

REPORT TO: TRUST BOARD

Date of Meeting:	14 th July 2016
Title of Report:	Trust Diversity & Inclusion Strategy, including:- <ul style="list-style-type: none"> • Annual Diversity & Inclusion Report 2015 • Equality Delivery System (EDS2) 2015-16
Presented by:	Paul Draycott, Director of Leadership and Workforce
Author of Report:	Lesley Faux, Diversity & Inclusion Lead
Purpose / Intent of Report:	For approval
Executive Summary:	<p>The importance of having a culture of diversity and inclusion within businesses is increasingly recognised in terms of its human and bottom line impact. A wide range of benefits have been identified for both service users and staff arising from developing a strong culture of both diversity and inclusion.</p> <p>This paper sets out the Trust Diversity and Inclusion Strategy and approach for the next 4 years, including the overview action plan. This approach focusses on developing and embedding a culture of both diversity and inclusion.</p> <p>In addition to the significant moral, staff engagement and patient-service arguments for diversity and inclusion, there are also legal and NHS contractual requirements in relation to equality and diversity as below:-</p> <p>The Trust is required under the Equality Act and its Public Sector Equality Duties to:-</p> <ul style="list-style-type: none"> • have due regard to the need to:- <ul style="list-style-type: none"> ○ eliminate unlawful discrimination ○ advance equality of opportunity between people who share a protected characteristic and those who don't ○ foster or encourage good relations between people who share a protected characteristic and those who don't. • publish an annual report on Diversity and Inclusion • Publish Equality Objectives (and progress against these) not less than every 4 years <p>We are also required through the NHS Standard Contract (monitored by NHS England and our local commissioners) to:-</p> <ul style="list-style-type: none"> • Progress and publish implementation of the EDS2 (in line with national NHS requirements), planning and taking action as appropriate in relation to the emerging themes • Progress and publish implementation of the WRES (in line with national NHS requirements), planning and taking action as appropriate in relation to the emerging themes <p>This report (and its published supporting documents as outlined in Section 1) provides an updated picture on all of the above.</p>

Seen at SLT or Exec Meeting & date	SLT/EXEC: SLT Date: 07.06.2016 Document Version number:
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee <input type="checkbox"/> • Finance and Performance Committee <input type="checkbox"/> • Audit Committee <input type="checkbox"/> • People and Culture Development Committee ✓ • Charitable Funds Committee <input type="checkbox"/> • Business Development Committee <input type="checkbox"/>
Relationship with: Board Assurance Framework Strategic Objectives	<ol style="list-style-type: none"> 1. To provide the highest quality services ✓ 2. Create a learning culture to continually improve. <input type="checkbox"/> 3. Encourage, inspire and implement research at all levels. <input type="checkbox"/> 4. Maximise and use our resources intelligently and efficiently. <input type="checkbox"/> 5. Attract and inspire the best people to work here. ✓ 6. Continually improve our partnership working. <input type="checkbox"/> 7. To enhance service user and carer involvement. <input type="checkbox"/> <p>Comments: Some linkage also with service user and carer involvement and partnership working.</p>
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	Demonstrates our compliance with the Equality Act 2010 and with NHS contractual requirements relating to Diversity and Inclusion
Resource Implications: Funding source:	Evidence of improved business and 'bottom line' performance in organisations which are rated strongly by staff on diversity and inclusion (eg BIS 2013)
Equality & Diversity Implications:	Sets out the Trust's proposed Diversity & Inclusion Strategy and contains details of the Trust's progress on this area. Seeks to develop and embed a culture of greater diversity and inclusion.
Recommendations:	To approve the strategy and sign off the accompanying documents for publication and sharing with commissioners.



TRUST DIVERSITY & INCLUSION STRATEGY
2016-2020

1.0 INTRODUCTION:

This paper sets out the proposed Diversity and Inclusion Strategy/Approach for the next 4 years. Information underpinning this strategy is attached in the following documents available on the Diversity and Inclusion pages of the Trust's external website:-

1. [D&I Annual Report 2015](#)
2. [D&I Diversity Data Book 2015](#)
3. [Trust EDS2 Assessment Report 2015-16](#)
4. Workforce Race Equality Statement (WRES) 2015-16 (forthcoming in line with national reporting timescales)

These documents are published and shared with our commissioners in relation to our legal and contractual (NHS Standard Contract) equality duties.

1.1 What is Diversity & Inclusion?

Diversity:

- Diversity is about any dimension that can be used to differentiate groups and people from one another.
- It is generally associated with respect for and appreciation of differences in ethnicity, gender, age, national origin, disability, sexual orientation, education, and religion. But it's **more than this...**
- We all bring with us diverse perspectives, personalities, work experiences, lifestyles and cultures. It is widely recognised that organisations are most effective when the people within them (and those using their services) feel respected and valued as individuals.
- Equally importantly, is appreciating what unites people ie what makes us *the same*, cutting across other divides.

Inclusion:

- Inclusion is a state of individuals feeling valued, respected, supported and 'belonging'.
- Inclusion encompasses all the elements of diversity as above but goes even wider, focussing on the needs of every individual.
- A focus on inclusion centres around putting the right conditions in place for all people to achieve their potential.
- A culture of inclusion is reflected in an organisation's practices and relationships that are in place to support a diverse workforce.

In simple terms:



Diversity is the mix; Inclusion is getting the mix to work well together

Or in other words:	Diverse:	<i>We are</i>
	Equality:	<i>We have</i>
	Inclusion:	<i>We feel</i>

NHS Employers rebranded their Equality and Diversity programme as 'Diversity and Inclusion' (D&I) in 2015. The Trust has also adopted this approach, welcoming the new focus on inclusion and the wider remit that this entails.

1.2 Diversity and Inclusion: The Legal Position and NHS Contractual Requirements

Within our D&I approach, we will ensure that we meet our legal obligations with regard to the Equality Act 2010 and Public Sector Equality Duty, namely:-

- To eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relationships between people who share a protected characteristic and people who do not share it

We are also required to publish details of our progress on Diversity and Inclusion annually and set and share [Equality Objectives](#) at least every 4 years.

Furthermore, since 2015-16, NHS Trusts are required by NHS England to participate in the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES) processes and publish our statements on these. Our EDS2 Assessment Report for 2015-16 is published on our Trust website and our WRES (2015-16) will be published soon, in line with national reporting timescales.

1.3 Purpose of this Diversity and Inclusion Strategy/Approach

This paper is intended to guide our Diversity and Inclusion approach as an organisation over the next 4 years. Specifically, it is intended to:-

- Support delivery of inclusive, compassionate PERSONALISED services to all our service users
- Support further development of an inclusive culture for all our staff in which individuals feel valued, supported and accepted for who they are
- To help us to deliver better services
- To complement our Trust Operational Plan and Business Assurance Framework
- Support development of our approach towards 'Advanced' in the Equality Delivery System (EDS2)
- Help us to progress the Workforce Race Equality Standard (WRES)



- Support the Trust in ensuring legal compliance (Equality Act 2010)

Our work in progressing Diversity and Inclusion throughout the Trust will also crucially assist us in delivering our **Trust Values** (and vice versa):-
Updated Trust Values (launched 6th May 2016):-

Proud to CARE:-

**Compassionate
Approachable
Responsible
Excellent**

2.0 ABOUT OUR SERVICE USER POPULATION: THE PEOPLE OF STOKE-ON-TRENT AND NORTH STAFFORDSHIRE

2.1 Ethnicity in North Staffordshire

Approximately 14% of the population of Stoke-on-Trent are identified as being black and minority ethnic (BME), according to the 2011 census (next census not due until 2021). The rate across all of North Staffordshire (including Stoke) is 7.6% (also 2011 census).

The Trust might reasonably expect that these rates would be reflected in our service user data and yet data for 2014 suggested that only 3.1% of service users accessing Trust services had identified themselves as BME. However, there were significant gaps in our equality data which are being addressed. Fortunately, our 2015 data identifies that 5.9% of our service users were black or minority ethnic (BME), a figure much closer to our population rate. Even this revised figure suggests that there is a level of under-representation of Trust services by members of the BME community.

The Trust commenced a programme of work in December 2015 designed to begin to investigate, understand and address the reasons for under-representation of the BME community in our service user population. Individual clinical directorates have been tasked (Q1 2016-17) with reviewing their ethnicity (and religion) data for their service users and beginning to develop plans to understand and address any presenting under-representation for their services. At Trust level, an initial 20-week project, using the Listening into Action approach, ran from January to early May 2016. However, project members agree there is still much work to be done and the project will go forward through the remainder of 2016 as a monthly meeting to continue to progress work in developing our culture of diversity and inclusion across the Trust.

2.2 Religion in Stoke-on-Trent and North Staffordshire

There are approximately 35,000 people in Stoke on Trent alone who declared a religion other than Christian in the 2011 census. The biggest religion in Stoke-on-



Trent after Christianity is Islam, with approximately 15,000 local residents identifying as being Muslim in the 2011 census. The Hindu population is smaller locally, with approximately 1,500 Hindu residents in Stoke on Trent.

2.3 **Poverty, Deprivation and the Health of our Local Populations**

Whilst not ultimately included as one of the 'Protected Characteristics' in the Equality Act 2010, socio-economic status (more specifically poverty and deprivation) was considered as a Protected Characteristic in the drafting of the Act. Poverty and deprivation is an issue that crosses the 9 'Protected Characteristics' and is more prevalent in many minority groups.

From a Trust point of view, we are aware that poverty is often a risk factor for our service users who may find it difficult to enter and retain employment, with consequent impact on their housing and lifestyle.

This is one of the key reasons that our diversity and inclusion work extends beyond the Protected Characteristics within the Act.

The City of Stoke-on-Trent currently suffers worse health outcomes and lower life expectancy than the more rural areas of North Staffordshire and this is driven largely by deprivation factors. Within the city there are health inequalities with the difference in life expectancy being up to 8.1 years for men and 5.2 years for women between the most and least deprived areas. Health priorities in Stoke-on-Trent are smoking, obesity and cancer awareness (Department of Health, 2011 Health Profile, and Stoke-on-Trent). Staffordshire generally has better health indicators than Stoke-on-Trent, although life expectancy is slightly worse than average for women than the national average, but average for men. Local health priorities are reducing inequalities in life expectancy and infant health, increasing healthier choices and supporting the ageing population to live healthy and independent lives.

Amongst children the key local health challenge is obesity. Levels of participation in sport and physical activity are expected to be lower in socially excluded groups such as young people exhibiting challenging behaviour, young offenders or those at risk of offending, those misusing drugs or alcohol, young people from ethnic minorities, asylum seeking and travelling communities, looked after children, those not in education employment or training, young parents, those with learning difficulties or disabilities, young carers and those experiencing unstable housing. Levels of teenage pregnancy, smoking, alcohol consumption, poor diet and lack of exercise are also areas of concern for the health and wellbeing of the future local population, and are also areas in which the Trust can make an impact.

Health inequalities cut across the different populations in Stoke-on-Trent and Staffordshire also, particularly in relation to areas of. Diabetes, stroke and coronary heart disease rates are reported to be higher in BME communities.



Further information on local health trends in North Staffordshire, follow the links below:-

- [Stoke-on-Trent 2015 Health Profile](#)
- [Newcastle Under Lyme 2015 Health profile](#)
- [Staffordshire Moorlands 2015 Health Profile](#)

2.4 Mental Health and Diversity and Inclusion

Mental Health is now recognized as a key area of health and wellbeing and, increasingly, as an equal partner with physical health. It is also key in relation to the Diversity and Inclusion agenda for the Trust and the local population in terms of its links with poverty, disadvantage, employment and life prospects.

The Trust has a further vested interest in working to develop better inclusion for people with mental health conditions, to the benefit of our local service users and carers:

On average, people living with a serious mental health conditions:-

- **die 12-13 years younger** than other people
- are **4 times** more likely to die as a result of **diabetes** (younger people are particularly affected)
- are **2-3 times** more likely to die of **heart disease**
- are **nearly 4 times** as likely to die of **respiratory illnesses**. They have very high rates of pneumonia and COPD
- are **twice** as likely to die of **stroke**

2.5 Immigration and other disadvantaged communities

Stoke-on-Trent has a significant and growing population of immigration. Since 2002, records show immigration into Stoke-on-Trent from a wide range of foreign countries. Unfortunately, the data does not show whether those who commenced residence in Stoke-on-Trent remained in this area, moved elsewhere in the UK or left the country.

Whilst some of this immigration will be professional staff such as doctors and nurses gaining employment in local health and other professional services, some of this immigration is made up of asylum seekers and people in search of a better life than their home countries can offer at this time.

Whilst services and specialist support is in place for asylum seekers and economic migrants, this is likely to be an under-tapped area in relation to access to mental (and physical) healthcare. A proportion of these individuals will have experienced traumatic conditions and will continue to face challenges in relation to acceptance and gaining access to employment and community life.



Other groups in need locally include our local population of the travelling community, sex workers and the homeless.

2.7 Summary

The Trust’s approach to Diversity and Inclusion will encompass the protected characteristics as outlined in the Equality Act (as illustrated in Figure 1 below), but will extend this to taking a Values-based approach to championing the needs of all individuals, prioritising action according to where need is greatest.



Figure 1: The 9 ‘Protected Characteristics’ of the Equality Act 2010

3.0 THE CASE FOR DIVERSITY & INCLUSION

Research by Deloitte (2012)¹ demonstrates:-

- A **tangible uplift in business performance** (including in the healthcare sector) when employees think that their workplace is highly committed to, and supportive of, diversity AND they feel highly included
- This uplift may be as high as **80%** when both diversity and inclusion conditions are high
- Employees who perceive their organisation is committed to, and supportive of, diversity and who feel included, are 80% more likely to believe they work in a high performing organisation
- Similar results with customer service, innovation and engagement

NHS Employers (2016)² state that:-



- People perform best **when they can be themselves**.
- Embedding D&I in everything the NHS does will **improve conditions for all staff and patients**.
- Improving diversity has a positive impact on the **bottom line** (£s).
- A **well-managed diversity strategy** brings a range of benefits to organisations
- The cost of not promoting an inclusive, fair and equitable workplace can have **significant costs** for employers in terms of high turnover, high sickness absence rates and other employee relations costs (including employment tribunal costs).
- These reasons are in addition to the clear **moral arguments** for inclusion and against discrimination and the impact in human terms and on patient care.

3.1 Our Strategic Mission on Diversity & Inclusion

It is the ambition of the Trust to be a truly inclusive organisation in which **all people** are treated with **compassion, dignity and respect** and have **great experiences** – whether this is as patients, service users and/or carers or as workers providing services on behalf of the Trust. We believe that being a diverse and inclusive Trust will enable us to provide **better quality services** and to continually improve how we treat people and how we support **better mental health for all**.

3.2 D&I Strategy Aims

Key aims of the Trust's **Diversity and Inclusion Strategy** are:-

- To be **representative of our local communities** in terms of our service users and our staffing (the latter may include positive action to encourage and support individuals from under-represented groups into employment)
- To provide services that **meet the diverse needs of our communities** and individuals within them and to work to understand and address barriers to accessibility and positive personalised experiences – this will include a variety of engagement approaches to gain relevant feedback from a diverse range of service users and other stakeholders

3.3 Our Strategic Approach to Diversity & Inclusion

This strategy is a 'live and evolving' approach and will continue to shape and develop as we gain in feedback from our communities. Our approach to diversity and inclusion will be based around the principles of the Trust's **SPAR** quality criteria:-

- Providing **safe** services and a feeling of safety for our service users and staff
- Providing **personalised** experiences that meet the needs and preferences of the individual
- Enhancing inclusion in care and employment will support how **accessible** we are
- Working to improve the quality of lives for service users and staff will help us in being even more **recovery focussed**



‘Inclusion, not exclusivity’

The Trust is committed to an inclusion approach which recognises, respects and supports the individual needs of **all our service users and staff**. We do not value or place one element of diversity above any other aspect. One aspect of diversity cannot ‘trump’ another. We recognise that people do not fit into neat ‘boxes’ and that increasingly people may have **multiple identities** relating to different aspects of their **whole self** including, but not limited to, cultural, national, religious, gender, sexuality, and disability related issues.

‘Growing Good Practice’

The Trust will take a **positive approach** to developing a **culture of inclusion**, celebrating good practice and championing the needs of the individual and particularly those who most need support. We will develop positive approaches to ensure that we meet and exceed our obligations as a public service under the Equality Act 2010. This will include **always taking action** to address examples of inappropriate, oppressive or hateful behaviour displayed by anyone connected to the Trust – ‘no bystanders’

Our Diversity and Inclusion Model



Figure 2: Trust Diversity & Inclusion Strategy Model

Taking the biological/horticultural metaphor further, we will supplement the above approach with the GROW model – a model well used in counselling and coaching – to ensure that we continue to learn and ‘grow’ our approach to Diversity and Inclusion as we progress on the basis of our experiences and changing circumstances. The GROW model is summarised below.

‘GROW’ing D&I at North Staffordshire Combined Healthcare NHS Trust

We will deliver our D&I approach supported by the **GROW** model (see Figure 3 below):-

<u>G</u>	Goal	Identifying goals representing where we want to be as an organisation on D&I. The goals are defined in such a way that it is clear when we have achieved them.
<u>R</u>	Reality	The Reality is where we are now. What are the diversity and inclusion issues, challenges, and how far are we from our goals?
<u>O</u>	Obstacles & Options	There will be Obstacles stopping us from getting from where we are now to where we want to go. We will take a positive approach to identifying and addressing obstacles along our diversity and inclusion journey through consideration of the Options available.
<u>W</u>	Way Forward	Our Options then need to be converted into action steps which will take us to our goal. These are the Way Forward .

Figure 3: The GROW Model of Change

Stonewall Diversity Champions Programme

The Trust has recently signed up as a Stonewall Diversity Champion or ‘Proud Employer’ for a minimum period of 12 months. Stonewall - the charity championing rights and better treatment for LGBT people at work, at home and in their communities – is increasingly recognised as an ambassador for diversity issues beyond LGBT matters, crossing all aspects of diversity and all ‘protected characteristics’. This is a natural transition, of course, since LGBT individuals also have diverse ethnic backgrounds, have a range of religions or no religion, may or may not have disabilities, and so on.. It is anticipated that by joining forces with a well-recognised national Diversity programme, we will be able to ‘pump prime’ our diversity programme within the Trust, benefitting from external expertise and national research, as well as networking with other public and private sector organisations with similar aspirations in terms of diversity and inclusion.



Benefits of the Stonewall Diversity Champion Proud Employers Programme:

- Multi-stranded approach to Diversity – not just LGBT
- Dedicated Account Manager to advise on best practice and conduct client meetings with Trust and stakeholder groups
- Free places at Stonewall best practice seminars held across the UK exclusively for members
- Guidance in compiling submissions to the UK Workplace Equality Index with a detailed feedback meeting each year
- A free listing in the Stonewall ‘Starting Out’ Careers Guide
- Five free adverts in first year of membership on Stonewall Proud Employers jobs board
- Use of the Stonewall Diversity Champions Logo
- Free copies of Stonewall research and best practice publications
- Regular networking opportunities with the other 700 member organisations including those in the Healthcare sector and North West region

3.4 Getting there: Our D&I Actions

Taking the above into account, our Diversity and Inclusion Strategy will be delivered through an Action Plan which will continue to evolve as we progress our work in this area. Our Action Plan at this point is set out in **Appendix One** of this paper.

4.0 CONCLUSION

This paper sets out a strategic approach to further developing and delivering on Diversity and Inclusion over the next 4 years as part of our programme of delivering Safe, Personalised, Accessible and Recovery Focused (SPAR) mental health and social care services. This complements our Trust Values-based approach using the **Proud to CARE** model. The key elements of this approach are:-

- A **strategic approach** to developing and embedding a truly inclusive culture throughout the Trust
- A **multi-faceted** and **Values-driven** approach that goes beyond minimum legal requirements and protected characteristics to **positively engage** service users, carers and staff
- A conscious and continuous effort to **positively promote diversity and inclusion**



- Taking **positive action** where required to address imbalances and inequities, where these are observed
- Utilisation of the **Stonewall Diversity Champions** Programme in the first one to two years of this strategy

The approach will also draw from the 6 strands of the Trust's established approach to Staff Involvement and Engagement as a means of taking a '360 degree' perspective to developing effective involvement and engagement on Diversity and Inclusion for with both service users/carers and staff for the benefit of all:-

1. Living the Values
2. Excellent Leadership & Team Working
3. Listening to and Responding to Service Users and Staff
4. Supporting 'Whole Person' Wellbeing
5. Positive Communication and Celebrations
6. From Board to Ward and Team

END



APPENDIX ONE **Getting There – Our Diversity and Inclusion Action Plan**
(As at 11.05.16)

Goal	Targets & Action	Source	Engagement Model Strand Linkages
<p>1. Developing a more diverse and inclusive organisation, that is representative of the local community</p>	<ul style="list-style-type: none"> • Roll out inclusion training and awareness-raising communications through a variety of opportunities, including developing greater understanding of unconscious bias throughout 2016-7 (then review). Root and Branch model – begin with a whole team and a group of leaders from across Trust services. • Build Unconscious Bias training into Recruitment and Selection Training for recruiting managers in 2016-17 • Develop our approach to values-based working and Living the Values in all that we do, including in our performance systems (eg PDR) and Trust events and communications • Developing our links and initiating partnership working with our local and national representative groups to improve the experience of all our service users. • Through increasing the involvement of service user representatives in recruitment and selection processes for Trust staff over the next 3 years as part of our Trust’s 2020 Vision. • By taking positive action to address imbalances in our workforce make-up and that of our local population, including LGBT and people with lived experience of mental health services over the next 3 years, also on route to achieving our 2020 Vision: <ul style="list-style-type: none"> • Trust workforce 6-7% LGBT by 2020 • Trust workforce (excluding medical staff) 7.6% BME by 2020 • Trust workforce 10% reporting lived experience of mental health by 2020 (Incremental targets for year-on-year progress to be agreed) 	<p>Trust Equality Objectives 2015-18</p> <p>Board Assurance Framework 2016-17</p>	<ul style="list-style-type: none"> • Living the Values • Excellent Leadership & Team Working • Listening to and Responding to Service Users and Staff • Supporting ‘Whole Person’ Wellbeing • Positive Communication and Celebrations • From Board to Ward and Team

	<ul style="list-style-type: none"> • By developing our approach to ‘widening participation’ in employment in support of a more diverse range of individuals coming into employment with the Trust and able to access a range of career development opportunities and experiences. This will include supporting more service users into employment with the Trust: <ul style="list-style-type: none"> • 22 Trust apprentice roles in 2016-17 • 37 Trust apprentice roles in 2017-18 		
<p>2. Using Information to Support Positive Action on Inclusion – and taking action based on the findings</p>	<ul style="list-style-type: none"> • Data sources will include results from the annual NHS Patient Survey and the annual NHS Staff Survey; the Friends and Family Test (patient) and Staff Friends and Family Test, and other forms of individual or collective feedback. • Continue to ensure that our data collection (service user and staff data) is appropriate to support effective equality monitoring in support of development of an inclusive organisation. (Equality monitoring data will be a standing item on the agenda of the Inclusion Group – see goal 3 below) • Complete staff equality data collection exercise in Q1 of 2016-17 • Focus on service user data collection in Q2 and Q3 	<p>Trust Equality Objectives 2015-18</p>	<ul style="list-style-type: none"> • Living the Values • Excellent Leadership & Team Working • Listening to and Responding to Service Users and Staff • Supporting ‘Whole Person’ Wellbeing • Positive Communication and Celebrations • From Board to Ward and Team
<p>3. Co-ordinate Effective Action on Inclusion via a Trust Inclusion Group to address inclusion,</p>	<ul style="list-style-type: none"> • Introduce a Trust Diversity and Inclusion Forum, including representation from service users, carers and staff and representing the diversity of our local population. The main 	<p>Trust Equality Objectives 2015-18</p>	<ul style="list-style-type: none"> • Living the Values • Excellent Leadership & Team Working



<p>equality and diversity related issues from a range of different perspectives</p>	<p>purpose of this Forum will be to:-</p> <ul style="list-style-type: none"> • Shape the development and delivery of a more inclusive, diverse and representative organisation in which service users and staff experience greater equality and fairness for all. • Advance equality of opportunity and promote positive relations between groups with different characteristics will be key aims of this group and key roles of its members at all times. • Be a key vehicle for discussion, debate and development of inclusion, quality and diversity related issues with a clear link to clinical services and the People and Development Committee (through to Trust Board) • It is proposed that the D&I Forum will be a bi-annual meeting with a remit covering service user and staff diversity and inclusion issues. This will be supported by Diversity and Inclusion being a standing item on the agenda for Service User and Carer Council meetings and by regular dialogue with Directorates. 	<p>Local Commissioner requirements</p> <p>NHS Standard Contract</p>	<ul style="list-style-type: none"> • Listening to and Responding to Service Users and Staff • Supporting 'Whole Person' Wellbeing • Positive Communication and Celebrations • From Board to Ward and Team
<p>4. To meet our NHS Contract Requirements on Equality and Diversity</p>	<ul style="list-style-type: none"> • Meet our NHS Contract Requirements on Equality, specifically in relation to:- <ul style="list-style-type: none"> • Publication of an annual report on Diversity and Inclusion • Publication of Equality Objectives (and progress against these) not less than every 4 years • Progress and publish implementation of the EDS2 (in line with national NHS requirements), planning and taking action as appropriate in relation to the emerging themes 	<p>Trust Equality Objectives 2015-18</p> <p>Local Commissioner requirements</p> <p>NHS Standard Contract</p>	<ul style="list-style-type: none"> • Living the Values • Excellent Leadership & Team Working • Listening to and Responding to Service Users and Staff • Supporting 'Whole Person' Wellbeing



	<ul style="list-style-type: none"> Progress and publish implementation of the WRES (in line with national NHS requirements), planning and taking action as appropriate in relation to the emerging themes. 	<p>Listening into Action Programme</p>	<ul style="list-style-type: none"> Positive Communication and Celebrations From Board to Ward and Team
<p>5. Embed Diversity & Inclusion through our Trust Services</p>	<ul style="list-style-type: none"> Run a 20-week Diversity & Inclusion project using the Listening into Action approach, including staff and service user representatives Re-establish Trust Deaf Awareness project to further develop and embed actions begun in 2015 and extend culture of deaf awareness. This will focus on improving accessibility and service for dDeaf service users and carers Listening into Action Programme to be commenced around improving approach for service users with autism/Asperger's Establish Directorate Diversity Champions across the Trust and develop this role Directorates to be accountable for delivering EDS2 across their area of responsibility in 2016-17 Monthly Diversity and Inclusion Group meetings to be held throughout 2016 to progress the agenda at Trust level and to be a conduit for communication with Directorates On-going information sharing and awareness raising communications programme highlighting the multifaceted nature of diversity and inclusion 	<p>Trust Listening into Action Programme Approach</p> <p>Trust Equality Objectives 2015-18</p>	<ul style="list-style-type: none"> Living the Values Excellent Leadership & Team Working Listening to and Responding to Service Users and Staff Supporting 'Whole Person' Wellbeing Positive Communication and Celebrations From Board to Ward and Team
<p>6. Continue to develop, shape and embed our approach and take action as required...</p>			

