

EQUALITY DELIVERY SYSTEM 2 SELF ASSESSMENT

2016/17

26 September 2017

Everyone counts

Working together

Making a difference

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 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 previous two years:

EDS2 Grading		
2014-15	2015-16	2016-17
Outcome 1.1: Services are commissioned, procured and delivered to meet the health needs of local communities.		
DEVELOPING	DEVELOPING	DEVELOPING
Outcome 1.2: Individual people's health needs are assessed and met in appropriate and effective ways.		
DEVELOPING	DEVELOPING	DEVELOPING
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: When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse.		
DEVELOPING	UNDEVELOPED	DEVELOPING
Outcome 1.5: Screening, vaccination and other health promotion service reach and benefit all local communities.		
DEVELOPING	DEVELOPING	DEVELOPING
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: People are informed and supported to be as involved as they wish to be in decisions about their care.		
DEVELOPING	DEVELOPING	DEVELOPING
Outcome 2.3: People report positive experiences of the NHS.		
ACHIEVING	DEVELOPING	DEVELOPING
Outcome 2.4: Peoples' complaints about services are handled respectfully and efficiently.		
DEVELOPING	DEVELOPING	DEVELOPING
Outcome 3.1: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.		
ACHIEVING	DEVELOPING	DEVELOPING
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	DEVELOPING	DEVELOPING

EDS2 Grading		
2014-15	2015-16	2016-17
Outcome 3.3: Training and development opportunities are taken up and positively evaluated by the staff.		
DEVELOPING	DEVELOPING	DEVELOPING
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 available to all staff consistent with the needs of the service and the way people lead their lives.		
DEVELOPING	DEVELOPING	DEVELOPING
Outcome 3.6: Staff report positive experiences of their membership of the workforce.		
DEVELOPING	DEVELOPING	DEVELOPING
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: 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	UNDEVELOPED	DEVELOPING
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.		
DEVELOPING	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 Healthwatch Somerset and 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 2017/18.

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.

How is the Trust doing?	<ul style="list-style-type: none"> • Organisational Development Strategy: The delivery of the Trust's Organisational Development Strategy, developed in early 2016, has been an important aspect of the work we have done this year. This has included the development of new Trust Values, namely: Everyone counts, Working together and Making a difference. • Countywide services: 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. • Diverse services: 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. • Activities Coordinators: Activities Coordinators in Community Hospitals and on mental health wards work with elderly patients. • Work with the voluntary sector: 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
Engagement	<ul style="list-style-type: none"> • Patient feedback has been sought from a wide variety of groups this year, including young people's groups, mental health patient groups and carers groups and this feedback has contributed to service development. • Our Trust Carers' Charter written by carers and staff is available in services across the Trust. • CAMHS patient participation group consulted on new website and app for children and young peoples' services. • National recognition of CAMHS engagement work.
plans	<ul style="list-style-type: none"> • Further engagement with patients about our developing plans as part of the Sustainability Transformation Plan. • Develop engagement with Mental Health Service Users to plan and implement new ways of working to support this patient group. • Continue to develop 0-25 years pathway to improve the experience of young people moving through our mental health services, with close engagement with young people. • The Accessible Information Standard will continue to be implemented.

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.

How is the Trust doing?	<ul style="list-style-type: none"> • Personalised Care Planning: Since the CQC Inspection in 2015 raised concerns about the Trust's Learning Disability services, how patients were assessed and their needs met, action has been taken to address concerns and work has been undertaken to improve personalised care planning with adults with learning disabilities. • Transgender Champion: The Sexual Health Service (SWISH) has a Transgender Champion to promote awareness of the issues faced by transgender patients. • Information: 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 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. • Self-referrals: The Trust has enabled patients to refer themselves online to our Talking Therapies service and directly to our MSk Physiotherapy service. • Capacity and Consent: Following an audit in October 2015 which showed limited levels of compliance with our standards for recording capacity and consent, particularly in community hospitals, a further audit was commissioned. This demonstrated some progress in the recording of assessments of capacity, particularly within community services. The audit/review findings demonstrated clear need for improved staff understanding of the Capacity Act, how to record their assessments of capacity and how to demonstrate that any intervention (or non-intervention) is in an incapacitated person's best interests. As at February 2017, the latest information currently available, compliance in respect of consent to share information was 77.6%, compared to a target of 75%. • End of life care: End of Life Care has been a recurring theme of concerns and complaints both local and nationally and the Trust has developed an improvement plan for the delivery of effective and compassionate end of life care which was endorsed with a 'Good' rating from the Care Quality Commission inspection in 2015. Our aim is to increase the percentage of patients supported to die in their place of choice compared to 2015/16. As at 28 February 2017, the latest information available, 66.8% of patients had been supported to die in their place of choice compared to 62.8% in 2015/16.
Engagement	<ul style="list-style-type: none"> • The Trust continues to meet 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 at its Voluntary Sector Forum to engage with representatives of various protected characteristic groups.
Plans	<ul style="list-style-type: none"> • One of the Trust's Quality Priorities for 2017-18 is improving personalised care planning and audits will be undertaken during the year. • Continued improved collection of protected group information.

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.

How is the Trust doing?	<ul style="list-style-type: none"> • 0-25 Mental Health Pathway: Our young people's services continue to work towards a 0-25 pathway, to ensure that transition between children's and adults' mental health services is managed smoothly. • End-of-life care for patients has improved with the recruitment of palliative care consultants and better working between agencies. • Transfer to acute care: The Trust has a policy in place to support mental health patients when transferred to acute hospital care. • Family Liaison: Our mental health wards have family liaison meetings. • Care Planning: We have introduced new care plan documentation to encourage personalised care planning.
Engage-ment	<ul style="list-style-type: none"> • Feedback from complaints, PALS and Friends and Family Tests have contributed to these changes. • A patient engagement programme is being developed for the 0-25 care pathway service
Plans	<ul style="list-style-type: none"> • Work with other organisations in Somerset as part of the Sustainability Transformation Plan work will improve the way we work and communicate together. • New Psychiatric Liaison Services in our two District General Hospitals will operate in emergency departments making sure that mental health patients are supported when presenting at A&E and that all patients are supported in their mental health needs as well as their physical needs. • 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 with input from our CAMHS patient participation group.

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.

How is the Trust doing?	<ul style="list-style-type: none"> • Incidents: 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. • Unexpected deaths: During 2015/16 we reviewed our systems and processes for undertaking unexpected death investigations, particularly across our mental health and learning disability services. An audit of effectiveness of learning from incidents was undertaken in Quarter 3: the audit found that there is a positive culture in place in relation to incident reporting and SIRIs where reporting is encouraged at all levels and viewed as a positive process that enables individuals and the Trust to implement new actions. However, the audit recommended that improvements were required with regard to accountability for and follow up of lessons learned both from serious incidents. • Duty of Candour: We have continued to roll out training and briefings to staff about the duty and we always look to engage with patients, carers and families when we are undertaking an investigation into a serious incident that has occurred. • Patient and staff safety: The Trust does not tolerate the mistreatment and abuse of patients or staff at any time and there are clear processes in place to investigate and, where needed, take action against individuals. 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.
Engagement	<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. • In January 2017 we hosted a regional conference: "Making Families Count" which highlighted the experiences of carers and families when a loved one is involved in a serious incident and focused on how services and organisations can improve the way they learn from incidents.
Improvements and plans	<ul style="list-style-type: none"> • One of the Trust's Quality Priorities for 2017-18 is investigating and learning from unexpected deaths and SIRIs. The Director of Nursing and Patient Safety is leading a review of our approach to investigating serious incidents and unexpected deaths which will address the findings of the recent audit and this will remain a quality account priority for 2017/18 as this plan is implemented. • Complaints and serious incidents will be monitored against protected characteristics.
<p>The Trust would grade itself as DEVELOPING for this outcome.</p>	

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

How is the Trust doing?	<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 (SWISH). • The SWISH service has a Transgender Champion, supporting staff to work better with transgender patients. • The SWISH Service has a new website, developed with patient feedback, which is easy to access and contains detailed information about the service. • SWISH information leaflets have been shared with a local LGBT youth group to gain their views. The service arranged visits for youth groups to attend SWISH out of clinic times to allow them to see the clinic and the consultation rooms to familiarise them with the layout and staff to ease any anxieties about attending. • Following feedback from patients, the SWISH clinic has a touch-screen registration for attendees, to minimise discussions in the waiting area.
Engagement	<ul style="list-style-type: none"> • Feedback from complaints, PALS and Friends and Family Tests have contributed to these changes. • SWISH has visited 2BU (the LGBT youth group) and CAMHS participation group so that staff can listen to the views of young people who have attended the service and young people who have not yet visited the service.
Plans	<ul style="list-style-type: none"> • Improve patient information to ensure people are aware of these services and are able to access them.

The Trust would grade itself as DEVELOPING for this outcome.

5.2 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"> • Sight audits: This year we asked local charity Somerset Sight to carry out audits at several of our community hospital sites. Overall, our sites visited were accessible but improvements were suggested and have been passed to our Estates team for action. • Accessible Information Standard: We have continued to roll out the Accessible Information Standard, and following learning from a formal complaint, staff awareness and training in the Accessible Information Standard has improved over the year. • Translation and interpretation services are available in all services. • Our Deaf CAMHS Service works with deaf children and their families providing mental health support. • Coordinating Chaplain: Our Chaplaincy Service now has a Coordinating Chaplain in place. • Special / religious diets: This year we have promoted awareness of special diets for religious groups through our staff newsletter. • Breastfeeding Friendly: The Trust has maintained its breastfeeding friendly status. • Integrated therapy services in house translation: We have a Polish Speech and Language Therapist who advises staff if any child presenting with speech and language difficulties could be due English not being their first language and is able to translate for Polish patients. • Learning Disabilities Service acute trust liaison: Dedicated liaison staff who support people with learning disabilities and their families when accessing acute hospital services.
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 Somerset Sight to plan service improvements for patients and their families with hearing loss and sight loss. • Learning from PALS and Complaints about access issues are always prioritised and raised with senior staff members. • Our #FeedbackFebruary initiative provided us with patient comments about equality issues.
Plans	<ul style="list-style-type: none"> • We will carry out training in sight loss awareness in our community hospitals. • 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. • The Trust has employed a dedicated public/patient involvement manager who will help improve patient engagement and access and help us achieve our ambitions to more closely involve our patients in the design of services and the recruitment of staff.

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.

How is the Trust doing?	<ul style="list-style-type: none"> • Recovery Care Plans: As at 31 March 2017, 96.1% of all recovery care plans had been reviewed at least annually, based on care co-ordinator contacts. Amongst work which we have undertaken to improve our arrangements, we have approached the NHS Benchmarking Network membership to seek examples of good practice in relation to measuring personalised care planning effectively. • Personalised Care: Additionally, the ICPA (Integrated Care Planning Approach) group is currently undertaking improvement work in relation to personalised care planning across the organisation, and PDSA (Plan, Do, Study, Act) cycles of change are also being undertaken in front line teams. • Triangle of Care: We continue to be an active and leading participant in the Triangle of Care initiatives and we were awarded our second Triangle of Care 'star' recognition within community mental health services in July 2016. Work has also already commenced on rolling out the programme to community hospitals and independent rehabilitation teams. As at 31 March 2017, 92.6% of staff in identified services had undertaken 'Triangle of Care' awareness training, against a required compliance standard of 90%. • Information: The Trust's Liaison and Diversion Service has produced Easy-Read guides for those in police custody or attending court and for our Somerset-wide Sexual Health Services • Translation and interpretation services are available in all services and our spend on these services continues to increase month-on-month. Key documents, including care plans and correspondence, can be translated into a wide range of languages and formats upon request. • Capacity and consent: 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).
Engage-ment	<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.
Plans	<ul style="list-style-type: none"> • We will continue to provide interpretation and translation support to patients and their families. • The Trust will continue to improve and review the information it gives to patients to ensure it meets their diverse needs.

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 2.3: People report positive experiences of the NHS.

How is the Trust doing?	<ul style="list-style-type: none"> • Friends and Family Tests have reported consistently high rates of 'highly likely' and 'likely' to recommend our services. • Sharing best practice: Our PPI Best Practice Group continues to share best practice in involving patients across the services. • Community Mental Health Survey: The report from the Community Mental Health Survey 2016, a national service user survey, was undertaken for the Trust between February and June 2016 and there were 185 respondents. Mostly the Trust was rated within the intermediate 60% of all Trusts, with several areas falling in the lowest 20% of Trusts. There was no scoring that fell within the top 20% of highest scoring Trusts of the 49 trusts surveyed in 2016 by Quality Health. The challenge will be to improve performance overall and achieve ratings in the highest scoring Trusts in subsequent years. The 'overall' rating of the Trust was 70.1%, placing it within the intermediate level for user experience. The highest rated Trust scored 74.9% and the lowest 60.4%. • Equalities awareness: We do not routinely collect information on all protected characteristics from those that provide patient feedback and are aware that we could improve on this, however, any feedback that mentions equality issues is prioritised and raised with senior managers. • Equalities Awareness: Articles about Ramadan appeared in our Trust newsletter to raise awareness among staff.
Engage-ment	<ul style="list-style-type: none"> • Feedback from Healthwatch Somerset, complaints, PALS and Friends and Family Tests have informed this work.
Improve-ments	<ul style="list-style-type: none"> • Commission Community Mental Health Survey and progress action plan. • Improve analysis of demographic information for our patient feedback.
<p>The Trust would grade itself as DEVELOPING for this outcome.</p>	

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

How is the Trust doing?	<ul style="list-style-type: none"> • Patients Association Standards: 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. • Advocacy: 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. • Accessible PALS Service: The PALS service can receive complaints in person, in writing, by telephone, by email and now by text. Complaints and PALS posters and leaflets are made available in all Trust services. • The PALS and Complaints policy was re-written in 2016 to make it more patient-friendly and to incorporate updated guidelines (such as NHS England's Complaints Toolkit) into our processes and policy. • Review of complaints: Governors have been involved in reviewing complaints files from a lay perspective to suggest improvements and to monitor the quality of our processes and learning.
Engagement	<ul style="list-style-type: none"> • Patients and their families' feedback about the complaints service is always welcomed and listened to.
Plans	<ul style="list-style-type: none"> • We will provide our PALS and Complaints leaflets in British Sign Language on our website in 2017/18. • We will carry out a survey of complainants in 2017/18 to obtain their feedback about the complaints process.
<p>The Trust would grade itself as DEVELOPING for this outcome.</p>	

5.3 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

How is the Trust doing?	<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. • All vacant posts are advertised on the NHS Jobs website. NHS Jobs provides the Trust with applicant diversity data across a number of the protected characteristics. • Reference to our Disability Confident Accreditation is contained in documentation attached to all vacancies. There are a number of commitments in respect of this Accreditation including a guaranteed interview scheme, which is mirrored by NHS Jobs ensuring that anyone with a disability who meets the criteria is guaranteed an interview. • Professional interpreting, including BSL, and adaptive equipment are available as part of the recruitment process for candidates. • We have conducted a review of all appointments and recruitment data to analysis whether any adverse impact exists and discovered no evidence to suggest that this was the case. • The Trust would investigate complaints of discrimination by applicants during the recruitment process. None have been received. • The Trust Board has received quarterly workforce reports which include equality and diversity information. • 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.
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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 includes members of trade union organisations. This provides the opportunity for any anxieties in respect of the Trust Recruitment Policy to be raised. • 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"> • We plan to review our existing Recruitment and Selection Policy to ensure that it remains compliant with best practice and continues to support our commitment to promoting equality of opportunity. • We will also review our existing Recruitment and Selection arrangements to ensure that all colleagues undertaking this activity are provided with the necessary competence to do so including all requirements relating to the Equality Act 2010. • 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.
<p>The Trust would grade itself as DEVELOPING for this outcome.</p>	

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"> All jobs are put through the NHS Job Evaluation Scheme to determine their pay band, with the exception of very Senior Managers and Medical posts whose appointments are made in accordance with the applicable National Terms and Conditions. The NHS Job Evaluation Scheme was introduced to support the National Agenda for Change Terms and Conditions introduced in 2004. 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 has received 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 plans	<ul style="list-style-type: none"> We postponed our planned high level audit of staff pay in light of the proposed and now implemented requirement to report on our gender pay position. The National NHS Electronic Staff Record system used by the Trust is currently being developed to support this requirement and we will collect, analyse and report this information as required. It is difficult to monitor pay in respect of all the protected characteristics because of a lack of data. We have however recently introduced enhanced direct access for employees to their records and hope to see an improvement in the scope and quantity of equality data held as a consequence. This would facilitate future pay audits across all protected characteristics.

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.

How is the Trust doing?

- In the 2016 National staff survey, 90% of staff reported that they believe the organisation provides equal opportunities for career progression or promotion. This is above average for comparable organisations and places us in the top 20% of Trusts in the country.
- All new staff receive equality and diversity training as part of their mandatory corporate induction programme. Refresher training in Equality and Diversity is now mandatory every three years.
- 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 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.
- Staff from our sexual health services have received additional bespoke training in LGB&T issues.
- The Trust Training Team has been focusing on supporting staff with Dyslexia this year and all Training staff have undertaken a one-day course on this.
- The Training department has been supporting people with different learning needs, such as dyscalculia.
- The Training department has been asking staff about their learning needs, in order to tailor training to staff with additional needs.
- Mandatory training is now being offered in different formats for staff who have learning preferences e.g. prefer to learn face-to-face rather than via e-learning.
- A training programme has been developed for our newly-recruited Spanish staff, encouraging open discussions about cultural differences and expectations.
- Nursing staff for who English is not their first language have been supported to access 1-2-1 English lessons.
- Disappointingly in comparison with benchmark trusts colleagues report less positive experiences in respect of the quality of their appraisal experience and the quality of the non-mandatory training / development offering.
- Lack of a comprehensive data set in respect of all the protected characteristics limited the scope of our review of access / participation

	<p>rates which pleasingly suggested no adverse impact in respect of gender or part-time status.</p> <ul style="list-style-type: none"> • The Trust Board has received monthly workforce reports which include equality and diversity information. • We complete an Annual Workforce Diversity Report which is published on its Internet site; this includes monitoring access to training and development opportunities.
Engage ment	<ul style="list-style-type: none"> • Colleagues are engaged through supervision and appraisal processes, from feedback given by the NHS Staff Survey and through the Joint Management and Staff Side Committee.
Improvements and plans	<ul style="list-style-type: none"> • We will look to review why colleagues are reporting a less favourable experience in respect of the quality of their appraisal and the non-mandatory offer and respond to any emerging issues. • We will look to utilise any enhanced equality data 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.
<p>The Trust would grade itself as DEVELOPING for this outcome.</p>	

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

How is the Trust doing?

- 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 support of this commitment we introduced a behaviours framework to support our new values. This sets out our expectations in respect of colleagues and how they might expect to be treated at work. These have been widely communicated and are being utilised to inform appraisal review discussions.
- In the 2016 National staff survey, colleagues reported the following:

KF no.	Question	2016	Average for combined MH, LD & Community Trusts	2015
20	% of staff experiencing discrimination at work in the last 12 months	10%	11%	9%
22	% of staff experiencing physical violence from patients, relatives or the public in the last 12 months	17%	15%	16%
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	86%	88%	84%
25	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months		33%	33%
		White	34%	34%
		BME	38%	35%
26	% of staff experiencing harassment, bullying or abuse from staff in last 12 months		21%	23%
		White	21%	23%
		BME	17%	18%
27	% of staff reporting the most recent experience of harassment, bullying or abuse	62%	58%	61%
	Q17b – In the past 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues?	White	5%	5%
		BME	5%	13%

	<p><i>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.</i></p>
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The 2016 staff survey results outlined above demonstrate that as a Trust we have improved our overall score for three KF ratings - 24, 26 and 27. We have maintained the same score for three KF ratings – 23, 25 and Q17b but our score has worsened for two KF ratings – 20 and 22.

Out of the unweighted WRES scores:

- The score for KF 25 has remained static for White employees but worsened for BME colleagues and both are worse than comparative national scores.
- The scores for KF 26 and KF 27 have improved for both White and BME colleagues and remain positive when compared with the national average for Trusts of a similar nature.
- The score for Q17b has remained static but at the national average for White colleagues but fallen considerably for BME colleagues such that it is some 5% below the national average.
- Finally the score for KF 21 the percentage of staff believing that the organisation provides equal opportunity for career promotion or progression has remained broadly consistent for White colleagues at 91% (92% in 2015) but increased from 88% to 91% amongst BME colleagues. This is 13% above the national average for comparable Trusts.
- 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.
- We have introduced 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.
- 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	<ul style="list-style-type: none"> We will review all existing measures / practices in place to protect staff from harassment / bullying or abuse from patients, relatives or the public and ensure that any emerging issues are addressed.
<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.

How is the Trust doing?	<ul style="list-style-type: none"> We recognise the importance of helping colleagues to balance work and life commitments by offering flexible arrangements. We have a Flexible Working Policy which 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 2016 National staff survey, 56% of staff were satisfied with the opportunities for flexible working patterns. This is slightly higher than the previous year (55%) but below the national average for comparable Trusts (58%). We were also able to see that the number of employees working part-time (up to 29 hours a week) was higher than the national average. The percentage of colleagues working extra hours decreased in 2016 compared to 2015 and is now broadly consistent with the national average (72% v 71%).
Engagement	<ul style="list-style-type: none"> Staff supervision and appraisal NHS Staff Survey Joint Management and Staff Side Committee
Improvements and plans	<ul style="list-style-type: none"> We have recently introduced a new on-line leavers questionnaire and developed a new starter questionnaire created to gain deeper insight into why people leave the organisation and conversely what attracted them to join the Trust. We will utilise this data to gain insight into whether the flexible working options the Trust offer are consistent with the way people live their lives and whether any groups are experiencing adverse impact in respect of access to such working patterns.

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"> • 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. Our OH contract was re-tendered during the year with an enhanced focus on enhanced initiatives such as rapid access MSK physio. • 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. • We introduced a new set of values and a supporting behaviours framework placing a particular emphasis on the importance of working together. These were developed following extensive consultation with colleagues across the organisation. • We have also implemented a series of initiatives in support of our new OD Strategy, one of which related to tackling issues associated with work related stress. This included the conduct of a comprehensive programme of HSE Stress Audits and the development and delivery of resilience training. • Our overall sickness absence rate has remained broadly static and below the national average for comparable Trusts and in the 2016 staff survey the number of colleagues reporting feeling unwell due to work related stress fell from 38% to 34% whilst the national average climbed from 32% to 39%.
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Engagement	<ul style="list-style-type: none"> • Staff supervision and appraisal • NHS Staff Survey • Joint Management and Staff Side Committee • Staff Friends and Family Survey
Plans	<ul style="list-style-type: none"> • A range of initiatives are being developed which it is hoped will further enhance how it feels to work at the Trust. Specifically during 2017/18 we will 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.
<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"> • We have nominated Executive and Non-Executive Director equality leads on its Trust Board. • Equality and Diversity is included in the Trust's Five Year Integrated Business Plan 2010-2015. • The Trust Board has received quarterly workforce reports which include diversity information. • The Trust Board has been completing a comprehensive programme of Board Development based on the Trusts revised values and behaviours framework. • We ensure we have Equality and Impact Assessment policies in place which are regularly reviewed. • Non-Executive Directors include the Chief Executive of Age UK Somerset and Trustees for a Learning Disability charity. • Plans to introduce a leadership and development programme during the year were placed on hold initially pending the potential development of such an approach at a Somerset Health and Social Care system level (part of STP) and subsequently as a consequence of the progression of alliance activity with Taunton & Somerset NHS Foundation Trust. With respect to the latter initial diagnostic activity has now been undertaken and plans are being developed to introduce a comprehensive programme in 2017/18.
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 2017/18, 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.
<p>The Trust would grade itself as DEVELOPING for this outcome.</p>	

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.

How is the Trust doing?	<ul style="list-style-type: none"> • Board reports include a section to identify equality-related impacts for all papers. • All significant service changes are subject to equality impact assessments • Our Patient & Public Involvement Group, which reports to the Quality & Performance 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.
Engagement	<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.
Improve ments and	<ul style="list-style-type: none"> • An audit of Board papers and their impact assessments will be conducted.

The Trust would grade itself as **DEVELOPING** 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.

How is the Trust doing?	<ul style="list-style-type: none"> • All Trust managers ensure their colleagues receive corporate induction and mandatory e-learning refresher training which includes their responsibilities under the Equality Act 2010. • All our staff receive regular clinical / managerial supervision and 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. • In the 2016 Staff Survey the percentage of colleagues experiencing discrimination at work from managers, team leaders or other colleagues remain static and that the national average for comparable Trusts (5%) for White colleagues but fell from 13% to 6% for BME colleagues (5% below the national average). • Whilst we have conducted a review of core management training including that relating to equality and diversity and implemented a number of changes to our existing offering, we have not yet introduced a core development programme for managers. • We have not to date sought to analyse the Staff Survey results by gender or disability or the non WRES reportable responses by ethnic background but will look to do so in 2017/18. • Introduction of Safecall.
Engagement	<ul style="list-style-type: none"> • Staff supervision and appraisal • NHS Staff Survey • Joint Management and Staff Side Committee
Improvements	<ul style="list-style-type: none"> • We will look to conduct a comprehensive analysis of the Staff Survey results by gender, disability and ethnic origin to ensure that our efforts to promote a culturally competent workforce are succeeding.
<p>The Trust would grade itself as DEVELOPING for this outcome.</p>	

APPENDIX 1: EQUALITY ACTION PLAN 2017-18

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	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"> Further engagement with patients about our developing plans as part of the Sustainability Transformation Plan. 		June 2018		PPI Manager
		<ul style="list-style-type: none"> Develop engagement with Mental Health Service Users to plan and implement new ways of working to support this patient group. 		June 2018		PPI Manager
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	<ul style="list-style-type: none"> Care Planning Audits will be undertaken during the year. 		June 2018		Head of Clinical Audit
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	<ul style="list-style-type: none"> Work with other organisations in Somerset as part of the Sustainability Transformation Plan work will improve the way we work and communicate together. 		June 2018		Chief Operating Officer

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	Who:
	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"> Review our approach to investigating serious incidents and unexpected deaths. 		November 2017		Head of Clinical Risk
		<ul style="list-style-type: none"> Complaints and Serious Incidents will be monitored against all nine protected characteristics. 		March 2018		Head of Clinical 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. 		March 2018		Head of Communications
		<ul style="list-style-type: none"> Include subtitles on any new public information videos 		March 2018		Head of Communications

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	Who:
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"> We will carry out training in sight loss awareness in our community hospitals. 		March 2018		Head of Learning
		<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. 		March 2018		COO
	2.2 People are informed and	<ul style="list-style-type: none"> We will continue to provide interpretation and translation support 		June 2018		Head of Communicatio

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	Who:
	supported to be as involved as they wish to be in decisions about their care.	to patients and their families.				ns
		<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. 		June 2018		Head of Communications
	2.3 People report positive experiences of the NHS.	<ul style="list-style-type: none"> Commission Community Mental Health Survey and progress action plan. 		June 2018		PPI Manager
		<ul style="list-style-type: none"> Friends and Family Test 		Monthly		PPI Manager
		<ul style="list-style-type: none"> Contribute to Healthwatch reports 		As needed.		PPI Manager
	2.4 People's complaints about services are handled respectfully and efficiently.	<ul style="list-style-type: none"> The Trust will carry out a survey of complainants in 2017 to obtain their feedback about the complaints process. 		April 2018		PALS & Complaints Manager
		<ul style="list-style-type: none"> The Trust will provide its PALS and Complaints leaflets in British Sign Language on its website. 		April 2018		PALS & Complaints Manager

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	Who:
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"> Complete a review of our existing Recruitment and Selection Policy. Review existing recruitment and selection training arrangements. 		December 2017 December 2017		Director of People & Org. Dev.
	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"> Collect, analyse and publish our gender pay position. 		April 2018		Director of People & Org. Dev.
	3.3 Training and development opportunities are taken up and positively evaluated by the staff.	<ul style="list-style-type: none"> Conduct a review of our existing appraisal processes with a particular emphasis on the quality of experience. Conduct a review of our non-mandatory training offer 		April 2018 April 2018		Director of People & Org. Dev.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	Who:
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	<ul style="list-style-type: none"> We will review all existing measures / practices in place to protect staff from harassment / bullying or abuse from patients, relatives or the public and ensure that any emerging issues are addressed. 		April 2018		Director of People & Org. Dev. / Director of Governance and Corporate 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"> Monitor leavers questionnaire data to assess whether any groups are experiencing adverse impact in respect of attempts to secure flexible working. 		April 2018		Director of People & Org. Dev.
	3.6 Staff report positive experiences of membership of the workforce.	<ul style="list-style-type: none"> We will work to develop a Health and Wellbeing strategy, with a proactive focus on the management of staff health and wellbeing. We will continue to collect and monitor feedback from colleagues via Staff Friends and Family and other surveys in respect of how it 		December 2017 Ongoing		Director of People & Org. Dev.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	Who:
		feels to work at the Trust				
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 new programme of multi-disciplinary development. 		April 2018		Director of People & Org. Dev.
	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"> Monitor inclusion of equality impact assessments as part of Board paper submissions 		March 2018		Director of Strategy & Corporate Affairs
	4.3 Middle managers and other line managers support their staff to work	<ul style="list-style-type: none"> Conduct a comprehensive analysis of the Staff Survey results by gender, disability and ethnic origin. 		April 2018		Director of People & Org. Dev.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:	Progress:	By:	RAG:	Who:
	in culturally competent ways within a work environment free from discrimination.					

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

