of services by gender, ethnicity or deprivation.

The table below shows outpatient and elective admissions comparing against the population profile for Dudley MBC.



This indicates that attendances by gender and ethnicity are broadly in line with expectations when looking at the profile of the population served. There does appear to be under-representation of the population in the two most deprived deciles in terms of both outpatient and elective admissions.

An analysis of Did Not Attend (DNA) rates by decile of deprivation has indicated that those living in the most deprived communities served by the Trust are more likely to fail to attend an appointment. Non-attendance not only prevents the Trust from using its resources effectively, it means that people requiring healthcare are not accessing it for different reasons.



The Trust has started to investigate completeness of recording of other protected characteristics.

For all patients admitted in 2022/23:

6% had a disability recorded, all of these were marked as 'visually impaired'

- Religion was captured for 89% of patients including those with no religion declared
- Sexual orientation was only captured for one patient revealing that this field is not routinely used
- Only 29 patients were marked as indicating that an interpreter was required.
   Again, this demonstrates that this field is not being used

The Trust recognises that there is more work to do in terms of capturing information about other protected characteristics so that relative use of services by people with these characteristics can be monitored.

An awareness package will be developed during 2023/24 which will be used to inform staff about the health needs of different communities served by the Trust and the actions they can take to reduce the impact of health inequalities.

### 22. Provision of Interpreting and Translation services

The Dudley Group NHS Foundation Trust is committed to providing excellent public services to all our patients, service users, carers, relatives and or their representatives through effective communication, thus improving the overall experience of the service they receive. This includes those where English is not their first language or who are visually impaired, hard of hearing or have speech impairment.

#### The Trust is commitment to:

- Providing communication support to patients/ clients whose first language is not English, or have hearing impairment/ loss or other perceptual impairment and to make every effort to remove any barriers to communication.
- Ensuring that there is a multilingual phrasebook on the Hub to make it easy for patients to identify their first language.
- Making every effort to provide all patient and carer information in their first language, when requested, through an interpreter or by providing translated written or electronic information.
- Communicating the policy and promote our interpreting and translation service to staff.
- Ensuring that frontline staff are aware of how to access interpreting services or who to contact for the provision of translated information.

The information below provides key information on the provision of interpreting and translation services over the last twelve months.

A total number of 3,860 bookings were processed, with a request of 55 different languages.

A total number of 2,054 face to face interpreting session were carried out, followed by 1,543 telephone interpreting sessions, as well as 25 video interpreting sessions. A total 16 documents have been translated into different languages, including patient letters.

The table below highlight the top languages accessed by the Trust.

Language	Face to Face	Telephone	Video	All Services
Urdu	371	164	0	535
Romanian	98	363	4	465
Punjabi	362	101	1	464
Polish	229	148	3	380
Arabic	181	140	4	325
British Sign Language (BSL)	314		5	319
Kurdish - Sorani	51	105	0	156
Kurdish	42	90	0	132
Mandarin	79	36	0	115
Farsi	63	28	0	91
Cantonese	58	25	0	83
Spanish	17	53	0	70
Albanian	22	46	2	70
Russian	44	19	0	63
Bengali	36	17	0	53
French	23	24	0	47
Czech	23	22	1	46
Persian	23	22	0	45
Amharic	5	36	2	43
Mirpuri	30	4	0	34

The table below highlights bookings by department.

Department	Face to Face	Telephone	Video	Total
Maternity	56	682	8	746
Ophthalmology	179	8	1	188
Physiotherapy (RHH)	164	24	0	188
Women and Children's Outpatients	60	110	3	173
X-ray and Radiology	137	28	0	165
Gastroenterology (GI Unit)	140	3	0	143
Physiotherapy (Community)	8	126	1	135
Audiology (Community)	128	1	0	129
Russell Hall Hospital	56	58	0	114
Breast Clinic	105	5	2	112
Outpatients - RHH	66	41	1	108
C5 - Respiratory medicine	6	100	0	106
Day Case Unit	101	4	0	105

Obstetrics and Gynaecology	53	41	0	94
C4 (Georgina Ward) - Oncology	68	5	0	73
Outpatients	47	24	1	72
Corbett Hospital - Outpatients	61	8	0	69
B6 - Ear, Nose and Throat (ENT) and				
Maxillofacial	64	4	0	68
Trauma and Orthopaedic	47	17	0	64
Maxillofacial Outpatients	55	6	1	62

Positive Ratings	100%
****	<b>75</b> bookings
***	2 bookings
<b>**</b>	0 bookings
<b>★★</b>	0 bookings
<b>*</b>	0 bookings

- 100% of staff rated the service as very good or outstanding
- 97% patients reported a very or excellent experience
- 2 minor complaints were received, with no critical issues reported.

#### 23. Addressing Health Inequalities

Health inequalities are the preventable, unfair, and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to act, and access treatment when ill health occurs.

As an Anchor organisation, we are committed to playing our part in reducing health inequalities for our patients, service users and across the communities that we serve. We also recognise that the pandemic had a disproportionate impact on people from ethnic minorities and we are taking steps to assess and address this for our patients. We know that social determinants of health such as employment, can reduce health inequalities and we are actively committed to being a local employer of choice and this forms part of our strategic objectives.

From a health care provider perspective, our duty of care is to ensure equitable availability and access to services and outcomes of care provided. One of the three transformation programmes underpinning the Trust's strategy is Addressing Health Inequalities. This consists of reviewing access to the services we provide and developing our role as an anchor institution. To this end, an internal working group has been established and has reviewed the following services, which are either focused on prevention or where there are opportunities to improve access to certain groups of the population:

- A) Breast screening and AAA screening services
- B) Alcohol Care Team
- C) Tobacco Treatment team

In light of the analysis of outpatient DNA rates, a further review was conducted. Following consultation from Information Governance, it was arranged for the Patient management Centre to contact patients to book their new appointments, while asking them why they couldn't attend and if the Trust could do anything to facilitate their attendance in the future. Due to the commitment necessary to achieve the 100 patient sample size, no quick-fixes were identified. There were no trends by ethnicity, while more deprived patients were more likely to DNA, the causes of DNAs were evenly distributed relative to their increased likelihood to DNA. A funded evening audit is being considered, to improve the return on time invested.

The working group reviewed outcomes for patients with lung cancer and used this to advocate for an expansion of the Targeted Lung Health Check programme to the population of Dudley. This has been accepted by West Midlands Cancer Alliance and Dudley will join the programme in phase 4 with the aim of improving early detection for these patients.

The working group has also received presentations from the procurement function which has been intentional in promoting the opportunities for local businesses to bid to provide goods and services, thereby strengthening the local economy and securing local jobs for local people.

During 2023/24, the Trust will be strengthening it partnership arrangements by being an integral part of the newly formed 'Population Health Management and Health Inequalities Steering Group' which has been set up under the Dudley Health and Wellbeing Board.

#### 24. Health Equity Assessments

The Trust has made some progress to ensuring that Health Equity Assessments are conducted when planning new services or changing policy. One member of staff was trained in the use of the Health Equity Assessment Tool (HEAT) in 2022/23 and the tool was deployed in two instances – the proposal to provide a designated Carers Hub in main reception at Russells Hall Hospital and designing the service model for integrated sexual health services.

It is the Trust's intention to grow the number of staff who have been trained in the use of the HEAT and are able to facilitate application of the tool to new services and policy changes during the coming year.

#### 25. Provision of Chaplaincy and Spiritual Care

The Chaplaincy Department are an NHS service which ensures everyone in the hospital community has the opportunity to access pastoral, spiritual or religious support when they need it. The service is for everyone - patients, visitors and staff. The chaplains operate on a "human to human" basis, welcoming everyone from all walks of life, whether religious, spiritual or no faith. On a one-to-one basis the team

offer person centred, holistic and non-judgemental care for people experiencing any kind of traumatic, difficult, or life-changing situation in the hospital.

It is the responsibility of the department to champion faith and belief in the organisation. The team contribute extensively to Equality, Diversity and Inclusion by promoting faith, cultural and secular events throughout the calendar year.

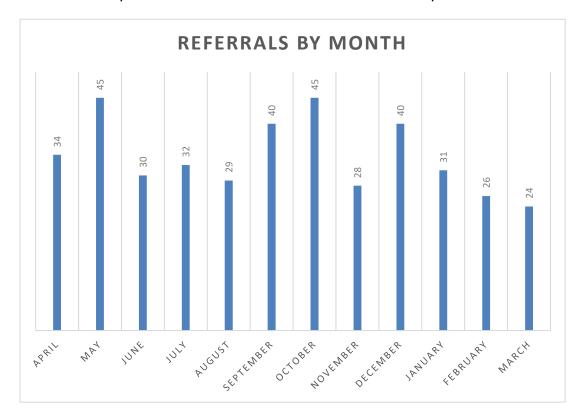
As of April 2023 the team consists of:

Band	Role	WTE	Affiliations
7	Lead Chaplain	1.0	Humanist, UKBHC
6	Chaplain	0.6	Methodist
6	Chaplain	0.4	Muslim, BACP
6	Chaplain	0.3	Roman Catholic
4	Assistant Chaplain	0.5	Quaker
4	Assistant Chaplain	0.5	Non-denominational Christian
2	Administration	0.6	-
	Assistant		

The essence of chaplaincy is to offer spiritual, religious and pastoral care to all members of the hospital community. This is founded on the value of compassion, driven by the fundamental belief that everyone deserves unconditional care and positive regard.



The Team responded to a total of 404 referrals between April 2022 and March 2023.



Referrals are formal requests from ward staff or family members for chaplaincy support. Patients can also refer themselves. The Team receive referrals from all wards and teams across the hospital, but most frequently from the Emergency Department, Palliative care team and critical care. The team also record staff support, ad hoc visits and routine visits separately.

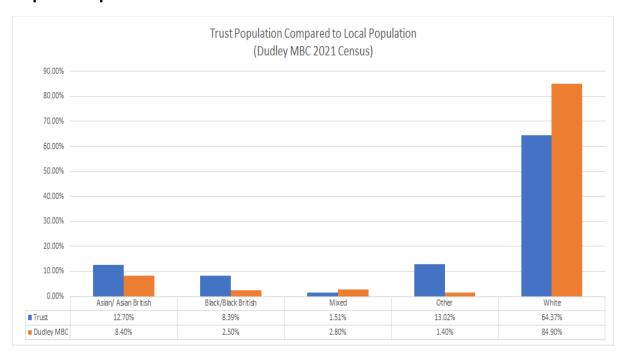
The department focuses on the following areas of work:

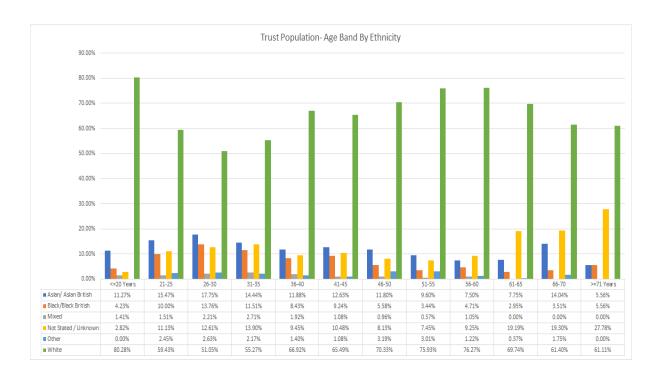


For each area of hospital life, the Chaplaincy Department have offered a range of skills, support and services. These services have been increased and improved over the course of the last year as the department continues to strive for excellence and work towards full UKBHC and NHS Guideline compliance. The reputation of the service has grown positively, and the referrals received have steadily increased.

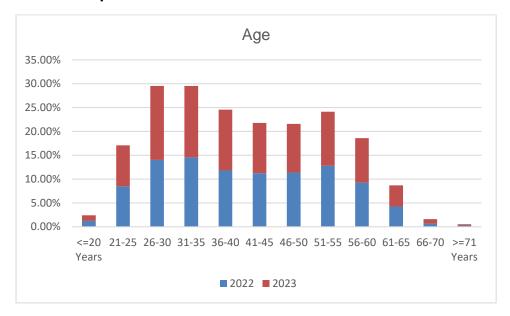
#### 26. Population and Workforce profiles

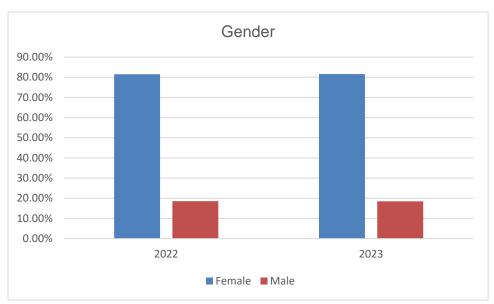
#### Population profiles:

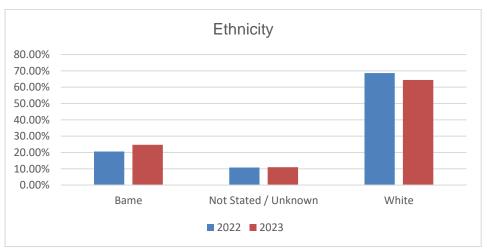


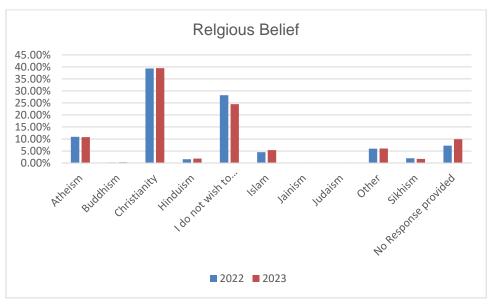


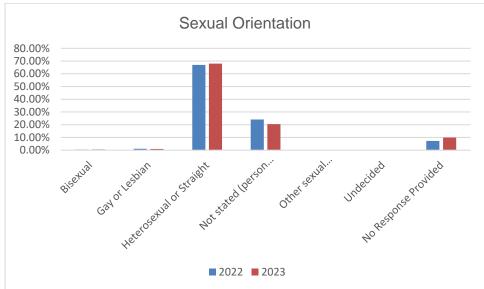
# Workforce profiles:











#### 27. Conclusion

The Trust continues to work towards creating a more inclusive environment that values and respects the identity of all our people whilst harnessing their full potential. We aim to ensure that we provide sensitive, appropriate and accessible services so that people who use our services have the best possible health outcomes. We acknowledge that there is still work to do and will continually strive to be the best employer and provider of services.

We believe that the wealth of information contained within this annual review report demonstrates the significant progress made by the Trust whilst operating in a challenging time for our people and those who use our services. Throughout 2023 we will work on our actions, such as continuing our journey to becoming an anti-racist organisation and centralising our reasonable adjustment process to support colleagues with a disability or long-term condition.

We are working towards a phase 2 LGBTQ+ rainbow badge accreditation and narrowing our gender pay gap by improving career pathways.

#### 28. Recommendations

This report demonstrates the Trust's commitment to continually improving the experience of our patients, volunteers, and colleagues through the lens of EDI.

Re	commendation	Timescale
1.	We review and enhance the Equalities and Health Inequalities Analysis toolkit as one of the key tools to integrate EDI within the fabric of the organisation. This will include the provision of training and support.	Oct 2023
2.	Continue the good progress on maturing, growing, and supporting Staff Networks and ensuring underrepresented and diverse staff feel empowered and have a voice.	July 2023 – Dec 2023
3.	Continue the celebrations and commemorations of EDI events and conversations, which have been successful.	July 2023 – Dec 2023
4.	Undertake a self-assessment regarding our maturity against the new EDS model	Nov 2023
5.	Build leadership capacity and capability to authentically lead EDI in their delivery areas, embedding EDI as a golden thread in the delivery of operational performance.	Dec 2023
6.	Ensure we appropriately resource our key projects to deliver against our strategic priorities.	June 2023 – Dec 2023