

Report to:	Board of Directors				
Date of Meeting:	27 January 2016				
Report Title:	Inclusion Strategy 2016-2020				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X				x	
Prepared by:	Rob Dearden, Director of Nursing				
Executive Sponsor (presenting):	Rob Dearden, Director of Nursing				
Appendices (list if applicable):	N/A				

<p>Purpose of the Report</p> <p>The Inclusion Strategy sets out the organisation’s commitment, requirements (Equality Delivery System 2, Workforce Race Equality Standards) and key focus in delivering inclusivity. The strategy is aligned to our culture and values, and our leadership behaviours, yet challenges us about these also. It highlights key action areas in respect of leadership, the Board/Council of Governors, Staff, our Patients and the Environment.</p> <p>Inclusion is a significant area for development over the next 3-5 years, recognising that a cultural journey of transformation needs to continue. There is good evidence that inclusivity delivers better care and patient/staff experience.</p>

<p>Key points for discussion</p> <ul style="list-style-type: none"> • Board and organisational commitment to the Strategy. • Being aware of blind spots – holding the lens of inclusivity to the organisation • Embracing the transformational journey • Implementation.

<p>Recommendations</p> <p>The board is asked to approve the Inclusion Strategy.</p>
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Inclusion Strategy

2016-2020



Our Pledge

We are committed to being an inclusive health care provider and employer. This commitment is central to achieving our Right Care ambitions and is at the heart of NHS and Trust values.

Inclusion and equality is not about treating everyone the same, but recognising that everyone is different/individual and that people's needs, whether they be patients, staff or the public are met in different ways.

We recognise that we need to improve if we are to achieve our ambitions and become a Trust where diversity is valued and celebrated; everyone is treated with dignity and respect; and discrimination and inequalities are prevented and eradicated from all our services and functions.

The Board of Directors are committed to inclusion, delivering on the standards in Workforce Race Equality Standard (WRES) and Equality Delivery System 2 (EDS2) and ensuring diversity is valued, not in order to comply with the new WRES or CQC regulation, but because it is the right thing to do for patient care, our staff and our local population.

(Annual Plan)

Becoming culturally competent in respect of human rights, Equality & Diversity

<p>Develop the Organisational Culture</p>	<ul style="list-style-type: none"> • Share Experiences, Culture and Values and celebrate diversity • Value and Vision Statements become rooted within service provision • Key National Principles become embedded in service provision • On-going Inclusion metrics discussed and implemented • On-going development of all staff – Board, Clinical and non-clinical • Lead by example • Environment reflects Diversity and is inclusive
<p>Understand the population Profile and assess specific health needs</p>	<ul style="list-style-type: none"> • Utilise all demography data • Access health needs • Ensure continuous patient engagement • Provide peer support • Equity of provision • Proactive Community Engagement
<p>Advance Equality Diversity and Inclusion</p>	<ul style="list-style-type: none"> • Readdress equality and inclusivity across employment and service delivery • Tackle issues pertaining to Zero Tolerance and harassment • Bespoke and training in general reflects issues of inclusion
<p>Address health development</p>	<ul style="list-style-type: none"> • Work in partnership with other providers • Promote and understand health across all Protected characteristics • Tackle social exclusion

Monitor and Evaluate



Protected Characteristics



[Lesbian, Gay, Bisexual, Trans – words used to denote the different ways that individuals choose to define their own gender identity]

Equality Act 2010

Workforce Race Equality Standard

Requires the majority NHS providers to demonstrate progress in closing the gaps between white & BME treatment & experience against nine indicators:

- Grading
- Appointments
- Discipline
- Bullying
- Career Progression
- Access to development
- Boards representative of the local population



The Airedale Family

Our staff often say that working at ANHSFT is like being part of the '*Airedale Family*'...

- However, we need to consider if this is inclusive or exclusive?
- What does it feel like to NOT be part of the Airedale Family?
- Who's in and who's out?
- What is the external perception of ANHSFT?
What is the actual internal reality of ANHSFT?
Inclusive/exclusive? (patients/visitors/staff – affects choice, access, patient experience & quality of care, recruitment, staff experience)
- Impact for people with protected characteristics?



Values



THE NHS
CONSTITUTION
the NHS belongs to us all



Leadership Behaviours



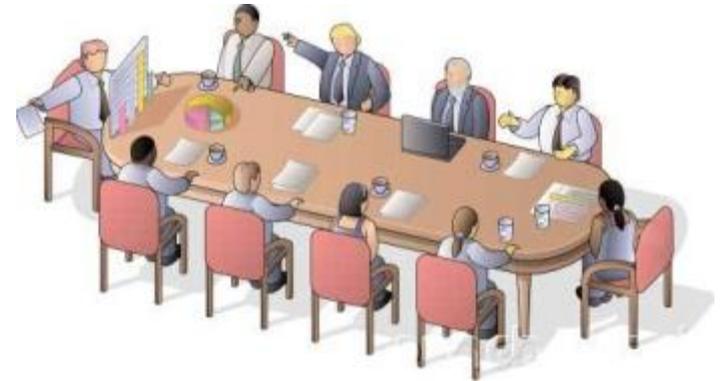
Leadership

- Inclusive leadership behaviours built into recruitment, development and appraisal of leaders
- Inclusive Leadership Framework
- I-lead Alliance – helping us shape best practice
- Senior leadership at Band 8a and above to become more representative of the population



Board & Council of Governors

- Aim to become more representative of the population, increase Board /CoG BME membership, look to maintain gender equality and extend profile of other characteristics
- Priority for Board/CoG development
- Board engagement with staff, patients, public and community
- Role modelling values and behaviours
- Inclusive leadership



Staff

- Ward to board metrics - demography, group representation, awareness & engagement
- Culture & values, attitude
- Job Descriptions – inclusive, promoting diversity
- Celebrating diversity – events, holidays and festivals
- Inclusive food and drink strategy.
- Focus groups to identify good practice and areas of attention
- Review of employment practices - recruitment, training & development, disciplinary & grievance, zero tolerance of discrimination.
- Pulse Surveys, whistleblowing
- Improving the mandatory training offer around inclusion and equality and diversity
- Reaching out to the community with employment offer through work experience, traineeships and apprenticeships
- Cultural leave



Patients

- Demography – services which are representative and appropriate for our whole population
- Access – services used by people with all protected characteristics
- Patient & Public Experience & Engagement – for patients with protected characteristics & all patients – actively improve care & experience.
- Strategic provision / aligned to public health – targetted provision of services to meet the needs of the local population – culture, demographic, lifestyle
- Community engagement/treatment – developing & delivering services in partnership across all settings, that meet people's needs.



Environment

- Culture & Values – align to inclusion, recruitment, appraisal, value/welcome diversity
- Website – inclusive imagery, information, accessibility
- Communications – imagery, information, language, event (team brief)
- Letters – plain English, other languages, Easy Read
- Worship Centre/Quiet Room
- Calendars – promote awareness
- Celebrating festivals/ holidays/ customs - inclusive flexibility in working practices
- Food & Drink Strategy – culturally embracing, acknowledging food/drink in celebrating diversity
- Patient Experience, Complaints /PALS, Information Centre, interpreting Services, Volunteers, Patient Experience Hub
- Signage & Wayfinding – accessible, inclusive, welcoming
- Accessible physical environment – design, locations, disabled parking/footpaths, lifts, loop systems, toilets/bathrooms, safety

Inclusion



