

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 28 th May 2014
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Title:	Equality and Diversity Report 2013/14
Item:	BD/14/043

Executive Director lead and presenter	Rachel Clark, Director of Organisational Development
Report author(s)	Information Governance Manager and Membership and Governor Manager

History:	<i>Executive Team, 20 May 2014</i>
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This report is for:	
Decision	
Discussion	
To Note	X

The following impacts have been identified and assessed in relation to this report:	
Equality	X
Quality	X
Privacy	X

Executive Summary of key issues
<p>This report advises the board on the progress made against the equality objectives and states the future commitments to the equality and diversity agenda.</p> <p>It also advises the board on the planned process for benchmarking the Trust's position against the 18 goals of the 4 outcomes of the EDS2.</p> <p>The Board is requested to NOTE the report.</p>

This report addresses these Strategic Priorities:	
We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	
We will be future focussed	X

1. Our purpose, vision and values

“Our purpose is to provide the highest quality mental healthcare that promotes recovery and hope.”

You matter, we care:

- about delivering the best care
- about our staff
- about continually improving what we do
- about using our resources wisely
- about the future

The values by which we will achieve our plans are:

- **Passion**
- **Respect**
- **Integrity**
- **Diversity**
- **Excellence**

Diversity is the principle of relating to everyone as an individual is a core value for our organisation.

2. Introduction

We recognise that equality and diversity needs to be embedded in all our services and processes and are committed to meeting the duties set out within the Equality Act 2010 (the Act) and other diversity legislation. Work started in 2013 continues in 2014 to ensure the Trust has a joined up approach to its equality duties, working with the wider health system to quality assure its evidence against the equality standards. Work began in year through the ‘Enabling Excellence’ programme of organisational development to underpin diversity in the way the Trust operates.

We also recognise that the profile and needs of service users, carers and staff may differ across our localities and geographical areas, meaning a single approach will not adequately serve all our populations.

Equality and diversity feedback sessions have been held across localities to capture lived experience from service users, carers and staff about how we respond to people’s diverse needs. This material will be used to help us to focus our activity over the coming year.

If you wish to comment on this report or would like to provide some valuable feedback we would very much welcome this. You can contact in the following ways:

You can write to us at:

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3. Our legislative duty

The Act requires equal treatment for access to employment as well as private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation.

A general duty is now placed upon public bodies to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between different groups; and
- foster good relations between different groups

The Act has implications for the Trust as an NHS body employing staff. Public bodies now must take account of gender, race and disability both as employers and when making policy decisions and delivering services. The requirement also covers age, religion and belief, sexual orientation and gender reassignment.

Specific duties are underpinned by the concept of transparency. Transparency requires public bodies to be open about the information on which they base their decisions, about what they are seeking to achieve and about their results. Under the specific duties, public bodies are required to publish a range of equality data relating to both their workforce and to the services they provide. This report is part of that process of transparency.

In November 2013, NHS England published an update to the original equality and diversity framework, called 'EDS2'. The Trust is committed to addressing equality in an integrated way across the whole organisation using this framework throughout 2014.

4. Governance of our equality and diversity work

In order to ensure compliance to manage the public duty requirements and oversee progress of the EDS2, historically the Trust has had an equality and diversity steering group, which received reports, analysed and information, made recommendations and specified actions.

Following an independent evaluation of the Trust's governance framework and the effectiveness of its board, the governance structure was streamlined to put in place clear reporting lines and lines of accountability, from front line staff to management and through to the Trust board. This simplification meant that a number of management groups and steering groups, and on a lesser scale the sub-committees of the board,

were rationalised. This has allowed us to bring together areas of responsibility, improving joint working which has reduced the number of meetings held Trust-wide and unnecessary layers of administration.

The governance management group (GMG) has delegated responsibility for equality and diversity, reporting to the senior management team and escalating issues to the employee strategy and engagement committee (ESEC), which then reports to the Board. The GMG considers governance, information governance and security and risk management, so focuses on Trust-wide processes and compliance within these areas. It also receives equality impact assessments on all new or substantially changed service and policy developments. As the Trust continues to develop its strategic approach to equality and diversity it will consider whether this group continues to be the appropriate forum for these discussions.

High-level leadership is crucial to promoting good practice. There is an expectation that senior leaders, including patient leaders will:

- Create a positive culture; set standards; challenge behaviour
- Be champions for inclusion for their part of the organisation
- Value the diversity of our staff by creating a diversity-friendly and inclusive working environment
- Embed diversity and inclusion into all functions of their business

The board held a developmental seminar in February 2014 that specifically focused on diversity as a strategic asset and means of improving organisational performance.

We will build on this commitment moving forward in our new diversity strategy,

5. Equality objectives

The Trust's 'equality, diversity and human rights strategy and implementation plan 2012– 2015' stated the following objectives:

5.1. To understand the needs of the communities we serve, creating effective opportunities for engagement and inclusion and be an active and positive member of those communities;

The Trust understands the needs of the communities it serves through analysis of demographic data across the Trust region. Sources include:

- Mental health inpatient and community survey
- PALS and complaints information
- Membership database
- An involvement manager supported by nine involvement co-ordinators

We will continue to develop this understanding to provide accessible services for all, including people with protected characteristics so that we can target our services more effectively.

We have created effective opportunities for engagement through activities including:

- A network of service user and carer and stakeholder forums
- An involvement manager supported by nine involvement co-ordinators
- Membership communications
- Service user and carer contributions in job evaluations and the interview process via the external stakeholder groups
- Targeted engagement events for specific cultural groups

- Developing and adopting guidance including a new carers' charter and 'Getting it Right: resources for professionals' guidance published by MENCAP

We will maintain and continue to develop these networks and extend them into other areas.

We have encouraged positive membership of these communities by:

- Ensuring an active presence at events held by external stakeholder groups as well as hosting activities, events and forums within the Trust
- Regular communications using a variety of methods
- Responding to feedback on the contributions received from individuals taking part
- Holding open Trust board and committee meetings across Trust localities
- Involving the PALS and complaints team in service user and carer involvement groups
- PALS and complaints team initiatives involving patients' story sessions, 'let's talk about' events and attending carers' cafes
- Developing and adopting guidance including a new carers' charter and 'Getting it Right: resources for professionals' guidance published by MENCAP
- Appointed a Bristol inner city mental health worker
- Membership events
- Forces-led health awareness events

We will continue to improve Trust presence at external events as well as broadening access to Trust-wide groups to offer positive and meaningful development and understanding for participants.

5.2. To improve the services the Trust provides in ways appropriate to its populations

In order to improve the services we provide, we have:

- Created effective engagement opportunities
- By analysis of quantitative data, gathered information about patient and carer experiences
- Implemented the Mmagik service which is an outreach and drop-in to target lesbian, gay, bisexual and transgender (LGBT) and/or student drug club scene
- Set up a 'Quality Academy' which looks at service provision and how this can be improved
- Implemented experience based design as a means of improving services through hearing patient stories
- Become an early implementer of the Friends and Family Test which we will be extending to staff in 2014
- Analysed our annual mental health inpatient and community survey
- Included local Healthwatch in patient-led assessments of the care environment visits (PLACE inspections)
- Appointed a Bristol inner city mental health worker
- Continued peer mentoring
- Continued to support volunteering
- Continued use of the ethnic and cultural diet menu
- Made patient information available in other languages and formats and offered interpretation services
- Deaf mental health service

We will continue to examine the Friends and Family test responses and patient surveys to identify the opportunities to improve Trust services.

5.3. To build a workforce with the knowledge and skills to respond positively to the needs of all individuals.

To develop and engage our workforce, we have:

- Set up a black and minority ethnic professional staff network
- Set up an LGBT staff network
- Initiated 'Hot Coffee: Hot Topics' staff engagement events
- Held a 'Breaking the Cycle' conference
- Analysed our staffing profile against the nine protected characteristics to inform our recruitment and selection process
- Developed face-to-face and online diversity training for all staff
- Provided equality training in the re-tendering of services process

Through our organisation development programme we will continue to create conditions that improve the engagement, morale and encourage retention of our staff. Supporting and developing our staff remains a Trust priority.

6. Our services

Over the past year, our Trust has increased the clinical voice in decision making. It has changed the way services are managed from a Trust-wide strategic business unit model to a more devolved, locality focused management structure, designed to bring decision making closer to the local communities we serve.

Each locality corresponds to a local authority area and is led by a clinical director, supported by a managing director, a head of profession and practice and an involvement worker. A similar structure applies to the delivery unit providing specialist drug and alcohol services and specialised services, which operates over a wider geographical catchment area.

Our Trust's central support functions are being reshaped to add value to our locality management teams, ensuring that clinical directors have the structure required to enable them to be accountable and responsible for our services in each locality.

These changes are designed to bring all staff, whatever their position, closer together in pursuit of shared objectives.

Our localities cover Bath and North East Somerset (BaNES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. Our Trust also provides specialist services for a wider catchment extending throughout the south and south west, including specialist services in Dorset.

Our Trust provides services for people with mental health needs, with needs relating to drug or alcohol dependency and mental health services for people with learning disabilities. We also provide secure mental health services and work with the criminal justice system.

Increasingly the Trust provides treatment and care in people's own homes and other community settings, reflecting the preferences of our service users. Our community services are supported by high quality inpatient services that provide short term assessment, treatment and care. It is becoming common for our specialist staff such as LIFT psychology or memory teams to work from GP surgeries, working within the primary care community.

Services delivered by our Trust through local delivery units include:

- Acute hospital liaison
- Attention deficit hyperactivity disorder (ADHD) service
- Autism spectrum services
- Care home liaison
- Clinical and psychosocial substance misuse services in prisons
- Complex interventions teams
- Court assessment and referral service (in courts and police custody suites)
- Criminal justice interventions teams (CJIT)
- Day services – day hospitals, supported day care (inreach), therapy centres, specialist centres for younger people with dementia
- Deaf mental health service
- Early intervention in psychosis
- Electro-convulsive therapy (ECT)
- Forensic consultancy, discharge and aftercare services
- Forensic intellectual developmental disorder services
- Forensic Pathfinder personality disorder service
- Inpatient assessment and treatment services
- Inpatient stabilisation and detoxification service with therapeutic programme
- Intensive services
- Later life therapies teams
- Medium and low secure inpatient services
- Memory assessment services
- Mother and baby service
- Primary care liaison
- Primary care liaison services
- Prison mental health inreach teams
- Psychiatric intensive care
- Psychological therapies in primary and secondary care
- Recovery services
- Rehabilitation services
- Southwest veterans service
- Specialist community-based assessment and treatment services for drugs and alcohol including specialist prescribing and community detoxification
- Specialist eating disorder services, inpatient, community and primary care
- Specialist mental health learning disability community services
- Treatment programmes in prisons (12-step prison partnership programme and alcohol-related violence programme)
- Vocational services

7. Care Quality Commission Inspections and equality and diversity

The Trust, as with all other health and social care organisations, work towards improving the health and wellbeing and are subject to Care Quality Commission (CQC) inspection regimes.

The CQC does not set out separate indicators for equality and diversity however, guidance is clear that organisations should ensure that equality and diversity cuts across the inspection regimes.

The Trust promotes this via the document 'Accessible information and communication – guidance for staff', which demonstrates that staff need to consider the needs of people with protected characteristics as part of their everyday business.

8. Workforce

We regularly analyse our workforce data to enable us to monitor our employment practices and promote the NHS as an employer of choice. Workforce data reports are routinely presented to the ESEC which reports to the Trust board.

Collecting and analysing staff data by the nine protected characteristics; age, disability, ethnicity, gender, sexual orientation, religion and belief helps us identify potential inequalities in service delivery and ensures equality of opportunity is available to all.

Analysis of staff data is contained in the annual workforce report published by the Trust on our external website at the following link:

<http://www.awp.nhs.uk/media/564758/Equality-in-our-Workforce-Annual-Workforce-Report-2013.pdf>

9. Conclusion

The Trust continues to address inequality and promote diversity with the public, patients and service users, members and within our organisation.

We will continue to seek to identify the gaps in data collection and develop strategies that seek to address data shortfalls. We will also review how we report the data and analyse it to plan interventions. We will create a positive organisational culture in which people are confident to disclose matters of personal choice, such as sexuality, without fear of discrimination..

Understanding the diversity of our population, projected trends and changes help the Trust's planning, capability and ability to monitor the access, recovery and experience of all those people who utilise Trust services. It also allows us to forecast and consider the possible equality impacts on service recruitment changes to NHS services.

The Trust remains committed to equality and diversity and has made progress during 2013. The publication of EDS2 and the redesign of locally focused, clinically led local delivery units now means the Trust will commence a new assessment exercise during 2014.

Our assessment against the 18 goals of the 4 outcomes of EDS2 will be reviewed by a range of external stakeholders, including our commissioners and an expert panel of assessors provided by Healthwatch. This expert panel consists of a range of people who have defined themselves as being representative of all of the 9 protected characteristics and have been appropriately trained by the Diversity Trust.

Our priorities for 2014/15 are to improve the range and quality of data we capture with respect to the protected characteristic, to analyse this effectively to inform development plans and to develop an ambitious diversity strategy that meets board commitment to diversity as a strategic asset.