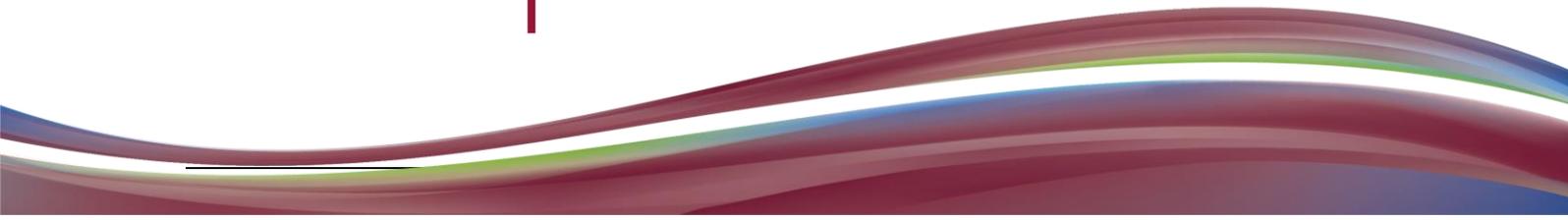




Equality and Diversity Report for 2018



Introduction

This report is aimed at the wider public and our stakeholders. We want our Trust not only to deliver excellent care and an innovative provider, but to work closely with the communities we serve and to reflect those communities at all levels in our workforce.

This report provides an overview of our activities in 2018 in relation to equality, diversity and inclusion. The Trust has been able to meet its statutory obligations and in some ways innovate, but our ambitions are more than this, as are the expectations of our stakeholders, so we are keen to signal a step change in our approach to equality, diversity and inclusion.

This report sets out the Trust's work in meeting its regulatory obligations in four areas in 2018:

- 1 **Equality Act 2010**, in having 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
- 2 The standard NHS provider contract which requires us to operate the NHS-wide **Equality Delivery System (EDS)** to evaluate our general performance in delivering equal opportunities
- 3 The **Workforce Race Equality Standard**, in relation to race equality within our workforce
- 4 **Gender Pay gap report**

Summary

We have started the process of adding urgency and vigour to our equalities, diversity and inclusion activities. Some of the changes are procedural e.g. the creation of a formal equalities, diversity and human rights committee made up of senior staff from across the whole Trust and chaired by our Chief Executive. Others include the recent distribution of new rainbow lanyards during LGBT+ history month so staff from all backgrounds can show their support. Proposed and supported by the Trust's Chair, Mark Lam, over 300 staff have supported this initiative so far.

A women's equality group was launched on International Women's Day, 08 March 2019, which included powerful stories from women in a range of roles across the Trust.

Preparations are underway for the launch of the workforce disabilities equality standard which will help us identify where we can better support colleagues who have a disability.

Our ambitions for 2019/10 include:

- Mainstreaming equality, diversity and inclusion into how we design and deliver our services
- Paying heed to equality, diversity and inclusion in the way we procure services
- Demonstrating senior management support through greater engagement with the communities we serve and our staff networks
- Identifying senior clinical leads for the equality, diversity and inclusion agenda to support evidence-gathering and improvements in the delivery of our services
- Implementing fully our action plans, as outlined in this report

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 over 3,000 staff with an annual income of £212 million. We serve a population of just over a million people.

We provide 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 values

The Trust's values are:

- Compassion
- Respect
- Being Positive
- Working together

Our objectives for 2018/19 were:

- 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 in 201, by protected characteristics

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

Age:

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.

We are innovating in our Children's Mental Health Services (CAMHS) - in Haringey we offer the CHOICES service to support children and young people who are facing issues that can impact them emotionally. This may include bullying, anxiety or family problems.

Our Project Future award-winning partnership with the community continues to work with a community of young men, aged 16 to 25 years, who are often labelled as "socially excluded", "offenders" and "gang members". The project works in partnership with Haringey Council, Mind in Haringey, NHSE and Metropolitan Police.

The project is underpinned by evidence-based psychological approaches and was originally founded on the Integrate model. Dr Suchi Bhandari, Consultant Clinical Psychologist and Trust Lead for Psychological Therapies who has launched and developed the service with partners, says:

"We help young people affiliated with gangs to turn their lives around. In the last four years, we have worked meaningfully and psychologically with nearly 300 young people who have worked hard to engage and make a positive difference in their lives. I am proud that with a brilliant team and our key partners we make a difference to our young people's lives and hope the project receives the recognition it so deserves".

Disability:

The Trust has expanded its very successful peer workers (Expert by Experience) programme. There are now 28 employed by the Trust. The programme brings people with lived experience of mental illness into the workforce to support recovery and enablement. The first cohort of eight was recruited and deployed and, following an independent review by Middlesex University, we have expanded the programme.

The Trust has renewed its commitment to the disability confident employer programme. This is a developmental programme which replaced the "two ticks" disability positive programme. The Trust has attained the second level of accreditation but aspires to attain the third (and highest) level, disability confident leader. This requires us to proactively promote employment and career development opportunities for people with disabilities and be an exemplar to other employers.

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. The network has organised two career development days in partnership with the Trust to help more staff from a BME background to develop the confidence and skills to apply for more senior posts.

The career development workstream also encompasses a listening lunches programme where guest speakers talk about their career journey and the lessons for others. The 2018-19 programme included one of our non-executive directors and senior managers in the Trust.

Sex (male or female):

The Trust published its first Gender Pay Gap report in March 2018. It showed a mean gap of 9% and a media gap of just 5%; these were the second lowest amongst London mental health Trusts. The two main contributors to the gap were the consultants' clinical excellence awards (CEA), bonus payments which favour longer-serving consultants who tend to be male and, to some extent, the slight over-representation of men in higher paid roles and their slight under-representation in lower paid roles. In response, support is being made available to female colleagues with their CEA applications.

Sexual Orientation:

The Trust continues to be a member of the Stonewall Diversity Champions programme which has contributed to the introduction and growth of a staff-led LGBT+ equality group.

The Trust has met the requirements of the NHS sexual orientation information monitoring standard. The layout of our main patient information system has been updated to make it compliant with the national minimum data set and for staff to be able to input the data in one place.

The Equality Delivery System (EDS)

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.

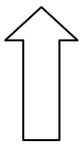
Since 2011 when the Trust became subject to the Public Sector Equality Duty under the Equality Act 2010, it has used the NHS-wide Equality Delivery System (EDS) as its framework for managing its performance.

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 four EDS goals:

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

The grades are as follows:

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

The Trust's progress

The Trust's grades in the last EDS round were disappointing; the current round of events is underway. The Haringey community stakeholder event has been held and the grades are reflected in the table below; these are provisional as staff and other stakeholders' grades will be added. The previous grade is in brackets. It is pleasing to note that stakeholders have recognized improvement since the last review in a number of areas including access to services and flexible working options for staff.

Goal	No	Description of outcome	Grading (updated Haringey grading in brackets)
Better health outcomes	1.1	We commission, procure, design and deliver services to meet the health needs of local communities	Undeveloped (Undeveloped)
	1.2	We assess and meet Individual people's health needs in appropriate and effective ways	Undeveloped (Developing)
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Undeveloped (Undeveloped)
	1.4	We prioritise the safety of people using our services and they are kept free from mistakes, mistreatment and abuse	Undeveloped (Undeveloped)
	1.5	Early intervention, health screening and other health promotion services reach and benefit all local communities	Undeveloped (Developing)
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing (Achieving)
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Undeveloped (Developing)
	2.3	People report positive experiences of the NHS services we provide	Undeveloped (Developing)
	2.4	People's complaints about services are handled respectfully and efficiently	Undeveloped (Undeveloped)
A representative and supported workforce	3.1	Our fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing (Achieving)
	3.2	Our Trust is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing (Achieving)

Goal	No	Description of outcome	Grading (updated Haringey grading in brackets)
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing (Achieving)
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Undeveloped (Undeveloped)
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing (Achieving)
	3.6	Staff report positive experiences of their membership of the workforce	Developing (Developing)
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing (Undeveloped)
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Undeveloped (Developing)
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing (Developing)

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

The RAG rating given by a range of stakeholders including service users was “undeveloped”.

Action to improve the grade

- We will collect more data, systematically review it and use it to inform service developments:
 - Following a decision at the inaugural meeting of the equality, diversity and human rights committee chaired by the Chief Executive, from April 2019 there will be quarterly reports on a dashboard of key service user outcomes and staff experience. These will be used to assess the effectiveness of Trust work and to develop initiatives for the future

EDS Goal two: Improved patient access and experience

The RAG rating given by a range of stakeholders including service users was “undeveloped”.

A comment from the Haringey grading event was typical of the sentiment about the quantity and quality of information:

“The Patient Friends and Family Test [with] equalities questionnaire should be asked more than once to get stage evaluations of what is happening”.

Action to improve the grade

- We will launch a standardised dataset for collecting equalities information from service users in June 2019. All settings will be expected to implement it and improve the disclosure rate of race, sexual orientation, religion/belief, disabilities etc. This will be backed by an information campaign to reassure service users that their information will be safe and used to make improvements and encourage staff to ask at appropriate times.

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 'developing' and 'undeveloped' which is disappointing given the Trust has previously been graded 'achieving' in both. The grading reflects concerns about the anecdotal evidence of problems with equalities for staff, and is also reflected in the most recent staff survey results.

The staff group most concerned about their treatment within the Trust are black and minority ethnic staff. This is a NHS-wide phenomenon and the reason why the Workforce Race Equality Standard was introduced for all NHS provider organisations in 2015.

In summary, there has been some improvement in relation to our EDS grading from stakeholders in Haringey, but it is disappointing to note that, in most cases, the grading remains either undeveloped or developing. An action plan is provided in Appendix 1.

The Trust is committed to improving its results in the short term and establishing a positive trend to reach excelling grades in all areas. There are three parts to this strategy:

- Collect patient demographic data and use it to produce outcome data by key demographic groups so it is easy to compare patient access and experience performance
- Systematically and formally review the access and experience information so that services and their stakeholders can see whether all groups of patients are receiving equitable treatment
- Where there is evidence of differences in outcomes between groups that cannot be explained, the Trust will revise any process or procedure which is the source of any systemic bias

In this way we will address one of the fundamental criticisms from our community stakeholders, the lack of evidence that we actively consider and address health inequalities and then act on any evidence in the way we develop services.

In addition, we will work to create an ongoing dialogue with groups so they have a deeper understanding of local health challenges and can influence our responses to them. Finally, we will align our leadership development interventions, governance and performance management process with the need to collect, consider and act on service equality information.

Progress on the NHS Workforce Race Equality Standard (WRES)

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. The tables below provide details of the Trust's performance against each WRES indicator since 2015.

Indicator	2015		2016		2017		2018	
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. In 2015 the indicator was expressed as the difference between the percentages of BME staff in Bands 8-9, VSM compared with the percentage of BME staff in the overall workforce. This is still a useful indicator	The difference was: 30 50% (% BME staff in workforce): 20% (% BME staff in band 8 and above)		The difference was: 24 48% (% BME staff in workforce): 24% (% BME staff in band 8 and above)		The difference was: 21 48% (% BME staff in workforce): 27% (% BME staff in band 8 and above)		The difference was: 27 55% (BME staff in the Workforce):28% (% BME staff in band 8 and above)	
2. Compare the data for White and BME staff: the relative likelihood of staff being appointed from shortlisting across all posts	1.21		1.20		1.44		1.39	
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)	3.41		6.18		2.02		5.10	
4. Compare the data for White and BME staff: relative likelihood of staff accessing non-mandatory training and CPD	1.11		0.91		0.91		0.94	
For each of the following indicators, the standard compares the metrics for each staff survey question response from White and BME staff								
	2015		2016		2017		2018	
	White	BME	White	BME	White	BME	White	BME

Indicator	2015		2016		2017		2018	
5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	28%	31%	31%	40%	30%	38%	33%	38%
	3		9		8		5	
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	22%	26%	25%	29%	24%	31%	27%	28%
	4		4		7		1	
7. Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	86%	69%	85%	71%	81%	72%	84%	68%
	17		14		9		16	
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	5%	15%	7%	13%	8%	13%	9%	13%
	10		6		5		4	
9. Difference between the percentage of BME voting Board membership and its overall workforce	-53		-51		-34.2		-29.1	

Six of the nine indicators have improved in 2018/19, whilst three have deteriorated.

Indicator 1 is worse because the growth in the number of BME staff in senior pay bands did not grow as fast as the number of BME staff in the workforce.

Indicator 3 is the subject of an accelerated roll out of training and development for line managers and will be the subject of close scrutiny through 2019-20.

Work to convince BME staff that the Trust is fair in career progression and promotion is a major part of the Trust's work plan, in partnership with the Trust's race equality network, Better Together. Appendix 2 outlines actions for improvement against the WRES standards.

Gender Pay Gap Report

As an employer with over 250 employees, the Trust is required to publish statutory calculations every year, showing how large the pay gap is between male and female employees.

The results must be published on the employer's website and a government website.

The gender pay gap is different to equal pay - equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. Agenda for Change should eliminate gaps of this type.

The gender pay gap shows the difference in the average pay between all men and women in a workforce, indicating the distribution of men and women across the pay scales and in full or part-time working arrangements as well as the impact of any 'bonus' schemes.

The Trust has a gender pay gap which was the second lowest of comparable Trusts in 2018.

The results for 2018 are shown below, set against those of 2017.

2017

Lower (Mean)		Lower (Median)
9%		5%

2018

Lower (Mean)		Lower (Median)
9%		5%

The number of men and women who are in each quarter of the Trust's payroll:

Top quartile

Men	Women
27%	73%

Top quartile

Men	Women
36%	64%

Upper middle quartile

Men	Women
29%	71%

Upper middle quartile

Men	Women
30%	70%

Lower middle quartile

Men	Women
32%	68%

Lower middle quartile

Men	Women
29%	71%

Lower quartile

Men	Women
34%	66%

Lower quartile

Men	Women
28%	72%

Women's bonus pay in 2017

26%	25%
Lower (mean)	Lower (Median)

Women's bonus pay in 2018

26%	25%
Lower (mean)	Lower (Median)

Recipients of bonus pay

50%	70%
of Men	of Women

Medical CEA 2017

	Consultants	Applied	% applied	Awarded	% awarded
Women	50	10	20%	7	70%
Male	49	12	24%	6	50%

70%	77%
of Men	of Women

Medical CEA 2018

	Consultants	Applied	% applied	Awarded	% awarded
Women	43	13	30%	10	77%
Male	43	10	23%	7	70%

The only Trust staff who receive bonus pay are consultant psychiatrists. These senior doctors are eligible for the NHS-wide Clinical Excellence Awards. Women's mean bonus pay is 26% lower

than the male mean. This is despite 30% of women consultants applying for CEA compared to 23% of men and 77% being successful, compared to 70% of their male colleagues.

The CEAs have a cumulative element which favours staff who have applied and been successful over a period of years.

The medical director is acting to provide additional support to women consultants and to encourage more to apply and be successful. Under the current arrangements, it would take time for women consultants to accumulate similar levels of CEAs as their male peers.

Summary

This report has highlighted the results of our Equality Delivery System, Workforce Race Equality System and Gender Pay Gap. It outlines our priority actions for making improvements in all areas and our ambition to provide high quality care to everyone who uses our services as well as the best experience for all our staff.

It is fair to say that there have been challenges in terms of engagement and provision of data to advance our performance in relation to equality and diversity, particularly in relation to the people who use our services. We recognise a change of direction whereby:

- We have multi-disciplinary involvement in the Trust's refreshed Equality and Diversity Committee
- We are committed to promoting the collection and review of patient outcomes data as part of our performance management processes
- We are identifying senior team members who will act as the points of contact for community engagement and equalities
- We will encourage engagement from corporate areas such as patient experience, clinical audit, medical education and research and development
- Estates & facilities - Access and signage to be improved
- The Workforce team will deliver on key projects e.g. recruitment and selection and leadership development



Appendix 1

EDS Action Plan

Action	By who and when	Expected outcomes
Prioritise collection, review and action on service performance by major protected characteristics - age, disability, ethnicity, marital status, religion, sex, and sexual orientation)	Chief Operating Officer, Director of Nursing and Director of Workforce and OD with support from health informatics and Head of Equalities – June 2019	We have 10-15 meaningful KPIs from the core Trust dashboard which we report on regularly and are able to use as evidence to illustrate progress on the EDS
All services to show what they have done to meet the relevant goals and outcomes of the EDS	All Clinical Directors with support from Head of Equalities - June 2019	Trust able to show stakeholders how its services are performing at division level for the major protected characteristics
EDS grading sessions to be held in between March and June in partnership with Camden and Islington and The North Middlesex, with the outcomes shared widely	Head of Equalities and Clinical Directors March – June 2019	Well attended events held in all boroughs and Trust grades and from stakeholders more positive
All services to use the standard data collection headings (with format modified to suit their settings)	Head of Equalities , Chief Operating Officer/Director of Nursing and Governance - June 2019	An agreed minimum dataset in place, active on RiO and available to all staff
Re-launch information campaign to get service users to disclose their protected characteristics and staff to recording them	Head of Equalities, clinical divisions' SMGs - June 2019	Month on month increase in the proportion of service users disclosing top six protected characteristics
A sub-committee of the Trust board to review key service indicators by protected characteristics at least twice a year	Head of Equalities - June 2019	The Trust is able to demonstrate that it formally reviews outcomes by protected characteristics across key performance indicators in the Trust dashboard and uses the data to inform service developments or reduce health inequalities
Continue to support and expand the membership of self-organised, staff-led equalities groups to improve engagement with staff from diverse backgrounds and their perceptions of the Trust as an equal opportunities employer,	Workforce and all senior leaders April 2019 - December 2020	Over all membership reflects 10% + (300+)of eligible staff by April 2019 and 20% (600+) by the Dec 2020 with each group having an active programme of activities
Where the Trust acts on WRES, Gender Pay Gap, EDS and all other equalities performance measures the outcomes are publicised in take 2, Team brief and online	Workforce, Communications from May 2019	At all levels the Trust is seen to act on the outcomes of equalities performance reviews and is successfully reducing any inequalities over a stated period of

Action	By who and when	Expected outcomes
<p>In response to stakeholders' previous requests for</p> <ul style="list-style-type: none"> • On-going dialogue with key staff in the clinical divisions/Boroughs about developments in general, but initiatives to improve equalities in particular • A sign-posted front door – clear information about how to access service and key staff • More/ better information about what the Trust is doing and how they can be involved 	<p>From June/July 2019 Clinical Directors with support from patient experience, enablement and communication to hold regular meetings with stakeholder groups</p> <p>Communications use all channels to clearly signal the entry points to Trust services. June/July 2019</p> <p>Clinical divisions to be supported to communicate with service users, carers and other stakeholders on what we are doing to improve services in general and for specific disadvantaged groups, from June 2019</p>	<p>We can show that of the community and stakeholder interest we need to engage with locally and Trust wide in the majority of instances we engaged contractively and directly with the majority of groups</p> <p>Through the EDS process and comments at events such as the AGM, stakeholders will report better engagement in general and understanding of the Trust's journey in particular</p>
<p>Improve the co-ordination and engagement with community and service user groups</p>	<p>Director of Nursing and Associate Director of Communications. From June 2019</p>	<p>Ability to show a good range of engagement on wide range of topics and that we have taken and used feedback constructively</p>
<p>Use the Equality, Diversity and Human Rights Committee chaired by the Chief Executive to drive service level improvements in patient and staff equalities outcomes, from February/March 2019</p>	<p>All senior staff. From March 2019</p>	<p>Committee meets regularly with an agreed work programme and set of priorities which it delivers to promote measurable improvements in key areas.</p>
<p>Use the Equalities, Diversity and Human Rights Forum, to give all staff with an interest the opportunity to contribute to the development of Trust policies and initiatives.</p>	<p>All senior staff. From March 2019</p>	<p>The forum meets regularly and generates at least one novel and actionable idea at each meeting which is taken forward.</p>

Appendix 2

Action plan to improve our WRES scores

Action	Lead and Timescale	Expected outcomes
Indicators 1, 2, 7 and 8: Equal opportunities in recruitment, selection career development		
<p>From 1 April the recruitment team will monitor and report on the following:</p> <ul style="list-style-type: none"> • Enforcement of the policy that at least one member of all interview panels must come from outside of the team in which the post is based • As part of values-based recruitment, at least one member of all selection panels must have completed the Trust-approved recruitment and selection training • All internal secondments and acting-up opportunities must be openly advertised and recruited through TRAC, the Trust recruitment system • From June 2019 all advertising and job promotional material will be designed to attract a broader range of staff into bands and staff groups where they are underrepresented 	<p>Head of Recruitment and Retention</p> <p>On-going</p>	<ul style="list-style-type: none"> • More staff from all backgrounds, but particularly BME and disabled staff, report greater positive belief in the fairness of the Trust's equal opportunities practice in the recruitment, selection and career progression of staff in the 2019 national staff survey • Increase in the proportion of BME staff recruited to band 8 and above posts • Increase in the proportion of BME candidates being appointed from interview • Increase in the proportion of White staff in band 3 and 5 HCA and nursing roles
<p>In partnership with the BTN offer an 'official' Trust positive action programme</p> <ul style="list-style-type: none"> • From April offer a Trust based 3 day BME leadership programme jointly commissioned with WLMHT as an additional module for BME staff participating in core management and leadership development programmes • Launch an inclusive mentoring programme • Provide a programme of masterclasses for staff from 	<p>Deputy Director Workforce & OD, Head of Learning and Development and BTN steering group</p> <p>First cohort to be recruited in April 2019</p> <p>Proposed mentoring programme to be submitted to ELT in May 2019</p>	<ul style="list-style-type: none"> • At least 15 band 5, 6 and 7 BME staff participate in the first programme • Of those who participate, all show an increase in their promotion-seeking activities as measured at three and six months

Action	Lead and Timescale	Expected outcomes
underrepresented groups looking to apply for band 8+ roles		
Continue the BTN listening lunch programme as a bi-monthly event as a way to highlight diverse pathways into senior positions	BTN Steering Group and Head of Equalities On-going	<ul style="list-style-type: none"> Full programme of events throughout 2019-20 with attendance averaging 25 per session
BTN and Workforce to host at least two career development/learning at work days in 2019-20 (w/b 13 May and w/b 21 Oct)	Head of Learning and Development and Head of Equalities with BTN Steering Group On-going	<ul style="list-style-type: none"> At least 25 staff take the opportunity to develop elements of their promotion seeking skills
WRES Indicator 3: Reduce the gap between BME and White staff entering formal ER process		
With the support of the BRAP consultancy offer all managers in Enfield ½ day sessions on the enhanced reflective review model	Head of Business Partnering and Head of Equalities dates set for March-April 2019	<ul style="list-style-type: none"> At least 60% of eligible managers attend a session Over following six months overall number of new ER cases falls and disproportionality falls as well
As part of the support package, develop a version of the decision-tree appropriate for mental health and include its use in the training for managers	Deputy Director of Workforce and Head of Business Partnering May 2019	
WRES indicators 5 and 6: Reduce the gap between BME and White staff experiencing bullying and harassment and violence from all sources		
<p>Promote Living Our Values with greater emphasis on staff behaviours towards each other</p> <ul style="list-style-type: none"> Raise the profile in induction from January 2019 Embed into 2019-20 appraisals training Fully align the 2019 celebrating excellence awards with the Trust values 	Workforce heads of service with clinical directors January – June 2019	<ul style="list-style-type: none"> Reduction in staff experiencing bullying and harassment as recorded in the pulse check surveys Evaluation of appraisals training shows more staff understand how to live and evaluate our values in their daily work Paper to ELT accepts revised categories and criteria for the 2019 awards and encourage staff to actively demonstrate how they live our values
Create and deliver an on-going communications and poster campaign to remind service users and carers that we do not tolerate abuse or violence of staff	Head of Equalities and Communications team June 2018 – June 2019	<ul style="list-style-type: none"> Refresh campaign in summer 2019 with articles in Trust Matters magazine and new posters

Action	Lead and Timescale	Expected outcomes
<p>Develop and implement a formal process and support package for all staff who have been victims of violence or abuse at work. This to include appropriate physical and mental health support</p>	<p>Director of Nursing, Head of Psychological Therapies and frontline managers supported by Head of non-clinical risk and business partnering team by Qtr. 2 2019</p>	<ul style="list-style-type: none"> • Of the relevant cases notified on incident recording database, 95% of the staff involved are offered the support package • At least 90% of staff who have been victims of violence or abuse which goes forward to a prosecution are supported • Staff perceptions improve in 2018 staff survey • More staff feel supported as measured in the 2018 national staff survey • Positive feedback on usefulness of employee assistance programme from those who used it for support
<p>Learning and Development have run a series of anti-bullying and harassment courses in December 2018 and January 2019 – propose to extend the programme throughout 2019</p> <p>Develop and deliver a comprehensive anti-bullying, harassment and discrimination ‘masterclass’ programme for senior staff, highlighting the links between the workplace environment factors which contribute to bullying and harassment and discriminatory behaviours</p>	<p>Heads of Learning and Development and Equalities March 2019 – April 2020</p>	<ul style="list-style-type: none"> • Wider package developed and rolled out throughout 2019-20 • Positive evaluations of the courses from participants over the medium to longer term with measurable improvements in their ability/confidence in addressing B&H behaviours and environmental risks