Barnet, Enfield and Haringey **NHS**

**Mental Health NHS Trust**

*A University Teaching Trust*

# Equality and Diversity Report 2016

## A narrative on progress

enablement
Helping people *live, love, do*

# Contents

**Foreword**

This report is aimed at the wider public and our stakeholders and should be read alongside other Trust publications such as our annual report and annual Quality Account.

In 2016 our Trust renewed its commitment to promote equal opportunities for all and celebrate diversity in all its forms as strength. This annual report sets out highlights of the Trust's progress in meeting its obligations under the Equality Act 2010.

The Act requires the Trust to publish information to how they have had due regard to the need to:

- **eliminate unlawful discrimination**, harassment and victimisation and any other conduct prohibited by the Act;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
- **foster good relations** between people who share a protected characteristic and people who do not share it.

The standard NHS provider contract also requires us to operate the NHS wide Equality Delivery System to evaluate our general performance of delivering equal opportunities and the Workforce race Equality Standard, in relation to race equality within our workforce.

We have used the CQC inspection at the end of 2015 to conduct a review of our service data systems, ensuring the robustness of our clinical governance systems while continuing to embed our Enablement Approach so it becomes the norm for service delivery

This has resulted in a focus on qualitative changes in equalities and a pivot towards getting our staff more widely engaged in the drive for a more equitable and inclusive service.

There is mounting evidence linking staff engagement and the quality of fairness with service users' outcomes. Professor Michael West visited the Trust to address our strategy and leadership group in November 2015 and pointed out the links.

While we remain committed to improving data on outcomes by protected characteristics, we also want to tell some of the human stories about the impact of improvements in practice.

**About Barnet, Enfield and Haringey Mental Health Trust**

Barnet, Enfield and Haringey Mental Health NHS Trust is a large provider of integrated mental health and community health services in north London. The Trust currently employs 2,900 staff and our annual income in 2016/17 was £190 million. We serve a population of just over a million people.

We provide specialist mental health services to people living in the London boroughs of Barnet, Enfield and Haringey, and a range of more specialist mental health services to our core catchment area and beyond. We also provide a full range of child and adult community health services in Enfield and are increasingly integrating these with our mental health services to provide a range of holistic services.

**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**

In 2016 following an engagement process with staff and stakeholders the Trust developed a new set of values based on feedback from some 500 people the new values are:

**Compassion:** providing care with humanity and kindness

**Respect:** valuing what people say and do

**Working together:** making great partnerships between staff, and the people we care for

**Being positive:** a great attitude to encourage better care and services

Our aims for 2016-17 were to:

1. Provide excellent services for patients

   • Provide excellent quality of care and improve the experience of all our patients – including responding to the recommendations of the CQC inspection in 2015

   • Develop our enablement programme ("Live, Love, Do") further with patients, carers, partners and our staff

   • Work more closely with other local organisations to help deliver place-based care

2. Develop our staff

   • Develop each member of staff and help them to deliver excellent care

   • Increase the engagement of our staff – evidenced in improved Staff Survey results

3. Meet our financial and other targets

   • Provide the best possible outcomes for patients, meeting national and local NHS requirements within the resources available - evidenced by meeting agreed targets

   • Develop our estate in line with our clinical strategy

**The purpose of this report**

This report documents the Trust's progress towards meeting its equality commitments in 2016-17. 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[1]

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.

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

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[1] FREDA: a human rights-based approach to healthcare: M. Curtice and T Exworthy, The Psychiatrist (2010), 34, 150-156, doi: 10.1192/pb.bp.108.024083

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. New guidance was issued in March 2015. The Trust already includes autism awareness in its mandatory equality and diversity training as required by the guidance.

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 of its 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 Head of Information Governance and the RiO project are working with the head of Equalities and OD Communications of further advice and new consent forms.

**Equality Act 2010 -** The principal piece of equalities legislation in England is the Equality Act 2010, which came into effect in 2011. The Equality Act 2010 brought together a range of Acts of Parliament, case law and European Union regulation into a single coherent piece of legislation.

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.

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[2] Technical Guidance on the Public Sector Equality Duty: England Equality and Human Rights Commission 08-2014

**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

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.

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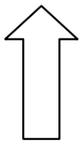
There are four EDS goals against which the Trust is graded and these are:

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

The Trust's current grades and the progress in meeting its existing objectives are set out below.

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

The Trust held a series of very well attended EDS events in each of the three boroughs in February and March 2016. While the discussions and the interactions were very productive, there was a consensus at each event that people did not know enough about what the Trust did to make a determination about the quality of its services in relation to the EDS goals. What they wanted was more dialogue and regular information on performance. This has not been possible in the past year but, with the intended improvements in data collection, we are confident that we will be able to do this in 2017.

We will restart the process in the spring of 2017. The priorities will be to agree new equality objectives and EDS grades. At the same time we will seek a way for clinical divisions, supported by corporate teams (Patient Experience, Equalities and OD Communications and Communications), to establish an on-going dialogue with community groups around service outcomes and equality so that they understand better what we do and how well we are doing.

**The EDS Goals and the Trust's progress**

**EDS Goal One: Better health outcomes for all the people we care for**

The RAG rating was given by a range of stakeholders including service users and staff side in February 2012. Progress against these goals has been summarised below. The rating review events in 2015 were inconclusive and recommended a borough-based approach using community organisations to host the events. The borough-based events in 2016 were well attended by inconclusive as participants wanted to better understand what the Trust did. The Trust remains red= underdeveloped in this area of work.

| EDS Goal and grade (Underdeveloped) | Trust equality objectives, with milestones | Progress |
|---|---|---|
| **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."* | 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:<br><br>• Monitor, from 2012-13, the performance of the transitions between parts of our services as well as to other health and social care providers to ensure that 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 | Due to on-going revisions to our patient pathways it has not been possible to undertake this work. The plan is to incorporate this work into the enablement model, and build the survey questions on information provided at transitions into the patient experience tracker processes.<br><br>The enablement programme is well established at the Trust and is targeting system-wide change in how clients' beliefs, aspirations and goals form the centre of care. |
| | 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 | The overhaul of our information systems and review of our key indicators dashboard based on the corporate dashboard have meant this project has been postponed to the spring of 2017.<br><br>Once the new system is up and running, performance will be reported formally through the equality and diversity forum, Connections<br>Staff and managers have access to borough profiles on the health inequalities and relevant social issues for each borough as well as the full Joint strategic needs assessment (JSNA) for each borough. This information is available for managers to use when carrying out their equality analysis of their initiative. Our enablement model is a concrete example of aligning our service offering with JSNA priorities. |
| | 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<br><br>The Trust will work in partnership to reduce health inequalities and promote wellbeing, specifically:<br><br>• 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 serve health inequalities and develop effective channels to reach them with information about services, self-help and wellbeing | |
| | 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 newly constituted Patient Experience Committee specifically includes 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 from diverse groups. |

|  | 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 |  |

**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 our 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 Enablement, community engagement workers and linking part of our staff recognition scheme to services users' comments 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**

| EDS Goal and grade (Developing) | Trust Equality Objectives | Progress |
|---|---|---|
| **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."* | 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. <br><br> Specifically the Trust will: <br><br> • 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% <br><br> • 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% <br><br> • Ensure that year on year the percentage of patients who, when surveyed, agree that they have been given the ability to practise appropriate religious/cultural beliefs in hospital, will be at least 90% by April 2016 <br><br> • Ensure that year on year the percentage of patients who, when surveyed, agree that they have been given information about practising their religion and access to the chaplaincy service or other faith leaders will be at least 90% by April 2016 | The Clinical Effectiveness and Patient Experience teams have reviewed and revised the patient experience tracker and the underlying database so that from spring 2017 they will be better able to report by the protected characteristics of service users, carers and complainants. |

**EDS GOALS Three and Four: Empowered, engaged and well supported staff with inclusive leadership**

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.

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

| EDS Goals and grades (Achieveing) | Trust Equality Objective | Progress |
|---|---|---|
| **Empowered, engaged and well-supported staff** *"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."* <br><br> **Inclusive leadership at all levels** *"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."* | 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. <br><br> • In the first year 2012-13 the key performance indicator will be implementation of the revised system and the establishment of a baseline score <br><br> • For 2013-14 and 2014-15 the key performance indicators will be (a) an agreed increase over 2012/13 in the percentage of completed and signed forms returned to OD by the deadline and (b) an improvement in staff views as measured in local and national surveys <br><br> • To reach as close to 100% as is practicable (85%), for staff having an agreed annual performance review and PDP and returning completed forms to OD, by the deadline <br><br> • Through the performance appraisal system, ensure leaders at all levels, including the Trust Board actively incorporate the Trust's values and commitment to mainstreaming equalities in their management activities | In 2016 the Trust's verified return rate was 72%, lower than the rate reported in the 2016 national staff survey (92%). <br><br> 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. Further refinements of the process and paperwork are planned for 2017/18. <br><br> The Trust now has an Equality and Diversity Forum, chaired by the Executive Director of Workforce. It reports formally to the Workforce Sub-Committee and through there to the Board, where appropriate. The new arrangement will ensure that relevant operational issues on equality and diversity agenda will be aired appropriately. <br><br> The Trust's stepped leadership development programme incorporates relevant elements of equality and diversity, managing diverse teams and unconscious bias into the curriculum. |

The Trust commissioned the three local Healthwatch bodies to organise borough-based EDS grading events. They were very well attended (over 20 groups represented on average at each

event). However, at each event the participants felt they needed more general information about the Trust and its activities before they could come to a conclusion about its performance on equalities.

A key area of work in 2017-18 will be the Equalities and OD communications, Patient Experience and Communications Teams working together to support the clinical divisions to engage more directly and systematically with local community and user groups. The aim is to create an on-going conversations rather than a series of set piece encounters on our terms.

**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.

**6      Progress on priority actions**

| Action | Supporting Activities | Outcome |
|---|---|---|
| Continue to improve quality of data collection | • Launch "every patient counts" campaign to improve the disclosure of protected characteristics by service users | Launched in October 2015 starting in Haringey. Rolling out to other boroughs in 2017. |
| | • 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 | Equalities monitoring form for protected characteristics now included in Patient Friends and Family Test and Patient Experience Survey.<br><br>Work in progress on reporting and promoting disclosure. |
| Widen the engagement of clinical staff in the collection and use of E&D information to help shape care | • Establish an Equalities and Diversity Steering Group which 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<br>• Identify the specific information needs of clinical staff groups for E&D data on their patients<br>• Agree with the Chief Operating Officer, 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 practise, including research and development | The re-formed equality and diversity forum has representatives from across the four clinical divisions and is the primary forum for clinical staff to discuss the equalities evidence from service user feedback and outcomes. |

| Action | Supporting Activities | Outcome |
|---|---|---|
| Continue to develop the use of E&D information as part of mainstream performance management and service development governance processes within the Trust | • Continue to improve the provision of equality and diversity performance information so the relevant Trust committee can:<br><br>• identify areas for further development for the wider Trust Board to consider<br><br>• give the Board assurance of compliance with the legislation<br><br>• recognise services exhibiting excellent practice<br><br>• Agree a protocol covering the information that we will share routinely with a defined group of stakeholders, specifying the purpose for sharing this information | The equality and diversity forum – Connections - now reviews equality performance information and its comments are reported to the Workforce Sub-committee. |
| | • 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. | The clinical effectiveness team has incorporated collection of service users' protected characteristics in a revised tool to be launched in the Spring of 2017. |
| Consider how to make EDS2 grading more accessible for stakeholders | Consider options such as:<br><br>• Establish a panel for the regular grading of the Trust's performance as part of the preparations for the mandatory EDS2; or<br><br>• Service based reviews; or<br><br>• Joint reviews with other NHS bodies in the local health economy | Following a meeting in July 2016, we opted for borough-based events hosted by local community/healthwatch bodies. These took place in February 2016. They were well attended, but participants were not able to grade the Trust's performance. |
| 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<br><br>• Engage with senior leaders within the Trust to ensure they are aware of the WRES and their responsibilities under the standard | The Trust has actively participated in both the implementation and review of the WRES and provided accurate data for both years.<br><br>The WRES data and action plan have been shared across the Trust. |

**Chairman and Chief Executive commit Trust to excellence through diversity**



At the Trust Board meeting in March 2016, the Chairman, Michael Fox, and Chief Executive, Maria Kane, signed a document committing the organisation to:

- Making fair and equitable treatment of all people a core value of the Trust and a key indicator of quality

- Using the diversity in our workforce to improve services and the working lives of all staff

- Promoting equality and inclusion in our service delivery and staff management

- Addressing the challenges of specific groups, starting with the issues faced by ethnic minority staff

Maria Kane and Michael Fox signing the commitment on behalf of the Trust Board.

One of the first practical outcomes from this renewed effort is the development of a network for Black, Asian and Minority Ethnic staff, as a vehicle to support the Trust in addressing the challenges facing this particular group.

The Trust has a good track record of actions to promote equal opportunities for service users and staff. For example, we are a 'committed employer' in the Disability Confident Employers' scheme, we have more staff from Black, Asian and Minority Ethnic backgrounds in band 8 and 9 than the average across the NHS in London, and the 13 member Trust Board includes six women, two people from BAME backgrounds and one person with a disability.

**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.



Celebrating Black History Month 2016

Gathering and reporting equalities performance information has been more challenging than originally envisaged. However, we have secured investment and started a project with another mental health Trust to increase storage and host an additional reporting database. We will also be redesigning our database architecture and querying structure throughout 2017/18. This will make reporting outcomes by protected characteristics a standard operation.

While there is no evidence from our general outcome data of service users that any specific protected group has suffered disproportionately poorer service, until we have the new processes in place, the Trust Board will be advised that we cannot give complete assurance that all areas are providing equally high quality care to all groups of service users.

**1. The protected characteristics of our service users**

Table 1 below, taken from the patient record system RiO, shows the percentage of valid records by the main protected characteristics from 2014 to 26 November 2016 for all services.

| PC groups and target | % Complete at 26/11/2014 | % Complete at 26/11/2015 | % Complete at 26/11/2016 |
|---|---|---|---|
| Age | 99.9% | 99.9% | 99.96% |
| Disability | 47.4% | 48.4% | 49.60% |
| Gender reassignment | 0.01% | 0.05% | 0.08% |
| Race | 82.9% | 58.0% | 60.45% |
| Religion or belief | 49.1% | 43.4% | 41.27% |
| Sex | 99.9% | 99.7% | 99.76% |
| Sexual orientation | 0.07% | 0.17% | 0.18% |
| Marriage/Civil Partnership | 58.4% | 58.3% | 56.48% |

There has been an improvement in the percentage of validated records for gender reassignment, disability, sexual orientation and race. Records for age and sex have remained constantly above the target at almost 100%. It is of concern that the rates for valid records for religion and marriage/civil partnership have fallen. There is no obvious reason for this, but we will review to establish the reason and identify what we need to do to achieve the target of 90%+.

We are seeking to include a project to review the layout of information in the latest version of RiO our patient information system to make the input of service users' protected characteristics easier by bringing it all into one place.

**The People We Employ: Our Workforce**

Our annual workforce report provides a statistical breakdown of our workforce. Since the Workforce Race Equality Standard is now in its second year and the data collection is more robust, we will feature the work we are doing on the WRES and with our staff in general in line with the Board's Excellence through Diversity pledge.

**Focusing on making our Trust the Place to BEH**

To improve the effectiveness of the diverse range of interventions to support excellent service delivery, promote improvements equalities, and staff engagement, we have established a set of workstreams.

| Workforce Committee: | | | | |
|---|---|---|---|---|
| Strategic oversight of Trust OD, staff engagement and wellbeing initiatives – "The Place to BEH" | | | | |
| **Staff Wellbeing Forum and Equality and Diversity Forum- Connections:** | | | | |
| Coordination of workstreams | | | | |
| **BEHeard:** staff engagement and empowerment | **BEHWell:** staff wellbeing initiatives – health, welfare, social | **BEHExcellent:** staff recognition awards and innovation initiatives | **BEHFair -** staff equality and diversity work | **BEHKind –** Specific staff to staff anti-bullying, harassment and abuse work |
| Staff focus groups (Trust-wide, staff group and service line specific) Staff Friends and Family Test National Staff Survey Team Brief | Employee Assistance Scheme OH service Staff wellbeing forum (cultural and social activities) Staff benefits initiatives | Staff Awards: monthly, local (service line and team-based), annual Innovation awards/Dragons' Den | Staff equalities groups for disabilities, LGBT and race. Trust equalities co-ordinating and performance monitoring E&D committee Online fora | Dignity at work advisors Anti-bullying, harassment and abuse team interventions |

**BEHFair**

The key aim for 2016-17 has been to lay the foundations for sustainable actions to address staff concerns around equal opportunities and to maintain compliance with equalities obligations and regulations.

The Workforce Race Equality Standard has been consolidated and made mandatory through the standard contract. Preparations are being made for the introduction of the Workforce Disabilities Equality Standard (WDES) in 2018-19. The Trust was able to provide robust data for the WRES again this year, which is important as it will be published in national tables.

In April 2016 the Trust Board committed to actively work to promote diversity and equality in general and specifically to address race inequality as an immediate priority. This led to the formation of a staff-led, grassroots race equality network, 'Better Together'. The network was launched in June 2016. Elections to a steering committee have been held and the committee has organised events such as 'listening lunches' to bring senior staff and frontline workers together to better understand career development issues.

In line with the evidence from the national staff survey 2015, that staff with disabilities were often the most dissatisfied group of staff in the Trust and the national agenda to address inequalities for disabled staff, an online disabilities staff equality forum was launched in June. It will be a valuable tool in the local implementation of the WDES. Plans are also in hand for a possible Lesbian, Gay, Bisexual and Trans (LGBT) equality staff group.

## Progress on the NHS Workforce Race Equality Standard

The Trust is making progress in addressing the challenges it faces in relation to some of the nine standard indicators of the NHS-wide matrix for all provider bodies:

| Indicator and findings | Actions | Progress |
|---|---|---|
| **Indicator 1** | | |
| Percentage of BAME staff in each of the AfC Bands 1-9 and VSM compared with the percentage of staff in the overall workforce | | |
| The overall make-up of the Trust's workforce is BAME: 1382 = 48%   White: 1329 = 46% Not stated (N/S) = 6%<br><br>In clinical roles, BAME staff only outnumber White at bands 3, 5 and 6 and for non-clinical in bands 1, 2, and 3. | • There will be equality impact analyses on major reorganisations, with the anticipated and actual outcomes reported and reviewed by EMT<br><br>• In partnership with the staff race equality network develop and promote stepped positive action initiatives such as promoting access to leadership development programmes to staff from under-represented groups as part of succession and talent management programmes. The programmes should target nursing staff in bands 5, 6 and 7, as well as aspiring directors. | All Board reports have an equality impact analysis as do all policies.<br><br>The Better Together Network has discussed the WRES and produced formal proposals |
| **Indicator 2** | | |
| Compare the data for White and BAME staff: Relative likelihood of staff being appointed from shortlisting across all posts | | |
| The relative likelihood of a White applicant being appointed from shortlisting compared to BAME person (0.08/0.07) is therefore 1.14 times greater. Last year it was 1.21x in favour of white applicants. | • All panels to be as diverse as practicable. This should be monitored<br><br>• One member of the panel for all band 7 and above interviews should be from outside the team recruiting<br><br>• At least one member of all selection panels must have completed Trust approved recruitment training<br><br>• Monitoring of process and reporting on regular basis to Workforce sub-committee using TRAC<br><br>• All adverts to prominently sign-post potential applicants to the advice on NHS jobs about considering the person specifications before applying to reduce the proportion of poor quality applications | Monitoring from April 2017 |

## Indicators 3

Compare the data for White and BAME staff: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (This indicator will be based on data from the most recent two-year rolling average)

| | | |
|---|---|---|
| Likelihood of White staff entering the formal disciplinary process (8.5/1329) = 0.006. Likelihood of BME staff entering the formal disciplinary process (42/1382) = 0.03 Relative likelihood of BME staff entering the formal disciplinary process compared to White staff is therefore 0.03/0.006 = **5.07 times greater** | • We will actively encourage the consideration of diversion and early intervention/ mediation processes by mangers as an alternative option before formal disciplinary action <br><br> • Sample audit to identify any common themes/ triggers which could explain disproportionality or audit of incidents to see if there are different response based on ethnicity <br><br> • Active programme to train all managers in effective performance management of a diverse workforce, including the use of our unconscious bias champions <br><br> • Work with staff-side and BT network to consider actions to address disproportionality, including a review process before formal action | In partnership, the Trust is looking at best practice from other trusts and benchmarking its rate. |
| | | The Trust is in discussions about an analytical tool to identify the relative contributions of band and ethnicity to disproportionality. |
| | | Skills to effectively managing diverse teams incorporated into new management development programme. |
| | | BT network has made formal proposals and is working with Trust. |

## WRES Indicator 4

Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD

| | | |
|---|---|---|
| Total number of White Staff who have attended non-mandatory training: 315/1329= 0.24 Total number of BME Staff who have attended non-mandatory training: 359/1289= 0.28 0.24/0.28=0.86 This means BAME staff are more likely than White staff to access non-mandatory training and CPD | • Statistically the difference is small and may not be statistically significant. The Trust needs to keep this under review by evaluating: <br><br>   • Impact of training on career progression of BAME staff <br><br>   • Qualitative research into benefits/ impact on service delivery <br><br>   • Promote access to national programmes. | The OD and learning team are keeping the data under review. |

| WRES Indicators 5-8 | | | | | | | |
|---|---|---|---|---|---|---|---|
| Compare the outcomes of the responses for White and BME staff: | | | | | | | |
| | 2014-15 | | Gap | 2015-16 | | Gap | | |
| Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months | White | 29% | 6 | White | 26% | 17 | Continue to promote the Trust's Zero Tolerance approach to service users and their families who abuse staff. | Posters produced and published on line. |
| | BAME | 35% | | BAME | 31% | | Consider effectiveness of support offered to staff victims of violence and abuse and improve where possible. | Some options to improve support implemented by Head of non-clinical risk, more to be launched |
| Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months | White | 24% | 2 | White | 22% | 4 | Reframe the issue as BEHKind and use anti-bullying and harassment week to launch the concept of better interpersonal relations, reducing the environmental factors that facilitate bullying and offering targeted support to all teams in hot spot services.<br><br>First 25 Dignity at Work Advisors (DAWAs) trained and deployed. | The Trust marked anti-bullying at work week with events in each borough to introduce staff to the DAWAs. |
| | BAME | 26% | | BAME | 26% | | High profile promotion of EAP service to achieve utilisation rate at the average for comparable organisations by April 2017. | Trust has passed the initial target of 6% utilisation. In the last quarter of 2016 it had reached 7.2% The aim is to reach 8%, the national average by April 2017 |
| Percentage believing that trust provides equal opportunities for career progression or promotion | White | 85% | | White | 86% | | Where possible and appropriate, offer staff in Bands 6,7,8 from under-represented groups the opportunity of a director level mentor/ coach to support their career development (based on model from NELFT). | Arrangements for a formal mentoring programme are under discussion. Examples of current informal arrangements have been promoted in Take 2. A partnership approach has been included in the Better Together race equality network's work programme. |

| | | | | | | Improve the capacity and capabilities of managers to get the best from diverse teams by incorporating equality, diversity and staff wellbeing into revised management and leadership programmes. | Elements of equality and diversity including unconscious bias incorporated into new stepped management development programme |
|---|---|---|---|---|---|---|---|
| | BAME | 69% | 16 | BAME | 69% | 17 | |
| | | | | | | Closer monitoring of secondments and acting–up opportunities to ensure fairness. Monitor and publish figures for internal appointments by protected characteristics. | Will begin in April 2017 as part of workforce information KPIs |
| In the last 12 months have you personally experienced discrimination at work from any of the following? (b) Manager/team leader or other colleagues | White | 8% | 8 | White | 5% | 17 | Support creation of an active, sustainable and effective race equality staff network as a vehicle for staff engagement and a partner in positive action initiatives. | Better Together Network launched in June, current membership 170 Steering committee selected and active 2017 activity programme produced |
| | BAME | 16% | | BAME | 22% | | | |

**WRES Indicator 9**
Compare the difference for White and BME staff: Percentage difference between the organisation's Board voting membership and its overall workforce

| In 2016, the Trust Board was 100% white compared to a workforce which is 48% BAME | The Chairman has signed the Trust up as an active participant in the 'Next Director Scheme', which is a positive action programme to increase the availability of 'board ready' NED candidates from BAME backgrounds. | The composition of the board has changed to 15% BAME |
|---|---|---|



The leadership of the workforce directorate, executive directors and managers across the Trust are working with staff side and the Better Together Network staff race equality network to develop practical interventions to address the gaps between the outcomes for BAME staff and their white colleagues.

Some of the Trust staff who attended the Better Together race equality network event – The Power of Networks, which explored the benefits of group and personal networking

# Narratives of progress – the human tales behind the statistics

**Making a difference – Staff with disabilities**

Based on the average figures from the national staff survey for the past three years, about one in five staff say they have a disability. This is in line with the average across the NHS.

The Trust is developing its expertise in supporting staff with disabilities. Below are some case studies which illustrate the challenges the employees and the Trust have faced and worked together to overcome. They are anonymised to protect the privacy of the staff concerned.

**Employee 1**: Developed double vision, hearing loss, and balance and memory problems as a result of s serious infection. The employee has had a return to work interview with a manager and a phased return for 8 -12 weeks, starting with low key administrative duties and a weekly review with management to allow opportunity to increase work tolerance. A buddy system' has been put in place for the employee to shadow a colleague in a similar band 5 nursing role and to gradually take a lead on aspects of the role, under the buddy's supervision.

**Employee 2**: This member of staff has a serious debilitating, progressive illness. There has been input from Occupational Health, the line manager and the business partnering team to continuously review physical disability and what duties can be carried out. She is currently working 50% at home which is to continue with quarterly management reviews. The line manager is reviewing the employee's job description to ensure her role and responsibilities are commensurate to her home working arrangement, frequent short term absence, management structure and needs of the service.

**Employee 3**: The employee has a range of conditions, not least hearing impairment and dyslexia. Between the Trust and Access to Work we have agreed to fund and implement a hearing aid system that is suitable for challenging work environments such as a ward. We are also implementing a 'livescribe' system which turns everything the employee writes into an audio file so that everything written on paper can be downloaded on to a PC and played back to him as a sound file so he can hear it.

**Improving the environment for LGBT+ staff and service users**

In October 2016 a group of staff began to develop a programme to address the needs of both staff and service users who are lesbian, gay, bisexual or transsexual (LGBT). They met with a lecturer from Middlesex University, who had incorporated training on LGBT health issues into the curriculum for registered mental health nurse trainees.

The key aim of this initiative is to start a process within the Trust to develop strategies and practices which address health and workforce inequalities for LGBT[+] people.

Central to the whole initiative is co-production with stakeholder equality leads, LGBT+ groups with an interest in mental and community health services in Barnet, Enfield and Haringey as well as heterosexual and LGBT[+] staff with an interest in greater equality. LGBT groups, local authorities and Middlesex University staff are therefore part of the steering group.

**The key objectives of this programme are:**

- Raising awareness of the health inequalities affecting LGBT[+] people and the best practice in addressing them

- Raising awareness of the employment inequalities affecting LGBT[+] staff and the best practices in addressing them

- Start the process of establishing a LGBT[+] staff equality group

**The Better Together Network in pictures**





BTN steering group members



Isabelle Iny, management consultant leading a group activity on mapping and growing diverse personal networks.



Cherron Inko-Tariah MBE, author and consultant talking to network members about the power of staff networks to promote change

**Statement of Intent on priority actions for 2017-18**

Our priority actions for 2017-18 will come from the review of the Trust's equality objectives following an EDS re-grading exercise in the spring of 2017. The revised actions along with the evidence from the EDS2 re-grading exercise will be published online and shared with stakeholders**.**

**Potential Equalities Objectives for 2017-2021**

| Objective | How it will be measured | Completion goal in 2020-21 |
|---|---|---|
| Improve the collection and use of equalities information | 1. Progress towards 90% validated service user and staff records for all protected characteristics<br>2. Ability to appropriately report key service user outcomes by protected characteristics<br>3. Evidence of due regard being given to the public sector equality duty in all significant policy and service developments | 1. 90% valid records for the first six characteristics and 70%+ for Trans, pregnancy and marital status.<br>2. All main Trust dashboard KPIs reported annually by all nine PCs as appropriate<br>3. All Board papers and service development having robust equality impact analysis |
| The Trust will use all means to ensure that staff respect and discuss with all patients their cultural, religious and spiritual needs as part of a holistic clinical assessment | 1. In-house staff experience surveys to ask appropriate questions<br>2. Staff training includes appropriate information on meeting diverse needs | 1. Results from surveys show no group is disadvantaged disproportionately or inexplicably<br>2. Where disadvantages are identified, remediation plans are in place |
| The Trust will take a systematic approach to engagement and consultations to ensure as far as practicable and appropriate groups representing all protected characteristics are involved in major service developments and changes | 1. Develop comprehensive database of stakeholder groups<br>2. Regular contact and communication which is monitored and reviewed<br>3. Agree minimum quantitative measures for breath of engagement | 1. Trust meets the targets agreed with stakeholders for the quantity and quality of its engagement |
| The Trust will work in partnership to use the EDS, WRES, WDES and other frameworks to improve the experience of staff and services users | 1. The Trust will be compliant with requirements to undertake EDS, WRES, WDES and any other such performance work.<br>2. Over time the Trust will improve its performance where it is performing worse that the average for comparable London NHS bodies. | 1. The Trust met all the time scales, reporting requirement and best practice guidance.<br>2. Where the Trust's performance was worse than that of comparable NHS bodies it took action to address this and was able to show progress. |

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