

REPORT TO: Staff Engagement Group (SEG)
Date: 27 July 2017
Agenda Item: Equality and Diversity Performance Report

Title	Equality and Diversity Performance Report
Sponsoring Director	Paul Streat. Director of Corporate Affairs
Author(s)	Ricky Somal. Head of Engagement and Wellbeing
Purpose	For information
Previously Considered by	

Executive Summary

1. Equality and Diversity has been mandated as part of the NHS Standard Contract and will be assessed by the Care Quality Commission (CQC) against the well-led domain from April 2016. This report sets out the key priorities for implementation to enable the Trust to comply with our legal, regulatory and commissioner requirements to equality and diversity.
2. The Trust has adopted the Equality Delivery System (EDS2), a national framework developed by NHS England. In response to the requirements of the EDS2, the trust launched a new equality and diversity strategy 'Equality Standard' and this report outlines the progress we have made as at June 2017.
3. The aims of our equality and diversity strategy are to:
 - respond positively to the legal, regulatory and commissioner requirements for equality, diversity and human rights;
 - meet the requirements of the EDS2 and WRES (NHS England);
 - embed an evidence based equality and diversity strategy with clear governance and reporting structures;
4. These aims have been identified from an appraisal of policy and legislative drivers including the requirements on Trusts to meet the regulatory framework of the CQC well-led domain and other inspection systems that encompass equality and diversity functions.

Related Trust Objectives/Priorities	EDS2 Objectives
	<ul style="list-style-type: none"> • Better health outcomes for all • Improving patient access and experience • Empowered engaged and supported staff • Inclusive leadership at all levels
Risk and Assurance	Active management of the Trusts statutory obligations through the delivery of the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES).
Related Assurance Framework/Risk Register Entries	None
Legal Implications	The Trust has statutory obligations related to Equality and Diversity, both for patients and staff.
Resource Implications	Currently managed within existing staff group.
Regulatory Requirements	CQC related measures SC13 – NHS Standard Contract

Action Required

The Staff Engagement Group (SEG) is requested to note the Equality and Diversity Report.

Southern Health NHS Foundation Trust

Equality Standard

1. Introduction

1.1 The delivery of equality and diversity at Southern Health NHS Foundation Trust

The NHS Constitution is very clear: “everyone counts” be they patients or staff. This means the NHS needs to consider the outcomes that different people experience: taking different or extra steps to improve access and design services so that their health outcomes and experience are equitable.

Equality and Diversity must be seen in all sectors of the organisation as an opportunity for creativity and innovation, this will require ongoing efforts to ensure clear and consistent messages are communicated and expert advice and support afforded at all levels.

1.2 The aims of our Equality Standard are to:

- i.** respond positively to the legal, regulatory and commissioner requirements for equality, diversity and human rights;
- ii.** through the trust’s equality strategy, the Equality Standard, meet the requirements of the EDS2 and WRES (NHS England);
- iii.** embed an evidence based equality and diversity strategy with clear monitoring and reporting structures;
- iv.** raise standards in our performance towards equality and diversity in reducing health inequalities; improving patient access and experience; empowering, engaging and supporting our staff and inclusive leadership at all levels.

These aims have been identified from an appraisal of policy and legislative drivers including the regulatory inspection framework of the Care Quality Commission (CQC) and the legal and commissioner requirements to equality, diversity and Human Rights.

The Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES) seek to achieve positive measurable outcomes for everyone who comes into contact with the NHS. The Equality Standard has been used to deliver an enhanced leadership and governance structure and more effective use of available resources.

Integrating the EDS2 across all business areas of the organisation provided a strong foundation to launch the WRES integration plan. We aim to ensure the organisation responds positively to the legal, regulatory and commissioner requirements of equality and diversity. This includes demonstrating due regard in the way we eliminate unlawful discrimination, promote equal opportunity and foster good relations.

2. Methodology

2.1 Equality Standard

Welcome to our Equality Standard; Southern Health’s award winning Equality, Diversity and Inclusion (EDI) programme. The Equality Standard is a service delivery plan to respond positively to the requirements of the Public Sector Equality Duty, Equality Act 2010, Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES).

‘What gets measured gets done’ – the Equality Standard has been designed with the aim to integrate an exciting and engaging programme of equality and diversity. The Diversity Scorecard is a crucial element of this programme and provides qualitative and quantitative measurements to demonstrate the impact of the standard.

2.2 Step 1. Establish aims of the Equality Standard

The Equality Standard is underpinned by a framework that aims to complement the workforce strategy of the organisation. This includes:

- I. Enabling staff to connect with the vision, values and behaviours of the organisation;
- II. Responding to our quality, safety, operational and financial obligations are essential in the way we deliver equality and diversity;
- III. Recruiting, developing and retaining skilled and committed people.



Our ‘Equality Standard’ seeks to strengthen our obligations through a 5-step service delivery model;



2.3 We aim to embed an evidence based approach in meeting the requirements of the EDS2 and WRES and utilise the evidence base for health inequalities (JSNA) and workforce employee relations (Workforce Diversity Scorecard). We will achieve this through:

2.4 Our equality objectives 2015-2018

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and supported staff
- Inclusive leadership at all levels

2.5 Step 2. Integrate the Equality Standard across the organisation

A crucial first step of integrating the equality standard across the organisation is to identify senior operational leads within each clinical division and corporate function. The Equality Impact Lead(EIL) is required to attend each Equality Impact Group (EIG) and monitor performance locally at mainstream business meetings.

Each division is required to submit evidence against the criteria in the standard to determine whether they are eligible for a bronze, silver or gold award and progress reports are submitted to a trust-wide equality impact group (EIG) before going to the board. The standard criteria is based on the equality objectives and outcomes of the EDS2.

2.6 The Equality Standard will:

- provide clinical and corporate services with a toolkit to plan and monitor their work on equality and diversity;
- promote understanding of roles and responsibilities;
- reduce the risk of tribunals and legal action;
- measure and improve performance;
- attain a competitive advantage;
- improve organisational response to legal, commissioner and regulatory requirements.

2.7 Core Functions

As part of ensuring and providing assurance that the Trust is meeting the general and specific legal duties, we will monitor the EDS2 and WRES action plans and provide regular reports for the Board on progress.

The core functions have been based on the legal, regulatory and commissioner requirements for equality and diversity (CQC Domains, EDS2, WRES and Equality Act 2010):

- **Regulatory and Inspection frameworks**
- ***Policy development*** and ***transparency***
- Programme management including ***consultation and involvement***
- ***Use of evidence*** – better intelligence more appropriately used
- ***Capability*** - training and staff development

2.7.1 Regulatory and Inspection frameworks

- Ensuring that the equality and diversity strategy and action plans reflect the specific requirements of the various frameworks;
- Informing the Trust of any changes or developments at national or regional levels that might impact on the regulation, inspection and standards for equality and diversity;
- Assisting the Trust to prepare for any inspection or reporting arrangements by having a clear understanding about evidence is required, where it is collected and that it is fit for purpose;
- Monitoring the action plans that relate to regulation, inspection and standards for equality and human rights and providing the executive and Board with regular updates on progress

2.7.2 Policy development and transparency

- Design of new policy related to equality and diversity including consultation and equality impact analysis
- Expert advice on managing critical policy issues in regard to the clinical and workforce strategy
- Preparation for the changes required as a result of the Equality Act 2010, EDS2 and WRES
- Advice and guidance on review of previous policy where this impacts on equality and diversity issues

2.7.3 Programme management including consultation and involvement

- Management of the Equality Standard
- Strategy development and co-ordination of programme activities for IES
- Reports to the integrated governance committee and Trust Boards on programme outcomes

2.7.4 Use of evidence – better intelligence more appropriately used

- Expert analysis of data to inform policy development, impact assessment and the setting and monitoring of equality objectives
- Individual and collective Trust reports on equality, diversity and inclusion outcomes
- Analysis and review of information to inform service/organisational development

2.7.5 Capability – learning, education and development

- Design, co-ordination and delivery of Trust equality mandatory training and induction programmes
- Workforce training needs analysis for equality and diversity
- Development of higher level training and development for key staff groups
- Fit-for-purpose assessments on core equality areas e.g. preparation for the Equality Act 2010, EDS2 and WRES.

3. Step 3: Training and Development - Diversity Moments

3.1 Welcome to Diversity Moments

As a public authority we have legal requirements under the Equality Act 2010 to promote equality in the areas of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Diversity Moments is a series of 10 equality and diversity learning topics that are aimed to be presented at a mainstream business meeting at each clinical division and corporate function.

The benefit of Diversity Moments is that it (i) raises operational understanding of equality and diversity; and (ii) demonstrates evidence of mainstreaming equality and diversity across the IES members.

The WRES integration plan and Diversity Moments have been designed in reference to the theoretical framework outlined in section 3, page 9.

3.2 Diversity Moments aims to:

- Ensure that the services we provide are accessible to all people; actively promote equality; and are free from unlawful discrimination;
- Develop services which best meet the needs of our diverse communities;
- Employ, develop and retain a workforce, which at all levels reflects the diversity and make-up of the population that we serve.
- Eliminate from our services, policies and decision making, any adverse impact on the promotion of equality and cohesion or adverse effect on particular groups or communities.

Southern Health NHS Foundation Trust expects all staff to be proactive in eliminating unlawful discrimination, promoting equality and celebrating diversity.

3.3 Diversity Moments

1. Equality Delivery System (EDS2)
2. Workforce Race Equality Standard (WRES)
3. Values and Behaviours
4. Delivering Excellent Customer Service
5. Positive Psychology
6. Unconscious Bias
7. Bullying and Harassment
8. Health and Well-Being
9. Inclusive Leadership
10. Person Centred Care

4. Results 2015-2017)

4.1 Key Headlines: The Equality Standard has been published as a good practice case study in the following publications:

- Nursing Standard – 2015
- British Medical Journal - 2015
- NHS Employers - 2015
- Sharjah News (UAE) – 2015
- Foundation Trust Network – 2014
- Equality Opportunity Review Magazine – 2014

Southern Health: Recent workforce outcomes (Diversity and Inclusion Plan)

2015 – 2017

- Workforce Equality Monitoring: reduced the undefined rate to sexual orientation (10.89%); religion/belief (10.52%); and disability (9.41%)
- 98% workforce reporting to race/ethnicity
- Completion of the Equality Standard (EDS2 baseline assessment) within each business division
- Completion of an EDS2 customer experience in-depth review within each clinical division
- Positive WRES results as highlighted in the national 2017 WRES Performance Report (NHS England).

STAFF FRIENDS AND FAMILY: Quarter 1 2017/18

- Response rate remains stable.
- Improved results across both questions.
- Highest response for recommending treatment and place to work.

Southern Health NHS Foundation Trust

2014/15 National Equality and Diversity Partner (NHS Employers)
2014 Personal Fair Diverse (PFD) Organisation Winner Award (enei)
2014 International Diversity Champion Award (Diversiton)
2014 Top 100 Best places to work (HSJ)
2014 UK Baby Friendly Initiative (UNICEF)
2 ticks - Positive about disability symbol (Job Centre Plus)

The Equality and Diversity Lead at Southern Health launched a shared equality service and embedded the equality Standard in the following organisation from 2014-2016.

Portsmouth Hospitals NHS Trust

2015/16 National Equality and Diversity Partner (NHS Employers)

Buckinghamshire Healthcare Trust

2016/17 National Equality and Diversity Partner (NHS Employers)

Solent NHS Trust

2017/18 National Equality and Diversity Partner (NHS Employers)

4.2 Compliance: SC13 Equity of Access, Equality and Non-Discrimination

Requirement 1: The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender reassignment, or any other non-medical characteristics, except as permitted by the Law.

- completion of a Trust wide EDS2 current state assessment;
- completion of Equality Impact Assessments across our clinical and corporate policies and procedures;
- The Equality and Diversity team engage with the trust Patient Experience Group (PEG) to ensure diverse patient engagement and insight is embedded as part of programme management including consultation and involvement;
- Equality, Diversity and Human Rights Policy has been reviewed and aims for ratification July 2016;
- Each clinical division of the trust has completed an individual EDS2 return and achieved the Bronze Standard Award of Southern Health's Equality Standard;
- Our 'Equality Standard' seeks to strengthen our assurance by:
 - having a governance and assurance structure (Equality Impact Group)
 - embedding a service delivery model for equality and diversity in each clinical and corporate division (Equality Standard);
 - establishing divisional equality and diversity champions (Equality Impact Leads)
 - VOX POP is our diversity champions programme and meets quarterly;
 - delivering an innovative new programme of applied equality and diversity training (Diversity Moments)
 - improving our employee relations performance (Diversity Scorecard)

Requirement 2: The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.

- The Trust promotes accessible communication through the provision of interpreting and translation and reasonable adjustments across the Trust.
- The Trust has embraced the new Accessible Information Standard is currently identifying actions to achieve full compliance as per national requirements. An review into the provision on interpreting and translation has been completed across the trust with a set of recommendations to improve the quality and cost effectiveness of interpreting and translation.
- The Human Resources team support staff and promote Access to Work in order to undertake a workplace assessment. An occupational health service is also provided to support the health and wellbeing of all staff.
- The Trust has designed a methodology to undertake an interpreting and translation audit across the Trust: action incorporated in 2016/17 plan.

The central aim of this review is to:

- examine the provision of interpreting, translation and communication support within the Children Services at Southern Health;
- develop the audit toolkit and replicate review across the organisation;
- identify what actions are needed to develop the provision of communication support in the future.

Current actions and Recommendations

Policy

- Southern Health has an Equality and Diversity Policy which contains an Interpreting and Translation toolkit. The feedback from this audit suggests that the policy and toolkit needs to be communicated and promoted more widely.

Information requirements

- Accurate and complete information on communication needs is required to inform service provision in a safe, effective and responsive way. The full communication spectrum needs to be considered. This covers over 100 languages, dialects, foreign sign languages and different ways of working and presenting material in English. More systematic collection of data regarding the demand and supply for ITCS would help inform developments and track changes. It could also help identify trends in provision or gaps that are not being met.

Training and development

- There is a need for training staff in how to work with interpreters and translators. This should cover basic training, training in more specialised fields of work (legal, mental health) and professional skills. There is a need to engage with ITCS providers to provide assurance that they provide appropriately trained translators capable of working across healthcare services.
- Patients need to be made aware of their right to **ITCS** and the role and benefits of using trained providers.

Accessible Communication Standard (AIS)

- The Accessible Information Standard (AIS) will be used as a driver to document and provide assurance that the organisation is providing appropriate and responsive communication support to our patients.

Requirement 3: In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010 and section 6 of the Human Rights Act 1998. If the Provider is not a public authority for the purposes of those sections it must comply with them as if it were.

Responding to our quality, safety, operational and financial obligations are essential in the way we deliver equality and diversity. The Trust has:

Established an Equality Impact Group (EIG)

- The EIG terms of reference has been created and published on trust website.
- The EIG is set up with the delegated responsibility from the Trust Board to lead on the Equality and Diversity agenda and monitor progress for the Trust to ensure that it provides equality with regards to access, experience and outcome. This structure ensures that the organisation has equality objectives that meet the requirements of the Public Sector Equality Duty as set out under the provisions of the Equality Act 2010; receive and consider reports in order to evaluate the effectiveness of the equality, diversity and human rights policy; and review and approve the Annual Equality and Diversity Report.
- The EIG provides long-term and continuing support, and leadership, for equality and diversity across the Trust and in support of our legal and regulatory obligations and monitor Divisions on their progress in embedding equality and diversity through the performance management of the Trust Equality Standard.

Policy development and transparency

- There are various policies the Trust has that will have an impact on equality and diversity e.g. human resources including employee relations and clinical policies with regard to quality and safety.
- The policy framework and process of development and review is one of the key mechanisms by which transparency is demonstrated including publication of policies and impact assessments.

- All policies and procedures will require appropriate assessment and testing to ensure that they are compliant with legislation and do not inadvertently discriminate against particular groups with protected characteristics.

Diverse Data Analysis

- One of the gaps in the current system is the specialist knowledge and expertise required to appropriately assess data for equality and diversity, including assessment of impact and outcomes for different groups with protected characteristics.
- The trust has published the Workforce Race Equality Standard and is currently engaging on a new WRES implementation plan to be launched from 1 July 2016.

Capability - training and staff development

- The trust is required to provide staff with appropriate training and development in equality and diversity ranging from induction through to higher level training. A variety of methods are currently used to provide training some of which is provided directly by the learning and development team.
- To be in a position to achieve EDS2 and WRES compliance, the trust will take appropriate action to ensure our people are equipped to address inequalities as a service provider and employer and fulfil our duties under equalities legislation.
- Diversity Moments is our learning and development programme that aims to embed equality, diversity and inclusion into the clinical and workforce strategy.
- Associated guidance or diagnostic toolkits accompany each Diversity Moment in order to embed the learning across the organization:

Requirement 4: In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan or plans setting out how it will comply with its obligations under SC13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4.

- Our equality plan is published on the Trust equality and diversity website.
- Each clinical and corporate division of the organisation is completing the EDS2 through our Equality Standard
- Each clinical division has completed an EDS2 patient experience and involvement in-depth review as part of the Silver Standard Award
- Gold Standard deadline: December 2018.

13.5 The Provider must

13.5.1 implement EDS2; and

13.5.2 implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.

- A WRES implementation plan has been designed in response to the national WRES metrics with the 2016 report to be published in August 2017.

5. Workforce Diversity Scorecard (Staff in Post as at 31.12.16; Published 31 January 2017)

- Supporting individual differences helps every employee reach their own potential and contributes to the delivery of the Trust's strategic objectives.
- To do this we need to have an in-depth understanding of the effect of our workplace cultures, policies, practices and procedures on our staff. Collating and analysing data on our staff by protected characteristics (Workforce Diversity Scorecard) provides a good starting point to develop this understanding. It provides us with a robust evidence base to identify any differences in outcomes for different staff groups.
- We have published this report because, under the Equality Act 2010, we have a duty to "publish information relating to persons who share a relevant protected characteristic who are its employees."¹
- We also have a duty to "publish information relating to persons who share a relevant protected characteristic who are other persons affected by its policies and practices."²

1. Equality Act 2010 (Specific Duties) Regulations 2011, para 2(4)a.

2. Equality Act 2010 (Specific Duties) Regulations 2011, para 2(4)b.

- The public sector equality duty, which came into force on 5 April 2011, was created by the Equality Act 2010 in order to harmonise the race, disability and gender equality duties and extend protection to the new protected characteristics of age, sex, gender re-assignment, pregnancy and maternity, religion or belief and sexual orientation. There is now a requirement for public bodies to publish:
 - ✓ equality objectives, at least every four years
 - ✓ equality information to demonstrate their compliance with the equality duty at least annually, and initially by 31 January 2012.
- Our Workforce Diversity Scorecard will provide a breakdown of the workforce by the protected characteristics of the equality Act 2010. We will also include the themes included in goal 3 of the EDS2. These themes include:
 -
 - ✓ recruitment and selection
 - ✓ employment banding
 - ✓ grievance
 - ✓ bullying and harassment
 - ✓ disciplinary
 - ✓ sickness absence
- The trust employed a head count of 6142 as at 31 December 2016. The following page provides a breakdown of the total workforce by the protected characteristics of the Equality Act 2010.

Further Action: The next section provides workforce information in regard to the demographic profile of the workforce. Further analysis is currently being undertaken to provide an up to date response of the involvement of groups protected by the Equality 2010 in employee relations. This will be presented at the HR Senior Management Meeting on 16 August 2017.

1. AGE

The table below shows that the largest proportion of staff falls in the age category of 51-55 at 15.74%.

15.7% of staff fall the combined age category of 16-30.

Further work will be undertaken to understand these differences and the impact on the workforce in regard to our attraction, recruitment and retention work.

Age Group	Sum of Headcount	Percentage of Total
16-20	37	0.60%
21-25	343	5.58%
26-30	585	9.52%
31-35	647	10.53%
36-40	758	12.34%
41-45	780	12.70%
46-50	884	14.39%
51-55	967	15.74%
56-60	742	12.08%
61-65	318	5.18%
66-70	62	1.01%
71 & above	19	0.31%
Grand Total	6142	100.00%

2. DISABILITY

The trust has made significant progress in communicating and raising awareness of the importance of disclosing equality information for monitoring purposes. The trust has significantly decreased the undefined rate to 9.41%. Whilst this is by no means the only measure of success, further work is still required to ensure we continually develop and improve the engagement, experience and outcomes for our people.

The Accessible Information Standard (AIS) and Workforce Disability Equality Standard (WDES) will continue to assist the organisation to further develop our programmes of work to continually improve services for our patients and staff.

Disability	Sum of Headcount	Percentage of Total
Yes	320	5.21%
No	5116	83.30%
Not Declared	128	2.08%
Undefined	578	9.41%
Grand Total	6142	100.00%

3. MARRIAGE AND CIVIL PARTNERSHIP

Marital Status	Sum of Headcount	Percentage of Total
Civil Partnership	47	0.77%
Divorced	595	9.69%
Legally Separated	119	1.94%
Married	3348	54.51%
Single	1798	29.27%
Unknown	168	2.74%
Widowed	67	1.09%
Grand Total	6142	100.00%

4. RACE

84.58% of the workforce identifies as White-British, compared to 14.14% as BAME.

The central aim of our WRES is to ensure the organisation responds positively to (i) integrating the WRES in each business area of the organisation and (ii) the legal, regulatory and commissioner requirements of equality and diversity. This includes demonstrating due regard in the way we eliminate unlawful discrimination, promote equal opportunity and foster good relations.

The trust has been highlighted in the National NHS England WRES Report 2017 as an organisation that demonstrates positive improvement in WRES Indicators. Further analysis and work will be undertaken to continually develop, implement and review our WRES performance.

Race	Sum of Headcount	Percentage of Total
White - British	5195	84.58%
BAME	869	14.14%
Not Stated	78	1.28%
Grand Total	6142	100.00%

5. RELIGION/BELIEF

The Trust has made significant progress in reducing the undefined rate to 10.52%.

Religious Belief	Sum of Headcount	Percentage of Total
Jainism	1	0.02%
Judaism	4	0.07%
Sikhism	14	0.23%
Buddhism	22	0.36%
Hinduism	37	0.60%
Islam	44	0.72%
Other	532	8.66%
Undefined	646	10.52%
Atheism	814	13.25%
I do not wish to disclose my religion/belief	919	14.96%
Christianity	3109	50.62%
Grand Total	6142	100.00%

6. SEX

The trust has a female workforce of 82.56% and male workforce of 17.44 which is consistent with the national NHS profile. The trust is proud to champion gender equality and can positively demonstrate representation of Women on Board. The trust welcome sand will proactively meet the reporting requirements of equal pay.

SEX	Sum of Headcount	Percentage of Total
Female	5071	82.56%
Male	1071	17.44%
Grand Total	6142	100.00%

7. SEXUAL ORIENTATION

The trust has made significant progress in reducing the undefined rate to 10.89%

Sexual Orientation	Sum of Headcount	Percentage of Total
Lesbian	36	0.59%
Gay	41	0.67%
Bisexual	32	0.52%
Heterosexual	4748	77.30%
Not Declared	616	10.03%
Undefined	669	10.89%
Grand Total	6142	100.00%

2. STAFF FRIENDS AND FAMILY: Quarter 1 2017/18

- Response rate remains stable.
- Improved results across both questions.
- Highest response for recommending treatment and place to work.

Table 1. How likely are you to **recommend** this organisation to friends and family if they needed **care or treatment**

		How likely are you to recommend this organisation to friends and family if they needed care or treatment	National benchmark
2015/16	Q1	66%	76%
	Q2	66%	77%
	Q3 (staff survey)	61%	65%
	Q4	56%	77%
2016/17	Q1	63%	79%
	Q2	61%	79%
	Q3 (staff survey)	60%	66%
	Q4	67%	TBC
2017/18	Q1	69%	TBC

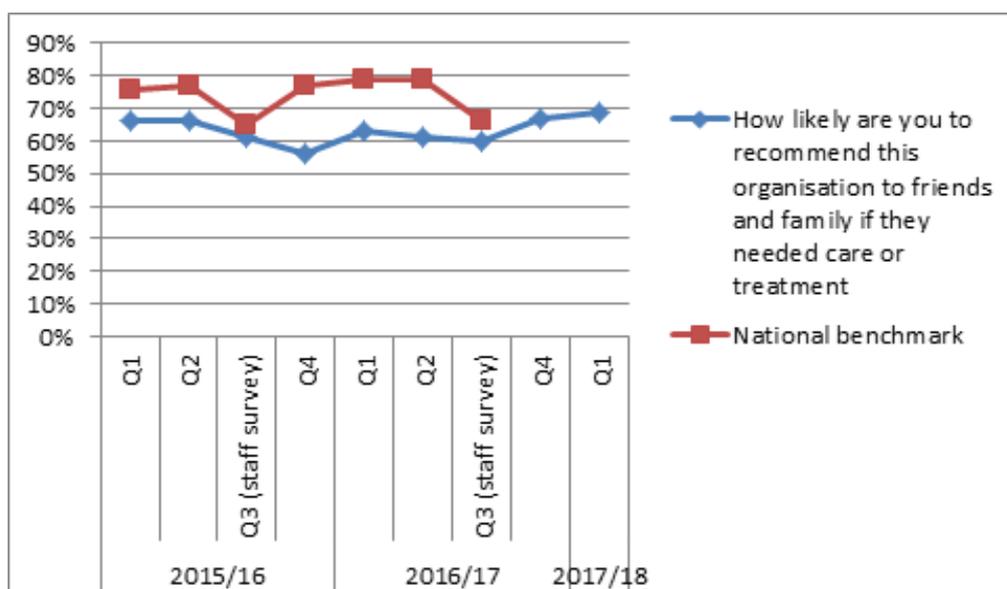
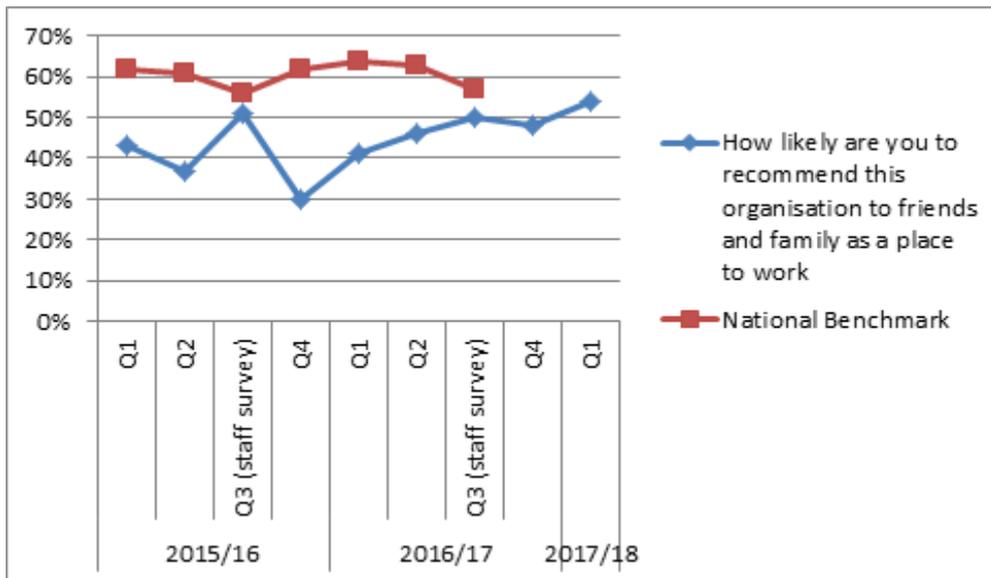


Table 2. How likely are you to **recommend** this organisation to friends and family as a **place to work**

		How likely are you to recommend this organisation to friends and family as a place to work	National Benchmark
2015/16	Q1	43%	62%
	Q2	37%	61%
	Q3 (staff survey)	51%	56%
	Q4	30%	62%
2016/17	Q1	41%	64%
	Q2	46%	63%
	Q3 (staff survey)	50%	57%
	Q4	48%	TBC
2017/18	Q1	54%	TBC



Equality Standard (EDS2)

Provider Compliance Assessment – Corporate Assessment

Provider details

Provider name	Southern Health NHS Foundation Trust
<p>This EDS2 return is a current state assessment providing an overview of baseline actions across the Trust to meet the requirements of the EDS2.</p> <p>Divisional equality leads have been identified to implement our Equality Standard. The equality standard is a toolkit for our services to record their EDS2 evidence and submissions are assessed against a Bronze, Silver and Gold Award.</p> <p>Ricky Somal: Head of Engagement and Wellbeing</p>	

EDS Objective 1 – Better health outcomes for all

EDS Outcome 1.1 (EDS Objective 1 – Better health outcomes for all)

1.1 Services are designed to meet the health needs of local communities, promote well-being, and reduce health inequalities	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> Southern Health NHS Foundation Trust business plans and information about the trust published on Trust web site Divisional Business plan/strategy and governance/performance reports JSNA will be accessed by all Divisions to identify community health needs Performance and Disciplinary policies support managers in seeking required improvements in care provided by staff to service users. Performance data supports HR and managers to consider the stability, availability and competence of workforce with the aim of improving these areas and subsequently improving care of service users. KPIs include: appraisals, sickness, turnover, leavers with less than 12 months service. Data is used to help seek improvements in services Training is provided to all staff on E&D 			

1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> Flexible working policies support staff and services around SU needs Sickness policies ensure support is provided at an individual level and include support from OH, EAP and the use of stress assessments if required. Organisational change policy, staff are met with individually to ensure personal impact is identified, discussed and support provided as necessary Trust induction supports all staff to learn Trust values 			

1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> • Where organisational change takes place, and as part of wider consultation this is discussed individually with each member of staff. • We are exploring as a Trust how to improve engagement and to support staff transitioning between changes. 			

1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> • Where necessary risk assessments are undertaken and if appropriate staff are excluded or restrictions of practise put into place. • Visa's and work status are monitored and where necessary issues addressed • Professional Registration membership is monitored and where these expire steps are taken to remove staff from practising. • Our bullying and harassment policy supports a no tolerance policy • Safeguarding • Mandatory safeguarding training for all staff. • SIRC investigation process. • Clear management process to deal with complaints ensuring feedback to service users and also to staff. • PALS leaflet • Bullying and harassment policy • Whistleblowing policy. • Infection control training assessment and audit. 			

1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> • Flu vaccination programme for staff and service users. • Occupational Health • Trust wide Flu campaign • Employee Assistance Programme available to all staff and close family members • Occupational Health Provider • Health and Well-being policy • Immunisation programme 			

EDS Objective 2 – Improved patient access and experience

2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> • Patient leaflets. • Information gathering through the use of JSNA. • Patient users groups. • Trust Website 			
2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> • Holistic care planning. • Fostering of 'no decision about me without me' ethos within all clinical areas • Use of PALS for all services users. • Completing risk assessments within practice to ensure patient's wishes involved 			
2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE.</p> <ul style="list-style-type: none"> • Patient experience survey in all clinical areas • Reviews of patient pathways. • Teams have implementation plan to ensure that patient experience is captured. • PEG groups. • Divisional governance procedures to ensure all complaints and actions fed through the division. • Privacy and dignity policy in place 			
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
<p>Summary of Evidence to support Standard Criteria: BRONZE</p> <ul style="list-style-type: none"> • When complaints are received senior managers are informed to ensure all relevant parties are aware, learning takes place and consistent responses provided • Governance procedures in place. • PALS leaflets in place within all clinical areas • Investigation training for staff completing investigations • Use of patient and staff stories 			

EDS Objective 3 – Empowered, engaged and well-supported staff

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	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
---	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- All policies are discussed and agreed via Policy scrutiny group (staff side)
- NHS Jobs enables managers to short list without personal data
- Recruitment operation a two tick scheme which guarantees an interview to a person with a declared disability who meets the essential criteria
- When staff are redeployed they are short-listed without personal data being shared;
- The HR team have received EDS2 and WRES Training
- Makes adjustments and adaptations to enable people with a disability to attend interviews.
- Encourages service users to participate in the selection process.
- Follow the Trust Process and policy: The Service promotes the Trust Recruitment and Selection Policy and Procedure
- Staff involved in recruitment and selection are made aware of the Equality and Diversity Policy to ensure fair and consistent practices in recruitment and selection
- Collecting recruitment information on applicants (via NHS jobs)
- Appraisal training
- Recruitment and selection training.
- Open and honest selection procedure with full audit trail.
- Open and honest feedback post successful or unsuccessful recruitment to individuals.
- Ensuring up to date job descriptions.

3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
--	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- Agenda for Change supports equal pay
- All new or significantly amended jobs are subject to a 'job evaluation' process
- Changes to terms and conditions/pay are either nationally negotiated or agreed via Trust JCNC and Board.
- Slotting and matching processes as part of the redeployment process following organisational change
- Staff trained in job evaluations
- Our posts are banded and subject to Agenda for Change
- Follow Agenda for Change processes
- Job matching process

3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
--	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- All staff have regular one to one's with their manager where this is monitored.
- Appraisals are used to monitor staff/man compliance alongside broader training requirements/achievements
- HR teams have access to CPD sessions and trust staff are encouraged to identify personal development opportunities inside and outside the trust.
- Clinical Supervision

- Mentoring, coaching and shadowing
- Development action plans in place when staff do not meet the required standard of work
- Training reminders are issued to staff highlighting the need to undertake Trust training
- Appraisal Policy and procedures are promoted to line managers
- Staff use on line booking for training
- 1:1 procedure within teams.
- Away days for teams
- Skill and competency framework in place for all staff.
- Nurse revalidation

3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
--	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- All policies have an EIA completed when reviewed
- Any concerns raised are dealt with via the Trust policy and procedure
- Informal and formal routes are used to address issues (this includes mediation)
- Trust Values are key to our work and monitored locally within 1:1s and appraisals
- Accident/incident reporting
- Some service areas may potentially attract patients who are more likely to be challenging physically and verbally. Supportive managers and responsive staff mechanisms are in place eg. Changing shift patterns, changing key workers.
- The service has promoted and disseminated the Trust Dignity in Care and Managing Violence and Aggression Policy and Procedure, including the associated Equality Impact Analysis
- Access to training for is made available for staff who work nights, part time, child care responsibilities or difficult access to locations to ensure full and equal access
- Policies and procedures in place and followed by staff
- Policy for flagging concerns
- Disciplinary process
- Actively encourage staff to report issues in Supervision
- Equality and diversity policy.
- Employee support through workplace options.

3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
---	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- All requests are considered in line with Trust Policy
- Split shifts, job share, term time only, nights shifts, part-time.
- We support colleagues to work part time
- Where appropriate colleagues are allocated mobiles/laptops to support mobile/flexible working
- Working with Access to Work, MIND, and other advocacies to support people with disabilities in the workplace.
- Providing disabled parking for staff
- Flexibly working with staff around cultural and religious events
- Flexible working is promoted and all staff can apply and it is considered alongside the needs of the service
- Staff able to access flexible working policy.
- All staff can apply for reduced working hours.
- Support available through occupational health and human resources

3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
--	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- The Division/Service has plans in place to support a healthy workforce. This includes promoting the Trust Policy and Procedures.
- The Occupational Health Service is also promoted and made available to staff.
- Staff using Flexible Working
- Induction process
- Flu clinics
- Vaccine clinics
- Occupational health clinics
- Information on smoking cessation
- Employee Assistance Programme.
- Staff Survey
- Workplace options.

EDS Objective 4 – Inclusive leadership at all levels

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	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
--	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- The service has a plan to promote and work towards equality and Diversity (Equality Standard, Equality and Diversity Policy and Progress reports to Trust Equality Lead and EIG)
- Equality Impact Analysis of Trust policies and procedures
- Service visits/CQC Inspections
- Equality and Diversity champions.
- Plans to introduce equality and diversity to mainstream business meetings as a quarterly agenda item 2016/17.

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	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
--	---	---	---

Summary of Evidence to support Standard Criteria: BRONZE

- Trust publicity incorporates images which capture staff and patients across the protected characteristics (Communications Team)
- Division Equality Impact Lead identified
- Staff participate in mandatory E&D training
- Staff survey.
- CQC Domains