

# Equality Delivery System Review

December 2015

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## 1.0 Purpose of this Review

This is a review of our current Equality Delivery System (EDS) outcomes to establish how much progress has been made and how successful we have been at implementing the process. The outcome of this review will be the basis for our decision to introduce Equality Delivery System 2 (EDS2) within the Trust or agree that alternative work is required.

## 2.0 Equality Delivery System background

The Equality Delivery System (EDS) was rolled out to the NHS in July 2011 and formally launched in November 2011. We were an early adopter of this scheme during 2011 which has been embedded through our day to day business.

The main purpose of the EDS is to help NHS organisations, in discussion with local partners including local populations, to review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty.

The national design and implementation of the EDS was independently evaluated in 2012 and a refreshed version is now available known as EDS2. This has simplified the overall process, making it less onerous than the original framework, whilst maintaining systematic engagement with people who use services, community groups and other relevant stakeholders.

EDS2, like the original EDS is aligned to NHS England's commitment to an inclusive NHS that is fair and accessible to all. As well as the Equality Act 2010, the EDS2 continues to help us meet equality aspects of:

- NHS Constitution
- NHS Outcomes Framework
- CQC's Essential Standards
- Human Resources Framework

## 3.0 What is the Equality Delivery System?

The EDS was designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is all about making positive differences to healthy living and working lives and it was made available to the NHS as an optional tool.

The EDS helped organisations to start the analysis that is required by section 149 of the Equality Act 2010, the public sector Equality Duty, in a way that promotes localism and also helps them deliver on the NHS Outcomes Framework, the NHS Constitution and the Human

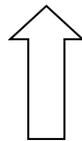
Resources Transition Framework. It will help providers to continue to meet CQC's Essential Standards of Quality and Safety.

At the heart of the EDS are a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined. The four EDS goals are:

<b>1. Better health outcomes for all</b>
<b>2. Improved patient access and experience</b>
<b>3. Empowered, engaged and included staff</b>
<b>4. Inclusive leadership at all levels</b>

The grades are as follows:

1. Excelling – **Purple**
2. Achieving - **Green**
3. Developing – **Amber**
4. Undeveloped – **Red**



## 4.0 Our Progress against EDS Outcomes

Progress has been based on the 18 original EDS outcomes and the advancement of the equality objectives. The table below highlights the progress made:

	EDS Outcome	
1.1	Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities	<p>In 2014 we published our 10-year clinical strategy which focuses on earlier intervention and prevention, treating the whole person i.e. their physical health alongside their mental health, supporting people to recover and empowering them to live independently. Our aim is to work in partnership with voluntary, statutory and private providers to develop co-located services as one of the most effective ways of serving people with complex and enduring health conditions. Progress against this has been demonstrated with our innovative service model for children and young people’s mental health providing a whole system approach with a single point of access from preventative to specialist care. This will launch in April 2016.</p> <p>We have worked hard to ensure that all our policies, functions and service changes go through a thorough Equality Analysis (EqA). The template has been attached to the policy for policies and is monitored by the Policy Assurance Group. If any areas of potential discrimination or negative impact then mitigation plan is required and must be approved by the group.</p> <p>Our Procurement team has improved the tender process and has included an Equal Opportunities and Diversity Declaration, which states that any contract will be terminated if the Equality and Human Rights Policy are breached.</p> <p>Progress in engaging our communities has involved holding events for our members and local people covering a range of topics such as general health and wellbeing for people with a learning disability, living with dementia and mental ill-health, understanding mental health issues for young people and singing for health. We have also attended over 20 community events including the national Ijtema Convention, an Asian women’s emotional health support group, Guildford College and Surrey University fresher’s fayres, a drug and alcohol stakeholder event in Hounslow, Surrey Dementia Conference and a visit to Blenheim School year 9 students.</p> <p>2014 saw the first year delivery of our mental health anti-stigma campaign, Time to Change Surrey, in partnership with Surrey County Council. 15 mental health ambassadors have been recruited and trained and have helped challenge stigma through education, training and raising awareness in community settings and this work has developed further in 2015.</p>

		<p>We also launched our 'I am me' anti-stigma campaign targeted at changing attitudes and behaviour towards people with learning disabilities. The campaign is dedicated to tackling the discrimination that affects peoples' life chances and encourages open talking about learning disabilities. Our online pledge wall allows people to publically commit to challenge negative perceptions.</p>
1.2	<p>Individual's health needs are assessed, and resulting services provided, in appropriate and effective ways</p>	<p>As part of our clinical quality priorities, we aim to provide 95% of people who use our services will receive physical health care checks. There is a well-documented link between people's mental and physical health and is an essential component of our clinical strategy and positive steps have been taken to increase the number of physical health care checks and health action plans provided. Progress is monitored weekly for individual, team and service performance has been implemented and divisional dashboards are been developed. As of March 2014, the amount of people who use services that received a physical health check who are supported by Care Programme Approach, for adult mental health was 68% and older people mental health was 48%. Although there is still work to be done to achieve our target of 95%, significant advances have been made since its implementation 2011.</p>
1.3	<p>Changes across services for individuals are discussed with them, and transitions are made smoothly</p>	<p>We have a robust policy concerning the transition from CAMHS to adult mental health and disability services which is accessible to all members of staff. This underwent extensive consultation and through the Equality Analysis process and was found to have no negative impact on people with protected characteristics. We have also worked closely with GIRES a local gender identity charity and our CAMHS teams to assist young people with gender identity concerns when they transfer across services. If there are any changes to services, policies or functions within the Trust, an equality analysis is required and will be governed by our Policy Assurance Group. Any negative impact would need to be mitigated. The completion of the purpose built mental health hospital located in Guildford will see the 60 bedded site populated by people who currently use our services at various Trust sites. This has been subject to extensive engagement and communications to ensure the transition for people who use services, carers and staff goes as smoothly as possible.</p>

1.4	<p>The safety of people who use services is prioritised and assured. In particular, people who use services are free from abuse, harassment, bullying, violence from other people who use services and staff, with redress being open and fair to all</p>	<p>In 2011, we overhauled our systems and processes in order to improve our incident management procedures across our mental health wards and community services. This included the creation of a dedicated Clinical Risk and Safety Team of clinical managers. The Team identified six key objectives that needed to be met to help us better manage risk and reduce the overall number of SIs. These are the six objectives, all of which have now been incorporated into the Trust's 17 Key Performance Indicators.</p> <ol style="list-style-type: none"> <li>1. Streamline the incident reporting process</li> <li>2. Reduce the number of unexpected deaths</li> <li>3. Reduce the time it takes to complete an investigation</li> <li>4. Ensure timely closure of actions following an investigation</li> <li>5. Reduce the number of severe, extreme harm and death incidents</li> <li>6. Reduce the number of overall reported SIs</li> </ol> <p>We are also now taking a much more proactive approach to engaging with the families and carers of those involved in incidents so that they feel supported throughout the investigation process.</p> <p>The following data is evidence that the work of the new team is significantly reducing serious incidents and saving lives. According to NRLS, in 2011-12 we reported 68 unexpected deaths. That figure dropped to 37 in 2014-15.</p> <p>There has also been a sharp decline in the number of incidents resulting in severe, extreme harm and death. In 2011-12, there were 73 such incidents. In 2014-15, the figure fell to 49. In addition, there has also been a marked decrease in the number of SIs reported; declining from 88 in 2011-12 to 66 in 2014-15.</p> <p>The new initiatives are working but we know we have more to do. This is why we have begun moving to a new proactive model that identifies problems and acts to prevent incidents. The new model, based on 'an early warning system', looks at 20 measures that may signal difficulties within a team, such as high staff sickness rates or an incident pattern. Our Clinical Risk and Safety Team then provides targeted advice to the services concerned with the aim of lowering risks to people using services and improving delivery of care.</p>
1.5	<p>Public health, vaccination and screening programmes reach and benefit all local communities and groups</p>	<p>As a result of our Equality Objectives, each Service Division has produced a targeted plan to improve access to services for people who are currently significantly under-represented and implemented pilot projects. Children and young people's services focused on looked-after children and young people to further develop the cultural competence of the staff in the services. A review progress of this outcome has shown that</p>

		<p>there is now a full set of diversity data, reflecting the increased attention and skill in this area. Additional training has now been rolled out to raise awareness more widely within the division. The divisions for people with learning disabilities and working age adults worked together in the Improving Access to Psychological Therapies (IAPT) to improve access for people with learning disabilities. There has been work to research and learn from other areas and now the services are working to develop a suitably adjusted model, which is to include; joint first assessment to determine need, extra sessions, change in outcome measures, easy read material, clarity regarding specification from commissioners and development of a flagging system to record those people who have accessed IAPT who have a learning disability. The Other People's Mental Health Service has improved the support provided to carers of people recently diagnosed with dementia. The progress of this outcome has seen three groups have been piloted so far across the north west, mid and south west Surrey sectors of the directorate and plans are in place for a forth group. The Equality and Human Rights team are developing a protected characteristic breakdown of the local population and people who use our services, by borough to identify any gaps in access and highlight any over or under-represented groups. This resource will be made accessible to all and assist with service provision.</p>
2.1	<p>People who use services, carers and communities can readily access services, and should not be denied access on unreasonable grounds</p>	<p>Our annual access to services report details the breakdown of people who use our services by protected characteristics. This is compared with the most recent census data for the local population demographics. This does highlight that improvement is required in the quality and quantity of the data collection. The under representation of some Black and Minority Ethnic (BME) groups such as Gypsy and Travellers is also noted.</p> <p>The Trust's ambitious plans to consolidate our community services into centralised community hubs across Surrey and north east Hampshire has resulted in completion of the Guildford Hub at the Farnham Road Hospital site and our NE Hampshire at the Aldershot Centre for Health. The concentration of resources at a smaller number of central locations encourages better partnership working between services, whilst improving the quality of our environments. Our clinical staff still sees people who use services and carers in their local area to make sure people can access our services easily. New build projects like the redevelopment of Farnham Road Hospital and Oakwood in Caterham have enabled us to build accessibility into the design of our environments.</p>

		<p>Additionally, site surveys have been conducted across our 49 locations to see where improvements need to be made to existing premises – from installing lift access and ramps to appropriate signage or making reception desks more easily accessible. The original consultation for the equality delivery system in 2011 revealed that the stakeholder groups felt that it was difficult to involve disabled people in their care as several Trust sites were not DDA compliant with lack of information in accessible format. Since then we have worked closely with DisabledGo a company which assesses the DDA compliance of Trust sites. It has also been promoted that all resources are available in alternative formats on request from the communications department.</p>
2.2	<p>People who use services are informed and supported to be as involved as they wish to be in their diagnosis and decisions about their care, and to exercise choice about treatments and places of treatment</p>	<p>Involvement in care planning was identified as one of our key performance indicators because it's an area where people using our services have reported dissatisfaction both through the National survey and through local reporting. This is an area where we will continue to have a focus to ensure we drive up meaningful engagement with people using our services in their care planning. Further to the CQC Inspection in July 2015, as well as ongoing representations made by FoCUS and our Council of Governors we have been continuing to progress work that should help people to feel more involved in their care plans. This topic has been discussed at our Quality Action Group meetings, Divisional Meetings and Managers Meetings and cascaded through our multi-disciplinary teams. We believe that helping people to feel involved in their care is really important as it helps to promote recovery; as such it is something that we want to promote as much as possible. We are currently working on a variety of projects, throughout the divisions and in both acute care and community services to improve involvement.</p>
2.3	<p>People who use services 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</p>	<p>Our aim has been to improve the experience people have of our services and for this to be reflected in both the community and inpatient national surveys. The 2013 results for both of these surveys have demonstrated positive improvements for our Trust with strong response rates. The inpatient survey showed an improvement in reducing the number of areas where we fell in the lowest 20% of Trusts and there was also an increase in the number of areas we were in the highest 20% of Trusts. Unfortunately, the results from the Community survey national comparison showing we were mostly rated "the same as other Trusts" in a majority of the over-arching standards but worse in three areas. We aimed to improve this during 2014/15 with a number of initiatives to achieve sustained improvements over a longer period of time. The implementation of a real time experience system 'Your Views</p>

		<p>Matter’ which was launched in 2014.</p> <p>Our ‘Your Views Matter’ real time experience trackers have been implemented to help us listen better and more quickly to what people are telling us about their experiences. Already we have gained valuable feedback from a greater number of people than have been previously reached with the paper based approach. This feedback allows each service to monitor and act upon any concerns raised in a timely manner which, in turn, improves the satisfaction for people using services and their carers. This system helps us gain a rounded view of services by seeing things through the eyes of people who use our services and their carers’ perspectives. These results are monitored and reported through the annual equality information report.</p> <p>In 2014 our drive was to achieve a return rate equivalent of 15% of people who use our services providing feedback through our Your Views Matter surveys to establish a baseline for the Friends and Family Test. Since January 2015 it has been a statutory requirement to report the results to the Department of Health. A 68% increase against said baseline has been reported for each quarter. From January to April 2015, 82.3% of people using services that completed the survey said they would recommend our services to friends and family members.</p>
2.4	<p>People who use services and carers’ complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently</p>	<p>Over the past four years, compliments have increased by 62% and the number of complaints increased during 2011/12 and has since reduced year on year. In 2013/14 we received 130 complaints, 48% of which were upheld. In 2014/2015, there was a reduction in complaints from 130 to 116 and the team is capturing more detailed data on complaints that have been partially upheld – each complaint is broken down into different subjects and the outcome is individually recorded. The number of PALS contacts has increased this year from 173 to 205. There was a reduction in the number of compliments recorded from 535 to 476. We have a comprehensive Complaints and PALS policy and procedure, which outlines the process by which complaints are investigated. In line with regulatory requirements, we made contact with every complainant to ensure all issues of concern were identified and incorporated into an agreed complaint plan prior to commencing our investigation. A full response detailing the outcome of the investigation, and where appropriate changes are made to service provision, is provided to every complainant by the Chief Executive.</p> <p>However, we do not currently record the protected characteristics of people who make a complaint and this is an</p>

		<p>area for consideration going forward to help us determine whether there are certain groups who are less satisfied with the care they receive. We considering making this a priority in 2016 and the development of the new objectives will give us the opportunity to review this process.</p>
3.1	<p>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>	<p>We have invested in coaching and support to managers to ensure that people are recruited for their values, competence, skills and abilities and that panel members understand their responsibilities in equality and diversity so that the process is transparent, equitable and fair. In 2014, skills test and competence assessments were developed to support the objective recruitment of our staff in all posts.</p> <p>Over the past four years, the number of BME people at the application stage is still significantly higher than upon appointment. As stated in the current Workforce Equality report, a number of investigations have been made into the data. The percentage of BME staff appointed has decreased for the first year since 2011. The discrepancy between the numbers of BME staff that are invited to interview compared to the number that are appointed is a concern to us and following investigation has highlighted a problem with the quality of our data. Therefore, we are required to improve this before we can draw definitive conclusions. Based on the starter data, there is cause to believe that there are still not enough diverse appointments in bands 7 and above and this need to be addressed although some progress has been made in this area during 2015.</p> <p>The use of diversity advisors on interview panels has been withdrawn in favour of making all staff responsible for equality and diversity.</p>
3.2	<p>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</p>	<p>Based on the data produced for the current Workforce Equality Report, the gender pay gap within the Trust is 11.8% which is higher than the national gap of 9.4% in April 2014 (Annual Survey of Hours &amp; earnings. 2014 (ASHE)). In 2013/14, the average salary for female staff increased by 0.35% and by 1.04% for males. One reason suggested for this is the higher percentage of male staff in the medical workforce. The pay gap has shown a slight increase year upon year over the past four years. However, in 2015 it is reported in the Workforce Equality report that the gap has reduced for the first time.</p> <p>The vast majority of our staff are either on the national scales for Agenda for Change or Medical and Dental and salaries have therefore been applied through the application of those terms and conditions. Length of service also plays a significant part in the data but we will continue to monitor the difference and</p>

		<p>also look at salary on appointment to ensure that there is no unconscious bias with regard to spot salaries used for senior managers.</p> <p>Further work is required in this area to reduce the pay gender gap within the Trust and will be included in the EDS2 development.</p>
3.3	<p>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</p>	<p>We realise that our staff are key to our ability to improve services and ensure we are compliant. We also understand that making sure they are supported and led well underpins their ability to do this.</p> <p>One of our clinical quality priorities regarding safety is to attain compliance of 100% of all staff being up to date with their statutory training and at least 75% of all staff being compliant with their mandatory training (using new measure of % of staff across each division and each training programme). The Electronic Staff Record (ESR) was introduced to monitor and report on compliance. Compliance with specific statutory subjects varied according to the type of training. An increase of 25% in compliance was recorded since the introduction of ESR in quarter 4 of 2013/14, to 60%. In 2015 we adjusted our compliance criteria to good and outstanding ratings for our statutory and mandatory training. Statutory training over 90% is good and over 95% outstanding; mandatory training over 80% is good and over 90% outstanding. In December 2015 we had achieved a good rating in mandatory training and are still working towards achieving a good rating by the end of the financial year for statutory training. In December 2015, the current compliance for equality and diversity training is 81.49%. We have undertaken a review of delivery modes to try and ensure maximisation of resources and reduce down time for training to be completed by clinical staff in particular. As a result greater elearning options have been developed and less frequent but safe updating requirements where not legally specified have been introduced. With the roll-out of Manager Self-Service, we expect to see this improvement continue.</p> <p>Our staff survey results report 87% of staff have received an annual appraisal in 2014, 3% less than in 2013, and slightly below the national average at 88%. However, 49% of our staff report receiving a well-structured appraisal against the national average of 41%. Our internal target is for 95% of staff to receive an appraisal annually and our data for Nov 2015 places us at 83%.</p> <p>Our leadership programme for staff has continued to be rolled out in the past year with a focus on level 4 (team manager) leaders.</p>
3.4	<p>Staff are free from abuse, harassment,</p>	<p>Since the implementation of EDS, we have developed the</p>

	<p>bullying, violence from both people who use services and their relatives and colleagues, with redress being open and fair to all</p>	<p>Respect Programme which outlines our zero tolerance approach to all forms of discrimination against staff and people who use services. The programme details the process for reporting any suspected incidents and the action the Trust will take in such incidents which includes reporting to the police. This has led to an increase in the number of incidents reported, rising from nine in 2013 to 49 in 2014 and 88 in 2015. This has been viewed as a positive improvement as people feel more empowered to report issues and incidents. This will form the foundations of a more inclusive and mindful environment for our staff and people who use our services.</p>
3.5	<p>Flexible working options are made available to all staff, consistent with the needs of the service, and the way people lead their lives</p>	<p>We are committed, whenever possible, to providing patterns of employment that allow staff to have a greater sense of control over their working life and support staff in maintaining a healthy balance between their working and private lives. We have a comprehensive policy and procedure within the Trust. It is freely accessible on the Trust's website and all eligible staff have the statutory right to request a flexible working pattern as well as a right for their application to be considered.</p> <p>We have also ensured that the language used within the policy and procedure is fully inclusive for all the protected characteristics, to minimise the risk of discrimination.</p> <p>We do not currently collect any equality data relating to these requests and could potentially be an area for improvement for the year to come to ensure that we are inclusive in the acceptance of these requests.</p>
	<p>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</p>	<p>Over the past four years, there have been several initiatives for staff support a healthy lifestyle. For the past four years we have been running the Cycle to Work scheme, where staff can hire a new bike with the option to buy it for a small fee at the end of 12 months. This aims to help the environment as well as improve health and fitness.</p> <p>Also for the last two years we have successfully held an annual Team Weight Loss challenge open to all staff. This programme has had amazing results for those who have entered and has highlighted the benefits a healthy lifestyle can bring.</p> <p>Each year we hold our annual Get Moving Event which is a 5K walk and is open to all staff, carers and people who use our services and aims to promote the link between good physical and mental health.</p> <p>Emotional support and counselling is available to staff through our independent Confidential Care service available 24/7. Those staff who has been involved with a serious incident involving someone who uses our services are able to access specialist support from our Serious Incident Support Team</p>

		<p>made up of experienced clinical staff within the Trust. All of these opportunities are well promoted within the Trust to as wide an audience as possible.</p>
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	<p>Over the last four years our Equality and Human Rights Steering Board has evolved into a learning set, where the board members and senior managers can discuss and contemplate equality and diversity issues freely. This is protected time that we feel is essential in mainstreaming equality in the day to day business. This process allows for small group discussions and whole group observations. The monthly Leadership Forum is often themed with presentations, for example on unconscious bias, which are attended by all senior managers. This is another opportunity highlight the benefits of an inclusive working culture and providing valuable training sessions for managers on a variety of topics.</p> <p>As a Foundation Trust our Council of Governors holds the Board to account for its performance to ensure we are meeting the needs of local people well. Governors are elected from our membership and include people who use services, carers and staff. Appointed Governors represent our partner organisations including Surrey County Council and Surrey Police. The Board and Governors hold regular workshops to develop their relationships.</p> <p>Board walk-arounds enable our Trust board members to visit our operational services and talk to staff at all levels directly about their role and day to day issues they are facing.</p> <p>We have engaged in several local and national campaigns achieve parity of esteem for mental health and learning disabilities with physical health services. These have included funding for mental health children’s services and premature deaths for people with a learning disability.</p>
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	<p>We have demonstrated, through our involvement in the annual NHS Staff Survey, that there has been an improvement in the number of staff that feel support from immediate line managers with a score of 3.98 out of 5.0 in 2014 against the national average of 3.81. This is a small increase against 3.94 in 2013. The survey also reported no change in the amount of harassment, bullying or abuse of staff by our own staff in 2013 and 2014 of 16%; this is lower than the national average at 21%.</p> <p>Each year we enter the Stonewall Workforce Equality Index and over the last three years we have had a significant increase in the number of staff that completed the staff questionnaire which was concerned with the culture of the</p>

		Trust. The staff who returned the questionnaires stated they felt comfortable enough to disclose their sexual orientation to colleagues and their managers.
4.3	The organisation uses the Competency Framework for Equality and Diversity Leadership to recruit, develop and support strategic leaders to advance equality outcomes	There has been no evidence that this framework has been implemented as yet. As part of our appraisal process, Equality and Diversity is one of the six Core Dimensions of the KSF outlines that have been mapped to the relevant Bands. It is embedded in the appraisal template and allows any achievements to be reported, such as actively promoting diversity with self and others, takes time to understand the needs of others, actively promotes opportunities to raise knowledge and awareness of diversity issues and actively challenges unacceptable behaviour in others.

## 5.0 Equality Objectives progress

We are currently in the third year since implementing our Equality Objectives. Our progress is broken down by individual objective below:

### Equality Objective – Access to Services

***To improve the access to services for people with protected characteristics for all our services where they are currently under-represented; reducing their health inequality.***

To address this objective, each Service Division has developed a plan to improve access to services for people with protected characteristics who are under-represented, and to undertake a pilot project to test how successful these approaches are at improving access and representation.

Services for Children and Young People chose to improve the cultural competence of Child and Adolescent Mental Health Services. Children in Care staff are to assist them in their formulations and how they role model this to the rest of the looked-after system thereby supporting access and understanding to this group. A review of this project's progress determined that there is a full set of diversity data in the main, reflecting the increased attention and skill in this area. During 2014 additional training was rolled out to raise awareness more widely.

Services for working age adults with mental health needs and Services for people with learning disabilities aim to improve access to Improving Access to Psychological Therapies (IAPT) services for people with learning disabilities. During 2014/15 there has been work to research and learn from other areas, and now the services are working to develop a suitably adjusted model, which will joint 1<sup>st</sup> assessment to determine need, assess how much extra

time will be needed, a change in outcome measures as there is a need to simplify versions especially if doing each session, provide easy-read material, clarity regarding specification from commissioners and will need to develop a flagging system to record those people who have accessed IAPT who have a learning disability.

A service for older adults with mental health needs looks to improve access to support for carers of people with dementia. Three groups have been piloted so far across the North West, Mid and South West Surrey sectors of the directorate. Plans are in place for a fourth group.

The Equality and Human Rights team are developing a resource that will document the protected characteristics data for people who use our services compared to local population data from the 2011 census. This information will be broken down by borough and will highlight any areas of over or under-representation and also where we will need to target our engagement work.

### **Equality Objective – Staff Experience**

#### ***Staff reports that they are free from discrimination and abuse in the workplace.***

We have been experiencing a greater return rate in our national staff survey over the past three years. In the 2013/14 survey, our response rate was 61.82%, which is significantly better than the national average for mental health and learning disability trusts of 48%, placing our response rate in the top 20% of all relevant trusts.

The results of this staff survey highlighted that both our disabled staff and BME staff experience high levels of harassment and discrimination than their colleagues, from both people who use services, their relatives, the public or their colleagues. Trying to address this inequality is a priority for us over 2015/16.

We have rolled out our Respect Programme across the Trust which is aimed at improving the support provided to staff that experience discriminatory abuse. We are seeing an increase in the reporting of incidents, particularly amongst staff from minority ethnic backgrounds, as more staff feels confident about reporting incidents of discriminatory abuse. Nine incidents were reported in 2012/13; however there has been a significant increase during 2013/14 with 49 incidents reported. 88 incidents have been reported during 2014/15, 53 of which were based on racial discrimination. This is due to the promotion of our Respect Programme and the establishment of the zero tolerance approach within the Trust. This will form the foundations for a more inclusive and mindful environment for our staff and people who use our services.

We have not achieved the reduction in the number of incidents being reported which were the target set in the Equality Objectives, however, the Respect Programme has raised

awareness of our zero tolerance approach to discrimination of any sort. This will in turn lead to a more inclusive and mindful environment for our staff and people who use our services.

### **Equality Objective – Staff Experience**

#### ***To improve the representation of people with protected characteristics in senior leadership roles across the Trust (proportionate when compared with overall workforce profile)***

In order to achieve this objective, we have undertaken to improve the representation of people with protected characteristics in senior leadership roles across the Trust, proportionate when compared with overall workforce profile, provide equal opportunities for career progression and promotion and improve the percentage of staff from a BME backgrounds employed at Agenda for Change Bands 7 and above. Over the last three years, we aimed to obtain 98% completion of all protected characteristics field on our staff information systems, to develop targeted plans to improve representation for people with protected characteristics at Bands 7 and above and to monitor equitable representation at Band 7 and above.

Our progress to date has resulted in 79.73% of staff have completed their equality data on our staff information systems. This is significant improvement but does still require further progress. Our objectives overlap with the requirements of the forthcoming Workforce Race Equality Standard. This July also saw the election of a new BME network chair and committee who are in the process of establishing their priorities for the network over the coming 12 months.

We have invested significantly in coaching and supporting managers to ensure that people are recruited for their values, competence, skills and abilities and that the interview panel members understand their responsibilities in equality and diversity allowing a more transparent, equitable and fair process. Also during 2014, skills test and competence assessments were developed to support the objective recruitment of our staff in all posts. However, the workforce equality report highlights the significantly higher number of BME people who applied for posts than are appointed. This could suggest discriminatory practice in our interview process and requires further information and for us to improve the quality of our equality data as any conclusion drawn using the current data are likely to be inconclusive.

### **Equality Objective – Partnerships/Engagement**

#### ***The Trust has strong partnerships with groups representing people with protected characteristics at a local and national level***

Since the objectives have been set we have reviewed our Equality and Human Rights Strategy and developed a robust action plan to allow us to achieve our targets. This is monitored monthly through the Executive Board. We have aimed to formalise relationships with national groups where it has a connection locally by ensuring communities feel engaged in our work. This will be monitored through the staff and people who use our services surveys.

We are also developing a resource for the protected characteristic breakdown of the local population and people who use our services, by borough to identify any gaps in access and highlight any over or under-represented groups. This resource will be made accessible to all and assist with service provision and engagement.

Engagement was one of our core priorities throughout 2013/14 and we aimed to provide a more active and inclusive events programme to our diverse communities to help us connect better with the communities we serve. During the last three years, we have actively included individuals, groups, communities and organisation with protected characteristics status.

Progress in engaging our communities has involved holding events for our members and local people covering a range of topics such as general health and wellbeing for people with a learning disability, living with dementia and mental ill-health, understanding mental health issues for young people and singing for health. We have also attended over 20 community events including the national Ijtema Convention, an Asian women's emotional health support group, Guildford College and Surrey University fresher's fayres, a drug and alcohol stakeholder event in Hounslow, Surrey Dementia Conference and a visit to Blenheim School year 9 students.

This year has also seen the first year delivery of our mental health anti-stigma campaign, Time to Change Surrey, in partnership with Surrey County Council. 15 mental health ambassadors have been recruited and trained and have helped challenge stigma through education, training and raising awareness in community settings.

We also launched our 'I am me' anti-stigma campaign targeted at changing attitudes and behaviour towards people with learning disabilities. The campaign is dedicated to tackling the discrimination that affects peoples' life chances and encourages open talking about learning disabilities. Our online pledge wall allows people to publically commit to challenge negative perceptions.

## **6.0 Conclusion**

This review demonstrates examples of good practice and a significant amount of work has been achieved since the implementation of the equality objectives, following the introduction of EDS. We have worked hard to embed equality and human rights within

everyday business across the Trust and make it everybody's responsibly. However, more progress is required in some areas to allow us to improve our services and the experience of both staff and people who use our services.

Improving the quality and quantity of our equality data for our workforce and people who use our services needs to be a priority for us over the next year and beyond. This will give us a greater understanding of the needs and issues of our staff and people who use our services and highlight any gaps or over or under-representation that needs to be addressed. We need to improve the rate of compliance of our staff with the equality online training Trust-wide to assist with developing a mindful workforce and working environment.

Spring 2016 will see the development of new Trust Equality Objectives for the next four years. This will involve engaging a diverse group of people to develop robust and relevant objectives to take equality forward within the Trust. This work will be informed by the implementation of EDS2 and the above review of progress against the existing EDS outcomes and equality objectives.