

**REPORT TO THE TRUST BOARD: PUBLIC**  
**14 NOVEMBER 2018**

<b>Title</b>	Developing the next Equality, Diversity and Human Rights Strategy
<b>Author</b>	Lorraine Sunduza Chief Nurse and Tanya Carter Director of Human Resources
<b>Accountable Executive Director</b>	Lorraine Sunduza, Chief Nurse

**Purpose of the Report:**

The report is to update the Board on the progress of the Equality plan that supports the new Trust strategy and to report on the 2014- 2017 strategy.

**Summary of Key Issues:**

The report covers the progress made on the previous strategy, the reflections on next steps at corporate and directorate level, the actions being proposed and the governance arrangements in place to oversee future delivery.

It also outlines the 2017 demographic profiles of the Trust workforce and service users.

The progress of the new equality plans will be reported to the Board annually.

**Strategic priorities this paper supports (Please check box including brief statement)**

Improved experience of care	<input checked="" type="checkbox"/>	Understanding the needs of service users and staff are fundamental to effective equality, diversity and human rights practice
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	Getting this practice right will enhance the Trust's reputation, ensure compliance with statutory requirements and hence makes economic sense
Improved population health outcome		

**Committees/Meetings where this item has been considered:**

Date	

**Implications:**

Equality Analysis	This report explains how the Trust demonstrates its duty to eliminate discrimination, tackle inequality and promote good relations across all the 'protected characteristics' as defined by the Equality Act 2010. The use of equality analysis will be fundamental to getting this right and this will be overseen by the Equality, Diversity and Human Rights Strategy Project Group (as described in paragraph 3.0).
Risk and Assurance	Excellent equality, diversity and human rights practice demonstrates economic, legal, moral and reputational sense. Getting this right will be overseen by the Strategy Project Board (described above) and, in turn, progress will be reported to <i>the</i> Board.

Service User/Carer/Staff	The needs of service users, carers and staff sit at the heart of equality, diversity and human rights work. Understanding their needs has shaped the development of the new strategy and they have been consulted on the contents of this report.
Financial	The actions outlined in this report will be covered by existing resources.
Quality	Investing in a diverse workforce enables us to deliver a more inclusive service that has a greater chance of improving patient care.

## Supporting Documents and Research material

a.
----

## Glossary

Abbreviation	In full

### 1.0 Introduction

1.1 Advancing equality, valuing diversity and respecting human rights are fundamental to the vision and values of East London Foundation Trust. Tackling mental and community health problems has to be grounded in understanding how individuals and communities define themselves by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation and socio-economic class. This understanding has shaped our track record of providing high quality services to some of the most diverse and deprived inner city communities in the UK as well as those in suburban and rural areas. Working in partnership with other public, community and voluntary and private sector partners as well as communities, we are determined that effective mental and community health services sit at the heart of integrated health and social care.

1.2 While we celebrate our achievements we recognise there is still much to do and that is why the Trust is fully committed to:

- Advancing equality of opportunity and making it everyone's responsibility;
- Valuing the diversity of our staff, service users and carers and using it to build our knowledge about how to create solutions to complex problems;
- Improving staff awareness of the key policies supporting the principles of diversity and equality;
- Recognising, challenging and eliminating discriminatory behaviour.

1.3 We have to comply with the following national drivers, which have also shaped our approach:

- As set out in the Equality Act 2010, we need to demonstrate ‘due regard’ to the Public Sector Equality Duty (PSED) to eliminate discrimination and harassment, advance equality of opportunity and foster good relations;
- The Workforce Race Equality Standard (WRES) requires us to publish data on nine indicators about the workforce and our results in the national staff survey, including BAME staff, the Board, continuing professional development (CPD) and equal opportunities for career progression;
- The Equality Delivery System 2 (EDS2) requires us to self-assess ourselves as ‘undeveloped’, ‘developing’, ‘achieving’ or ‘excelling’ as applied to the ‘protected characteristics’ in four domains of better health outcomes, improved patient access and experience, a representative and supported workforce and inclusive leadership;
- The Accessible Information Standard sets out expectations on the accessibility of information and the support for disabled people with five key elements: identification, recording, flagging, sharing and meeting needs;
- From 2018 we have to publish our Gender Pay Gap and the Workforce Disability Equality Standard will be mandated via the NHS standard contract.

1.4 In 2014 we implemented a Strategy to drive forward equality, diversity and human rights to deliver improvement. Its key achievements are highlighted in Appendix 1 and we have used this to shape our next steps.

## **2.0 Developing the next steps for equality, diversity and human rights**

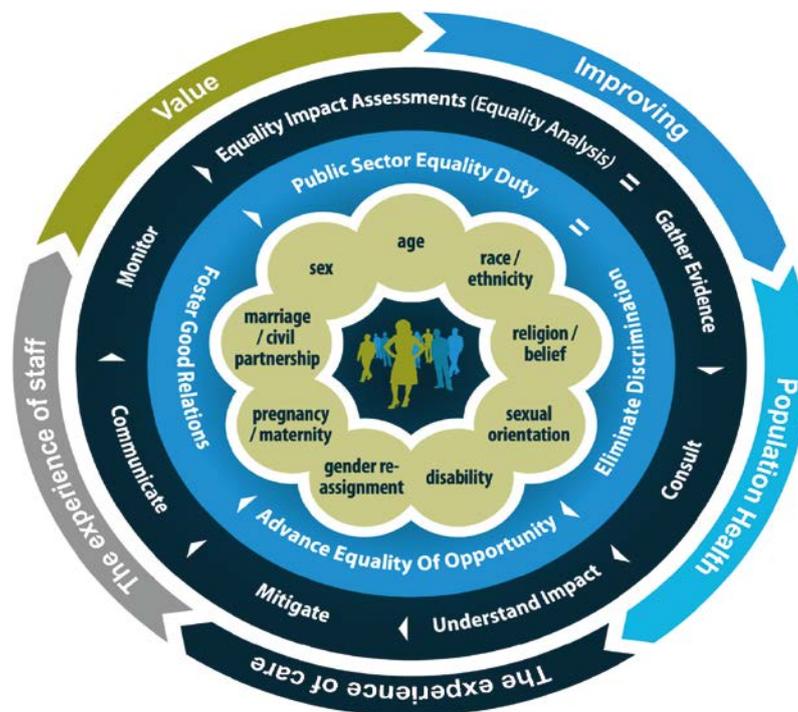
2.1 In April, using the review as a starting point, a corporate workshop was chaired by the Lead Nurse, the new Executive lead for Equality, involving the Trust’s chair, Executive leads, the Director of Human Resources, the staff equality network leads, the Head of People Participation and Involvement and service user representatives. Beginning with a presentation by Dr Habib Naqvi, from NHS England, setting out the national context, participants used the EDS2, the national self-assessment tool, to reflect on the Trust’s current position in terms of delivering diversity and equality work. The group’s analysis highlighted aspects of good practice (as described in the previous strategy) but also recognised the extent there is still much work to do, particularly in how the Trust uses its collection of data about service users and staff to build a stronger understanding of inequality to improve our practice.

2.2 Recognising that change should not just be centrally driven, the Chief Nurse wrote to each directorate, providing them with this analysis as a prompt to considering their own equality priorities. The work would link in to their work plans related to the Trust strategy. This was to ensure that equalities service user objectives were in relation to local populations and context. **Appendix 3**

2.3 The Director of HR lead on the Equality Plan for staff and the implementation of the workforce plan which is to improve the experience of all staff. **Appendix 4**

### 3.0 Driving the new strategy

3.1 At the same time the Equality, Diversity and Human Rights Strategy Project Group has been refreshed and met on a monthly basis to consider the relationship between the corporate and Directorate’s proposals to prioritise the key areas of work. Alongside this the Project Group will meet with each Directorate in turn to check progress and ensure this work adds up to deliver a strong and robust strategy across the whole organisation. Our approach is illustrated in the following diagram:



- At its heart is understanding our patients and staff individually and collectively using the ‘protected characteristics’ of the Equality Act 2010 at its heart
- Meeting our statutory obligations by demonstrating ‘due regard’ to the Public Sector Equality Duty
- Testing policy and service development with the equality impact assessment tool
- Delivering the strategic outcomes to achieve our mission

#### **4.0 Conclusion**

4.1 This report provides an overview of the Trust's approach to equality, diversity and human rights, outlining a review of our strategy 2014-17, the work in place to develop the current equality plans that underpin our Trust Strategy.

#### **5.0 Action being requested**

5.1 The Board is asked to **RECEIVE** and **APPROVE** the report for information.

## Appendix 1: Review of the Equality Diversity and Human Rights Strategy

Advancing equality, valuing diversity and respecting rights are fundamental to the vision and values of East London Foundation Trust. This report provides an overview of what we have been doing over the last three years by outlining our progress and identifying areas for improvement.

<b>Some of our key achievements</b>			
<b>Incorporated values into recruitment</b>	<b>Further developed staff equality networks</b>	<b>More diversity on Trust Board</b>	<b>Improved data collection</b>
<b>Feedback from staff and networks through conferences, focus groups and surveys</b>	<b>Recruited 70 apprenticeships from local communities</b>	<b>Human rights based training for PICUs</b>	<b>Increased diversity of senior management</b>
<b>Training programmes include unconscious bias</b>	<b>Culturally adapted therapies</b>	<b>Gender specific environment</b>	<b>Inclusion as part of Recovery College agenda</b>
<b>Strong community links with education providers</b>	<b>Improved engagement with BAME staff</b>	<b>BAME mentoring</b>	<b>Mature patient and public engagement and involvement</b>

We are using this review to shape our next steps recognising that excellent diversity, equality and human rights practice will be fundamental to meeting our future challenges effectively.

## **1. Introduction**

- 1.1 Advancing equality, valuing diversity and respecting human rights are fundamental to the vision and values of East London Foundation Trust. Tackling mental and community health problems has to be grounded in understanding how individuals and communities define themselves by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation and socio-economic class. This understanding has shaped our track record of providing high quality services to some of the most diverse and deprived inner city communities in the UK as well as those in suburban and rural areas. As the only NHS Trust with a female chair and chief executive from BAME backgrounds and with a diverse group of non-executive directors (one of whom was in the Financial Times Top 20 LGBT individuals in 2017) and governors, we are committed to having a workforce reflective of the communities we serve. Working in partnership with other public, community and voluntary and private sector partners as well as communities, we are determined that effective mental and community health services sit at the heart of integrated health and social care.
- 1.2 While we celebrate our achievements we recognise there is still much to do and that is why the Trust is fully committed to:
- Advancing equality of opportunity and making it everyone's responsibility;
  - Valuing the diversity of our staff, service users and carers and using it to build our knowledge about how to create solutions to complex problems;
  - Improving staff awareness of the key policies supporting the principles of diversity and equality;
  - Recognising, challenging and eliminating discriminatory behaviour.
- 1.3 This report provides an update on our progress and plans to strengthen and develop the Trust's work on diversity, equality and human rights further.

## **2. Our Context**

- 2.1 Understanding our service users and our workforce is fundamental to a successful approach to equality. They are both diverse groups as demonstrated by the profiles of their age, ethnicity, gender, disability, sexual orientation, religion, marriage and civil partnership, and pregnancy and maternity set out in Appendices 1 and 2.
- 2.2 Coupled with this, over recent years, there have been significant changes in the wider policy and service context which have demanded that we continue to review our equality and diversity priorities. This has helped understand our benchmark position against other organisations, supported the development of a mature approach to the difficulties we face and identify how to share expertise collectively.
- 2.3 We have to comply with the following national drivers, which have also shaped our approach:
- As set out in the Equality Act 2010, we need to demonstrate 'due regard' to the Public Sector Equality Duty (PSED) to eliminate discrimination and harassment, advance equality of opportunity and foster good relations. In

addition, as we are expected to set out our equality objectives we published our Equality, Diversity and Human Rights Strategy in 2014;

- The Workforce Race Equality Standard (WRES) requires us to publish data on nine indicators about the workforce and our results in the national staff survey, including BAME staff, the Board, continuing professional development (CPD) and equal opportunities for career progression;
- The Equality Delivery System 2 (EDS2) requires us to self-assess ourselves as 'undeveloped', 'developing', 'achieving' or 'excelling' as applied to the 'protected characteristics' in four domains of better health outcomes, improved patient access and experience, a representative and supported workforce and inclusive leadership;
- The Accessible Information Standard sets out expectations on the accessibility of information and the support for disabled people with five key elements: identification, recording, flagging, sharing and meeting needs;
- From 2018 we will be expected to publish our Gender Pay Gap and the Workforce Disability Equality Standard will be mandated via the NHS standard contract.

### **3. Our Equality, Diversity and Human Rights Strategy**

3.1 Over the last five years we have celebrated Equality, Diversity and Human Rights Week as a symbol of our commitment with a series of events covering a range of issues. In 2017 these included marking the International Day Against Homophobia, Transphobia and Biphobia, an exploration of intersectionality (across protected characteristics), a 'Wear Your National or Traditional Dress to Work' day and a debate about mental health and stigma involving staff and service users.

3.2 In 2014 we implemented a Strategy that set out the following key priorities to drive forward equality, diversity and human rights to deliver improvement:

- Assess health inequalities in relation to Black Caribbean and Black African service users access and experience;
- Ensure that environments are accessible and reasonable adjustments are in place to meet the needs of disabled service users;
- Ensure the secure provision of gender specific environments;
- Ensure equitable access to services and patient experience for older people;
- Eliminate homophobia in inpatient and outpatient Trust environments;
- Develop a best practice policy for the care of transgender service users;
- Ensure that the interpreting and advocacy needs of service users and patients are met;
- Assess the application of human rights law to the provision of mental health services;
- Record and analyse the equality and diversity data of patients and the workforce;
- Ensure that the Trust workforce is truly representative of the communities we serve;
- Increase the diversity of staff at senior management levels;
- Ensure fair treatment of staff to improve their experiences working for the Trust;

- Improve staff engagement at all levels of the workforce.
- 3.3 Chaired by the Chief Nurse, the Equality, Diversity and Human Rights Strategy Group has overseen the Strategy. Outlined below is a summary of some of the areas of progress as well as those requiring further improvement.

#### **4. What we have been doing**

##### **4.1 *Understanding the health inequalities experienced by patients from diverse backgrounds***

- 4.1.1 The Trust has initiatives in place to make psychological therapy services more accessible and relevant to the diverse needs of local communities. Both City & Hackney and Tower Hamlets Psychology Services have posts dedicated to improving access and cultural relevance of psychological therapies for BAME service users. Through partnership working with local faith and community groups, the Department of Spiritual, Religious and Cultural Care and the Recovery College have developed staff training on jinn, black magic and evil eye and mental health, developed courses on religion, culture and mental health at East London Mosque and delivered culturally adapted therapies (The Tree of Life and Recipes of Life and Acceptance and Commitment Therapy (ACT)) with Bangladeshi, Somali, Vietnamese, Turkish, Kurdish and African Caribbean groups. Newham Talking Therapies adopts a community psychological approach and works with a wide range of community groups including the Newham Black Women's Project. The Trust will develop psychological therapies further in this way.
- 4.1.2 'From tokenism to empowerment', a film about the experiences of Black male service users has been produced to raise awareness at conferences and training events.
- 4.1.3 Operating since 2004, the Butabika-East London Link is a mutual learning partnership between the UK and Uganda. A variety of projects have been carried out covering development including the first children and adolescent training programme, service user involvement, creating dialogue and advocacy. In 2017 the project received the HSJ International Health Partnership Award.
- 4.1.4 Between 2015 and 2017 an ambitious project on human rights was undertaken in the Adult PICUs. Designed by Professor Nimisha Patel from the International Centre for Health and Human Rights and the University of East London, its aims were to create enthusiasm and a positive culture by raising staff awareness and understanding of human rights and their service implications. Involving qualitative research with service users and staff, this led to the creation of guidance for service providers, a clinical decision-making aid, a team self-evaluation human rights monitoring tool, 'Human Rights at a Glance' pocket guides for patients, carers and staff and bespoke 2-day training for seven human rights champions from the PICUs. Plans are in place to roll this approach out to acute wards, forensics and develop a specific tool for CAMHS.

##### **4.2 *Improving accessibility***

- 4.2.1 Some exploratory work has been undertaken with Estates to train service users to inspect sites which could be developed further. At the Disability Conference in November 2017 proposals were made about working towards a recognised

accessibility standard. The NHS Safety Climate Tool has been used to explore activity on female wards and consideration is being given about making this an annual activity. Staff have been trained to tackle homophobia and campaigns have promoted positive LGBT+ messages. The 2018 LGBT+ History Month has included a range of events and case studies of staff experiences (for example: [http://elftintranet/sites/common/private/search\\_quick21.aspx?q=lesbian%20and%20gay&orderby=0](http://elftintranet/sites/common/private/search_quick21.aspx?q=lesbian%20and%20gay&orderby=0))

- 4.2.2 An audit of how the needs of transgender service users are understood and addressed is currently being developed by the Director of Nursing. In addition the Central Bedfordshire People Participation Lead has drafted an initial staff policy and training has been provided as part of the Bedfordshire Recovery College.
- 4.2.3 The Corporate Contracts Manager manages the SLA for interpreting and advocacy with The Language Shop in quarterly contract reviews. Remote interpreting using video conferencing and a suite of webinars and knowledge bases for both internal staff and interpreters are being developed. Interpreters are required to complete one-day mental health training and discussions are underway about developing remote learning modules for mental health, learning disabilities and dementia to increase training completion and track compliance. Advocacy is commissioned from a range of organisations and included in service-led standards.
- 4.2.4 A new 'Freedom to Speak Up' Champion, Adewunmi Dusonmu, has recently been appointed to encourage staff to 'speak up' without fear of criticism about any concerns they may have about patient care and safety.

### **4.3 Recording and analysing the diversity of our workforce**

- 4.3.1 We make strenuous efforts to record, understand and analyse information about our workforce. Since 2015 an annual Trust-wide data validation exercise has been undertaken to understand the make-up of staff:

<b>Declaration</b>	<b>March 2015</b>	<b>March 2016</b>	<b>March 2017</b>
<b>Ethnicity</b>	93 per cent	95 per cent	97 per cent
<b>Disability</b>	2.9	3.9	4.3
<b>Religion</b>	97	100	100
<b>Sexual orientation</b>	97	100	100

- 4.3.2 Online stat/man training is available to all staff and diversity is monitored via ESR following its completion. With ongoing support from the Equality Networks, the reasons for collecting this information are communicated via the intranet and at Trust-wide and locality events such as the BAME, Disability and LGBT Conferences, Equality, Diversity and Human Rights Week and Black History Month. Another validation exercise is now planned to ensure the most up-to-date data on all protected characteristics (including disability) using the new ESR Self-Service Portal. This is designed to produce more accurate reports as well as assess access to CPD training against all protected characteristics.

4.3.3 There is ongoing work to ensure the data on disability is included on the monthly occupational health reports. Although staff are encouraged to declare their status there remain challenges relating to disability disclosure that lead to under-reporting. This is an area for improvement, including ensuring reasonable adjustment requests are cross-referenced with centralised diversity monitoring. For instance the phrase 'long term' in the definition of disability under the Equality Act may lead some staff who have previously identified as disabled being discounted by HR if they do not update their information annually.

#### **4.4 *Building a representative workforce***

4.4.1 There is an ongoing focus on recruiting from Asian communities in Tower Hamlets who are significantly under-represented in our current workforce. This includes building stronger relationships with local organisations such as working with the East London Business Alliance (ELBA) on careers days in June and November 2016, recruitment fairs at further and higher education institutions, a programme to support apprenticeships in schools, developing integrated care competencies with local authorities and other health partners, and raising the profile of our career opportunities with JobCentre Plus. The Trust actively participates in the local Community Education Provider Networks (CEPN) for both Newham and Tower Hamlets, as well as the WELC Organisation Development network, to share best practice and resources.

4.4.2 An improved recruitment system, TRAC, has been introduced to improve the diversity monitoring of applicants and new starters.

4.4.3 We have aligned our job adverts and job descriptions with the latest equality and diversity standards such as Stonewall and have joined the 'Starting Out' Careers Guide and website.

#### **4.5 *Developing staff***

4.5.1 Increasing BAME representation at senior management levels remains a key priority and a variety of management and leadership development programmes have been put in place. The National Development Programmes (e.g. Stonewall Leadership, NHS Leadership Academy Capital People, Edward Jenner Leadership, Elizabeth Garrett Anderson Leadership Programme, Mary Seacole Leadership, Nye Bevan Leadership, Clinical Executive Fast Track Scheme, etc.) are promoted every year. A Quality Improvement (QI) project on increasing representation of BME staff in senior positions (AfC Band 7 and above) is also in place. ILM Level 3 and Level 5 Leadership Development Programmes are underway, with good representation of BAME staff, and a BAME mentoring programme has been developed for staff at bands 7-8A. A key part of the Workforce Policy and Learning & Development Strategy is advocating job shadowing and secondment opportunities. A Secondment and Acting Up Policy is due to be approved by the Joint Staff Committee.

4.5.2 Our Performance Management Framework, designed to include the Trust values and behaviour, has been rolled-out and is supported by the introduction of a 'step-up approach' for new starters and 'step-up conversations' as part of supervisions, the new ESR Portal will allow easier access to management information and a new appraisal recording and reporting platform is being introduced.

4.5.3 We have been one of three national pilot sites working with NHSI and the King's Fund to develop a collective leadership strategy across all staff groups which will be completed by April 2018. The Recruitment & Selection Policy is currently being reviewed.

#### **4.6 Ensuring the fair treatment of staff**

4.6.1 The programme of 'executive walkabouts' provides opportunities for staff to meet and discuss their work with senior members of the organisation. Our Chief Executive has a rolling 'Breakfast with Navina' initiative, visiting individual directorates to hold an informal meeting with non-senior staff

4.6.2 Our zero tolerance of bullying is extensively communicated on the intranet and via locality-based HR training to all managers. We recognise that this also includes a need for stronger recognition of the challenges that disabled staff can face.

4.6.3 The current supervision template will be reviewed to introduce the 'compassionate conversations' approach and build this into training. This should also include understanding of reasonable adjustments.

4.6.4 In 2017 there was a reduction in violence cases (which also include bullying, harassment and abuse from patients and staff) by 60 per cent in Newham, 74 in Hackney and 50 per cent in Forensics for participating wards. As part of the Leadership Strategy, there is a control methodology for sustaining the gains of this successful work. An in-house standard process of de-briefing is provided for staff who have been part of any serious incidents.

4.6.5 Embedding a culture of safety is undertaken with practice learning seminars held at different locations. To foster harmonious working relationships between colleagues, trained mediators facilitate dialogue to achieve mutual resolution. Following a successful trial there are plans to introduce an in-house mediation service.

4.6.6 First introduced at the City and Hackney Centre for Mental Health in 2016, the Stonewall 'Train the Trainer' programme has been delivered to front-line staff in localities. Elements of communications skills training have been embedded into the Leadership Development Programmes (e.g. ability to negotiate and communicate, effective meetings, feedback, negotiating skills, presentations). A range of these are also available via OLM e-learning and the Skills for Health Platform. Extensive conflict resolution training is available via e-learning with a number of tailor-made face-to-face courses aimed at clinical staff. The 'having difficult conversations' module has been imbedded into the Leadership Development Programmes and will be available via the new modular Manager's Training Course to be launched in 2018.

4.6.7 Equality and diversity training is available via e-learning and the face-to-face module at corporate induction has been reviewed to inform the new modular training, due to be launched in January 2018 for line managers with a focus on best practice. Unconscious Bias training has been delivered in London and Luton.

4.6.8 The Employee Relations Team is managing the formal Dignity at Work cases with the statistics for race and other protected characteristics monitored. Any trends are reported to the Board and followed up accordingly.

4.6.9 The pool of Bullying and Harassment Support Advisors has been expanded to increase their presence across all sites. They provide a listening space and offer advice and support on concerns about the treatment of staff.

4.6.10 As part of the Staff Survey in 2016 eight additional questions about discrimination, bullying and harassment and abuse were asked. Following analysis themes have been identified by Directorate to compare with organisational benchmarks. The issues raised by staff reflect Trust-wide priorities including education and training, improving selection procedures and diversity, management training and setting expectations about management conduct, less tolerance and clear boundaries, and pressing charges and greater support from police. The Employee Assistance Programme (EAP) is promoted via the intranet, at corporate induction and a series of roadshows by the Health and Wellbeing Advisor planned for 2018. The new 'Freedom to Speak Up' Guardian reinforced the messages about taking staff concerns into consideration at the Disabled Staff Network conference. Throughout 2018 there will be an ongoing impact evaluation of these initiatives.

4.6.11 In 2015 five teams participated in a pilot of the 'Enjoying Work' project working to address staff satisfaction and morale by running improvement projects. These continued throughout 2016 and 2017 and the learning will be analysed to understand the Trust-wide implications.

#### **4.7 Improving staff engagement**

4.7.1 A review of all Staff Networks was undertaken in 2017 and new Network Leads appointed with one day a week to develop and promote equality work. Supported by a member of the Trust's Executive, the new leads are

- Black Minority Ethnic: Diana Okoukoni (Staff Nurse); Executive Sponsor – Lorraine Sunduza
- Disability: Shannon O'Neill (Administrator); Executive Sponsor – Mason Fitzgerald
- Lesbian, Gay, Bisexual and Transsexual: Andrew Horobin (Service Manager); Executive Sponsor – Paul Gilluley
- Women: Sarah Canning (Head of Administration); Executive Sponsor – Paul Calaminus

4.7.2 The LGBT Network was set up in February 2015 and an audit of workplace culture for LGBT staff was undertaken that year when the Trust was ranked 111 (out of 397 organisations) in the Stonewall Workplace Equality Index (WEI), making us the most improved London trust and the second most improved health sector organisation.

##### *Trust performance in the WEI*

<b>Year</b>	<b>Rank</b>
2014	228
2015	111
2016	124

The Stonewall Action Plan for 17/18 has been produced.

4.7.3 The BME Network is involved in the development of our WRES and its action plan.

4.7.4 The Disabled Staff Network has met twice since May 2017 and is developing its role. The Network has an elected Chair and, since June 2017, a 0.22 wte coordinator. Over 70 staff attended the first Disabled Staff Network conference in November 2017 with the theme of 'seeing disabled staff as an asset' and introducing the new NHS Workforce Disability Equality Standards (WDES). As disabled staff raised a number of issues about their employment experiences senior staff committed to address these. It will therefore be crucial to maintain this momentum through the WDES and department action plans. Extending membership to carers of disabled children is being considered.

## 5. Next steps (proposed to the Council of Governors)

5.1 **Develop the next iteration of the Equality, Diversity and Human Rights Strategy** alongside the Trust and Workforce Strategy in 2018 with clear, bold targets for developing, employing and growing our own workforce from the communities that we serve.

5.2 Set **external benchmarks** to help assess performance against equality and inclusion aims, i.e., Stonewall, Business in the Community Race Equality campaign, Employers' Forum on Disability, Best Employers for Race Listing.

5.3 Expand on the recruitment best practice already in place and develop **clear targets for employment** from local areas particularly using apprenticeships and linked to career pathways. Currently 35 per cent of our London workforce live in the boroughs that we serve but this has reduced from 37 per cent five years ago. We therefore need to address this as part of our medium and long term workforce planning.

5.4 Shift the focus from protected characteristics to **enabling inclusion** at every level and ability to enable every member of staff, service user and carer to be their most authentic self and achieve their potential for development and recovery.

5.5 **Reduce discrimination** by following up on actions identified by staff through conferences, networks and survey feedback and develop the 'power to speak up' to equip the workforce with the confidence to challenge behaviour contrary to our equality values.

5.6 Use and contribute to the **development of an evidence base** for

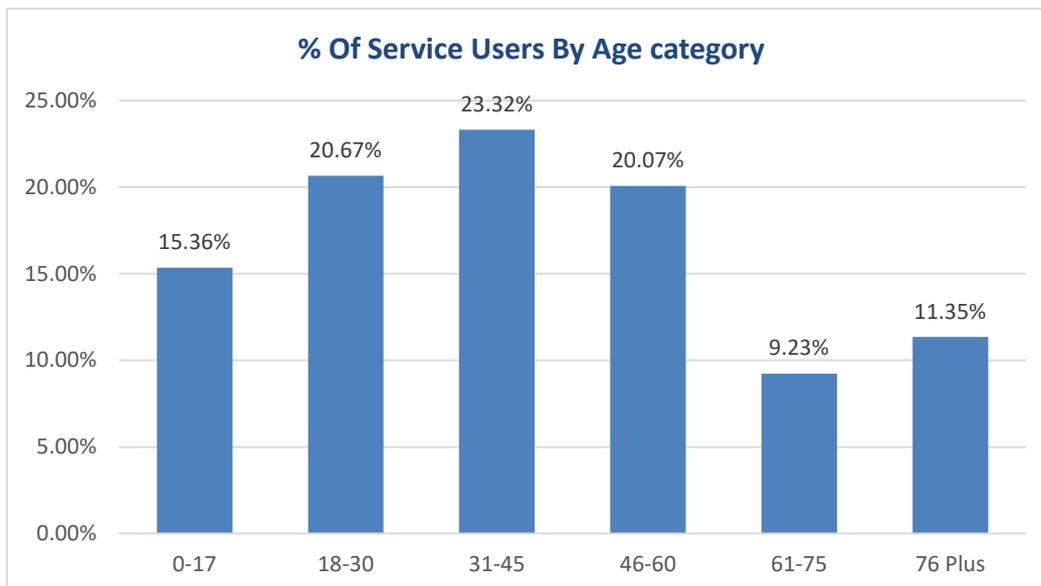
- Focussing on taking the perspective of those in target groups;
- Developing allies;
- Using an education base focussing on more subtle, covert forms of discrimination;

- Focussing on teams and developing inclusive teams using the evidence base from the leadership pilot work.
- 5.7 Use the **work on violence through QI** to address verbal harassment and discrimination to challenge the view that this 'goes with the territory' of working in mental and community health. Aggression and violence has been identified as one of the core reasons for staff leaving in their first year. The Trust has the highest score in the country for staff experiencing physical violence from patients, relatives or the public in the past 12 months (9 per cent higher than the average in mental health and community trusts in 2016 which correlates strongly with verbal aggression).
- 5.8 Support the development of **mature networks** that are self-sustaining and move away from led to sponsored networks, learning from experience elsewhere.

## Appendix 2a – Service user Demographics 2017

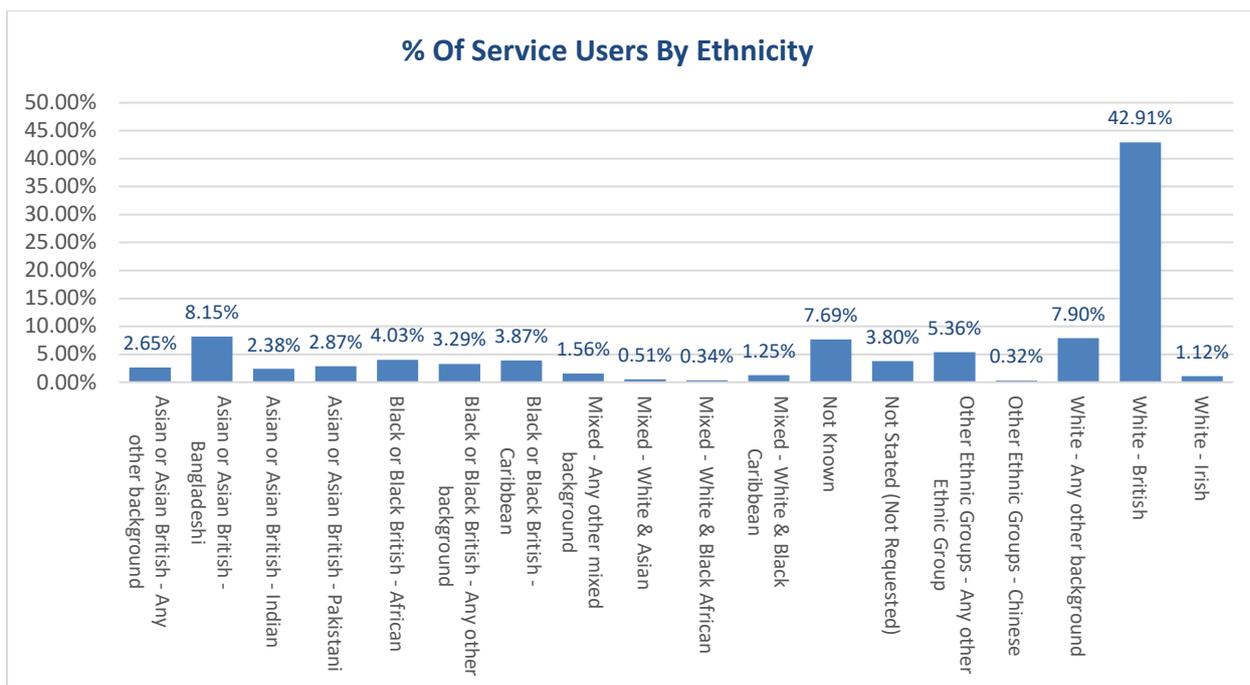
### 1. Service users by age

Age groups	No of service users	% of service users
0-17	7324	15.36%
18-30	9857	20.67%
31-45	11122	23.32%
46-60	9570	20.07%
61-75	4404	9.23%
76 Plus	5413	11.35%
<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>



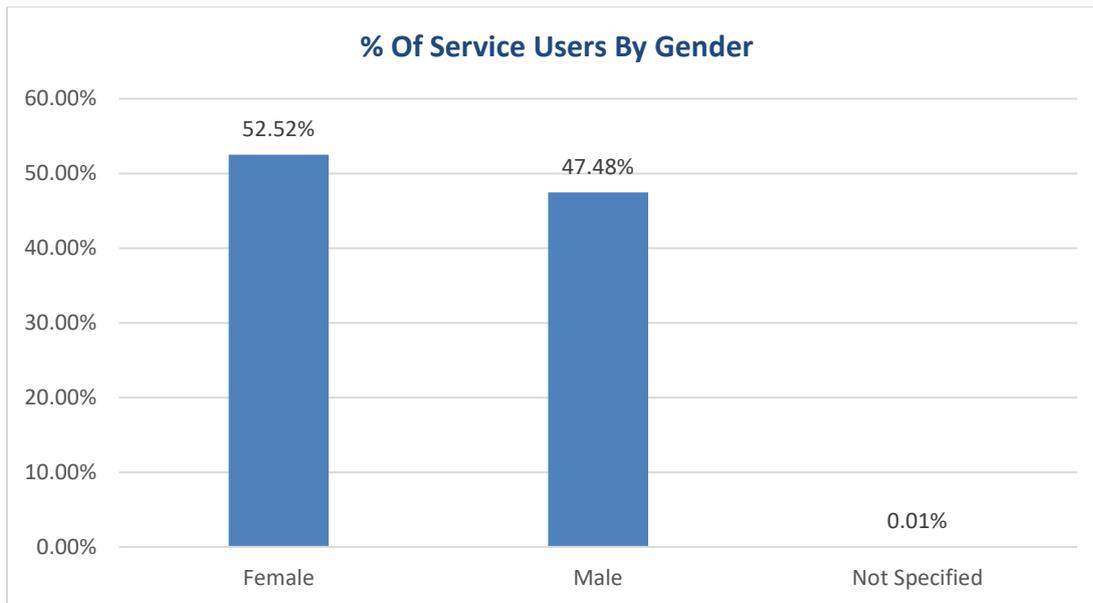
## 2. Service users by ethnicity

<b>Ethnicity</b>	<b>No of service users</b>	<b>% of service users</b>
Asian or Asian British - Any other background	1264	2.65%
Asian or Asian British - Bangladeshi	3889	8.15%
Asian or Asian British - Indian	1137	2.38%
Asian or Asian British - Pakistani	1371	2.87%
Black or Black British - African	1921	4.03%
Black or Black British - Any other background	1567	3.29%
Black or Black British - Caribbean	1846	3.87%
Mixed - Any other mixed background	743	1.56%
Mixed - White & Asian	244	0.51%
Mixed - White & Black African	160	0.34%
Mixed - White & Black Caribbean	594	1.25%
Not Known	3667	7.69%
Not Stated (Not Requested)	1810	3.80%
Other Ethnic Groups - Any other Ethnic Group	2558	5.36%
Other Ethnic Groups - Chinese	151	0.32%
White - Any other background	3769	7.90%
White - British	20465	42.91%
White - Irish	534	1.12%
<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>



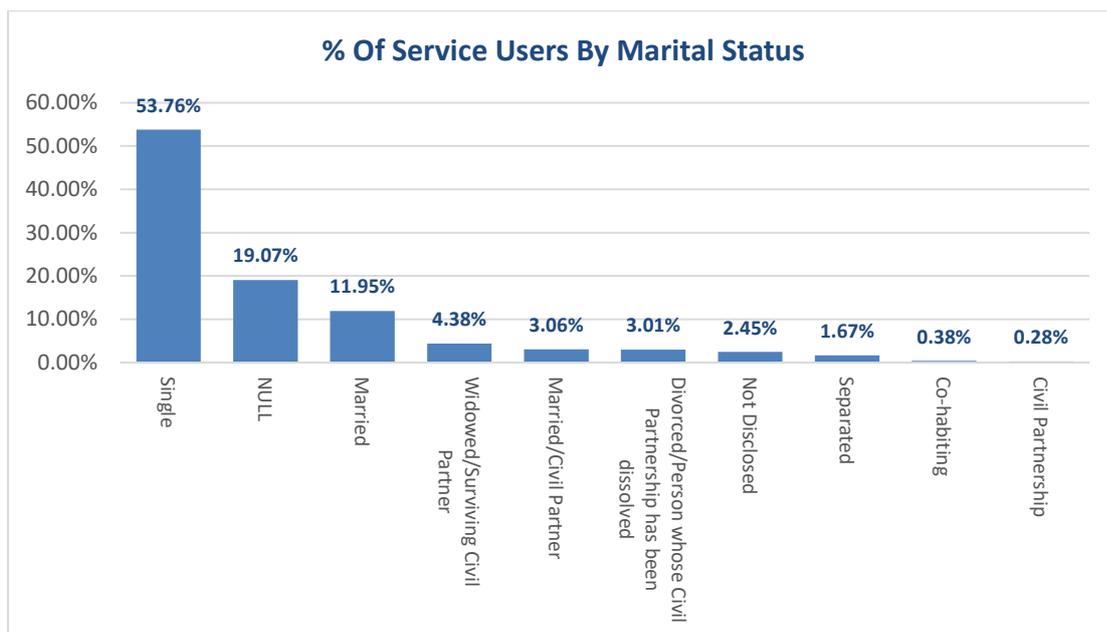
### 3. Service users by gender

Gender	No of service users	% of service users
Female	25046	52.52%
Male	22641	47.48%
Not Specified	3	0.01%
<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>



#### 4. Service users by marital status

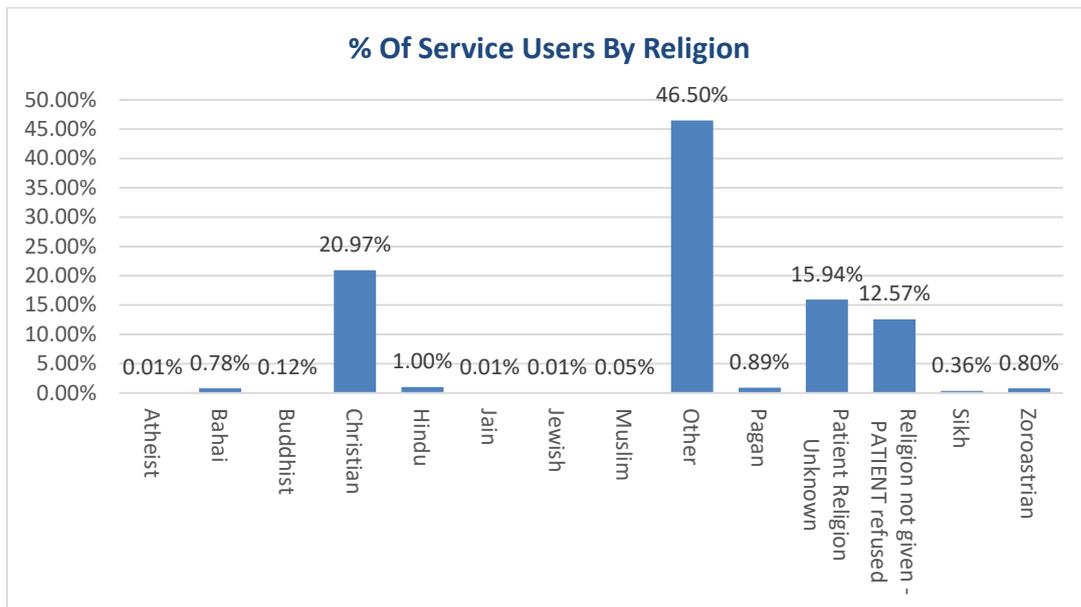
<b>Marital status</b>	<b>No of service users</b>	<b>% of service users</b>
Single	25636	53.76%
NULL	9096	19.07%
Married	5698	11.95%
Widowed/Surviving Civil Partner	2089	4.38%
Married/Civil Partner	1459	3.06%
Divorced/Person whose Civil Partnership has been dissolved	1435	3.01%
Not Disclosed	1167	2.45%
Separated	796	1.67%
Co-habiting	180	0.38%
Civil Partnership	134	0.28%
<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>



## 5. Service users by religion

Religion/belief	No of service users	% of service users
Atheist	3	0.01%
Bahai	373	0.78%
Buddhist	55	0.12%
Christian	10002	20.97%
Hindu	477	1.00%
Jain	3	0.01%
Jewish	4	0.01%
Muslim	26	0.05%
Other	22176	46.50%
Pagan	425	0.89%
Patient Religion Unknown	7600	15.94%

Religion not given - PATIENT refused	5995	12.57%
Sikh	170	0.36%
Zoroastrian	381	0.80%
<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>



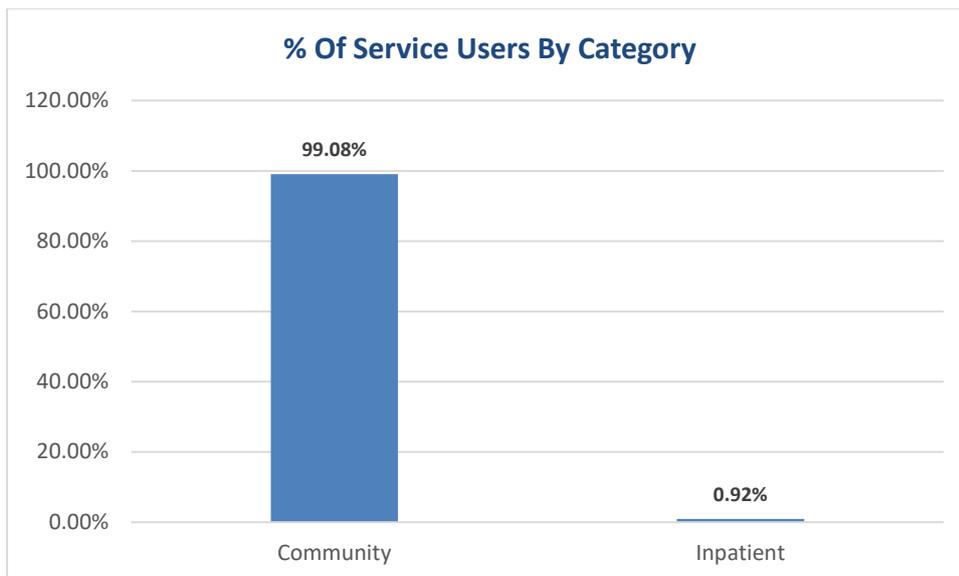
## 6. Service users by directorate

Directorates	No of service users	% of service users
Bedfordshire	10153	21.29%
Bedfordshire and Luton	2116	4.44%
CAMHS	8706	18.26%
City & Hackney	7435	15.59%
Forensic	634	1.33%

Luton	3380	7.09%
Newham	6305	13.22%
Tower Hamlets	7954	16.68%
Trust-wide	1006	2.11%
Unspecified	1	0.00%
<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>

### 7. Service users by category

Category	No of service users	% of service users
Community	47251	99.08%
Inpatient	439	0.92%
<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>



## 8. Service users by language spoken

Language	No of service users	% of service users
English	28696	60.17%
NULL	12777	26.79%
Bengali & Sylheti	1659	3.48%
Urdu	682	1.43%
Turkish	435	0.91%
Polish	380	0.80%
Punjabi	246	0.52%
Brawa & Somali	245	0.51%
Portuguese	202	0.42%
Italian	191	0.40%
Arabic	185	0.39%
Tamil	168	0.35%
French	164	0.34%
Castilian	119	0.25%
Gujarati	106	0.22%
Lithuanian	97	0.20%
Farsi (Persian)	86	0.18%
Hindi	85	0.18%
Russian	69	0.14%
Albanian	68	0.14%
Vietnamese	56	0.12%
British Sign Language	45	0.09%
Cantonese	43	0.09%

Romanian	43	0.09%
Pashto (Pushtoo)	42	0.09%
Kurdish	42	0.09%
Somali	41	0.09%
Swahili	39	0.08%
Spanish	38	0.08%
Yoruba	35	0.07%
Greek	34	0.07%
Hungarian	34	0.07%
Lingala	33	0.07%
Bulgarian	32	0.07%
German	30	0.06%
Sylhethi	27	0.06%
Yiddish	26	0.05%
Malayalam	26	0.05%
Amharic	23	0.05%
Latvian	23	0.05%
Hebrew	18	0.04%
Irish	17	0.04%
Croatian	16	0.03%
Dutch	16	0.03%
Tigrinya	16	0.03%
Mandarin	15	0.03%
Swedish	14	0.03%
Japanese	12	0.03%
Other	10	0.02%

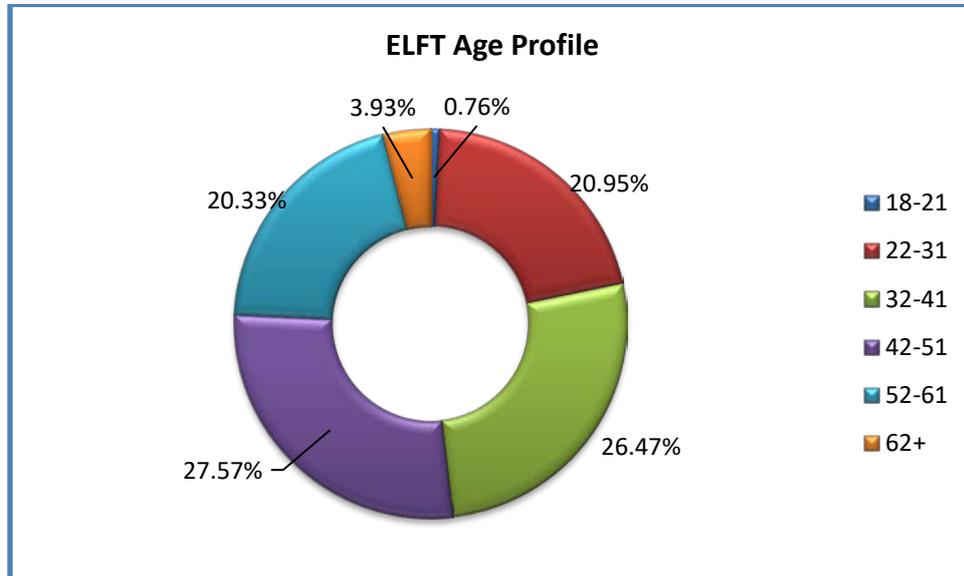
Cantonese & Vietnamese	10	0.02%
Tagalog (Filipino)	9	0.02%
Igbo (Ibo)	9	0.02%
Make-ton (Sign Language)	9	0.02%
Luganda	9	0.02%
Czech	9	0.02%
Sinhala	8	0.02%
Thai	7	0.01%
Georgian	6	0.01%
Serbian/Croatian	6	0.01%
Afrikaans	6	0.01%
Bosnian	6	0.01%
Creole	6	0.01%
Twi	5	0.01%
Maltese	5	0.01%
Afar	5	0.01%
Abkhazian	4	0.01%
Burmese	4	0.01%
Finnish	4	0.01%
Korean	4	0.01%
Danish	4	0.01%
Slovak	4	0.01%
Norwegian	4	0.01%
Estonian	3	0.01%
Akan (Ashanti)	3	0.01%
Shona	3	0.01%

Serbian	3	0.01%
Ethiopian	2	0.00%
Wolof	2	0.00%
Welsh	2	0.00%
Gikuyu	2	0.00%
Malay	2	0.00%
Telugu	2	0.00%
Macedonian	1	0.00%
Moldavian	1	0.00%
Ukrainian	1	0.00%
Tajik	1	0.00%
Galician	1	0.00%
Lao	1	0.00%
Oromo	1	0.00%
Hausa	1	0.00%
Armenian	1	0.00%
Fulah	1	0.00%
Ewe	1	0.00%
Kannada	1	0.00%
Gaelic	1	0.00%
Chechen	1	0.00%
Zulu	1	0.00%
Turkmen	1	0.00%
Indonesian	1	0.00%

<b>Grand Total</b>	<b>47690</b>	<b>100.00%</b>
--------------------	--------------	----------------

## Appendix 2b - Workforce profile

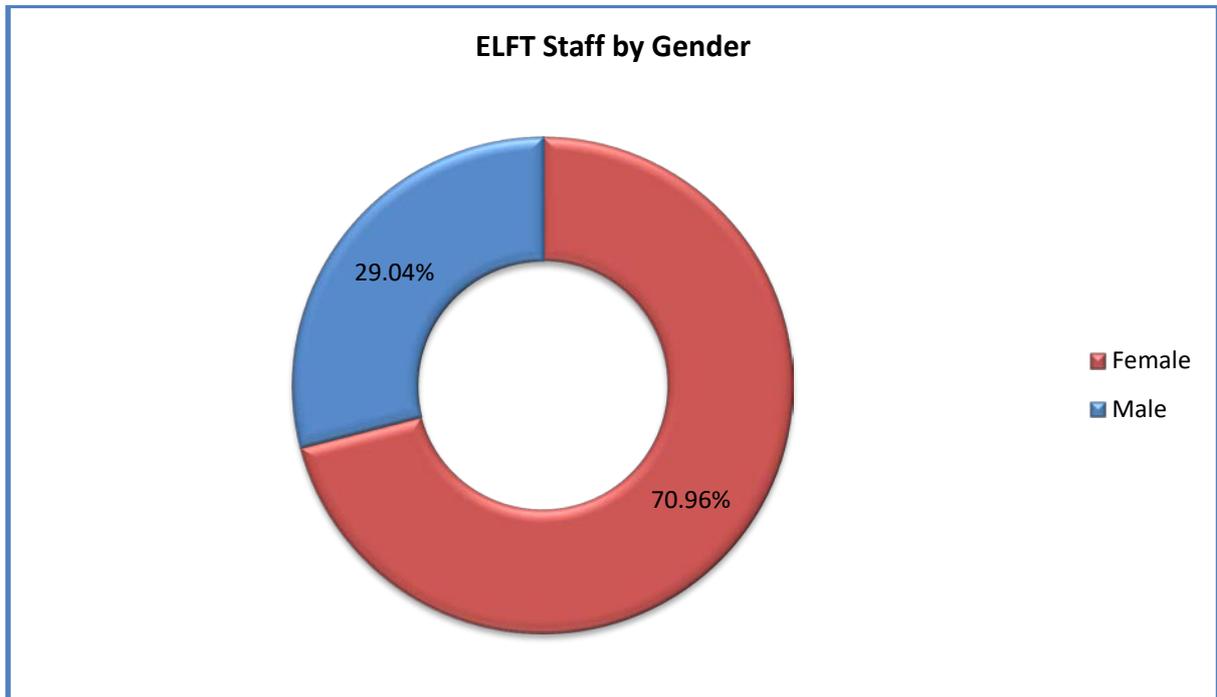
### 1.1 Age



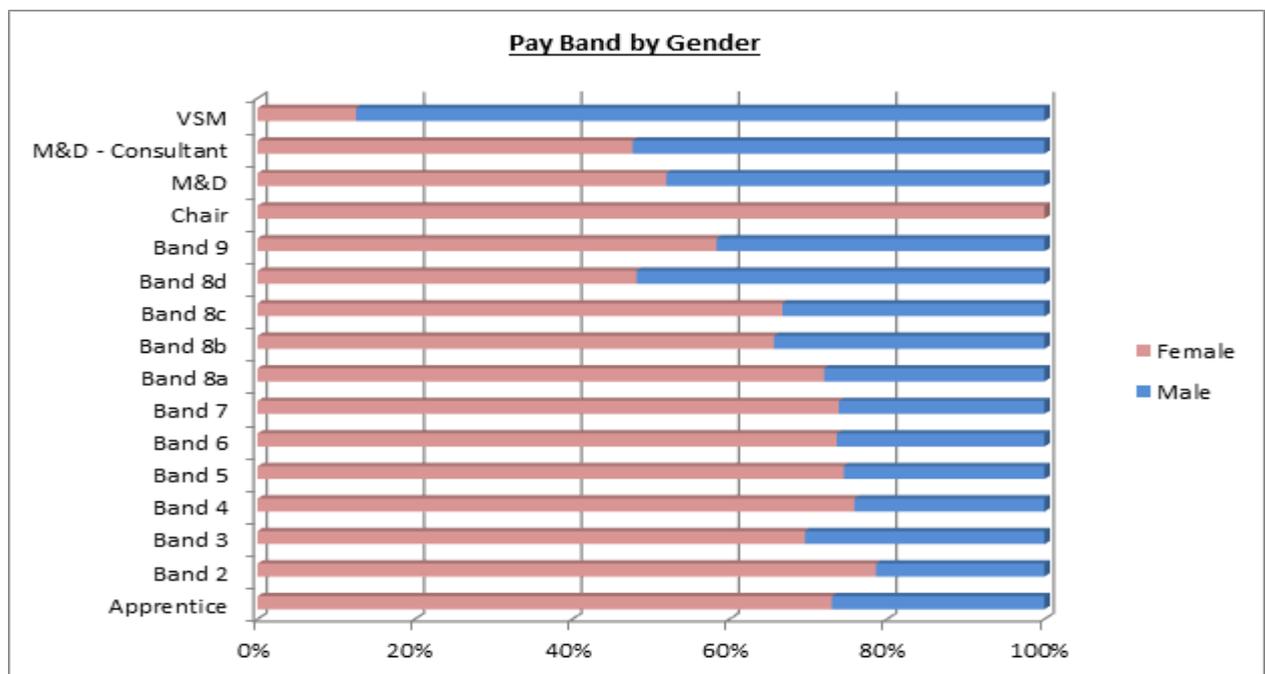
### 1.2 Ethnicity

Ethnicity	Hackney	Newham	Tower Hamlets	Luton	Bedford	Trust
White	54.7%	29.0%	45.2%	54.7%	80.5%	47.6%
Mixed	6.4%	4.5%	4.1%	4.1%	3.4%	4.1%
Asian	9.1%	42.2%	37.9%	29.3%	10.8%	15.9%
Black	23.1%	19.6%	7.3%	9.8%	3.9%	28.3%
Other Ethnic Group	5.3%	3.5%	2.3%	1.5%	0.7%	1.9%
Chinese	1.4%	1.3%	3.2%	0.7%	0.6%	0.0%
Not Declared	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%

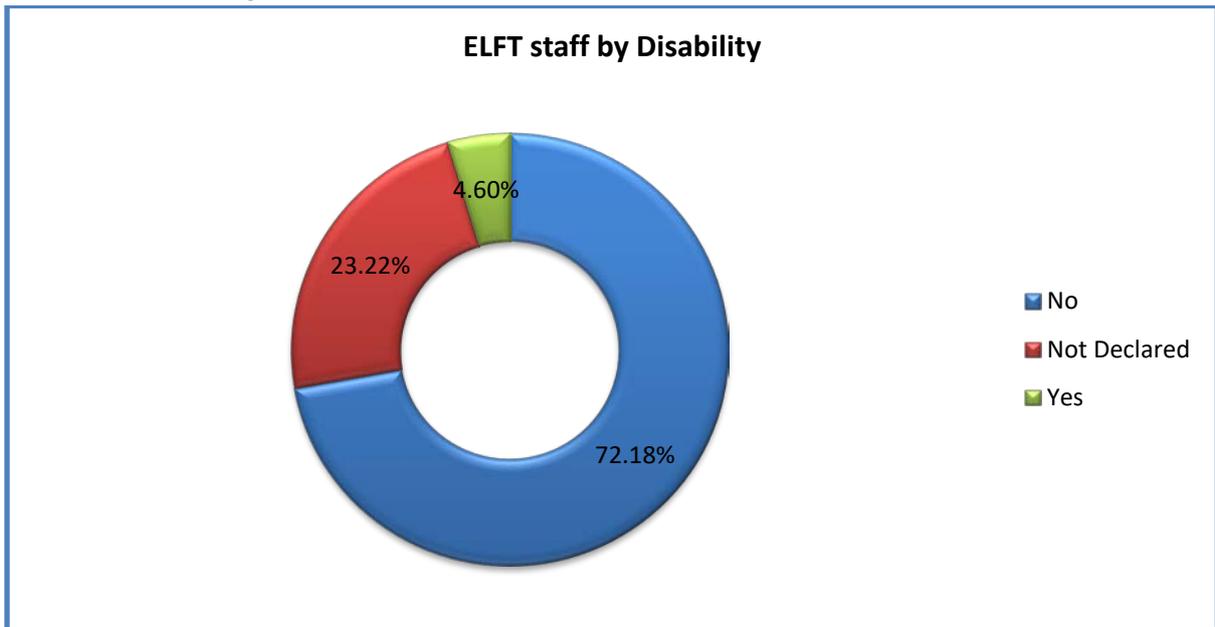
### 1.3 Gender



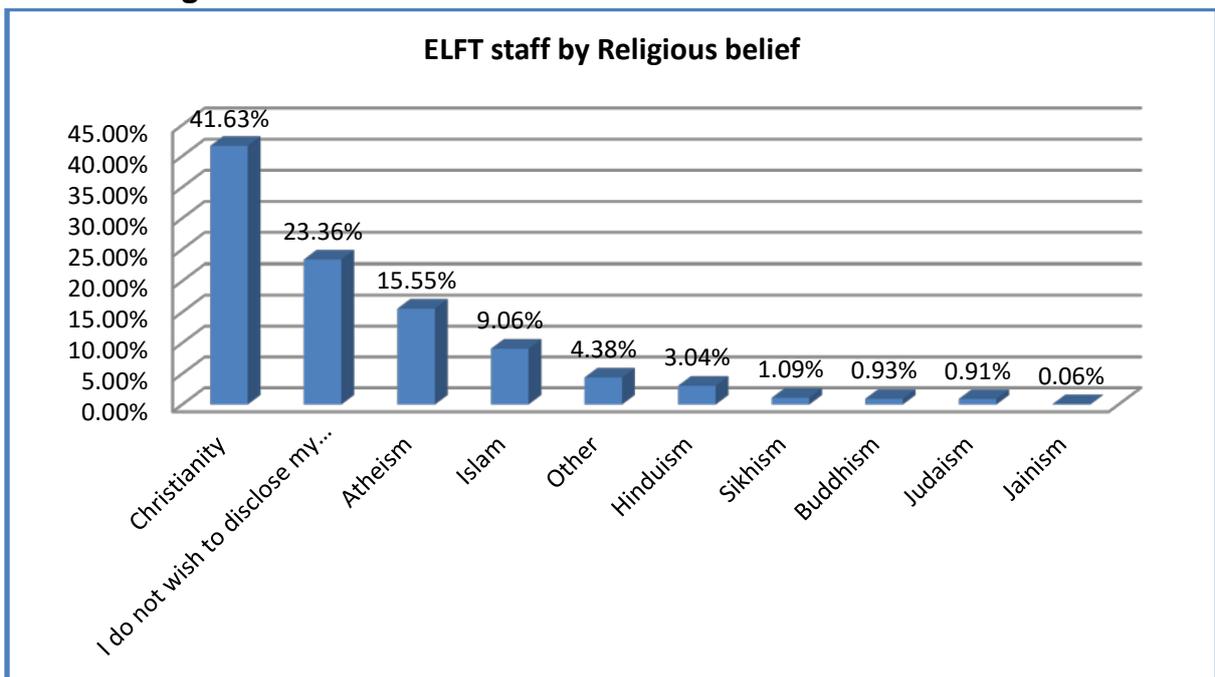
### 1.4 Pay band by Gender



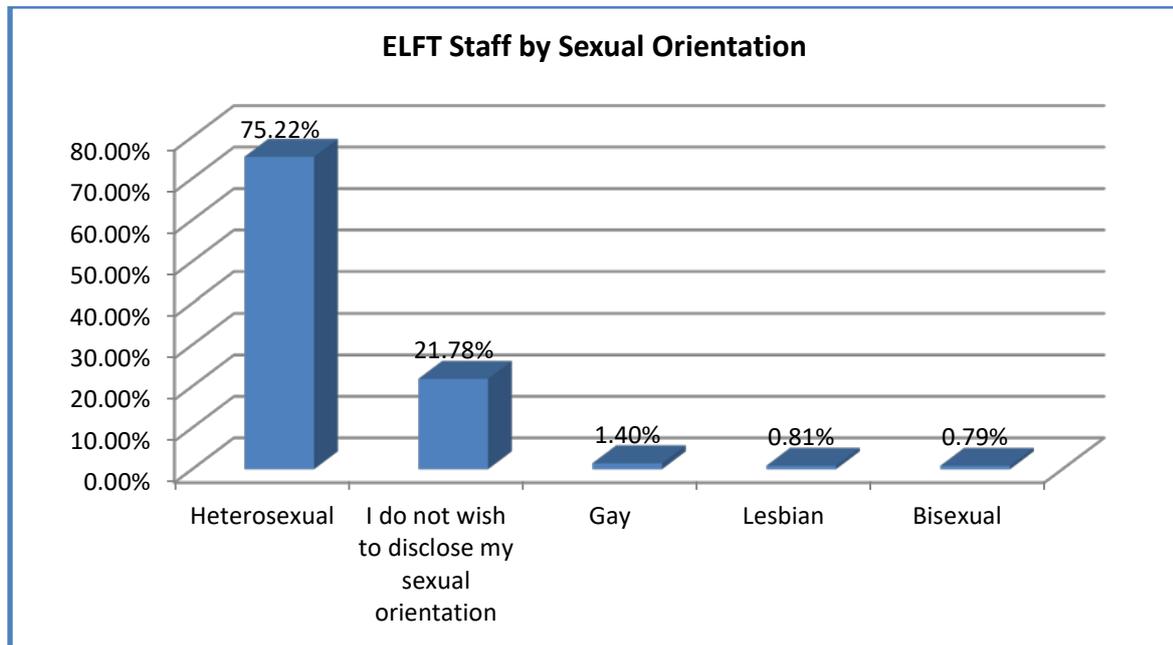
## 1.5 Disability



## 1.6 Religious belief



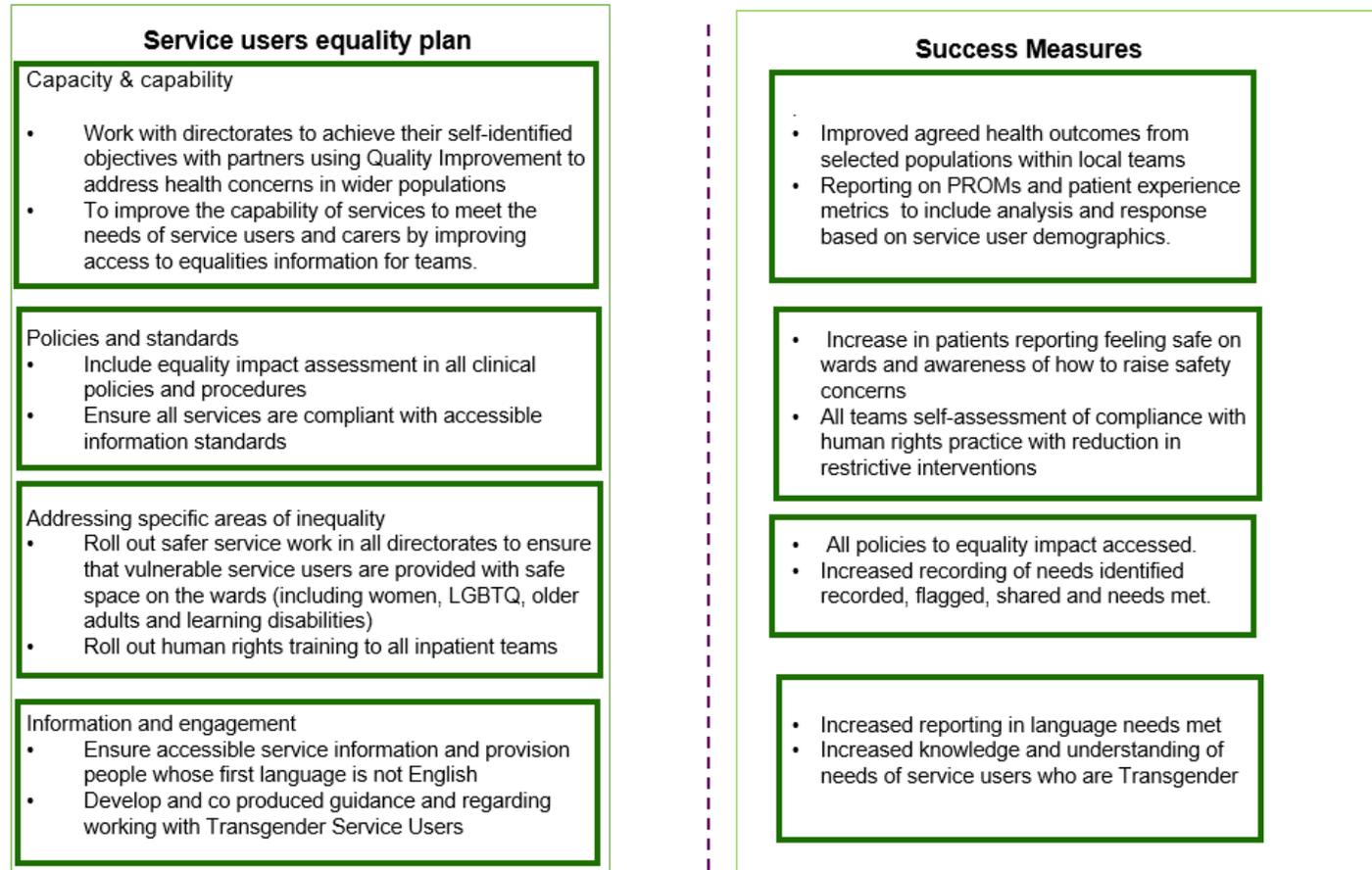
## 1.7 Sexual orientation



Equalities Plan (Service Users)

Trust Strategy

By 2022 we will build on our success and lead on the delivery of integrated care.



# Equality Plan (staff)

## Appendix 4

### Trust Strategy

By 2022 we will build on our success and lead on the delivery of integrated care.

### Strategic Objective

Improving the experience of staff

### Workforce Equality Plan

- Reduce Gender Pay gap through networks. Promote and roll out development programmes specifically for women i.e. Springboard. Through increased representation of women on training & development courses;
  - Improved Agile working through technology, Improved Flexible Working Policies and Practices – better education for managers;
  - Increased flexibility (modes of training) and accessibility of training courses.
- Reduce the disproportionate effect of BAME staff in formal HR processes through and the implementation of a fair treatment process in relation to Disciplinary processes, improved HR KPIs and Workforce Race Equality Standards (WRES) metrics;
  - Implementation of Coaching and mentoring programmes Review of the Dignity at Work Policy and Grievance Policy;
  - Increased BAME representation on personal development courses and improved transparency in terms of career progression.
- Increased Service User participation in the development of HR Policies, ER cases and training etc.
  - Implementation of Workforce Disability Equality Standards (WDES) November 2018;
  - Implement an Access to Work lead – within HR through the development of an automated process for Access to Work requests.
- Create and Implement a Transgender Policies and/or make reference to transgender staff in all HR Policies;
  - Increase the representation of lesbian women;
  - Improved reporting categories on ESR.

### Success Measures

- A 3% significant reduction in the gender pay gap figure;
  - A 20% increase in the number of women in senior leadership positions;
  - A 20% increase in the number of women attending non mandatory L&D programmes;
  - A 20% increase in the number of women receiving Clinical Excellence Awards (CEAS).
- A more proportionate representation of BAME staff in the disciplinary process, and a more consistent approach in terms of sanctions that are issued across localities;
  - A reduction in the number or Dignity at work complaints and/or Grievances as a result of discrimination and/or bullying, harassment of victimisation;
  - Improved metrics in terms of HR KPIs: improved staff survey results in relation to staff experience Bullying, Harassment, Victimisation and discrimination.
- An increase the reported numbers of staff with a disability;
  - An increase in the number of staff who successfully submit Access to work Applications;
  - Improved support for staff with a disability or who acquire a disability.
- An improvement in the Trust's position on the stonewall index
  - An increase in the number of staff reporting Transgender status
  - Increased number of lesbian women in senior leadership positions
  - Improved reporting categories on ESR

