



Equality, Diversity and Inclusion

Annual Report

April 2017





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Introduction

This Equality, Diversity and Inclusion (EDI) report provides information on how Cumbria Partnership NHS Foundation Trust is meeting its legal duties set out in the Equality Act 2010, the Public Sector Equality Duty 2011 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; and
- Foster good relationships between people who share a protected characteristic and those who do not.

The nine Characteristics which are protected by the Equality Act 2010 are:

1. age
2. disability
3. gender reassignment
4. marriage or civil partnership (in employment only)
5. pregnancy and maternity
6. race
7. religion or belief
8. sex
9. sexual orientation

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 Trust is committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. In line with the Modern Slavery Act 2015, the Trust has published a statement on its website which sets out the actions taken and also where further improvements can be made.

The people who use our services have diverse needs therefore 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 2016/17, and includes workforce and patient statistical information relating to specific protected groups.

The information in this report will inform improvements to the Trust's approach towards EDI in 2017/18 in line with our organisational values.





Compliance

Equality Delivery System Objectives 2016-20

These EDI objectives form the Trust's Equality Delivery System (EDS2), agreed by the EDI Steering Group and approved by the Quality and Safety Committee.

An annual self-assessment will be undertaken to measure our progress against these objectives. This will be followed by a Community Stakeholder Engagement event to both grade our performance and jointly develop an OGIM (Objectives, Goals, Initiatives and Measures) based upon the four EDS2 Goals and the Trust's equality objectives.

Goal 1 – Better Health Outcomes	Timescale
1. To improve reported patient experience for protected groups	
1.1 Develop a single Equality Impact Assessment process, applied consistently across the Trust implemented with a supported roll out.	31/12/17
Goal 2 – Improve Patient Access and Experience	Timescale
2. To reduce health inequalities for protected groups by improving access to all services	
2.1 The Trust is represented at Strategic Refugee Meetings and Health Sub Groups to ensure the needs of Syrian refugees are identified with plans developed to identify their needs and promote access.	30/09/17
Goal 3 - Representative and supported workforce	Timescale
To improve reported employee experience for protected groups	
3.1 EDI Networks developed to focus on different protected characteristics	31/12/17
3.2 Workforce Race Equality Standard (WRES) completed within the required standards and timescales, engaging with different cultural staff groups to ensure representation and promote equality of opportunity.	31/08/17
Goal 4 - Inclusive Leadership at all levels	Timescale
Board and Senior Leaders demonstrate their commitment to promoting EDI and understand the impact of their business decisions upon people from protected groups	
4.1 Board Development session to consider how the Trust Board can demonstrate inclusive leadership, accountability and the impact of decisions upon people from protected groups.	31/12/17
4.2 Patient stories are included and heard at Board level meetings.	31/12/17





EDI Incidents and Complaints

There were three EDI related incidents raised between 2016-17, with action and lessons learnt detailed below:

Incident	Type of Incident	Action	Lessons Learnt
1	Accessible Toilet, Dignity and Respect: Toilet has two doors, accessible external door was locked for reception to use.	External toilet door unlocked for use by radar key users and internal door from reception locked.	EDI and DDA awareness. Trust future focus upon reasonable adjustments and accessibility.
2	Racial Abuse: Patient in First Step waiting room experienced racial abuse from two other people in the room.	Issue raised and investigated by Network Managers, Estates alerted.	Estates to fit intercom system to prevent members of the public entering the building without appointments.
3	Reasonable adjustments: Lack of communication resulted in patient with severe learning disabilities unable to have planned operation in Newcastle due to inadequate staff provision/ reasonable adjustments.	Physical Health pathway liaising between Trusts and rearranging appointment.	Effective communication between Trusts.

Equality Impact Assessments (EIA's)

EIA's should be undertaken for all changes, to assess whether they may cause a detrimental impact upon people with protected characteristics. The Trust is currently reviewing it's EIA process to ensure these are undertaken as effectively as possible, assessing when an EIA should be undertaken and considering alignment with other impact assessment processes. Once reviewed, the revised process will be taken through the relevant governance arrangements before implementation across the Trust, together with appropriate communication, engagement and training.

Workforce Equality, Diversity and Inclusion Issues

During the period 2016-17 there were six grievances raised in relation to bullying and harassment, one of which related to race. There were no disciplinary hearings relating to Equality, Diversity and Inclusion issues.

Policies and Procedures

The Trust's EDI Policy was reviewed and updated in May 2016. An EDI Policy working group has been formed to develop an overarching EDI strategy extending to patients, staff and all who work with the Trust. All EDI related policies will flow from this Strategy including a Transgender Policy which is currently under development. Both the Strategy and Transgender Policy are planned for completion in 2017.

Training and Awareness Sessions





The Trust's mandatory e-learning package for EDI has been replaced with the Skills for Health Core Skills Framework package, which is adopted by most Health Trusts. This up to date package must be completed by all new starters into the organisation and as a refresher for existing staff every three years.

A number of awareness sessions, including deaf awareness and unconscious bias, will be rolled out across the Trust in 2017. A coordinated programme of training will also accompany the launch of different EDI related policies and impact assessments.

Workforce Race Equality Standard (WRES)

In accordance with NHS England's requirements, the Trust completed the WRES in July 2016, providing both data and narrative around race equality issues within the Trust. Although figures are increasing, the Black, Minority, Ethnic (BME) population of Cumbria is low, with an overall BME of 3.5% with the Trust employing 1.7% of it's staff from BME backgrounds.

Culture, Communities and Partnership

EDI Representatives

The Trust has a number of EDI Representatives, who are employees and governors, passionate about promoting equality, diversity and inclusion within their everyday work. As numbers of EDI Representatives have increased, this will enable the development of different networks over 2017, such as Disability and LGBT to focus upon specific issues, provide support and raise awareness.

Community Events

The Trust works with a number of different Community Groups to help promote awareness of services and understand barriers experienced by different communities, including those from different ethnic and cultural backgrounds. The Trust also works with national and local groups to support the County's Military Veterans in accessing services and promoting work opportunities when transitioning into civilian life.

The Trust sponsored a number of Community events in 2016. These included the Diverse Cumbria Awards, celebrating equality and diversity across the County and Cumbria Pride 2016, providing a coordinated and united presence with other Health partners, meeting with members of the LGBT community and other LGBT partner organisations.

Public Sector Partnership and Integrated Working

The Trust is a founding member of Cumbria Public Sector Partnership together with Cumbria Constabulary, Cumbria Clinical Commissioning Group and Cumbria County Council. Working together with shared equality objectives to identify, understand and meet the EDI needs of public, patients and service users within the County. Membership will be extended to other Public Sector Organisations across the County during 2017.

The Trust is represented at regional and national EDI events, working with NHS Employers and a member of the Employers Network for Equality and Inclusion (enei).

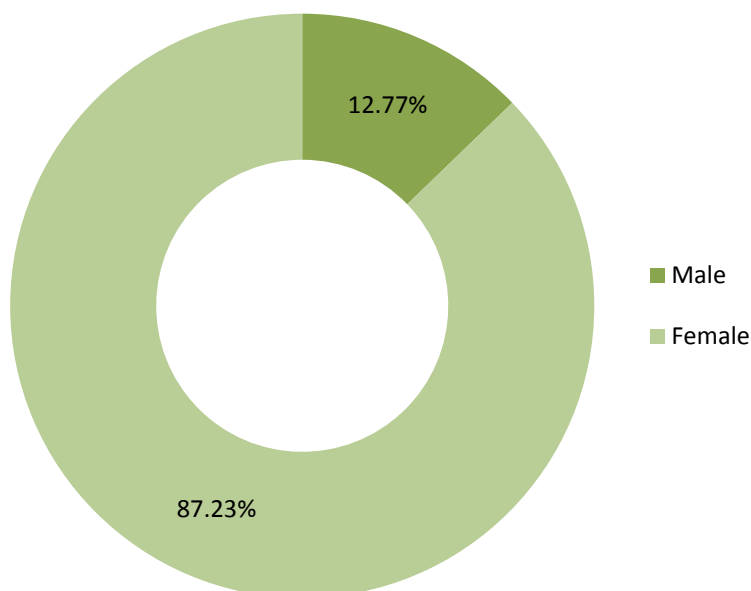
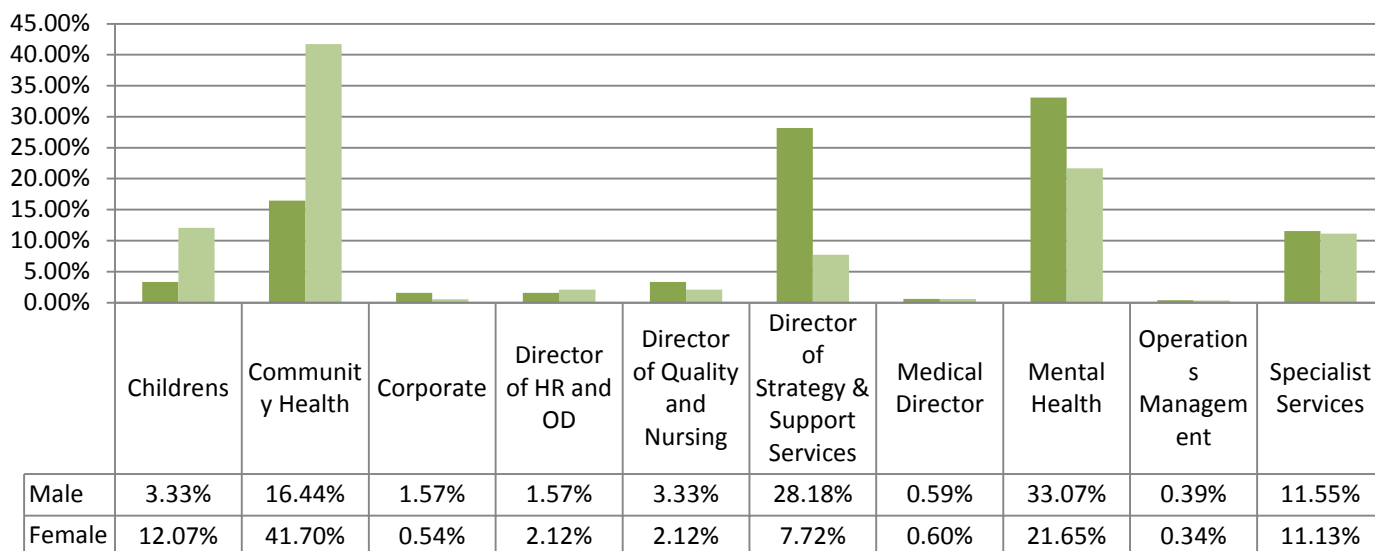




Workforce EDI Data

Gender

The gender distribution shows a difference in the numbers of staff identifying as male or female across each Care Group or Directorate. Whilst Community Health employs the highest number of female staff within the Trust, Mental Health has a higher proportion of male staff compared to females. Specialist and Corporate/Support Services however show similar numbers of both and female staff.



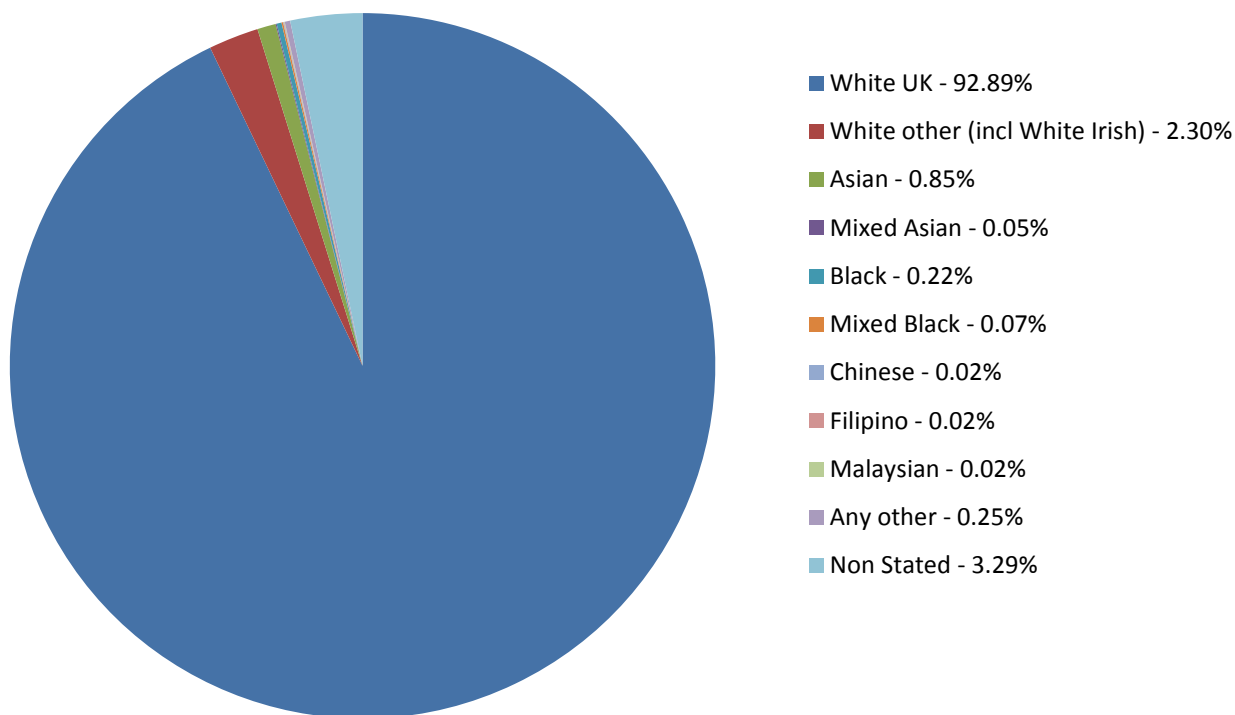
Ethnicity

The trust currently employs 4008 staff, of which **92.89%** describe themselves as White UK. Although a wide range of other ethnicities exist, the numbers are very small which corresponds with the low BME within the County.



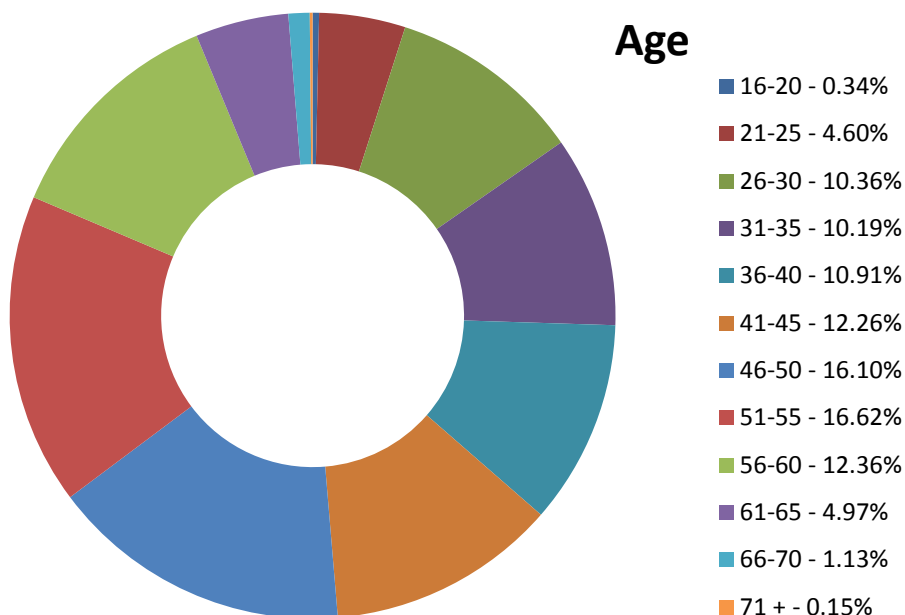


Ethnicity

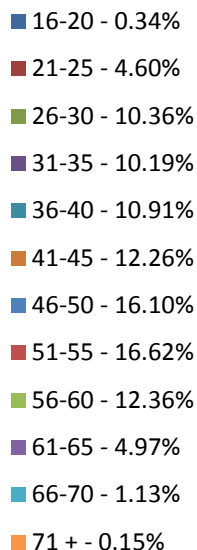


Age

Workforce information highlights that the Trust has an ageing workforce with **51.32%** over the age of 45 years, **18.61%** of which are over 56.

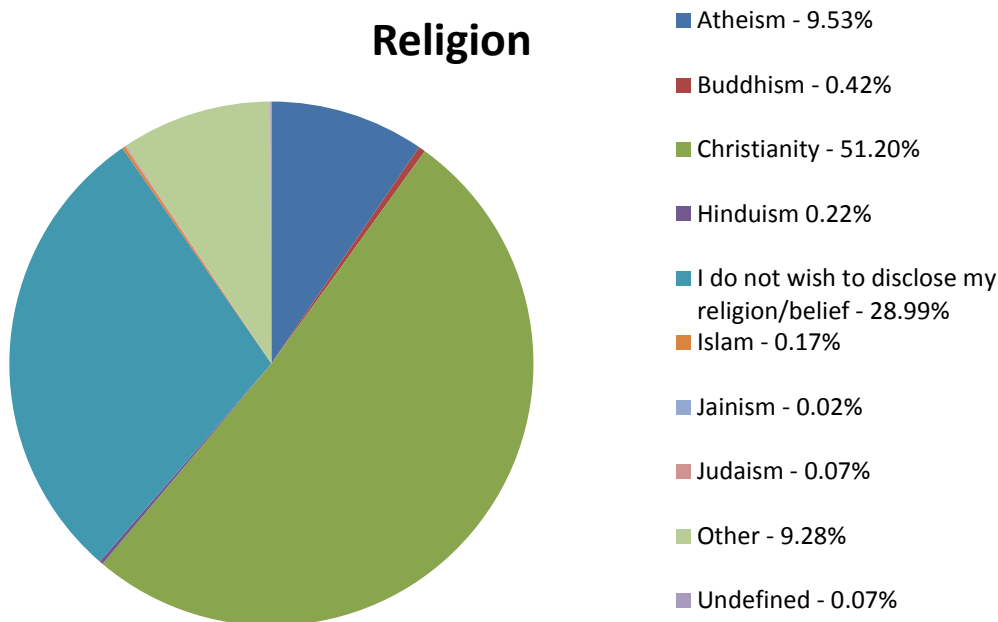


Age





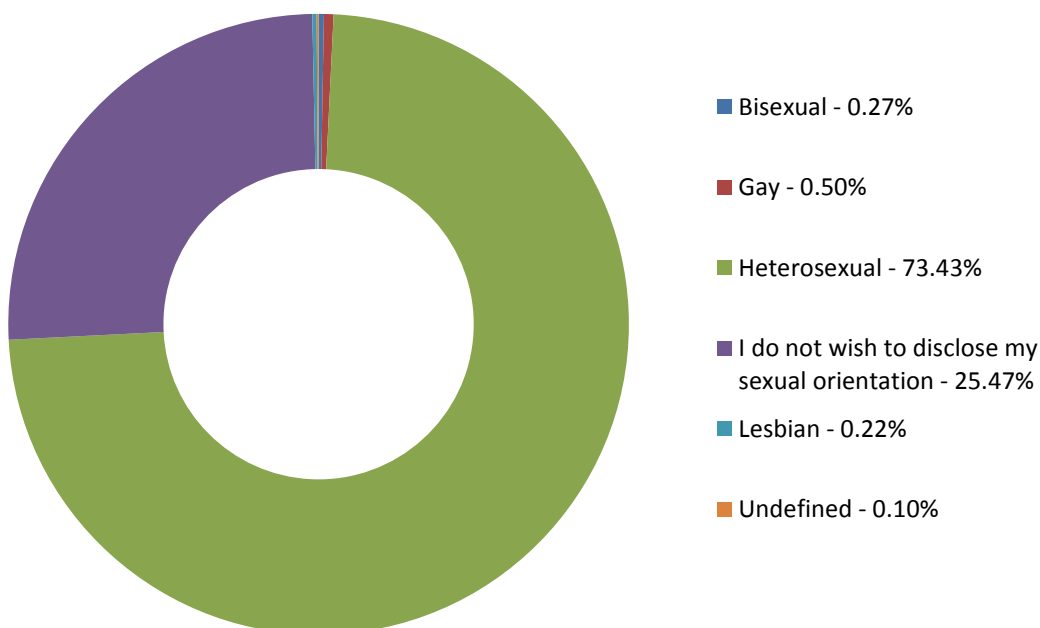
Religion



Although Christianity ranks as the highest religion within the Trust at **51.20%**, a high number of employees (28.99%) have chosen not to disclose their religion. Whilst other religions and cultures are represented within the workforce, the numbers are very low.

Sexual Orientation

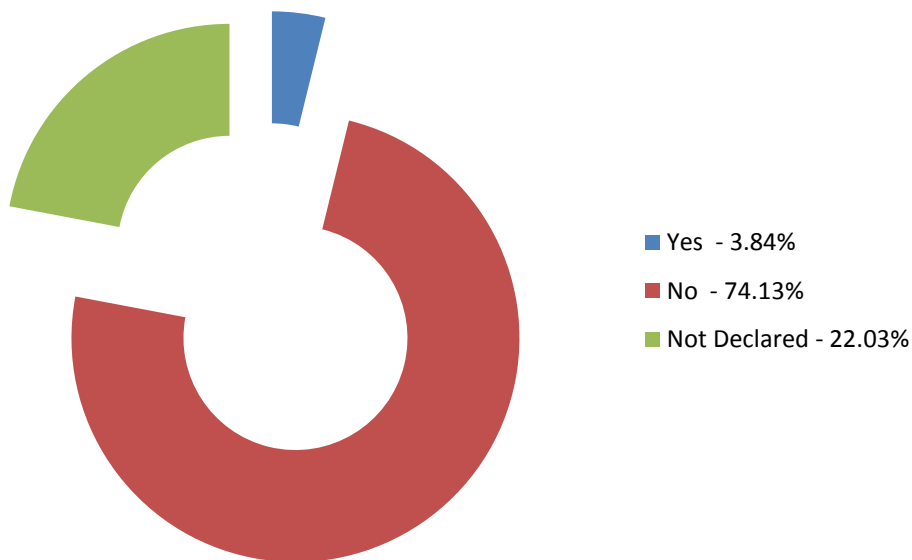
Whilst **73.43%** of the workforce have specified their sexuality as Heterosexual, there is an unusually low number of people within the workforce indicating gay, lesbian or bisexual. Again like religion, a high number of people have chosen not to disclose their sexuality, which will be explored further within staff survey results and through the LGBT Network.





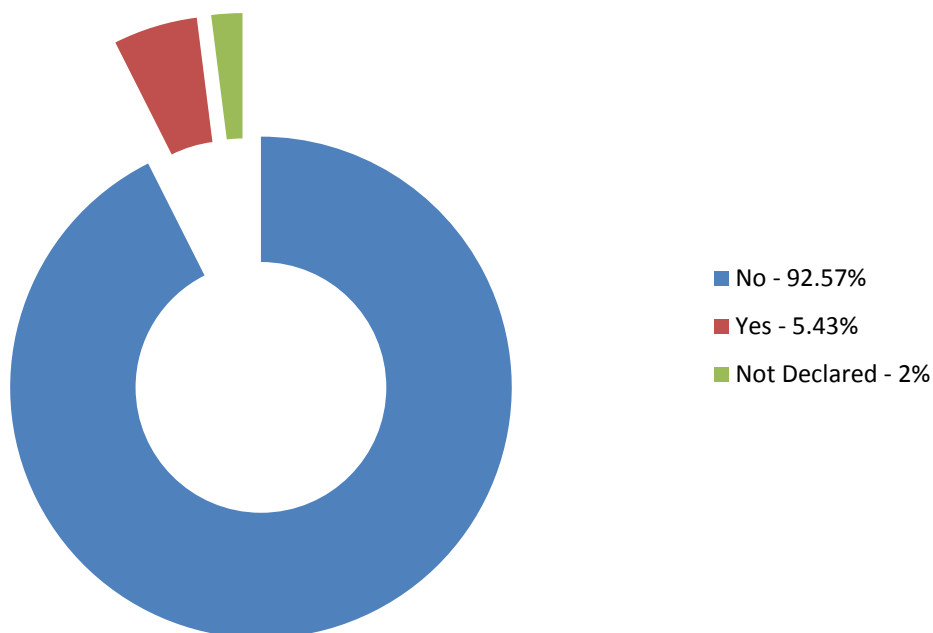
Disability- Existing Staff

The number of staff within the existing workforce who consider themselves as having a disability is very low, particularly for a large organisation within the health sector. Again a high proportion of staff have chosen not to declare, which will be addressed within the Trust's focus upon disability and reasonable adjustments in 2017.



Disability – Staff Appointed

350 new recruits into the organisation reveal as a slightly higher percentage who consider themselves to have a disability, compared to the existing workforce. However, it is important to note the very high proportion of new staff who do not have a disability requiring consideration into whether our recruitment procedures are inclusive and attracting people from all backgrounds and abilities.





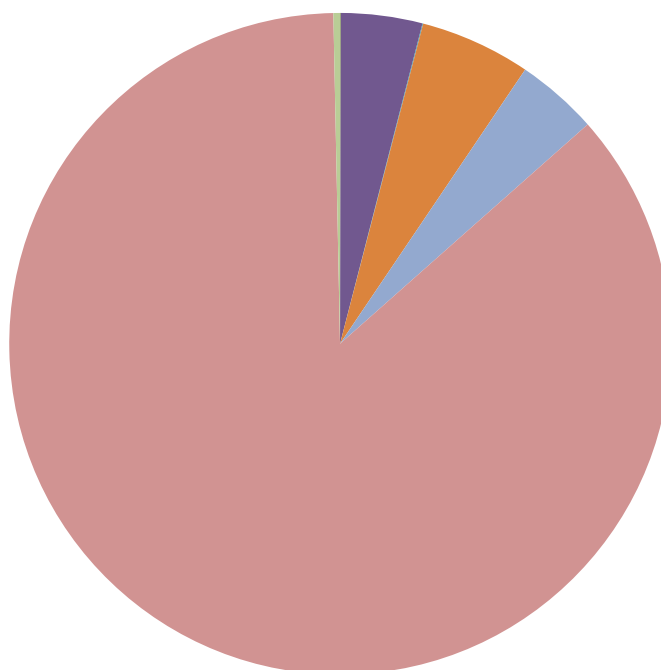
Patient EDI Data

Ethnicity - Inpatient

The ethnicity profile of inpatient services for both Community Health and Mental Health is comparable, showing high proportion of patients from White-British backgrounds and a small number from a range of different backgrounds.

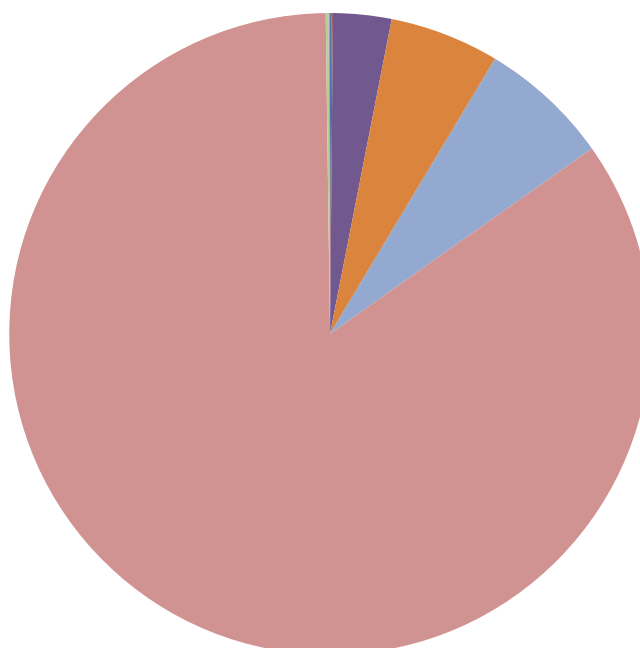
Inpatient - Community

- Any Other Asian background
- Any Other Ethnic Group
- Any other mixed background
- Any other White background
- Chinese
- Not Stated
- Unknown
- White - British
- White - Irish
- White and Black African



Inpatient – Mental Health

- Any Other Asian background
- Any Other Ethnic Group
- Any other mixed background
- Any other White background
- Chinese
- Not Stated
- Unknown
- White - British
- White - Irish
- White and Black African





Inpatient Data Table

Ethnicity	Community	Mental Health
Any Other Asian background	0.00%	0.07%
Any Other Ethnic Group	0.00%	0.07%
Any other mixed background	0.04%	0.00%
Any other White background	3.98%	2.94%
Chinese	0.04%	0.00%
Not Stated	5.41%	5.52%
Unknown	4.01%	6.59%
White - British	86.21%	84.59%
White - Irish	0.32%	0.14%
White and Black African	0.00%	0.07%

Ethnicity - Outpatient

The ethnicity profile of outpatients is very different between Community Health and Mental Health. This is due to almost **65%** of Community Health patients categorised as either unknown or not stated ethnicity. However, if this figure was added to their number of White British outpatients then it becomes comparable to the figures within Mental Health where **85%** of outpatients are white British. Consideration will be given to how ethnicity information is captured within Community Health outpatients.

Outpatient Data Table

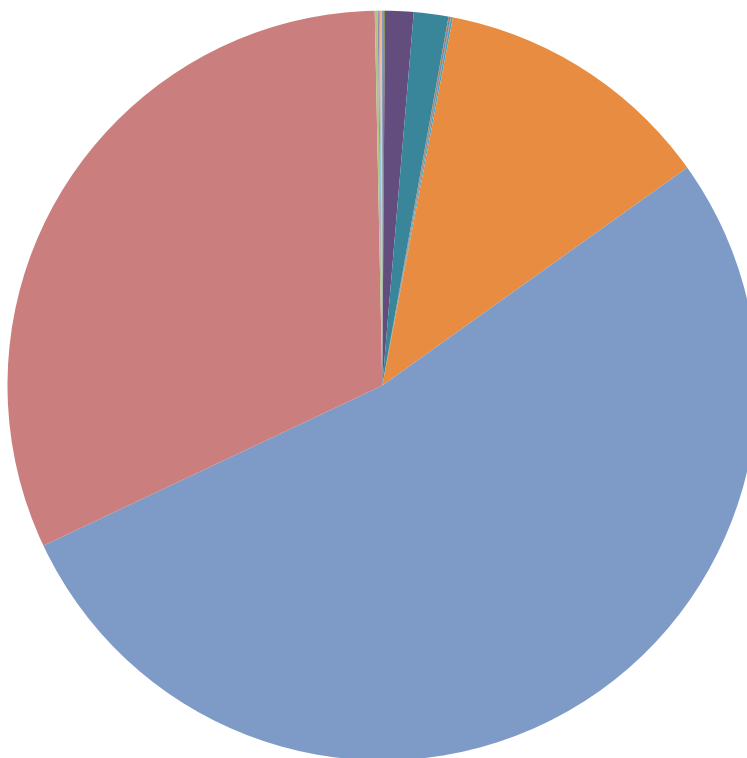
Ethnicity	Community	Mental Health
Any Other Asian background	0.04%	0.17%
Any other Black background	0.01%	0.04%
Any Other Ethnic Group	0.07%	0.13%
Any other mixed background	1.23%	0.20%
Any other White background	1.49%	1.64%
Asian or Asian British - Bangladeshi	0.03%	0.01%
Asian or Asian British - Indian	0.04%	0.01%
Asian or Asian British - Pakistani	0.02%	0.00%
Black or Black British - African	0.01%	0.00%
Black or Black British - Caribbean	0.00%	0.00%
Chinese	0.07%	0.03%
Not Stated	12.11%	3.75%
Unknown	52.85%	8.47%
White - British	31.70%	85.41%
White - Irish	0.12%	0.10%
White and Asian	0.06%	0.01%
White and Black African	0.04%	0.01%
White and Black Caribbean	0.05%	0.03%





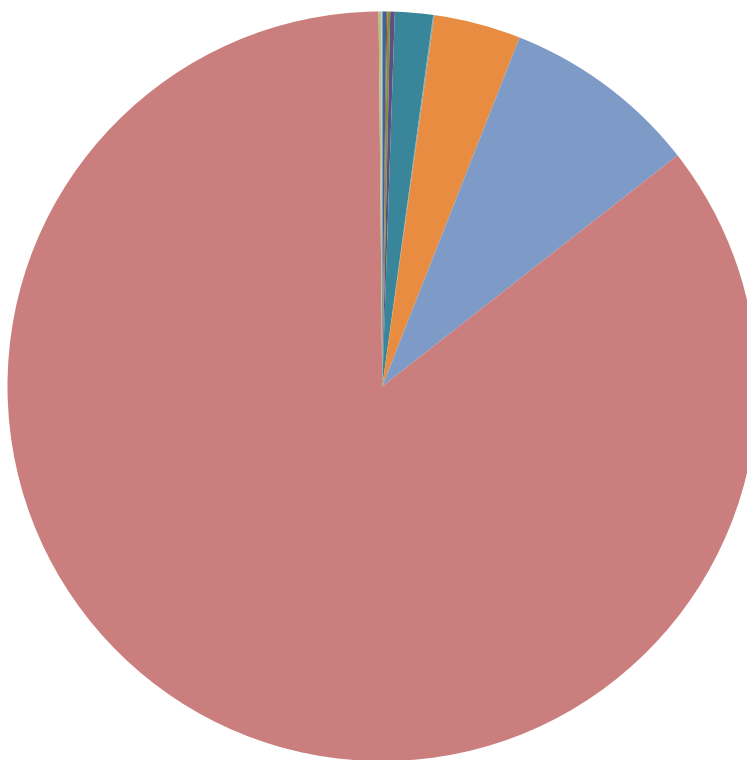
Outpatient - Community

- Any Other Asian background
- Any other Black background
- Any Other Ethnic Group
- Any other mixed background
- Any other White background
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Black or Black British - African
- Black or Black British - Caribbean
- Chinese
- Not Stated
- Unknown
- White - British
- White - Irish
- White and Asain
- White and Asian
- White and Black African
- White and Black Caribbean



Outpatient - Mental Health

- Any Other Asian background
- Any other Black background
- Any Other Ethnic Group
- Any other mixed background
- Any other White background
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Black or Black British - African
- Black or Black British - Caribbean
- Chinese
- Not Stated
- Unknown
- White - British
- White - Irish
- White and Asain
- White and Asian
- White and Black African
- White and Black Caribbean

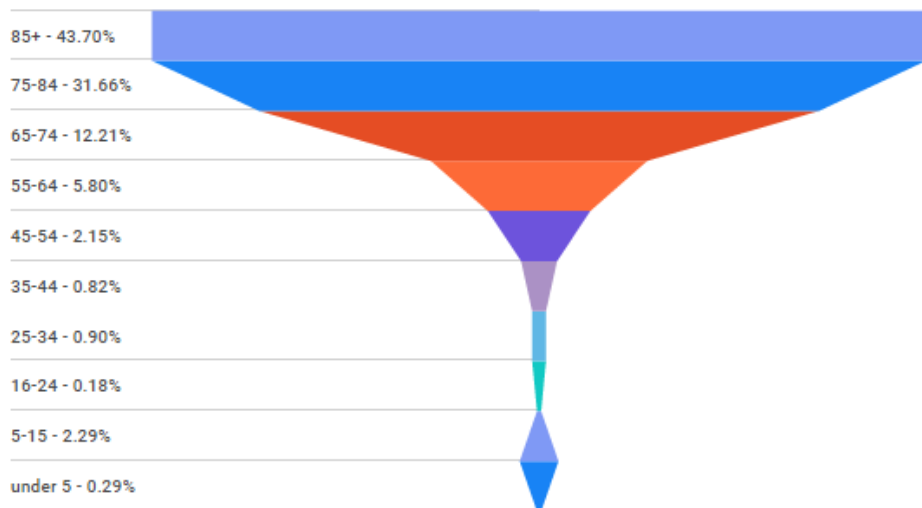




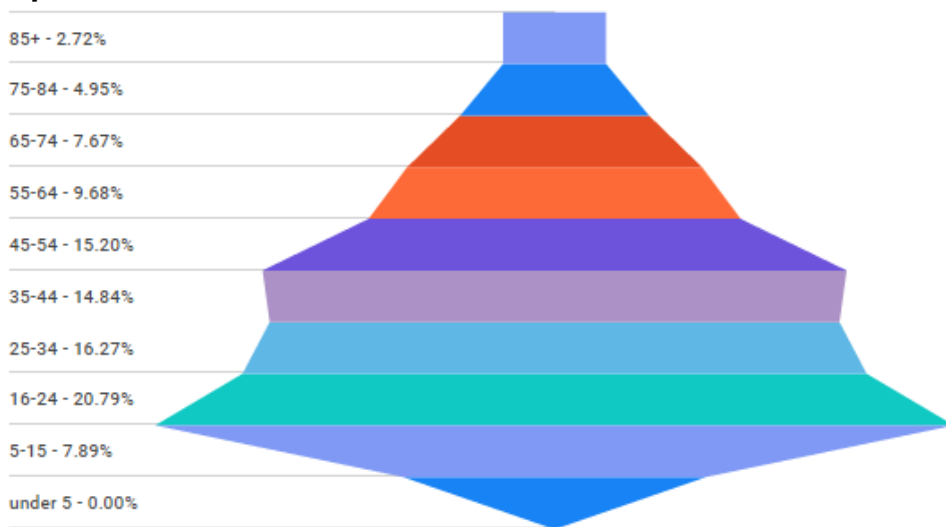
Age Profiles – Inpatient Community and Mental Health

There is a stark contrast in the age profile between Community Health and Mental Health inpatients. Whilst **75%** of Community Health inpatients are over the age of 75, the age profile is much lower in Mental Health with the highest proportion of patients in the 16-20 age range and into the working age profile.

Inpatient - Community



Inpatient - Mental Health



Inpatient Data Table

Age Group	Community Services	Mental Health
under 5	0.29%	0.00%
5-15	2.29%	7.89%
16-24	0.18%	20.79%
25-34	0.90%	16.27%
35-44	0.82%	14.84%
45-54	2.15%	15.20%
55-64	5.80%	9.68%
65-74	12.21%	7.67%
75-84	31.66%	4.95%
85+	43.70%	2.72%

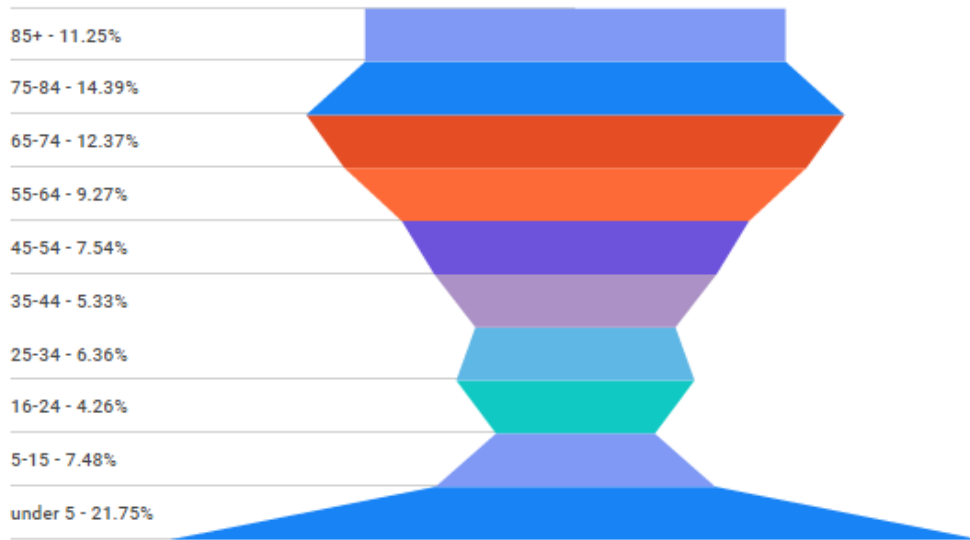




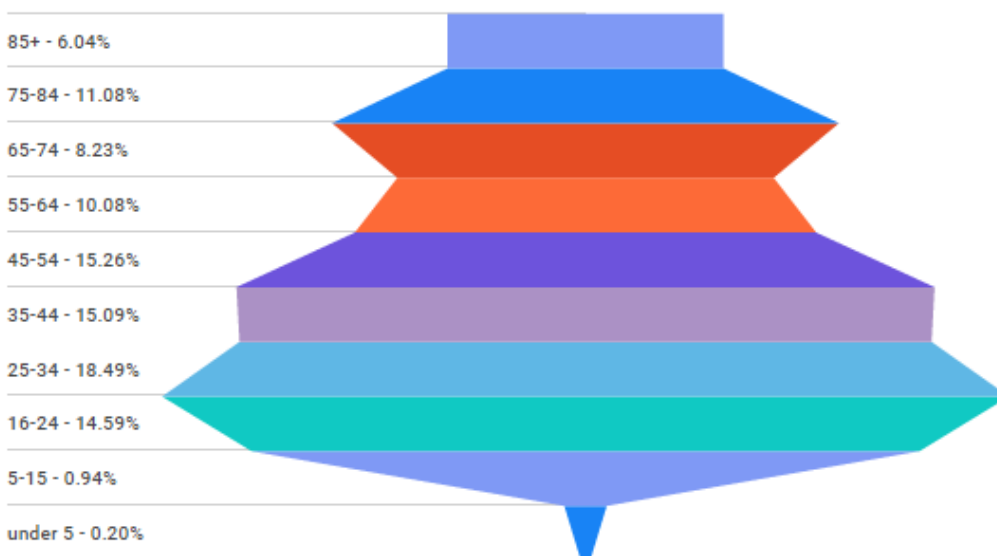
Age Profiles – Outpatient Community and Mental Health

There are two peaks in the age profile for both Care Groups. This is at the age of 5 and again at the age of 75 for Community Health. Where as in Mental Health, the peaks are within the working age profile, although slightly older than for inpatients, with another peak within the 75 age range.

Outpatient - Community



Outpatient - Mental Health



Outpatient Data Table

Age Group	Community Services	Mental Health
under 5	21.75%	0.20%
5-15	7.48%	0.94%
16-24	4.26%	14.59%
25-34	6.36%	18.49%
35-44	5.33%	15.09%
45-54	7.54%	15.26%
55-64	9.27%	10.08%
65-74	12.37%	8.23%
75-84	14.39%	11.08%
85+	11.25%	6.04%

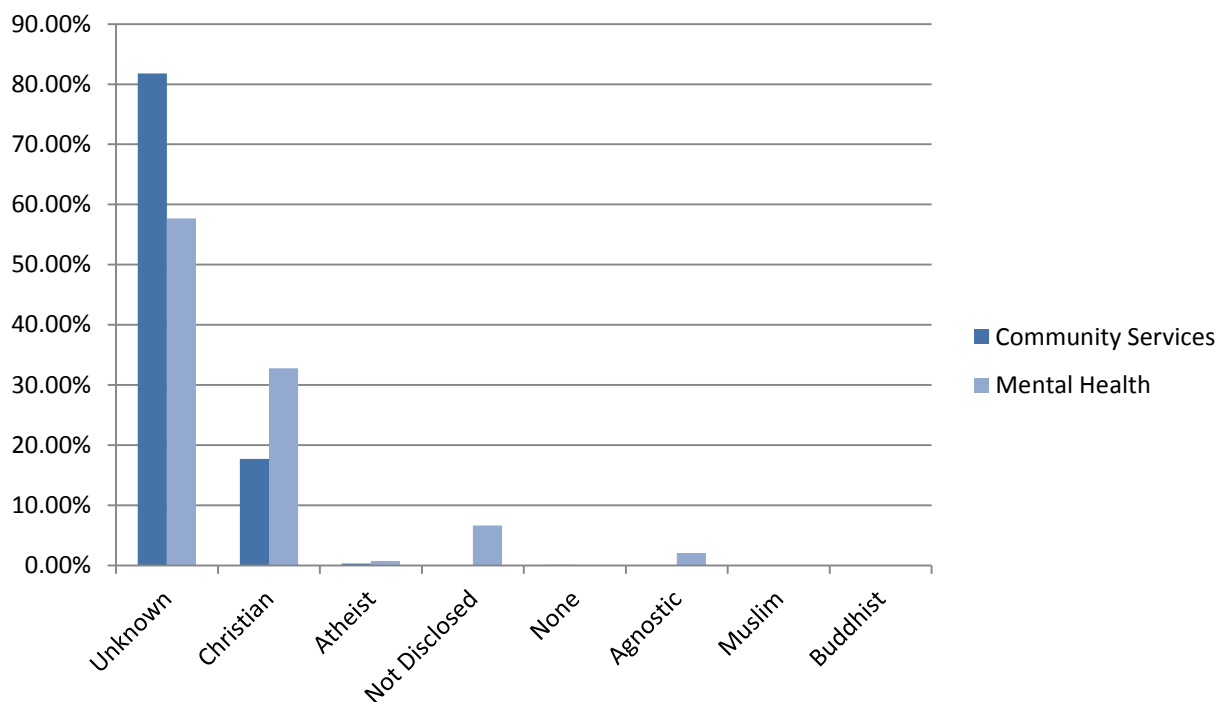




Religion – Inpatient Community and Mental Health

Although Christian was identified as the religion with the highest percentage in both Care Groups, the number of patients with unknown religion was very high at **81%** in Community Health and **57%** in Mental Health. Consideration of how information about the patient’s religious beliefs is captured will be explored.

Inpatient Based Religion April 16 - January 17



Religion Inpatient Data table

Religion	Community Services	Mental Health
Unknown	81.81%	57.71%
Christian	17.73%	32.76%
Atheist	0.32%	0.72%
Not Disclosed	0.00%	6.67%
None	0.11%	0.00%
Agnostic	0.00%	2.08%
Muslim	0.04%	0.00%
Buddhist	0.00%	0.07%

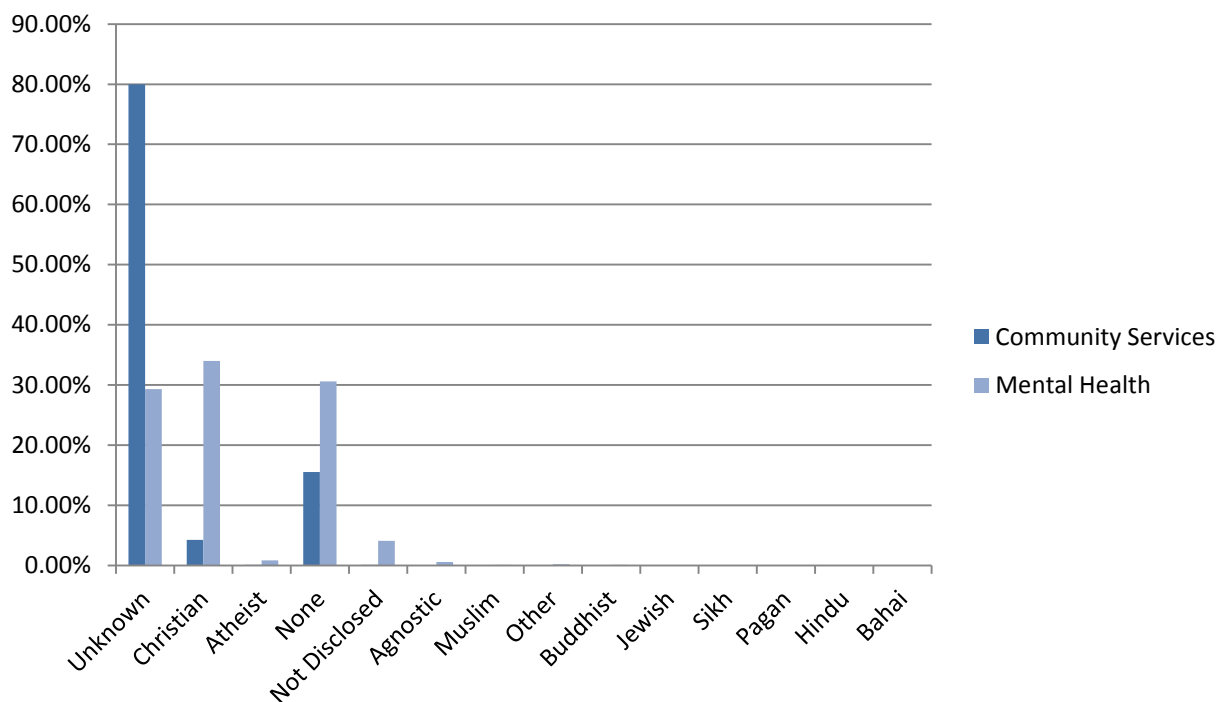




Religion – Outpatient Community and Mental Health

Similar to the Inpatient data, unknown religion is the largest category within Community Health and although at only 4%, Christian is the highest scoring religion. Mental Health’s unknown figures reduced significantly with Christian the largest category, however, Mental Health also have a small number of outpatients across a range of different religion.

Community Based Religion April 16 - January 17



Religion Outpatient Data Table

Religion	Community Services	Mental Health
Unknown	79.97%	29.31%
Christian	4.24%	34.02%
Atheist	0.09%	0.85%
None	15.53%	30.62%
Not Disclosed	0.13%	4.09%
Agnostic	0.01%	0.59%
Muslim	0.00%	0.09%
Other	0.00%	0.23%
Buddhist	0.00%	0.09%
Jewish	0.00%	0.02%
Sikh	0.00%	0.00%
Pagan	0.00%	0.07%
Hindu	0.00%	0.01%
Bahai	0.00%	0.00%

