

North Staffordshire
Combined Healthcare



NHS Trust

Summary Equality Monitoring Report

Equality Act 2012

31/01/2012

Summary Equality Monitoring Report Equality Act 2010

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1. BACKGROUND

North Staffordshire Combined Healthcare NHS Trust is a successful provider of mental health and specialist learning disability services to people of all ages within North Staffordshire. It also provides services to some people requiring specialist services who live beyond the local boundaries.

1.1 Our Shared Equality Vision

Alongside our NHS counterparts, North Staffordshire Combined Healthcare NHS Trust aims to be a leading organisation across North Staffordshire promoting Equality and Diversity. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, tackling all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

The following principles underpin our work:

- Support and respect for everyone's Human Rights as a fundamental basis for our work with people.
- Identifying and removing barriers that prevent people we serve from being treated equally.
- Treating all people as individuals respecting and valuing with their own experiences and needs.
- Finding creative, sustainable ways of supporting Human Rights improving equality and increasing diversity.
- Working with the people who use our services and staff towards achieving equality.
- Learning from what we do – both from what we do well and from where we can improve.
- Using everyday language in our work.
- Working together to tackle barriers to equality across our organisations.

2. CURRENT POSITION

2.1 Equality Analysis

Equality Analysis enables an organisation to review a new or existing service or policy from an equality and human rights perspective. The process makes sure that the policy or service is inclusive, and has been evaluated for any possible areas of discrimination. It helps us to understand the impact of our policies and practices on the people who use our services and on our staff. It helps us to identify areas for concern and informs our action planning.

We will be using the equality information to inform the development of our Equality Objectives to be published in April 2012. This will ensure a direct relationship between the data and findings and the priorities we are setting for our organisation.

The equality information will be used as part of the evidence we need to be able to evaluate our position against the new Department of Health incoming Equality Delivery System. The Equality Delivery System is a nationally developed tool for measuring equality performance. We will be publishing our Equality Objectives in April 2012 following the involvement of local community groups and staff to agree these together.

2.2 What information are we publishing?

Our equality monitoring information includes:

- Equality Monitoring Report Activity Data Analysis, Patients Accessing Trust Services (April 2011- December 2011)
- Equality Monitoring Report – Workforce Monitoring (2011/12)

We recognise that not all of our equality monitoring includes all of the protected characteristics. This is something that we will be including as an area for development when developing our Equality objectives in April this year.

2.3 Equality Impact Assessment

We carry out equality analysis through equality impact assessment when developing our policies and services to understand the effects they may have on people from different groups that we should consider in the development and planning stages.

The trust has made significant progress in completing Equality Impact Assessments (EqIAs). More recently, the requirements for equality impact assessment have changed, with an emphasis on the analysis of any impact, rather than the completion of the form as an end 'in itself'; the form has been revised to reflect this change.

Any service redesign or change is subject to an equality impact assessment. This has been reflected in the recent large scale Adult Mental Health (AMH) service re design and associated consultation. An equality impact assessment was completed as part of the initial redesign process to ensure representative involvement followed by representative consultation. This included monitoring data by age, gender and ethnicity. Accessible information was provided in easy read format. The trust will be undergoing another service redesign shortly; a similar approach will be undertaken.

Equality analysis of services has been delivered via the Patient Experience team working alongside the relevant service. Detailed equality monitoring reports similar to the generic trust wide annual patient/service user profile can be created to allow detailed analysis and action planning for each service function.

2.4 Who do we engage with about equality information / issues?

Engaging with people who use our services and with our staff is fundamental to understanding their particular needs and what matters to them. Equality information is discussed with patients, carers, managers and staff through various forums and opportunities. The trust's Equality and Human Rights Group also has the remit to monitor Patient Experience, which is invaluable when looking at experience / outcomes from an equality perspective.

Key engagement on equality issues for our service users is conducted through a number of internal and external forums, some of these include; Reach a local Learning Disability representative group, the local Deaf community via dDeaflinks, and soon to include Deaf Vibe a local representative group for people with a hearing impairment, the local Lesbian, Gay, Bi Sexual and Transgender group, various Carer forums, Older Person's representative groups, North Staffs Users Group, who are based on site at the Trust's Harplands Hospital site, and other local representative groups for Adult Mental Health.

Our Children and Young Peoples services regularly engage with service users and local groups on any issues around service user experience and service development. We also have an active relationship with LINKs (local Involvement Networks) whom we will be engaging with shortly as part of the trust's implementation of the incoming Equality Delivery System.

The local Black and Minority Ethnic Form disbanded last year. However there are various local representative groups across the local community that we are still able to engage with. This is an area for further development and will be reflected in the trust's equality objectives in April 2012.

2.5 Equality analysis Staff Survey 2010/11

The staff survey included three questions on equality and diversity - a new development from previous surveys. The survey captured demographic information in three areas: Ethnic background, disability and gender, allowing the aggregated answers of staff in these three groups to be analysed for comparison and patterns. The two optional areas of religion and sexual identity will be included in the next staff survey.

Protected Characteristic	Number of Questionnaires returned	Percentage of survey respondents
Age group		
Between 16 - 30	28	8%
Between 31 - 40	83	24%
Between 41 - 50	117	34%
51 and over	116	34%
Did not specify	7	
Gender		

Male	18	25%
Female	257	75%
Did not specify	7	
Ethnic Background		
White	326	95%
Black	18	5%
Did not specify	7	
Disability		
Disabled	55	16%
Not disabled	283	84%
Did not specify	13	

2.6 Key Points for Equality & Diversity

Question Area	Benchmark * Position 2010 (*against other MH/LD Trusts)	Benchmark* Position since 2009	Mental Health Trust Average	Trust Score 2010	Trust Score 2009	Change from 2009?
% having equality and diversity training in last 12 months	Better than average	better	47%	61%	22%	Yes (better)
% believing trust provides equal opportunities for career progression or promotion	Average	no change	89%	89%	91%	No
% experiencing discrimination at work in last 12 months	Best 20%	n/a	14%	10%	No comparison	n/a
% experiencing harassment, bullying or abuse from patients/relatives in last 12 months	Best 20%	n/a	18%	14%	No comparison	n/a
% experiencing harassment, bullying or abuse from staff in last 12 months	Best 20%	n/a	14%	12%	No comparison	n/a

Equality and Diversity Training

61% of staff at the trust said that they had received equality and diversity training (the definition of which included training on the awareness of age, disability, gender, race, sexual orientation and religion) in the last 12 months. The trust's score of 61% was **above (better than) average** when compared with trusts of a similar type.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 Months

14% of staff at the trust said that they had experienced harassment, bullying or abuse from Patients, service users, their relatives or other members of the public in the previous 12 months. The trust's score of 14% was in the **lowest (best) 20%** when compared with trusts of a similar type.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

12% of staff at the trust said that they had experienced harassment, bullying or abuse from colleagues or managers in the previous 12 months. The trust's score of 12% was in the **lowest (best) 20%** when compared with trusts of a similar type.

Percentage of staff believing the trust provides equal opportunities for career progression or promotion

89% of staff at the trust said that the trust acts fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. The trust's score of 89% was average when compared with trusts of a similar type.

Percentage of staff experiencing discrimination at work in last 12 months

10% of staff at the trust said that they had experienced discrimination from patients, relatives or other members of the public and/or from colleagues or managers in the previous 12 months. The trust's score of 10% was in the **lowest (best) 20%** when compared with trusts of a similar type.

The trust's Equality and Human Rights group will continue to monitor the equality elements of the staff survey. The group will engage with the staff survey development group regularly, this will be essential in the development and roll out of the EDS across trust services.

2.7 Our local population

This section outlines what we know about the make- up of local population, the people who use our services, and our workforce in relation to the different protected characteristics. Please refer to the trust's following equality monitoring reports which provide a detailed equality monitoring analysis:

- Equality Monitoring Report Activity Data Analysis, Patients Accessing Trust Services April 2011- December 2011
- Equality Monitoring Report – Workforce Monitoring

Review of the Stoke-on-Trent and Staffordshire Joint Strategic Needs Assessments has been conducted. Areas requiring specific action by the Trust have been reflected in the equality monitoring reports cited above.

For further details on the JSNA, please refer to:

Stoke-on-Trent:

http://www2002.stoke.gov.uk/planning_uploads/Joint%20Strategic%20Needs%20Assessment%202011.pdf

Staffordshire:

http://www.southstaffordshirepct.nhs.uk/YourHealth/docs/Staffordshire_JSA_2010.pdf

2.8 Patient Experience

The Trust is keen to ensure that patient feedback is representative of all groups, we want people who use our services to have good patient experience, we are reliant upon feedback to help shape and influence future service delivery and design. It is also important that we are compliant with our legal duties fulfil our legal duties.

‘Written evidence (on a Quarterly basis) is required to support a rigorous approach to seeking, collecting and acting on the views of Patients, carers, partners and the local community in the planning, development, delivery and on-going review of health services, as required by Section 242 of the NHS Act 2006.’

The Trust’s Clinical Audit Department have instigated and facilitated a discharge questionnaire on behalf of the Trust.

The following information encompasses equality monitoring data received from 01 April to 31 December 2011 (inclusive);

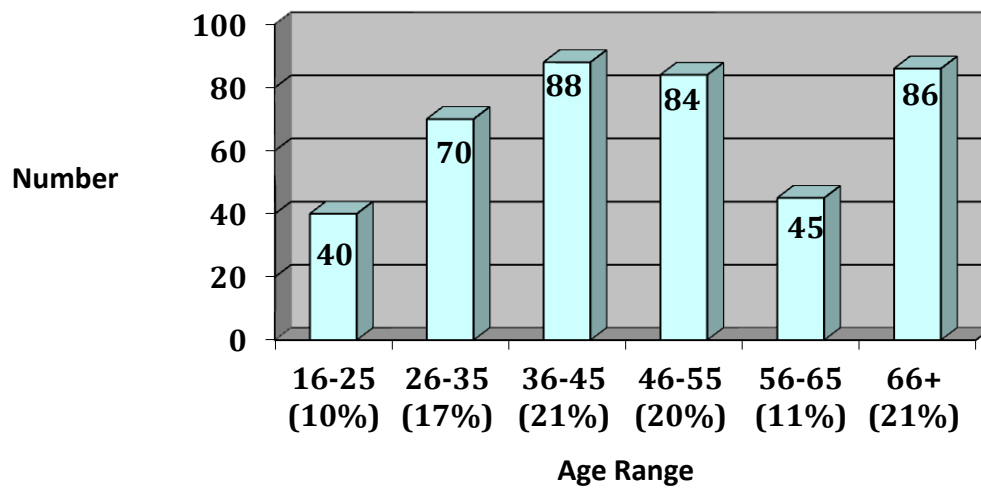
- Total Number of Discharges: 1204
- Response Rate: 650/1204 (54%)

N.B It should be noted that the denominator may vary from 650 as the respondent did not answer the question

Gender (n=480)

Gender	Number (%)
Male	302 (63%)
Female	176 (36.5%)
Transgender	2 (0.5%)

Age Range (n=413)



Ethnicity (n=477)

Ethnicity	Number
White British	443
White Irish	9
White Other	8
White and Black Caribbean	1
White and Black African	1
Asian	5
Asian Other	2
Pakistani	1
Indian	1
Black Caribbean	2
Black African	1
Black Other	1
Any Other Mixed Background	2

We will continue to collate and monitor equality data alongside the patient experience questions to identify and respond to any emerging themes and trends. Increasing the scope of monitoring to include the other protected characteristics will be a developmental area for the Trust.

3. SUMMARY OF CONCLUSIONS

The Trust does collate a varied range of equality data, however, there are clearly gaps in data collection that we must address and we must ensure intelligent use of information i.e. not collecting data as a means to an end in itself.

During the next twelve months, the trust will be collating and developing relevant datasets, with systems for providing updated reports and a regular reporting structure, so that progress can be monitored. There will also be focus on collecting data in the areas where the trust has less information – in particular in the areas of disability, sexual orientation, religion/belief and Tran’s status.

Action planning will need to include promotion and explanation around the necessity to collect this type of data. We will be using the equality information to inform the development of our Equality Objectives to be published in April 2012. This will ensure a direct relationship between the data and findings and the priority equality objectives that we are setting for the trust in partnership with our local community and staff.

The area of pregnancy/maternity provides particular challenges for the collection of data, and discussions will be taking place about the most effective and the most relevant ways of ensuring that this area is included.

The new areas of pregnancy/maternity, age, marriage and civil partnership and transgender will be included in the four year Equality objectives to be published in April 2012.

4. MOVING FORWARD: NEXT STEPS

The Trust’s Single Equality Scheme (SES) has been extended until the end of April 2012. New Equality objectives will be developed and published by April 6th 2012 in compliance with the Equality Act 2012.

The Trust has signed up to the incoming Equality Delivery System (EDS) which will provide a cross cutting framework for the ongoing development of the equality and human rights agenda across the trust and will serve as a platform for the Trust to agree their 4 year equality objectives and supportive action plan.

The profile of the patients that are seen by the Trust is to a large extent dependent upon incidence of need and referral to trust services. The Trust has limited influence over referrals but will continue to work with GPs and commissioners to encourage referrals from all backgrounds. Ensuring that service users have equality of access, participation, treatment and outcomes are key to the overall patient experience. We will continue to:

- Refine and develop our systems and processes to support the collation of effective equality monitoring data. This will include prioritising those areas that are underdeveloped or currently not in place
- Ensure that all equality monitoring information supports and informs the prioritising and development of our equality objectives.

- Continue to complete Equality Impact Assessments for policies and services, ensuring that the equality impact is considered at the outset of any service development.
- Increase staff understanding of equality and diversity issues providing the necessary training and resources to support staff in this process.
- Continue to involve and engage with service users, carers, the public and staff about their experiences of trust services, ensuring that this includes representation from people with protected characteristics.
- Progress the development and implementation of the Equality Delivery System throughout the trust.