

**EQUALITY DELIVERY SYSTEM 2
SELF ASSESSMENT**

2015/16

1 May 2016

1. INTRODUCTION

- 1.1 This report provides an update regarding Somerset Partnership NHS Foundation Trust's compliance with its legal obligations under the Equality Act 2010 - and the Public Sector Equality Duty - by means of the Equality Delivery System 2 (EDS2) grading.

2. THE EQUALITY ACT AND OUR TRUST'S OBJECTIVES

- 2.1 Nine characteristics are protected by the Equality Act. These are known as 'protected characteristics':
- **Age:** including specific ages and age groups;
 - **Disability:** including cancer, HIV, multiple sclerosis, and physical or mental impairment where the impairment has a substantial and long-term adverse effect on the ability to carry out day-to-day activities;
 - **Gender re-assignment:** where people are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex;
 - **Marriage and civil partnership;**
 - **Pregnancy and maternity;**
 - **Race:** including colour, nationality and ethnic or national origins;
 - **Religion or belief:** including a lack of religion or belief, and where belief includes any religious or philosophical belief;
 - **Sex:** or gender;
 - **Sexual orientation:** a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex.

LEARNING DISABILITIES - OUR TENTH CHARACTERISTIC:

- 2.2 In addition, the Trust recognised the particular needs of people with learning disabilities in accessing services and following the publication of the *Death by Indifference* Report. The Trust therefore identified learning disabilities as a tenth protected characteristic.

THE EQUALITY ACT AND DISCRIMINATION:

- 2.3 The Equality Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics in relevant circumstances. It requires reasonable adjustments be made for disabled people. The Act applies to providers of services and employers, including NHS bodies and other health providers.

THE PUBLIC SECTOR EQUALITY DUTY:

- 2.4 A public sector Equality Duty, section 149(1) of the Act, applies to the Trust and to most public authorities (and bodies exercising public

functions) requiring them in the exercise of their functions to have due regard to the need to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

2.5 For the purpose of the Public Sector Equality Duty, the protected characteristics are those listed above with the exception of “marriage and civil partnership”.

OUR TRUST’S EQUALITY OBJECTIVES

2.6 Somerset Partnership’s Equality Objectives for 2016-2020 are:

1. We will deliver quality services that are right for patients, carers and families from all communities.
2. We will treat everyone with dignity and respect, regardless of age, sex, race, disability, marriage and civil partnership, pregnancy and parenthood, religion and belief, sexual orientation or gender reassignment.
3. We will create a welcoming and safe environment for everyone and challenge any discrimination, in our services or in our workforce.

3. THE EQUALITY DELIVERY SYSTEM (EDS)

3.1 The EDS is designed to support the NHS to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS seeks to achieve positive differences to healthy living and working lives.

3.2 The EDS was reviewed and simplified in November 2013, and may sometimes be referred to as EDS2. In this document, we have used EDS to refer to the current system.

3.3 The EDS has four goals:

| | |
|-----------|---|
| 1. | Better health outcomes |
| 2. | Improved patient access and experience |
| 3. | A representative and supported workforce |
| 4. | Inclusive leadership |

3.4 The EDS has 18 'outcomes' which sit under these four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. Providers and commissioners are asked to grade themselves on how well they are achieving against each outcome, as Undeveloped, Developing, Achieving or Excelling.

| Grading: | | | |
|--|--|---|--|
| Undeveloped | Developing | Achieving | Excelling |
| People from all protected groups fare poorly compared with people overall OR evidence is not available. (two or fewer groups fare well) | People from only some protected groups fare as well as people overall. (three to five groups fare well) | People from most protected groups fare as well as people overall. (six to eight groups groups fare well) | People from all protected groups fare as well as people overall (all nine groups fare well) |

4. SOMERSET PARTNERSHIP'S GRADING

4.1 We have undertaken a review of how we think we are doing against each of the outcomes on the basis of the evidence we can show for each protected characteristic. Our assessments are set out in the table below which also shows how we assessed ourselves in the last two years:.

| EDS Grading | EDS2 Grading | |
|--|--|--------------------|
| 2013 | 2014 | 2015 |
| Outcome 1.1: Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities. | Outcome 1.1: Services are commissioned, procured and delivered to meet the health needs of local communities. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 1.2: Individual patients' health needs are assessed, and resulting services provided in appropriate and effective ways. | Outcome 1.2: Individual people's health needs are assessed and met in appropriate and effective ways. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 1.3: Changes across services for individual patients are discussed with them, and transitions are made smoothly. | Outcome 1.3: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 1.4: The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all. | Outcome 1.4: When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse. | |
| DEVELOPING | DEVELOPING | UNDEVELOPED |
| Outcome 1.5: Public health, vaccination and screening programmes reach and benefit all local communities and groups. | Outcome 1.5: Screening, vaccination and other health promotion service reach and benefit all local communities. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 2.1: Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds. | Outcome 2.1: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 2.2: Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment. | Outcome 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care. | |
| DEVELOPING | DEVELOPING | DEVELOPING |

| EDS Grading | EDS2 Grading | |
|--|---|-------------------|
| 2013 | 2014 | 2015 |
| Outcome 2.3: Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised. | Outcome 2.3: People report positive experiences of the NHS. | |
| DEVELOPING | ACHIEVING | DEVELOPING |
| Outcome 2.4: Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently. | Outcome 2.4: Peoples' complaints about services are handled respectfully and efficiently. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 3.1: Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades. | Outcome 3.1: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels. | |
| ACHIEVING | ACHIEVING | DEVELOPING |
| Outcome 3.2: Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay | Outcome 3.2: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations. | |
| ACHIEVING | ACHIEVING | DEVELOPING |
| Outcome 3.3: Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately. | Outcome 3.3: Training and development opportunities are taken up and positively evaluated by the staff. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 3.4: Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all | Outcome 3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 3.5: Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.) | Outcome 3.5: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives. | |
| DEVELOPING | DEVELOPING | DEVELOPING |

| EDS Grading | EDS2 Grading | |
|--|--|--------------------|
| 2013 | 2014 | 2015 |
| Outcome 3.6: The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population. | Outcome 3.6: Staff report positive experiences of their membership of the workforce. | |
| ACHIEVING | DEVELOPING | DEVELOPING |
| Outcome 4.1: Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond. | Outcome 4.1: Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations. | |
| DEVELOPING | DEVELOPING | DEVELOPING |
| Outcome 4.2: Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination. | Outcome 4.2: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed. | |
| DEVELOPING | DEVELOPING | UNDEVELOPED |
| Outcome 4.3: The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes. | Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. | |
| UNDEVELOPED | DEVELOPING | DEVELOPING |

- 4.2 Section 5 below gives some examples of the evidence on which we have based our assessment.
- 4.3 We have shared our self-assessment on goals 1 and 2 with a range of voluntary sector organisations representing diverse community groups in Somerset and asked them if they felt it was fair and accurate before publishing the report.
- 4.4 We have developed an action plan to address some of the gaps we have identified and this will form the basis of our equality and diversity action plan for 2016/17.

5. TRUST PERFORMANCE AGAINST EDS OUTCOMES

5.1 Goal One: Better health outcomes

Outcome 1.1: Services are commissioned, procured and delivered to meet the health needs of local communities.

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • CQC: The Trust was rated as Requires Improvement for the “Responsive” domain by the CQC inspection in its report of December 2015. • JSNA: The Trust has contributed to the Somerset Joint Needs Assessment this year, contributing patient stories from young people and statistics from our young people’s services. • Contracts: Equality and diversity are included within the Trust’s contracts with its commissioners. • Trust services are distributed across Somerset and include care in people’s homes, so that services are delivered in all areas of the county including the most rural and the most deprived areas. • The Trust works with patients from the very young (babies and young children in the Health Visitors’ Service) through the very old and end of life care in people’s homes. • Carers’ Champions (Promoters) established in each Community Hospital. • Activities Coordinators in Community Hospitals work with elderly patients. • We have established a Staff Forum of Equality Champions to promote equality work across the Trust. • RiO – we carried out a baseline audit of information about our patients and we streamlined the collection of demographic data on our patients to improve data quality and to speed the collection process to make it easier for staff. • We have an established database of umbrella/third sector agencies for each protected characteristic and build relationships with main groups via the Voluntary Sector Forum |
| <p>Engagement</p> | <ul style="list-style-type: none"> • Patient feedback has been sought from a wide variety of groups this year, including children and young people’s groups, carers groups, LGBT Groups, mental health patient groups, elderly patient groups and this feedback has contributed to service development. • Feedback from complaints and workshops with patients and their families have helped us shape our new 24-hour Mental Health Crisis Service. • Feedback from LGB&T groups and young people have helped us shape our new sexual health service. • Carers’ Charter written by carers and staff launched. • Family Liaison leaflets and Carers’ Confidentiality re-written by carers. • CAMHS patient participation group consulted on new microsite for children and young peoples’ services • National recognition of CAMHS engagement work |

Goal 1

| | |
|---|---|
| plans | <ul style="list-style-type: none">• Implement 0-25 years pathway to improve the experience of young people moving through our mental health services.• Further engagement with patients about our developing Integration Phase 2 Plans and Outcomes-Based Commissioning.• Protected characteristics will be included in core assessment process in RiO• The Accessible Information Standard will be implemented fully.• Promote core assessment increase recording of demographic data. |
| The Trust would grade itself as DEVELOPING for this outcome. | |

Outcome 1.2: Individual people's health needs are assessed and met in appropriate and effective ways.

| | |
|---------------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • The CQC Inspection in September 2015 raised concerns about the Trust's Learning Disability services, how patients were assessed and their needs met. (Action was taken immediately to address concerns.) • The Trust commissioned the Diversity Trust to undertake a piece of work looking at how sexual health services were meeting the needs to LGB&T patients. As a result of this, staff received specific training and the service made improvements to make it more LGB&T-friendly. • Key leaflets have been translated into the top five languages for Somerset. This includes the PALS and Complaints leaflets and the Carers' Charter. • The Trust is working with Somerset County Council in using the Understanding You paperwork in assessing clients with joint health and social care needs. • The Trust has re-launched its public website in 2015, making it simpler and more public-facing. We have also enabled patients to refer themselves online to our Talking Therapies service. • The Trust contracted with two professional language providers to allow access to twenty four hour telephone and face-to-face interpreting for those who have English as a second language. • Patients are able to raise any concerns about their care and treatment through the PALS service and the Trust's complaints procedure. Information on how to raise concerns and accessing the PALS Service is available in easy read versions and pre-translated in a number of languages. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • The Trust carried out an engagement workshop with mental health patients and their families to listen to their experiences of using our crisis services; this has helped us develop our new crisis service which assesses and supports mental health patients and families in crisis situations. • The Trust has met with families who have raised complaints about end-of-life care in order to listen to their views about improvements to the end-of-life paperwork, including assessment paperwork that families receive from the District Nursing Service: this has resulted in improvements which will help support families at this difficult time. • The Trust meets with representatives from the Voluntary Sector twice a year at its Voluntary Sector Forum to engage with representatives of various protected characteristic groups. |
| <p>Plans</p> | <ul style="list-style-type: none"> • Continued improved collection of protected group information. • Improvements to our Learning Disability services and work with patients and families • Personalised care planning identified as a Quality priority for 2016/17 |

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 1.3: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • Our young people’s services are working towards a 0-25 pathway, to ensure that transition between children’s and adults’ services is managed smoothly. • As part of our Integration Phase 2 work, some patients with complex long-term needs are being care-coordinated to ensure that services work together and patients are well informed about their care. • Our recent management reorganisation has enabled different staff groups to work more closely together for patients. • End-of-life care for patients has improved with the recruitment of palliative care consultants, better working between agencies and improved ‘about me’ paperwork for patients and families. • The Trust has a policy in place to support mental health patients when transferred to acute hospital care. • Our mental health wards have family liaison meetings. • Development of a more robust care pathway for Learning Disability Physiotherapy services, enabling more effective joint working with mainstream services where appropriate. • Our LD hospital passports have been streamlined and improved. • We have introduced of new care plan documentation to encourage personalised care planning. |
| <p>Engage-ment</p> | <ul style="list-style-type: none"> • Feedback from complaints, PALS and Friends and Family Tests have contributed to these changes. • A patient engagement programme has been developed for the 0-25 care pathway service |
| <p>Plans</p> | <ul style="list-style-type: none"> • Continued improved collection of patient diversity assessment information. • We will work with partner agencies to ensure patients are supported and kept informed before and during transfers between organisations and between Trusts services. • Implementation of the 0-25 care pathway |

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 1.4: When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse.

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • The Trust takes issues related to patient safety as its top priority; the organisation operates a zero tolerance policy on violence and aggression in all of its premises. • Safeguarding processes have been improved and revised in 2015 with joint working with partner agencies, including Somerset County Council. The Trust has clear processes and policies in place for safeguarding children and vulnerable adults. • Julian Hendy, founder of Hundredfamilies.org, came to advise the Serious Incident Review Group on the Trust's approach to family liaison with serious incidents (SIRs)/homicides: new guidance was issued. • The Trust does not tolerate the mistreatment and abuse of patients at any time and there are clear processes in place to investigate and, where needed, take action against individuals who abuse their position. • The Trust takes all reasonable steps to avoid mistakes from taking place. However, where they do occur, the trust has a rigorous system in place to investigate these and to identify and disseminate lessons learnt. • All incidents are reported through the Trust's Datix incident reporting system and reviewed, and fully investigated where appropriate, on each occasion to prevent reoccurrence. • The Trust works closely with the local police and the Local Security Management Service wherever this is needed and offenders will be prosecuted where this is indicated. • The Trust works closely with partner agencies on the POVA, MAPPA and MARAC procedures. • Information on all protected characteristics are not routinely collected for patient safety incidents or SIRs |
| <p>Engagement</p> | <ul style="list-style-type: none"> • All patients are informed of their right to complain or raise concerns about their care and treatment. PALS information is available in a wide range of formats. |
| <p>Improvements and plans</p> | <ul style="list-style-type: none"> • Complaints will be monitored against all nine protected characteristics. • Serious incidents will be monitored against all nine protected characteristics. |

The Trust would grade itself as UNDEVELOPED for this outcome.

Outcome 1.5: Screening, vaccination and other health promotion service reach and benefit all local communities.

| | |
|---------------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • The Trust delivers vaccination and screening programmes within its community health services, including in the School Nursing Service and the Somerset-wide Integrated Sexual Health Service. • The Trust worked with patients with learning disabilities to produce a videoinforming patients about the importance of cervical screening. • The Trust also offers a contraception and sexual health service in Somerset. The Trust has obtained feedback from LGB&T groups about these services. • The Health Trainer Service regularly see more than 50% of their clients each month coming from health inequality Quintiles 1 and 2. The services are often based within community venues and therefore are in a position to attract a diverse range of clients with the greatest health need. • The Trust has provided mother and baby clinics for eastern European families with specialist interpreters available to support these patients and their clinicians. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • Feedback from complaints, PALS and Friends and Family Tests have contributed to these changes. |
| <p>Plans</p> | <ul style="list-style-type: none"> • Improve capture and monitoring of diversity information for patients accessing these services to ensure equitable uptake by all of the diverse communities in Somerset. • Improve patient information to ensure people are aware of these services and are able to access them. • Improved uptake of screening by learning disabled patients. |

The Trust would grade itself as DEVELOPING for this outcome.

6.2 Goal Two: Improved patient access and engagement

Outcome 2.1:: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

| | |
|--------------------------------|--|
| How is the Trust doing? | <ul style="list-style-type: none"> • This year we asked local charity Compass Disability to carry out wheelchair access audits at several of our community hospital sites. Overall, our sites visited were accessible but improvements were suggested and carried out. • Translation and interpretation services are available in all services. • Our Deaf CAMHS Service works with deaf children and their families providing mental health support. • Our Chaplaincy Service has invested in a variety of diverse faith resources this year, including compass motifs, large-print bibles and qur'ans. • The Trust has maintained its breastfeeding friendly status |
| Engagement | <ul style="list-style-type: none"> • Any complaints or PALS enquiries about access problems have been prioritised and actioned. • The Trust has met with Action on Hearing Loss and Somerset Sight to plan service improvements for patients and their families with hearing loss and sight loss. • We have asked for the views of Leagues of Friends' about improving accessibility to community hospitals. • Mental health service users have provided feedback about our Yeovil mental health services and how they could be improved for disabled patients and their families. |
| Plans | <ul style="list-style-type: none"> • We will be compliant with the Accessible Information Standard from July 2016, which will improve the way patients access our services and information. • We will work closely with our commissioners to ensure our services are designed and delivered closest to the point of need and continue to support the principle of care closest to home. • Audits of sites from the point of view of sight loss and hearing loss will be undertaken in 2016. • Promote Staff Forum of Equality Champions to engage more staff from across the Trust |

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 2.2: Outcome 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care.

| | |
|--------------------------------|--|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • Translation and interpretation services are available in all services. • Other documents, including care plans and correspondence, can be translated into a wide range of languages and formats upon request. • Patients who have been identified as unable to exercise choice due to lack of capacity have support through the legal processes and access to the associated mandatory services i.e. referrals to independent mental capacity advocate (IMCA). • The Carers-led Triangle of Care Steering group has increased the involvement of carers in our mental health and community health services. |
| <p>Engage-ment</p> | <ul style="list-style-type: none"> • Feedback from Healthwatch Somerset, complaints, PALS and Friends and Family Tests have contributed to these changes. • Our Mental Health community survey |
| <p>Plans</p> | <ul style="list-style-type: none"> • The Trust will continue to improve and review the information it gives to patients to ensure it meets their diverse needs. • We have made personalised care planning one of our Quality priorities for 2016/17 • We are auditing Care Planning in 2016-17 |

The Trust would grade itself as **DEVELOPING** for this outcome.

Outcome 2.3: People report positive experiences of the NHS.

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • Our CQC inspection in September 2015 enabled inspectors to speak to many of our patients and their families. The report concluded: “Overall, the majority of the comments were positive about the care, staff and services provided.” • Friends and Family Tests have reported consistently high rates of ‘highly likely’ and ‘likely’ to recommend our services. • Our PPI Best Practice Group has been established this year and has shared best practice in involving patients across the services. • We do not routinely collect information on all protected characteristics from those that provide patient feedback |
| <p>Engage-ment</p> | <ul style="list-style-type: none"> • Feedback from Healthwatch Somerset, complaints, PALS and Friends and Family Tests have informed this work. |
| <p>Improve-ments</p> | <ul style="list-style-type: none"> • Improve analysis of demographic information for our patient feedback. |

The Trust would grade itself as **DEVELOPING** for this outcome.

Outcome 2.4: Peoples' complaints about services are handled respectfully and efficiently.

| | |
|---------------------------------------|--|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • We follow the Patients Association Standards in handling complaints which enables us to meet its obligations under the law and provide a complaints process that focuses on the patient and how lessons can be learned. • We inform all complainants about the complaints advocacy service and the support that PALS can offer them if they make a complaint. • PALS and complaints information has been translated into the top five languages used in Somerset. • The PALS service can receive complaints in person, in writing, by telephone, by email and now by text. • The PALS and Complaints policy was re-written in 2015 to make it more patient-friendly. • Complaints and PALS posters and leaflets are made available in all Trust services. • Our CQC inspection in September 2015 reported that patients and their families – across all services – knew how to raise complaints. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • Patients and their families' feedback about the complaints service is always welcomed and listened to. |
| <p>Plans</p> | <ul style="list-style-type: none"> • We will provide its PALS and Complaints leaflets in British Sign Language on its website in 2016. • We will carry out a survey of complainants in 2016 to obtain their feedback about the complaints process. • We will incorporate new guidelines (NHS England's Complaints Toolkit) into its processes and policy. |

The Trust would grade itself as DEVELOPING for this outcome.

6.3 Goal Three: A representative and supported workforce

Outcome 3.1: Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • We are committed to ensuring that all job applicants, employees and others who work for the Trust are treated fairly, valued equally and are not discriminated against on any of the protected characteristics. • We adhere to all relevant UK employment legislation relating to its recruitment and selection activities. • We are committed to being an Equal Opportunities Employer and welcomes applications from all protected groups; appointment decisions will always be based on merit. • Professional interpreting, including BSL, and adaptive equipment are available as part of the recruitment process for candidates. • The guaranteed interview scheme entitles applicants with a disability to be guaranteed an interview, providing they meet the minimum criteria within the person specification. • The Trust Board receives quarterly workforce reports which include equality and diversity information. • Posts within the Trust are advertised through the NHS Jobs website. The website aims to ensure maximum accessibility to all its users. The site aims to comply with all W3C Priority AA guidelines, and the majority of W3C Priority AAA guidelines. • We complete an Annual Workforce Diversity Report which is published on our website; this includes information on recruitment and selection processes, as well as development opportunities. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • Executive team and senior managers meet on a monthly basis with the Trust's Joint Management and Staff Side Committee which includes members of trade union organisations. The Trust's policy and practice on recruitment and selection is the subject of rigorous, regular equality impact assessment to ensure it complies with legislative and best practice requirements. • Following successful overseas recruitment campaigns to fill nursing vacancies, we sourced local housing for new employees to move into on arrival to the UK and has organised a comprehensive package of support including language skills and a programme of shared cultural learning. • We engage with local schools and employers. Examples of this include going into schools and running interview skills workshops for students and exhibiting at local jobs fairs. |

| | |
|---|--|
| Plans | <ul style="list-style-type: none">• The Workforce and Operational directorate are currently exploring systems that allow the tracking of background data for all job applicants. Currently we only record the background data of applicants shortlisted for interview.• We plan to exhibit at conferences across the UK to improve its national presence as an employer and tap into as many job markets as possible to help to encourage a diverse workforce.• We will continue to analyse all recruitment and appointment data to ensure that our policies and practices do not result in any adverse impact being experienced by any candidates on the basis of any of the protected characteristics. Appropriate action will be taken to address any anomalies that might be identified. |
| The Trust would grade itself as DEVELOPING for this outcome. | |

Outcome 3.2: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.

| | |
|--------------------------------|--|
| How is the Trust doing? | <ul style="list-style-type: none"> • Equal pay has been a statutory entitlement since 1970, when the Equal Pay Act came into force. The Agenda for Change pay system was introduced in October 2004 to ensure pay in the NHS was consistent with the requirements of equal pay legislation • The NHS Agenda for Change pay system is used by the Trust to determine fair terms and conditions for its employees. • Agenda for Change applies in full to all staff who are employed directly by the Trust, except very senior managers and medical staff whose appointments are made in accordance with the applicable national terms and conditions. • Agenda for Change and its national job evaluation scheme complies fully with anti-discrimination legislation, as found by the Newcastle employment tribunal judgement in the case of Hartley and others v Northumbria Healthcare NHS Trust and others. • The Trust Board receives workforce reports which include equality and diversity information including pay band data by race and gender. |
| Engagement | <ul style="list-style-type: none"> • Executive Team and senior managers meet on a monthly basis with the Trust's Joint Management and Staff Side Committee which include members of trade union organisations. The Trust's policy and practice on terms and conditions is the subject of rigorous, regular equality impact assessment to ensure it complies with legislative requirements. |
| Improvements and | <ul style="list-style-type: none"> • The Trust will continue to seek to improve the scope of its monitoring activity to ensure its reward processes are fair, inclusive and transparent. |

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 3.3: Training and development opportunities are taken up and positively evaluated by the staff.

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • In the 2015 National staff survey, 92% of staff reported that they believe the organisation provides equal opportunities for career progression or promotion. This is an improved score compared with last year and is the best score nationally for similar organisations. • All new staff receive equality and diversity training as part of their mandatory corporate induction programme. • Carers are involved in delivery of Trust induction training, briefing new staff about what it means to be a carer. • Equality and Diversity Training has been re-written for the Trust in 2016, with a focus on stories that patients and families have told us and illustrated with examples of Trust services; initial feedback about this has been positive. • Refresher training has also been developed and Trust staff are now required to undertake this every three years. • Additional, ad hoc training is also available from the Trust's Equality and Diversity Lead. • Staff from the sexual health services have received additional bespoke training in LGB&T issues. • All our staff are encouraged to participate in the annual NHS Staff Survey which gives key feedback to the Trust on this outcome. • The Trust Board receives monthly workforce reports which include equality and diversity information. • Equality and Diversity is a standing agenda item on the Trust's Workforce Governance Group. • We complete an Annual Workforce Diversity Report which is published on its Internet site; this includes monitoring access to training and development opportunities. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • Staff are engaged in this process through the supervision and appraisal process, from feedback given by the NHS Staff Survey and through the Joint Management and Staff Side Committee and Staff Experience Group. |
| <p>Improvements and plans</p> | <ul style="list-style-type: none"> • The Trust will continue to review the learning and development opportunity and access / participation rates to ensure that colleagues continue to feel that we provide fair, transparent and equal access to developmental opportunities. |

The Trust would grade itself as **DEVELOPING** for this outcome.

Outcome 3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source.

- The Trust recognises the right of all employees to be treated with dignity in all working relationships. The organisation is committed to promoting a safe, healthy and fair environment which will encourage a climate at work where dignity and respect for all staff, colleagues from other organisations and visitors are the norm. The organisation operates a Zero Tolerance policy on violence and aggression in all of its premises.
- In the 2015 National staff survey, staff reported the following:

| KF no. | Question | 2015 | Average for combined MH, LD & Community Trusts | 2014 | |
|--------|--|-------|--|------|-----|
| 20 | % of staff experiencing discrimination at work in the last 12 months | 9% | 10% | 10% | |
| 22 | % of staff experiencing physical violence from patients, relatives or the public in the last 12 months | 15% | 15% | 14% | |
| 23 | % of staff experiencing physical violence from staff in the last 12 months | 2% | 2% | 2% | |
| 24 | % of staff reporting the most recent experience of violence | 70% | 74% | 66% | |
| 25 | % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months | | 33% | 28% | 27% |
| | | White | 34% | 27% | 28% |
| | | BME | 35% | 30% | - |
| 26 | % of staff experiencing harassment, bullying or abuse from staff in last 12 months | | 23% | 21% | 21% |
| | | White | 23% | 20% | 21% |
| | | BME | 18% | 23% | - |
| 27 | % of staff reporting the most recent experience of harassment, bullying or abuse | 52% | 48% | 46% | |
| | Q17b – In the past 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues? | White | 5% | 5% | 6% |
| | | BME | 13% | 13% | - |

How is the Trust doing?

The Workforce Race Equality Standard scores (highlighted in blue) presented above are the un-weighted question level score for question Q17b and un-weighted scores for Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

Note that for question 17b, the percentage featured is that of “Yes” responses to the question. Key Finding and question numbers have changed since 2014.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

The 2015 staff survey results above demonstrate that as a Trust we have improved our overall score for four KF ratings - 20, 24 and 27. We have maintained the same score for one KF rating – 23 and our score has worsened for three KF ratings - 22, 25 & 26.

Out of the unweighted WRES scores:

- We are unable to compare any 2015 BME score due to so few responses being received from BME employees in 2014.
- Our organisational score for KF21 has improved for white employees compared to last year and is higher than the national average score. Our organisational score for BME employees is 10% higher than the national average however it is lower than both our overall organisational score and the national average score for white employees.
- The score for KF25 has worsened for white employees as has the overall organisation score and the scores for white and BME employees are worse than the comparative national scores.
- The score for KF26 has worsened overall and for white workers. The national scores are better than the overall organisational score and the score for white employees however the organisational score for BME employees is 5% better than the national score
- The score for KF27 has improved compared to 2014 and is better than the national average.
- The score for Q17b shows an improved score compared to 2014 for white employees and is the same as the national average. The score for BME employees is also the same as the national average.
- We recognise our duty to ensure that all employees are aware of its Anti Bullying and Harassment Policy and their responsibilities under it. All incidents of this type would be reported through the Trust's Datix incident reporting system and would be reviewed and fully investigated where appropriate to prevent reoccurrence.
- Our 'Raising Concerns' (Whistleblowing) Policy would be used if a member of staff is troubled by an issue he/she feels the organisation should know about and/or investigate. Staff are encouraged to raise issues in line with this policy as soon as they become aware of them. The Trust will not tolerate the harassment or victimisation of anyone raising a genuine concern in good faith. However, it is recognised staff may nonetheless want to raise a concern in confidence under this policy. The identity of staff members concerned will be kept confidential and, if it is not possible to resolve a concern without releasing the identity of the staff member concerned, they will be consulted over whether and how to proceed.
- We work closely with the local police and the NHS Local Security Management Service wherever this is needed and offenders will be prosecuted where this is indicated.

| | |
|--|---|
| | <ul style="list-style-type: none"> Grievances or incidents related to diversity issues are monitored by the Trust although it is acknowledged these are comparatively low. |
| Engagement | <ul style="list-style-type: none"> Staff are engaged in this process through the supervision and appraisal process, from feedback given by the NHS Staff Survey and through the Joint Management and Staff Side Committee. We provide an employee assistance programme to all colleagues across the organisation. The advice line is accessible 24 hours a day, 7 days a week and employees can remain anonymous. The programme is well promoted across the organisation. |
| Improvements and plans | <ul style="list-style-type: none"> We held 9 staff survey engagement events in February 2016 to feedback the findings of the 2015 staff survey. These were well attended and resulted in open and honest dialogue around how we address key issues such as the reporting of harassment, bullying and violence in the workplace. Plans are now being made to hold similar staff engagement events in February 2017 to feedback the findings of the 2016 national staff survey and to build on progress made during staff engagement events in 2016. We launched a campaign in 2014 called “See Something Say Something” which involved training staff in the importance of raising any concerns they may have in the workplace. We were recently invited to the Department of Health to showcase this work. We plan to introduce a telephone line called ‘Safe call’ which provides colleagues with a confidential, externally managed, 24 hour, 7 days a week avenue for raising any concerns that they feel unable to raise internally. The introduction of our Organisational Development Strategy will be supported by the implementation of a comprehensive behaviours framework. This framework will be used to provide clarity to staff about mutual expectation in respect of behaviours and the importance of routinely applying these to create a positive, open and honest working environment. |
| <p>The Trust would grade itself as DEVELOPING for this outcome.</p> | |

Outcome 3.5: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> We are keen to ensure its employees are developed and retained in order to provide a high quality service to its patients. This is achieved by balancing the need to enable staff to work flexibly in order to maintain a healthy work/life balance. We recognise there may be times when members of staff need to take a long-term or short-term break from their role for personal reasons, or request to undertake another role, either within the Trust or via an external organisation, as part of working flexibly and/or to support your continuing professional development. The Trust's policies sets out the formal parameters for staff to request a flexible working arrangement, our commitment to carefully consider such requests, together with identification of the various types of flexible working currently seen within modern day employment settings. The policy ensures a fair and consistent approach is taken when staff request to work flexibly or take employment / career breaks or internal / external secondments whilst ensuring that the service suffers no detriment as a result. In the 2015 National staff survey, 56% of staff were satisfied with the opportunities for flexible working patterns. This matches the national average for similar organisations. It is not possible to compare this score with the score in 2014 because there have been changes in how the National staff survey calculated the Key Finding this year. We were also able to see that the number of employees working part-time (up to 29 hours a week) and the number of employees working additional paid hours had increased since 2014 and was higher than the national average. The number of employees working additional unpaid hours decreased in 2015 compared to 2014 and was the same as the national average. |
| <p>Engagement</p> | <ul style="list-style-type: none"> Staff supervision and appraisal NHS Staff Survey Joint Management and Staff Side Committee |
| <p>Improvements and plans</p> | <ul style="list-style-type: none"> We are currently undertaking a review of the reasonable adjustments process to ensure disabled employees get the support necessary at the earliest opportunity. The leaver questionnaire has been re-designed and a new starter questionnaire created to attempt to gain deeper insight into why people leave the organisation and conversely what attracted them to the organisation. This should give us another avenue with which to gain insight into whether the flexible working options the Trust offer are consistent with the way people live their lives. Both questionnaires are due to be introduced in 2016. |

The Trust would grade itself as **DEVELOPING** for this outcome.

Outcome 3.6: Staff report positive experiences of their membership of the workforce.

| | |
|--------------------------------|---|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • In the 2015 national staff survey, our overall indicator of staff engagement compared better than the 2014 score and equalled the national average. Our score for recommending the organisation as a place to work or receive treatment also improved compared with 2014 and was higher than the national average. • The percentage of employees recommending the organisation as a place to work via the staff friends and family test was 73%. • We recognise the importance of our workforce remaining healthy both as a responsible employer and to ensure the continued high standards of its services to patients and carers. • We have contracted with an external occupational health provider to ensure staff are able to access specialist health advice including a confidential employee assistance programme. • Staff Occupational Health and Health and Well Being services offers specialist advice to the Trust when making reasonable adjustments to meet the diverse needs of its workforce and in particular for those members of staff with disabilities. • A new Staff Sickness policy was published in 2015 in order to ensure that staff can be supported to manage their work/life balance when needed. • Staff are able to access smoking cessation support including use of nicotine replacement therapies. Smoking is not permitted in Trust premises or when staff are on duty and a Trust policy is in place in this respect. • Staff are encouraged to participate in the Cycle to Work Scheme as part of the Trust's Carbon Reduction work with changing and showering facilities available in Trust premises. • We work to ensure its frontline staff receive the seasonal influenza vaccination each year. • We offer health checks to employees over the age of 40 which have been well received. • Coaching training to train employees to become coaches is ongoing across the Trust and more employees are seeking coaching support for their development. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • Staff supervision and appraisal • NHS Staff Survey • Joint Management and Staff Side Committee • Carbon Reduction Group • Equality and Diversity staff forum • Voice box, a forum for all staff to share ideas, concerns and best practice |

| | |
|--|---|
| <p>Plans</p> | <ul style="list-style-type: none">• The introduction of pledges resulting from key themes taken from the staff survey engagement events held in February 2016.• Plans are being made to hold staff engagement events in February 2017 to feedback the findings of the 2016 national staff survey and to build on progress made during staff engagement events in 2016.• The delivery of retirement workshops to support employees thinking about retiring.• The Trust is currently undertaking a review of the reasonable adjustments process to ensure disabled employees get the support necessary at the earliest opportunity.• A new Organisational Development Strategy is being developed and key components of which will be staff engagement and health and wellbeing. A range of initiatives are being developed which it is hoped will further enhance how it feels to work at the Trust.• Specifically during 2016/17 we will also work to develop a Health and Wellbeing strategy, with a proactive focus on the management of staff health and wellbeing. We will establish a Health and Wellbeing Group, consisting of key stakeholders and voluntary health champions and we will review the service model for occupational health and well-being services. |
| <p>The Trust would grade itself as DEVELOPING for this outcome.</p> | |

5.4 GOAL FOUR: INCLUSIVE LEADERSHIP

Outcome 4.1: Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

| | |
|--------------------------------|--|
| How is the Trust doing? | <ul style="list-style-type: none"> • Non-Executive Directors include the Chief Executive of Age UK Somerset and Trustees for a Learning Disability charity. • Equality and Diversity is included in the Trust's Five Year Integrated Business Plan 2010-2015. • We have nominated Executive and Non-Executive Director equality leads on its Trust Board. • The Trust Board receives quarterly workforce reports which include diversity information. • We ensure we have Equality and Impact Assessment policies in place which are regularly reviewed. • Our outgoing Chief Executive, Edward Colgan, received an NHS Leadership Academy's South West Fellowship Award, for contributions to gender inclusion in 2015. • Ethna Bashford, Head of Division, Children Young People and Families Division received the NHS Patient Champion of the Year at the NHS South West Leadership Recognition Awards 2015 for her leadership around involvement work with children and young people. • In the 2015 national staff survey our score for the percentage of staff reporting good communication between senior management and staff remained the same but was below the national average. The percentage of staff able to contribute to improvements at work improved compared to 2014 but was still below the national average. |
| Engagement | <ul style="list-style-type: none"> • Annual patient surveys • Staff surveys • Ongoing audit and survey work within the organisation. |
| Improvements and plans | <ul style="list-style-type: none"> • We know that a clear sense of direction and a robust, fair and equitable application of leadership and management practice can dramatically change the way it feels to work at Somerset Partnership. Accordingly, a new programme of multi-disciplinary leadership and development will be developed and delivered during 2016/17, which will see our clinical and non-clinical leaders working and learning together to maximise the potential opportunities and tackle the challenges faced by us and the wider health and social care community. This will be underpinned by our values and behaviours and issues of equality and inclusion will be embedded as part of the programme. |

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 4.2: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.

| | |
|--------------------------------|--|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • Our Regulation Governance Group, which reports to the Integrated Governance Committee, receives quarterly equality and diversity reports from the Trust Head of Communications. This report identifies any risks which are then incorporated into Trust risk registers where required. • All risk incidents are reported through the Trust's Datix incident reporting system and reviewed and fully investigated where appropriate to prevent reoccurrence. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • The Board meetings are held in public and members of the public can view and comment on papers submitted to the Board. |
| <p>Improvements and plans</p> | <ul style="list-style-type: none"> • Board papers will include an equality impact assessment from 2016. • An audit of Board papers and their impact assessments will be conducted. |

The Trust would grade itself as **UNDEVELOPED** for this outcome.

Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

| | |
|--------------------------------|--|
| <p>How is the Trust doing?</p> | <ul style="list-style-type: none"> • All Trust managers ensure their staff receive mandatory corporate induction and mandatory e-learning refresher training which includes their responsibilities under the Equality Act 2010. • Managers can request additional training for teams and individual members of staff from the Trust's equality and diversity Lead. • All our staff receive regular clinical/managerial supervision and are subject to an annual appraisal of their work with their line manager. These processes include consideration of equality and diversity issues and employees' work with colleagues and patients/service users. • We recognise incidents of bullying, harassment, discrimination and victimisation in the workplace, which may result in placing the recipient in a threatening and intimidating environment, can adversely affect his/her performance, health and wellbeing and is not conducive to the delivery of effective health care and treatment. • In the 2015 national staff survey, the percentage of staff experiencing discrimination at work in the past 12 months improved by 1% compared to 2014 and was better than the national average. The percentage of staff believing that the organisation provides equal opportunities for career progression also improved and was better than the national average. The scores for white and BME employees were higher than the national average scores. The responses to the following question 'in the past 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues' reflected those of the national averages for both white and BME staff. This was an improvement for white employees compared to 2014. |
| <p>Engagement</p> | <ul style="list-style-type: none"> • Staff supervision and appraisal • NHS Staff Survey • Joint Management and Staff Side Committee • Equality and Diversity staff forum |
| <p>Improvements and plans</p> | <ul style="list-style-type: none"> • We will seek to further engage with staff from all diverse backgrounds to help promote a more culturally competent workforce. • Whilst quantitative information is collated on the amount of supervision and annual appraisal carried out within the Trust, further work is needed to look at qualitative information to see if these meet the needs of all staff and particularly those who might feel disadvantaged by virtue of demonstrating a protected characteristic. |

The Trust would grade itself as DEVELOPING for this outcome.

| EDS2 Goal: | EDS2 Outcome: | Proposed actions: | Timeframe | Progress | Who | |
|--|--|--|------------------------------------|----------|-----|-------------------------|
| 1. Better health outcomes for all | 1.1 Services are commissioned, procured and delivered to meet the health needs of local communities. | <ul style="list-style-type: none"> Implement 0-25 years pathway to improve the experience of young people moving through our mental health services. | 31 March 2017 | | | Chief Operating Officer |
| | | <ul style="list-style-type: none"> Further engagement with patients about our developing Integration Phase 2 Plans and Outcomes Based Commissioning. | 31 March 2017 | | | Chief Operating Officer |
| | | <ul style="list-style-type: none"> Protected characteristics will be included in core assessment process in RiO | 30 September 2016 31 March 2017 | | | Head of Information |
| | | <ul style="list-style-type: none"> The Accessible Information Standard will be implemented. | 31 December 2015 | | | Chief Operating Officer |
| | | <ul style="list-style-type: none"> Promote core assessment to increase recording of demographic data. | 31 March 2017 | | | Head of Communications |
| | 1.2 Individual people's health needs are assessed and met in appropriate and effective ways. | <ul style="list-style-type: none"> The Trust is auditing Care Planning in 2016-17 | 31 March 2017 | | | Head of Clinical Audit |
| | 1.3 Transitions from one service to another, for people on care pathways, are made | <ul style="list-style-type: none"> The Trust will work with partner agencies to ensure patients are supported and kept informed before and during transfers between organisations and between Trust | 31 March 2017 | | | Chief Operating Officer |

| EDS2 Goal: | EDS2 Outcome: | Proposed actions: | Timeframe | Progress | Who |
|--|--|--|----------------|----------|--|
| | smoothly with everyone well-informed. | services. | | | |
| | 1.4 When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse. | <ul style="list-style-type: none"> Complaints will be monitored against all nine protected characteristics. | 30 April 2016 | | Patient Experience Manager |
| | | <ul style="list-style-type: none"> Serious Incidents will be monitored against all nine protected characteristics. | 1 October 2016 | | Head of Risk |
| | 1.5 Screening, vaccination and other health promotion service reach and benefit all local communities. | <ul style="list-style-type: none"> Improve patient information to ensure people are aware of these services and are able to access them. | 31 March 2017 | | Head of Communications |
| | | <ul style="list-style-type: none"> Include sub-titles on any new public information videos | 31 March 2017 | | Head of Communications |
| 2. Improved patient access and experience | 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds. | <ul style="list-style-type: none"> The Trust will be compliant with the Accessible Information Standard from July 2016, which will improve the way patients access our services and information. | July 2016 | | Chief Operating Officer |
| | | <ul style="list-style-type: none"> The Trust will work closely with its commissioners to ensure its services are designed and delivered closest to the point of need and continue to support the principle of care closest to home. | 31 March 2017 | | Associate Director of Business Development |

| EDS2 Goal: | EDS2 Outcome: | Proposed actions: | Timeframe | Progress | Who |
|------------|---|--|-------------------|----------|----------------------------|
| | | <ul style="list-style-type: none"> Audits of sites from the point of view of sight loss and/or hearing loss will be undertaken in 2016. | 30 September 2016 | | Patient Experience Manager |
| | | <ul style="list-style-type: none"> Wheelchair access audit of an older mental health site, following requests for this from patients. | 30 September 2016 | | Patient Experience Manager |
| | | <ul style="list-style-type: none"> Promote Staff Forum of Equality Champions to engage more staff from across the Trust | 30 September 2016 | | Head of Communications |
| | 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care. | <ul style="list-style-type: none"> Commission CQC Mental Health Survey | 30 September 2016 | | Patient Experience Manager |
| | | <ul style="list-style-type: none"> Implement Accessible Information Standard | 31 July 2016 | | Head of Communications |
| | 2.3 People report positive experiences of the NHS. | <ul style="list-style-type: none"> Friends and Family Test | MONTHLY | | Head of Corporate Business |
| | | <ul style="list-style-type: none"> Contribute to Healthwatch quarterly patient story feedback reports | EACH QUARTER | | Patient Experience Manager |
| | 2.4 People's complaints | <ul style="list-style-type: none"> The Trust will carry out a survey of | 30 April 2016 | | Patient |

| EDS2 Goal: | EDS2 Outcome: | Proposed actions: | Timeframe | Progress | Who |
|---|---|---|------------------|----------|--|
| | about services are handled respectfully and efficiently. | complainants in 2016 to obtain their feedback about the complaints process. | | | Experience Manager |
| | | <ul style="list-style-type: none"> The Trust will provide its PALS and Complaints leaflets in British Sign Language on its website in 2016. | | | Patient Experience Manager |
| | | <ul style="list-style-type: none"> The Trust will incorporate new guidelines (NHS England's Complaints Toolkit) into its processes and policy. | | | Patient Experience Manager |
| 3. Empowered, engaged and well-supported staff | 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels. | <ul style="list-style-type: none"> Conduct a review of all recruitment and appointment data to analyse whether any adverse impact exists. | 31 December 2016 | | Director of Workforce and Organisational Development |
| | 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations. | <ul style="list-style-type: none"> Conduct a high level staff pay audit | 31 March 2017 | | Director of Workforce and Organisational Development |

| EDS2 Goal: | EDS2 Outcome: | Proposed actions: | Timeframe | Progress | Who |
|------------|---|--|------------------|----------|--|
| | 3.3 Training and development opportunities are taken up and positively evaluated by the staff. | <ul style="list-style-type: none"> Review access / participation rates | 31 March 2017 | | Director of Workforce and Organisational Development |
| | 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source. | <ul style="list-style-type: none"> Introduce a behaviours framework to support our new values | 31 December 2016 | | Director of Workforce and Organisational Development |
| | 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives. | <ul style="list-style-type: none"> Analyse data from the Staff survey to monitor staff perceptions about the availability of flexible working | 28 February 2017 | | Director |
| | 3.6 Staff report positive experiences of membership of the workforce. | <ul style="list-style-type: none"> Introduce a revised approach to the application of the Staff FFT | 31 December 2016 | | Director of Workforce and Organisational |

| EDS2 Goal: | EDS2 Outcome: | Proposed actions: | Timeframe | Progress | | Who |
|--|--|---|-------------------|----------|--|--|
| | | | | | | Development |
| | | <ul style="list-style-type: none"> Introduce new starter and leavers questionnaires | 30 September 2016 | | | Director of Workforce and Organisational Development |
| 4. Inclusive leadership at all levels | 4.1 Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations. | <ul style="list-style-type: none"> Introduce a leadership and management development programme | 31 December 2016 | | | Director of Workforce and Organisational Development |
| | 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed. | <ul style="list-style-type: none"> An audit of Board Papers will be conducted. | 31 March 2017 | | | Secretary to the Trust |
| | 4.3 Middle managers and other line managers | Introduce a mandatory manager's passport (development programme addressing core | 31 March 2017 | | | Director of Workforce |

| EDS2 Goal: | EDS2 Outcome: | Proposed actions: | Timeframe | Progress | Who |
|------------|--|--|-----------|----------|--------------------------------|
| | support their staff to work in culturally competent ways within a work environment free from discrimination. | management competencies) including equality and diversity. | | | and Organisational Development |

Key to RAG Rating:

| | | |
|--------------|--------------|---|
| Green | Green | Achieved |
| Green | Amber | Work is in progress in line with target date |
| Amber | Amber | Initial work has commenced appropriate to target date |
| Amber | Red | Minimal or no work has commenced in this area due to the long lead time |
| Red | Red | Actions have not been achieved by the target date |
| Grey | Grey | Responsibility allocated to agencies outside of the Trust |