



Equality, Diversity and Inclusion

Annual Report

April 2015





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Introduction

This Equality, Diversity and Inclusion report provides information on how Cumbria Partnership Foundation Trust is meeting its legal duties set out in the Equality Act 2010 and the Human Rights Act 1998 which aim to:

- Eliminate unlawful discrimination, harassment and victimisation and other unlawful conduct
- Advance equality of opportunity between people of different groups
- Foster good relationships between people who share a protected characteristic and those who do not.

As a Trust our vision is to support our communities to live *happier, healthier* and more *hopeful* lives and we are committed to improving the experience of our staff, service users and communities and to reducing inequality. This is embedded in our Trust values of *kindness, fairness, spirit and ambition*.

The people who use our services have diverse needs and to enable us to deliver quality care to every patient every time we must hear the voice of the patient and understand their individual need; creating the right culture and environment for quality care to flourish and all our staff to achieve their potential. Our equality goals and objectives provide a framework for this to happen.

Goal 1: Better health outcomes for all

Goal 2: Improved patient access and experience

Goal 3: Empowered, engaged and well supported staff

Goal 4: Inclusive leadership at all levels

This report provides an update on the progress we have made towards these goals during 2014-15 and provides workforce and patient statistical information relating to specific protected groups.

The information in this report will inform improvements to the Trusts approach towards Equality and Diversity in 2015-16 in line with our organisational values.





Equality Delivery System Objectives 2012-16

These objectives were derived from the NHS Equality Delivery System (EDS) assessment process and were agreed by the Trust Executive and Governance Quality and Risk committee in 2012. The following update is based on self-assessment on progress made against these objectives in 2014-15.

Goal 1: Better Health Outcomes for All
Objective 1.1 – <i>the needs of each protected characteristic group to be taken into account in the designing of new services.</i>
Progress: There is evidence across the trust that patient feedback is used to inform developments within services.
There is representation of people who have a Learning Disability, and carers for people with a Learning Disability within the Trust membership and Governors.
There is evidence within the trust of ex-service users actively involved with service developments e.g. First Step.
There is evidence of data used in service development, for example in Asperger and Autism service development and a training package regarding data capture has been developed.
Equality impact assessments have been completed for planned service changes but further training is required to improve the quality of assessments
Objective 1.2 – <i>vaccination screening programmes to be inclusive and accessible to all</i>
Progress: a specialist vaccination and immunisation team was established in 2014. The service has an inclusive policy offering immunisations to anyone within the nationally set age ranges. Whilst the majority of invitations go out through schools, the team also work with the council to identify children who are home schooled, excluded etc. Further work is required to ensure information and reporting is of good quality.

Goal 2: Improved patient access and experience
Objective 2.1 – <i>the Trust will make improvements to the accessibility of services for people with a disability</i>
Progress: the Patient experience team are working with Deaf Vision to improve patient access to British Sign Language (BSL) interpreters and enhance patient information leaflets using braille and BSL. The service has planned to promote the availability of these services to clinical staff.
The trust website uses software to assist users who have a disability e.g. Browse aloud.
There is a quarterly review of Learning Disability Access within the trust.
Evidence is available in some services of alternative means of communication for people, e.g. SMS texting, use of e-mail.
Objective 2.1 – <i>to improve the collection and monitoring of equality data within the complaints process.</i>





Progress: thematic analysis of patient complaints identifies concerns relating to patients with protected characteristics. The Executive Director for workforce and Organisational Development is informed and reviews complaints with a specific link to Equality and Diversity.

Goal 3: Empowered, engaged and well supported staff

Objective 3.1 - *to improve the collection and monitoring of equality related data across all protected characteristics*

Progress – OLM, the learning management data base, collates information on equal access to staff appraisal and training but this is not routinely reported. The Trust offers flexible working to staff but the uptake is not routinely monitored to ensure equal access. There is good engagement and working relationship with staff side and involvement in service development and health and wellbeing action groups.

Statistics relating to Equality and Disability profiles of staff and patients, are published on the trust website.

The Trust aims for a working environment that is safe and supportive; it has signed up to the 'speak out safely' campaign and implemented policy and working practice that enables staff to 'speak out' if they have any concerns.

A two tick accreditation scheme (a national scheme to guarantee interviews to disabled applicants who meet the selection criteria) is in place across the Trust. The Trust applies policies and practice fairly and fully to support disable people entering employment.

The Trust is accredited as part of the Mindful Employer Scheme, a Charter for Employers who are positive about mental health.

Goal 4.1: Inclusive leadership at all levels

Objective 4.1 – *to ensure equality and diversity is integrated into and across the whole organisation*

Progress – a revised appraisal toolkit and policy includes equality and diversity as one of the 5 core competencies under the knowledge and skills framework (KSF) however a review of its effectiveness is required. The appropriate levels of competence in equality and diversity are included routinely in all job specifications.

There is a rolling programme of mandatory training of Equality and Diversity principles for all staff.

Equality and Diversity is now included in the medical validation review (domain 4) and doctors are required to complete mandatory training in E+D as part of their performance review.

Equality and Diversity is included in the Trust induction and an integral part of the good people management programme delivered in house by the Trust HR business partners.

A review of the Equality and Diversity steering group has been undertaken with a view to refresh its membership and remit, re-establishing E+D as core business for the care groups.





Equality and Diversity Workforce Monitoring

We believe that everyone, regardless of their background, has an equal right to health and employment free from any form of prejudice. The Trust is committed to tackling discrimination, promoting equality of opportunity and having a workforce which reflects the makeup of the population it serves.

To ensure we fulfil our belief we have a number of campaigns, forums, policies and procedures that staff and managers can utilise such as:

- The Speak out Safely campaign where any potential issue can be raised in a safe environment in a protected and supportive way
- A forum where we work in partnership with trade unions to cover all issues of equality and diversity
- Policies and procedures which are current and adhere to employment law
- A recruitment policy, which ensures that disabled persons who apply for employment are given full and fair consideration
- An implementation and supporting action plan as part of the disability section of our Single Equality Scheme
- An Occupational Health service that supports and advises to ensure all reasonable adjustments are made where staff may need additional support to undertake their roles and responsibilities
- Training and development opportunities in a form which meets the needs of disabled employees.
- Training that ensures managers and staff understand the importance of equality and diversity and link this to all areas of business, service and policy development.

In addition, we use the Two Tick accreditation (a national scheme to guarantee interviews to disabled applicants who meet the criteria) across the Trust to ensure policies, procedures and practices are applied fully and fairly around disabled persons both entering and during our employment. We are also accredited as part of the Mindful Employer scheme, a Charter for Employers who are Positive About Mental Health.

The following graphs show information relating to employment practice relating to protected groups from 01/03/2014 to 28/02/2015.

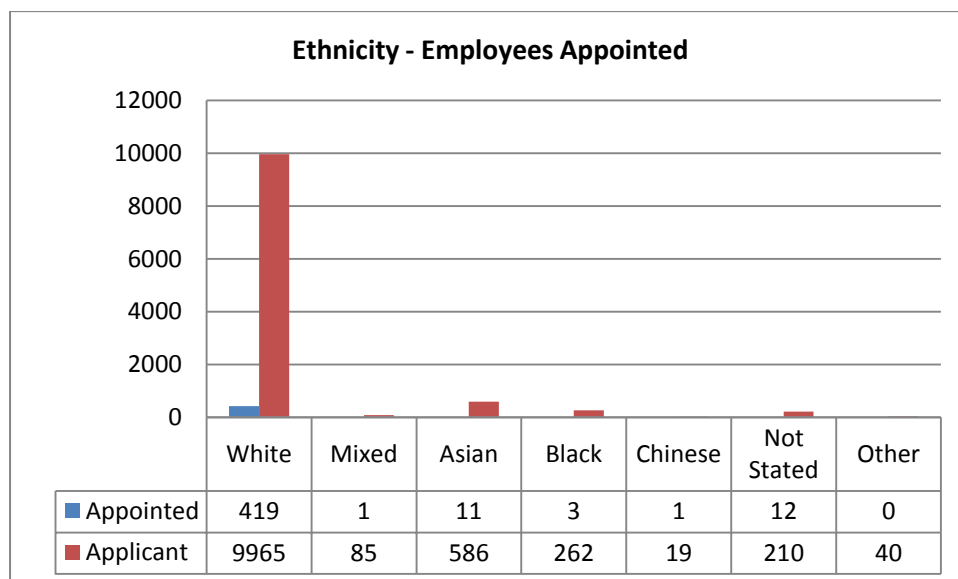




Ethnicity

The Trust currently employs 3836 staff, 95% of which describe themselves as white, 1.5% of staff are black minority ethnic (BME) which is lower than the North West region (8.2%) and England (16.2%). 3.5% of staff have not stated their ethnicity.

Work force data suggests that while 89% of applicants for vacant posts are white and 9% are BME only 3.6% of successful candidates were BME compared to 96% white.



The number of disciplinary (7) and grievance (9) procedures undertaken is low and all relate to white employees.

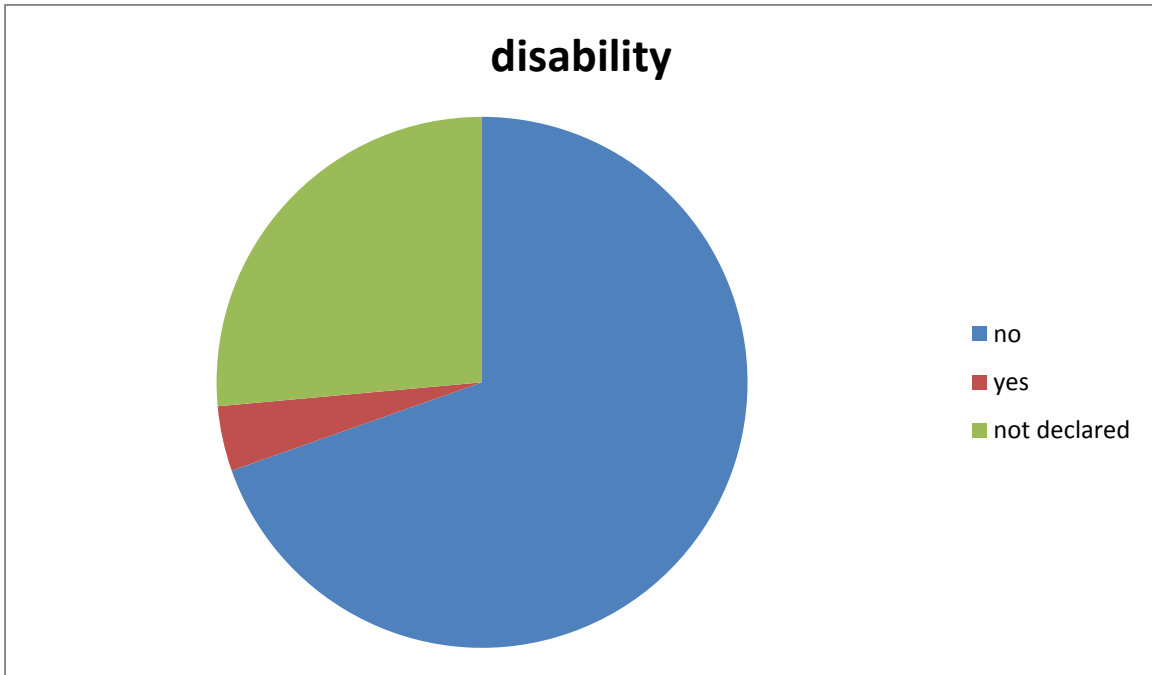
This is reflective of the Cumbria population, the 2011 census indicates that Cumbria has the highest proportion of White British residents of any English county (96.5% compared to 80.5% in England & Wales).



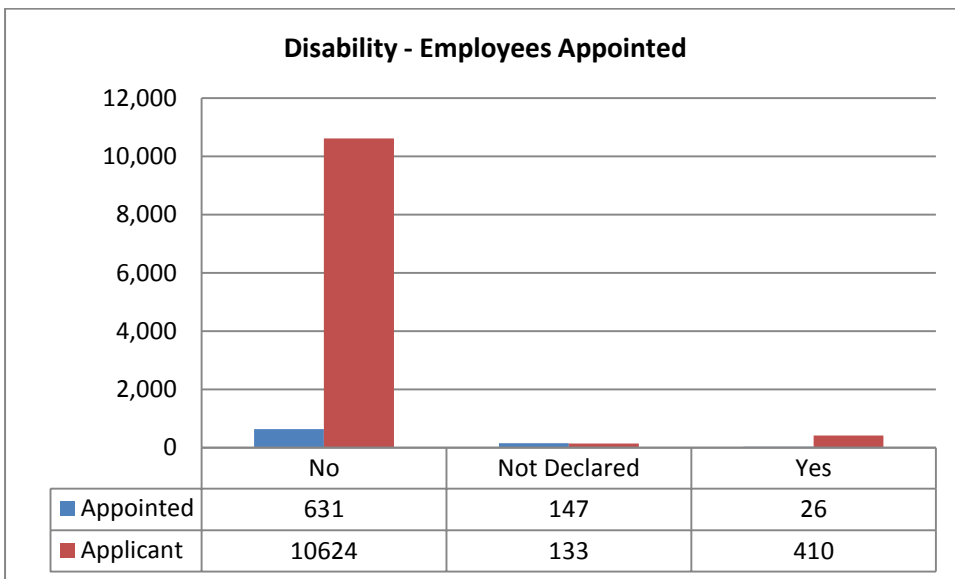


Disability

70% of the workforce describes themselves as not having a disability whilst 26% have not stated their disability status and 4% described themselves as having a disability.



In relation to recruitment to vacant posts, 3.5% of applicants describe themselves as having a disability and 1% preferred not to state their disability status. Statistics suggest that 3% of applicants with a disability are successfully appointed to vacant posts.



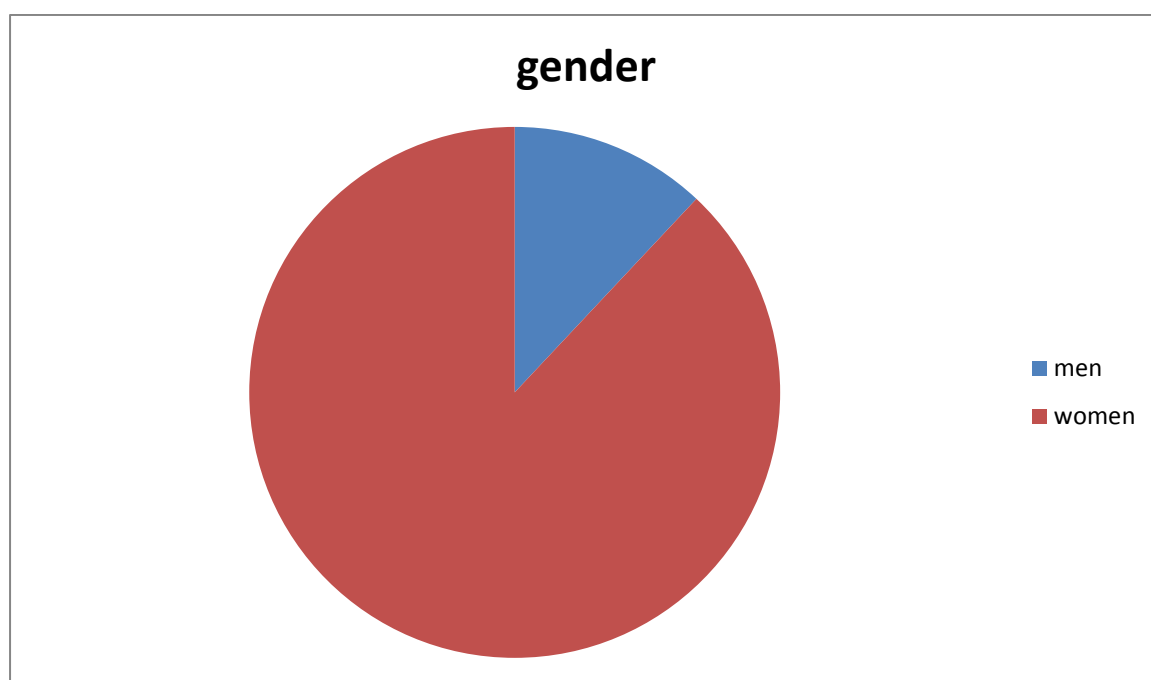


There is no evidence to suggest that any staff with disability were subject to disciplinary or grievance procedures.

Analysis shows that training rates for staff with disability are comparable to staff without declared disability.

Gender

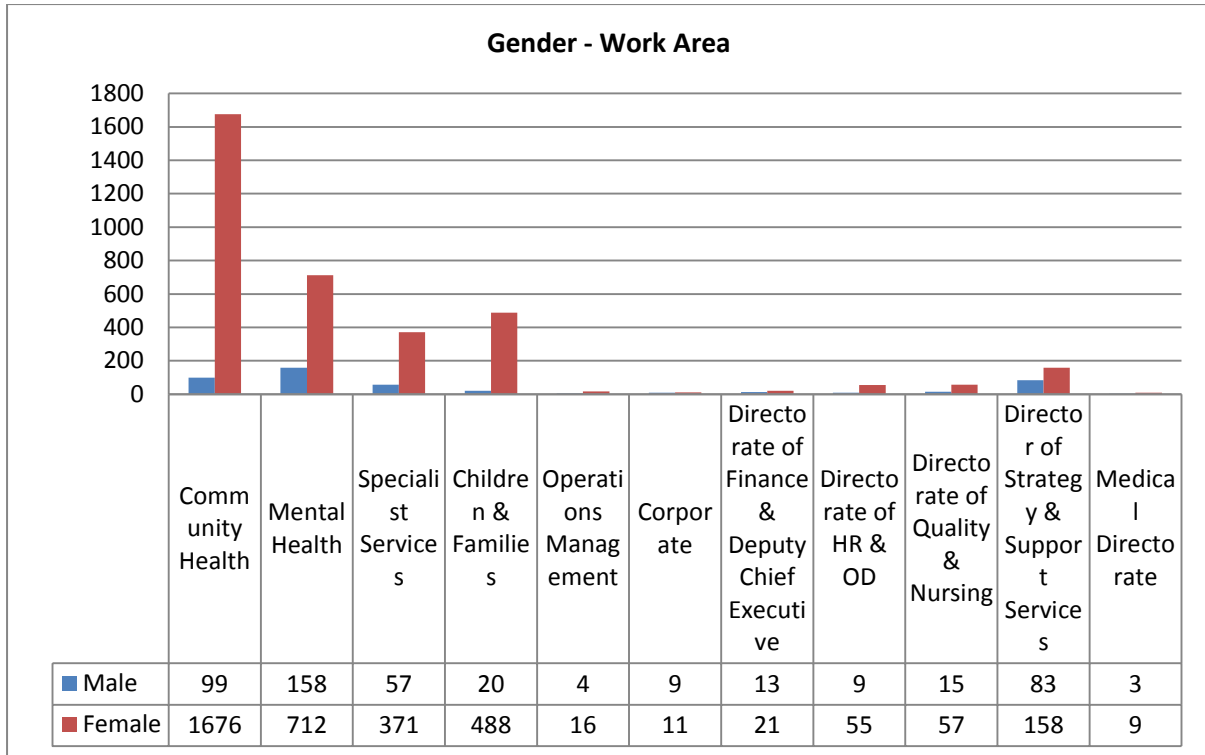
88% of the current work force are women and 12% men.



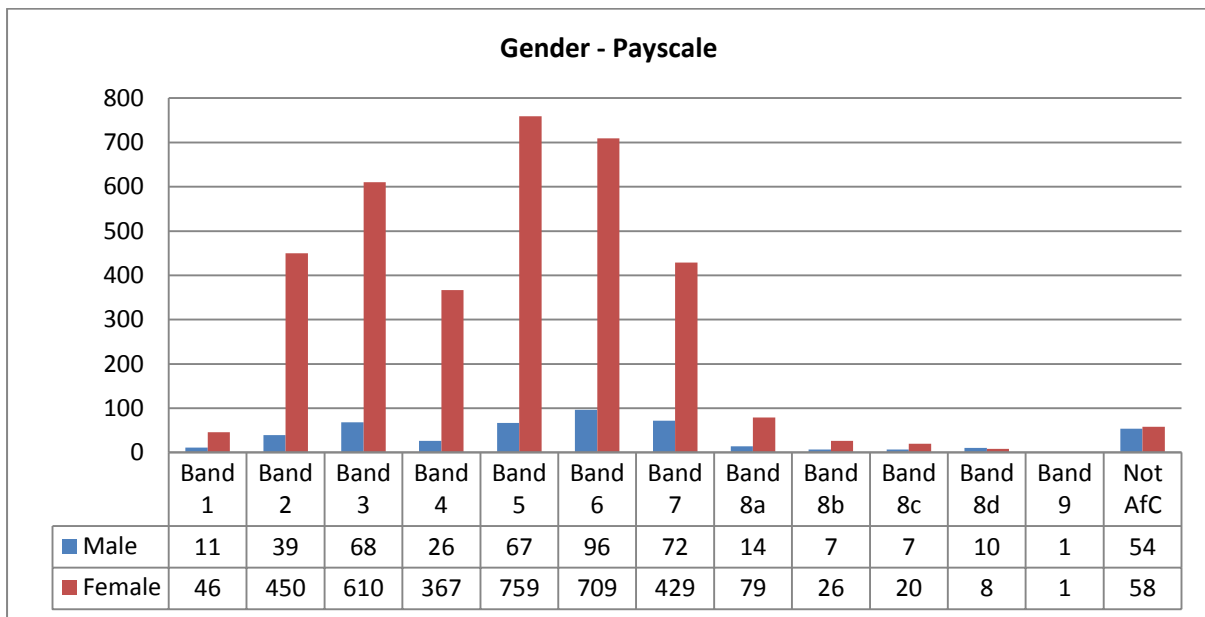
The percentage is similar for women being trained (89%), appointed (85%) and also leaving (84%) the Trust.

The distribution of the workforce across the care groups and directorates varies. The highest proportion of men is in the mental health care group (18%) and the lowest in children's services (4%). A significant number of men are employed in the Trusts corporate services (45%) with only 14% in the workforce and OD directorate.





Whilst an equal pay audit was undertaken in 2012, the distribution of pay across each of the Agenda for Change pay bands shows that although the workforce is predominantly women (88%) with only 12% men, there are proportionally more men in higher pay bands and less men in lower pay bands. The percentage of men in pay bands 8a to 9 ranges from 15% to 56% and the range in bands 2 to 5 ranges from 7% to 10%.

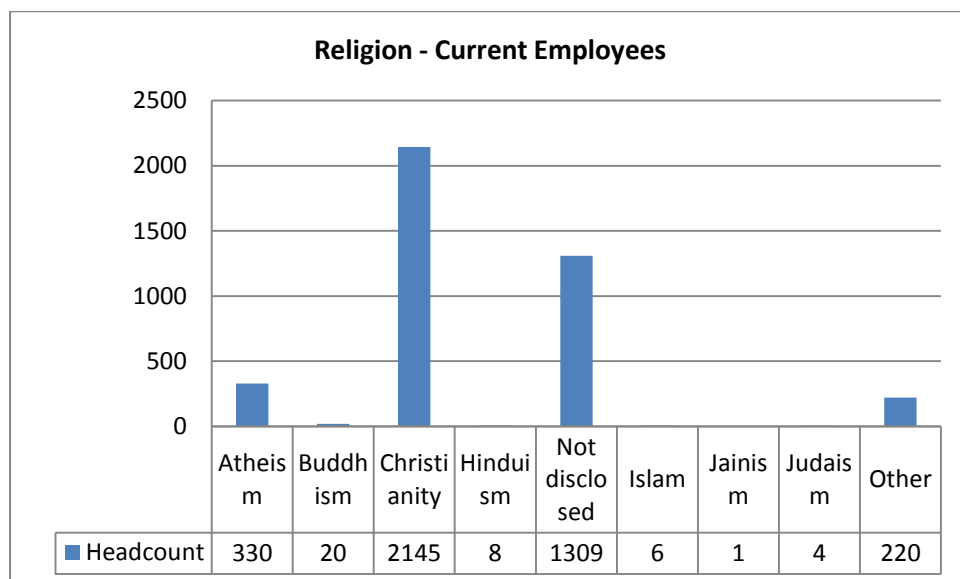


Whilst no men were involved in disciplinary procedures, higher than anticipated (22%) men were involved in grievance procedures.



Religion

53% of the workforce describe themselves as Christians, 32% did not wish to disclose their religion and 8% describe themselves as Atheists.



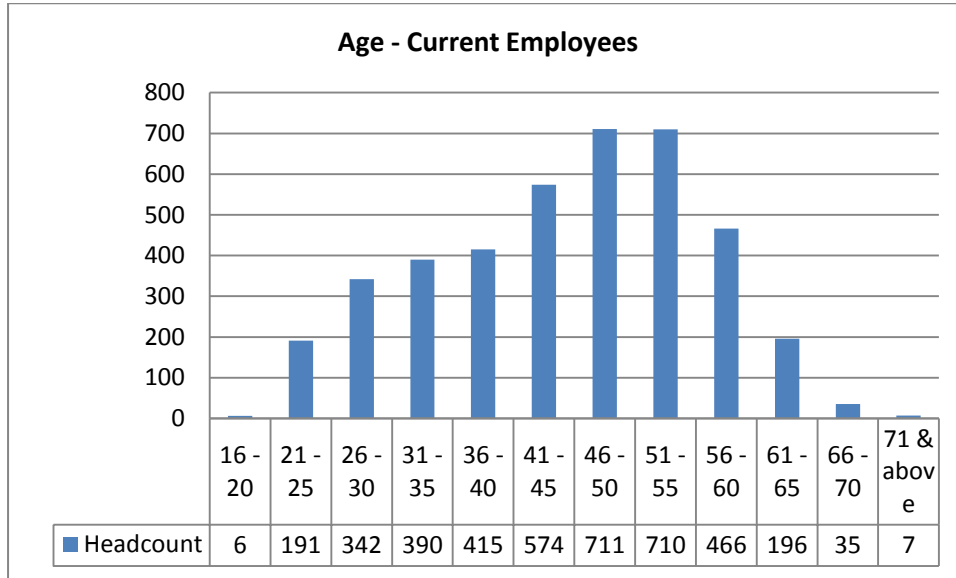
This distribution is consistent with staff undergoing recruitment, receiving training and leaving the organisation.



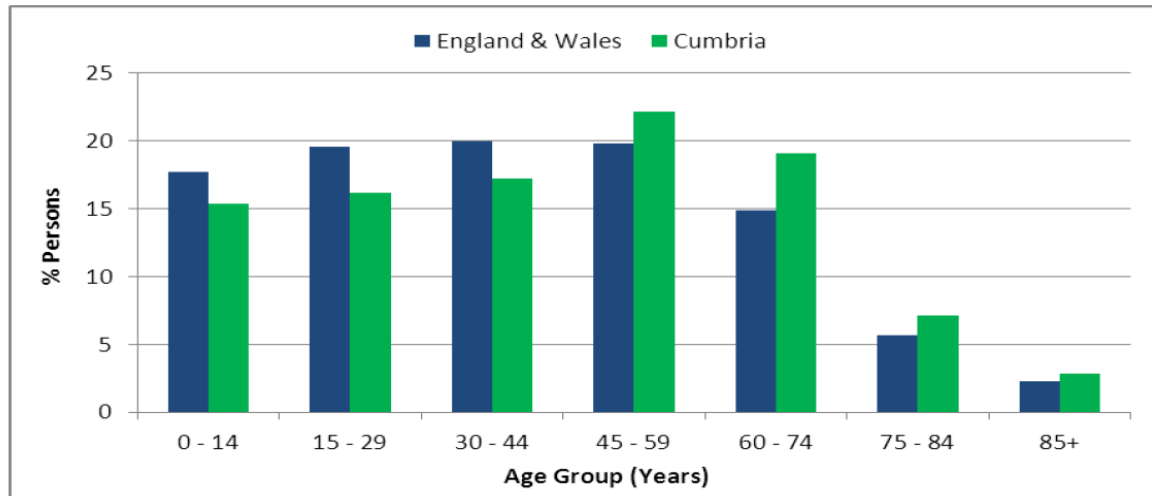


Age

Workforce information suggests that the Trust has an aging workforce with 52.5% of the workforce over the age of 45 years.



Rates of training are consistent with the distribution of staff across the age bands.

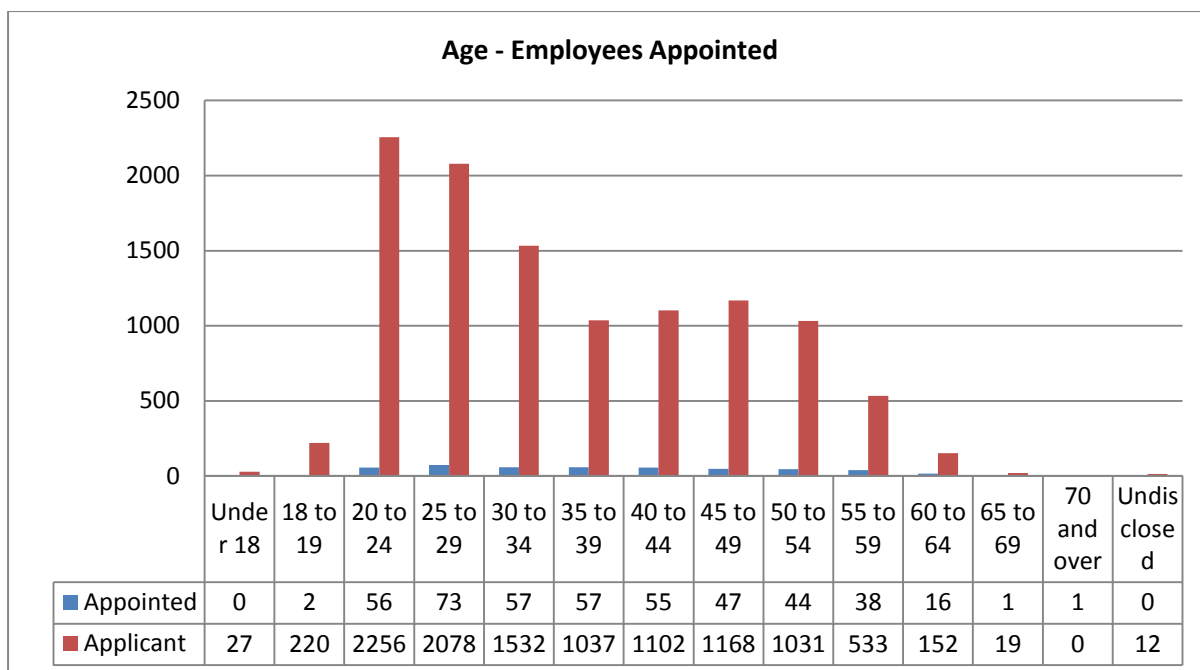


Source: Office for National Statistics

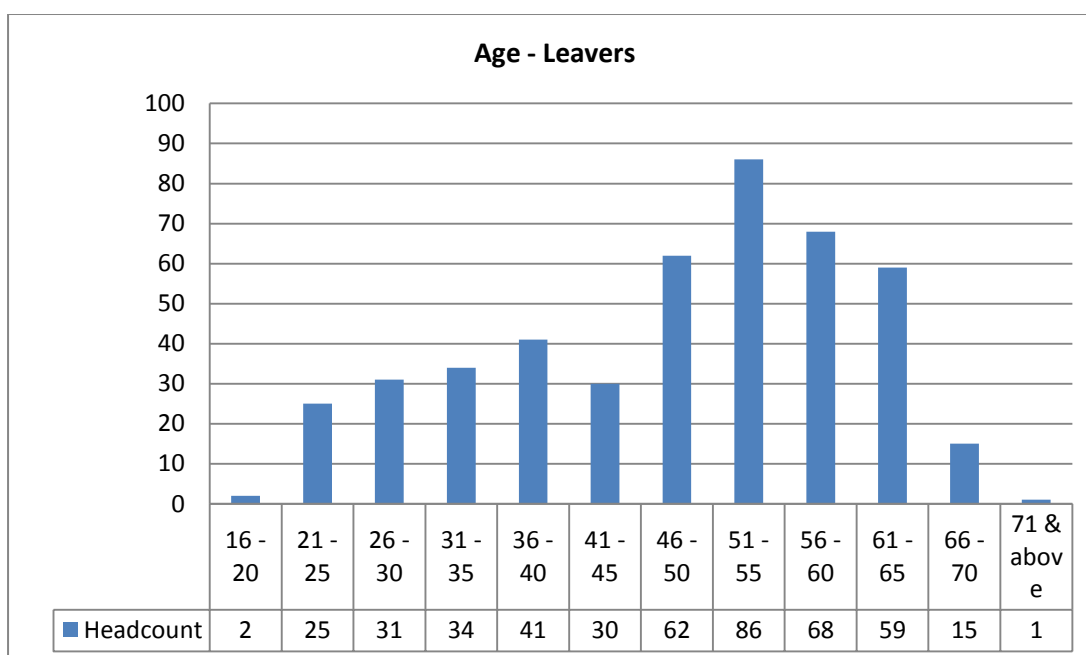
Higher numbers of staff within the age bands 46-55 reflect the Cumbria population which is high in comparison to England.

Statistics show that fewer people within older age bands apply for vacant posts. There are similar rates of success across all of the age bands except in age bands 55-59 and 60-64 which have higher rates of appointments but fewer applicants (7% and 10% applicants successful).





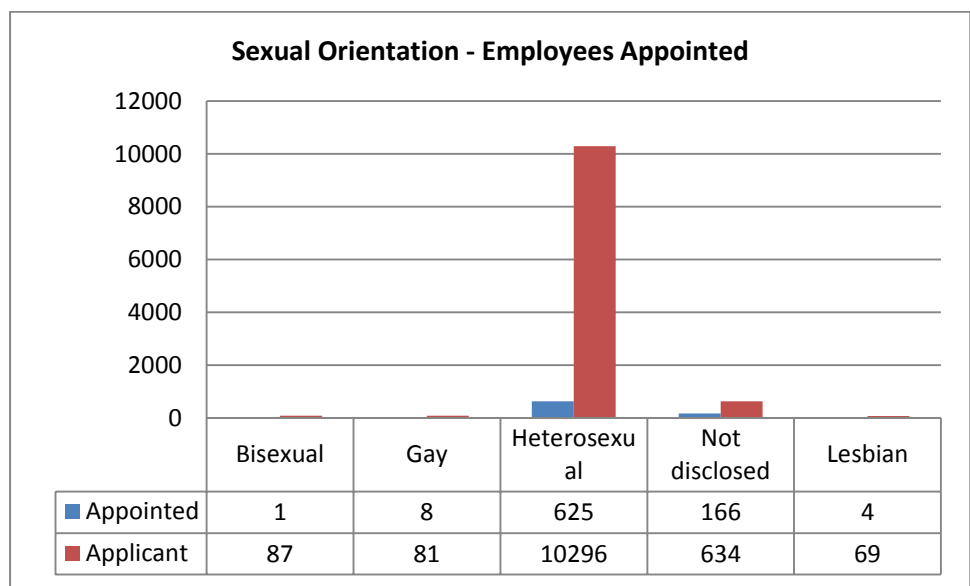
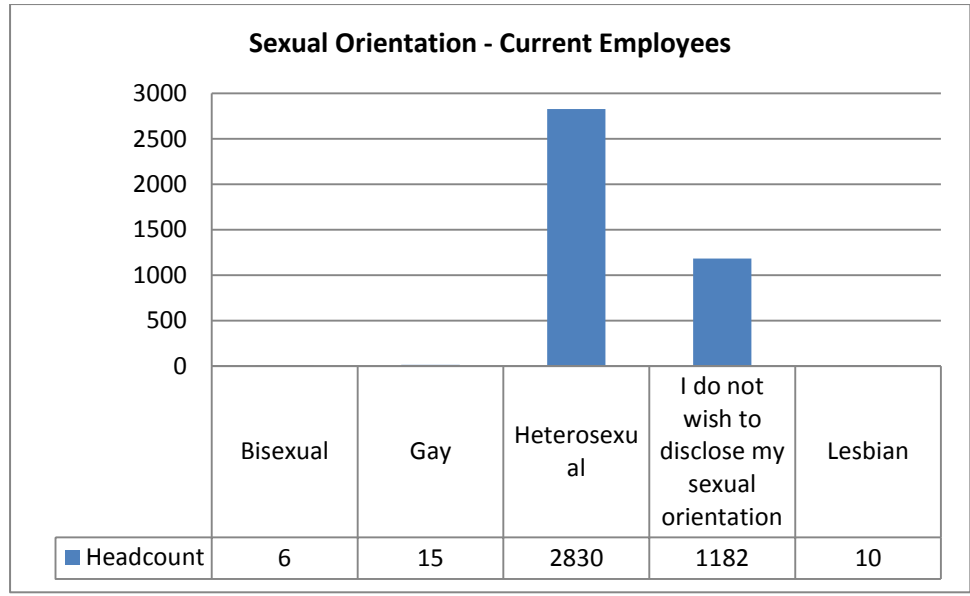
The rate of staff leaving the organisation is greater in the higher age bands with the highest proportion of leavers is in the age range 51-55 years at 19%.





Sexual Orientation

70% of the workforce describes themselves as heterosexual whilst 29% did not wish to disclose their sexual orientation.



There are similar distributions for staff training and leaving.





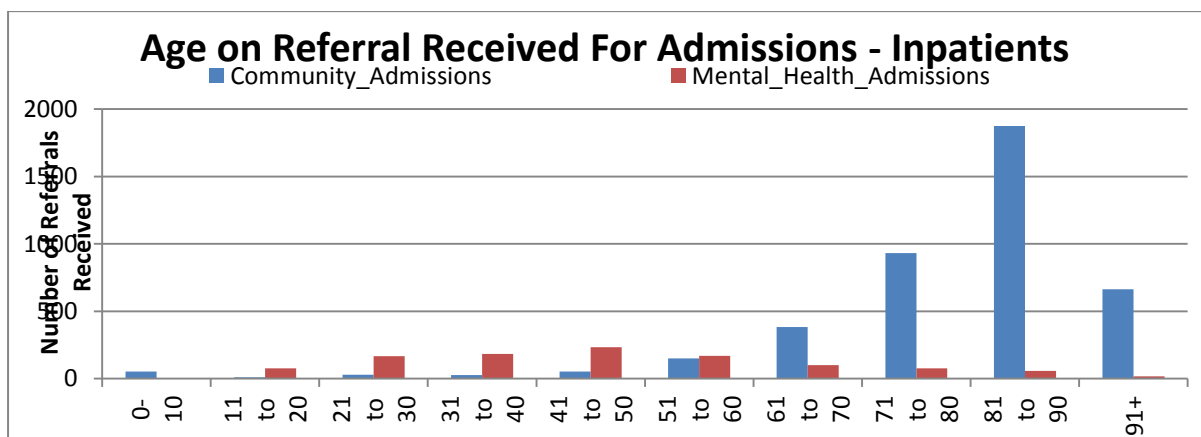
Equality and Diversity Service User Monitoring Data

Inequalities in peoples experience of health still represents significant challenges in Cumbria with people in the most affluent areas living up to 20 years longer than those in more deprived circumstances. The Trust is committed to reducing inequality in the health of our population.

The following charts show inpatient and outpatient activity relating to the services provided by CPFT. The Trust does not currently collect information by disability, sexual orientation, gender reassignment, pregnancy or maternity.

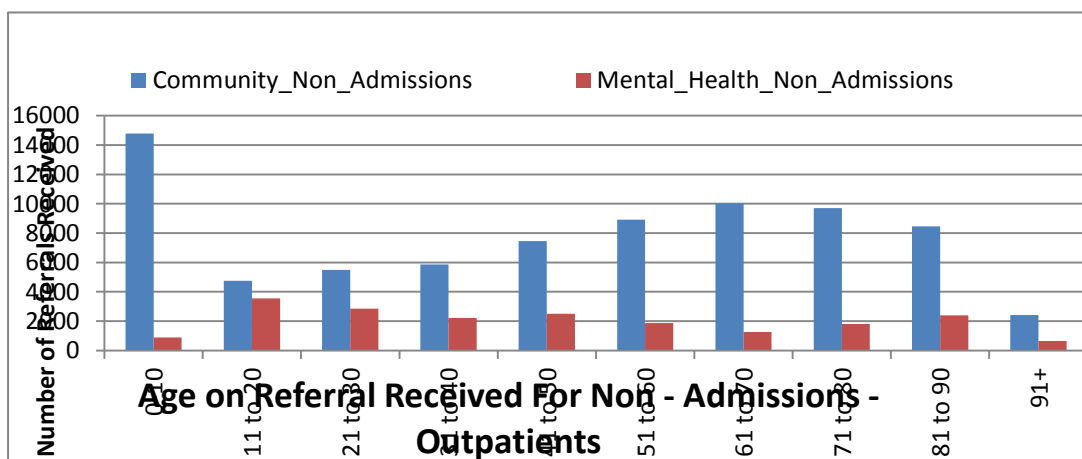
Age

The number of admissions to in patient units is higher for users of community health services. There are greater admissions for service users over the age of 70.



The number of referrals to out-patient services is more evenly distributed across the age bands.

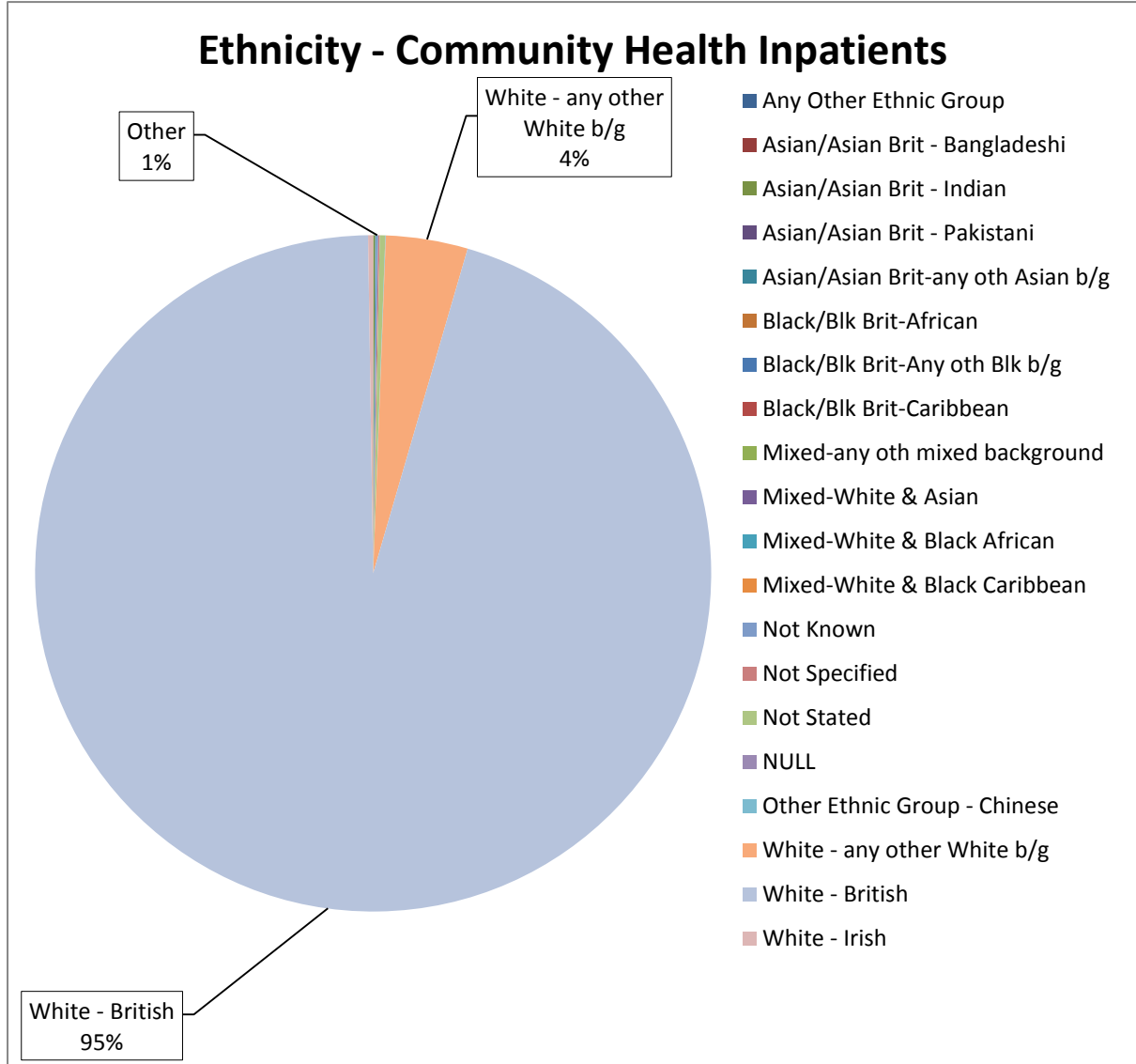
Cumbria has an older population profile than England & Wales - with lower proportions of residents in younger age groups and higher a proportions of residents in older age groups (2011 Office of national statistics).



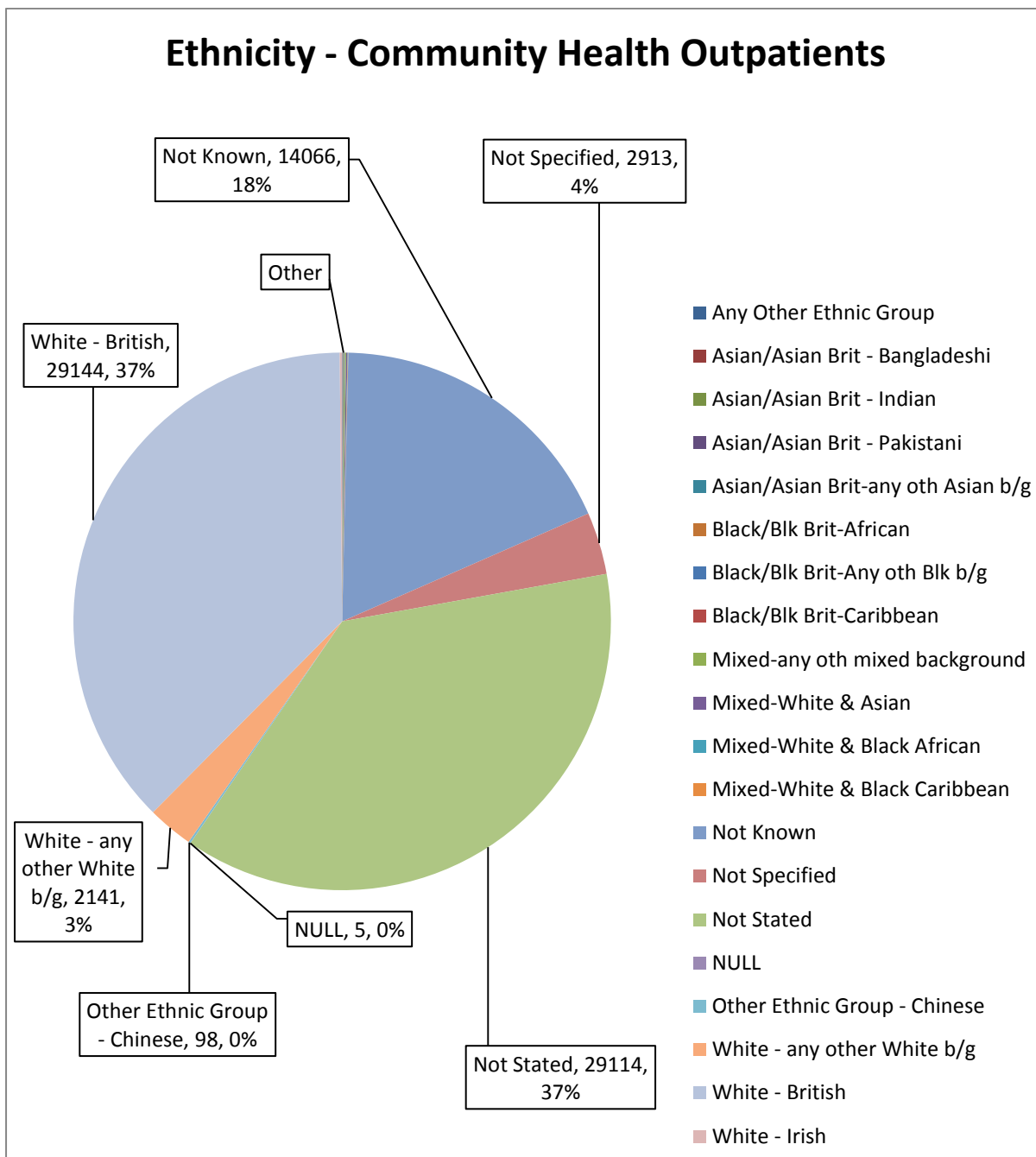


Ethnicity

The following charts show the breakdown of ethnicity for referrals received by mental health and community health services. It is also presented by in-patient and outpatient referrals.



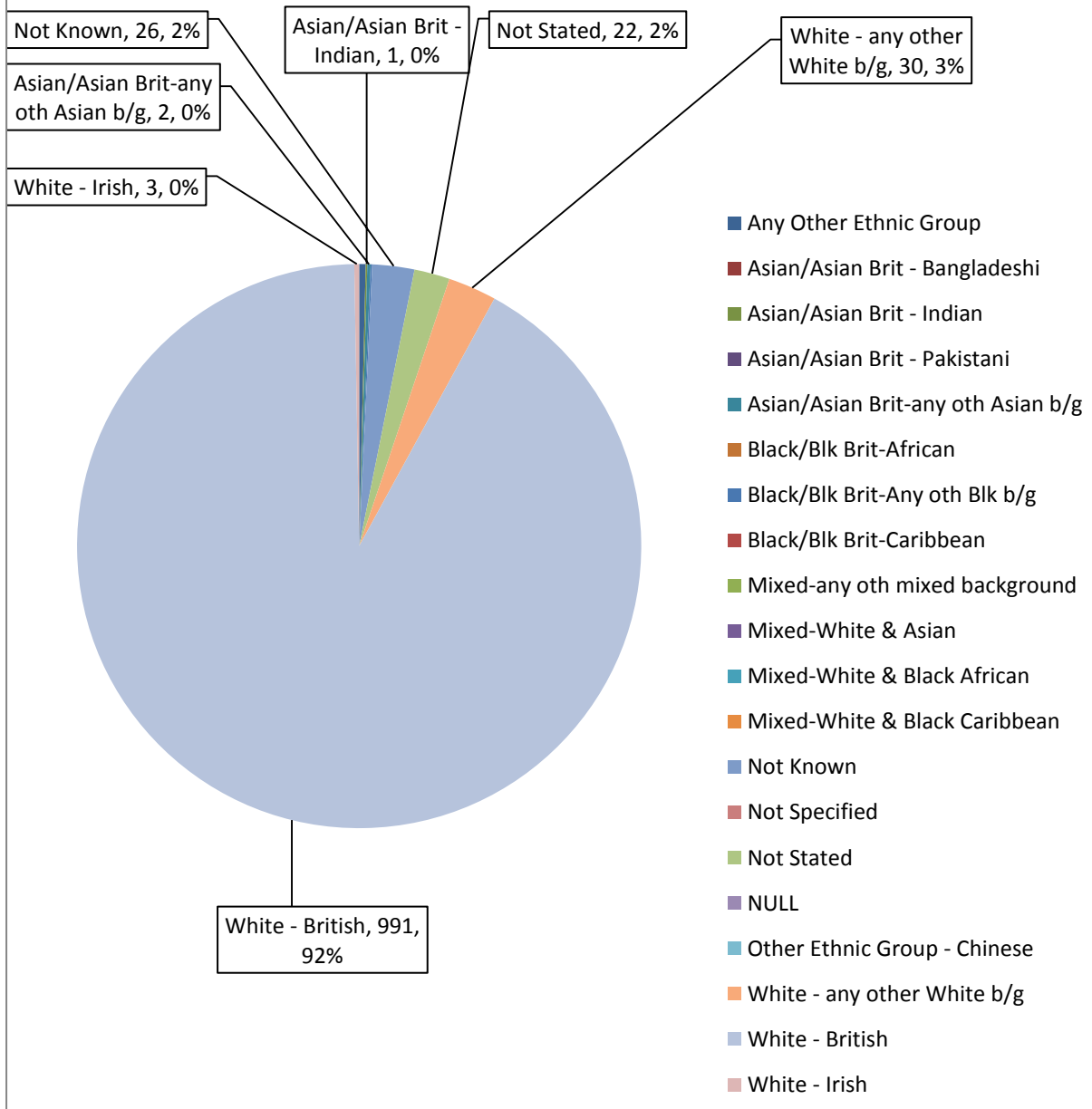
95% of community in patients are white British.



Whilst 37% of community out patients are declared as white British a high proportion of ethnicity not stated (57%).

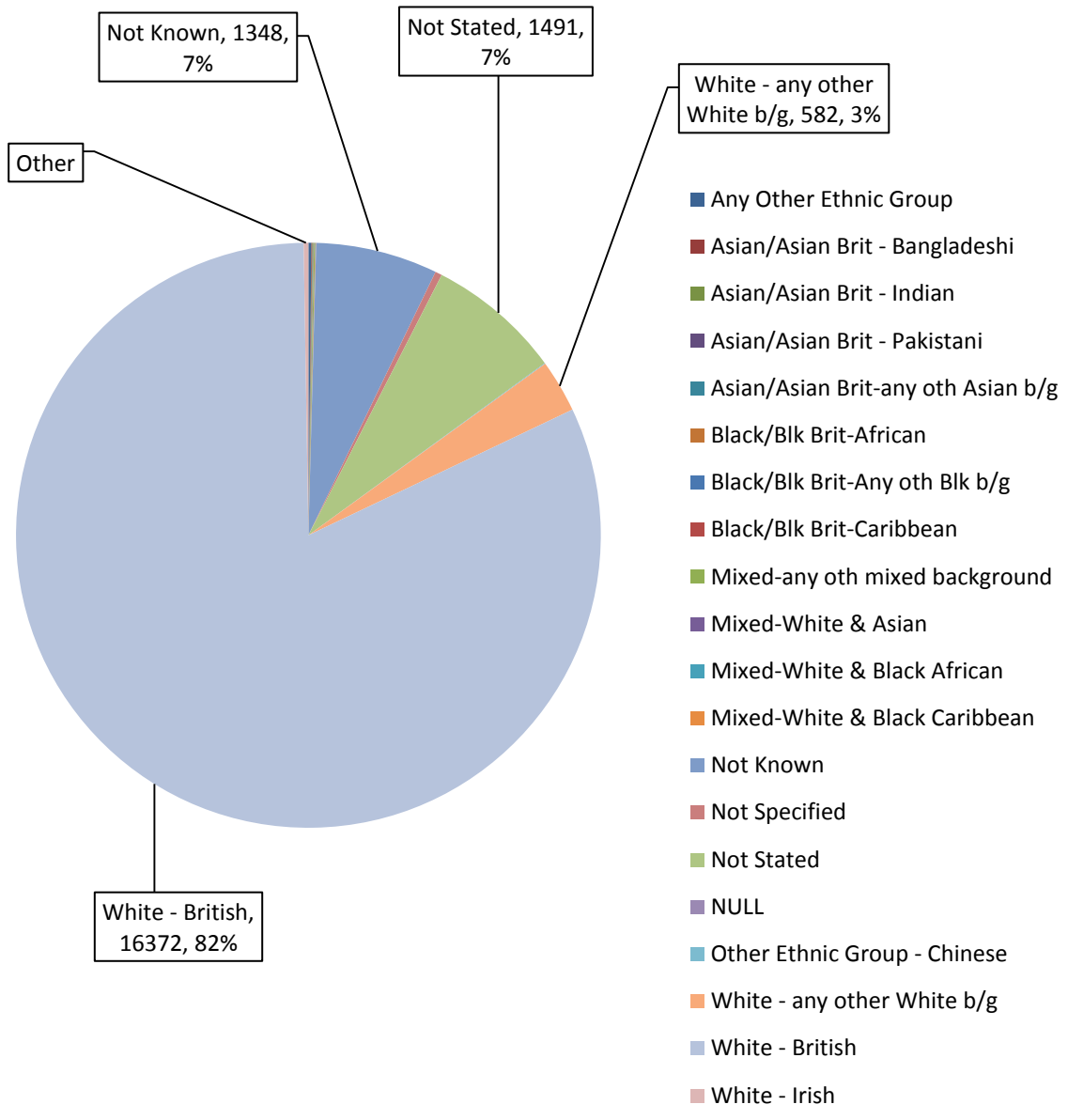


Ethnicity - Mental Health Inpatients



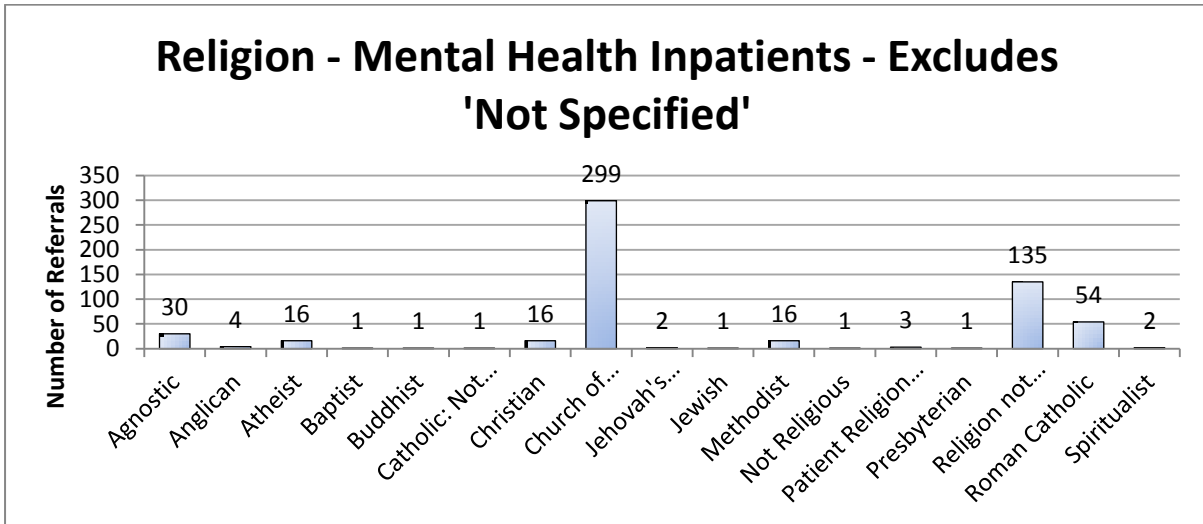
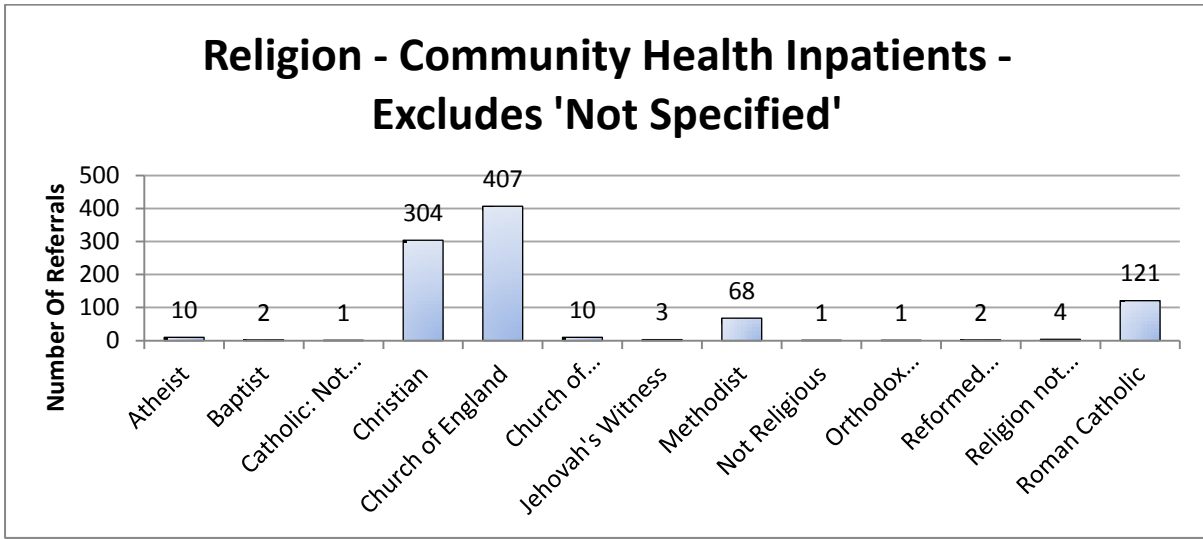


Ethnicity - Mental Health Outpatients





Religion



For both mental health and community patients Church of England is the most stated religion.

The 2001 census indicates that Cumbria has the highest level of Christian residents of any county and England & Wales (71.9% compared with 59.3% in England & Wales)

