Equality and Diversity Report
2014

Progress on meeting our commitment to excellence and equality for all
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foreword</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>About Barnet, Enfield And Haringey Mental Health Trust</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>The Purpose Of This Report</strong></td>
<td>5</td>
</tr>
<tr>
<td>How we comply with the ‘Public Sector Equality Duty’ - General duty</td>
<td>7</td>
</tr>
<tr>
<td>How we comply with the ‘Public Sector Equality Duty’ - Specific duty</td>
<td>8</td>
</tr>
<tr>
<td>Using the Equality Delivery System</td>
<td>9</td>
</tr>
<tr>
<td>Our internal equality and diversity support structures</td>
<td>9</td>
</tr>
<tr>
<td>Priorities set in the 2013 Annual Report for completion in 2014-15</td>
<td>10</td>
</tr>
<tr>
<td><strong>The People We Serve: Our Service Users</strong></td>
<td>12</td>
</tr>
<tr>
<td>The protected characteristics of our inpatient service users</td>
<td>12</td>
</tr>
<tr>
<td>The protected characteristics of our outpatient service users</td>
<td>13</td>
</tr>
<tr>
<td><strong>The People We Employ: Our Workforce</strong></td>
<td>14</td>
</tr>
<tr>
<td>Preparations for NHS Workforce Race Equality Standard (WRES) in 2015</td>
<td>14</td>
</tr>
<tr>
<td>Profiles</td>
<td>15</td>
</tr>
<tr>
<td>Gender</td>
<td>15</td>
</tr>
<tr>
<td>Age</td>
<td>16</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>17</td>
</tr>
<tr>
<td>Sexual Orientation, Religious Belief and Disability</td>
<td>20</td>
</tr>
<tr>
<td><strong>Appendix 1</strong> EDS Goals And The Trust’s Progress In Meeting Its Objectives</td>
<td>22</td>
</tr>
<tr>
<td><strong>Appendix 2</strong> Progress against 2014 priority actions and priorities for 2015-16</td>
<td>29</td>
</tr>
</tbody>
</table>
Foreword

This is Barnet Enfield and Haringey Mental Health NHS Trust’s fourth annual Equality and Diversity report and covers Trust activities in the calendar year 2014. The report sets out the evidence for the Trust’s performance in delivering on its commitment to equal opportunities, and tailoring care to the individual needs of all its service users.

The Trust is embarking on an exciting service development which will put the enablement of patients at the centre of both its organisational structure and service aims. We want to help our patients manage their own health better, and build resilience. The main aims of Enablement are to support patients to:

• Live – to have somewhere safe and secure to call ‘home’
• Love – to have social contact, friends and relationships
• Do – to access meaningful activities and, if possible, employment

The Trust recognises that there are strong socio-economic elements to delivering this model of care and that issues such as stigma, social inclusion and health inequalities are central to the effective achievement of this way of supporting service users.

As a complex organisation providing services which range so widely – from medium secure forensic mental health care to community podiatry services in Enfield - we do not underestimate the challenges we face delivering on this commitment.

I chair the Trust’s Equality and Diversity Forum – Connections - which has its own work programme of projects staff consider being our priorities. The Forum also provides an open space where we can consider and take action on our equality and diversity triumphs and challenges.

We have one of the most diverse workforces within health care in London. This is both a strength and a challenge. It is a strength because of the vast range of perspectives our diverse workforce can bring to bear on the challenges we face, and the potential for innovative solutions.

We also understand that our workforce, their skills, commitment and dedication to the delivery of compassionate care will be essential to success. Ensuring that we recruit, manage and develop all staff in an equitable manner, is more than just a legal requirement for us; it is part of our values to support each and every member of staff to be the best that they can be.

Fundamental to our commitment to excellence and equality for all is having good quality data. Over time the Trust has improved its data collection and analysis of its performance against our key performance indicators to ensure on-going improvement across the range of services that we provide.

Maria Kane
Chief Executive
About Barnet, Enfield and Haringey Mental Health Trust

The Trust provides mental health services across Barnet, Enfield and Haringey and a full range of child and adult community health services in Enfield.

In January 2014, the Trust was awarded ‘University Affiliated’ status by Middlesex University. The ‘University Affiliated’ status will facilitate stronger working relations with our external partners, including the opportunity for academics at Middlesex University and clinicians within the Trust to co-produce education and research projects which meet the needs of local people.

During 2013/14 the Trust provided a wide range of community health services, including adult and children’s health care services. These included:

- A comprehensive range of mental health services for adults, from early intervention and psychological therapies to inpatient treatment and long-term rehabilitation care
- Specialist mental health services for children and adolescents
- Dedicated mental health services for older people, from early diagnosis, memory services and on-going treatment options
- Substance misuse services for people with drugs and alcohol problems
- Specialist eating disorder services covering North London, Essex and Hertfordshire
- Specialist forensic services for patients across North London
- Specialist personality disorder services covering North London, Essex and Hertfordshire
- The national Fixated Threat Assessment Service working with the Police in cases of stalking well known personalities.
- Healthcare services to a number of adult and young offenders institutions in London

Our vision

To be the lead provider, coordinator and commissioner of integrated care services to improve the health and wellbeing of the people of north London and beyond.

Our values

The Trust’s values are to:

- Put the needs of our patients and their carers first, and involve them fully in their care
- Show kindness and compassion in all aspects of the care we provide
- Behave with honesty, integrity and openness
- Create a safe, friendly and caring environment, where people are treated with respect, courtesy and dignity
- Strive for excellence, recognising achievements and valuing hard work
- Support our staff to be the best that they can be
The Purpose of This Report

This report demonstrates the Trust’s progress towards meeting its equality commitments in 2014. The evidence it contains can be reviewed by the organisation’s stakeholders and used in their evaluation of how well the Trust is performing against both its objectives and obligations under equality and human rights legislation.

1. Legislation and Regulation

There is a wide range of regulatory and legislative regimes governing the Trust in this area.

The first of these is the NHS constitution. The first principle of the NHS constitution states:

“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.”

There are two values in the NHS Constitution which specifically support the Trust’s commitment to equality:

Respect and Dignity
We value every person – whether patients, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits.

Everyone counts
We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.

There are Acts of Parliament which govern the Trust’s operations.

Human Rights Act 1998 - Section 6 of the Human Rights Act specifically requires all public authorities to abide by the European Convention on Human Rights, unless primary legislation requires them to act otherwise. As a health care provider the Trust has to be aware of its obligations not to breach the provisions on unlawful detention, due process, consent, right to privacy and right to family life. All staff are made aware of the basic principles of the law in mandatory training using the FREDA principles

Fairness
This principle demands that due consideration is afforded to the person’s opinion, giving them the opportunity to have that point of view expressed, listened to and weighed, alongside other factors relevant to the decision to be taken.

Respect
Respect is the objective, unbiased consideration and regard for the rights, values, beliefs and property of other people.

Equality
The many facets to expressing the principle of equality, including non-discrimination, overlap with respect. Differences in clinical need have to be determined through procedures that remove arbitrariness from the decision-making process.

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Dignity: Dignity has been defined as ‘a state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person’s self-respect regardless of any difference.

Autonomy: It is the principle of self-determination whereby a person is allowed to make free choices about what happens to them, that is, the freedom to act and the freedom to decide, based on clear, sufficient and relevant information and opportunities to participate in the decision-making.

There are two highly specialised Acts which also have a bearing on the Trust’s delivery of equal opportunities:

**Autism Act 2009**: The Autism Act requires the Government to publish statutory guidance for local councils and local health bodies. The current guidance was issued in 2010; new guidance is expected in early 2015. The NHS trusts and local councils are expected to provide support to adults who have a diagnosis of autism by offering a community care assessment, regardless of their IQ and where they are on the spectrum. The guidance also states that carers should expect to be informed of their right to a carer’s assessment.

The guidance sets out an expectation that all staff working in health and social care will receive some autism awareness training. The Trust complies by including this in its equality and diversity module which is included in mandatory training..

**Gender Recognition Act 2004**: Under the Act, transgender people who experience severe gender variance, and have medical treatment for the condition, may apply to the Gender Recognition Panel (GRP) for a Gender Recognition Certificate (GRC). The GRC entitles them to recognition of the gender stated on that certificate “for all purposes”.

Section 22 of the Act provides that it is an offence for a person who has acquired protected information in an official capacity, to disclose that information to any other person. This applies to doctors, nurses, pharmacists who work for the Trust. The information cannot be shared with other members of a multi-disciplinary team without express consent of the patient. The Trust has issued guidance on handling this situation and included discussion of the Act within the Equality and Diversity module of its mandatory training.


The Equality Act 2010 protects people from discrimination on the basis of ‘protected characteristics’ (these used to be called ‘grounds’). The relevant characteristics for services and public functions are:

**Age:** Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds).

**Disability:** A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Gender re-assignment: The protected characteristic of gender reassignment will apply to a person who is proposing to undergo, is undergoing or has undergone a process to change their sex.

Marriage and civil partnership: In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between same-sex couples. Same-sex couples can also have their relationships legally recognised as ‘civil partnerships’. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).

Pregnancy and maternity: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Religion/Belief: Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Race: It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins and caste. Both Jews and Sikhs are included in this definition.

Sex: Both female and male.

Sexual Orientation: Whether a person’s sexual attraction is towards their own sex, the opposite sex or to both sexes (straight, lesbian, gay and bisexual)

2. How we comply with the ‘Public Sector Equality Duty’ General duty

The Equality Act 2010 covers all publicly funded and accountable bodies. The Act requires the Trust to consider equality in all its relevant day-to-day activities. This includes decision-making, policy development, budget setting, procurement, service delivery and employment.

By considering equality in this way, the Trust can better understand the needs of all the different people it serves. This will enable the Trust to make better decisions and to improve its policies, performance and effectiveness as a service provider and employer. Under Section 149 of the Act the Trust is subject to the general public sector equality duty. This can be summarised as having due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
• foster good relations between persons who share a relevant protected characteristic and persons who do not share it\(^2\).

The Trust has due regard to this duty through two principal processes:

**Equality Impact Analysis**

Since 2011, all new or revised Trust policies, service developments or strategies have been subject to a process called equality impact analysis. This is similar to the old equality impact assessments, but differs in one important respect. Those carrying out the change are required to evidence that they have sought out and considered the possible impacts of their policy or service development. In this way there is a record of the ‘due regard’ they have given to the impact on people with different protected characteristics and the aims of the general public sector equality duty.

**Equality and Diversity Implications**

All reports to the Trust Board and its sub-committees require the author or authors to set out the implications for equality and diversity of the recommendations or information in their report. The Board or committee members assess this information in their decision-making. There is an on-going programme of workshops to help senior staff responsible for policies and service developments understand how to evaluate the equality impacts of their proposals.

The Trust aims to go beyond compliance and to be an innovator in developing ways to mainstream its commitment to equality and human rights in service provision. Future equality and diversity performance information will be ‘mainstreamed’ within standard service quality reporting processes.

**3. How we comply with the ‘Public Sector Equality Duty’ - Specific duty**

Since 2011, as a public authority listed in Schedule I of Equality Act 2010 (Specific Duties) Regulations, the Trust has met its obligation to publish information that demonstrates its compliance with the Public Sector Equality Duty. Previous editions can be found on the Trust’s website at [http://www.beh-mht.nhs.uk/equal-opportunities-and-diversity.htm](http://www.beh-mht.nhs.uk/equal-opportunities-and-diversity.htm)

It draws its information from two main sources - the RiO patient information system and the electronic staff record system.

In 2012, in line with the specific duty guidance, the Trust held a workshop with key stakeholders who drafted a shortlist of equality objectives for the organisation to deliver by April 2016.

Since the Trust became subject to the Public Sector Equality Duty in 2011 under the Equality Act 2010, it has used the NHS wide Equality Delivery System (EDS) as its framework for managing its performance. The Trust’s objectives are linked to the EDS. Progress in meeting these objectives is contained in Appendix 1 of this report.

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4. Using the Equality Delivery System

The EDS is a developmental performance framework which asks service users, carers, staff and their representatives, to grade the work of the organisation based on the evidence it provides.

In 2013, NHS England launched the EDS2 which uses a simplified grading system and is focussed more on outcomes.

The EDS is a RAG+ (red, amber, green plus purple) grading system, where stakeholders grade the Trust based on how well they perceive the Trust to have performed against the EDS goals. The grades are as follows:

- Excelling Purple
- Achieving Green
- Developing Amber
- Undeveloped Red

There are four EDS goals against which the Trust is graded and these are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff and
- Inclusive leadership

The next grading event will take place in March 2015, and will focus on revising the Trust’s objectives as well as signing off progress against the current objectives which were set in 2012.

5. Our Internal Equality and Diversity Support Structures

While the Trust recognises the corporate nature of equality and diversity, the operational lead is the Workforce Directorate. The Trust has a senior member of staff, Head of Equalities and Organisational Development Communications (HEODC) who provides professional support to the Board and the operational service lines of the organisation.

The 2014 Staff Survey reports that 93 per cent of staff had equality and diversity training in the last 24 months. This reflects the enhanced efforts in the past 18 months to improve the Trust’s compliance rates for Equality and Diversity training.

In April 2014 the Trust launched its Equality and Diversity Forum. It is chaired by the Chief Executive of the Trust, meets quarterly and has a work programme of issues members feel are a priority for the organisation to address.

The first five topics are:

- Review of Mental Health Act data for Community Treatment Orders (CTOs) by borough and protected characteristics (PCs) to identify any significant inequalities and develop actions to mitigate
- Create an equality and diversity performance dashboard which mirrors the Trust’s corporate performance dashboard and the supporting data collection and reporting processes
- Organise a Trust-wide ‘Festival of Cultures’
- Development of recommended/good practice procedures (to support our policies) on ‘reasonable adjustments’ for the full range of staff with disabilities
- Participate in the London-wide working group on ‘unconscious bias’ and bring learning into Trust to address negative perceptions on fairness.

The Quality and Safety Committee is a sub-committee of the Trust Board and is the formal governance forum where non-executive and executive directors consider equality and diversity issues and their impact on service delivery.

The Mental Health Law Committee provides assurance to the Board on the operation of the Mental Health Act and the power of discharge delegated to appointed associate hospital managers. That Committee now receives an annual Mental Health Act Equalities report in which the application of the Mental Health Act, including the outcome of appeal and review processes, is broken down and analysed across a variety of protected characteristics.

6 Priorities Set in 2013 for Completion in 2014

<table>
<thead>
<tr>
<th>Action</th>
<th>Timescale</th>
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<tbody>
<tr>
<td>The Equality and Diversity Forum working group will work towards identifying methods to report on all relevant protected characteristics in the key dashboard indicators by April 2015</td>
<td>February – November 2014</td>
</tr>
<tr>
<td>The HEODC will roll out guidance and advice for staff and briefing notes for managers on the importance of gathering and using information on protected characteristics.</td>
<td>March 2014</td>
</tr>
<tr>
<td>The HEODC will launch the Every Patient is Different, Every Patient Counts information campaign, aimed at reassuring and encouraging service users to disclose their religion, disability and sexual orientation.</td>
<td>May 2014</td>
</tr>
<tr>
<td>The HEODC will source best practice ideas from Trusts in the London Equality and Diversity network on collecting and using data.</td>
<td>March – April 2014</td>
</tr>
<tr>
<td>The Dementia and Cognitive Impairment service line are participating in a six month pilot to measure patient satisfaction at transition point. This will be evaluated in October 2014 and rolled out to all relevant pathways from December 2014. The results to be reported in the 2014 E&amp;D report.</td>
<td>April – December 2014</td>
</tr>
<tr>
<td>Gather and analyse results from the 2013-14 Standards of Involvement surveys and incorporate the results into the 2014 equality report.</td>
<td>December 2014</td>
</tr>
<tr>
<td>The HEODC to publish guidance and learning materials on assessing the spiritual needs of service users during Diversity Week in May 2014.</td>
<td>12-17 May 2014</td>
</tr>
<tr>
<td>HEODC to make contact with the multi-faith groups in each borough and attend one of their meetings with the aim of securing a dialogue leading to formalised partnership working in at least one borough to improve pastoral care.</td>
<td>April – November 2014</td>
</tr>
<tr>
<td>Based on best practice within the wider NHS, the HEODC to work with the Head of Clinical Audit to implement a methodology for canvassing patient satisfaction which allows the data to be analysed by protected characteristics.</td>
<td>February – November 2014</td>
</tr>
<tr>
<td>HEODC to use internal communications media to raise staff awareness of the benefits of disclosing their personal</td>
<td>June – September 2014</td>
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HR to implement a process to increase disclosure rates for disabilities, sexual orientation, and religion/belief as part of the recruitment process. | June – September 2014

HEODC to continue to address perceptions of bullying and harassment, through continued promotion of the Trust’s anti-bullying and harassment resources (mediators, guidance, training and helpline). | March – November 2014

Our progress to date can be seen in Appendix 2.
The People We Serve, Our Service Users

The Trust provides care predominately to its three boroughs - Barnet, Enfield and Haringey, and some of its services support people from wider afield.

Central to the Trust's efforts to improve its performance management of equalities in service delivery is the aspiration to achieve 90 per cent of data collection on RiO in respect of service users’ age, ethnicity, gender and marital status by 2016 and at least 50 per cent for religion/belief, sexual orientation and, if possible, transgender recorded on RiO by 2016.

We set ourselves a three year plan to improve our information gathering, analysis and then using the information on protected characteristics to shape our services, innovate and provide an even better service to our users and their carers.

We have now completed the first step in that journey as we have now collected the data against the majority of the nine protected characteristics over two years. Below we show the information from the two years’ data collection.

The next step of our journey, in 2015, is to interpret and analyse this data with our internal and external stakeholders so we can start to articulate our story in terms of how equalities and diversity is a core strand of our service delivery and staff management and development at the Trust. In 2015, we will start to understand more about how this information can help to shape our services so that from 2016 we can start to put this into practice.

1. The protected characteristics of our inpatient service users

Graph 1.0 below taken from the patient record system RiO shows the percentage of valid records by the main protected characteristics as at November 2014.
The protected characteristics of our outpatient service users

% Valid Record of Protected Characteristics

- Ethnicity: 89.5% (2012-13), 90.6% (2013-14)
- Mental Status: 51.8% (2012-13), 90.6% (2013-14)
- Disabilty: 100.0% (2012-13), 100.0% (2013-14)
- Gender: 100.0% (2012-13), 100.0% (2013-14)
- Religion: 27.3% (2012-13), 28.8% (2013-14)
- Consider Disabled: 0.0% (2012-13), 0.0% (2013-14)
- Sexuality: 0.0% (2012-13), 0.0% (2013-14)
- Transgender: 0.0% (2012-13), 0.0% (2013-14)
- Pregnancy: 0.0% (2012-13), 0.0% (2013-14)

All Outpatients 2012-13
All Outpatients 2013-14
The People we Employ: Our Workforce

Twice a year the Trust publishes a report on its workforce. The information in this section of the report is extracted from the November 2014 bi-annual workforce report specifically associated with equalities. All data is related to the reference period 1 April 2014 to 30 September 2014. The next bi-annual workforce report will cover the reference period 1 October 2014 to 31 March 2015.

1. Key points about equality and diversity in our workforce:

As at 30 September 2014, the directly employed workforce was 2,871 and was reflected as being a full-time equivalent of 2567.34.

The highest proportion of the directly employed workforce was in bands 3, 5, and 6, with a high percentage also in Band 7 posts

- The female workforce accounted for 69%. The national average was over 77%.
- The percentage of staff aged over 50 has decreased by 2% since the last report as at 31.3.14.
- The percentage of directly employed staff in the Black, Asian and Minority Ethnic (BAME) groups remained at approximately 52% and broadly reflected the statistical data on the ethnic profile of our catchment population served;
- Data reflected staff from BAME backgrounds remain well represented in the Trust and across all pay bands including Band 8 and above;
- The key performance indicator target rate (KPI) for Appraisal and PDP in 2013/14 was set at 85%. The Trust exceeded this target with a rate of 90%;
- Staff from BAME groups had the highest uptake of training;
- Employee Relations issues have remained steady at a low rate now for some time – reflective of pro-active partnership working, staff engagement and early intervention in employee relation matters;
- Positive staff engagement is also reflected in the slight increased number of staff who voluntarily provide data on their sexual orientation and disability.


The major development in equality policy for the coming year will be the introduction of the NHS Workforce Race Equality Standard (WRES). The WRES is an initiative from NHS England’s Equality and Diversity Council. It is in its final consultation stage, with a view to be implemented from 1 April 2015. The WRES will require organisations providing NHS services through the standard contract to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BAME Board representation.

In the final draft released in November there are nine metrics. Three of the metrics are specifically on workforce data and five of the metrics are based on data from the national

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3 Proposal to introduce a National Workforce Race Equality Standard. EDC July 2014
staff survey indicators. The latter will highlight any differences between the experience and treatment of white staff and BAME staff in the NHS with a view to close those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.

The Trust already collects this information, and is well placed to report on its position. Details of some of the preparations are contained in this report. More information about the WRES can be found on the NHS England’ website at, http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/

3. Profiles

This section provides an overview of the directly employed workforce as at 30th September 2014 by:

- Gender
- Flexible Working Pattern
- Age
- Ethnicity
- Sexual Orientation
- Religious Belief
- Disability

3.1 Gender

The data in Table 3.1 reflects the gender breakdown by headcount and by percentage of the directly employed workforce. Data in Table 3.2 reflects the broad staff groups in the Trust broken down by gender and by flexible working pattern.

<table>
<thead>
<tr>
<th>Gender</th>
<th>% Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>69.1%</td>
</tr>
<tr>
<td>Male</td>
<td>30.9%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 3.1: Gender Breakdown (Data Source: ESR)

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Full time</td>
<td>% Part time</td>
</tr>
<tr>
<td>Scientific &amp; Technical</td>
<td>42.6</td>
<td>57.4</td>
</tr>
<tr>
<td>Additional Clinical Services</td>
<td>65.2</td>
<td>34.8</td>
</tr>
<tr>
<td>Administrative and Clerical</td>
<td>61.8</td>
<td>38.2</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
<td>50.5</td>
<td>49.5</td>
</tr>
<tr>
<td>Estates and Ancillary</td>
<td>43.5</td>
<td>56.5</td>
</tr>
<tr>
<td>Medical and Dental</td>
<td>65.1</td>
<td>34.9</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery Registered</td>
<td>76.3</td>
<td>23.8</td>
</tr>
<tr>
<td>Total</td>
<td>63.3</td>
<td>36.7</td>
</tr>
</tbody>
</table>

Table 3.2: Proportion of staff by Gender and Flexible Working Pattern (Data Source: ESR).
3.2 Attendance at Mandatory Training

Table 3.3 reflects the gender breakdown during the same reference period and Table 3.4 reflects the % of full and part-time staff attending.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Profile</td>
<td>69.1%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Training Attendance</td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FT/PT</th>
<th>Full Time</th>
<th>Part-Time</th>
<th>Undefined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Profile</td>
<td>70.0%</td>
<td>29.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Training attendance</td>
<td>72%</td>
<td>27%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Table 3.3: Attendance by gender

Table 3.4: Attendance by full/part-time

3.3 Age

Since the last report for 2012/13 the age profile of staff over 50 has increased by 3% overall, with staff in the over 50 age bracket increasing by 2% and staff over 55 increasing by 1%

Data in Graph 3.1 reflects the age profile of the directly employed workforce based on data held as at 30th September 2014. The data shows a high proportion of staff (>33%) in the 46 to 55 age group, and >20% in the combined 56-64 and 65 plus age groups. Data in Table 3.5 shows the % of BEH staff in age group 50+ compared to like Mental Health Trusts in London.

Graph 3.1: age profile of directly employed Trust staff (Data Source: ESR)
<table>
<thead>
<tr>
<th>Mental Health Trusts</th>
<th>Over 50</th>
<th>Over 55</th>
<th>Over 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnet, Enfield and Haringey Mental Health NHS Trust</td>
<td>17%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Camden and Islington NHS Foundation Trust</td>
<td>9%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Central and North West London Mental Health NHS Foundation Trust</td>
<td>16%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>East London NHS Foundation Trust</td>
<td>13%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>North East London NHS Foundation Trust</td>
<td>17%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Oxleas NHS Foundation Trust</td>
<td>17%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>The South London and Maudsley NHS Foundation Trust</td>
<td>15%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>South West London and St Georges Mental Health NHS Trust</td>
<td>16%</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>Tavistock and Portman NHS Foundation Trust</td>
<td>13%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>West London Mental Health NHS Trust</td>
<td>15%</td>
<td>12%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Table 3.5: the percentage of staff in age group 50+ for BEHMHT as at 30th September 2014 compared to other Mental Health Trusts in London 2011/12 (Data Source: ESR and NHSL)

**Initiatives in Place to Support our Ageing Workforce**

The Trust Retirement Policy provides a number of initiatives to support staff coming up to retirement and sets out various flexible career, flexible retirement and continued working options past the normal retirement age for occupational pension schemes and state pension retirement age.

In addition, the Employee Assistance Programme provides support for staff considering retirement including support and expert advice in order to prepare for this change in life and to cope with this event.

Discussions are currently taking place with the occupational health service to scope a plan for staff who are over 60 to ensure that the organisation is better able to support the health and wellbeing needs of older workers.

HR business partners will lead on the following initiatives in conjunction with Learning and Development:

- Build on the appraisal training to include 1-1 coaching for managers to have workplace conversations with staff about their future career goals
- Set up and promote pre-retirement courses
- Develop individual plans for staff who may indicate an intention to retire within the next 5-10 years – not a one size fits all
- Embed succession planning as part of strategic workforce planning

**3.4 Ethnicity**
The Trust serves an ethnically diverse population across the geographical areas of Barnet, Enfield and Haringey. Graph 3.2 reflects the ethnic background of the directly employed workforce by broad groups against the ethnic background of the population served.

This data reflects approximately 51% of the directly employed workforce from BAME background. Data in Graph 3.3 reflects the proportion of directly employed workforce from a BAME background by pay band in comparison to London figures (Data Source: London data 2012 where BAME is stated.) Data suggests the Trust is well represented across all pay bands, and in more Senior Bands above that of 8a.

Data in Graph 3.2 reflects the ethnic background of the directly employed workforce by broad groups against the ethnic background of the population served.

**Graphic 3.2:** Compares by broad groups the ethnic background of the directly employed workforce against ethnic background of the population served.

**Graph 3.3:** BEH % staff in BAME groups by AFC Band compared to all London Trusts. (Data Source: NHSL (2011/12) where BAME is stated.)

### 3.5 Attendance at mandatory training by ethnicity
The following tables reflect the percentage of directly employed people attending mandatory training during 2013/14. **Table 3.6** reflects this data by broad ethnic grouping and in comparison to the ethnic profile of the Trust.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Trust Profile</th>
<th>Training attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>12.9%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Black</td>
<td>26.4%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Not Stated</td>
<td>3.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other including mixed</td>
<td>7.8%</td>
<td>9.1%</td>
</tr>
<tr>
<td>White</td>
<td>49.6%</td>
<td>48.2%</td>
</tr>
</tbody>
</table>

**Table 3.6**: Attendance by broad ethnic group compared to Trust wide ethnicity profile

From April 2015, the Trust will be able to report attendance at all internally training and funding of training through the central training panel by four protected characteristics; age, ethnicity, disability and gender as the most relevant characteristics, along with working patterns.

### 3.6 Employee Relations (ER) Activity

There is a wide body of research evidence that some groups of staff are more likely than others to be subject to employee relations activity\(^4\). Much but not all the research has looked at the role of ethnicity, but there is evidence that women and staff with disabilities are also affected.

Due to concerns about ethnicity, the NHS Workforce Race Equality Standard will include a matrix on the proportion of BAME staff involved in disciplinary processes compared to their white peers.

The Trust board have specifically asked the Workforce Directorate to investigate what lies behind this within the Trust, and to bring forward effective ways to address or explain the disproportional impact on some staff groups.

---

\(^4\) The Involvement of Black and Minority Ethnic Staff in NHS Disciplinary Proceedings. U Archhibong, A Darr University of Bradford 2010
Disciplinary Outcomes and Ethnic Profile by Broad Groupings

Table 3.5: Ethnic profile of staff subject to a disciplinary investigation and outcome 2013/2014

![Ethnic Profile by ER Activity - April to September 2014](image)

Graph 3.6 reflects the ethnic profile of those staff subject to a disciplinary investigation and the outcome of that investigation in more detail.

![Ethnicity of Staff by ER Cases - April to September 2014](image)

NHS Trusts across London are also trying to address the issue of the disproportionality between ethnic minority and white staff being subject to formal disciplinary action. The decision to progress cases to formal disciplinary investigations and subsequently to a disciplinary hearing is made in conjunction with the HRBPs and is not based on the ethnicity of the staff but on the merit of the case. ER data shows that the highest concentration of ethnic minority staff subject to disciplinary action is at Bands 3, 5 and 6.

As the Trust is aware of this disproportionate impact on BAME staff, the Trust’s Head of Equalities was asked to join the working group tasked by the London HR Directors network to address the issue of the disproportionate numbers of staff from BAME backgrounds involved in employee relations processes. The group’s mission is to support the NHS in London with a range of effective, evidence-base tools to identify, quantify, understand and address unconscious bias and its negative impact on staff and the quality of patient care.

The first phase of the project has been completed.
3.7 Sexual Orientation, Religious Belief and Disability

Data in this section is gathered electronically on a voluntary basis. Data presented in this section for 2013/14 is reflected throughout as percentages. Data in Graph 3.7 reflects (where stated) the religious belief. Graph 3.8 reflects those choosing to disclose their disability status to the Trust.

3.8 Sexual Orientation

Voluntary data collected on Sexual Orientation indicates an increase of 9% from the figure provided at 2013/14 (47%) to 56% of staff choosing to declare their sexual orientation to the Trust, of which the majority declared themselves as heterosexual.

3.9 Religious Belief

Staff choosing to disclose their religious belief to the Trust has increased by 2% to 59% from the previous report 2013/14 (57%). This is broken down in the chart below.

![Religious Belief Chart]

**Graph 3.7**: Religious Belief where stated. (Data Source: ESR at 30.09.2014)

3.10 Disability

Data gathered as at 30th September 2014 reflects an improvement in the % of staff disclosing their disability status to the Trust.

![Disability Status Chart]

**Graph 3.8** Breakdown of Disability status where stated (Data Source: ESR at 30th September 2014)
The Trust’s Equality and Diversity Forum has conducted a review of the organisation’s access policy involving staff with disabilities in the process. The Trust plans to launch the revised policy which covers both staff and service users’ access needs in the spring of 2015.
Appendix 1

The EDS Goals and the Trust’s progress

1. **EDS Goal One: Better Health outcomes for all the people we care for**

These goals in the Equality Delivery Standard will become compulsory from April 2015. The RAG rating was given by a range of stakeholders including service users and staff side in February 2012. Progress so far has been summarised against these goals. A rating review event will be carried out in March 2015.

An Equalities and Diversity Steering Group is being set up, chaired by the Executive Director of Workforce, which will bring together service delivery and workforce stakeholders in order to interpret and analyse the data, review the processes required to understand what the information is telling us, the critical success factors and develop a plan to engage with internal and external stakeholders to achieve our 3 stage journey.

The Trust continued to strengthen its collaborative working arrangements to contribute to better health outcomes for example:

- Creation of the new Patient Experience Committee, as a development of the service user strategy group to give strategic oversight and challenge on all related patient engagement and experience activity and performance, and to give assurance to the Quality and Safety Committee on activity, performance and achievements. The new committee has a broader membership than the group it replaced.
- Partnership working with all three local councils to address stigma against people with mental health problems.

The Trust aims to be graded as ‘Achieving’ in the April 2016 assessment by demonstrating to its stakeholders that it is routinely monitoring its key health and care outcomes by relevant protected characteristics and using any information on local health inequalities in planning and managing its services.

The key to improving the Trust’s grade in this goal is demonstrating that we collect, consider, and collaborate where appropriate, to address inequalities.
## The EDS Goal and the corresponding equality objective and the progress being made

<table>
<thead>
<tr>
<th>EDS Goal and grade</th>
<th>Trust Equality Objectives, with milestones</th>
<th>Progress</th>
</tr>
</thead>
</table>
| Better health outcomes for all | **“The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results.”** | 1. In order to ensure that services are designed to meet the health needs of local communities, promote their wellbeing, and reduce health inequalities in line with the Trust's clinical strategy, the organisation will. Specifically –  
   - From 2012-13 the performance of the transitions between parts of our services as well as to other health and social care providers will be monitored to ensure; patients are better informed about their options and the pathways, the transitions are smoother and patients and their carers give increased positive feedback about their experiences by gender, age, ethnicity, compared to the whole population.  
   - By 2013-14 relevant outcomes reported as part of the Trust Board performance dashboard will include outcome data for a minimum of five protected characteristic groups  
   - By April 2015 relevant outcomes reported as part of the Trust Board performance dashboard will include outcome data for all nine protected characteristic groups where relevant.  
   - The Trust will work in partnership to reduce health inequalities and promote wellbeing, specifically:  
     - By 2013-14, based on the Joint Strategic Needs Assessment (JSNA) for each borough, the Trust will develop profiles of the communities/protected characteristic/disadvantaged groups currently suffering the most severe health inequalities and develop effective channels to reach them with information about services, self-help and wellbeing.  
   - The Trust is now able to report on dashboard indicators by seven protected characteristics; age; gender; ethnicity; marital status; religion; disability; sexual orientation and transgender; an increase on the five characteristics available last year. These figures will be reported to, analysed and actioned by service line, then the new borough, management teams once a quarter.  
   - Staff and managers have access to borough profiles on the health inequalities and relevant social issues for each borough as well as the full JSNA for each borough. These will be used when producing equality impact analysis of service or policy developments. Our enablement model is a concrete example of aligning our service offering with JSNA priorities.  
   - The newly constituted Patient Experience Committee, specifically included membership from community groups in addition to the three mental health service user groups in its terms of reference as a way to broaden input. |
| 2 | The Trust will work in partnership with patients and other community groups to ensure there is meaningful engagement and by April 2016 this will include representation from individuals and groups covering all | |
nine protected characteristics and key disadvantaged groups we serve.

- The level and effectiveness of engagement will be assessed by the amount and breath of involvement in key decision and policy setting fora and the quantity and quality of the input and impact groups have on changes to service and policy developments, training and senior appointments. This will be monitored using evidence to the Patient/Service user strategy group and compliance data for the EDS from diverse groups. Analysis and review of patient experience tracker and the service user developed Standards for Involvement, are key agenda items for the committee. The Patient Experience Committee has agreed to consider forming a sub group to specifically engage with the EDS process, in an effort to overcome the challenges of the past.

More service user engagement and paid peer support workers engaged in both providing and developing services will also be a means to impact on improvements.
EDS Goal Two: Improving Patient Access and Experience

The Trust has well developed systems for ensuring fair access and for measuring the patient experience and access to its services. This is reflected in stakeholders grading the Trust as ‘developing’ (amber).

The Trust delivers services in an area of huge diversity; it is estimated there are over 200 community languages spoken in the three boroughs of Barnet, Enfield and Haringey. This poses significant communications challenges. There are other access issues a provider like the Trust needs to consider, such as the physical accessibility of its services, both in terms of people with disabilities which affect their mobility and for people dependent on public transport.

Patients also expect and deserve a positive experience when they are in our care. The Trust offers ‘customer care’ training to staff and there are a number of initiatives such as star wards, the productive community team, the recovery approach, etc. to improve the patients’ experiences of our care. The Trust was graded as ‘developing’ (shown as amber below, the second level of the EDS).

The EDS Goal, the corresponding equality objective and the progress being made

<table>
<thead>
<tr>
<th>EDS Goal and grade</th>
<th>Trust Equality Objectives</th>
<th>Progress</th>
</tr>
</thead>
</table>
| Improved patient access and experience | “The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, and useable and used in order to improve patient experience.” | 3. The Trust will ensure through effective leadership, training and monitoring that staff respect and discuss with all patients their cultural, religious and spiritual needs as part of a holistic clinical assessment. Specifically the Trust will:  
   - Ensure that year-on-year the percentage of patients who when surveyed agree that they have been given the opportunity to discuss cultural/spiritual needs increases so that by April 2016 it is at least 90%  
   - Ensure that year on year the percentage of patients who when surveyed agree that discussions with staff about their care included their specific cultural/spiritual requirements, increases, so that by April 2016 it is at least 90%  
   - Ensure that year on year the percentage of patients who when surveyed agree that they have been given the ability to practice appropriate religious/cultural beliefs in hospital will be at least 90% by April 2016  
   - Ensure that year on year the percentage of patients who when surveyed agree that they have been given information about practicing their religion and access to the chaplaincy service or other faith leaders will be at least 90% by April 2016  
   - A booklet giving guidance on meeting the spirituality needs of services users and associated training for staff to be launched in 2015 to improve progress towards meeting targets.  
   - A recent project in Haringey has analysed sources and benefits of focussed intervention for older clients in the Turkish population.  
   - The learning and development team of the Workforce Directorate has rolled out a customer care training programme based on video clips which specifically includes equality and diversity issues. Between October 2013 and April 2014 some 2,550 staff went through the programme, either within the service lines or as part of corporate induction. Equality and intercultural communications are part of the customer care induction training given to new nursing students on placement with the Trust and graduate mental health workers. |
The last two EDS goals relate to equality and improved diversity of the workforce. The stakeholders rated the Trust as ‘Achieving’ for both of these goals (shown as green below, the second highest level in the EDS. The Trust has adopted one equality objective in this area in response to stakeholder feedback.

<table>
<thead>
<tr>
<th>EDS Goals and grades</th>
<th>Trust Equality Objective</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowered, engaged and well-supported staff</td>
<td>“The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients’ and communities’ needs.”</td>
<td>4. The Trust will review and revise its appraisal and performance management system to ensure that corporate values and objectives around staff engagement and motivation to deliver quality care to all are incorporated and measured. It will also incorporate the Competency Framework for Equality and Diversity Leadership framework into the process as applied to the selection, development and appraisal of managers. The staff experience tracker and other survey methods will be used to assess performance as well as the comments of ‘grand-parents’ on appraisals.</td>
</tr>
<tr>
<td>Inclusive leadership at all levels</td>
<td>“NHS Organisations should ensure equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions.”</td>
<td>• The Trust continues to meet its objective on PDPs. The target set by the Trust for verified returns of completed performance review forms for 2014 was 85%. The Trust has achieved a verified return rate of over 86% and has therefore exceeded the agreed compliance rate again.</td>
</tr>
</tbody>
</table>

The Trust has incorporated its values and objectives into the Performance Development Framework (annual performance review) process. This includes evidence of respect, courtesy and dignity for all.

• The Trust now has an Equality and Diversity Forum, chaired by the Chief Executive, providing operational leadership on the equality and diversity agenda.
## Appendix 2 – Progress against 2013 priority actions and priorities for 2015

<table>
<thead>
<tr>
<th>Action</th>
<th>Timescale</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>The E&amp;D Forum working group will work towards identifying methods to report on all relevant protected characteristics in the key dash board indicators by April 2015</td>
<td>February – November 2014</td>
<td>The E&amp;D Forum included this in its priority work programme. The Health Informatics lead has produced draft formats for consideration as part of a major review of how the Trust presents performance information.</td>
</tr>
<tr>
<td>The HEODC will roll out guidance and advice for staff and briefing notes for managers on the importance of gathering and using information on protected characteristics.</td>
<td>March 2014</td>
<td>The guidance and ‘Every Patient is Different, Every Patient Counts’ material was produced in the spring 2014. It will be launched following the implementation our engagement plan with service users/ patients and staff in the Spring of 2015.</td>
</tr>
<tr>
<td>The HEODC will launch the “Every Patient is Different, Every Patient Counts’ information campaign, aimed at reassuring and encouraging service users to disclose their religion, disability and sexual orientation.</td>
<td>May 2014</td>
<td>Consulted CNWL and Oxleas as the leaders in the field on their methodology and how they collect and use data. Also reviewed information from Stonewall. Advice fed into the campaign and the advice to managers.</td>
</tr>
<tr>
<td>The HEODC will source best practice ideas from Trusts in the London Equality and Diversity network on collecting and using data.</td>
<td>March - April 2014</td>
<td>Consulted CNWL and Oxleas as the leaders in the field on their methodology and how they collect and use data. Also reviewed information from Stonewall. Advice fed into the campaign and the advice to managers.</td>
</tr>
<tr>
<td>The Dementia and Cognitive Impairment service line are participating in a six month pilot to measure patient satisfaction at transition point. This will be evaluated in October and rolled out to all relevant pathways from December 2014. The results to be reported in the 2014 E&amp;D report.</td>
<td>April – December 2014</td>
<td>Due to staff changes in D&amp;CI, project did not proceed. Current view is that this should be incorporated into the development of the enablement model.</td>
</tr>
<tr>
<td>Gather and analyse results from the 2013-14 Standards of Involvement surveys and incorporate the results into the 2014 Equality report.</td>
<td>December 2014</td>
<td>The results did not include information on protected characteristics. Addressing this is part of on-going discussions with Clinical Audit and Patient Experience Teams about the importance of collecting equalities data alongside all surveys.</td>
</tr>
<tr>
<td>The HEODC to publish guidance and learning materials on assessing the spiritual needs of service users during Diversity Week in May 2014.</td>
<td>12-17 May 2014</td>
<td>Consulted on first draft in the Spring and Summer 2014. The outcome of the consultation requires some further development to be incorporated into the guidance.</td>
</tr>
<tr>
<td>The HEODC to make contact with the multi-faith groups in each borough and attend</td>
<td>April – November</td>
<td>The HEODC made contact with the multi-faith forums in Barnet and</td>
</tr>
</tbody>
</table>
one of their meetings with the aim of securing a dialogue leading to formalised partnership working in at least one borough to improve pastoral care.

<table>
<thead>
<tr>
<th>2014</th>
<th>Enfield specifically and attended a London-wide faith and mental health event. While groups were open to further engagement, they were looking for the Trust to offer resources to support such work. From the London-wide event one possible resource they would be interested in 'mental health first aid' training. This is training for lay people in assisting someone in mental distress. The HEODC will put a proposal to the Nursing Directorate for consideration.</th>
</tr>
</thead>
</table>

Based on best practice within the wider NHS, the HEODC to work with the Head of Clinical Audit to implement a methodology for canvassing patient satisfaction which allows the data to be analysed by protected characteristics.

| February – November 2014 | The HEODC has worked with the Head of Clinical Audit and Head of Patient Experience to support the inclusion of Protected Characteristics monitoring, initially as part of the Patient Friends and Family and then more widely within patient experience tracking. |

The HEODC to use internal communications media to raise staff awareness of the benefits of disclosing their personal characteristics.

| June – September 2014 | This is linked to the roll-out of Electronic Staff Records, self-service, which was piloted for the total rewards package in November 2014. Following the success of this it will be launched to all staff in the Spring. The raising of staff awareness of Self-service will include the benefits of disclosure of Protected Characteristics. |

HR to implement a process to increase disclosure rates for disabilities, sexual orientation, and religion/belief as part of the recruitment process.

| June – September 2014 | With the Business Partners continued to promote Trust actions to address the issues-  
  • Team coaching of addressing the issue  
  • Poster campaign to promote uptake of employee assistance helpline and service. |

The HEODC to continue to address perceptions of bullying and harassment, through continued promotion of the Trust’s anti-bullying and harassment resources (mediators, guidance, training and helpline).

| March – November 2014 |  

### Priority Actions for 2015-16

<table>
<thead>
<tr>
<th>Supporting Activities</th>
<th>Time scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to improve quality of data collection.</td>
<td></td>
</tr>
<tr>
<td>- Launch every patient counts</td>
<td>April 2015</td>
</tr>
<tr>
<td>- Masterclass seminar programme for senior managers on the collection and use of equality and diversity information</td>
<td>May-September 2015</td>
</tr>
<tr>
<td>- Training and awareness raising for clinical staff on the importance and processes for recording PCs on RiO</td>
<td>September 2015-April 2016</td>
</tr>
<tr>
<td>- Identify how the Information/Performance team, Service Lines, Clinical Effectiveness and Patient Experience leads can ensure all patients tracker surveys, including Patient Friends and Family include questions on PCs and that these are analysed and reported on.</td>
<td>By October 2015</td>
</tr>
<tr>
<td>Establish a process for the review of service performance against all protected characteristics</td>
<td></td>
</tr>
<tr>
<td>- Establish a project group tasked with the objective of agreeing the format and frequency of reporting service performance against all protected characteristics to service management teams.</td>
<td>By May 2015</td>
</tr>
<tr>
<td>Continue to develop the use of E&amp;D information as part of mainstream performance management and service development governance processes within the Trust</td>
<td></td>
</tr>
</tbody>
</table>
| - Continue to improve the provision of equality and diversity performance information so the Quality and Safety Committee can  
  - identify areas for further development for the wider Trust Board to consider;  
  - give the Board assurance of compliance with the legislation  
  - recognise services exhibiting excellent practice. | On-going |
| - Secure agreement with the clinical effectiveness team on how the Trust can incorporate diversity monitoring within the patient experience tracker process, including meeting spiritual and cultural needs. | On-going |
| Widen the engagement of clinical staff in the collection and use of E&D information |                     |
| - Establish an Equalities and Diversity Steering Group which | April 2015- March 2016 |
| E&D information to help shape care | will be chaired by the Executive Director of Workforce which will focus on mainstreaming equalities and diversity in to workforce and service delivery across the Trust.  
- Identify the specific information needs of clinical staff groups for E&D data on their patients  
- Agree with the Director of Patient Services, Clinical Service Directors, Medical Director and Director of Nursing a process for sharing and use of such information in the development of models of care such as Enablement, and in the development of clinical practice, including research and development. |
| Agree a process for the routine engagement of key stakeholders in the review of Trust E&D performance information | • Agree a protocol covering what information will be routinely shared with which stakeholders and for what purposes.  
| | July 2015 |
| Prepare for the NHS Workforce Race Equality Standard | • Engage with all teams required to provide data to ensure that they are aware of their responsibilities under the standard  
- Engage with senior leaders within the Trust to ensure they are aware of the WRES and their responsibilities under the standard |
| | April 2015 |

**Statement of Intent**
These priority actions for 2015-16 are likely to be modified along with the Trust’s equality objectives following a EDS re-grading exercise in the spring of 2015. The revised actions along with the evidence from the EDS2 re-grading exercise will be published online and shared with stakeholders.
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