

**Royal Devon
University Healthcare
NHS Foundation Trust**

2022-23

Programme: Towards Inclusion

Trust values: We are inclusive

Strategic approach: Creating a sense of inclusion for all, demonstrably embraces and values diversity and equity

2022/23 Approach to include:

Staff
Patients
Community

Statutory and strategic alignment

Trust Strategy
Patient experience strategy
Workforce Race Equality Standard

Corporate objectives
Workforce Disability Equality Standard
Equality Delivery System
Gender Pay Gap

Staff priorities

Development, recruitment and progression

1. Deliver a managers programme with inclusive leadership at it's core
2. Debias recruitment process
3. Design and deliver Driving Your Career Programme
4. Deliver an inclusion awareness campaign for all

Measures

1. Programme to be designed by quarter 2, with implementation to key staff groups by quarter 3.
2. Build a system of people trained in inclusive interviews by quarter 3, begin to embed in key areas by quarter 4.
3. Deliver the programme starting with Staff Network members, review before wider implementation
4. Deliver a diverse programme of activities relating to inclusion

Outcomes:

1. Develop a better understanding of HR/ER cases relating to inclusion, bullying and harassment, over time reducing the number of incidents reported both formally and informally
2. Increase in number of successful candidates from minority backgrounds application, shortlisting and appointment
3. Improve in the confidence of participants who take part in the programme in driving their career
4. Measure the level of engagement through social media channels and engagement with inclusion activities. As well as staff having a more nuanced understanding of the behaviours which are micro-aggressive, bullying and harassment

Patient priorities

Equal access and opportunity for all to ensure that people with a disability or sensory loss are communicated with in ways they can understand.

1. Co-produce a patient communication framework that all patient information will comply with.
2. Develop a transparent process for regularly reviewing and updating patient communications.
3. Support people with communication difficulties more effectively by offering all staff training in communication access skills.

Measures

1. Published co-produced communication framework.
2. Published co-produced Accessible Information and Communication Needs Policy
3. Numbers of staff trained in communication access skills

Outcomes

1. Patients are able to equitably access information relating to their care in a format suitable to them
2. An increase in the number of accessible patient communications
3. Staff who are better able to support patients with communication access

Community priorities

Exceptional quality healthcare for all

1. Deliver a range of projects through the N & E LCPs to address identified health inequalities
2. Restore services inclusively in line with NHSE mandate
3. Contribute to system priorities on HI e.g. Digital exclusion, homelessness, anchor institutions etc
4. Baseline assessment of the HI issues in our localities based on data and community insights

Measures

1. Measurable impact of interventions on HI/prevention in both N & ELCPs
2. Waiting lists for key specialities including cancer assessed against deprivation and appropriate action taken
3. Measurable impact made on key HI indicators through system-led projects supported by the Royal Devon
4. Baseline assessment completed by quarter(2 (N) & 3 (E)) and community engagement plans delivered by quarter 3 (N) and 4 (E).

Outcomes

1. Projects/interventions delivering outcomes set by N & E LCPs
2. Targeted waiting well initiatives based on IMD means that people from social deprived areas are not waiting longer for treatment
3. Impact achieved on core system priorities on HI through Royal Devon contribution
4. Improved understanding of key issues and priorities on HI in our localities which will drive improvements and engage communities in future action plans

Strategic Outcomes

- Staff live the organisation's values and feel empowered and engaged
- Enhanced staff confidence in understanding and promoting D&I, in particular the leadership team.
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Staff priorities Updates

1. Deliver a managers programme with inclusive leadership at it's core

Pilot programme to be run through August and September, 4 sessions to be run with a maximum of 9 attendees in each. This will be reviewed and then rolled out across the identified leadership group with sessions running twice monthly until April. We aim to run this programme with 75-100 leaders by April 2022, each one will be asked to identify a priority in their area to begin implementing change

2. Debias recruitment process

Training leaders in inclusive leadership as part of inclusive leadership training and Managers Training would be the first step, but we're also exploring how we can ensure interview panels can be more diverse and inclusive. There is a pilot planned in the Medical team as part of the AAC Consultant post, and learning will be shared across the organisation. In the first instance this will be with up to 100 managers by end of financial year 22/23.

3. Design and deliver Driving Your Career Programme

A programme has been sourced with plans to redesign aspects of this work and ensure it aligns to our needs across Royal Devon. We have also identified a group to pilot the programme. This will be offered to our Inclusion Networks and Champions as a start to ensure those often less represented are able to benefit from this scheme. We will deliver 2 cohorts of the programme by the end of the financial year, each cohort hosting up to 12 individuals.

4. Deliver an inclusion awareness campaign for all

An inclusion calendar has been designed with the most salient dates identified, this is now going through the design process before being shared widely. We have begun sharing this on a monthly basis through various comms channels and feedback for learning is being incorporated into future releases.

Other work not in the plan

1. We have begun designing a reporting template and format to identify staff concerns and give anonymous oversight
2. Working within the ICS Devon system to drive engagement at events of note including Exeter Pride and Exeter Respect
3. Working with the Nursing team on International Recruitment and overhauling our processes with the support of staff networks
4. Supporting teams in cases relating to inclusion and resolving issues informally and in a supportive just and learning culture
5. We have continued to engage with teams across Royal Devon and delivering a number of inclusion training sessions
6. Supporting key strands including induction and cultural development work streams

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Patient Priorities update

1. Co-produce a patient communication framework that all patient information will comply with.

This action is due to be completed by March 2023 on the patient experience workplan. Work will start in August with a series of workshops and a project plan will then be developed.

2. Develop a transparent process for regularly reviewing and updating patient communications

This action is also on the patient experience workplan with an end date of March 2023. This process will be identified alongside the project work in action 1.

3. Support people with communication difficulties more effectively by offering all staff training in communication access skills

This action is on the patient experience workplan with a target completion date of December 2022. Work is progressing with both northern and eastern groups now working together. A working group has been developed to look at:

- How to increase numbers trained, any particular staff groups to focus on
- A Communications plan to support this
- The communication access logo what do we do with it? How do we display it?

This group is reporting progress into the patient experience operational group on a bi-monthly basis. Accepting the operational pressure faced by frontline teams and the EPIC go live planned in July (north) the most up-to-date training figures are not available. A more comprehensive update will be available following the next PEOG on August 17th .

Other work not in the plan:

- Patient experience team review of communication flags/banners in EPIC to highlight patients with communication needs
- Currently considering the use of wayfinding volunteers for those service users requiring reasonable adjustments
- Engagement with AccessAble to explore the possibility of wayfinding application to support access to our services.

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Community priorities
Exceptional quality healthcare for all

- Deliver a range of projects through the N & E LCPs to address identified health inequalities
- Restore services inclusively in line with NHSE mandate
- Contribute to system priorities on HI e.g. Digital exclusion, homelessness, anchor institutions etc
- Baseline assessment of the HI issues in our localities based on data and community insights

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Community priorities Updates

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In the NLCP, OND is leading on a process to refresh a health inequalities strategy that will inform the NLCP priorities. A workshop in June brought together over 100 stakeholders to identify and discuss the key issues based on data analysis and public engagement. The aim is to develop a new strategy by November. OND is also delivering on a range of projects addressing inequalities (High Flow; fuel poverty etc). In the ELCP, the partnership is working on three prevention priorities through an inequalities lens – work is now underway in partnership with the VCSE sector and the UoE and informed by data and community conversations.

2. Restore services inclusively in line with NHSE mandate
We are working with ICB colleagues on the waiting well project to ensure we track health inequities in our waiting lists. We are also working with AHSN to look at our cancer waiting lists to see if social deprivation has any impact and we are brokering work with the UoE to support BI colleagues to extend this to other pathways. We are also looking at DNA rates as part of the outpatient work to better understand and address how health inequities impact - including engaging with patients.

3. Contribute to system priorities on HI e.g. Digital exclusion, homelessness, anchor institutions etc
The ICB is currently developing its strategy on health inequalities and we are seeking to influence it as well as ensure that the system appropriately supports/funds LCP work on health inequities. The focus on the Core20PLUS5 approach (which identifies a population cohort and '5' focus clinical areas requiring accelerated improvement) will be central but there are other wider determinants of inequities (Marmot issues) which need to be built in as well as other key issues such as anchor institutions (programme underway); digital inequalities (VCSE-led project underway).

4. Baseline assessment of the HI issues in our localities based on data and community insights
OND is undertaking a comprehensive approach to better understanding health inequities in northern Devon through an analysis of the existing data as well as insights from people who experience health inequalities – this will be completed in November. The ELCP has a good understanding of the data (through PH colleagues) and will work with ICB colleagues to inform this work through targeted engagement for people and communities.

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