



South East
Genomic Medicine Service Alliance

Equality, Diversity and Inclusion Strategy 2022-2024

March 2022

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Executive Summary

We are proud to share this Equality, Diversity and Inclusion strategy that has been collaboratively developed with our South East Genomic Medicine Service Alliance partners.

The aim was to develop a strategy that identified priorities to improve inclusion in our genomic services for patients, as part of tackling health inequality. From identifying how we achieve a diverse genomics workforce, through to improving how we understand our patients' needs and expectations, and how we can reach out to groups underrepresented in our geography. This is a key step in achieving the national Genomic Medicine Service ambitions for equitable access to standardised end-to-end genomic pathways for our patients and communities.

Our Task and Finish Group has been made up of subject experts across our geography. Volunteers from this group led the development of the three Pillar Workstreams' principles and strategic actions which need to be delivered to achieve our ambitions. These actions will be further developed into delivery plans with clearly aligned accountabilities and resources as we bring our strategy to life. To demonstrate that we are making improvements through the actions we take, we will be gathering data, monitoring performance and benchmarking with others to identify how we can continually improve our genomic services, through outcome measures for culture, leadership and process improvements. The three pillars of the strategy are:

- Values and Behaviours
- Service Transformation
- Engagement and Communication

The Task and Finish Group have developed our Pledge, which is our promise:

To promote a culture of inclusion, through sharing experiences, perspectives and learning, thereby identifying opportunities to innovate and develop our genomic medicine services, and continually improve our patient-centred care.

Whilst we recognise that we are at the start of our journey to embed this strategy, we are building on our existing organisational inclusion strategies, with the priorities for 2022/23 being to set the foundations for the coming years. Initial steps to address the importance of equity of access and inclusion to genomic medicine for all patients across the south east will be achieved by:

- Strengthening diverse voices through our Patient and Public Ambassadors.
- Prioritising bespoke equality, diversity and inclusion training for the genomic services teams.
- Setting up an independent Equality Diversity and Inclusion Steering Group to oversee the delivery of the strategy.
- Commencing a benchmarking process, capturing and analysing data and patient/staff feedback, to identify gaps in population health and prioritise positive action to close these gaps.

I would like to thank everyone for their valued contributions to developing this strategy. I would like to share special thanks to Karen Sleigh and Makeda Glaze who have organised our meetings and brought this strategy together on behalf of the Task and Finish Group.

Dr Anju Kulkarni

**Consultant Clinical Geneticist and
Chair of South East GMSA ED&I Task
and Finish Group**

Introduction

Purpose

The South East Genomic Medicine Service Alliance has been facilitating an important piece of work to collaboratively develop our Equality, Diversity, and Inclusion strategy on behalf of our Alliance and our Genomic Laboratory Hub. The ambition is **to improve our end-to-end genomic pathways by building on our culture of inclusivity, thereby reducing health inequalities, improving patient and public involvement and participation, and ultimately improving our patient-centred care.**

Contributing to Population Health

We want to be able to demonstrate that our genomic services are contributing to improving key health outcomes for individuals and our communities, through improving life expectancy and targeting health inequalities. To achieve this ambition, we will be working closely with our local, regional and national health and care system partners to shape our focus on population health, which encompasses improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities in the south east.

We have shaped a delivery framework of action to help us prioritise our deeper understanding of our current service impacts on population health and have been focused on:

- Improving the use of our data and digitally enabled care to build insights to develop deeper understanding of risks within our populations and focus on positive action to level up health inequalities.
- Working with local, regional and national partners to develop our population health management approaches to proactively support health and well-being.
- Engaging with our citizens, amplifying opportunities to hear underrepresented voices through our Patient and Public Ambassadors to demonstrate that we are shaping our services in line with our community needs.

We are aiming to accelerate our contribution to healthcare improvements, through strengthening education, engagement and access to diagnostics to provide personalised care plans. We also want our genomic medicine services to be recognised as being fair, equitable and inclusive in all our work areas, internally by our own staff working across our services, and externally with our patients, communities and stakeholders. We will be focusing on attracting and developing our diverse workforce, together with including our patients and communities in shaping and improving our services for patient-centred care.

Background

All our genomic medicine services staff are encouraged to lead and play an active role in the delivery of this strategy, which has been collaboratively designed by our Equality, Diversity and Inclusion Strategy Task and Finish Group. This group has been made up of a diverse range of partner experts, who also volunteered to chair and participate in pillar workstreams to shape their principles and actions:

- **Pillar One:** Values and Behaviours

- **Pillar Two:** Service Transformation
- **Pillar Three:** Engagement and Communication

These pillars form the heart of what you can expect from our services, from our leaders and from each other. The Task and Finish Group has also developed our Pledge, which is our promise:

To promote a culture of inclusion, through sharing experiences, perspectives and learning, thereby identifying opportunities to innovate and develop our genomic medicine services, and continually improve our patient-centred care.

The success of this strategy will be demonstrated through our services' contribution to improving wider population health and closing the gap on health inequality. This supports the aim of the NHS Genomic Medicine Service helping meet the commitments in the NHS Long Term Plan, Genome UK, and the Life Sciences Vision, by strategically and systematically embedding genomic medicine in our geography.

This strategy also supports our continued contribution to fulfilling our legal duties that set out requirements in relation to equality, health inequalities and public involvement and participation. These three separate legal duties are:

- The public sector Equality Duty (PSED) provided by the Equality Act 2010.
- The duties to reduce health inequalities provided by the Health and Social care Act 2012.
- The duties in relation to public participation provided by the Health and Social Care Act 2012.

We have designed our Equality and Health Impact (EHI) Assessment as a way of identifying resources and providing robust evidence that we are addressing both barriers to healthcare and health inequalities. These assessments will form part of our service and business planning and our developing Equality Delivery System, aided by deeper understanding from our data insights and positive actions.

Improving our patient voices

We will be promoting involvement of patients, carers and their representatives through the support of our Patient and Public Ambassadors. We will also be working with our communities and partners to improve our public involvement through consultation and engagement. We will proactively reach out to seldom heard groups in our communities, who have significant health inequalities, assessing those groups that are disproportionately over or underrepresented in our service user demographics. Addressing Health inequalities is crucial for tackling key challenges such as preventing premature mortality, improving recovery from illness, and enhancing quality of life for patients with long-term conditions. We will be working with our national and local partnerships to support the ambitions of the 'Core20PLUS5' programme to reduce health inequalities through targeting populations in the most deprived 20%, and focusing on 5 clinical areas to require accelerated improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension.¹

¹ [Core20PLUS5](#) – an approach to reducing health inequalities

We are aiming to improve the involvement of our patients and partners in developing our services and transformation projects, from the start, identifying opportunities to be involved in designing, decision making and delivery of our improvements. This will contribute to our ambition to improve population health, evidenced through our culture, leadership and process outcome measures.

Building momentum through participation

Over the last year our genomic services have made significant progress. We are striving for our genomic medicine services to work towards addressing health inequalities, which forms a key part of the NHS England's vision and values in line with the NHS Constitution. Some early successes include:

It is important to recognise that we have a strong foundation by aligning our services to existing organisational equality and diversity strategies and policies. This strategy takes a deeper look across our genomic medicine services to identify what else we can do to improve our inclusion, to guide all our work areas, to achieve a culture of fairness, transparency, and inclusion in the ways that we work with each other and across our partnerships. All of our staff will be expected to reflect the values and behaviours outlined by their respective organisations and professional regulatory bodies in relation to inclusion.

Next steps

The following sections set out the three pillars, their principles and strategic actions, together with a timeline of our actions to achieve the following key initial priorities for 2022/23:

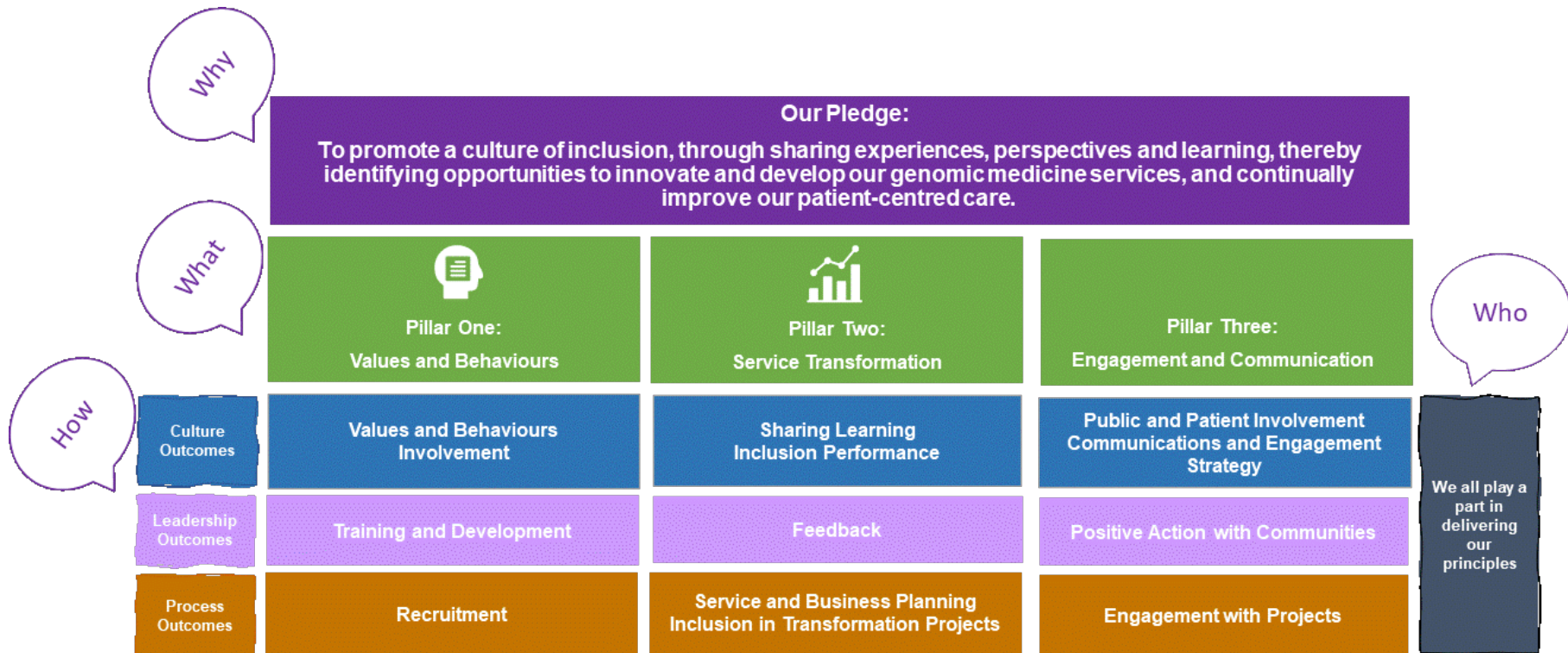
- Strengthening diverse voices through our Patient and Public Ambassadors.
- Prioritising bespoke equality, diversity and inclusion training for the genomic services teams.
- Setting up an independent Equality Diversity and Inclusion Steering Group to oversee the delivery of the strategy.
- Commencing a benchmarking process, capturing and analysing data and patient/staff feedback, to identify gaps in population health and prioritise positive action to close these gaps.

These priorities will ensure that our strategy is embedded into our genomic medicine services. This will be demonstrated through improving our data collection to help us understand our gaps to focus improvements to the collection, analysis and interpretation of our impact on improving population health, to help us identify and prioritise positive action to improve inclusion.

We will continually seek feedback on how we can improve and share our learning. The strategic actions will be further developed into delivery plans and embedded into our ways of working to contribute to improving outcomes for our patients. We look forward to working with all of you to achieve our ambitions.

Our Strategy on a Page

We have designed the strategy around the ‘Why’, ‘What’ and ‘How’ questions to shape the pledge, pillars and principles which are supported by strategic actions that need to be taken forward, together with the ‘Who’, where we will all have a responsibility to deliver the pledge. We will be developing further detailed actions aligned to specific responsibilities and resources as one of our priorities in 2022/23, to ensure that we can demonstrate culture, leadership and process outcome improvements to tackling health inequalities. The following diagram provides an outline of our strategy:



Pillar One: Values and Behaviours

How do we demonstrate that our values and behaviours which promote equality, diversity and inclusion are embedded across our Genomic Medicine Services?

Why: Purpose

We will be promoting the Equality, Diversity and Inclusion strategy as a golden thread throughout our genomic medicine services. Addressing health inequalities forms a key part of NHS England's vision and values and is in line with those of the NHS Constitution. We want to support all of our staff to demonstrate a well-led approach to health inequalities. We recognise that the pledge for our genomic services cannot be fully achieved without successfully attracting and developing a diverse workforce that includes people from underrepresented groups. We will support our leaders and staff to evaluate their contributions to inclusion, through role modelling expected behaviours.

We will strive to continually explore opportunities to improve our feedback mechanisms to learn from the experiences of our staff and our patients. This will help to build greater insight into shaping an inclusive culture, where we can promote openness, respectfulness, and transparency, where we can encourage difference in representation and diversity of challenge and contributions, to ensure that we create a climate where everyone feels supported to be their authentic self.

We will be conducting Equality and Health Impact Assessments as part of our service and business planning to develop how we will address actions against all the protected characteristics set out in the Equality 2010 Act. This will ensure that we continually improve our engagement and demonstrate that we are creating a safe, progressive culture where we can share our experiences and perspectives, improving the performance of our transformational projects. The key principles are:

- **Values and Behaviours:** Demonstrating clear values and behaviours, that are recognised and promoted across our services, where leaders regularly seek feedback to identify areas for improvement.
- **Involvement:** Continually seeking opportunities for inclusion, with learning from involving patient groups, patient stories, patient feedback to challenge thinking and generate a positive and open culture.
- **Training and Development:** Ensuring that we can identify opportunities for training and open access to staff and partners to improve knowledge and awareness.
- **Recruitment:** Ensuring that we demonstrate fair, open, and transparent recruitment systems and processes, where we seek feedback on individuals' journeys throughout their time working in our genomic medicine services from recruitment to leaving, ensuring that we identify improvements for taking positive action and sharing learning.

What: Outcomes

We will improve diversity and inclusion in all of our roles by:

- **Culture:** Demonstrating a positive, open, learning and transparent inclusive culture.
- **Leadership:** Improving engagement and inclusion, proactively seeking opportunities to capture diverse perspectives for decision-making and improving patient care.
- **Process:** Ensuring a representative workforce across our services.

How: Actions

Outcomes	Ref.	Activity	Target Date
Culture	1.1	Principle: Values and Behaviours	
	1.1.1	To embed our pledge into all of our genomic medicine service business plans and transformation projects.	Q1 2022
	1.1.2	To develop a suite of key measures on how we are demonstrating the expected values and behaviours.	Q1 2022
	1.1.3	To encourage all our staff in the service to sign up to the Equality, Diversity and Inclusion pledge and identify objectives as part of their personal development reviews.	Q2 2022
	1.1.4	To review and develop the process for carrying out the Equality and Health Impact Assessments, to identify positive actions and resources to address them, together with sharing learning across our service.	Annually
	1.1.5	To conduct cultural audits using qualitative perception surveys to understand the experience of working in the genomic medicine service to identify opportunities for improvements.	Annually
	1.2	Principle: Involvement	
	1.2.1	To identify and monitor staff participating in equality, diversity and inclusion activities and promote through case studies and good examples to share learning.	Quarterly profiles
	1.2.2	To benchmark performance against peer organisations and other relevant sectors to identify best practice for inclusion, developing action plans and reporting improvements and learning through relevant governance frameworks.	Q3 2022
	1.2.3	To develop an Engagement and Consultation Plan to achieve our inclusion ambition, with the Equality and Health Impact Assessments identifying gaps and opportunities for positive action to include underrepresented groups and voices.	Q2 2022
	1.2.5	To develop equality and diversity events for celebrating and sharing inclusion learning approaches across the genomic medicine services.	Q4 2022
Leadership	1.3	Principle: Training and Development	
	1.3.1	To review and develop core learning options that would provide support to leaders in our services.	Q1 2022
	1.3.2	To review and develop core learning options for all staff, clinical and non-clinical in our services.	Q2 2022
	1.3.3	To identify internal and external opportunities for accessing training and improving knowledge of inclusion for staff, patients and communities accessible on the website.	Annually
	1.3.4	To build our leadership knowledge and inclusion in wider system thinking for improving population health through training and access to information.	Q2 2022
Process	1.4	Principle: Recruitment	
	1.4.1	To support our leadership teams to review their recruitment processes in line with organisational recruitment policies and standards, identifying opportunities to analyse anonymised personal characteristics data to identify profile gaps.	Q2 2022
	1.4.2	To support our leaders and staff to review and monitor inclusion objectives in personal development processes in line with organisational policies.	Annually
	1.4.3	To review and develop opportunities for feedback, identifying areas for development included in personal development plans to assist training in line with responsibilities.	Annually
	1.4.4	To review the need for developing coaching and mentoring skills for leaders and staff as part of their delivery role.	Annually

Pillar Two: Service Transformation

How do we systematically capture, iteratively review and act upon robust equality, diversity and inclusion data through our business planning processes and transformation projects?

Why: Purpose

Developing ways for feeding back on our patient and staff experiences enables us to develop a better understanding of health inequality, which contributes to a culture where individuals feel able to challenge the status quo to continually shape and improve our services leading to continually improving patient care. This supports the NHS People Plan, which is the workforce strategy for delivering the Long Term Plan for the NHS. This People Plan sets out four pillars:

- **Looking after our people:** Quality health and wellbeing support for everyone.
- **Belonging in the NHS:** A particular focus on tackling the discrimination that some staff face.
- **New ways of working and delivering care:** Making effective use of the full range of our people's skills and experience and supporting the wider population health agenda to tackle health inequalities.
- **Growing for the future:** How we recruit and keep our people, and welcome back colleagues who want to return.

We aim to develop our Equality Delivery System to shape how we improve our workforce equality and diversity data to inform service and business planning, together with understanding our population health data to help accelerate positive action to address health inequalities. The key principles identified are:

- **Sharing Learning:** Analysing data and identifying opportunities to promote the work of our services and share learning.
- **Inclusion Performance:** Review and monitor performance against intended outcomes to identify progress in achieving inclusion covering each of the protected characteristics.
- **Feedback:** Proactively seek feedback from each of our service areas and projects to share learning and improve inclusion activities.
- **Service and business planning:** Building equality, diversity and inclusion into our service and business planning for improvements.
- **Projects:** Ensure stakeholder mapping and analysis to identify equality gaps and widen inclusion opportunities with underrepresented groups through positive action.

What: Outcomes

An inclusive culture leads to better engagement, improved well-being, and reduced sickness absence, together with improving our services to the people we serve across the south east. We will be collating qualitative and quantitative data from our services, identifying gaps across our geography using our Equality and Health Inequalities Impact Assessment. This will strengthen our understanding of gaps and identify opportunities for positive actions:

- **Culture:** Demonstrating inclusion in our business planning processes.
- **Leadership:** Promoting inclusion activities, building trust and confidence.
- **Process:** Identifying opportunities for feedback and positive action to target inequalities.

How: Actions

Outcomes	Ref.	Activity	Target Date
Culture	2.1	Principle: Sharing Learning	
	2.1.1	To set-up an independent Equality, Diversity and Inclusion Steering Group, made up of key representatives from the organisations across the service geography, ensuring diverse representation including patients and public representatives to steer the delivery of the strategy as part of the service governance and accountability.	Q1, Q2, Q3, Q4
	2.1.2	To develop our Equality Delivery System to help, in discussion with local partners including local populations, to review and improve performance for people with characteristics protected by the Equality Act 2010, reporting bi monthly to the Management Board.	Q2 / Q4
	2.1.3	To promote areas of diversity learning across the service with a dedicated page for updates on the website, to identify community engagement channels and provide quarterly reports to the Communications and Engagement Group.	Q1, Q2, Q3, Q4
	2.2	Principle: Inclusion Performance	
	2.2.1	To identify our workforce data to improve our inclusion approaches across our services.	Q1, Q2, Q3, Q4
	2.2.2	Project leaders to capture patient stories and learning to share and promote across our services, networks and communities.	Q1, Q2, Q3, Q4
	2.2.3	To support the Patient and Public Ambassadors to feedback on their experiences of our services to help shape and get involved in improvements.	Q1, Q2, Q3, Q4
	2.2.4	To review the representation of the Patient and Public Ambassadors group addressing gaps in diversity.	Annually
	2.2.5	Leaders to identify how their projects can demonstrate their impact on inclusion as part of annual reviews.	Q4
	2.2.6	To identify opportunities for Quality Improvement Programmes for breaking down barriers in equality, diversity and inclusion.	Q1, Q2, Q3, Q4
	Leadership	2.3	Principle: Feedback
2.3.1		To support our staff identify feedback opportunities, supported by engagement tools and techniques, providing quarterly reports as part of the engagement planning.	Q1, Q2, Q3, Q4
2.3.2		To link in with engagement events to promote sharing learning and opportunities to build inclusion networks.	Q4 2022
2.3.3		To support leaders to assess feedback from recruitment and development processes and share learning and opportunities throughout the lifecycle of post holders in services.	Q1, Q2, Q3, Q4
2.4		Principle: Service and Business Planning	
2.4.1		To review our workforce plans and support continued sustainable delivery.	Q3 2022
2.4.2		To develop population health data packs to support service and business planning from baseline data on the demographics of patients through to referral forms for genetic testing, creating baseline data packs.	Q1, Q2, Q3, Q4
Process		2.5	Inclusion in Transformation Projects
	2.5.1	To conduct Equality and Health Impact Assessments in each of our services and improvement projects to identify gaps in evidence, address both barriers to healthcare and health inequalities through developing positive actions to be addressed supporting the wider system population health.	Q1 2022
	2.5.2	To share all the Equality and Health Impact Assessments to demonstrate transparency, with actions monitored and reported as part of demonstrating focus on health inequalities.	Q1, Q2, Q3, Q4

Pillar Three: Engagement and Communication

How do we develop our equality, diversity and inclusion engagement and communication approach?

Why: Purpose

We know there are underrepresented sections of our communities that would benefit from better services to improve public health, and we want to develop a deeper knowledge and understanding of how we can support these areas of our populations.

Through our Patient and Public Ambassadors we further our learning from those communities we currently work with and reach out to those that need our services through inclusive engagement. To be inclusive we will need to tailor our approaches to the individual's needs, and we will endeavor to identify opportunities to work with our partners and learn from best practice. The key principles identified are:

- **Public and Patient Involvement:** Learn from the inclusion of representatives regarding how to improve connectivity with diverse and underrepresented groups.
- **Communications and Engagement Strategy:** Develop the supporting strategy to identify positive actions and promotion of inclusion.
- **Positive Action with Communities:** To outline positive adjustments that need to be taken as a response to making our services more inclusive.
- **Engagement with Projects:** Share the principles of inclusion in our engagement.

What: Outcomes

We want to demonstrate that we are listening and responding to the needs of our citizens and communities to further contribute to improving population health. This is a vitally important part of our work to proactively provide our services and supporting the wider agendas of health and care reform to work more place based.

We will be working in partnership to develop our data and intelligence to help us target underrepresented groups, identify risk and bringing a focus on starting conversations to identify how we can support overall health. This will require open and transparent dialogue with our communities, and we will be developing our communication and engagement approaches.

We will better understand the requirements of our workforce and communities if we can identify how they can contribute and get involved with our work and our transformational projects. Our projects will identify the specific requirements from the outset, so that these can be properly accommodated. The data we collect will give us a deeper insight into how we can further understand and respond to any barriers to using our services by:

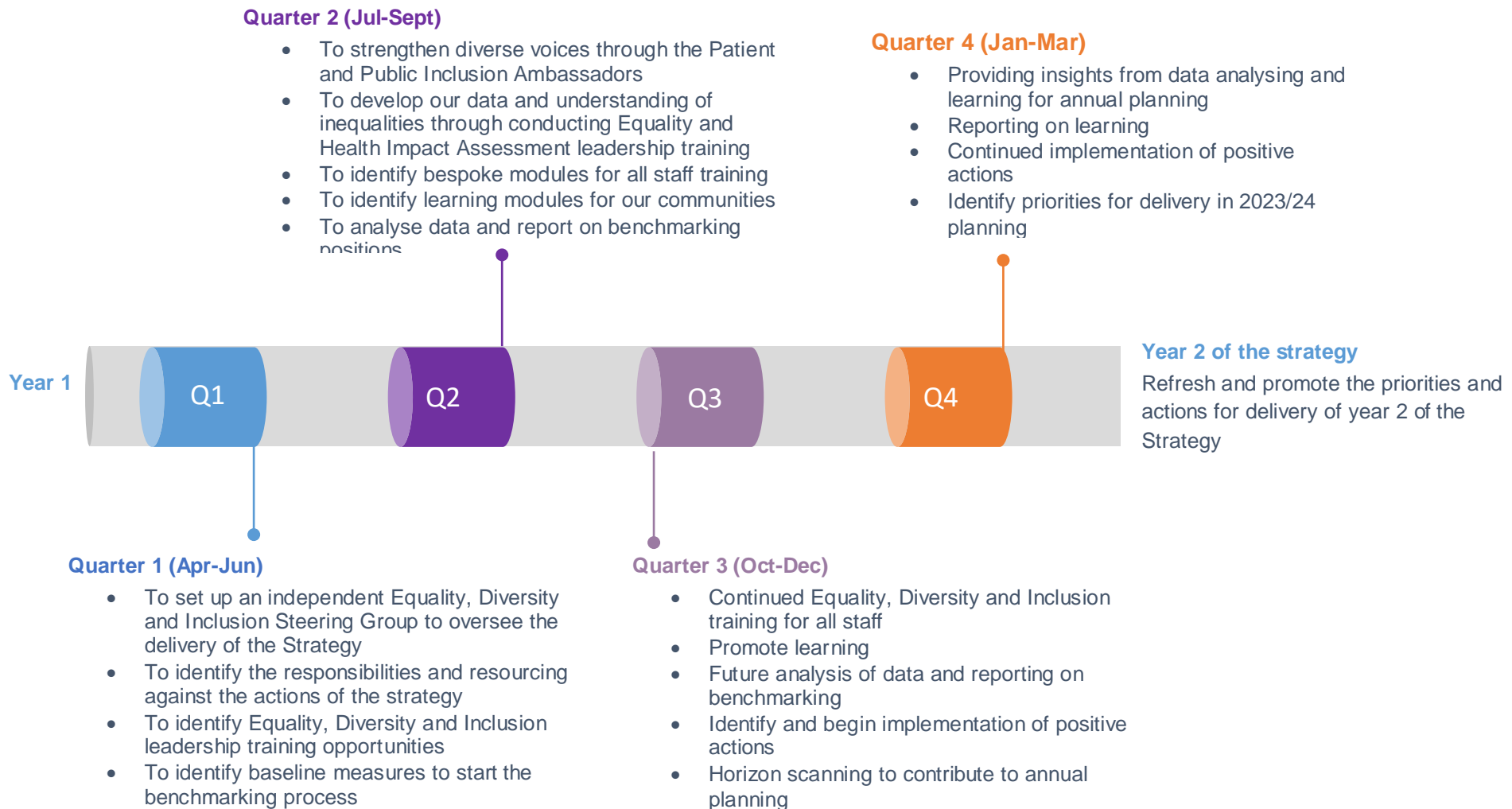
- **Culture:** Inclusive voices from staff, patients, and the public to shape the work of the service.
- **Leadership:** Demonstrating identifying and leading opportunities for inclusivity.
- **Process:** Improving access to information and activities to help shape positive and targeted engagement and enable equity of access.

How: Actions

Outcomes	Ref.	Activity	Target Date
Culture	3.1	Principle: Patient and Public Involvement	
	3.1.1	To support out staff to identify demographic data of current involvement, analysing the data to deepen understanding of barriers to engagement, for example, data sources including population health and economic health indicators, complaints, guidance, websites, communications.	Q3, Q4
	3.1.2	To build in collaborative and codesign opportunities through Patient and Public Involvement, with forward planning aligned to the business planning cycle, including linking with our wider Integrated Care Systems learning from 'Core20PUS5'.	Q1
	3.2	Principle: Communications and Engagement Strategy	
	3.2.1	To share and learn from insights through regular communications including our website to keep the public updated on how we have adjusted our services to remove barriers.	Q1, Q2, Q3, Q4
	3.2.2	To link key activities with the current Communications and Engagement Strategy and identify opportunities to improve inclusion.	Q1, Q2, Q3, Q4
	3.2.3	To ensure a clear communications plan in line with the stakeholder analysis, to be reviewed quarterly.	Q1, Q2, Q3, Q4
Leadership	3.3	Principle: Positive Action with Communities	
	3.3.1	To review our baseline data to understand the current engagement of our services from patients and communities.	Q1, Q2, Q3, Q4
	3.3.2	To identify how we can improve patients and communities access to our services, together with how they can get involved in improvements, empowering feedback opportunities, giving staff, patients and communities an opportunity to voice challenges, identify barriers and get involved in shaping improvements.	Q2, Q4
	3.3.3	Following data collection and review, identify insight and intelligence to prioritise positive actions.	Q2, Q4
	3.3.4	To review data on all declared and reasonable adjustments captured through each project and service improvement, to help us understand the barriers and experiences, thereby informing any changes we make in line with our Public Sector Equality Duty, to be reported to the Management Board on a biannual basis.	Q2, Q4
	3.3.5	To develop community outreach and education, which will include developing tools to guide specialties' to identify access issues unique to their areas.	Q2, Q4
	3.3.6	To strengthen our networks across our health and care systems to demonstrate improvements to population health	Q2, Q4
Process	3.4	Principle: Engagement with Projects	
	3.4.1	To ensure that engagement with our projects starts from the stance of involving our patients and public in developing ideas through to delivery of our quality improvements.	Q1, Q2, Q3, Q4
	3.4.2	To conduct stakeholder analysis, to prioritise engagement, consultation and communication activities throughout the lifecycle of our quality improvement projects.	Q1, Q2, Q3, Q4
	3.4.3	To shape our management reporting around representation of engagement breakdown, in line with the Equality and Health Impact assessment, including feedback on impact.	Q1
	3.4.4	To develop clear feedback loops for staff and patient voices to be included in changes and recognised through promoting the actions.	Q4

Our Timeline for 2022/23

The timeline identifies the key priorities to be delivered over the first year of the strategy, with subsequent development of future priorities forming part of the business planning cycle.



Glossary of Terms

Term	Definition
'Core20PLUS5'	Is a national NHS England and NHS improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a programme to target the most deprived 20% of our population as identified by the national Index of Multiple Deprivation , the 'Core20PLUS' also identifies '5' focus clinical areas requiring accelerated improvement, which are maternity, severe mental illness (SMI), Chronic respiratory disease, Early cancer diagnosis and Hypertension case-finding.
Culture	Demonstration of the recognised core values and behaviours.
Diversity	The <u>fact</u> of many different <u>types</u> of things or <u>people</u> being <u>included</u> in something; a <u>range</u> of different things or <u>people</u> .
Equality Act 2010	Section 149 (1): A public authority must, in the exercise of its functions, have due regard to the need to: <ul style="list-style-type: none"> ♣ [equality aim 1] eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; ♣ [equality aim 2] advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; ♣ [equality aim 3] foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
Equality Delivery System (EDS)	The Equality Delivery System is a generic system designed for both NHS commissioners and NHS providers to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.
Equality and Health Impact Assessment (EHI)	This Equality and Health Inequalities Impact Assessment is a way of systematically and thoroughly assessing, and consulting on, the effects of planned actions are likely to have on people due to protected characteristics and health inequalities
Equality of opportunity	'Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to: <ul style="list-style-type: none"> ♣ remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic; ♣ take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; ♣ encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.'
Health inequalities	Differences in health status or in the distribution of health determinants between different population groups.
Leadership	Leadership plays a key role in shaping the culture of organisations.
Inclusion	The <u>act</u> of <u>including</u> someone or something as <u>part</u> of a <u>group</u> , <u>list</u> , etc., or a <u>person</u> or thing that is <u>included</u> .
Outcome	A <u>result</u> or <u>effect</u> of an <u>action</u> , <u>situation</u> , etc.

Output	Key products from activities.
Pledge	A collective agreement to shape the way of working where individuals can align their values.
Population Health	Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.
PPV	Patient and Public Volunteers who are our Ambassadors to represent the voices of our patients and our communities
Process	A series of actions to take in order to achieve a result.
Protected Characteristics	Section 149 (7): The 8 protected characteristics fully covered by the PSED are: <ul style="list-style-type: none"> ♣ 1) age; 2) disability; 3) gender reassignment; 4) pregnancy and maternity; 5) race; 6) religion or belief; 7) sex; & 8) sexual orientation. ♣ Marriage & civil partnership is covered by the duty's first equality aim (i.e. the need to eliminate unlawful discrimination...)
Public sector Equality Duty (PSED)	The public sector Equality Duty (PSED) provided by the Equality Act 2010, the duties to reduce health inequalities provided by the Health and Social Care Act 2012 and the duties in relation to public participation provided in the Health and Social Care Act 20212.

Task and Finish Group

The membership of the Equality, Diversity and Inclusion Strategy Task and Finish Group was made up of the following representatives, together with invitees as recommended by the group throughout the development of the strategy and pillar workstreams:

Role	Member
Chair: Guy's and St Thomas' NHS Foundation Trust	Anju Kulkarni
Consultant Genetic Counsellor, Clinical Genetics, GSTT	Vishakha Tripathi
Principal Genetic Counsellor, Clinical Genetics, GSTT	Sasha Henriques
Deputy General Manager, Specialist Ambulatory Services, GSTT	Bala Thirugnanabalan
Programme Manager, SE GLH	Rebecca Jebaratnam
SE GMSA Programme Management Office (PMO)	Senior Programme Managers: <ul style="list-style-type: none"> • Karen Sleight (ED&I lead) • Simone Gelinis Project Managers: <ul style="list-style-type: none"> • Makeda Glaze (ED&I lead) • Anna Kim
St Georges University Hospitals NHS Foundation Trust Genetics team	Beth Coad, Genetic Counsellor John Short, Consultant Clinical Scientist Lead
Director of Nursing & Midwifery	Tootie Bueser
GMSA Midwifery Delivery Lead	Joanne Hargrave
Interim Nursing Lead	Kelly Davies
GMSA Genetic Counsellor	Andrea Forman
Patient, Public and Community Involvement	Mary Lang
SE GMSA Education and Strategy / Workforce	Heidy Brandon
GP and joint director of Clinical Strategy at Kings Health Partners	Dr Rachna Chowla
Guy's and St Thomas' NHS Foundation Trust	Manal Sadik, Associate Director of equality, diversity and inclusion
King's College Hospital NHS Foundation Trust	Funmi Onamusi, Director of Equality, Diversity & Inclusion
Lewisham and Greenwich NHS Trust	Makayla Mundle, Head of Equality, Diversity & Inclusion
St George's University Hospitals NHS Foundation Trust	Joseph.Pavett-Downer, Diversity and Inclusion Workforce Lead
Kingston Hospital NHS Foundation Trust	Nneka Chima-Okereke, Equality, Diversity & Inclusion Lead
Croydon Health Services NHS Trust	Nanette Amos Tribble, Equality Diversity & Inclusion Manager
Epsom and St Helier University Hospitals NHS	Shabir Abdul, Head of Equality, Diversity and Inclusion Manager

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Frimley Health NHS Foundation Trust	Najeeb Rehman, Equality and Diversity Manager
Royal Surrey County Hospital NHS Foundation Trust	Diane Oakley, Workforce Lead for Equality, Diversity and Inclusion
Ashford and St Peter's Hospitals NHS Foundation Trust	Black and Minority Ethnic Network (chaired by Hardev Gill and Jacqueline Ince)
University Hospitals Sussex NHS Foundation Trust	Barbara Harris, Head of Equality, Diversity and Inclusion Simon Anjoyeb, Deputy Head of Equality, Diversity and Inclusion (Service Improvement) Olivia King, Equality and Inclusion Advisor Nikki Kriel, Organisational Development Manager
Surrey and Sussex Healthcare NHS Trust	Carolanne Letendrine, Head of Inclusion
Queen Victoria Hospital NHS Foundation Trust	Equality administrators
East Sussex Healthcare NHS Trust	Pollymarch Mather, Equality Diversity and Inclusion Lead
Maidstone and Tunbridge Wells NHS Trust	Jo Garrity, Head of Staff Engagement and Equality Louise Hawkins, Staff Engagement and Equality Officer
East Kent Hospitals University NHS Foundation Trust	Bruce Campion- Smith, Head of Diversity and Inclusion
Dartford & Gravesham	Rohan Chauhan, Assistant Director for Equality, Diversity & Inclusion
Medway NHS Foundation Trust	Alister McClure, Head of Equality and Inclusion

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South East Genomic Medicine Services Service

Email: gst-tr.southeastgmsa@nhs.net

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