



Great Western Hospitals  
NHS Foundation Trust



Equality, Diversity  
& Inclusion

2020-2024



Great People  
Great Place  
Great Western Hospitals



When we published our overall five year strategy in 2019, we agreed our vision to deliver joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

**“ We are committed to equality, diversity and inclusion. We take steps to ensure that we are a Great employer that values the ideas, skills, talents and experiences of our workforce and volunteers. We provide high quality accessible care by working with and involving our patients, partners and stakeholders to improve health inequality and life chances for the people of Swindon and North Wiltshire.**

**Kevin McNamara**  
Chief Executive



## Executive Summary

We are delighted to present our Equality, Diversity and Inclusion Strategy.

In the last year issues surrounding equality, diversity and inclusion have been brought into really sharp focus. The killing of George Floyd in the United States highlighted racism and put the Black Lives Matter movement in the worldwide spotlight and into the forefront of people's minds – right where they should be.

The Covid-19 outbreak highlighted inequality in a different way, with people from a Black, Asian and Minority Ethnic background disproportionately affected by coronavirus.

These issues are so big they require a collective response – but this can only be achieved if every individual, and every organisation, steps up to take responsibility for what they can do.

As it stands, we know we haven't stepped up, and we're not alone.

These are wider issues which each Trust and the whole NHS needs to address - but that doesn't mean we can sit back and wait for someone else to take action.

Simply put, we are failing to be as inclusive as we need to be and we must change, and encourage others to do the same.

In order to change, we can't just do more of the same and do what we've always done. We must commit to understanding more about ourselves, our organisation and the people we serve so we can be more open and inclusive. That's how we'll make the changes we need to make, and drive others to do the same.

As a large employer we recognise our responsibility to not just call out injustice when we see it, but to consider what we can proactively do to reduce inequality occurring and see where we can create opportunities.

We are a significant player in the economy. Much of the money we spend goes into the local economy, but we know we need to consider what more we can do to ensure our spending benefits our local communities wherever possible.

Swindon and the surrounding area has a diverse population and we must do all we can to ensure our organisation, at all levels, is reflective of the community it serves and celebrates diversity.

We know that our Executive Team and Trust Board does not yet reflect the people we serve, and we are absolutely committed to ensuring it will. When future vacancies arise at Executive and Board level, we will do everything we can to encourage

applicants from any under represented groups to put themselves forward.

While the new Equality, Diversity and Inclusion Lead role we have created will help us to drive forward the change that is needed, this isn't an issue which can be tackled by one person alone – it is everyone's responsibility.

We must work with our partners on changes which will improve health, reduce inequality, and create opportunity and we all must do more to accelerate the pace of change.

As an organisation we have had some success with equality, diversity and inclusion, but we need to build on this and do much more – this strategy outlines how we will do that.

**Together we are Great.**



Kevin McNamara  
Chief Executive



Liam Coleman  
Chair



## Introduction

Equality, Diversity and Inclusion matter greatly to us. It is at the heart of everything we do because we understand that every single person we deal with, whether patients, their families and carers, staff members or volunteers have the right to be treated with dignity and respect.

This strategy will guide us in the delivery of our vision and goals over the next four years. It sets out a clear local approach that everyone will take to ensure that we embed effective equality, diversity & inclusion practices, policies and behaviours. This will include how we deliver our services, the experience of our patients, carers and staff, how we engage and how we ensure fairness in all we do.

We have developed this strategy through using a range of resources, including:

- Quantitative information we collect and monitor through our patient and workforce information
- Feedback through our engagement, involvement and survey activities with patients, the public and stakeholder organisations such as HealthWatch
- Feedback through our staff engagement, feedback initiatives and from our STP (Sustainability and Transformation Partnership)
- Feedback from the business planning processes of our services
- National drivers of best practice guidance and benchmarking both internal and external to the NHS.

This strategy outlines our priorities focussed on inclusive leadership, patient experience, patient access and representation, and engaged people (staff and volunteers).

### The national context

This is a time of great transition for the NHS nationally and locally in terms of organisational and cultural change, financial challenges and required improvements in productivity. In order to meet these challenges, delivery of our services in a culture that promotes and values equality, diversity and inclusion with our patients, carers, public, staff and volunteers is crucially important.

There are many national, internal and external levers that give us a clear direction for delivery and compliance including the Equality Act 2010, the Health and Social Care Act 2012, the NHS Constitution, NHS Equality Delivery System, Workforce Race Equality Standard, NHS Accessible Information Standard, NHS Five Year Forward View (2014) and the NHS People

Plan (2020).

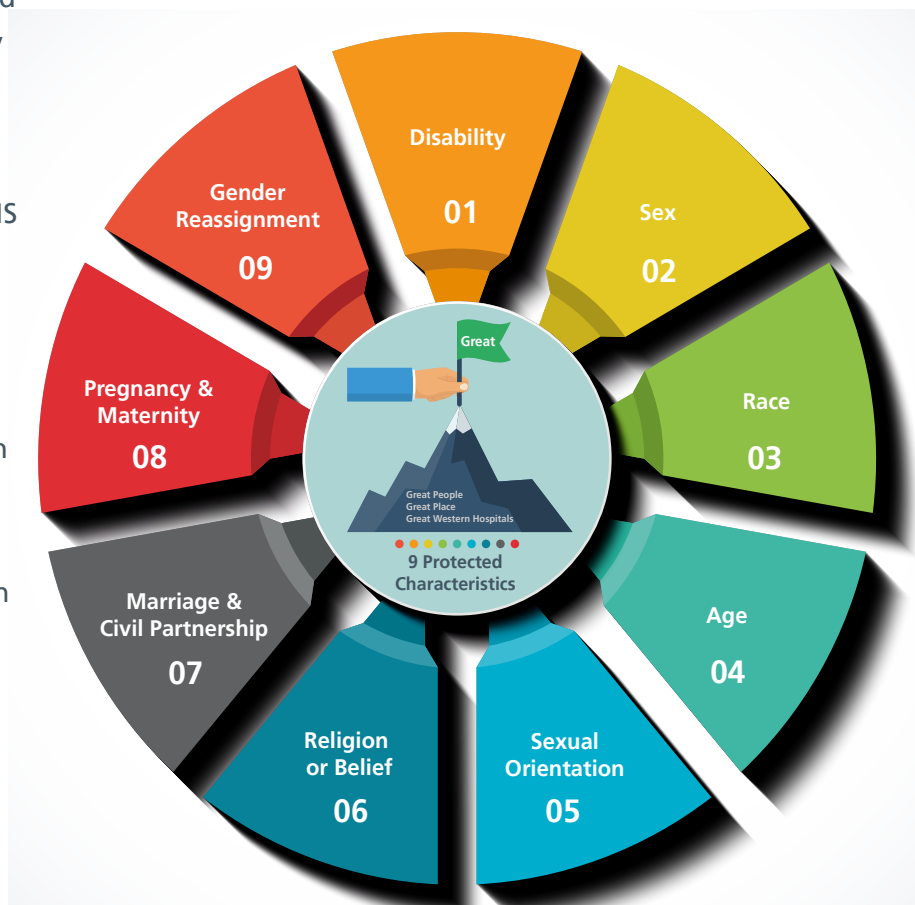
But this strategy is not about achieving compliance - it's about doing the right things for the right reasons with the aim of being the best place to work or to receive treatment for our patients and communities.

### Moving beyond compliance

We need to move beyond compliance, providing evidence that we are being proactive and heading in the right direction. We need to be in a position where equality and inclusion for all is evident in all that we do.

There is strong evidence that demonstrates where NHS Trusts have clear integration of equality measures that there is also a positive impact on patient outcomes and that there is an improvement in financial efficiency.

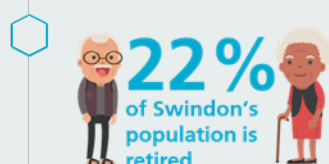
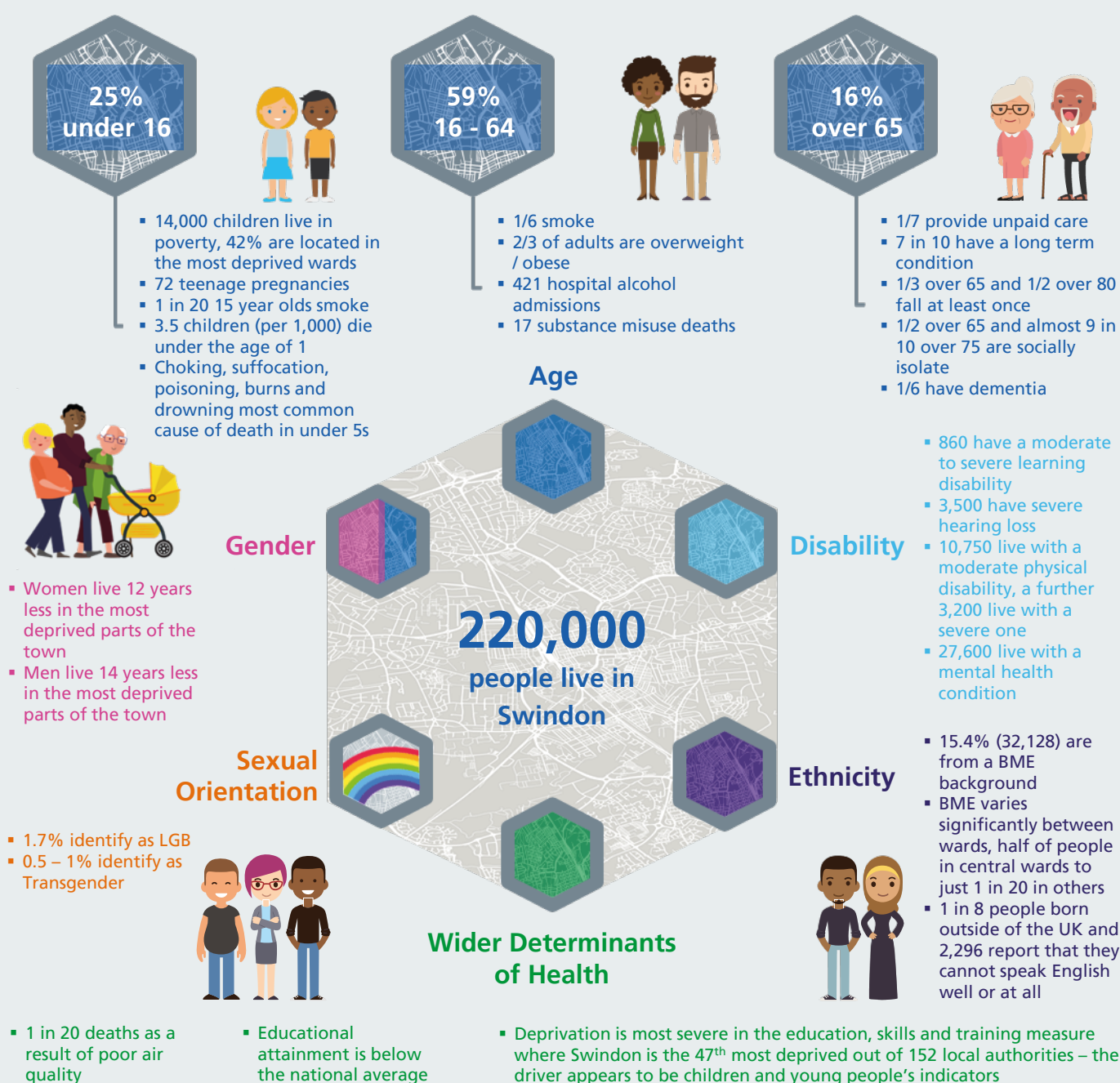
Our services need to be consciously and continually considering the needs of all different patients and carers (noting the nine protected characteristics) in day-to-day practice, ensuring that where there are gaps in knowledge they are actively closed. It is important that all of our staff work in a well-led, supportive environment and are involved in decision-making with visible, value-based inclusive leaders. Evidence tells us that when we get this right, patient satisfaction and outcomes improve, regulators rate the organisation better, safety improves, staff feel more valued, their well-being improves and patient mortality rates improve.



# Understanding our community

The information below sets out broadly what we know about the profile of different groups of people in Swindon, and helps us to understand better the equality, diversity and inclusion issues which may impact on the people who may use our services. We know that many people, outside of Swindon, in North Wiltshire also access our care. There are many similarities in these communities with those in Swindon but we will be working closely with Wiltshire Council and local community groups in the coming years to better understand this part of the county and any specific needs they may have.

## A snapshot of Swindon in 2019



## Understanding our communities

### Disability

In relation to the Equality Act, a person has a disability if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”

In 2014 The Office for Disability Issues and Department for Work and Pensions estimated that there were 11.6 million disabled people in the UK, 5.7 million of which were adults of working age, 5.1 million over state pension age and 0.8 million children.

The population of disabled people includes wheelchair users, blind people and deaf people – these are an important minority of the total, but the majority of disabled people have other (often less visible) impairments.

Among adults, trends show increasing numbers of people who have mental illness and behavioural disorders, while the number of people reporting physical impairments is decreasing.

Although older people are more likely to be disabled than younger people, trends show an increasing number of children with complex needs, Autistic Spectrum Disorders or mental health issues.

Research indicates that people with disabilities are disadvantaged in a wide range of areas when compared to those without disabilities. Disabled people are more likely to achieve lower outcomes in terms of employment, income and education. They are more likely to face discrimination and negative attitudes, and often experience problems with housing and transport.

### Gender

The gender profile of Swindon broadly reflects the national picture with the split between male and female being 50:50.

The lives of older women are often very different from those of older men. On average, women live longer but have lower incomes and are more likely to be disabled. Because women are also often younger than their partners, more women than men live alone in their later years. Traditionally, women have also left the labour market earlier, though this is likely to change over time.

The number of transgender people is not accurately known. We know that this is something that is often kept hidden because of widespread historical lack of awareness and social stigma with regard to transgender issues. Therefore it is only possible to collect statistics on the numbers of declared trans people and the figures we have are therefore likely to not be accurate. We do not yet have the means to gather reliable data on the numbers or needs of our

transgender residents. However we are working to improve the data available to us as well as providing support to our trans staff.

### Age

The shift in the age balance of the population covered by the Trust in Swindon is part of a broader national and international pattern. However, there are a higher proportion of people aged over 65 in our local population as compared with the national picture.

### Sexual Orientation

Although there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality, government actuaries estimate that 6% of the population is lesbian, gay or bisexual (LGB). This represents around 3.6 million people – or 1 in 16.

The total of marital and civil partnership status for Swindon was 182,138. The largest group were married, at 49% (81,617).

Registered same-sex civil partnerships, as a new legal partnership status, are a small proportion of the total, just 0.25%.

### Religion/Belief

The question on religious affiliation in the census was introduced in 2011 and is voluntary. Those affiliated with the Christian religion remained the largest groups in Swindon (56%), with no religion (30%), Muslim (2%) and Hindu (1%).

### Ethnicity

The change in the structure of ethnicity in Swindon is perhaps one of the most striking developments in the population between 2001 and 2011. If we define Black and Minority Ethnic (BME) Groups broadly as everyone except people who report themselves as being White British (so BME Groups include White Irish and White Europeans), the proportion of BME people in Swindon has in approximate terms, doubled from 8.5% (15,344 people) in 2001 to 15.4% (32,128 people) in 2011. The Asian/Asian British group, moreover, tripled in size (from 3,837 to 12,411, 2.1% to 5.9%). These increases are mainly a result of inward migration from Africa, Eastern Europe, Southern Asia and South America.

### Marriage and Civil Partnership

The number of single people rose from 2001 to 2011 (from 28.6% to 32.4%), while correspondingly the number of married people declined (from 53% to 48.6%).

We expect to see an updated view of our communities following the 2021 Census and annual data collected by local authorities which has been delayed in 2020 due to the impacts of Covid-19.

## About us

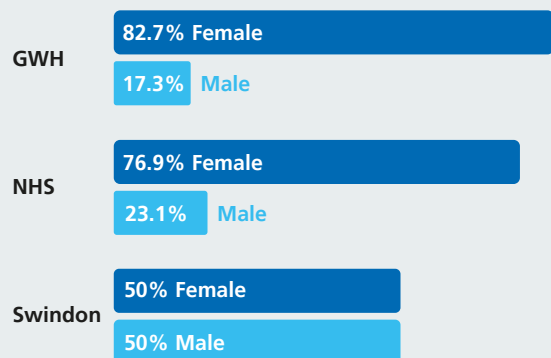
The diversity of our people, along with the rich skills they bring, are what makes the organisation. We want to ensure that we have a workforce that reflects the local communities we care for. That means that we need to ensure that there are accessible opportunities for all and that when people join our organisation they are given equal opportunities in training, development and progression.

### Our workforce

#### Ethnic mix

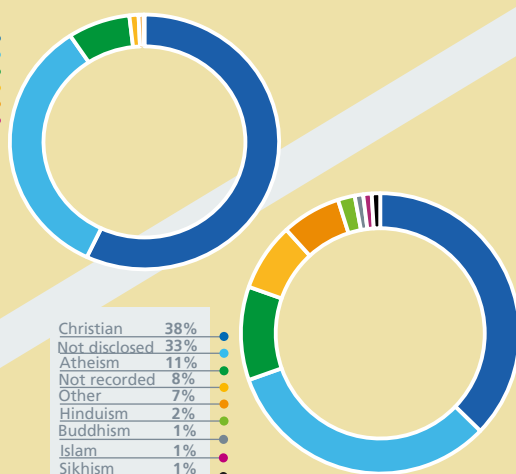
	Asian	Black	Mixed	Not specified	Other	White
GWH	7.5%	2.2%	0.8%	12.6%	1.7%	75.2%
NHS	10.7%	6.1%	1.8%	4.7%	2.4%	74.3%
Swindon	6.4%	1.4%	2.0%	0%	0.4%	89.8%

#### Gender profile



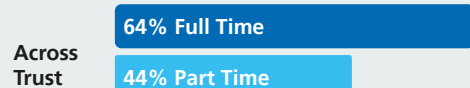
#### Sexual orientation of our workforce

Heterosexual	57.1%
Not stated	33.7%
Unknown	7.5%
Gay/Lesbian	1.1%
Bisexual	0.6%
Other	0.1%



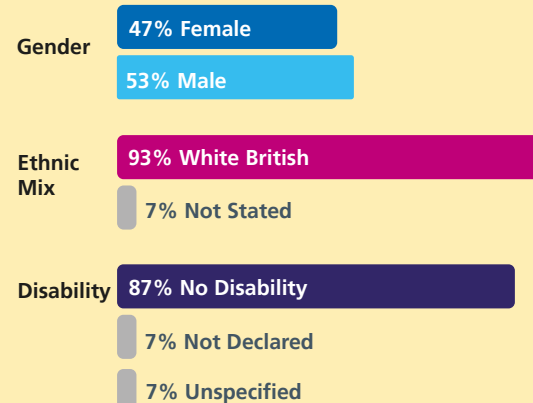
#### Religion

#### Substantive staff



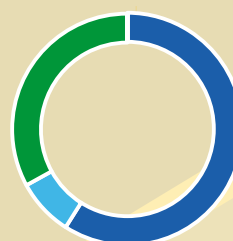
### Our Board

#### Gender, ethnic mix & disability

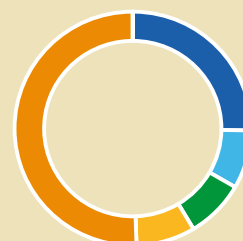


#### Sexual orientation

Heterosexual	59%
Not stated	8%
Unknown	33%
Gay/Lesbian	0%
Bisexual	0%
Other	0%



Christian	25%
Buddhism	8%
Islam	8%
Other	8%
Unknown	50%



#### Religion

We know that our Trust Board does not currently reflect the community which we serve. We are committed to becoming a more diverse and inclusive organisation but our experience with senior level recruitment has shown us that BAME candidates aren't getting to the final stages – and that's because of a lack of opportunity rather than a shortage of talent.

We are committed to changing that.

When recruiting to new and vacant board roles, we will look to advertise these positions in different ways to attract more diverse applications and we hope that our work to become a more inclusive organisation will encourage a wider group of candidates to apply.



## What we've achieved so far

### Staff & volunteers

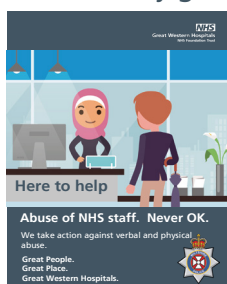
We value equality, diversity and inclusion, and we hold a monthly forum informed by the following national reporting:

- Workforce Race Equality Standard (WRES), first report in 2017 using data from 2015/16.
- Gender Pay Gap, first report in 2018 using data from 2017/18.
- Workforce Disability Equality Standard (WDES), first report in 2019 using data from 2018/19.

Our electronic Employee Service Records inform these reports as well as the National NHS Staff Survey Results. This allows us to benchmark ourselves against other Trusts, identify areas that require improvement and identify organisations we can learn from.

The annual national staff survey shows improving feedback for race and disability awareness across the Trust, endorsing the success of the following equality, diversity and inclusion initiatives:

- The ongoing 'Never OK' campaign highlighting that we will take action against harassment and bullying towards any group.



- Establishing a BAME\* (Black, Asian and Minority Ethnic) Champions Network who held their first Diversity Day in 2019 and establishing the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and others) Staff Network. Existing feedback has identified a reduction in harassment and bullying towards BAME staff both from other staff (30.5% to 22.8%), and patients (32.3% to 22.8%). We will also establish a Disability Staff Network in 2021. Existing feedback shows that bullying and harassment of disabled staff by managers has reduced (9.5% to 6.7%).
- Management training to promote support available from the Occupational Health Services to identify and implement reasonable adjustments for staff who become disabled or who have a change in the support that they require for their disability. This has led to an increase (75% to 82.4%) of disabled staff reporting in the staff survey that the Trust has made reasonable adjustments to enable them to carry out their work. There has also been a reduction from 37.5% to 27.4% of disabled staff who have felt pressure from their manager to come to work,

despite not feeling well enough to perform their duties.

- Over the last three years we have shared our gender pay gap data which shows, as with most NHS Trusts, that the area of staffing with the greatest gender pay gap is medical staffing. Further work and interventions have been identified to close the gender pay gap.
- Education, training and continual professional development are key to our long term objectives to improve our standard of care and hold good retention levels. We strive to offer a wide ranging package, that's available to all staff to enable them to develop. We will continue to review this to ensure that we have an offer that is accessible and meets the training needs of our workforce. As part of our review, we will make a commitment to ensure that education and training opportunities are available to all staff and accessed fully, because current evidence suggests this is not the case.
- We review our policies and procedures every two years to ensure that they meet legislation requirements and, where possible, best practice. We know there's more to do, next steps will include going the next step in really considering how these policies and procedures effect our staff groups. We also know that best practice from our peer groups in England may not be that advanced so we need to challenge our thinking and be confident to set a standard for others to follow where it's appropriate.
- We've started to re-think our talent management approach across the organisation to ensure all staff who want to progress have a talent management conversation and an individual plan to support them in their career journey. We now need to roll this out and consider our succession management planning to ensure that our staffing profile, including those in leading roles, becomes more reflective of the local demographic.

- 2020 has seen further learning following the impact of the Covid-19 outbreak and how this has effected different parts of our communities in different ways, we'll take this learning as we redesign services to ensure they are fit for the future and meet the needs of the people we care for.

\* Within this document we have used the term BAME. We know that there are different views emerging on the use of this term and because of this we will continue to seek advice from our networks, staff and communities to ensure that we find the right way to reflect their views and feelings on this.





## What we've achieved so far

### Our patients & communities

Equality, diversity and inclusion is an essential part of providing excellent patient care.

We know that more inclusive, diverse and open organisations provide better places for staff to work and deliver better standard of care.

We monitor ethnicity and gender through patient 'Friends and Family' cards, monthly review of this information ensures we are reaching all groups to gain patient feedback. That said, we know we have more to do to ensure that these are used in the most effective way and that we actively drive our engagement to increase our response rate.

The following equality, diversity and inclusion initiatives for patients are already underway:

- Information posters produced in most frequently-used languages raising the profile of the Patient Advice Liaison Service (PALS) and enabling all patients and the general public to be aware of a service accessible to support their overall patient experience, including the provision of guidance to address all issues - concerns, complaints and compliments.
- The patient carer engagement launch event in November 2019 capturing initial input into the shape of a future patient and carer involvement plan.
- Adopting the NHS rainbow badge initiative signalling our support to drive out inequalities faced by the LGBTQ+ community.
- Introducing the sunflower lanyard scheme that provides lanyards for patients to wear to signal to staff that these patients have additional needs.
- All inpatient deaths of those patients with a learning disability are reviewed as part of our learning disabilities mortality review programme.
- We've recruited a full time learning disabilities nurse to help lead improvement and we've expanded our safeguarding team.
- Investment in a PLAN (Psychiatric Liaison Accreditation Network) in our Emergency Department to ensure that patients experiencing mental health problems can be supported in a calm and safe environment.
- A range of patient and carer participation forums including the Visual Impaired Service User Group and the Audiology Patient Group.
- As part of our commitment to ensuring equality, diversity and inclusion we have created an EDI Lead role for the Trust.



## Engaging to shape our next steps

### Staff & volunteers

We have been working with staff and volunteers to gain feedback about what is important to them and to start to understand the issues they face and the concerns they have.

As part of this we have included equality, diversity and inclusion questions within our staff survey and also set-up a number of networks, such as our BAME Champions Network and LGBTQ+ Champions Network.

The chairs of these groups attend our Equality, Diversity and Inclusion Group chaired by our Chief Executive. They are key members of the group and through this have a direct line of communication with senior managers and directors and provide feedback from the groups, helping to identify areas that need improvement.

A selection of staff and volunteer voices that we have received are below.

### Our patients & communities

A large collaborative event, involving service users from diverse sections of the community was held in 2019. Feedback from the event highlighted that our patients, carers and communities want us to:

- Listen to their knowledge and stories
- Ask for feedback through a variety of methods
- Get specific people involved in redesign of services
- Share information across systems
- Have accessible information
- Provide easy read information

We have recruited a dedicated Patient Experience and Engagement Lead who will drive forward areas for improvement identified through such events. They will be responsible for developing the patient experience and engagement plan, working with colleagues in quality governance and corporate teams to embed improvements and the expansion of patient and service user feedback systems into the organisation.

The voices, below, are a collection of feedback received by patients and communities.

### Staff & volunteer voices

"I have only recently been made aware of the BAME Network but it's a good start. I feel that the disabled and LGBTQ+ communities have always been given a platform but there has been a delay in recognising the needs of the BAME community."



### Patient & community voices

"Thank you! My son has very complex needs and a severe learning disability, I was able to stay with him for the three days and nights on his recent visit to the Neptune ward. We were both looked after amazingly!"



"The Trust is making some moves to get it right."



"Let's start with the Board and the Executive Team. Change should start at the top. The Board shapes and reflects organisational culture."



"I'd like to say a massive thank you to all the staff on the Children's Ward, particularly the staff nurses and the play therapist. My 3 year old son has hidden disabilities, he wore the sunflower lanyard and staff were attentive to his needs and made suitable adjustments to ensure he got that extra bit of support."



"Changing Places are hugely important to anyone caring for a person or child with profound or multiple disabilities, who otherwise are being changed on toilet floors. In 2019 this isn't acceptable. It's great to see that you want to support carers but actions speak louder than words!"



"I have not personally experienced or witnessed discrimination against staff or patients, based on their individual characteristics."



"My experience is that most people within the organisation do value the different perspectives that are brought by people with different backgrounds, skills and experiences and that this is reflected in organisational decisions."



"We had a sunflower lanyard when my son, who has ASD, attended hospital last year for an operation. It really helped raise awareness, thank you!"



"I must applaud for the brilliant services you have arranged with SignLive for both of my appointments yesterday and today. I have no doubt that this is a must for all deaf patients."



## Our focus to 2024

We've taken the time to listen and understand what we need to do and how as an organisation we need to change.

This is just the beginning. We recognise that we need to make positive changes and that we need to

act now but at the same time we recognise that we need to continually reflect and improve. Let our journey start here.

We will focus our efforts over the next four years in four key areas.

- |   |  |
|---|--|
| 1 | Inclusive & compassionate leadership                               |
| 2 | Represented & supported workforce                                  |
| 3 | Support our patients & communities to achieve better life outcomes |
| 4 | Let every voice be heard   |

Together we are **Great**



Great People  
Great Place  
Great Western Hospitals



## Inclusive & compassionate leadership

Provide innovative and inclusive ways to support leadership and development at all levels

Promote and drive compassionate leadership to become the normal way to behave

Reduce barriers to education, training and career development

### Together we will:

#### Years 1-2

- Ensure that diversity and inclusion is an inherent part of our leadership programme by weaving it into the design of individual modules – for example in the Leadership Development Programme
- Deliver training and development in compassionate leadership
- Promote the Stepping Up Leadership Academy programme for BAME to develop future BAME Leaders
- Engage more effectively with our local community to help people from more diverse backgrounds access development and career opportunities, eg. apprenticeships
- Put additional support in place to support the development of Non Executive Directors from more diverse backgrounds and provide a talent pipeline at Board level
- Roll out our talent management approach across the organisation to ensure all staff who want to progress have a talent management conversation and an individual plan to support them in their career journey
- We will put inclusion at the forefront of our Board and Executive Committee development and ensure that patient and staff stories are heard

#### Years 3-4

- We will make use of the advances we achieve in years 1-2, celebrating success and use them as levers to engage further with our workforce and communities to inform future leadership strategy
- We will share our experiences with other Trusts / organisations and be recognised as displaying best practice

### Measures of Impact

Improved diversity of board and leadership composition

Improved diversity in apprenticeship take up levels

Improved staff experience amongst those from diverse backgrounds as measured in the staff survey





## Represented & supported workforce

Developing an inclusive and diverse workforce

Create an environment that embraces diversity

Promote opportunities where there are areas of under representation

Establish strong staff networks to shape future strategies and help address inequalities

### Together we will:

#### Years 1-2

- Encourage membership of Trust Network Groups and develop and introduce a Trust Inclusivity Group, through communications with staff and events
- Appoint an Equality, Diversity and Inclusion Lead
- Link with organisations within our network (eg. other Trusts and local authorities) and share learning
- Introduce and support the 'Building Bridges' programme providing an opportunity for people who are struggling to enter the workplace to work or volunteer in the Trust
- Identify ways to ensure we have a diverse and representative board and leaders at every level
- Implement a programme of reverse mentoring for leaders
- Ensure our Freedom to Speak Up champions are accessible across the Trust to all staff
- Ensure education and training is accessible by all staff groups

#### Years 3-4

- Celebrate the Diversity of Staff, through events, communications and engagement - this should become part of how we work, not just token or isolated campaigns
- Target a reduction of harassment, bullying and discrimination within the Trust through campaigns, training and events monitored by WRES, WDES and Staff Survey
- Educate and support managers using 'License to Recruit' training to provide an inclusive approach to recruitment and development
- Achieve National Disability Confident - Level 3
- To have a workforce representative of the population we serve across all professional roles within the Trust
- Increase diversity of senior managers & Trust Board

### Measures of Impact

Increased access to education/training by all staff groups

Improved WRES and WDES scores

Increase diversity at band 8A and above

Improved staff survey results specifically around Equality, Diversity and Inclusion



# Support our patients & communities to achieve better life outcomes

Identify health inequalities in our local population

Target our improvement plans to address identified inequalities

Focus on shared decision making with our patients, families and carers

Improve patient information that meets the needs of a diverse population

## Together we will:

### Year 1-2

- Use patient equality and diversity data throughout the organisation to ensure that future improvement plans evolve to meet the needs of our local population
- Develop a comprehensive improvement plan to ensure that patient centred services are provided taking into account the nine protected characteristics
- The nine protected characteristics are included as part of Serious Incident Reviews to determine where this may be a factor in failures in patient care
- Patient information and support resources that can be accessed in a variety of mediums
- Develop training and awareness across the organisation to address identified health inequalities

### Year 3-4

- Meet accessible information standards across the whole organisation to ensure a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss
- Empower our patients to take better ownership of their own health and care by further developing self-care models that encourage individuals to live healthier lives such as smoking cessation, weight management and identifying risk factors

## Measures of Impact

Focussed improvement plan in place to address inequalities

Specific training plan / awareness in place regarding health inequalities

Patient information developed targeted at specific hard to reach groups





# Let every voice be heard

Providing people with protected characteristics opportunities to get involved and influence our work

Improving people's pathway through care by putting them at the centre of everything we do

Designing services to meet the needs of a diverse population

## Together we will:

### Year 1-2

- Develop a Patient Experience and Engagement plan
- Expand patient and service user feedback systems, including developing listening, learning and improvement processes to ensure that the patient voice is heard
- Develop strong links with community groups and services to reduce any inequalities identified through their feedback by partnership working and our attendance at groups
- Develop a suite of patient stories with people across all protected characteristics to share across Trust-wide forums in order to hear directly learn from their experiences

### Year 3-4

- Involve patients, carers and service users from a diverse background in the design of services and pathways, particularly as and when this involves a significant change
- Involve patients, carers and service users in specific recruitment processes across the organisation
- Improve Governance structures by working collaboratively with patients and service users from diverse background

## Measures of Impact

Implementation of Patient Experience and Engagement Plan

Increased feedback received from hard to reach groups

Evidence of involvement of patients in service design and governance structures



## Our commitment to making change

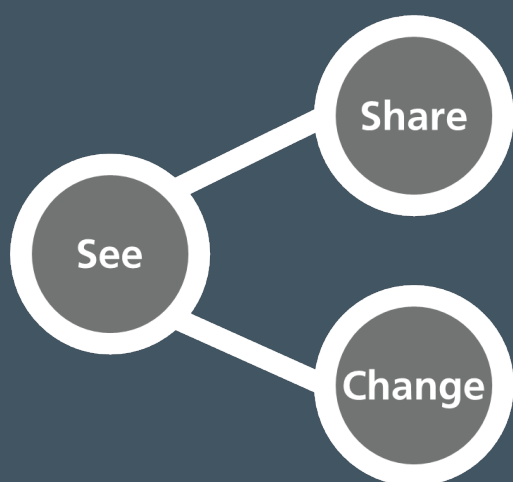
### It's time to make a change.

To do that, we can't just do more of the same and do what we've always done.

This strategy starts us on a journey of creating positive change at every turn and to help us in doing this we will actively instill the following commitments into our working culture.

- 1 We will be vocal advocates and allies for all the people we serve - our staff, our patients and our local communities.
- 2 We will challenge all forms of discrimination – we want discrimination in our Trust to be a 'never event'.
- 3 We will be curious about the impact of the decisions we make on the people we serve by actively promoting the use of Equality Impact Assessments and using data to better understand where our efforts should be targeted to reduce inequality and disadvantage.
- 4 We will spend more time with our local communities, actively partnering with them to bring their voice into the Trust to inform and influence the decisions we make and ensure we actively listen and act on the needs of the communities we serve.
- 5 We will hold ourselves, and those that lead, to account on how the actions we take make a significant difference to the experiences of our staff.
- 6 We will seek open and honest conversations with all our staff and generate discussion to focus on steps that will genuinely improve staff experience. We will promote and support thriving networks to give under-represented groups a stronger voice, celebrating and championing diversity.
- 7 We will champion opportunity as a means to reduce inequality.
- 8 We will listen closely to staff and patient stories that highlight the impact of discrimination, we will discuss them at our Board and in senior leadership discussions to help us learn and help us make better, more inclusive decisions.





# Freedom to Speak Up

If you've seen  
something that's  
wrong, do what's right  
and share your concern.

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**Great Western Hospitals**  
NHS Foundation Trust



Equality, Diversity  
& Inclusion

2020-2024

**Great People**  
**Great Place**  
**Great Western Hospitals**