North Staffordshire Combined Healthcare **NHS**

NHS Trust

Trust Diversity & Inclusion Monitoring Report 2015-16

Our achievement, activity and our ambitions

safe · personalised · accessible · recovery focused

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North Staffordshire Combined Healthcare NHS

NHS Trust

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1. Introduction

The Trust is committed to being a diverse and inclusive values-based organisation. An inclusive organisation is one which recognises people's different needs, situations and goals and removes the barriers that limit what people can do and can be. This is important in order for us to bring out the best in people – whether they be our patients and service users, relatives and carers, or staff and others who provide services on behalf of the Trust. It is also important in terms of helping to shape our local community and wider society to become more inclusive and to provide the best opportunities for all to live productive, healthy and happy lives.

Whilst recognising that there are many things that unite individuals and that there are many ways in which we are people are similar, the Trust recognises that people are not alike - everyone is different. We may think and behave differently, have had different backgrounds and experiences, we may hold individual perspectives and preferences, and value different things. These experiences, perspectives and preferences may change as we each individually progress through our life journey. These differences take a wide variety of forms – some of which are visible, and some of which are not.

This report summaries the work that we have been doing during 2015-16 to develop a culture of greater equality, diversion and inclusion throughout the Trust and beyond. It also sets out how the Trust has met its duties under the Equality Act 2010 (hereafter 'the Act'), including our Public Sector Equality Duty to:-

    (i) eliminate discrimination, harassment and victimisation;
(ii) advance equality of opportunity; and
(iii) foster good relations between people who share a protected characteristic and those who do not

Additionally, to be transparent about how we are responding to the Public Sector Equality Duty by publishing relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives. This information should be published in a manner that is accessible to the public.

The nine 'protected characteristics' as set out in the Act are:-

1. **Age**
2. **Disability** (physical and/or mental impairments with a substantial and long term adverse effect on the ability to carry out normal day-to-day duties)
3. **Gender Reassignment**
4. **Marriage / Civil Partnership** (including unions between men and women and same-sex couples)
5. **Pregnancy and Maternity**
6. **Race / Ethnicity** (including skin colour, nationality, citizenship, ethnic or national origins)
7. **Religion or Belief** (including absence of religion or belief)
8. **Gender**
9. **Sexual Orientation**

Our approach to Diversity and Inclusion at North Staffordshire Combined Healthcare is designed to ensure that, to the best of our ability, we care for and about all our patients, service users, carers and staff and that we treat all people with dignity, respect and in recognition of their individuality. In basing our relationships on this fundamentally values-driven approach, we will ensure that we meet our legal duties as outlined above. We aspire to significantly exceed on these minimal legal requirements in developing our culture of care and compassion towards our service users, carers and our staff.

This Trust Diversity & Inclusion Monitoring Report 2015-16 relates to the Trust's business from 2 perspectives: as an **employer** and as a **provider of health and social care** within our remit as a mental health and learning disability NHS Trust. The report will look at these 2 strands separately, whilst recognising that there are links and inter-relationships between the two and the need to develop a culture of greater equality, diversity and inclusion applies equally to each.

We hope you like our new look Diversity and Inclusion Report. Please contact us if you would like to provide feedback or ask any questions – contact details at end of report.

2. How did we progress in our Diversity & Inclusion work?

Throughout 2016-17, the Trust has taken the opportunity to review and re-focus its work around Diversity and Inclusion in 2015-16. This is in recognition of the importance of being a truly inclusive organisation, valuing, respecting and treating all people as individuals – whether those people are our patients, service users, relatives and carers, or our own staff.   We have considerably progressed the Diversity and Inclusion agenda, with further developments planned for 2016-17.

- The Trust has invested in new roles in 2015 championing Diversity and Inclusion, the needs of service users and carers and those often over-looked in society.
    - o A new dedicated **Diversity and Inclusion Lead** role from late 2015. This role focusses on developing and leading our Diversity and Inclusion Strategy and delivering tangible developments to raise awareness and promote culture change to progress this important agenda.
    - o A new **Patient Experience Lead** role in 2015, to champion patient and carer experience and coordinate the activities of our new Patient, Service User and Carer Council.
    - o A new **Widening Participation Lead** role was additionally introduced to progress developments supporting people in accessing employment with the Trust and wider NHS (and beyond) who traditionally may not have reached our employment. This includes developing our links with education establishments, Job Centres and other organisations assisting people into employment; developing our work experience placement opportunities and new apprenticeships; and also developing career development opportunities such as new assistant practitioner roles.
- We established a **Patient, Service User and Carer Council** in 2015, led by the Patient Experience Lead, and appointed a service user Chair and Vice Chair to this committee. This forum is key to our patient and service user involvement approach and will provide opportunity for the monitoring and progression of plans relating to improving diversity and inclusion for our patients and service users.
- We have developed improved service user representation and involvement throughout our services and the day-to-day business of the Trust. This includes development of service user involvement in recruitment processes across the organisation. We have also

developed our links with our staff side representatives, including partnership working around our Film Screening as outlined above, and in relation to a number of our staff-focussed Listening into Action projects, such as 'No Change About Me Without Me', Diversity and Inclusion and Staff Health and Wellbeing. We continue to have a staff side seat at Trust Board meetings.

- We introduced a new scheme – *Leading with Compassion* - that recognises and champions acts of compassion within the Trust to support us in making a real difference to the way staff work and improve patient care. Rob Cragg, Director of Leadership and Transformation for the local health economy, said: "Giving, receiving and leading with compassion can improve our wellbeing, relationships and the way we work. Staff feel safe, engaged and empowered, which leads to improved care for patients."

- Action has been taken to address gaps in **workforce equality monitoring data** and our patient and service user equality monitoring data, although we recognise that we have further work to do in this area.

- We held a Trust 'Plenary' session (Trust leadership forum) on Diversity and Inclusion in December 2015, with guest speaker Paul Deemer, Head of Diversity & Equality, NHS Employers.

- We have built on the good practice in **service user involvement** in Substance Misuse ('New Beginnings' including Peer Support Worker volunteer role) and Children and Young People's Services, to improve service user involvement in all our clinical directorates.

- A number of Trust leaders have undertaken **360 appraisal** using the revised Move to Healthcare Leadership Model (Nine Dimensions of Leadership Behaviour) 360 appraisal tool, with principles of inclusion, equality and diversity woven throughout the dimensions. Participants in this programme receive the support of a trained 360 facilitator to help them interpret their 360 feedback and embed this is their personal development planning.

- As part of our work shining a spotlight on LGBT issues in February, the Trust held a special **Film Screening**, open to the public, of the 2014 film, 'Pride'. The Trust received support from members of the group portrayed in the film.

- We continue to develop our **Equality, Diversity and Inclusion mandatory training** to build development of a culture of inclusion. This training includes elements of unconscious bias and appreciation of individual difference. We have also included an option for online Equality and
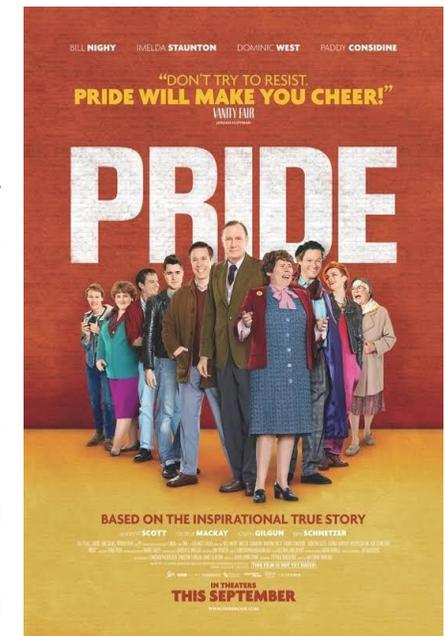
Diversity training for those who prefer to undertake the training in their own workplace. We have received positive feedback from many staff participating in this training in relation to the impact of the session content.

- We continue to celebrate **Equality and Diversity Week** annually - with plans in progress for the 2016 event (16-20 May) – in addition to a range of other diversity related national 'days' and events. In addition, the Trust has introduced a monthly Diversity spotlight topic since January 2016 which serve to raise awareness and share resources around a particular aspect from across the Diversity and Inclusion spectrum. Spotlight topics have included general Diversity and Inclusion (January); Lesbian, Gay, Bisexual and Transsexual (February), and Proud of our Roots (celebrating ethnicity – March).

- We introduced a '**Listening into Action' Deaf Awareness project** team throughout 2015, focussing on improving access and experience for dDeaf service users and carers. This included an ambitious scheme to teach the British Sign Language (BSL) finger spelling alphabet to all staff and to improve access to interpretation and communication support facilities.

- We held a **'Big Conversation' on Diversity and Inclusion** in January 2016, including staff, service user and other stakeholder involvement. A **'Listening into Action' Diversity and Inclusion project** team was subsequently established to lead and embed work on the Diversity agenda and identify diversity champions across our Clinical Directorates. This group has implemented a range of action to improve access and experience for BME service users and to begin work on developing the profile of our Trust workforce to be more reflective of our local communities.

- During 2015-16, we have also progressed the **Equality Delivery System (EDS2)** and **Workforce Race Equality Statement (WRES)**

- Developed closer links with our NHS and other partner organisations, other stakeholders and community groups.

3. Staff profile, learning and development

[Please see Appendix 1 for our Diversity & Inclusion Databook]

Workforce Demographic characteristics

- The Trust's workforce has a headcount of 1638 (as at 31st December 2015) including bank only staff. Volunteers, agency staff and contracted staff (particularly Carillion staff employed at the Harplands) are not included within this report. The largest staff group is nursing staff (almost 30% of the workforce), closely followed by Healthcare Support Workers and other healthcare assistant roles.
- The Trust's workforce is predominantly female (3:1 female:male). This pattern is seen through most staff groups, except for Estates and Ancillary (3:2) and medical workforce (almost 1:1). This pattern is also seen through most pay bands (with the exception being bands at 8b and above and medical) and age groups.
- The Trust's largest age group is 46-50, followed by 51-55 and 41-45.
- 42% of the Trust's workforce work part-time.
- 6.29% of the Trust's workforce are from a Black or Minority Ethnic (BME) group. This a little lower than the local BME population rate (7.76% as per 2011 census for North Staffordshire and Stoke-on-Trent). Our Medical workforce contains the highest proportion of BME staff (over 40%).
- 27% of Trust staff have identified that they are Christian. 6% have identified as atheist. About 5% of staff have a different religion.
- 2.32% of Trust staff have identified themselves as disabled and 42% as not disabled.
- 1.1% of our workforce have identified as being gay, lesbian or bisexual, which is significantly under national estimates for the LGB population.
- Significant gaps remain in our workforce data on religion, disability and sexuality despite an exercise through quarter 4 to address this. A further piece of work has extended into early May 2016.

Staff Careers, Learning and Development

Careers

- In 2015, there were slightly more new staff joining the Trust (250) than leaving it (210).
- 28% of those joining the Trust were male and 29% of those leaving it, resulting in a small net reduction in male staff
- People joined the Trust from across all age groups, but the greatest number of new starters were in the 26-30 age group, followed by 36-40.
- People left the Trust from across all age groups, the greatest number of leavers being in the 41-45 age group, followed by those aged 26-30, 51-55 and 56-60.
- 16.4% of job applicants were from a BME background.
- 59% of applicants stated they were Christian, 12% atheist, 4% Muslim, 1.9% Hindu and 10% other religions. (11% did not disclose their religion)

Learning & Development

- 78% of our training attendances were by female staff (ie female staff slightly over-represented in learning and development)
- 6.7% of training attendances were by BME staff (ie BME staff broadly proportionately matched/marginally over-represented in learning and development)
- 11% of formal disciplinary cases in 2015 involved BME staff (ie BME over-represented in disciplinaries in 2015, but this relates to only 2 cases). By way of comparison, there were no disciplinaries in 2014 involving BME staff.
- In 2015, there were only 2 formal grievance cases – 1 by a white member of staff and one by a BME member of staff. By comparison, there were no grievances by BME staff.
- There were no Trust bullying or harassment cases in 2015.

## 4. Service user profile and the local population

- Service Users accessing our services currently are 51% Female and 49% Male, reflecting the gender pattern of the local community

- 82.5% of our service users in 2015 were identified their ethnicity as white. This figure has not changed significantly since 2014. If the **not stated** and **data not recorded** categories are excluded, it would appear that BME service users are under-represented in terms of access to our services. The Trust has begun work in 2015 to understand the reasons for this and to work to eliminate this difference in access patterns. This work will continue throughout 2016-17.

- Service Users accessing services are predominately working age adults (51.5%), then older people (33.5%) and then children and young people (14.8%)

- We continue to work to close gaps in our service user equality monitoring data. We continue to have significant gaps in our religion or belief, sexuality and disability service user data. Further work is planned during 2016 to continue to address this.   We have identified differences in data capture across our services and this is an area for continuing improvement. Our clinical directorates have been reviewing data at team level and are tasked with addressing this.

- Through 2015-16, we have extensively developed service user representation and involvement throughout our services and the day-to-day business of the Trust', led by our clinical directorates and our Patient Experience Lead. Service user representatives are active members of our Listening into Action (LiA) Diversity and Inclusion project commenced in 2015, as well as a number of other LiA projects.

- We recently developed a Service User and Carer Feedback Questionnaire, including equality monitoring data in order to be able to identify how 'protected characteristics' groups' experience compares to other service users. We have some initial feedback from this process. However, we need to do more work in 2016-17 to ensure that all services incorporate equality monitoring data in their service user/carer questionnaires and review the feedback thus obtained.

Friends and Family Test

- 89.4% of patients in the Friends and Family Test in 2015-16 said that they were 'extremely likely' or 'likely' to recommend the Trust to their friends and family – see chart

Service User Experience : Patient Discharge Questionnaire 2015-16

- In our Patient Discharge Questionnaire over 2015-16, patients leaving our inpatient units who were not white British reported overwhelmingly that they felt safe in our care – 97% saying they felt 'safe always' (78%) or 'safe sometimes' (19%).

Patient Recommendation of the Trust in the Friends and Family Test
('Extremely Likely' plus 'Likely' responses)

- 2013-14: 83.2%
- 2014-15: 86.8%
- 2015-16: 89.4%

- 94% of respondents who were not white British rated the care they had received at North Staffordshire Combined Healthcare NHS Trust as excellent, very good or good. 94% said that they would recommend the Trust to their friends and family.
- LGBT participants all said they had felt safe – always (58%) and sometimes (48%). 96% of LGBT service users in this survey rated their experience as excellent, very good or good. 96% said that they would recommend the Trust to their friends and family.
- These figures are broadly similar to (a little more favourable than) those for respondents to the Discharge Questionnaire overall.
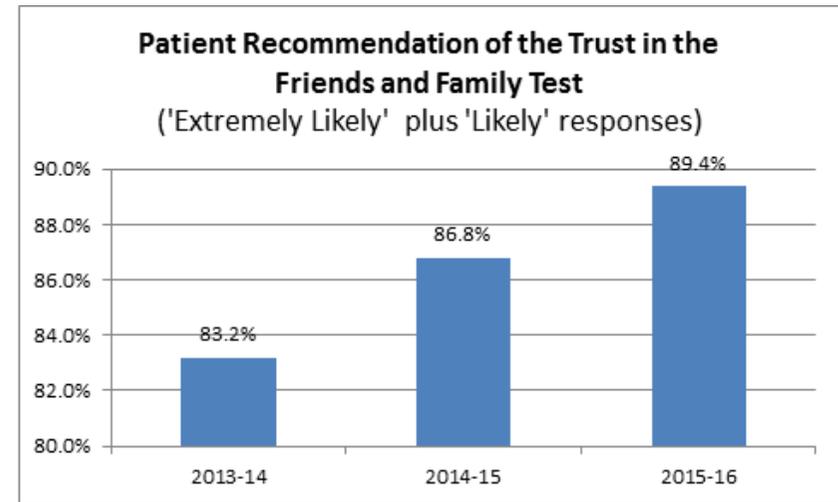
5. How did we provide assurance?

- This report, together with our Trust Annual Report and annual Quality Account are all published and accessible to the public. These documents set out details of our work, achievements and areas for development and provide opportunity for readers to provide comment or engage in dialogue with the Trust

- Our performance is scrutinised by our commissioners locally and by NHS England and the Care Quality Commission (CQC) at national level. We had a major CQC inspection in September 2015 in which the Trust was rated as 'Satisfactory'. We expect a further inspection in September 2016 and it is our aim to be assessed as 'Good' in this inspection.

- On-going feedback through national and local surveys and audits. These are used to draw up action plans for areas noted as needing improvement and sharing good practice

- We have increased our Patient recommendation of the Trust through the Friends and Family Test from 2013/14 to 2014/15 and from 2014/15 to 2015/16 by 3.6% each year

- Patient experience feedback data via PALS , COMPLAINTS, Patient Opinion, NHS Choices and team and discharge surveys

- Through feedback and challenge at Service Users and Carers Council. Service User Chair and Vice Chair representing this Council on the Trust Board

- The Service User and Carer Council members review PALS and complaint reports at their meetings and provide comment and suggestions to enhance the service user carer experience of services. Members are reviewing the Service Users and Carers Strategy to ensure service users and carer involvement are embedded into the Trust at all levels

- We are working towards a service user / carer representative sitting in on Directorate meetings, currently in place in 2 of our 6 Clinical Directorates

- We display 'You said : We did' boards on wards and community areas to demonstrate that suggestions by service users and carers are reviewed and service users and carers can see the actions taken in response to these

- Our Trust Board meetings are open to the public. Members of the public and members of staff are actively encouraged to comment, voice concerns and share good news and make suggestions for change

- We share a Service User / Carer story at each Trust Board meeting as part of our monthly 'Spotlight' staff awards

- The Trust works closely with 3rd sector service user/carer organisations, for example including: NSUG North Staffs User Group, Healthwatch, Voices, National Carers Association, Changes, Deaf Vibes, dDeaflinks
- Active programme of 'Board to Ward' visits by our Executive and Non-Executive Directors so that patients, service users, carers and staff have direct access to these key individuals and opportunity to discuss good practice and any concerns
- Service users and carers have been actively involved in a variety of activities across the Trust including recruitment processes and interviews, 'Dragons Den' panels, sharing experience with new staff at Trust Induction and supporting training days with ward staff. Also they have been actively involved in LiA teams particularly shaping the Trust Value's and Behaviours, Encouraging Service Users into Employment with the Trust, and Diversity and Inclusion groups
- There is an action plan to ensure that we continue to embed the (patient) Friends and Family test is utilised consistently throughout the Trust and to build on the progress over the last 3 years
- From a workforce perspective, we have a range of staff involvement and engagement approaches encouraging staff to have a voice and to make suggestions for improvement of services and ways of working. We have formal and informal consultation processes around planned change and a regular and active Joint Negotiating and Consultative Committee jointly chaired by our Director of Leadership and Workforce and our Staff Side Chair. Our Staff Side Chair has a seat on Trust Board meetings. Staff Side representatives are also highly involved in our Listening into Action project groups and in management of change processes. They also have a crucial role in supporting individual staff with workplace issues, change processes and other employee relations matters.

6. Conclusions and the Way Ahead

In 2015-16, the Trust has begun to significantly raise the organisational 'consciousness' Diversity and Inclusion for example through our Deaf Awareness work; the introduction of our Service User and Carer Council; our monthly Spotlight on Diversity topics; our Film Screening highlighting LGBT issues; our work in developing 'widening participation' across the Trust to better support disadvantaged groups into employment; and, significantly, our approach in highlighting and tackling the under-representation of BME service users in receipt of services from the Trust. These and other work programmes are offering service users a more visible profile and 'voice' that is truly influencing the work of the Trust.

The Service User and Carer Council members are not in themselves representative of the local population in terms of all the 'protected characteristics'. Particularly, we are seeking to secure BME service user representation to this group and invite members of the BME community to come forward to help us to improve service and experience for all. The Patient Experience Lead who supports the group as well as the service users and carers themselves will be continuing to develop how truly representative the group is of the local community. Similarly, from a workforce perspective, whilst we have engaged the support and involvement of a small number of BME staff in our LiA Diversity and Inclusion project, we would benefit from more active involvement in this process by BME staff. We aspire to have greater BME representation on our Inclusion Group when this is established later in 2016.

The LIA Diversity and Inclusion group have been active in establishing new ways of seeking to improve service and experience for BME (and other) service users. A number of developments are planned to take fruition in 2016, including a range of information leaflets available in the 4 main languages spoken in our locality. There will be a new Diversity and Inclusion Strategy that will link to the Service User and Carer Strategy and other strategies throughout the Trust.

We have established Interpretation and Translation Services. However, in 2016 we plan to ensure that more staff and service users and carers are aware of these services and receive support and encouragement in accessing them.

We need to continue with improving and refining how we collect our equality data also what systems we use to collect them and be consistent in that approach.

We have work to do on how our services work with people from minority ethnic communities. In 2016, we plan to develop this through engaging with and working directly with those communities and staff.

The Equality Delivery System (EDS2) and Workforce Race Equality Statement (WRES) are published on our Trust website and help us to focus, highlight concerns and keep 'on track' with making improvements in what we do and how we do it – for the benefit of all our service users, carers and staff.

North Staffordshire Combined Healthcare NHS

NHS Trust

We hope that you have found this Trust Diversity and Inclusion Report 2015-16 interesting and useful. If you would like to make comments or ask questions about any of the information in this report or about any service or employment related Diversity and Inclusion matters, please do not hesitate to contact us.

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