

North Staffordshire Combined Healthcare



NHS Trust

DIVERSITY AND INCLUSION: EQUALITY DELIVERY SYSTEM (EDS2) ASSESSMENT



APRIL 2015 - MARCH 2016



INTRODUCTION TO THE EQUALITY DELIVERY SYSTEM (EDS2)

The Equality Delivery System (EDS) was originally made available to the NHS in 2011 and was refreshed and re-launched as EDS2 in November 2013. The main purpose of the tool is to help NHS organisations to review and improve their performance for people with characteristics protected by the Equality Act 2010 and to deliver on the Public Sector Equality Duty (PSED). Originally a voluntary scheme, the EDS2 was mandated in the NHS Contract in 2015, making reporting and publishing of Trust EDS2 assessment mandatory.

The EDS2 has four goals with associated outcomes. Two goals relate to service users and two goals focus on employees; these are:

Service User and Carer Outcomes:-

1. Better Outcomes for All
2. Improved Patient Access and Experience

Staff Outcomes:-

3. A Representative and Supported Workforce
4. Inclusive Leadership

Trusts are required to assess each outcome (and its component indicators) against the following criteria:-

Grading	Undeveloped	Developing	Achieving	Excelling
	People from all protected groups fare poorly compared with people overall OR evidence is not available	People from only some protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from all protected groups fare as well as people overall

EDS2 should be applied to all groups of people, including special consideration of those people whose characteristics are protected by the Equality Act 2010. The nine 'protected characteristics' are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

Other groups cutting across the above categories should also be considered, including those who live in disadvantage, poverty or deprivation and those who struggle with inclusion in communities or in society in general such as the homeless, long-term unemployed, sex workers, people who misuse drugs or alcohol, those with limited family or social networks, those who are geographically isolated, travelling communities, and those seeking refuge or asylum or new lives free from oppression, political or economic danger. Additionally, it is noted that many individuals and groups will be in multiple 'boxes' as above for example black, female and LGBT; Islamic Asian female with a disability etc. Applying EDS2 to these disadvantaged groups (and others) is likely to support our work to reduce health inequalities across the local area.

Equality Delivery System (EDS2) Outcome Assessment Summary

1.0	Amber - Developing	Outcome One: Better Health Outcomes
1.1	Amber – Developing	<ul style="list-style-type: none"> Services are commissioned, procured, designed and delivered to meet the health needs of the local communities
1.2	Amber – Developing	<ul style="list-style-type: none"> Individual people’s health needs are assessed and met in appropriate and effective ways
1.3	Amber - Developing	<ul style="list-style-type: none"> Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
1.4	Amber - Developing	<ul style="list-style-type: none"> When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
1.5 N/A	N/A – for CCGs and Public Health	<ul style="list-style-type: none"> Screening, vaccination and other health promotion services reach and benefit all local communities
2.0	Amber - Developing	Outcome Two: Improved Patient Access and Experience
2.1	Amber - Developing	<ul style="list-style-type: none"> People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
2.2	Amber - Developing	<ul style="list-style-type: none"> People are informed and supported to be as involved as they wish to be in decisions about their care
2.3	Green – Achieving	<ul style="list-style-type: none"> People report positive experiences of the NHS
2.4	Green - Achieving	<ul style="list-style-type: none"> People’s complaints about services are handled respectfully and efficiently
3.0	Amber - Developing	Outcome Three: A representative and supported workforce
3.1	Amber - Developing	<ul style="list-style-type: none"> Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
3.2	Amber - Developing	<ul style="list-style-type: none"> The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
3.3	Amber - Developing	<ul style="list-style-type: none"> Training and development opportunities are taken up and positively evaluated by all staff
3.4	Amber - Developing	<ul style="list-style-type: none"> When at work, staff are free from abuse, harassment, bullying and violence from any source
3.5	Green – Achieving	<ul style="list-style-type: none"> Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
3.6	Amber - Developing	<ul style="list-style-type: none"> Staff report positive experiences as members of the workforce
4.0	Amber - Developing	Outcome Four: Inclusive Leadership
4.1	Green – Achieving	<ul style="list-style-type: none"> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
4.2	Green – Achieving	<ul style="list-style-type: none"> Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
4.3	Amber - Developing	<ul style="list-style-type: none"> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Overall EDS2 Assessment Rating 2015-16:

AMBER – ‘Developing’

Equality Delivery System (EDS2) Outcome Assessment

Outcome 1: Better Health Outcomes		Overall RAGP Rating: AMBER Developing	
No	Outcome	Position at end 2015-16	Evidence
1.1	<p>Services are commissioned, procured, designed and delivered to meet the health needs of the local communities</p> <p><i>(Services could be improved by 'understanding autism and having proper services (for people with autism). Getting services for people on the autistic spectrum is a life long struggle as there is not enough support within services.'</i></p> <p>Carer (for son), Greenfields Centre – SPAR Survey March 2016</p> <p>RESPONSE: The Trust is running a 20-week 'Listening into Action' project from May 2016 to review and make improvements within existing services for service users to improve experience and effectiveness for people with autism and Aspergers.</p>	<p>The Trust works closely with our local and national NHS partners to ensure that we are commissioned to provide appropriate services for the needs of our local communities. The Trust designs and regularly its services to deliver effective and efficient delivery of care and treatment according to our contracts.</p> <p>In the past two years, the Trust has engaged in difficult negotiations with our commissioners to ensure that we are able to secure sufficient funding to deliver against the identified needs. We were fortunate in 2015 to be successful in securing additional funding to protect and maintain safe staffing levels on our acute inpatient services at the Harplands Hospital.</p> <p>A further example under ongoing discussion is the Trust's work in seeking to secure funding for new / additional services to meet currently unmet needs in our local community in relation to Children and Young People's Mental Health and Learning Disabilities services where additional local need has been identified. There is a Children and Young Persons strategy addressing these issues. As part of this work, additional resources have been made available for Eating Disorders.</p> <p>One service user who has used services at Harplands responded in our SPAR survey in March 2016 that they felt access to mental health services could be improved.</p>	<ul style="list-style-type: none"> Trust contracts Details of contract negotiations Children and Young People's Strategy <p><i>'Patients said they were aware of how to contact the services when they were in crisis and staff would often respond on time.'</i></p> <p><i>'Patients said they felt able to ring the team when they needed them and staff always got back to them and were available in the evenings.'</i></p> <p>CQC Sept 2015 re Crisis and health-based Place of Safety</p>

<p>1.2</p>	<p>Individual people's health needs are assessed and met in appropriate and effective ways</p> <p>'One parent told the CQC that they believed the care and intervention from the (Community Learning Disability) Service stopped their child's supported living placement from breaking down and had avoided hospital admission.'</p> <p>CQC, September 2015</p> <p>'Patients told us that staff listened to them and that they are able to have input into their care.'</p> <p>'One patient told us that care was "second to none"'</p> <p>CQC, September 2015 re Rehab Inpatient Wards</p>	<ul style="list-style-type: none"> • 90% 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 or family (this shows a year on year improvement since 2013). • The Trust's SPAR Quality Priorities – Safe, Personalised, Accessible, Recovery-Focused – focus on meeting the individual needs of all our service users. • The Trust has been investing in improving the quality and consistency of care planning across the organisation over the past 6 months. We have an on-going programme of training for both care planning and risk assessment currently being rolled-out and all clinicians are being encouraged to attend. We are also anticipating that this will be an area taken forward in a locally agreed CQUINN. • The quality of care planning in some services was identified as an area of concern in a small number of services as part of our CQC assessment in September 2015. The Trust responded swiftly to these concerns in those identified areas and is now rolling out further improvement across all our service areas as part of our overall CQC action plan and individual team action plans. • Through our Listening into Action (LiA) Diversity and Inclusion project (see further detail below), the Trust has shared mental health information leaflets in different languages for staff use with service users for whom English is not the first language. We have also created patient leaflets on 'It's ok to ask about your medicines' and 'It's ok to ask about your inpatient menus', as well as 	<ul style="list-style-type: none"> • New Care Planning Workshop for clinical staff since January 2016 • New Risk Assessment Workshop for clinical staff since January 2016 • Training records for staff completing the above training • Trust and team CQC Action Plans • We are additionally undertaking / about to roll out a Quality Assurance Audit in relation to Care Planning • The Trust has undertaken weekly performance reporting on care planning and risk assessment since these concerns were highlighted. • Patient information leaflets <p>In our Patient Discharge Questionnaire through 2015-16 (this covered MH services at: Edward Myers Unit, Florence House, Harplands Wards 1-7 and Summers View):-</p> <ul style="list-style-type: none"> • Ethnicity: 96% of BME patients/service users said they felt safe and (75% 'always' and 21% 'sometimes'. 4% said they never felt safe. 92% of BME service users rated the care they received as excellent, very good or good (69% said excellent, 19% said very good, 4% good)). 92% said they would recommend the service to their friends and family (73% extremely likely, 19% likely). • Sexual Orientation: of Lesbian, Gay,
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'Young people said that they were able to trust staff, they felt listened to.'

CQC September 2015 re CAMHS Community Service

'Patients and relatives were overwhelmingly positive about the wards that the CQC visited. There were no negative comments.'

CQC September 2015 re Wards for Older Persons

'We provide a high standard of care'

Staff member, Staff Friends and Family Test, February 2016

developing core leaflets about key Trust services. These leaflets will also be published in a range of different languages.

The Trust has been running a programme of work to review and improve accessibility and service for dDeaf service users and Carers through 2015. This has included an ambitious plan to teach the British Sign Language finger spelling alphabet to the majority of Trust staff and to generally raise awareness with all staff. Also key has been reviewing points of entry to the Trust, such as developing text and tablet based communication routes and reviewing our buildings access from the perspective of a deaf service user/carer. We have also been training our reception staff in supporting deaf individuals and accessing appropriate communication support at the point of arrival in our service buildings.

Bisexual and Transgender (LGBT) patients, 100% said that they felt safe (59% 'always' and 41% 'sometimes'). 86% said they felt the care was excellent, very good or good (55% excellent, 27% very good, 14% good). 91% said they would recommend the service to friends and family (68% extremely likely, 23% likely).

- Deaf Awareness Programme information packs in most teams

'The staff, nurses and care team have been really good, helpful and listen.'

Service user – SPAR Survey March 2016

<p>1.3</p>	<p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p>	<ul style="list-style-type: none"> • Again, this links to ensuring that all our service users receive care according to our SPAR quality priorities as outlined above. • The Trust's RAID team works with colleagues in our local acute Trust to ensure that patients with mental health needs are able to access appropriate acute care which includes their mental health needs. This service was introduced in recent years and has proven to be a highly effective example of partnership working and has also facilitated much improved co-working to jointly manage winter pressures. • The Trust will be implementing the Green Light Toolkit through 2016-17 (will also be a CQUIN). This approach will ensure that service users with a learning disability who have a primary mental health need receive care from within the appropriate mental health services – improving the awareness and skills of staff in all teams to more effectively support people with a learning disability <p>There have been very few complaints to the Trust regarding issues relating to transition between services in 2015-16.</p>	<p>Trust information leaflets – PALS, Complaints, Language support etc</p> <p>Access to PALS service</p> <p>Complaints data and resolution of complaints</p> <p>Directorate service development plans</p> <div data-bbox="1496 501 2033 943" style="border: 2px solid purple; border-radius: 15px; padding: 10px; background-color: #4b0082; color: white; text-align: center;"> <p><i>(Services could be improved by) ‘patient having more involvement. Patient should be involved in making care plans, designing services and monitoring of the same. Being moved around services too much’</i></p> <p>Service user – SPAR Survey March 2016</p> </div>
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1.4	<p>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <p><i>‘Patients told us they felt safe on the wards.’</i></p> <p>CQC September 2015 re Wards for Older Persons</p> <p><i>‘There are certain members of staff who have always treated me with dignity and respect and have treated me as a person.’</i></p> <p>Service user, Learning Disabilities Services – SPAR Survey March 2016</p>	<p>Safety is a high priority within the Trust and has received significant focus throughout 2015-16 with the introduction of our SPAR quality priorities – ‘Safe’ being the first of which.</p> <p>In our Patient Discharge Questionnaire in 2015-16, 97% of participating patients said that they felt safe in our care (78% ‘safe always’ and 19% ‘safe sometimes’). These rates were broadly reflected for BME and LGBT respondents also.</p> <p>The Trust occasionally receives complaints about elements of patient safety and these matters are always fully investigated from, responded to and lessons learned</p> <p>Whilst we cannot always be completely free from mistakes, safety is a high priority for all services and at Trust level and we continue to develop our safety and learning culture.</p>	<p>Trust Learning Lessons process</p> <p>Patient Discharge Questionnaire data 2015-16</p> <p><i>‘A carer told us that “staff are wonderful, absolutely fantastic”.’</i></p> <p><i>‘One person said that staff “go above and beyond” and the service provided was very respectful.’</i></p> <p>CQC September 2015 re Community Adult Services</p>
1.5 N/A	Screening, vaccination and other health promotion services reach and benefit all local communities	n/a – for CCGs and Public Health	n/a – for CCGs and Public Health

Outcome 1 Actions for 2016-17

- To seek greater feedback from service users and carers about services not covered by our discharge survey (currently those included in this survey are Edward Myers Centre, Florence House, Harplands Wards 1-7, Summers View) ie specifically seek greater feedback covering services in Children and Young People’s services (CYP) and Learning Disabilities (LD).
- Embed EDS2 approach in Directorates by each area being responsible for their own EDS2 in 2016-17
- Develop our patient evaluation and feedback mechanisms across all areas to include collection of equality data

Outcome 2: Improved Patient Access and Experience			Overall RAGP Rating: AMBER Developing
No	Outcome	Position at end 2015-16	Evidence
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	<p>‘Carers and families of children who accessed the short break service at Dragon Square were overwhelmingly positive about the service provided.’</p> <p>CQC Sept 2015 re CAMHS Inpatients</p> <p>‘Patients and relatives told us that staff would always visit them on time for their appointments.’</p> <p>CQC, Sept 2015 re Crisis and Health Based Place of Safety</p> <p>As mentioned in 1.1 above, one service user who has used services at Harplands responded in our SPAR survey in March 2016 that they felt access to mental health services could be improved.</p>	<p>There have been no concerns re access to services highlighted by carers or service users during the CQC inspection – I have positive quotes if that helps.</p> <p>Bed occupancy is still high, Nicki should be able to give you the figures of how many patients have to go out of area, and it is my understanding that our figures for this are generally less than other trusts.</p>

<p>2.2</p>	<p>People are informed and supported to be as involved as they wish to be in decisions about their care</p> <p><i>'In recent months, there has been a real effort to engage with service users and carers to listen, and improve services. I feel they are taking steps to improve services. Very pleased they are engaging with service users to identify any issues.'</i></p> <p>Service user – SPAR Survey March 2016</p> <p><i>(Services could be improved by) 'patient having more involvement. Patient should be involved in making care plans, designing services and monitoring of the same. Being moved around services too much '</i></p> <p>Service user – SPAR Survey March 2016</p>	<p>Links with providing personalised care in our SPAR Quality Priorities and our Trust Values work.</p> <p><i>'Carers always felt informed and were contacted when there were any concerns to share.'</i></p> <p>CQC Sept 2015 re Community Older Persons Services</p> <p><i>'Patients at the Darwin Centre said that they felt listened to and that staff were respectful.'</i></p> <p>CQC, Sept 2015 re CAMHS Inpatients</p> <p><i>'Carers and families felt listened to and valued by staff.'</i></p> <p>CQC, Sept 2015 re Community Learning Disabilities Services</p>	<p>This is an aspect of the care planning action that we are taking forward, care planning and risk assessment are likely to be agreed as our local CQUINN.</p> <p>See 1.2 above</p> <p><i>'Relatives told us that they were kept informed throughout the treatment of their loved ones.'</i></p> <p><i>'Writers (on the CQC web-page – "Share Your Experience") said that HCSWs were generally outstanding.'</i></p> <p>CQC Sept 2015 re Adult Acute Wards</p> <p><i>'The staff, nurses, and care team really good, helpful and listen.'</i></p> <p>Service user – SPAR Survey March 2016</p>
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2.3

People report positive experiences of the NHS

'Patients described the community staff as friendly, kind, helpful, respectful and polite.'

CQC Sept 2015 re
Community Older Persons services

'Patients told us that staff were excellent, despite having to work under extreme pressure.'

CQC Sept 2015 re Adult Acute Wards

'Patients and carers commented positively about the helpfulness and responsiveness of the staff.'

CQC Sept 2015 re Adult Acute Wards

Data from the Patient Friends and Family Test suggests that patients and service users rate our services very strongly in terms of how safe and cared for they feel.

'Carer's spoke highly of the service and staff.'

'Carers reported that they felt staff showed real interest into their child's welfare.'

CQC, Sept 2015 re CAMHS Community

'Patients and relatives were enthused by the cleanliness of the ward, the food and the helpfulness and responsiveness of the staff.'

CQC Sept 2015 re
Wards for Older Persons

The CQC patient and carer feedback was very positive throughout.

'Service users told us that they were happy with their care'

CQC, Sept 2015 re
Community Adults Services

'Over the past twelve months, the Edwards Myers Unit has received a number of compliments from patients who have received treatment. Overwhelmingly, patients thanked staff for their kindness and support during their stay which has contributed to successful detox and discharge into the community.'

CQC Sept 2015 re Substance
Misuse Service

2.4	People's complaints about services are handled respectfully and efficiently	<p>The Trust is developing its patient experience and complaints leaflet in a range of languages used locally.</p> <p>'Carers said that staff were helpful and courteous.'</p> <p>'Patients' views and experiences were mainly positive. Patients praised staff for being approachable and caring.'</p> <p>CQC Sept 2015 re Wards for patients with a Learning Disability</p>	<p>The CQC highlighted some concerns regarding information being available for patient's informing them how to complain should they wish to. No concerns highlighted about the actual process. All areas raised now resolved.</p> <p>Complaints leaflet in different languages from May 2016.</p> <p>'Patients told us that they were treated with respect and dignity. Staff were polite, kind and willing to help.'</p> <p>CQC Sept 2015 re Crisis and health based Place of Safety</p>
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Outcome 2 Actions for 2016-17

- Service user and carer equality policy in development
- Trust to consider development of a care policy in relation to transgender service users

Outcome 3: A representative and supported workforce			
No	Outcome	Position at end 2015-16	Evidence
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<ul style="list-style-type: none"> The Trust is broadly representative for BME staff compared to our catchment area when viewed at Trust level. However, a significant proportion of our BME staff are medical staff and the remainder of our staff groups are not representative for BME. Our diversity and inclusion strategy (in development, for approval April 2016) demonstrates our commitment to reach out to the local community with the aim of establishing a workforce which reflects the local community, when medical staffing is excluded from the data. Under the Two Ticks scheme we are under an obligation to short list any applicants with a declared disability who satisfy the essential requirements of the Person Specification There continue to be very few concerns raised by staff who feel they are being discriminated against and the 2015 Staff Survey results confirm this. The Trust was 'better than average' for the two key findings measures on discrimination and equal opportunities in 2015. 	<p>Trust Workforce Representativeness:- NB 2015 data pending (data below as at 31 December 2014)</p> <ul style="list-style-type: none"> Trust ethnicity profile 2015 was 6.29% BME, 91.03% White; 2.69% undefined/not disclosed Trust ethnicity profile when medical staff are excluded from data: 4% BME, 93% White; 3% undefined/not disclosed Local ethnicity profile 7.6% BME; 92.4% White (white British and white other) (City of Stoke-on-Trent – 14% BME) – 2011 census <p>Recruitment and Selection Process Fairness Data from the 2015 NHS Staff Survey:-</p> <ul style="list-style-type: none"> Trust <i>better than average</i> (compared to other MH/LD trusts) for KF20: % of staff experiencing discrimination at work in the last 12 months (10%, national average = 14%) Trust <i>better than average</i> for % of staff believing that the organisation provides equal opportunities for career progression or promotion (87%; national average = 84%). 83% of BME staff believed the Trust provides equal opportunities (75% nationally) ie <i>better than average</i> Some concern expressed in relation to recruitment and selection fairness through Staff Friends and Family Test and Staff Survey text comments.

3.2	<p>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p>	<ul style="list-style-type: none"> • No Equal Pay Audits conducted currently • Trust uses its own local version of the AfC process of job evaluation and has a Consistency Checking Panel (CCP) which looks at all comparable jobs for pay banding consistency. • Equal Pay Audit planned for May-June 2016. 	<p>NB Data based on 31 December 2015:-</p> <ul style="list-style-type: none"> • Trust gender profile: 24.5% male; 75.5% female. This pattern is broadly evident through nearly all pay bands, except for medical (50:50) and senior management (more male than female) <p>NHS Staff Survey 2015, question 5g <i>How satisfied are you with your level of pay?</i></p> <ul style="list-style-type: none"> • Gender: <ul style="list-style-type: none"> ○ Females: 50% satisfied/very satisfied; 24% dissatisfied/very dissatisfied. ○ Males: 46% satisfied/very satisfied; 28% dissatisfied/very dissatisfied. • Ethnicity: <ul style="list-style-type: none"> ○ 59% of Asian staff and 32% of black staff reported being satisfied or very satisfied with their level of pay, compared to 50% of white staff. Lower levels of dissatisfaction with pay were expressed by BME staff (0% of Asian staff and 8% of black staff, compared with 25% of white staff) • Disability - Satisfaction with pay for staff with a disability was in line with that for non-disabled staff • Age – satisfaction with level of pay was similar across all age groups for Trust employees and better than the national average for all age groups • Sexuality – gay males reported greater satisfaction with their level of pay than heterosexual staff (other LGBT groups, data not available due to low numbers)
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3.3

Training and development opportunities are taken up and positively evaluated by all staff

'Great place to work, excellent training and friendly staff.'

Staff member, Staff Friends & Family Test, Feb 2016

'Excellent support / supervision / appraisal from management excellent support to attend mandatory training and to promote training for personal development good working relationships within own team'

Staff member, Staff Friends and Family Test, February 2016

- The Staff Survey 2015 (q18a) demonstrated that BME staff are not disadvantaged in terms of access to training (non-mandatory training) than white staff. The rates of access to training for BME staff were equal to or above the national average.
- Question 18b found that Asian and Asian British staff and white staff were equal to or above the national average rate (82%) for believing that training undertaken has helped them to do their job more effectively. Black and Black British staff were less likely (70% agreeing that their training, learning or development had helped them to do their job more effectively). The relatively low number of BME responses (and workforce representation) is noted in relation to these results.

'NSCHT are very good employers, they provide in-house training, good pay rates, opportunities to expand your knowledge in your field of expertise, secondments, good support networks in place for the employee.'

Staff member, Staff Friends and Family Test, February 2016

'My needs are met in a developmental way. My views are valued through LiA. I am heard and can voice my opinions even when they differ from the masses.'

Staff member, Staff Friends and Family Test, February 2016

Data from 2015 NHS Staff Survey:

Question 18a *Have you had any training, learning or development in the last 12 months? (not including mandatory training) – 'Yes' responses:-*

- Asian or Asian British – 92%
- Black or Black British – 77%
- White – 75%
- Average nationally 76%

18b *My training, learning and development has helped me to do my job more effectively – Agree/Strongly Agree responses*

- Asian or Asian British – 100%
- Black or Black British – 70%
- White – 82%
- Average nationally 82%

Workforce data as at 31 December 2014 (2015 data pending):-

- Almost 7% of training attended in 2014 was attended by BME staff. This was slightly above the workforce proportion of BME staff (6%). (NB It must be noted however that a significant proportion of the Trust's BME staff are in the medical workforce and hence more likely to access training, learning and development).

3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	<ul style="list-style-type: none"> • The Trust takes abuse, harassment, bullying and violence towards its staff very seriously. • We continue to have very few cases of harassment or bullying of staff reported. • We have experienced a number of instances of racial abuse towards staff (and fellow patients) from patients in our inpatient wards in the last quarter of 2015-16 and these cases are being reviewed and a focus group held with affected staff to identify areas for learning, improved handling/response and measures to prevent/minimise further incidents. • The Trust continues to be worse than average for incidents of physical violence from patients and the public in the 2015 survey. The Trust is further reviewing the zero tolerance approach and its displayed communications materials around violence and abuse in relation to this matter. • Of concern is that there were a number of reports of staff to staff violence in the staff survey 2015, despite no reports of such incidents within the Trust's internal reporting systems. The Trust will be working to understand this issue better and to take appropriate action accordingly. 	<p>Data from Staff Survey 2015:-</p> <ul style="list-style-type: none"> ▪ 24% of Trust staff said they had experienced physical violence from patients/public in the last 12 months (national average 21%) ▪ 4% of staff said they had experienced physical violence from staff in the last 12 months (national average = 3%) ▪ 85% of staff said they reported their most recent experience of violence (national average 84%) ▪ 30% said they had experienced harassment, bullying or abuse from patients or the public in the last 12 months (national average = 32%) ▪ 20% of staff said they had experienced harassment, bullying or abuse from staff in the last 12 months (national average = 22%) <p>Staff Survey data – breakdown by ethnicity:-</p> <ul style="list-style-type: none"> • We were slightly better than the average for MH trusts nationally (36% compared to 37%) for BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. However, this figure represented a significant decline from 2014, when the corresponding figure was 17%. We are working to address the matter of racial abuse from patients. • We were better than average for BME staff experiencing harassment, bullying or abuse from staff in the last 12 months (15% compared to 23% nationally). This figure again showed a decline since 2014, when the corresponding figure was just 5%. • 83% of BME staff said they believed the Trust provides equal opportunities for career progression or promotion, compared to 75% nationally ie better than average. • 11% of BME staff said they had personally experienced discrimination at work from staff
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			<p>compared to 13% nationally (again, better than average)</p> <ul style="list-style-type: none"> Sexuality:- Gay male staff (54%) were more likely to have experienced harassment, bullying and abuse from service users and the public than heterosexual staff (32%). 15% of gay male staff said they had experienced discrimination from patients/public and 0% from colleagues (compared with 5% and 6% respectively for heterosexual staff)
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3.5	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <div style="border: 1px solid #0056b3; border-radius: 15px; background-color: #0070c0; color: white; padding: 10px; margin: 10px 0;"> <p><i>‘Colleagues are very helpful and nursing gives more flexibility hours for those who have got children to work around the family life’</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p> </div>	<ul style="list-style-type: none"> We continue to offer extensive flexibility with a high proportion of the workforce engaged on part time contracts. We also have an active bank for HCSW and nursing roles which provides a flexible approach to working and also assists with access to employment in the Trust with appointments to regular Trust positions often being made from the bank. The Trust has been working in conjunction with the Dove Service through the second half of 2015-16 to provide a range of support to staff who are carers in their roles outside of the workplace. <div style="border: 1px solid #0056b3; border-radius: 15px; background-color: #0070c0; color: white; padding: 10px; margin: 10px 0;"> <p>I would recommend the Trust as an employer because of.. <i>‘..Work life balance.’</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p> </div>	<ul style="list-style-type: none"> Carers in the Workplace training and drop-in sessions for staff and support offered through late 2015-end March 2016. Examples of different flexible working arrangements, part time working, buy back annual leave etc Overall, 58% of staff felt they were satisfied or very satisfied with the opportunities for flexible working patterns, compared with 57% nationally. Ethnicity: Trust BME staff reported higher levels of satisfaction: 84% of Asian staff and 58% of black staff expressed satisfaction with flexible working opportunities Disability: disabled staff were slightly less satisfied with opportunities for flexible working than non-disabled staff (53% v 59%) Age: similar patterns of satisfaction with flexible working opportunities were observed through all staff groups, with the exception that the 31-40 age group was most satisfied with opportunities for flexible working (70% satisfied in this category) FT/PT – 70% of part time and 54% of full time staff satisfied with opportunities for flexible working
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<p>3.6</p>	<p>Staff report positive experiences as members of the workforce</p> <p><i>'I think we are a good employer.'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p> <p><i>'I have been welcomed in my new work place.'</i></p> <p>Staff member, Staff Friends and Family Test, February</p> <p><i>'Supportive, warm teams. Able to influence the organisation and be involved in change. Forward thinking.'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p>	<p>We continue to develop our culture of staff involvement and engagement across the Trust, through a variety of work programmes and 'the way we do things round here'. Key to this are our Staff Involvement and Engagement Strategy and our approach to developing engagement through our Listening into Action programme and through developing great leadership and team working through the Aston Effective Team Leadership programme.</p> <p>In relation to our Staff Friends and Family Test, our staff have typically rated our clinical services as places for care and treatment more favourably than they rate the Trust as a place to work. Our latest survey (Q4 , 2015-16 - all staff invited to participate) found:-</p> <ul style="list-style-type: none"> • 63.51% of staff recommended the Trust for care and treatment • 45.11% of staff recommended the Trust as a place to work. <p>Overall, the Trust would like to be in a position where the level of our staff recommending the Trust as a place to work or to receive care and treatment (when needed) were higher. However, the last 12 months have seen considerable improvement in levels of staff satisfaction overall, and have seen some improvement in staff advocacy as reported in:-</p> <ul style="list-style-type: none"> - LiA Pulsecheck survey 2015 - NHS Staff survey 2015 - Staff Friends and Family Test (q4, 2015-16) <ul style="list-style-type: none"> • The Trust has a well-developed approach to staff engagement encompassing the 6 strands of its Staff Involvement and Engagement Strategy. • Trust and Directorate Staff Survey action plans are centred around a focus on staff experience and staff engagement for all. • A Compassionate Leaders programme is being developed and this will help equip managers with the skills to work in culturally competent ways and promote 	<ul style="list-style-type: none"> • Staff Friends and Family Test data • Staff Engagement Measure: <ul style="list-style-type: none"> ○ Overall, staff were more highly engaged than disengaged in the staff survey 2015, with a Staff Engagement score of 3.70 (up from 3.55 in 2014). This was slightly lower than the national average for mental health trusts (3.75) ○ Gender: Male staff scored lower (at 3.64) than females (3.70) on the staff engagement measure ○ Disability – disabled staff reported lower levels of staff engagement (3.64) than non-disabled staff (3.70) ○ Ethnicity: BME staff scored the highest (by a wide margin) at 3.91. [White staff 3.70; non-disabled staff 3.70; female staff 3.73] ○ Age: younger workers (16-40) reported higher levels of motivation than older workers (age 41+) • As previously noted above, whilst the overall discrimination score for the Trust was much better than average, 29% of BME staff (9% for white staff) said they had experienced discrimination (NB this reduced to 11% of BME staff in relation to discrimination from other staff – <i>better than national average</i>) • Similarly, 16% of disabled staff said they experienced discrimination (9% of non-disabled staff) • 10% of female staff said they had experienced discrimination compared to 9% of male staff <p>Q5f, 2015 staff survey – How satisfied are you with the extent to which the organisation values your work?</p> <ul style="list-style-type: none"> • Ethnicity – Asian (59%) and black workers
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	<p><i>'It's a very pleasant place to work, colleagues are supportive, friendly and hardworking.'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p> <p><i>'My experience of working for the Trust is very positive. I have been given opportunities that I have appreciated and gained much development from.'</i></p> <p>Staff member, SFFT, February 2016</p> <p><i>'I like my job!'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p>	<p>and environment free from discrimination</p> <ul style="list-style-type: none"> The Trust has demonstrated year on year progress in the Staff Survey results since 2013 (also in our Patient Friends and Family Test results) and also in our Pulsecheck surveys as part of our approach to Listening into Action. <p><i>'I believe that there are pressures across the trust however I do not believe that this trust is in isolation with regard to recruitment and retention challenges. I feel that the trust does make significant efforts to support staff.'</i></p> <p>Staff member, SFFT, Feb 2016</p> <p><i>'(The Trust) manages to remain a friendly organisation that is supportive to staff, which is a challenge in today's NHS. Working hard to develop a structured dynamism.'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p> <p><i>'I think there is an energy and enthusiasm to change and improve our services in the last couple of years'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p>	<p>(61%) reported greater satisfaction with how the organisation values their work than white staff (41%)</p> <ul style="list-style-type: none"> Disability – disabled workers reported lower satisfaction with how the organisation values their work – 38% compared to 41% for non-disabled workers Sexuality – 31% of gay male staff reported satisfaction with how the organisation values their work, against 43% for heterosexual staff Age – staff aged 41-50 were least satisfied with how the organisation values their work (34%) Fewer male staff (34%) felt satisfied with how the organisation values their work than female staff (43%) <p><i>'It's an excellent place to work lots of variety and training within your working day. You are allowed to try new things and Senior Management are very supportive of their staff.'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p> <p><i>'The trust has an improving reputation. It recognises there is a need to develop and nurture its workforce. it working hard at improving the working lives'</i></p> <p>Staff member, Staff Friends and Family Test, February 2016</p>
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'Colleagues seem very passionate about engaging with each other and improving services.'

Staff member, Staff Friends and Family Test, February 2016

'Always been treated well and looked after.'

Staff member, Staff Friends and Family Test, February 2016

'I see people working really hard to make a difference to people's lives. Staff care about what they are doing.'

Staff member, Staff Friends and Family Test, February 2016

'It's a great place to work, you're listened to if you have any problems and if you have any ideas on how to improve the workplace - you genuinely feel a part of a great team.'

Staff member, Staff Friends and Family Test, February 2016

'This is my first role as a nurse working for the NHS and I have had a very positive experience so far, with support from fellow nursing professionals'

Staff member, SFFT, Feb 2016

'Good company to work for'

Staff member, Staff Friends and Family Test, February 2016

'Good ideals and fair, totally patient focused.'

Staff member, SFFT, Feb 16

'As a Trust, we focus on personalised care and improved outcome for our service users.'

Staff member, Staff Friends and Family Test, February 2016

'Excellent staff that I have met whilst working for the Trust'

Staff member, Staff Friends and Family Test, February 2016

'Great care compassion and colleagues who go the extra marathon beyond the extra mile!'

Staff member, Staff Friends and Family Test, February 2016

Outcome 3 Actions for 2016-17

- To continue to work to close data gaps in our workforce equality data and encouraging and supporting staff to feel comfortable in disclosing personal data around religion and sexuality (rather than opting for the 'I prefer not to disclose' option through demonstration of our real commitment to diversity and inclusion as a Trust.
- To develop and deliver a positive action approach to recruitment advertising and recruitment events throughout 2016-17 as part of our D&I, Recruitment and Widening Participation strategies. Includes Trust participation in external careers fairs etc and Trust recruitment and engagement events.
- HR Team to review application and effectiveness of the Two Ticks Scheme
- HR Team to revise recruitment and selection training to incorporate updated PROUD Trust Values and a session on "unconscious bias"
- D&I Lead to roll-out programme of Unconscious Bias and Inclusion workshops linking to updated PROUD Trust Values
- HR Team to undertake Equal Pay Audit in May/June in preparation for new legislative requirement from October 2016 (first reports to be published in compliance with new (proposed) legislation by April 2017)
- Launch updated Trust Values - and link to how we recruit, value and treat our staff
- Include part-time to full-time working ratio within annual equality monitoring report
- Continue to develop awareness around raising concerns across the Trust
- Increase presence of posters around dignity, diversity and unacceptability of violence and aggression across Trust services
- Introduce forum for discussion of staff diversity and inclusion issues – Diversity & Inclusion Forum
- Review staff training evaluation data by ethnicity in 2016-17

Outcome 4: Inclusive Leadership			
No	Outcome	Progress in 2015-2016	Evidence
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<ul style="list-style-type: none"> • The Board has invested in a dedicated Diversity & Inclusion post since October 2015, to give leadership and continued attention to this area. • The Board has agreed a new Trust Diversity and Inclusion Strategy (April 2016) which is published on our external webpages. As part of this strategy, the Trust will become a Stonewall Diversity Champion for a period of at least one year. • The Board has also committed to a Listening into Action (LiA) 20 week project on Diversity & Inclusion, including involvement by all the clinical directorates to embrace and embed diversity in our clinical services. • The Trust is investing in the Widening Participation agenda with a new dedicated post since October 2015. This post is leading the development of work experience, apprentice and assistant practitioner roles as well as coordinating a range of engagement work with local schools and colleges to increase awareness of careers in the NHS and in mental health in particular. The Board has also committed resources to a 20-week LiA project on developing routes into employment with the Trust for service users with learning disabilities or mental health history. • Data has been published on the internet as required for the Workforce Race Equality Standard (WRES) • The Trust held a Film Night in February 2016 showing Pride (2014) to mark LGBT History Month. This event was supported and attended by our Chairman, Staff-side Chair, Chief Executive and Director of Workforce. • The Diversity and Inclusion Lead has established links with colleagues in other organisations locally and across the West Midlands, both in the NHS and other organisations. 	<ul style="list-style-type: none"> • New (part-time) posts since October 2015 for Diversity & Inclusion and Widening Participation. • Trust Diversity and Inclusion Strategy published • LiA Diversity & Inclusion Team – action plan and further details available on request. • Workforce Race Equality Scheme published • Stonewall Diversity Champion Agreement – planned from Summer 2016 • Data from Staff Survey 2015 in relation to discrimination, equal opportunities and freedom from harassment, bullying and abuse as outlined previously (above). • The Trust executive team is a diverse group, comprising a strong female representation and ethnic diversity. • Our non-executive directors include one female member of the team (one post vacant currently). Greater ethnic diversity in this group would be desirable. Our recently retired Chairman was openly gay and shared his story on a number of occasions with staff. Recently, this includes at our Pride Film Night event and in writing to be shared through a forthcoming issue of Junction staff magazine and as a 'staff story'.

4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	<ul style="list-style-type: none"> • Our Trust Committee Papers cover sheet has for some years included assessment of equality and diversity related risks and opportunities. The updated cover sheet for 2016-17 seeks to ensure that paper authors give more detailed consideration to the opportunities presented to advance equality and positive relations between different groups. It also seeks examples of good practice. 	<ul style="list-style-type: none"> • Revised Trust Committee Sheet for 2016-17 • Minutes of Trust Board discussions are available on the Trust's external website for anyone to access. Trust Board meetings are open to the public and details are shared on our website. We have a (non-voting) Staff Side seat on the Trust Board.
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<ul style="list-style-type: none"> • The principles of diversity and inclusion are threads that run through our Trust leadership development programmes, including our Aston Effective Team Leadership programme and through the NHS Leadership Framework 360 appraisal process undertaken by many of our Trust leaders, either as part of a leadership programme or on its own to supplement the annual PDR (performance development review). • Since 2015, staff have been encouraged to discuss with service users as part of their care planning any cultural, family, religious or other personal issues that relate to them, with an 'It's OK to ask' approach. We also encourage staff to use clinical supervision as an opportunity to discuss safely and openly any issues, dilemmas or difficulties relating to such matters pertaining to the individual's service users/caseload. Correspondingly, we also management supervision and PDR meetings as an opportunity for individuals and managers to ask about and seek support with personal, family, religious, or cultural matters. We have shared resources relating to world religions with staff and supported teams to address particular challenges, but recognise that this remains an area for further development. • Our SPAR Quality Priorities apply equally as a set of guiding principles for the treatment of staff as for our service users and carers in relation to Personalised treatment 	<ul style="list-style-type: none"> • Discrimination data from staff survey 2015:- <ul style="list-style-type: none"> ○ 88% of respondents said that they believed that the Trust acts fairly in relation to career progression and promotions. 5% said they had experienced discrimination from patients/the public and 6% said they had experienced discrimination from other staff. Overall, the Trust was better than average for staff experiencing discrimination at work in the last 12 month (10%, compared to 14% nationally) ○ 11% of BME staff said they had personally experienced discrimination at work from staff compared to 13% nationally (again, better than average) ○ Staff aged 41-50 experienced the highest levels of discrimination (14% experiencing discrimination in the last 12 months) ○ Women were slightly more likely to experience discrimination (10%) than male staff (9%) ○ 16% of disabled staff reported discrimination compared with 9% of non-disabled staff ○ 15% of gay male staff said they had experienced discrimination from patients/public and 0% from colleagues (compared with 5% and 6% respectively for heterosexual staff)

		<ul style="list-style-type: none"> • Our Trust Values are currently under review for a refresh (if required) for 2016-17. The Trust believes in 'Living the Values' and Trust Values have been at the heart of all our activities over the past 5 years. Our refreshed Trust Values will be communicated widely when the detail is finalised. We are developing our Values Based Recruitment approach and will deepen this approach based on our refreshed set of Trust Values. Our Trust Values are very central to our Trust Welcome Programme (induction) 	<p>Through 2016, the Trust is developing a Spirituality Garden at Harplands Hospital for use by patients, service users, carers/visitors and staff.</p> <p>Our recruitment data for 2015-16 has suggested a slight bias towards white job applicants and the Trust is working to understand why this may be the case and to develop action to counter this perceived trend. This matter will be discussed as part of our recruitment and selection training for recruiting managers.</p>
Outcome 4 Actions for 2016-17			
<ul style="list-style-type: none"> • Develop our recruitment and selection approach to embed fair practice • Seek to increase the diversity of applications and appointments made to the Trust as an employer • Develop the Trust workforce to be reflective of the local population in terms of ethnicity and sexuality • Continue to develop the diversity of our Trust Board (executive and non-executive sections) as opportunity arises. • Pilot 'Cultural Competence' workshops with Trust staff and develop plan for roll-out • Continue to develop awareness and understanding of different religions across the workforce and work towards more inclusive practices for staff from all religions and those with no religion 			

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