

Equality, Diversity and Human Rights Strategy

2020-2023

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Contents

No.	Section	Page No.
	Executive Summary and Introduction	2-5
1	Current State	6
2	Future State/ Aim	9
3	Environmental Analysis <ul style="list-style-type: none">• Change enablers• Challenges to change	9
4	Gap Analysis and Objectives	11
5	Outcome Scorecard	16
6	Proposed Implementation Route	20
7	Glossary	20

Executive Summary

TEWV requires a revised Equality, Diversity and Human Rights Strategy for 2020 – 2023 in order to more fully realise the vision, mission and strategic goals of the Trust. In an increasingly challenging environment a focus on equality and diversity for service users, carers and staff is key for the delivery of the Trust's strategic goals and in particular strategic goals:

1. To improve the quality of life of service users and their carers by working with them to provide excellent services’;
2. To continuously improve the quality and value of our work’;
3. To recruit, develop and retain a skilled, compassionate and motivated workforce’; and
4. To have effective partnerships with local, national and international organisations for the benefit of the communities we serve.’

TEWV's strengths are senior level commitment to the equality, diversity and human rights agenda; a number of internal initiatives which support the equality diversity and human rights agenda including the autism project, right care, right place and making a difference together; new initiatives to address conflict at work; a successful Black, Asian and Minority Ethnic (BAME) leadership programme; expertise in community engagement and spirituality.

Our challenges include: poorer outcomes and experiences in some areas for BAME and disabled staff; incomplete data on sexual orientation and disability for both staff and service users; staff lacking confidence in working with service users who identify as Trans; proportionately lower levels of access to and satisfaction with services for some protected groups; difficulties engaging BAME, lesbian, gay, bisexual and trans (LGBT) and disabled staff to understand the issues they face; and challenges engaging staff who do not identify as from these groups in the equality, diversity and human rights agenda.

The environmental analysis highlights the increasing national focus on improving outcomes and experiences for people from protected groups. The agenda around staff has a gained momentum and importance with the introduction of the Workforce Race Equality Standard, the Workforce Disability Equality Standard, Project Choice and the publication of the gender pay gap. National initiatives to address inequalities such as EDS2 and the Accessible Information Standard have increased the focus on service users. These new standards encourage NHS organisations to pay greater attention to the Public Sector Equality duties in the Equality Act.

The ideal future state would be that TEWV is an inclusive employer and service provider in which diversity is welcomed and valued, where all staff are able to achieve their full potential and where service users are able to access person- centred care which supports them to lead meaningful and satisfying lives.

However, in order to move closer to this future state a number of targeted, focussed actions have been identified. It is recognised that these are not the only gaps that need to be addressed for the trust to achieve the future state outlined above, but they do address the key gaps identified in the stakeholder consultation. The strategy includes some short to medium term objectives which will make a significant impact on both staff and service users. These are:

1. Ensure that where it is agreed, staff that require a reasonable adjustment have these in place.

2. To ensure we support and respond to staff who experience verbal aggression and that we take actions that reduce the number of incidents of verbal aggression towards staff.
3. To ensure we have a suitably trained and skilled workforce to address the needs of Trans patients and staff
4. To increase the recording of disability and sexual orientation on Paris and ESR of patients and staff
5. To increase the number of BAME service users who access services within the trust and report a positive experience.

David Levy, Director of Human Resources and Organisational Development.

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Introduction

The Trust's mission is

To improve peoples lives by minimising the impact of mental ill- health or a learning disability.

The Trust's vision is

To be a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations.

Implementing this strategy will support achievement of the Trusts strategic goals:

The relevant strategic goals, and "this means that" statements are shown below

SG1: To improve the quality of life of service users and their carers by working with them to provide excellent services

This means that we work in partnership with service users, and their carers to make a positive difference by:

- a. Supporting individuals to identify and achieve their personal recovery goals
- b. Fully involving service users and their carers in the development and delivery of their care plan
- c. Providing personalised care and treatment
- d. Delivering accessible, effective and safe care
- e. Ensuring service users, and their carers have a positive experience of our services
- f. Providing accessible, high quality information

SG2: To continuously improve the quality and value of our work

This means that we only do things that add value to our stakeholders by:

- a. Always involving and empowering service users and their families in quality improvement and planning
- b. Learning from and responding to service user, family and other stakeholder' feedback
- c. Analysing data so that we can see the impact of the changes we make
- d. Learning from other organisations

SG3: To recruit, develop and retain a skilled, compassionate and motivated workforce

This means that we are an excellent employer by

- a. Developing a culture where all our staff feel valued
- b. Checking that all of our staff work in line with Trust values, expected behaviours and the compact
- c. Ensuring we have the right staff, in the right place at the right time so that we have safe, effective, recovery focussed services
- d. Providing appropriate education, training, development and leadership opportunities for all trainees, staff and volunteers
- e. Ensuring we have effective leadership and management throughout the organisation
- f. Supporting staff health and wellbeing

SG4: To have effective partnerships with local, national and international organisations for the benefit of the communities we serve

This means that we actively engage partners to improve the health and wellbeing of the people we serve, by:

- a. Influencing the development of regional and national strategies and plans
- b. Supporting commissioners and other system partners to produce sustainable plans that improve the meet the mental health and learning disability related needs of the communities we serve
- c. Working closely with GPs, local authorities, the voluntary sector and other service providers to provide effective prevention and personalised care for people with a mental illness or learning disability
- d. Working with partners, including higher education to develop and test innovations

This strategy sets out our commitment to taking equality, inclusion, diversity and human rights into account in everything we do, whether that is through our aspiration to deliver high quality services that exceed people's expectations for our patients and service users to employing a diverse workforce with high quality staff providing high quality services who feel that TEWV is a great place to work.

This matters because we know that if we can't meet the needs of our diverse population, or don't address the needs of all of our staff, then we won't be fully achieving our vision and mission

There is a lot of evidence that current NHS mental health and learning disability services do not equally meet the needs of all people, and that there are higher barriers for non-white staff to provider excellent services.

A focus on Equality, Diversity, Inclusion and Human Rights (EDHR) is key to addressing these health inequalities and inequalities in the workplace.

Nationally suicide rates amongst South Asian females are relatively high, black people are three times more likely to be detained than white people and instances of psychosis amongst black Caribbean males is higher than other groups. Survey and other evidence shows that TEWV's BAME staff has worse outcomes and experiences compared to our white staff.

A Stonewall report in 2017 on LGBT people stated that 52% of lesbian, gay and bisexual (LGB) people experienced depression, 61 % have experienced anxiety, and 48% have deliberately harmed themselves. The same report identified that 41% of Trans men and Trans women responding have experienced a hate crime or incident because of their gender identity in the last 12 months and 25% of Trans people had experienced homelessness at some point in their lives, Deaf people are more likely to experience mental ill health and there are issues with the accessibility of some of our buildings. Our disabled staff report lower outcomes and worse experiences compared to our non-disabled staff.

We believe that inclusive, values led leadership is a personal responsibility for us all regardless of role. We acknowledge that we each contribute to, and are accountable for the environment that we collectively create and the impact that this has on both the people who receive our care and on those who provide it.

Our aspirations to deliver high quality services that exceed people's expectations can only be achieved if we focus towards becoming an inclusive employer and service provider which recognises, values and respects people's individuality and differences and harnesses these differences to deliver high quality care and enables our staff to be the best they can be.

An extensive consultation took place amongst service users, carers, staff, statutory and third sector partners which resulted in consensus on 5 clear themes which form the objectives of this strategy.

1. Current State

The trust covers a large a large geographical area of 10,000 Km² (3860 square miles). Our main towns and cities are Durham, Darlington, Middlesbrough, Scarborough, Whitby, Harrogate, Ripon, York and Selby and there are numerous smaller seaside and market towns scattered throughout our patch. There are big differences in the diversity of our localities. For example in Middlesbrough and Stockton the BAME population is approximately 10% (2011 census) whereas in Redcar and Cleveland it is 1.4% We know that these percentages will have increased since the census due to immigration, including the placement of asylum seekers in Teesside.

Of our service user population we know that 2.39% are BAME, compared to 3.85% in the 2011 Census. 60% are 44 or younger, compared to 53% in the 2011 Census. 50% are female compared to 51% in the 2011 Census. Of the data we have on religion 40% are Christian compared to 68% in the 2011 Census and 0.7 % are Muslim compared to 1% in the 2011 Census. This suggests that there may be barriers to seeking help and entering services for some BAME and / or religious communities.

It is important that we understand and work with our service users diversity. Nationally suicide rates amongst South Asian females are relatively high, black people are three times more likely to be detained than white people and instances of psychosis amongst black Caribbean males is higher than other groups. Evidence highlights the increased level of mental health problems such as anxiety, depression and stress, particularly for LGBT (lesbian, gay, bisexual, trans). The negative impacts of discrimination and marginalisation on the mental health and wellbeing of individuals from protected groups is well established. Although existing data is not complete there is no reason to believe that the situation in TEWV is any different to the national picture described above.

TEWV employs approximately 6,700 staff of whom 60% are 41 or older, 5% have declared that they have a disability, 78% are female, 5% are from Black, Asian or Minority Ethnic (BAME) backgrounds and 3% have declared that they are lesbian, gay or bisexual. This means that men, and people from BAME backgrounds are under-represented in our workforce. Disabled and LGB people may also be underrepresented, but we believe there is under-reporting of this in people's declarations on ESR, as our staff survey data suggests that around 28% of the workforce have a disability and 3.4% may be LGB. ESR does not currently allow for information on trans staff to be gathered. The Trust's 2019 gender pay gap showed that women were paid 14.65 % less (mean) than males. This equates to £2.64 per hour less, however action is being taken to address this issue and the trust has increased the representation of women in senior positions with 6 out of the 14 members of the Trust's Board of Directors being women.

As part of the development of this strategy we engaged with service users, carers, and staff and partner organisations. A number of very clear themes emerged from this consultation:

Disability

Work needs to be done to ensure managers understand disability fully and are aware of how to support staff with disabilities.

Trans

Staff overwhelmingly asked for Trans awareness training

Race and ethnicity

Staff requested more training on managing verbal aggression from patients, carers and relatives towards staff (this applies more widely than race and ethnicity).

Data completeness

There was strong agreement that demographic data on both ESR and PARIS needed to be improved.

Community Engagement

More work needs to be undertaken with hard to reach service user and carer groups to improve their access to and experience of services

Our strengths include:

- Senior level commitment to tackling equality and diversity issues within TEWV and a willingness amongst both executive and non- executive members of Board of Directors to championing the issues faced by protected groups
- The introduction of new ways of tackling conflict at work and of enabling staff to speak up safely and addressing bullying and harassment including the development of a network of Dignity at Work champions
- Work to enhance access to mediation, including training 7 BAME mediators who have been involved in successful meditations. An ability to work with local communities to improve awareness of and access to services which also raises awareness within the trust of the challenges faced by those communities. For example the Older Persons service pilot in Middlesbrough has successfully increased awareness of dementia amongst the South Asian community in Teesside.
- A diverse chaplaincy team and a well embedded approach to meeting service users' spiritual needs and to raising awareness within and outside TEWV of the importance of spirituality in mental health recovery.
- A robust and professional interpreting service that can be accessed by staff on behalf of service users and carers throughout the trust
- A range of staff health and wellbeing services although more to be done to improve access in some localities.
- The national staff survey tells us that engagement scores for BAME staff are 7.7 out of 10 compared to 7.2 for White staff.
- The autism strategy project team has worked with staff, service users and carers to develop and deliver understanding autism training trust wide to increase staff awareness and the need to make reasonable adjustments to ensure autistic people have equal access to our services.
In addition the team has co-produced a Clinical Link Pathway (CLiP) for reasonable adjustments in autism which supports staff in adult mental health community services to work with autistic people and their families to develop and implement reasonable adjustments to the care provided by the trust. The team were recognised for this work by the national autistic society; receiving autism professional award 2019 for outstanding health service.
- Right care right place is a Trust wide programme which aims to provide a more integrated and seamless approach to care, improving the experience for services users, our staff and our partners. With a recovery approach at its heart this programme will engage with communities and health and social care partners across the whole system. This work includes engagement with hard to reach groups to improve their access to services
- A successful BAME staff development programme. Following the first course there were 5 promotions and a second course has just been run

- The Making a difference together programme, which focuses the trust on how we embed the trust's values and behaviours in everything we do for the benefit of service users, carers and staff. Equality, Diversity and Human Rights plays a key role in this.

Our challenges & issues include:

- The Trust is not representative throughout its workforce of BAME population. Including medics 4.2 % of the Trust staff identifies as BAME and excluding the medics this figures drops to 2.7%.
- This is compared to 3.85% BAME population for the whole trust area in the 2011 census. There are differences in the size of the local BAME population throughout the Trust.
- BAME staff report worse experiences and outcomes in some respects when compared to white staff. There are significant differences in the experiences of BAME staff compared to white staff with White staff 1.7 times more likely to be appointed from shortlisting compared to BAME staff and BAME staff 1.62 times more likely to enter formal disciplinary processes compared to white staff. BAME staff are more likely than white staff to experience bullying, harassment or abuse from patients, relatives, members of the public and other staff. BAME staff feel less convinced than White staff that the trust offers equal opportunities for career progression and promotion.
- Disabled staff are 1.7 times more likely than non- disabled staff to enter the formal capability process, they are more likely to experience bullying, harassment and abuse from patients, relatives, members of the public, managers and other colleagues compared to non- disabled staff. More disabled than non- disabled staff say that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. 11 % fewer disabled staff say that they are satisfied with the extent to which their organisation values their work.
- There are proportionately lower levels of access to TEWV services by some protected groups. In the trust as a whole 1.74% of our population are Asian whereas 0.76 % of our service users identify as Asian; 0.11% of our population are from the Gypsy/ traveller community compared to 0.09% of our service users
- There are historically lower levels of satisfaction with TEWV services on the part of some groups. In the patient Friends and Family test (2018 – 19) 94% of white British service users provided excellent or good responses to the survey questions, compared to 89% of those who identified as White other and 89% of those who identified as mixed race. 91% of those who identified as heterosexual provided good or excellent responses compared to 82% of those who identified as lesbian and 77% of those who identified as bisexual. Those aged 65 and over were more satisfied with services with 96% answering excellent or good to questions compared to 91% of those aged under 18 and 18 -29.
- A lack of confidence on the part of TEWV managers staff to take positive action where it could be appropriate
- Low levels of data completeness regarding protected characteristics. Of our electronic record system for service users 86% of information on disability is incomplete, and 90.5% of service users' records do not contain information on sexual orientation. On our Electronic Staff Record 28% of staff have not declared whether or not they are disabled and 15% of staff have not declared their sexual orientation.
- Difficulty in engaging with and gaining feedback from statutory and voluntary organisations on access to and experiences of TEWV services.

- Understanding the issues for our hard to reach communities and what barriers they experience in engaging with our services in a timely manner. Working with these communities to improve their access to services.
- Difficulties in engaging BAME, disabled and Lesbian, Gay, Bisexual and Trans (LGBT) staff to understand and raise the profile of the issues of discrimination they experience due to the small numbers of staff in these groups and their reluctance to come forward because of fear of discrimination
- Difficulty in engaging staff who do not fall into the protected groups above in the Equality and Diversity agenda due to competing demands on their time and variation in their level of awareness of the issues faced by their BAME, disabled and LGBT colleagues

2. Future State/ Aim

This strategy sets out an ambition that TEWV is an inclusive employer and service provider in which diversity is welcomed and valued, where all staff are able to achieve their full potential and where service users are able to access person-centred care which supports them to lead meaningful and satisfying lives.

3. Environmental Analysis and the drivers for change

Nationally there is an increasing focus on improving outcomes and experiences for people from protected groups. The NHS the Long Term Plan states that the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to protected groups. All local health systems will be expected to set out during 2019 how they will reduce health inequalities by 2023/24 and by 2028/29. The NHS Equality and Diversity Council are currently considering a number of interventions to help support achievement of this aim.

The national agenda around staff has also gained momentum and importance with the introduction of the Workforce Race Equality Standard, the Workforce Disability Equality Standard, Project Choice and the publication of the gender pay gap. National initiatives to address inequalities such as EDS2 and the Accessible Information Standard have increased the focus on service users. Equality, Diversity and Human Rights are given a more prominent role in CQC inspections. These new standards act as drivers for NHS organisation to publish more information and to monitor and act on the inequalities in experience and outcomes revealed by the data thus encouraging greater attention to be paid to the Public Sector Equality duties in the Equality Act.

Equality Act 2010

The Equality Act makes it unlawful to discriminate against someone because of one or more protected characteristics. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

Human Rights Act 1998

The Act sets out the fundamental rights and freedoms that individuals in the UK have access to and embodies the principles of fairness, respect, equality, dignity and autonomy (FREDA). The Act includes the right to:

- Liberty
- Not to be tortured, or treated in an inhuman or degrading way
- Respect for private and family life, home and correspondence.
- Life
- Non – discrimination

Equality Delivery System (EDS2)

The NHS Equality Delivery System (EDS2) is a framework relating to all 9 protected characteristics that enables Trusts, in discussion with local people, review and improve their performance for people with protected characteristics protected by the Equality Act 2010. EDS2 has 4 goals, 2 related to patients; better health outcomes and improved patient access and experience. 2 goals are related to staff: fair NHS recruitment and selection processes lead to a more representative workforce at all levels and Boards and senior leader routinely demonstrate their commitment to promoting equality within and beyond their organisation. These goals are supported by 18 outcomes.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (Metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. NHS organisations will use the Metrics data and local data to develop a local action plan which is agreed by the Board of Directors and which enables them to demonstrate progress against the indicators of disability equality

The Workforce Race Equality Standard

The Workforce Race Equality Standard was developed to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It is a set of 9 specific metrics which allow NHS organisations to compare outcomes and experiences for BAME and white staff and to use the information to action plan at Trust Board and to show improvement in equality for BAME staff.

Lesbian, Gay, Bisexual and Trans (LGBT)Staff

The Trust recognises that more work needs to promote equality for LGBT staff. To this end the trust intends to publish metric data on its LGB staff that mirrors the WRES and WDES. An action plan will be developed on the basis of the measurements which will allow the trust to demonstrate progress against the indicators of LGB equality. The trust is exploring ways to generate more information about trans staff.

Care Quality Commission

The Care Quality Commission has published its equality objectives for 2019- 2021 which include those that affect providers are:

- Objective 1 Confident with Difference- assuring service users that they will experience frontline care delivery across all sectors that is confident with difference
- Objective 2 Accessible information and communication
- Objective 3 Equality and the well led provider highlights the links between equality for health and care staff and providing good quality care. It emphasises

the link between patient satisfaction and the results of the NHS staff survey on issues such as workplace discrimination.

- Objective 4 Equal access to care and equity of outcomes in local areas.

Gender Pay Gap Reporting

All organisations with 250 or more employees have been obliged to publish details of their gender pay gap from March 2018..

The gender pay gap shows the differences in the average pay between men and women.

Accessible Information Standard (AIS)

The AIS seeks to embed within the NHS the legal requirements of the Equality Act 2010 in relation to the communication with disabled people. The standard aims to make sure that people who have a disability or sensory loss, can access information in ways which make understanding the information easier and that any communication support they require is provided. Organisations are obliged to meet the 5 key elements of the standard by: obtaining information from the patient, carer or relative; recording the information in a set way; ensuring that the information is flagged / highlighted within the patient notes; sharing the information; at point of discharge, transfer or handover; taking steps to ensure that people receive information which they can access and understand and receive communication support if needed.

Project choice

Project Choice is a supported internship programme for people with learning disabilities, difficulties or autism (LDDA). NHS Health Education England, support NHS Trusts to deliver the programme nationally. The focus is 'work readiness' and matching skills to employment it is important that people with autism or a Learning Disability who have the skills to do roles in the Trust are supported to do so and not discriminated against in selection processes.

Integrated Care System

Given the complexity of equality issues and the multiple factors that can affect an individual's experiences and life chances and the importance of the particular place that people live within it is important to recognise that actions to address equality issues at an individual, organisational and Integrated Care System level are likely to have greater impact than taking organisation specific actions alone.

4. Gap Analysis and Objectives

From analysis of the internal and external environments summarised above it has been identified that there are 5 key gaps that the organisation needs to address if we are to make progress against our Strategic Direction and in particular Strategic Goals 1, 2, 3 and 4. It is recognised that these are not the only gaps that need to be addressed for the trust to achieve the future state outlined above. These were the key gaps identified in the stakeholder consultation and some short to medium term targeted actions have been developed which it is believed will make a significant impact on both staff and service users. These are:

- That there is variation in managers' understanding of disability and how to support staff with disabilities sufficiently to ensure that all staff with disabilities have a positive experience of employment.
- There is variation in staff's knowledge and confidence of working with and support service users and staff who identify as Trans.
- There is variation in staff's knowledge of how to address verbal aggression from patients, carers and relative.
- There are gaps on the trust's electronic record systems in the demographic data on sexual orientation and disability for both staff and service users

- There is a need for services to engage more with hard to reach groups to understand why they are not accessing our services and what need to be done to address this and improve their experiences.

To achieve our ambition the following objectives have been set (please note that relevant baselines and targets are included in section 5 of this documents)

1. Ensure that where agreed, staff that require a reasonable adjustment have this/these in place

We will achieve this by:

The HR Operations and EDHR teams will develop a trust wide system for capturing all formal reasonable adjustment requests and the outcome of these by Q4 20/21.

Using the National Staff Survey to seek feedback from staff that have requested a formal reasonable adjustment on how effective the adjustments have or have not been by Q1 2021.

Using data collected by the HR Operations team during 2018/19, measure if the time taken to implement access to IT equipment as a formal reasonable adjustment has reduced

The HR Operations and EDHR teams will develop a health passport for staff that outlines any formal reasonable adjustments required which will move with the staff member into other roles within the trust and a system that enables the passport to be reviewed annually by Q3, 20/21.

The HR Operations team will promote and review the reasonable adjustment packs to staff and managers by Q3, 20/21.

The Organisational Development and EDHR teams will include information about reasonable adjustment in all leadership and management training by Q3, 20/21.

We will know that we are achieving this by measuring and reporting the:-

The average time taken to implement IT equipment adjustments for staff who require a reasonable adjustment.

The percentage of staff stating that their employer has made adequate adjustment(s) to enable them to carry out their work.

2. Ensure we support and respond to staff that experience verbal aggression and to proactively reduce the number of incidents of verbal aggression towards staff.

We will achieve this by:

EDHR team to develop and implement a zero tolerance campaign in year 20/21, which will include a poster campaign to highlight the issue of verbal abuse to staff from service users, relatives, carers and the general public. This will be reviewed in year 2 and a decision made about further action. The campaign will be reviewed using the level of Datix incidents relating to verbal abuse to staff in 21/22 and a decision made about further action will then take place.

Subject to annual capacity and demand analysis the Workforce Development Team will increase Verbal Aggression Training sessions for staff from 60 to 600 annually which addresses how to implement the procedure for addressing verbal aggression towards staff by patients, carers, relatives and members of the public by Q4, 20/21.

The EDHR team will develop a process where additional supporting information, including the procedure for addressing verbal aggression, is sent to line managers and staff members when a Datix involving verbal aggression towards a staff member with protected characteristic(s) are received. Contact will be made with individual staff members following a Datix incident to measure if the procedure for addressing verbal aggression has been implemented, what the outcome was and to ensure action is taken where necessary. This will be completed by Q4, 19/20.

The EDHR team will develop, establish and promote 3 geographically based support networks for BAME staff to encourage people to raise issues and provide peer support. These networks will meet quarterly. This work will be completed by Q1 2020/21.

We will know that we are achieving this by measuring and reporting the:

Number of staff that have attended training on how to address verbal aggression.

Number of incidents reported on Datix involving verbal aggression towards staff from protected characteristics. We expect an initial increase as awareness improves and then a longer term decrease.

A reduction in the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

A reduction in the percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

A reduction in the percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

A reduction in the percentage of LGB staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as reported in the NHS national staff survey.

3. Ensure we have a suitably trained and skilled workforce to address the needs of Trans patients and staff

We will achieve this by:

The EDHR team will develop and deliver a range of training for staff to improve the understanding of Trans equality issues, improve confidence and improve patient experience by Q4, 19/20.

The Organisational Development team will embed Trans training into leadership and management programmes for staff by Q1, 20/21.

The EDHR team will develop guidance for staff supporting Trans service users including information on recording and the law regarding Trans. This will include frequently asked

questions which can be readily available via the intranet with links to relevant policies by Q2, 20/21.

The HR Operations team will review relevant HR policies to ensure that the needs of Trans staff are included by Q2, 20/21

The EDHR team will engage the Diversity Engagement Group to increase awareness and focus on a communication campaign on Trans issues to raise awareness throughout the trust. A campaign will be run in Q4, 20/21 and then reviewed to see if further action is needed.

The Patient Experience team will review the demographics on patient satisfaction surveys (friends and family test) in April 2020 to identify if it is possible to develop a question that will identify Trans patients and their feedback. Outcome of this review to be gained by Q2, 20/21 to enable the capture of feedback and development of a baseline in Q4 20/21.

A review of the demographics on staff Friends and Family test and National Staff survey to identify if it is possible to develop a question that will identify Trans staff and their feedback. The outcome of this review will be available by Q4 20/21.

We will know we are achieving this by reporting and improving the:

Percentage of staff who have passed the competency test following trans awareness.

Percentage of positive responses from trans patients in the Patient Friends and Family Test.

Number of staff that have attended trans awareness training.

4. To Increase the recording of disability and sexual orientation on Paris (clinical record system) and ESR (Electronic Staff Record system) of patients and staff

We will achieve this by:

The EDHR team will explore with Paris/CITO teams how and where this information is recorded and which areas are mandatory for staff to complete by Q2, 20/21 and look to include the recording of disability and sexual orientation as mandatory.

The EDHR team will explore with the IIC team if there are areas within the trust where the recording of patient information on Paris is lower than in other areas of the trust by Q4, 20/21

The EDHR team will consult with a variety of clinical and non-clinical teams to gain a better understanding of why staff do not record disability and sexual orientation on ESR and consult with some of the teams identified by IIC who do not record these details on PARIS. This will be completed by Q4, 20/21.

The EDHR team will look at the national research outcomes carried out by Leeds University which will look at why staff do not complete sexual orientation fields on patient records. This will be carried out during 20/21.

The EDHR team, with the involvement of the Diversity and Engagement Group, will develop a campaign which will include a review process to ensure that staff know the importance of why data is collected on ESR and PARIS. This will take place during 20/21.

We will know we are achieving this by reporting and improving the:

Percentage of patients that have their disability recorded on PARIS. A 100% increase year on year is anticipated.

Percentage of patients that have their sexual orientation recorded on PARIS. A 100% increase year on year is anticipated.

Percentage of staff that have their sexual orientation recorded on ESR. A 5% increase year on year is anticipated.

Percentage of staff that have their disability recorded on ESR. A 10% increase year on year is anticipated.

5. Increase the number of BAME service users who access services within the trust and report a positive experience .

We will do this by:-

The EDHR team will explore and establish a baseline with IIC of the current number of BAME service users in each locality and compare this to the population census of 2011. This will be carried out by Q4, 19/20.

The EDHR team along with locality services will develop action plans which will outline how work will take place with under represented BAME communities in the 4 localities across the trust. The action plans will be completed by Q1, 20/21. It is envisaged that this will include an understanding of why communities are under represented in mental health services, mental health promotion and to gain an understanding of what improvement need to be made. This will also lead to making sustainable links with BAME communities.

We will know we are achieving this by reporting and improving the

Percentage of BAME patients assessed by the Trust

Percentage of positive responses from BAME patients in the patient FFT.

5. Outcomes Scorecard

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
1.Ensure that where it is agreed, staff that require a reasonable adjustment have these in place	1.1 The average time taken to implement IT equipment adjustments for staff who require a reasonable adjustment.	Quarterly	13 weeks	<11 weeks	<10 weeks	<9 weeks	IT	A 30% improvement over three years
	1.2 The percentage of staff stating that their employer has made adequate adjustment(s) to enable them to carry out their work.	Annually	76% 2019 Staff Survey	87.15%	91.51%	96.08%	National Staff Survey	5% improvement each year
2. Ensure we support and respond to staff that experience verbal aggression and to proactively reduce the number of incidents of verbal aggression towards staff.	2.1 Number of staff that have attended training on how to address verbal aggression.	Quarterly	60 31.12.19	600	600	600	ESR	This is the number of staff to be trained
	2.2 Number of incidents recorded on Datix involving verbal aggression towards staff from protected characteristics	Quarterly	40.5 (the average number for Q1 & 2 19/20)	+25%	To be confirmed	To be confirmed	Datix	The initial focus is to increase the recording of incidents
	2.3 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Annually	30% 2019 Staff Survey	27%	24.3%	21.87%	National Staff Survey	10% improvement each year

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
	2.4 Percentage of disabled staff experiencing harassment/bullying or abuse from: Patients/service users, their relatives or other members of the public	Annually	34% 2019 Staff Survey	30.6%	27.54%	24.79%	National Staff Survey	10% improvement each year
	2.5 Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	Annually	32% 2019 Staff Survey	28.8%	25.92%	23.33%	National Staff Survey	10% improvement each year
	2.6 Percentage of LGB staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	Annually	Bisexual 27% Gay man 38% Gay woman 33% 2019 Staff Survey	Bisexual 24.3% Gay man 34.2% Gay woman 29.7%	Bisexual 21.87% Gay man 30.78% Gay woman 26.73%	Bisexual 19.68% Gay man 27.70% Gay woman 24.06%	National Staff Survey	10% improvement each year
3 To ensure we have a suitably trained and skilled workforce to address the needs of trans patients and staff	3.1 Percentage of staff who have passed the competency test following trans awareness	Quarterly	Not applicable	To collect baseline	To be confirmed	To be confirmed	Competency assessment	
	3.2 Percentage of positive responses from trans patients.	Annually	Not applicable	To collect baseline	To be confirmed	To be confirmed	Patient FFT	
	3.3 Number of staff that have attended trans awareness training	Quarterly	Not applicable	To collect baseline	To be confirmed	To be confirmed	Training Records	

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
4 To Increase the recording of disability and sexual orientation on Paris and ESR of patients and staff	4.1 Percentage of patients that have their disability recorded on PARIS	Quarterly	13% Publication of information January 2020	26%	52%	100%	PARIS	100% improvement each year
	4.2 Percentage of patients that have their sexual orientation recorded on PARIS	Quarterly	81.45% Publication of information January 2020	89.6%	98.56%	100%	PARIS	10% improvement each year
	4.3 Percentage of staff that have their sexual orientation recorded on ESR	Quarterly	84% January 2020	88.2%	92.61%	97.24%	ESR	5% improvement each year
	4.4 Percentage of staff that have their disability recorded on ESR	Quarterly	75% January 2020	82.5%%	90.75%	99.83%	ESR	10% improvement each year
5 Increase the number of BAME service users who access services within the trust and report a positive experience	5.1 Percentage of BAME patients assessed by the Trust	Quarterly	3.94% January 2020	To be confirmed	To be confirmed	To be confirmed	PARIS	(Trust population 6.3%).figures will be reviewed after publication of 2021 census
	5.2 Percentage of positive responses from BAME patients	Annually	White other 90.8% Black/ black British 81.8% Asian/ Asian	White other 91.8% Black/ black British 85.8% Asian/ Asian	White other 92.8% Black/ black British 89.8% Asian/ Asian	White other 93.8% Black/ black British 93.8% Asian/ Asian British	Patient FFT	All Trust Patients to reach 93.8% (2019 rate for White British) Difference between latest baseline and target has been equally divided between the 3 years

Objective	Metric	Frequency of reporting	Latest baseline available	20/21	21/22	22/23	Data Source	Comments
			British 88.2% Mixed Race 89.4% Patient FFT 2019	British 90.07% Mixed Race 90.87%	British 91.94% Mixed Race 92.34%	93.8% Mixed Race 93.8%		

6. Implementation Route

The proposed implementation route is for the strategy lead supported by the Equality, Diversity and Human Rights steering group to seek to continually influence managers to bring about change. An action plan will be developed covering the five objectives which together with the scorecard will be monitored quarterly by the steering group with quarterly reports to Resources Committee and bi annual reports to QAC.

7. Glossary

Term	Description
BAME	Black, Asian and Minority Ethnic
DEG	Diversity Engagement Group. Black, Asian and Minority Ethnic; Disabled; and Lesbian Gay and Bisexual staff Networks.
LGBT	Lesbian, Gay, Bisexual and Trans

Equality Analysis Screening Form

Please note; [The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page](#)

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Equality, Diversity and Human Rights			
Name of responsible person and job title	Sarah Jay EDHR Lead			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	EDHR Team and Director of HR and OD			
Policy (document/service) name	Equality, Diversity and Human Rights Strategy			
Is the area being assessed a...	Policy/Strategy	<input checked="" type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input type="checkbox"/>	Code of practice	<input type="checkbox"/>
	Other – Please state			
Geographical area covered	All TEWV Trust			
Aims and objectives	This strategy sets out an aim that TEWV becomes an inclusive employer and service provider in which diversity is welcomed and valued, where all staff are able to achieve their full potential and where service users are able to access person- centred care which supports them to lead meaningful and satisfying lives.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	31.10.19.			
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be				

approved)	1.11.19				
You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay 0191 3336267					
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Patients – better access to their data, and more accurate/complete					
Staff – aim to reduce time in data entry					
Commissioners/Partner organisations – more timely accurate data and removing barriers to information sharing					
1. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	/No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No
<p>Yes – Please describe anticipated negative impact/s</p> <p>No – Please describe any positive impacts/s</p> <p>The objectives in this strategy drive and support positive organisational change which contributes towards better patient care, patient experience and better health outcomes. This can only be achieved by working together to eliminate inequality wherever it exists and to promote fairness and inclusion in everything we do. The strategy focuses on issues that were identified during the consultation on the strategy.</p>					

<p>2. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	<p>Yes</p>	<p>x</p>	<p>No</p>	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<p>3. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership.</p>				
<p>Yes – Please describe the engagement and involvement that has taken place</p>				
<ul style="list-style-type: none"> • All 3 leadership and management network meetings • Senior leadership and management network • Governors meeting • Carers Conference • JCC • HR and OD directorate away day • Consultation stands at West Park Hospital, Roseberry Park Hospital and Huntingdon House • A link to a survey for staff has gone out in e- bulletin • Emails with a link to a survey have gone to statutory and third sector partners. This has included Health Watch. • Meetings have been held with Deaf service users • The EDHR steering group • Conversations have taken place with those of the 14 staff throughout the trust who expressed an interest in a formal focus group who wanted to have a 1:1 conversation 				

No – Please describe future plans that you may have to engage and involve people from different groups					
4. As part of this equality analysis have any training needs/service needs been identified?					
Yes	Please describe the identified training needs/service needs below				
	On working with Trans service users and staff. On addressing verbal aggression to staff from patients, relatives and members of the public.				
A training need has been identified for;					
Trust staff	Yes	Service users	Yes/No	Contractors or other outside agencies	Yes/No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Sarah Jay					Date: 31/10/19
Your reporting (line) manager: David Levy					Date: 01/11/19

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046