
Equality & Diversity Strategy 2016-2020

Document Information

The Equality and Diversity Strategy sets out how the Trust plans to fulfil its duties set out in the Public Sector Equality Duty, Equality Delivery System and Workforce Race Equality Standard.

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1. Introduction

1.1. SWLSTG was established in 1994, had an annual income of £157m in 2014/15 and provides core mental health services to a population of one million across five boroughs in South West London as well as a range of specialist services nationally. The Trust currently operates from various sites with three main inpatient sites: Springfield Hospital, Tolworth Hospital and Queen Mary's Hospital. In March 2015, the Trust employed 2183 staff, amounting to 1940 whole time equivalents. This employed workforce is supported by a number of other staff, such as contractors, volunteers, students, and staff on secondment and staff working for the Trust's own 'Staff Bank.

1.2. The Equality Act 2010 requires the Trust to publish Equality Objectives to fulfil its General Public Sector Equality Duty.

1.3. The Equality and Diversity Strategy:

We aspire to be a cost effective centre of excellence; a place where patients choose to be treated; where clinicians want to train and work; stakeholders want to work with us.

1.4. The Vision is supported by six Strategic Objectives with the following themes:



1.5. The NHS Constitution includes a duty “not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation”, whilst the following form part of the Trust’s values:

- Respect: Encouraging diverse perspectives and views
- Fairness: Treating people as we would like to be treated ourselves

1.6. In valuing the diversity of our workforce, and promoting equality amongst staff, the Equality and Diversity Strategy will contribute to the continuing improvement of the quality of our services. Evidence shows that *“treating all healthcare staff fairly and with respect is good for patient care. When black and minority ethnic staff, which make up a large minority of nurses, doctors and other NHS staff, are treated fairly it improves patient experience and patient safety”* (Kline, 2015).

1.7. The Strategy will also demonstrate how the Trust will work in partnership with our Stakeholders – including patients, carers and staff – to agree priorities and actions for the organisation to further improve equality of access, experience and opportunity for those using or working in our services.

1.8. Using workforce data, and through engaging with and developing our staff, the Trust will work to ensure that the composition of its leadership and senior managers is representative both of the population we serve, and of our overall workforce.

2. The communities we serve

2.1. Our Purpose is to ensure that all our activities promote the independence and wellbeing of all the people and communities we serve. In order to achieve improved access to services and better outcomes for our patients and carers we will need to adopt innovative approaches to problems whilst ensuring best value.

2.2. London is a diverse city and this is reflected in the south west London population. According to the 2011 census Black Asian and Minority Ethnic (BME) groups make up 24% of Kingston, 35% of Merton, 14% of Richmond, 21% of Sutton and 30% of Wandsworth.

2.3. It is estimated that at least 100 different languages are spoken in each London borough and the census reports that of the top 20 most spoken non-English languages Polish (8.6%), Bengali (6.6%) and Gujarati (5.9%) are the most common. In south west London, the proportion of the population for whom English is not the main language is as follows Kingston 16%, Merton 21%, Richmond 10%, Sutton 10% and Wandsworth 17%.

2.4. London's age profile is younger than that of the UK as a whole, and this is reflected in the south west London boroughs where the proportion of those over 65 is as follows: Kingston 13%, Merton 12%, Richmond 14%, Sutton 14% and Wandsworth 9%. The average age ranges from 35 years in Wandsworth to 38 years in Sutton and Richmond, compared 36 years for London and 40 years nationally.

2.5. Religious affiliation as recorded in the 2011 census does not vary significantly by borough. The majority are recorded as Christian (58%) and the next most common religious group Muslim at 4%.

2.6. Although the south west London population as a whole is reasonably healthy and affluent there are areas of significant socioeconomic deprivation and this is an important contributor to mental health inequalities. The Indices of Deprivation ranking for the 5 boroughs is as follows Kingston 255, Merton 208, Richmond 285, Sutton 196 and Wandsworth 121, where a rank of 1 is most deprived and a rank of 326 is least deprived.

2.7. The south west London prevalence of the following mental health conditions: psychotic disorders (0.8%), depression (5.5%) and dementia (0.3%) are collected as part of the Quality and Outcomes Framework (QOF) for general practice and give a reasonable indication of the extent to which the local population is affected by a diagnosis of mental ill health.

2.8. The growing diversity in the demographic characteristics of our population is interesting and complex and as such presents challenges to us and our partners, in the commissioning and delivery of mental health services that meet local needs such that all patients irrespective of their protected characteristics have equitable access to services and receive treatment that delivers similar mental health outcomes.

3. The Trust

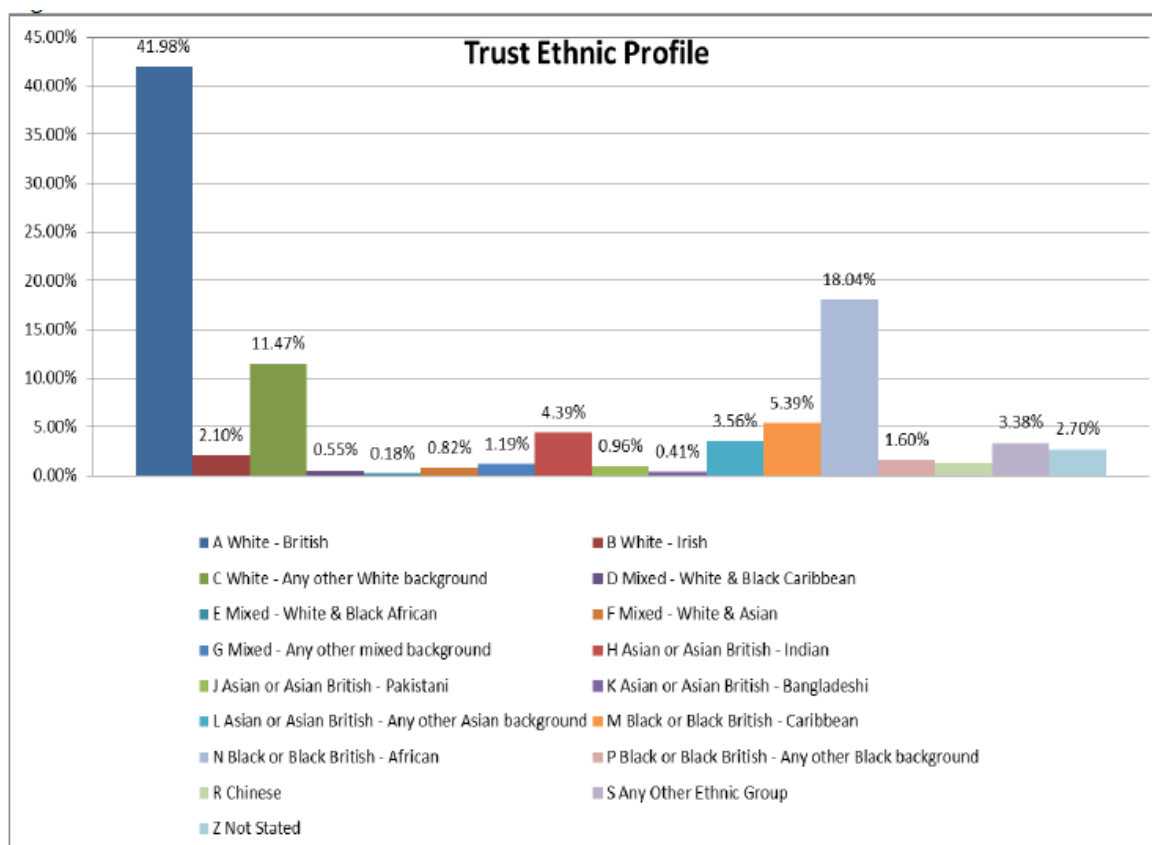
3.1. The Trust publishes comprehensive data regarding its workforce on an annual basis within its Workforce Profile Report. The 2014/15 Workforce profile report shows that the Trust employed 1906.05 WTE staff (head count 2189) of which 67% were female and with 40-49 years the largest age band (29%).

Age	Total	
	Headcount	%
20-29	255	11.65%
30-39	514	23.48%
40-49	639	29.19%
50-59	613	28.00%
60-69	166	7.58%
70-79	2	0.09%
Grand Total	2189	100.00%

3.2. With respect to ethnicity the majority of the workforce is:

- White British (42%),
- Black or Black British African (18%)
- Asian or Asian British Pakistani (11%)

- Black or Black British Caribbean (5%)



3.3. 54% of staff reported their sexuality as being Heterosexual with 33% undefined and 11% not wishing this information to be disclosed.

Sexual Orientation	Total	
	Headcount	%
Bisexual	18	0.82%
Gay	36	1.64%
Heterosexual	1177	53.77%
I do not wish to disclose my sexual orientation	230	10.51%
Lesbian	9	0.41%
Undefined	719	32.85%
Grand Total	2189	100.00%

3.4. 33% of staff stated their religion as being Christian with 32% being undefined and 13% not wishing this information to be disclosed

Religion	Total	
	Headcount	%
Atheism	192	8.77%
Buddhism	23	1.05%
Christianity	719	32.85%
Hinduism	50	2.28%
I do not wish to disclose my religion/ belief	283	12.93%
Islam	62	2.83%
Judaism	4	0.18%
Other	136	6.21%
Sikhism	12	0.55%
Undefined	708	32.34%
Grand Total	2189	100.00%

3.5. 56% of staff report not having a disability, whilst 36% have not stated whether they do or do not have a disability:

Disability	Total	
	Headcount	%
No	1221	55.78%
Yes	109	4.98%
Undefined	791	36.14%
Not Declared	68	3.11%
Grand Total	2189	100.00%

3.6. Accurate and comprehensive workforce data is essential for the Trust to be able to identify fundamental issues and priorities for the organisation to address, and for the Trust to make reasonable adjustments for staff. Over the last three years, the Trust has improved data completeness with regards to the reporting of protected characteristics. The Trust will continue to promote the importance of this data and encourage staff to record this information using the self-service function of the Electronic Staff Record (ESR). At present, ESR does not have the functionality to enable the reporting of gender reassignment, though the Trust is working towards identifying alternative systems which would enable this.

3.7. In November 2015 the Trust approved the appointment of an Equality and Diversity Lead for a fixed term of 12 months.

4. The Legal context

4.1. The Public Sector Equality Duty

The *Equality Act 2010* replaced previous anti-discrimination laws. It harmonised equality legislation, simplifying and strengthening the law to protect individuals from unfair treatment.

In 2011 the Act extended protection against discrimination to nine 'protected characteristics'; age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and marriage and civil partnerships.

4.2. General Public Sector equality duty

The Act introduced a '*General*' *public sector equality duty*, which states that public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.
- Advance equality of opportunity between people who share a protected characteristic and those that do not.
- Foster good relations between people who share a protected characteristic and those that do not.

The Act also states that with regards to advancing equality of opportunity, public authorities should have due regard to the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

It is important to note that equality considerations are not confined to how employees of public sector bodies are treated by their employers but cover - in the case of the Trust - the impact of service delivery. CCGs also have a duty under the Act and look to the Trust to support their public sector equality duties and this will from 2015 be contractual.

The Public Sector Equality Duty:

- Are all decision makers fully aware of their obligations?
- What information do you have in relation to your service users and staff with particular protected characteristics, including from any engagement?
- Do you have mechanisms in place to ensure that your equality evidence is available to decision

makers, both on time and in the right format so that it can influence policy development effectively?

- Do decision makers and others have clear guidance about the role and value of record keeping when they are making decisions on behalf of the organisation?
- Are systems in place for policies to be reviewed in the light of the general equality duty if circumstances change?

Equality and Human Rights Commission (2014)

4.3. Specific Duties

The *Equality Act 2010 (Specific Duties) Regulations 2011* require authorities to:

- Publish information to demonstrate its compliance with the general equality duty on an annual basis.
- Prepare and publish one or more objectives it thinks it needs to achieve to further any of the aims of the general equality duty.

The general equality duty applies to a public authority's powers and duties. This can include: policy decisions, budgetary decisions, service provision and procurement of goods.

4.4. Collecting and using equality information

The general equality duty requires public authorities to have an adequate evidence base for decision making. This also enables equality priorities to be identified and a greater understanding of the impact of proposals and decisions on people with protected characteristics.

4.5. Policy and decision making

Compliance with the general equality duty requires assessment of the impact on equality of decision making and policies and practices. There is no defined process for this assessment, and equality impact assessments are not required by the general equality duty, though many organisations find these to be helpful.

4.6. TYPES OF DISCRIMINATION COVERED BY EQUALITY ACT 2010

- **Direct discrimination**
Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see perceptive discrimination below), or because they associate with someone who has a protected characteristic
- **Dual (or Combined) Discrimination**
This only applies to direct discrimination. It is limited to a combination of two of any protected characteristics (except pregnancy / maternity and marriage / civil Partnership).

- **Associative discrimination**

This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

- **Perceptive discrimination**

This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

- **Indirect discrimination**

Indirect discrimination can occur when you have a condition, rule, policy or even a practice in your company that applies to everyone but particularly disadvantages people who share a protected characteristic. Indirect discrimination can be justified if you can show that you acted reasonably in managing your business, i.e. that it is 'A proportionate means of achieving a legitimate aim'.

A *legitimate aim* might be any lawful decision you make in running your business or organisation, but if there is a discriminatory effect, the sole aim of reducing costs is likely to be unlawful. Being proportionate really means being fair and reasonable, including showing that you've looked at less discriminatory alternatives to any decision you make.

- **Harassment**

Harassment is "unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual".

Harassment applies to all protected characteristics except for pregnancy and maternity and marriage and civil partnership.

Employees will now be able to complain of behaviour that they find offensive even if it is not directed at them, and the complainant need not possess the relevant characteristic themselves.

Employees are also protected from harassment because of perception and association.

- **Third party harassment**

The Equality Act makes you potentially liable for harassment of your employees by people (third parties) who are not employees of your company, such as customers or clients. You will only be liable when harassment has occurred on at least two previous occasions, you are aware that it has taken place, and have not taken reasonable steps to prevent it from happening again.

- **Victimisation**

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

The Equality Act protects people of all ages. However, different treatment because of age is not unlawful direct or indirect discrimination if you can justify it, i.e. if you can demonstrate that it is a proportionate means of meeting a legitimate aim. Age is the only protected characteristic that allows employers to justify direct discrimination. The Equality Act continues to allow employers to have a default retirement age of 65.

5. The Equality Delivery System

5.1. The Equality Delivery System (EDS2) aims to help NHS organisations review and improve their performance for people with characteristics protected by the Equality Act and the delivery of the Public Sector Equality Duty.

5.2. The EDS2 provides a framework within which to collect data and information, engage with stakeholders and identify priority objectives to further the equality duty. This in turn enables decision and policy making to be informed with regards to the impact on equality.

5.3. The EDS2 includes 18 outcomes against which Trusts (and stakeholders) assess and grade themselves. These outcomes are grouped under four goals:

Goal	Number	Description of outcome
Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all communities
Improved Patient access and Experience	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
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	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	Training and development opportunities are taken up and

		positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	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
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Each outcome will be graded as follows:

Undeveloped
Developing
Achieving
Excelling

5.4. Implementation of EDS2 is anticipated to have a positive impact on the quality of services provided, and the morale of our workforce. It provides a framework for demonstrating there is a framework for improvement and that this is being measured and validated.

5.5. From April 2015, implementation of the EDS2 became a contractual requirement of all NHS organisations.

5.6. The Trust agreed with Commissioners that it would present its evidence and self-assessment for all 18 outcomes in November 2015, March 2016 and then annually going forward. In partnership with our stakeholders, grading will be agreed for all outcomes, and a number of 'equality objectives' agreed in partnership. NHS England advises that no more than five objectives should be set.

5.7. The equality objectives that were agreed with stakeholders in November 2015 formed a fundamental part of the Equality and Diversity Strategy, whilst additional analysis of the evidence collected for the EDS2 will contribute to further iterations of the strategy.

5.8. It is a Trust Equality Objective to be rated against all outcomes as '**Achieving**' by 2017 and '**Excelling**' by 2018.

6. Improving the experience of patients and staff from all protected characteristics

6.1. The EDS2 provides a clear overview of the areas of concern for both patients and staff from all protected characteristics, and enable priorities and objectives to be agreed, and will play a fundamental role in the annual review of this Strategy and setting of Equality Objectives.

6.2. It is recognised, however, that additional national and local drivers will influence the Equality and Diversity Strategy – for example, national policies, themes from complaints and serious incidents, Staff Survey data, feedback from patient and carer groups and Listening into Action and changes in employment law. These will be determined by the Trust lead for each of the Protected Characteristics and the Trust Equality and Diversity Lead, and agreed by the Equality and Diversity steering Group.

6.3. For meaningful priorities to be identified complete and accurate protected characteristics data is required for both patients and staff. It is a Trust Equality Objective to improve data recording for all protected characteristics.

The Trust plans to collect data for the metrics used for the Workforce Race Equality Standard (see below) for each protected characteristic. These Workforce Equality Standards will enable a more comprehensive overview of the experiences of our staff of working in the organisation, and the action plans agreed to address the gaps identified will be included in future iterations of the Equality and Diversity Strategy.

6.4. The Trust's Equality and Diversity Lead will support the work of Evolve – the Trust's BME Staff Network – and engage with staff regarding developing other Staff Networks to meet the needs of other protected characteristics.

6.5. The Trust will review the content of its Mandatory Equality and Diversity training on a regular basis to ensure that its contents reflects the Equality and Diversity Strategy, changes in legislation, best practice and national drivers. The Equality and Diversity Lead will also ensure that training is designed and commissioned to meet other needs when they arise.

6.6. The Trust will continue to implement the actions agreed as part of the Mental Health Learning Disability Quality Account, which includes improved identification of people with a learning disability within our services and improved training for staff. The Trust will also work repeat the Green Light Toolkit to assess our service provision for people with Learning Disabilities.

- 6.7. From July 2016, all NHS Trusts will be required to comply with the 'Accessible Information Standard'. The Trust's Communications Team is working towards achieving this and towards Information Standard accreditation.
- 6.8. In response to the Five Year Forward View, NHS England has set an objective for the NHS to be "employing significantly more people with global learning disabilities than at present" by March 2017. The Trust will consider this objective within its workforce planning processes.
- 6.9. *Listening into Action* workshops regarding staff health and wellbeing identified the importance of the provision of multi-faith rooms in the workplace. The Trust will work to identify appropriate space for use by patients, visitors and staff and include this requirement within the modernisation of our estate.
- 6.10. To ensure best practice as an employer of gay, lesbian, bisexual and transgender (LGBT) staff, the Trust will become a member of the *Stonewall Diversity Champions Programme*. The Trust aspires to be named one of the *Stonewall Top 100 Employers*.
- 6.11. Initial priorities identified for people with protected characteristics are summarised below.

Protected characteristic	Our patients	Our staff
All protected characteristics	Improved recording of protected characteristics	Improved recording of protected characteristics Workforce Equality Standard Engagement programme – Staff Networks NHS Diversity Partnership programme
Age		
Disability	Full implementation of Trust Learning Disability Quality Account Implementation of Green Light Toolkit Comply with <i>Accessible Information Standard</i>	Increase the number of people with a Learning Disability working in the Trust.
Gender assignment	Enable accurate recording and reporting as a protected characteristic for patients	Enable accurate recording and reporting as a Protected Characteristic for staff
Marriage & Civil Partnership		
Pregnancy & maternity		
Race		Workforce Race Equality Standard Support the work of <i>Evolve</i>
Religion & belief	Provision of multi-faith rooms	Provision of multi-faith rooms
Sex		
Sexual orientation		Membership Stonewall Diversity Champions Programme. Set up LGBT staff network

7. The Workforce Race Equality Standard

7.1. Recent research has shown that BME staff do not fare as well as white staff within the NHS:

“Evidence shows that if you are from a black and minority ethnic background you are less likely to be appointed once shortlisted, less likely to be selected for training and development programmes, more likely to experience harassment, bullying and abuse, and more likely to be disciplined and dismissed” (NHS Providers, 2014)

7.2. Within London, it has also been found that the proportion of Trust Board members from a BME background (8%) is disproportionately low, when compared with the overall proportion of NHS staff from a BME background (41%) (Kline, 2014).

7.3. Evidence also shows a clear link between the proportion of BME staff reporting discrimination at work and levels of patient satisfaction:

“the greater the proportion of staff from a black or minority ethnic background who report experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction” (West et al, 2011).

7.4. The Workforce Race Equality Standard (WRES) requires NHS Trusts to report against nine metrics which demonstrate the experience of BME staff when compared with white staff. The metrics within the WRES are:

	Workforce indicators For each of these four workforce indicators, <u>compare the data for White and BME staff</u>
1.	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff
2.	Relative likelihood of staff being appointed from shortlisting across all posts
3.	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year
4.	Relative likelihood of staff accessing non-mandatory training and CPD
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff</u>
5.	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7.	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff</u>
9.	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator

7.5. The Trust published its WRES findings in July 2015. The evidence demonstrated that BME staff' experience of working at South West London and St George's Mental Health NHS Trust reflects that of the wider NHS. This shows that while the workforce is representative of the local community, this is not the case across all grades and that BME staff are less represented at more senior levels – above Band 7.

7.6. An action plan in response to the WRES was presented to the Board in July 2015. The Trust will publish its metrics for the WRES again in July 2016, when it is anticipated that the action plan will have resulted in an improvement in the experience of BME staff working in the Trust.

7.7. NHS Employers have indicated that a Disability Workforce Equality Standard will be introduced in 2017

7.8. It is a Trust Equality Objective to report annual improvements against the WRES metrics between now and 2019.

8. Structure of Equality and Diversity in the Trust

- 8.1. The executive lead for Equality and Diversity is the Trust Medical Director who is an executive (voting) Member of the board. The Assistant Director of Education & Workforce Transformation and Trust equality and diversity lead based in the Human Resources directorate support the delivery of the action plans and objectives outlined in the Strategy.
- 8.2. An Equality and Diversity Steering Group which is accountable to the Trust Board is chaired by the Trust Chairman and will comprise of Trust staff and external stakeholders including representation from the Patient Quality Forum and Carers Friends and Family Group. The membership of the group will include representatives from Workforce Organisational Development, Health and Wellbeing, Communications, Evolve (BAME) staff group, Lesbian, Gay, Bisexual and Transgender staff, Disability network, Deaf Staff group and Staff Side.

9. Action plan and Equality Objectives

The Trust has agreed to develop an action plan to address the issues highlighted within the Equality and Diversity Strategy, WRES, EDS2, Staff Survey and Workforce profile reports relating to equality and Diversity.

The Action plan provides an overview of the objectives for the next five year with an emphasis in the first year of improving compliance with the expectation that they Trust will be rated excelling in better health outcomes, improved patient access and experience, have a representative and supported workforce and provide inclusive leadership.

Undeveloped	Developing	Achieving	Excelling
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Year	Objective	Action	target	Measures of Success	Project Lead(s)	Cross reference	Milestones/ deadlines	Status
2016	Better health outcomes	Agree Trust priorities arising from the EDS2 data and evidence		Priorities agreed with Stakeholders, including patients, carers, staff and commissioners for EIS and CAMHS services	EIS & CAMHS Teams	EDS2 Goal 1	February 2016	
2016	Better Health Outcomes	Identification of Trust leads for all protected characteristics		Trust leads identified, attendance at Equality and Steering Group	Equality & Diversity Steering Group	EDS2 Goal	July 2016	
2016	Improved Access Better Health Outcomes	Enable accurate recording and reporting of Gender reassignment as a Protected Characteristic for Patients	100%	System in place to enable reporting of Gender Reassignment.	Rio Group/IM&T information management	EDS2 Goal 1 and Goal 2	September 2016	
2016	A represented and supported workforce	Enable accurate recording and reporting of Gender reassignment as a Protected Characteristic for Patients	100%	Development of a system to enable reporting of Staff Gender Reassignment	ESR group/ IM&T information management	EDS2 goal 3	September 2016	
2016	A represented and supported workforce	Establish the Equality and Diversity Group		Meeting schedule, membership and terms of reference and membership agreed	Assistant Director of Education & Workforce Transformation	EDS2 Goal 3	Complete	
2016	A Representative and supported workforce	Engage with staff regarding development of Staff Networks		Draft and approval of Proposal to establish governance staff networks (Evolve, Disability, LGBT, Deaf)	E&D steering group	EDS2 Goal 3	September 2016	
2016	Better Health Outcomes Improved patient Access and	Improved reporting of patients with a mild to moderate Learning Disability	50%	Trust caseload to have been assessed for possible Learning Disability (Key Performance Indicator)	Director of Quality Improvement	EDS2, Goal 1 Goal 2	September 2016	

	experience							
2016	A represented and supported workforce	Review of Disability employment		Set targets for the recruitment of deaf staff and staff with Learning Disabilities. Provide training to support career progression for staff with protected characteristics.	Trust Board/ Deputy director of Human Resources	EDS2 Goal 3	December 2016	
2016	A represented and supported workforce Inclusive Leadership	Join the Stonewall Diversity Champions Programme		Sign up to begin the process of becoming as Stonewall Diversity champions	Assistant Director of Education & Workforce Transformation	EDS2 Goal 3 Goal 4	October 2016	
2016	A represented and supported workforce Inclusive Leadership	Join NHS Diversity Partner Programmes		Completion of programme through attendance of meetings and implementing learning from partnership. Application submitted March 2016	Assistant Director of Education & Workforce Transformation	EDS2 Goal 3 Goal 4	March 2017	
2016	A represented and supported workforce Inclusive Leadership	Improved provision and recording of protected characteristic data for Trust staff	90%	of staff employment records to include protected characteristics confirmed	Deputy Director of Human Resources	EDS2 Goal 3 Goal 4 WRES, PSED	December 2016	
2016	Better Health Outcomes Improved patient Access and experience	Improved recording of protected characteristic data for patients		Equality performance indicator tied to current KPI's	Chief Operating Officer/ IM&T	EDS2 Goal 1 Goal 2	December 2016	
2016	Better Health Outcomes Improved patient Access and experience	Full implementation of the Trust's Learning Disability Quality Account		Learning Disability Awareness Protocol Trust wide baseline audit Learning Disability e-learning package	EDS2	CQUIN, QIP	April 2016	
2016	A represented and supported workforce	Publication of 2015/16		Update of annual WRES		WRES	July 2016	

	supported workforce Inclusive Leadership	WRES metrics		report to include new metrics introduced in March 2016		PSED		
2016	Better Health Outcomes Improved patient Access and experience	Improved provision of accessible information		Compliance with Accessible Information Standard	Communications	EDS2 Goal 1 Goal 2	July 2016	
2016	Improved patient Access and experience	Provision of multi-faith rooms at Trust's main sites		Multi-faith rooms available for patients, visitors and staff Multi-faith rooms included within Estates Modernisation plans	LiA	EDS2 Goal 2	March 2016	
2016	A represented and supported workforce Inclusive Leadership	Publication of 2015/16 Trust <i>Workforce Equality Standard metrics</i>		Metrics published and action plans agreed	Assistant Director of Education & Workforce Transformation	EDS2 Goal 3 Goal 4	December 2016	
2017	A represented and supported workforce	Increase the number of people with a learning disability working in the Trust		Agree a target, identify suitable roles, agree recruitment plan.	Deputy Director Human Resources	EDS2 goal	March 2017	
	A represented and supported workforce	Introduction of Workforce Disability Standard		Implementation of Disability Standard	Assistant Director of Education & Workforce Transformation	EDS2 Goal 3 Goal 4 WDES	April 2017	
	A represented and supported workforce	Publication of 2016/17 WRES metrics		Improvement in all metrics	Assistant Director of Education & Workforce Transformation	EDS2 Goal 3 Goal 4 PSED WRES	July 2017	
	A represented and supported workforce Inclusive Leadership	Publication of 2016/17 Trust Workforce Equality Standard metrics		Improvements in all metrics	Assistant Director of Education & Workforce Transformation	EDS2 Goal 3 Goal 4 PSED WRES	December 2017	

		Trust to be graded as 'Achieving' in the EDS2		'Achieving' grade agreed with stakeholders	Assistant Director of Education & Workforce Transformation	Goal 3 Goal 4 PSED WRES	November 2017	
2018	A represented and supported workforce	Publication of 2017/18 WRES metrics		Improvement in all metrics	Assistant Director of Education & Workforce Transformation	Goal 3 Goal 4 PSED WRES	July 2018	
	A represented and supported workforce	Publication of 2017/18 Trust Workforce Equality Standard metrics		Improvements in all metrics	Assistant Director of Education & Workforce Transformation	Goal 3 Goal 4 PSED WRES	December 2018	
2019	A represented and supported workforce	Publication of 2018/19 WRES metrics		Improvement in all metrics	Assistant Director of Education & Workforce Transformation	Goal 3 Goal 4 PSED WRES	July 2019	
	A represented and supported workforce	Publication of 2018/19 Trust Workforce Equality Standard metrics		Improvements in all metrics	Assistant Director of Education & Workforce Transformation	Goal 3 Goal 4 PSED WRES	December 2019	
	A represented and supported workforce	Trust to be graded as 'Excelling' in the EDS2		'Excelling' grade agreed with stakeholders	Assistant Director of Education & Workforce Transformation		November 2019	
2020								

10. What Success will look like

Success will be measured in terms of delivered outcomes based on what patients, carers and staff feedback on their experience of services.

Improved data collection will provide evidence of improved access to services and better outcomes for patient and carers as well as representative, supported and well led staff.

The Trust will continue to be innovative in its approach to ensure that all communication channels provide an equal opportunity to feedback and provide an opportunity to proactively engage with the communities we serve and reduce the barriers faced.

Performance will be monitored and progress regularly reported as required by regulatory bodies, stakeholders, patients and staff and setting new objectives and targets as the strategy moves forward and further developments in relation the Equality Act 2010 and we will use the Equality Delivery System, Workforce Race Equality standard staff and patient surveys public take place.

11. Recommendations

Alongside the proposed action plan above there should be some Equality and Diversity Strategy activities that are aligned to the Trust Values (Respect, Open, Compassionate, Collaborative, Consistent) and the developing health and wellbeing strategy.

11.1. Performance

Introduction of equality performance indicator using the EDS2 and WRES metrics to support the current Trust KPI's found on the Quality Account and DPR links on My dashboard to demonstrate and evidence, improved patient access and experience of services and better outcomes for all patients with protected characteristics.

11.2. Induction and Training

Equality and diversity is mandatory for all staff and completed at induction and every three years via e learning. Unconscious Bias has been procured 10 half day sessions alongside recruitment and selection training which will be mandatory for all managers with responsibility for recruitment of staff.

11.3. Leadership and Board Development

A session on Unconscious Bias training has been commissioned for the leadership Conference and the Board Leadership Programme part of the Trust Board's commitment to the Equality and Diversity Strategy.

11.4. Reward and Recognition

Embedding best practice including the development staff stories as a support to the employee of the month scheme to be shared across the Trust e.g. Insite, Trust wide and at Board (as appropriate).

11.5. Patient Experience

Develop an ability to log and analyse patient experience and feedback by protective characteristics as a way to evidence Better Health Outcomes for patients with protected characteristics as part of the Quality Improvement Programme

11.6. Staff engagement/ experience

Host conversation and events to develop staff awareness of protected characteristics and how they can support staff and patients with protected characteristics. Create and develop sustainable networks that support staff with protected characteristics (e.g. Evolve group, Disability group, LGBT group, Deaf Staff group)

12. Risks

The following table sets out the key risks to the effective implementation of the Equality and Diversity Strategy and the actions being taken to mitigate and manage those risks:

Key risks	What actions are being taken to mitigate and manage those risks?
The Electronic Staff Record does not include fields for gender reassignment to be recorded.	This has been raised with the provider of ESR and alternative solutions to allow this to be recorded are being sought.
Non-compliance with National regulatory requirements(WRES,EDS2,PSED)	Set up of steering group to support actions and objectives identified
Lack of Equality and Diversity accreditation	Apply for NHS Diversity Programme and Stonewall Diversity Champion programme
Non-compliance with national directives on improved collection of Protected Characteristic Data from patients and staff.	Update of Rio to include the ability to request protected characteristic information from patients at assessment. Campaign for staff to update their protected characteristics on ESR self-service portal. Develop training to support staff to ask about protected characteristics.