Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust





Equality and Diversity Report 2017

Maintaining progress

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 most recent Quality Account.

The key focus of our equalities work in 2017 has been the development of staff -led equalities groups, improving the collection and use of service outcome data by protected characteristics and building links with our local communities.

This annual report reviews the Trust's work in meeting its obligations under the Equality Act 2010.

The Act requires the Trust to publish information to show we 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
- **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 in delivering equal opportunities and the Workforce Race Equality Standard, in relation to race equality within our workforce.

About Barnet, Enfield and Haringey Mental Health Trust

Our Trust is a large provider of integrated mental health and community health services in north London. The Trust currently employs around 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

Our vision is embedded within our clinical strategy. We want to help people live, love, do.

Live - A safe and secure place to call home

Love - Re-building relationships which may have broken down during a period of illness

Do - Help people to find a meaningful activity - that may be getting back into employment or further education

Our values

The Trust's values are:

- Compassion
- Respect
- Being Positive
- Working together

Our objectives are:

- Happy staff
- Value for money services
- Excellent care

Within our part of London and England in general there are well documented and understood health and employment inequalities, the causes of which lie outside the scope of the Trust to affect significantly. We focus on the areas of:

- Improving our patients' health outcomes, reducing health inequalities
- Improving access to and the experience of our services for all groups of service users
- Creating a workforce which reflects the diversities of the communities we serve, feels supported and engaged in delivering excellent care to all
- Fostering inclusive leadership at all levels so that our policies, practices and priorities take into account the diversity of local interests

These areas are aligned with the four goals of the NHS Equality Delivery System, the performance management framework for delivering equal opportunities in the NHS

Review of our overall equalities activities, by protected characteristics, in 2017

This is a summary review of key initiatives addressing issues linked to specific protected characteristics and groups.

Age:

The populations we serve are becoming more age diverse as the proportion of people living into their 80s and beyond increases, while migration brings more young working age people into the capital. Our own workforce is aging, as those who joined the NHS in the 80s and 90s move towards retirement age.

One More Year initiative - we have reviewed and revised our staff pre-retirement workshops to include a prompt to staff to consider the benefits of working past their retirement age with the Trust. The workshops aim to prepare older staff who are within three years of pensionable age for the significant life change.

"There is so much to think about, the seminar was really helpful in clarifying my options, all my options. I feel I have all the facts now to make a decision on what to do next"

Participant at January 2017 workshop

Our Care Home Assessment Team, part of Enfield Health, is a nurse-led community service which provides rapid response visits or telephone advice at times of crisis, and works with residents, families and care home staff to make end of life care plans and stabilise long term conditions. As well as the benefits to the service users and their families, the project aims to prevent hospital admissions and associated risks for older people in care homes.

Disability:

Between 4% (electronic staff record) and 16% (2017 Staff survey) of our staff consider themselves to be disabled. The difference in disclosure is common across the NHS where, according to NHS Employers, almost half of the disabled staff in the NHS choose not to disclose their disability. In response to staff with disabilities rating the Trust poorly for discrimination, the equalities team has been supporting the development of a disabled staff forum to provide opportunities for partnership working to improve disability equality in services and employment. The disabled staff involved in setting up the forum opted for a virtual forum which communicates and works via email and a comments page on the intranet. The forum was launched in May 2016 with the focus in 2017 on preparations for the NHS Workforce Disabilities Equality Standard and developing a protocol on reasonable adjustments. The aim is to make it easier for managers to understand what they have to consider and why, so even more staff with disabilities feel supported.

The Trust has a very successful community engagement (Expert by Experience) workers programme. This programme brings people with lived experience of mental illness into the workforce to support recovery and enablement. The first cohort was recruited and deployed and, following an independent review by Middlesex University, we are seeking to deploy more experts by experience to increase their impact.

Ethnicity:

The Trust's race equality staff network; Better Together Network (BTN) has continued to develop and provide opportunities for partnership working to improve race equality in services and employment. It has held three successful major events including a session with Dame Elizabeth

Anionwu and the Medical Director Jonathan Bindman around incorporating diversity into clinical practice.

"What do Jews/Muslims/Christians/Ghanaians/Jamaicans believe about…x?' is always going to be the wrong question…"

Dr Jonathan Bindman on the shortcomings of Solitarism.

The programme of listening lunches has continued and provided staff from across the Trust with opportunities to engage in conversations with people as diverse as Cheryl Samuels, a former colleague who now leads a workstream within the North Central London STP, to our own Richard Milner, Director of Improvement, talking about his career and the benefits of involvement in quality improvement projects.

The Trust is leading a Pan-London quality improvement (QI) collaborative project to reduce the gap between the proportion of staff from BME backgrounds entering the formal disciplinary process and their white peers. The London collaborative is sponsored by the London HR Directors' and the Equality and Diversity Leads Networks with support from the national WRES implementation team. The Trust's own QI project to develop and implement a local model to improve the disciplinary process for all staff is being supported by the London NHS Leadership Academy. Whilst we have dramatically reduced the gap between 2016 and 2017, we aim to use the quality improvement approach to ensure that improvements are embedded and sustained.

We are pleased that we are working in partnership with our staff-side colleagues on this. We all agree that there has to be accountability where a member of staff has knowingly broken the rules or endangered service users, however, implementing a system which is transparently fair to all is a priority for us.

Deputy Director of Workforce

Gender re-assignment:

The Trust now has a protocol on Trans inpatients' care as part of our patient dignity and privacy policy. There is improved guidance available to ward managers so they understand how to ensure that Trans patients are treated with respect and their preferences are respected while protecting the privacy of others on the wards. The Trust is also working on improvements to the handling of Tran's patients' medical records.

Religion/Belief:

All through 2017 the Trust liaised with a representative of the Bishop of London on looking at chaplaincy services in mental health and improving links with Anglican and other local Christian institutions as a resource for service users. The aim is to develop formal and sustainable links with the management teams of our four service lines.

As part of the drive to mainstream good equalities practices in everyday clinical care, the Director of Nursing, Quality and Governance asked for the topic of spiritual care to be one of the key presentations at the May 2017 nursing conference. The presentation explained why service users' spiritual and cultural needs can be a positive and critical part of recovery and who staff can safely support patients in to use their beliefs as a strength.

"I know I can't have perfect knowledge of all religions, but I now understand that I can ask the person how is the expert in the service user's own beliefs for answers… the service user his or herself."

Participant, nursing conference

Sex (male or female):

The Trust has been active in the NHS-wide programme to develop software to enable ESR to report on the Gender Pay Gap. The software developed by IBM is now ready and is being tested in February with a view to reporting the Trust's performance by the 31 March deadline.

Sexual Orientation:

Setting up a self-organised staff LGBT+ equality group was a priority for 2017. The Trust has launched LGBT equality initiatives in the past, with lower impact than we would have liked as there was no group driving forward the initiatives. In partnership with Middlesex University and LB Barnet Council, the Trust organised a well-attended scoping event in February 2017. This was followed by our participating for the first time in the July London Pride Parade on the NHS bus. In October 2017, Maria Kane, Chief Executive, formally launched our LGBT+ equality network. The Trust has joined the Stonewall Diversity Champions programme to help improve the environment for LGBT+ staff and contribute to recruitment and retention. Stonewall is also working with the Workforce Directorate on a review of HR policies to improve their relevance to LGBT+ staff.

"I've never had any problems being open in any of the boroughs I have worked in but have to say Enfield is a very welcoming and a comfortable environment. I'm able to be me with ease! There's nothing more I can really add!"

Member of staff Enfield

Pregnancy and maternity:

The Trust has found a suitable location for a breast feeding facility at St Ann's Hospital. This will allow breastfeeding mothers to feed their babies in privacy and comfort.

Using the Equality Delivery System

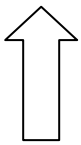
The EDS is a developmental performance framework which asks service users, carers, staff and their representatives, to grade the work of the organisation based on the evidence it provides.

Since 2011 when the Trust became subject to the Public Sector Equality Duty under the Equality Act 2010, it has used the NHS-wide Equality Delivery System (EDS) as its framework for managing its performance.

In 2013, NHS England launched the EDS2 which uses a simplified grading system and is focussed more on outcomes. All NHS service providers are now required to use the EDS under the provisions of the standard contract.

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
- Inclusive leadership

The EDS Goals and the Trust's progress

The Trust held very well attended EDS events in each of the three boroughs in November 2017 and will follow these up with a staff engagement programme in February/March 2018. The aim is to have revised grades and new objectives by the end of March 2018.

Fundamental to all the work on measuring outcomes by protected characteristics (PCs) is to increase the proportion of service users who voluntarily disclose their PCs to us.

	% Complete (Oct 2015)	% Complete at (Oct 2016)	% Complete at (Oct 2017)	Target %
Age	99.90%	99.96%	99.90%	90%+
Disability	48.40%	49.60%	- *	60%+
Gender Reassignment	0.05%	0.08%	1.61%	10%
Race	58.00%	60.45%	88.18%	90%+
Religion or belief	43.40%	41.27%	27.02%	60%+
Sex	99.70%	99.76%	99.9%	90%+
Sexual Orientation	0.17%	0.18%	2.05%	10%+
Marriage/Civil Partnership	58.30%	56.48%	80.92%	60%+

We have changed the basis of calculating the disability figure to align it more closely with the latest advice from NHS England. We will need to recalculate past figures to track the changes more accurately. This in turn will support wider reporting of patient outcomes by protected characteristics. In all other areas except religion/belief we have improved disclosure rates.

The People We Serve: Our Service Users

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

"The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results."

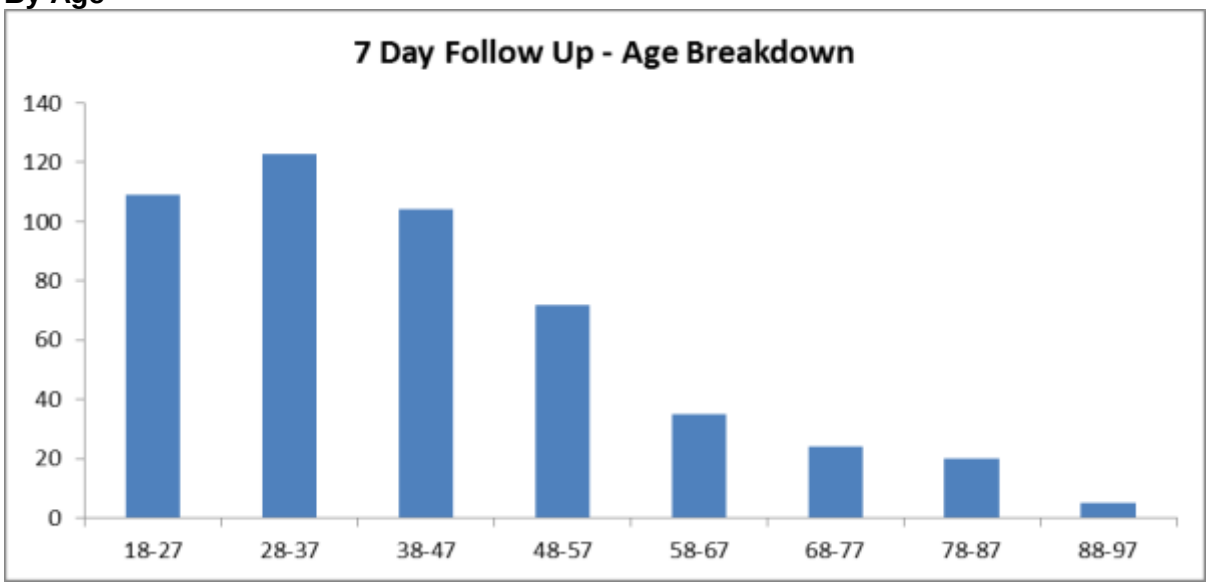
The RAG rating given by a range of stakeholders including service users and staff side in February 2012 was "under-developed". A key factor at the time was the lack of statistical evidence of health outcomes. Since then the Trust has made progress in collecting data on key outcomes by protected characteristics.

Below are some of the key outcome measures by some characteristics with a narrative of what this means for service development.

People followed up within seven days of an in-patient discharge

This measure is important as it shows the proportion of people on the Care Programme Approach (CPA) discharged from mental health inpatient services receiving follow up within seven days. This is a safety measure, looking at the effective working between inpatient and community teams, as the immediate period after discharge is a time of significant suicide and self-harm risk.

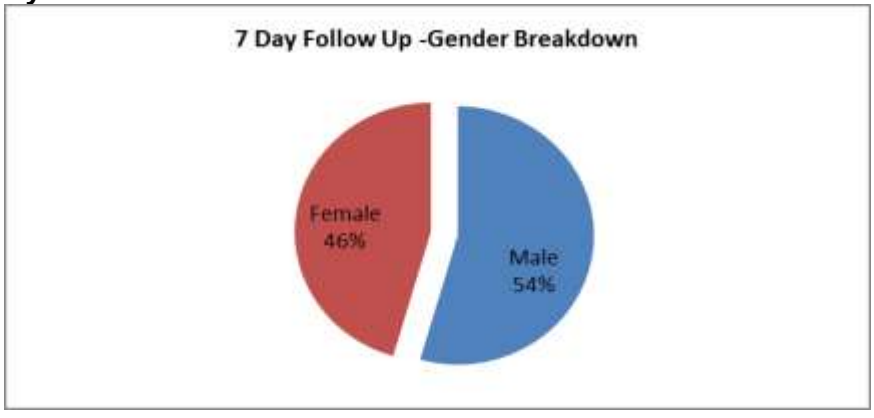
By Age



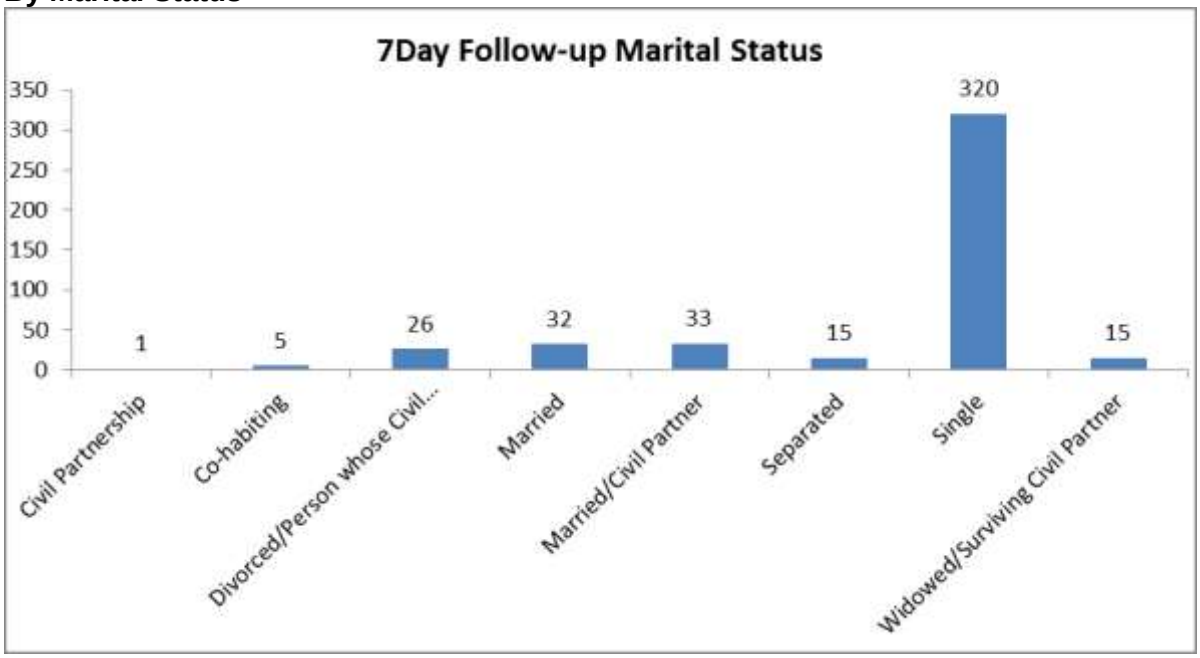
By Ethnicity

White Ethnicities	53%
Black and Minority Ethnicities	47%

By Gender



By Marital Status



These figures broadly reflect the proportions of service users receiving CPA seven-day follow-ups. The high proportion of single people is positive.

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 including British sign language in the three boroughs of Barnet, Enfield and Haringey. This poses significant communications challenges. To ensure no-one is denied access on the basis of their communications needs, the Trust contracts an independent interpreting and translation service provider to facilitate communications at clinical meetings.

There is also a major capital works programme to update key older peoples' service buildings in Enfield to make them more dementia-friendly and better support 21st century dementia care.

Although the Trust carries out a comprehensive suite of service users' surveys (trackers, patient friends and family, ward and community focus groups) too few service users disclose their protected characteristics to allow a meaningful assessment of service users' experiences by PCs. Getting more people to disclose by explaining how it will help improve service and reassuring them about confidentiality will be a priority for 2018-19.

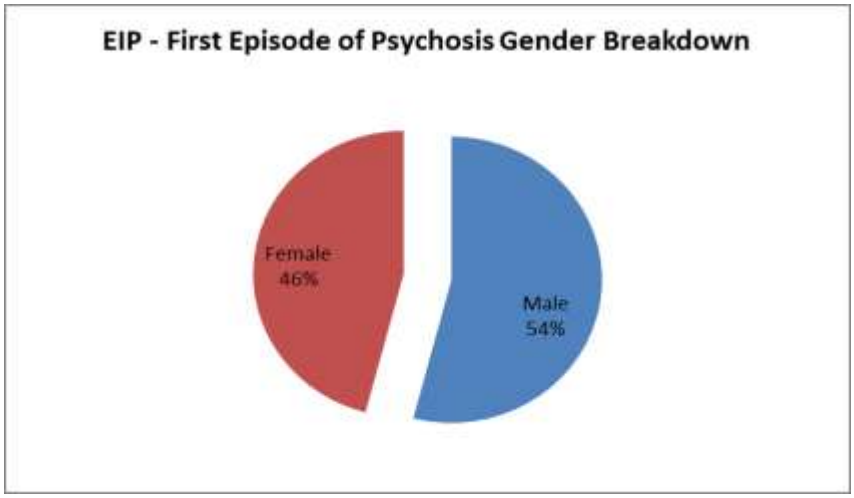
Measures of access

This is a measure of the proportion of people experiencing a first episode of psychosis, how have been given access to a NICE-approved care package within two weeks of referral.

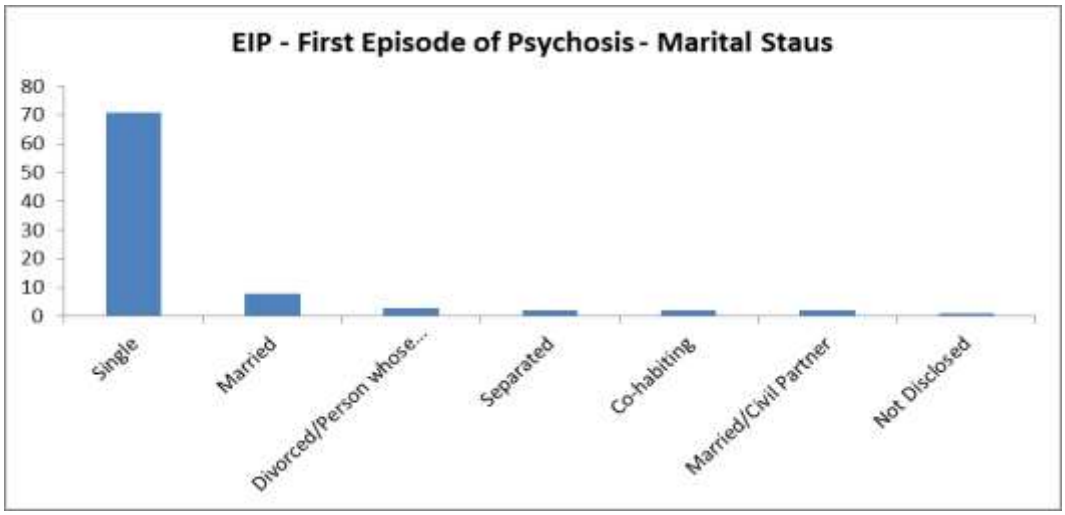
Ethnicity

White	37%
BAME	63%

Gender



Marital status

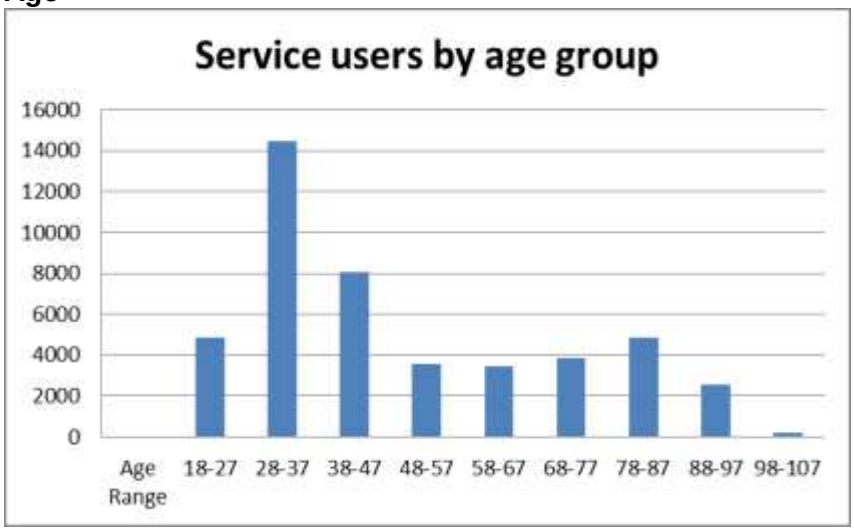


These figures are consistent with the identified needs of young men often from BME background needing access to service promptly to manage their condition at its early stages to reduce long term ill health.

Accessing physical health services in Enfield

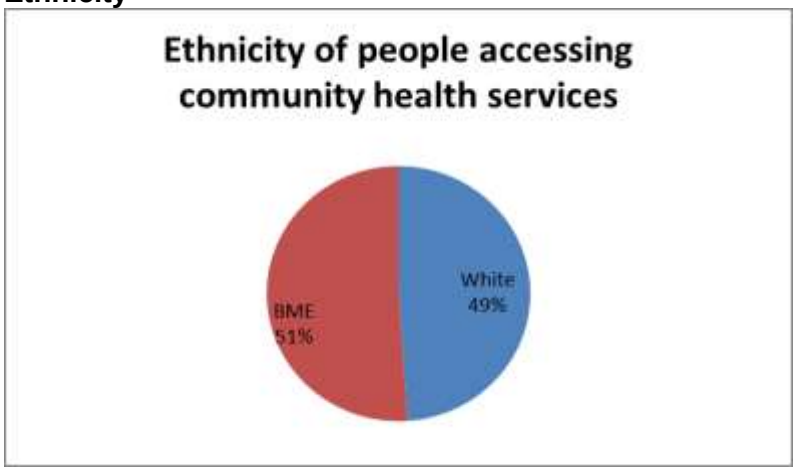
The Trust runs community health services in Enfield. Although they are an integral part of the combined Enfield Health service, we are able to report on physical health service users separately.

Age



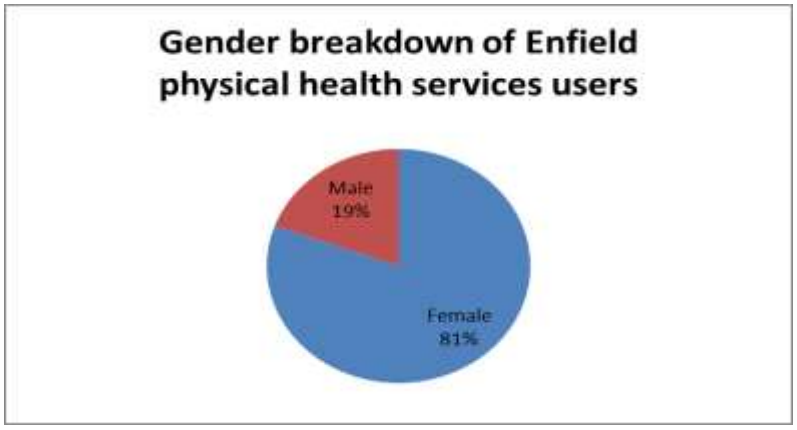
The numbers of new mothers and older people accessing services are heavily influencing the age distribution of service users. There are proportionaly more people in the .younger working age brackets and the pensioners age groups athan in the general population.

Ethnicity



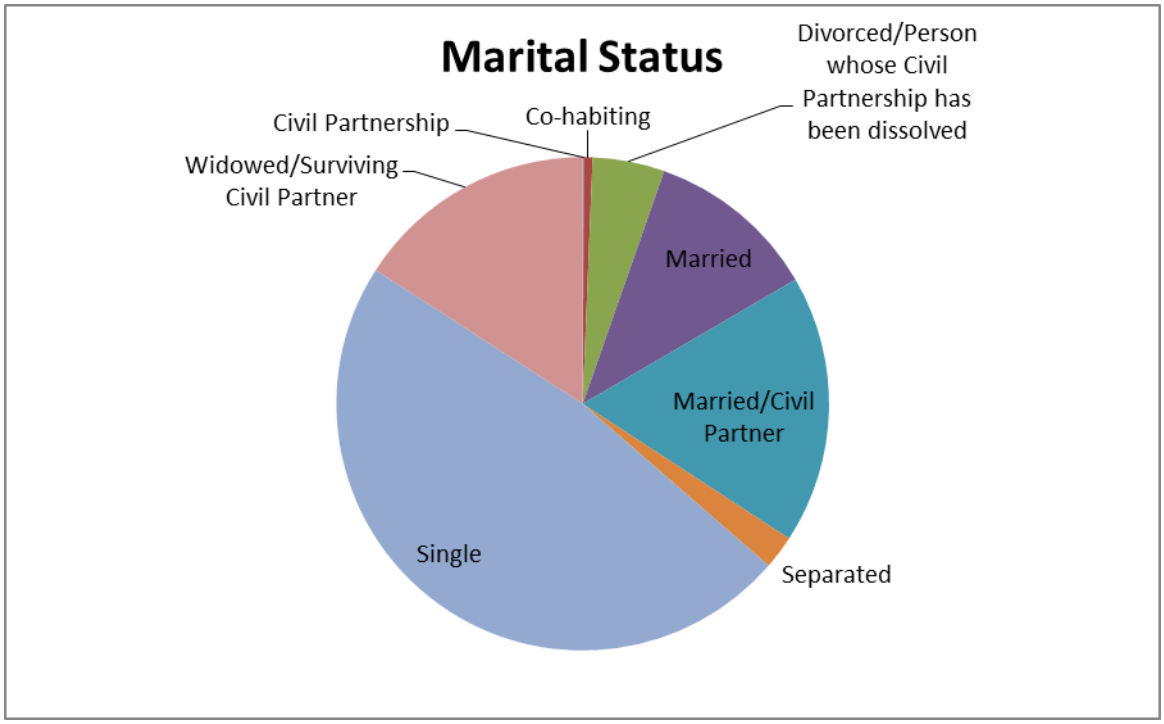
White ethnic groups make up an estimated 60% of Enfield's total population (Enfield Borough Profile, 2017), they are under represenated in service users, this is due to the differenbce in the age profile

Gender



The high proportion of female patients includes new mothers, and older women who live longer on average than men. Enfield's populkation is 52% female, 48% male, so there are manay more women access the service than men, This is due to the factors outlined above.

Marital status



None of these graphs shows a significant or inexplicable difference between the protected characteristics groups which would have indicated discrimination in treatment or access.

The People We Employ: Our Workforce

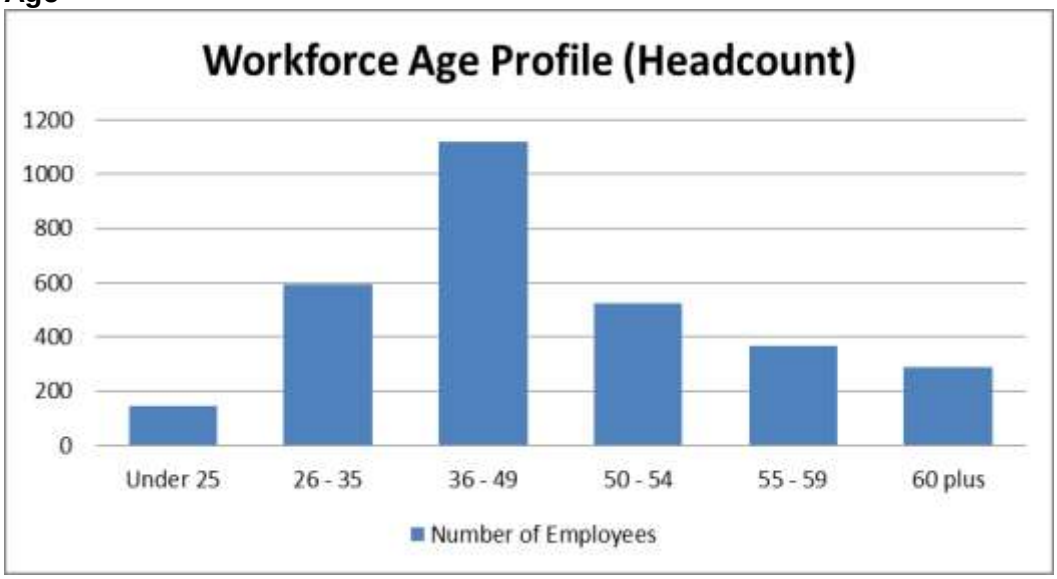
EDS GOALS Three and Four: Empowered, engaged and well supported staff with inclusive leadership

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.

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.

Diversity of our workforce

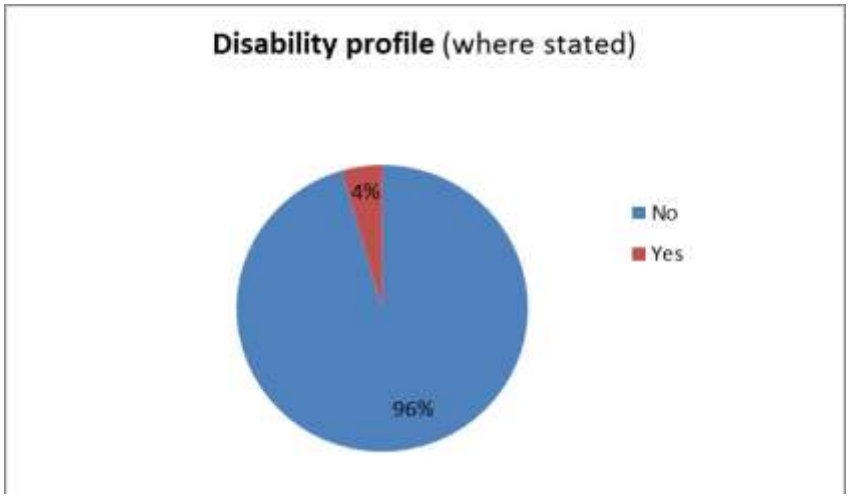
Age



Around 39% of the workforce is 50+ years old, while just 24% are under 35 years old. The Trust is stepping up pre-retirement advice for staff both to ensure they understand their pension and retirement options and to encourage and support those who might wish to work a little longer.

Disabilities

In our Trust, around a quarter of staff declined to state their disability status. Improving disclosure rates will be a priority for the Disabilities Forum.



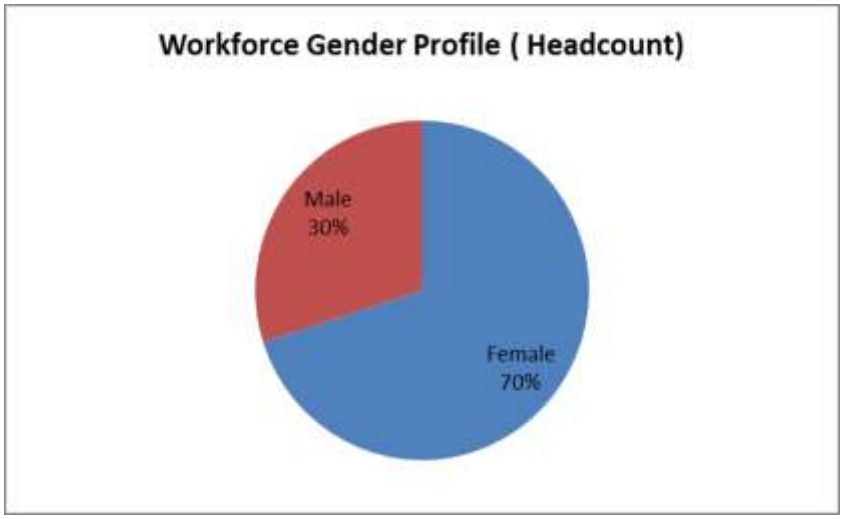
Preparations are in hand for the introduction of the Workforce Disabilities Equalities Standard in 2019.

Ethnicity

The workforce race equality standard addresses the key workforce issues around ethnicity and its at the end of this section.

Gender

In line with the wider NHS, we have an overwhelmingly female workforce.



The Trust will be publishing its gender pay review at the end of March 2018 in line with regulations.

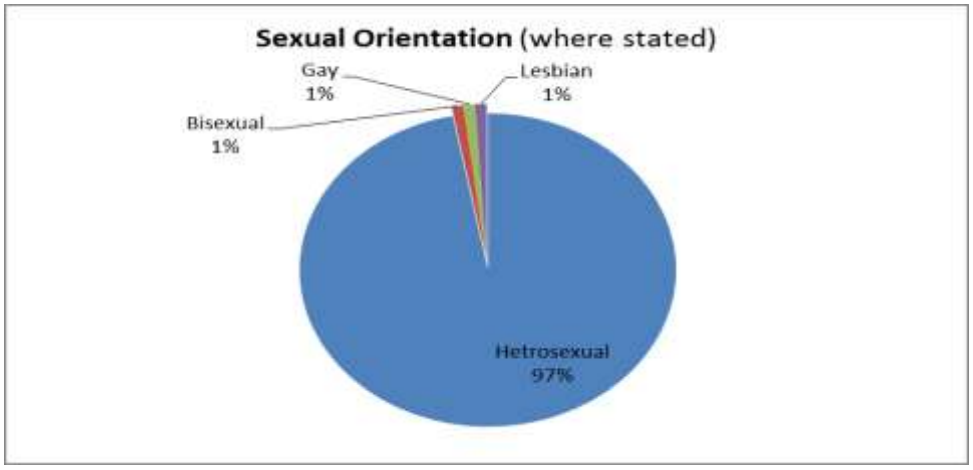
Religion and belief

Some 67.9% of our staff declared a religious preference of which is well on our way to achieving 90%+ of staff declaring their status. Of those staff who have indicated their religion belief the breakdown is:

Christianity	62%
Atheism	11%
Islam	8%
Hinduism	6%
Other faith groups	13%

Sexual orientation

It is pleasing to note that almost 65% of our staff made a declaration of their sexual orientation.



The 3% of staff declaring that they are either gay, lesbian or bi-sexual is likely to bet an underestimate of the true numbers of LGB staff. While recognising that the deceison whertehr or not and when to come out is aboslutely a matter of individual choice. A key aim of the LGBT+ equality network is to promote an inclusive envirronment so everyone can be as open as they want to be.

Progress on the NHS Workforce Race Equality Standard

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

WRES 2017 provisional scores

NHS England pre-populates the online scoring sheets. The information below is based on the raw data we have uploaded to those sheets and is subject to moderation by NHS England.

<table>
<tr><th>Indicator and findings</th><th>Actions</th><th>By whom</th></tr>
<tr><td colspan="3">Indicator 1

Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce</td></tr>
<tr><td rowspan="2">The current overall make-up of the Trust's workforce is: BME = 49.40% (1368) White = 45.22 % (1252) Not stated = 5.38%(149)

(Using NHS England workforce data)

Tables 1 and 2 below give the percentages of BME and White staff for 2017 for each pay band. There are separate tables for clinical and non-clinical staff.

In 2015 the indicator was expressed as the difference between the percentage of BME staff in Bands 8-9, VSM compared with the percentage of BME staff in the overall workforce. While NHS England no longer reports the indicator in this way, it is useful when comparing year on year performance.

In 2015 the difference was: 30
50% (%BME staff in workforce): 20% (%BME staff in band 8 and above).

In 2016 the difference was: 24
48% (%BME staff in workforce): 24% (%BME staff in band 8 and above).

2017 the difference is: 21
48% (% BME staff in workforce): 27% (%BME staff in band 8 and above).

On this measure, performance has improved.</td><td>There will be equality impact analyses on major restructuring, with the anticipated and actual outcomes reported and reviewed by the Executive Management Team.</td><td>Head Business Partner</td></tr>
<tr><td>In partnership with the staff race equality network, develop and promote stepped positive action initiatives to promote career development opportunities for staff from BME backgrounds.</td><td>Head of Learning & Development</td></tr>
</table>

Table 1. Percentage of staff in clinical roles in each pay band who are White and BME

	2016				2017			
Band	**White**	**%**	**BME**	**%**	**White**	**%**	**BME**	**%**
Band 1	0	0.0%	0	0.00%	0	0%	0	0%
Band 2	9	52.94%	8	47.06%	9	52.94%	8	47.06%
Band 3	111	26.1%	315	73.94%	115	24.78%	349	75.22%
Band 4	73	58.9%	51	41.13%	75	92.59%	6	7.41%
Band 5	94	24.3%	293	75.71%	103	25.88%	295	74.12%
Band 6	170	42.9%	226	58.40%	172	40.28%	255	59.72%
Band 7	248	64.9%	134	35.08%	254	62.87%	150	37.13%
Band 8a	104	73.2%	38	26.76%	86	75.44%	28	24.56%
Band 8b	44	11.1%	8	2.07%	39	79.59%	10	20.41%
Band 8c	22	42.3%	4	7.69%	21	87.50%	3	12.50%
Band 8d	4	66.7%	2	33.33%	3	60.00%	2	40.00%
Band 9	1	50.0%	1	50.00%	1	50.00%	1	50.00%
VSM	2	100.0%	0	0.00%	2	100.00%	0	0.00%
Totals	**882**	**45%**	**1080**	**55%**	**880**	**44%**	**1107**	**56%**

Table 2. Percentage of staff in non-clinical roles in each pay band who are White and BME

	2016				2017			
	White	**%**	**BME**	**%**	**White**	**%**	**BME**	**%**
Band 1	20	41.67%	28	58.33%	14	37.84%	23	62.16%
Band 2	7	53.85%	6	46.15%	10	52.63%	9	47.37%
Band 3	78	59.09%	54	40.91%	81	57.04%	61	42.96%
Band 4	95	55.56%	76	44.44%	90	53.25%	79	46.75%
Band 5	38	58.46%	27	41.54%	41	60.29%	27	39.71%
Band 6	20	66.67%	10	33.33%	21	60.00%	14	40.00%
Band 7	22	64.71%	12	18.46%	21	61.76%	13	38.24%
Band 8a	22	61.11%	14	38.89%	42	63.64%	24	36.36%
Band 8b	17	68.00%	8	32.00%	25	71.43%	10	28.57%
Band 8c	18	94.74%	1	5.26%	15	93.75%	1	6.25%
Band 8d	7	87.50%	1	12.50%	9	100.00%	0	0.00%
Band 9	0	0.00%	0	0.00%	0	0.00%	0	0.00%
VSM	3	100.00%	0	0.00%	3	100.00%	0	0.00%
Totals	**347**	**60%**	**237**	**40%**	**372**	**59%**	**261**	**41%**

Indicator 2 Compare the data for White and BME staff: The relative likelihood of staff being appointed from shortlisting across all posts		
The relative likelihood of a White applicant being appointed from shortlisting compared to BME person has slightly increased from 1.2 times in 2016 to **1.44** times this year.	• From August 2017 one member of the interview panel for all jobs will be from a team other than the one in which the job will be based • From April 2018 as part of values-based recruitment, at least one member of all selection panels must have completed Trust-approved recruitment training	Head of Recruitment and Resourcing
	• In partnership with Unison and the Better Together Network, organised a career development day on 29 August at St Ann's. Focus on job hunting and interview skills as well as personal and career development options for staff	Deputy Director, OD and Learning and Head of Learning and Development
Indicator 3 Compare the data for White and BME staff: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. (This indicator is based on data from the most recent two-year rolling average)		
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff has significantly reduced compared to last year. This year it is **2.02** compared to 6.28 in 2016. The number of cases has remained around the same (50+).The rolling average is therefore **4.15**	The Trust will work in partnership with staff-side and the staff race equality network to review and recommend revisions to the process. The aim is to adopt better practices in line with London and national collaboratives' findings.	Head Business Partner and Head of Equalities and Engagement
Indicator 4 Compare the data for White and BME staff: Relative likelihood of staff accessing non-mandatory training and CPD		
White staff remain slightly less likely than BME staff to access non-mandatory training and CPD - **0.91** compared to 0.95 last year (parity would be 1)	The Trust will keep this situation under review	Heads of Learning & Development and Equalities and Engagement

WRES Indicators 5-8

Compare the outcomes of the responses for White and BME staff to specific questions in the national staff survey:

For each of these staff survey indicators, the standard compares the metrics for each survey question response for White and BME staff		2015			2016		
				gap			gap
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	**White**	26%	**5**	**White**	31%	**9** (Worse)
		BME	31%		**BME**	40%	
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	**White**	22%	**4**	**White**	25%	**4** (No change)
		BME	26%		**BME**	29%	
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	**White**	86%	**17**	**White**	85%	**14** (Better)
		BME	69%		**BME**	71%	
8	Percentage of staff reporting that they have personally experienced discrimination (in the last 12 months) at work from any of the following manager/team leader/other colleague	**White**	5%	**10**	**White**	7%	**6** (Better)
		BME	15%		**BME**	13%	

The picture on the perceptions of BME staff relative to their White peers has improved. Their perception of bullying and harassment has marginally worsened due to incidents with service users and the public. Action to address the issues behind these indicators is already in the staff survey response plan agreed by the Board in April 2017.

WRES Indicator 9	**2015-16**			**2016-17**		
Percentage difference between the organisation's voting Board membership and its overall workforce	**White**	**100%**	**52 ***	**White**	**75%**	**24.9 ***
	BME	**48%**		**BME**	**50.1%**	

* Difference

The gap between the percentage of Board members from BME backgrounds compared to the percentage of BME staff in the whole workforce has halved because of the appointment of two Non-executive Directors from BME backgrounds in 2017.

The WRES data for all NHS provider bodies will be published by NHS England, likely in spring/summer of 2018. We are expected to share our results with our local stakeholders and will do this as part of the EDS process in the autumn.

Statement of intent on priority actions for 2018-21

Our priority actions for 2017-18 will come from the review of the Trust's equality objectives following the conclusion of the EDS re-grading exercise in March 2018. 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 2018-2021

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 2. Ability to appropriately report key service user outcomes by protected characteristics 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 2. All main Trust dashboard KPIs reported annually by all nine PCs as appropriate 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 2. Staff training includes appropriate information on meeting diverse needs	1. Results from surveys show no group is disadvantaged disproportionately or inexplicably 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 is practicable, that appropriate groups representing all protected characteristics are involved in major service developments and changes	1. Develop comprehensive database of stakeholder groups 2. Regular contact and communication which is monitored and reviewed 3. Agree minimum quantitative measures for breadth 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 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 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

Appendix

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 in relation to equalities and human rights.

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 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

[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

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 Engagement of further advice and new consent forms.

The main equalities legislation is the Equality Act 2010:

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, we aim to better understand the needs of all the different people we serve. This will enable the Trust to make better decisions and to improve our 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.

[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(s) 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

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. The Trust is currently consulting on revised objectives.

Monday - Friday
9:00am - 5:00pm

TBC

For free translation phone

Për një përkthim falas telefononi
للترجمة المجانية الرجاء الاتصال هاتفياً
বিনাখরচে অনুবাদের জন্য টেলিফোন করুন
Za besplatne prevode pozovite
欲索取免費譯本，請致電
Pour une traduction gratuite, téléphonez
Για δωρεάν μετάφραση, τηλεφωνήστε
મફત ભાષાંતર માટે ફોન કરો
निःशुल्क अनुवाद के लिए कृपया फ़ोन कीजिए
بو ته رجومه کردنی به خورایی ته له فون بکه بو
Del nemokamo vertimo skambinkinte
സൗജന്യമായ തർജ്ജിമയ്ക്കായി ബന്ധപ്പെടുക
Po bezpłatne tłumaczenie prosimy dzonić
Para uma tradução grátis, telefone
ਮੁੱਫ਼ਤ ਅਨੁਵਾਦ ਲਈ ਫ਼ੋਨ ਕਰੋ
Перевод – бесплатно. Звоните
Para obtener una traducción gratuita llame al
Turjubaan lacag la'aan ah ka soo wac telefoonka
இலவச மொழிபெயர்ப்புக்கு தொலைபேசி செய்யவும
Ücretsiz çeviri için telefon edin
Để cón bản dịch miễn phí hãy điện thoại
مفت ترجمے کے لئے فون کریں

Also for Audio, Large Print and Braille, phone

0800 952 0119