



Equality, Diversity and Inclusion

Annual Report

April 2016





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Introduction

This Equality, Diversity and Inclusion report provides information on how Cumbria Partnership NHS 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; and
- 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 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 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 2015/16 and provides workforce and patient statistical information relating to specific protected groups.

The information in this report will inform improvements to the Trust's 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 2015/16.

The Trust is planning to implement the refreshed Equality Delivery System EDS2 during 2016 together with renewed equality objectives for 2016-2020.





Goal 1: Better Health Outcomes for All

Objective 1.1 – the needs of each protected characteristic group to be taken into account in the designing of new services.

Progress: Patient feedback is used to inform developments within services.

There is representation of people with protected characteristics within both the Trust membership and governors. Whilst we ask about gender, age, ethnicity and disability this is voluntary and we do not request information on any of the other protected characteristics although there is evidence that these exist within these groups.

There is evidence within the Trust of ex-service users and carers actively involved with service developments and are also contributing to corporate induction sessions, training and meetings providing life stories from first-hand experience which has had a very positive impact.

The Trust has also signed up to a national programme: Children & Young People Improving Access to Psychological Therapies (CYPIAPT) providing more emotional support to children and young people.

As a result they will be actively involved in shaping the future of services for those with mental health issues and the Trust is currently working on setting up a series of service user groups across the county.

There is evidence of data used in service development and redesign, an example being the Acorn Centre where a patient representative worked closely with the architect, designing the décor and involved in interviewing of staff. Patient stories are also gathered from discharged patients and carers.

A review of Equality Impact Assessments (EIAs) will be undertaken in 2016 together with a training programme to ensure people are aware of when and how to complete EIAs and their responsibilities. EIAs have been completed for both policy and planned service changes, however, further training and development will improve the quality of assessments.

Objective 1.2 – vaccination screening programmes to be inclusive and accessible to all.

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. A successful immunisation training programme for Health Visitors and School Nurses has taken place this year (2015/16) to support the promotion of immunisations across all communities, contacts and patients, This work enables the identification of both the barriers and support required for people with language, disability and cultural barriers. Although qualified to provide vaccinations themselves, the contract is through GP Surgeries which can sometimes limit the success of promotion work, should patients decide not to attend for their vaccination. Nasal flu community clinics have taken place this year and been successful. Invitation letters were sent to children within the specified age range and the team worked with the Council to identify children who are home schooled or excluded. Accessing service user/patient data held by another organisation has had its challenges; however, work will continue to ensure good quality information and reporting.





Goal 2: Improved patient access and experience

Objective 2.1 – the Trust will make improvements to the accessibility of services for people with a disability.

Progress: The Patient experience team have worked together with Learning Disability patients and carers to develop a range of material including information sheets, questionnaires which are now used across the Trust. Information is provided in a range of other formats as required such as Braille, British Sign Language and translators through Language-line. The Trust is also working jointly with Cumbria DeafVision to translate some patient information into sign language visual recordings.

The Trust website uses software to assist users who have a disability to use the Internet. Browsealoud is an interactive tool which can translate all information held on the Trust's Internet site into over 40 different languages in either written form or spoken word. It also includes a filter to help people with dyslexia and the ability to simplify, magnify or change the size of the words and save information to a pdf. Usage within 2015 shows 1177 toolbar access to different formats and 2258 speech requests, this equates to 3.22 toolbar accesses and 6.1 speech requests per day. The Translation function was also accessed 64 times, with the most common languages being Spanish, French and Latvian.

The Trust is working with Cumbria DeafVision to introduce deaf awareness training sessions for staff.

Some service areas such as Sexual Health use SMS/Text messaging to advise patients of their test results. First Step also sends appointment reminders via SMS/Text message to help meet patient access and need.

Objective 2.2 – to improve the collection and monitoring of equality data within the complaints process.

Progress: The Executive Director for Workforce and Organisational Development chairs the Equality, Diversity and Inclusion Steering Group where all related incidents and complaints are reviewed. Thematic analysis of patient complaints or incidents are undertaken to identify concerns relating to patients with protected characteristics.

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 database, collates information on equal access to staff appraisal and training although does not specifically report on each of the protected characteristics. Value based appraisals will be introduced into the Trust in March 2016 which looks at the individual person and their values in addition to skills and abilities. The Trust offers flexible working to staff





although the uptake is not routinely monitored to ensure equal and fair access. There is good engagement and working relationships with staff side/trade unions and involvement in service development and health and wellbeing action groups.

Statistics relating to Equality and Disability profiles of both 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. This has been accessed several times this year with issues raised and solutions put in place.

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 disabled people entering employment. Two Tick training is provided to staff through the Scheme and people management days. The Scheme is managed through the Recruitment Team with a system in place to alert managers of Two Tick applications as well as clear identification on the applications.

The Trust is accredited as part of the Mindful Employer Scheme, a Charter for Employers who are positive about mental health. Following the launch in September 2015, 35 members of staff have started a course of Mindfulness Training with another 38 booking on for 2016 courses. Staff can self-nominate themselves for training and are represented from across all areas of the Trust.

Goal 4: Inclusive leadership at all levels

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

Progress: Equality and Diversity are key elements within the Trust's Values Framework and with the introduction of Values Based Appraisal, individual performance will be measured against these core values. Updated policy, documentation and training will be provided to support the launch, together with coaching development to upskill managers in appraisal technique. There will be an appraisal window for all staff with clear objectives to support the Trust to achieve "Great Teams, Great Care". As the Trust continues its transformation journey a culture of equality will be further developed along with the organisational values.

There is a mandatory e-learning programme with both Equality and Diversity principles and legislation for all staff to complete upon appointment/Induction and refreshed every three years.

All medical doctors are also required to complete mandatory training in Equality and Diversity as part of medical validation and performance review.

A review of all Equality and Diversity training within the Trust will be undertaken in 2016 in line with





national guidance.

The Equality and Diversity Steering Group has been reviewed, it's membership and Terms of Reference refreshed and work has started on developing a culture of Equality, Diversity and Inclusion throughout the Trust.

The Equality and Diversity Representatives Group has also been reviewed, it's membership renewed and a programme of support and development has commenced.

The Equality and Diversity Lead for the Trust feeds into Regional E & D Leads Groups across both the North East and North West and contributes to national initiatives and strategy.

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. Issues have been raised under the campaign this year and dealt with accordingly, however, in small numbers
- 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. This will be a primary focus for the Trust in 2016 to ensure adjustments and necessary equipment are provided in a timely way
- Training and development opportunities in a form which meets the needs of disabled employees; and
- 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 scheme and are 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 01/04/2015 to 31/03/2016.



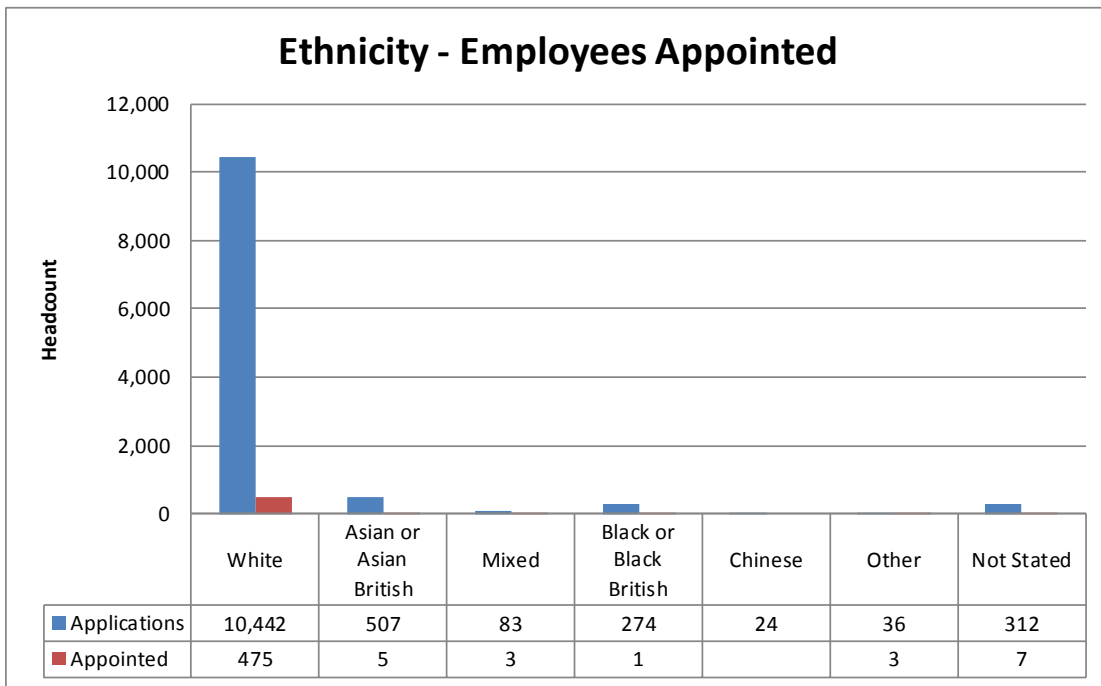


Ethnicity

The Trust currently employs 4,032 staff, 95% of which describe themselves as white, 1.6% of staff are black minority ethnic (BME) which is slightly higher than for Cumbria (1.5%) but lower than England and Wales (14%). 3% of staff have not stated their ethnicity.

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).

Recruitment data suggests that while 89% of applicants for vacant posts were white and 8% are BME only 2.4% of successful candidates were BME compared to 96% white.



The total number of HR procedures undertaken is as follows:

Disciplinary (27)	20 Female	7 Male
Grievance (13)	8 Female	5 Male
Capability (18)	12 Female	6 Male

Whilst there is a cross section across all age groups, none declared a disability, all were white employees and only one case was a non-British person (grievance case).

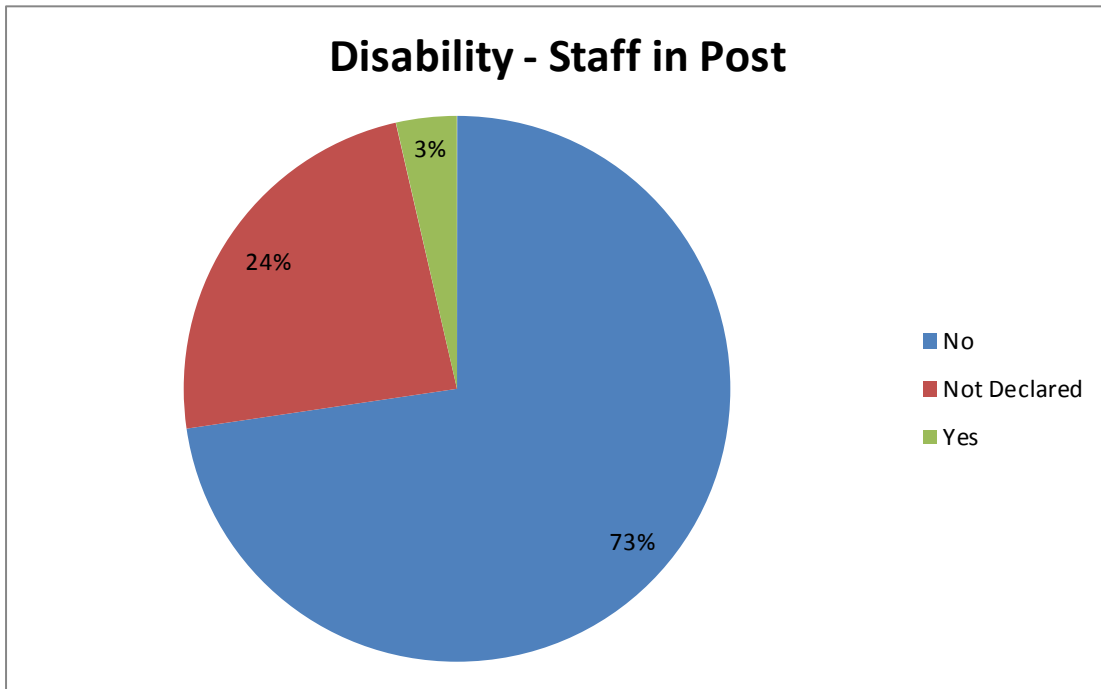
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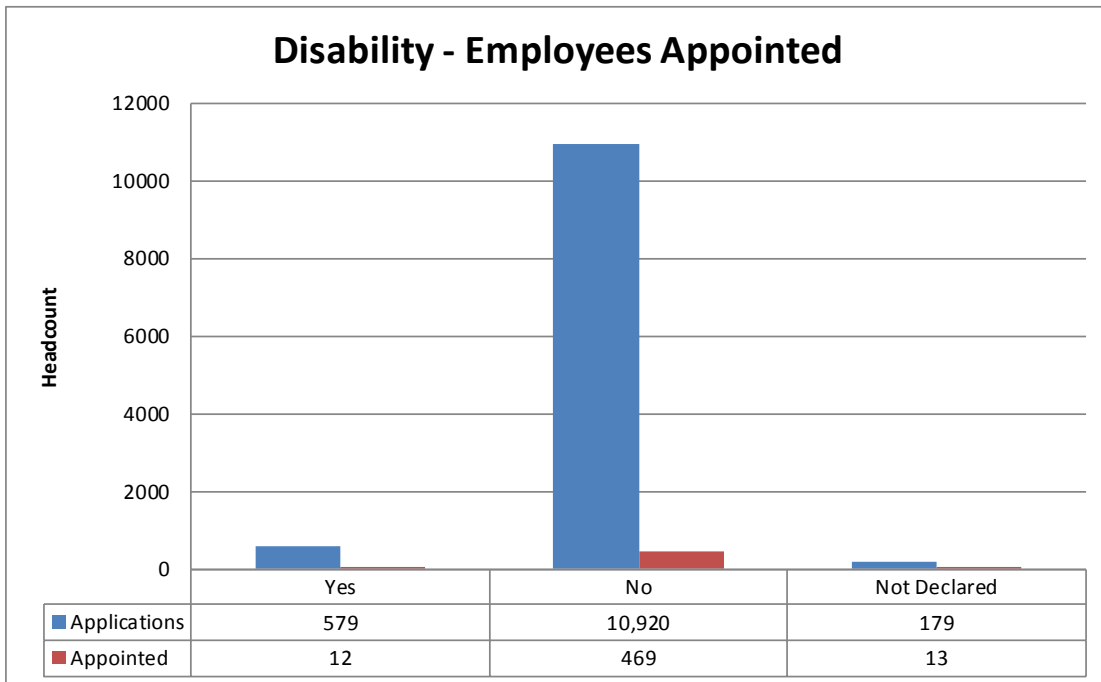


Disability

3% of the workforce describes themselves as having a disability whilst 24% have not stated their disability status.



In relation to recruitment, 5% of applicants describe themselves as having a disability and 1.5% preferred not to state their disability status. Statistics suggest that 2.4% of applicants with a disability are successfully appointed to vacant posts.



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

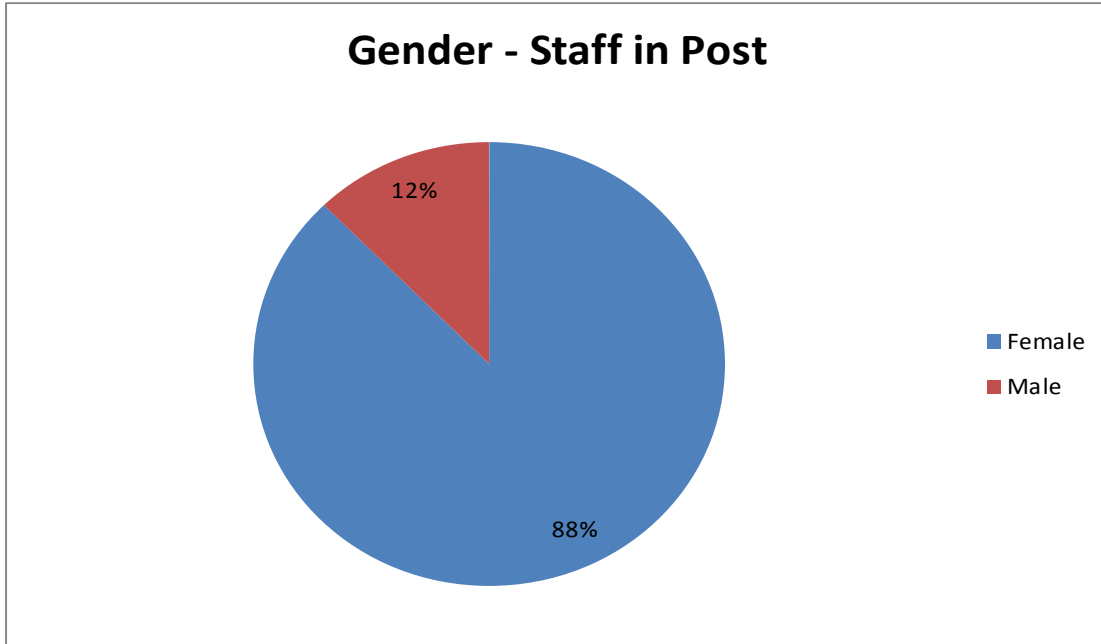




Analysis shows that training rates for staff with a disability are comparable to staff without a declared disability.

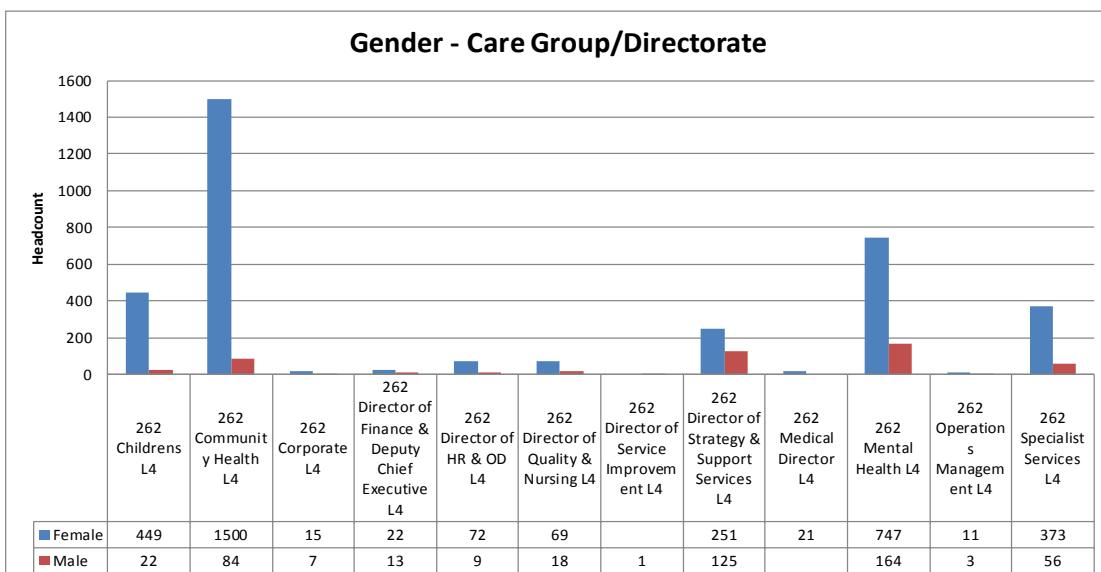
Gender

88% of the current workforce is women and 12% are men.



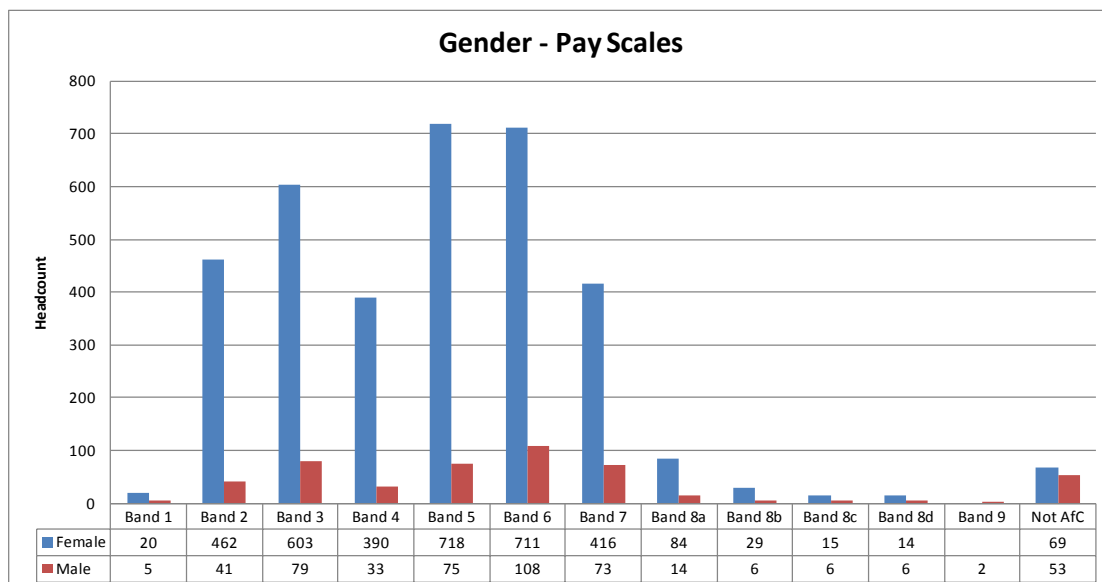
The percentage is similar for women being trained (88%), appointed (82%) and also leaving (85%) the Trust.

The distribution of the workforce across the care groups and directorates varies. The highest proportion of men by care group is in the Mental Health care group (18%) and the lowest in Children’s Services (5%). A significant number of men are employed in the Trust’s Corporate Services (32%) with only 11% in the Workforce and OD directorate. The Community Health Service has the highest workforce numbers with a ratio of 18 female: 1 male.





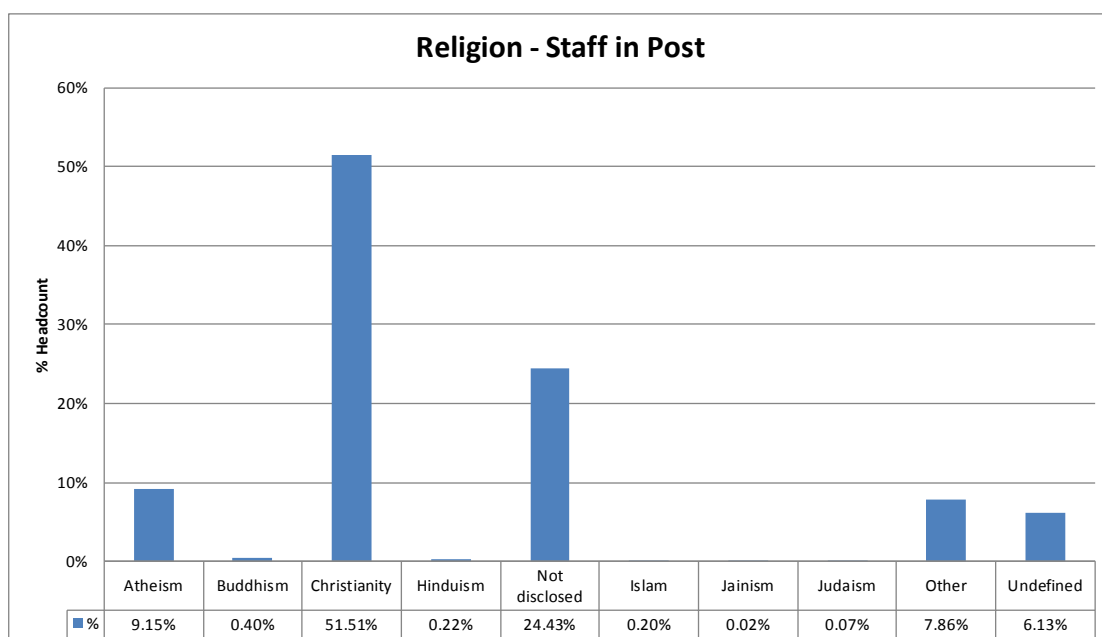
Whilst an equal pay audit was undertaken in 2012, the distribution of pay across each of the Agenda for Change pay bands shows that although the workforce is predominantly women (88%) with only 12% men, there are proportionally more men in higher pay bands and less men in lower pay bands. The percentage of men in pay bands 8a to 9 ranges from 14% to 100% and the range in bands 2 to 5 ranges from 8% to 12%.



Higher percentages of men were involved in disciplinary procedures (35%), grievance procedures (62%) and capability procedures (50%).

Religion

52% of the workforce describe themselves as Christians, 24% did not wish to disclose their religion and 9% describe themselves as Atheists.

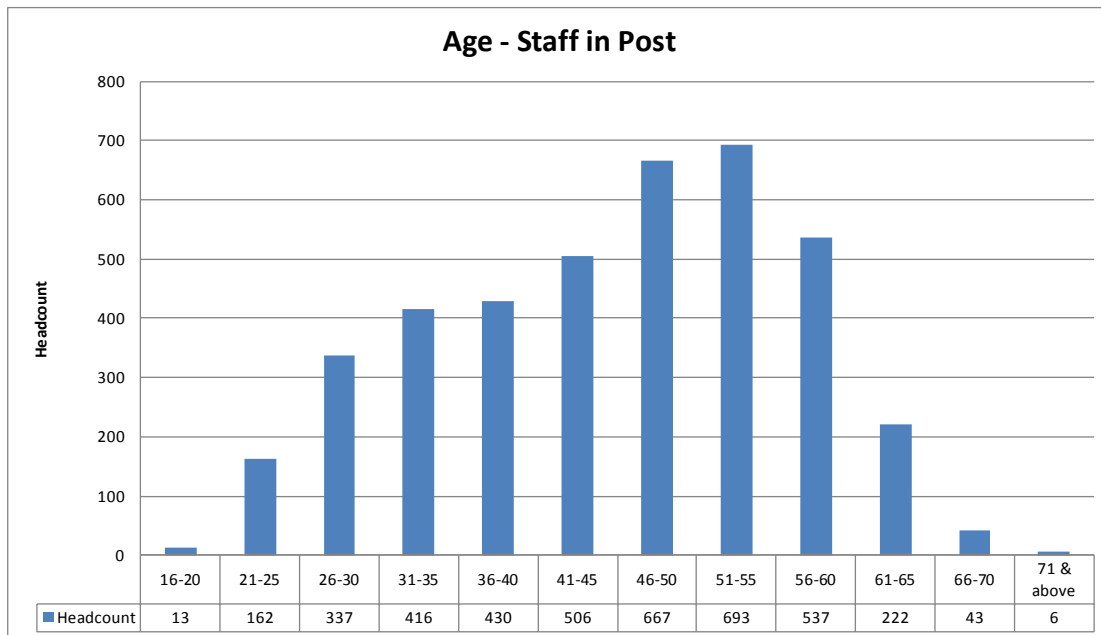




These figures are consistent with staff receiving training in the organisation. For those who have been newly appointed the distribution is slightly different: 45% describe themselves as Christians, 16% did not wish to disclose their religion and 16% describe themselves as Atheists.

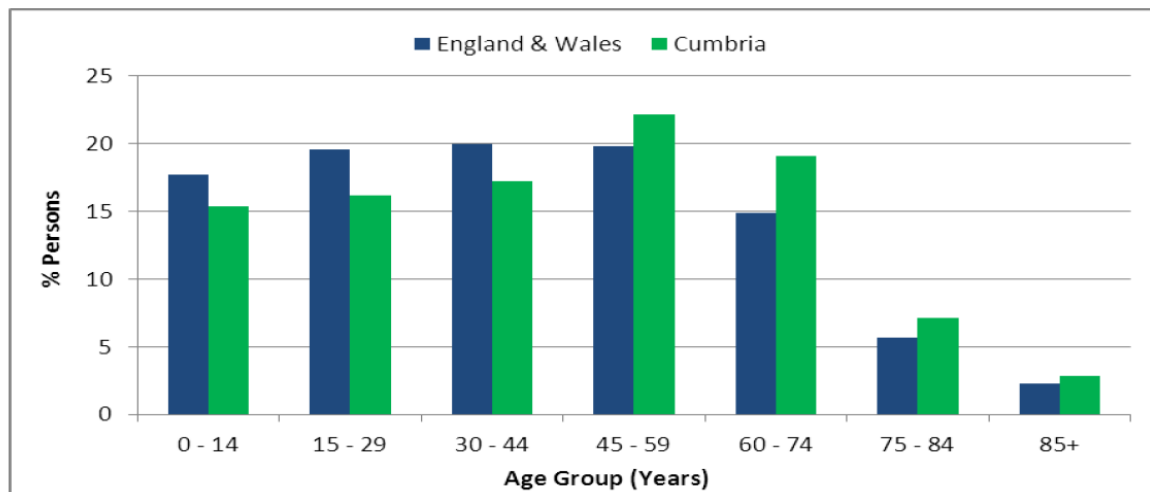
Age

Workforce information suggests that the Trust has an ageing workforce with 54% of the workforce over the age of 45 years.



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

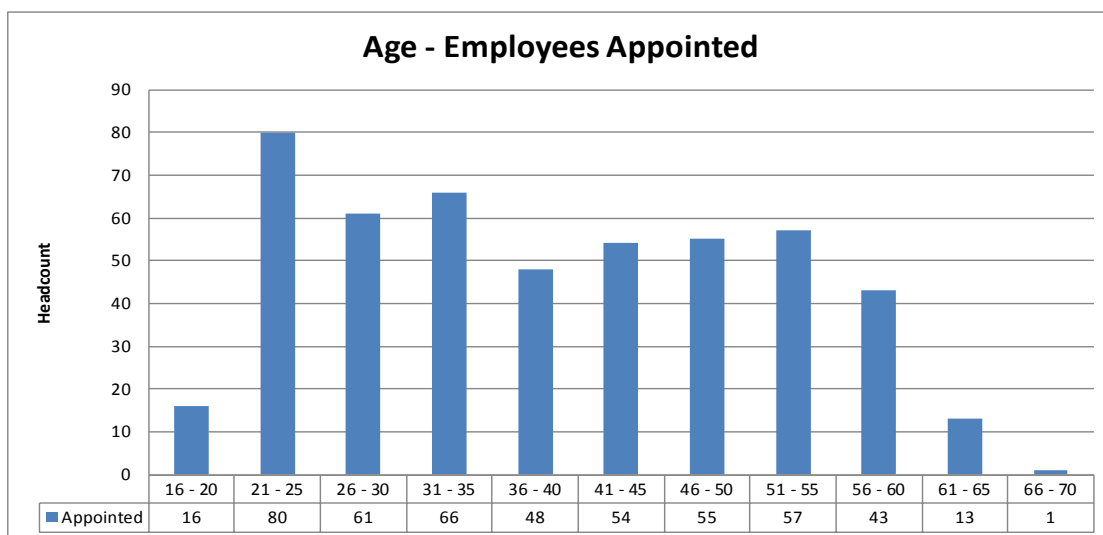
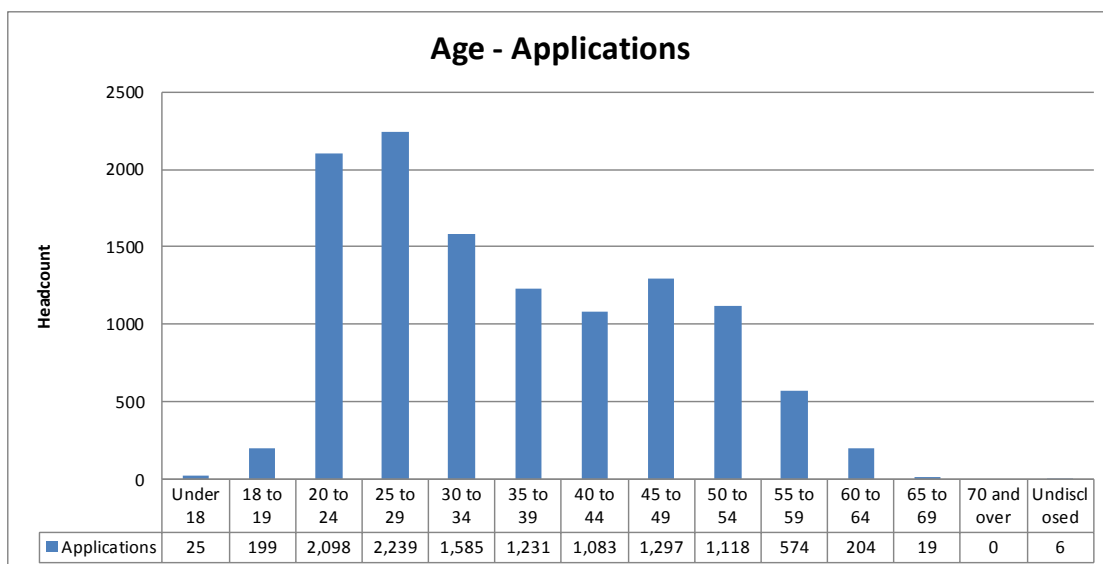
Higher numbers of staff within the age bands 46-55 reflect the Cumbria population which is high in comparison to England.



Source: Office for National Statistics

Statistics show that fewer people within older age ranges apply for vacant posts. There are similar rates of success across all of the age ranges, although all over those 50 years old accounted for 16% of applications but 23% of new appointments.





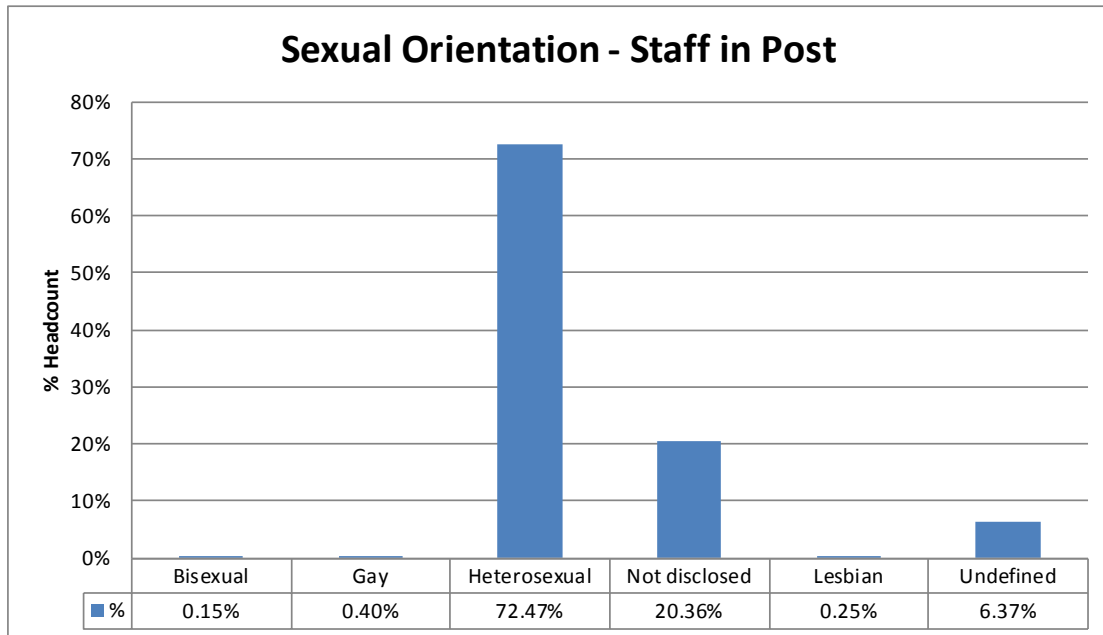
The rate of staff leaving the organisation is greater in the higher age ranges with the highest proportion of leavers in the age range 51-55 and 56-60 at 18%.



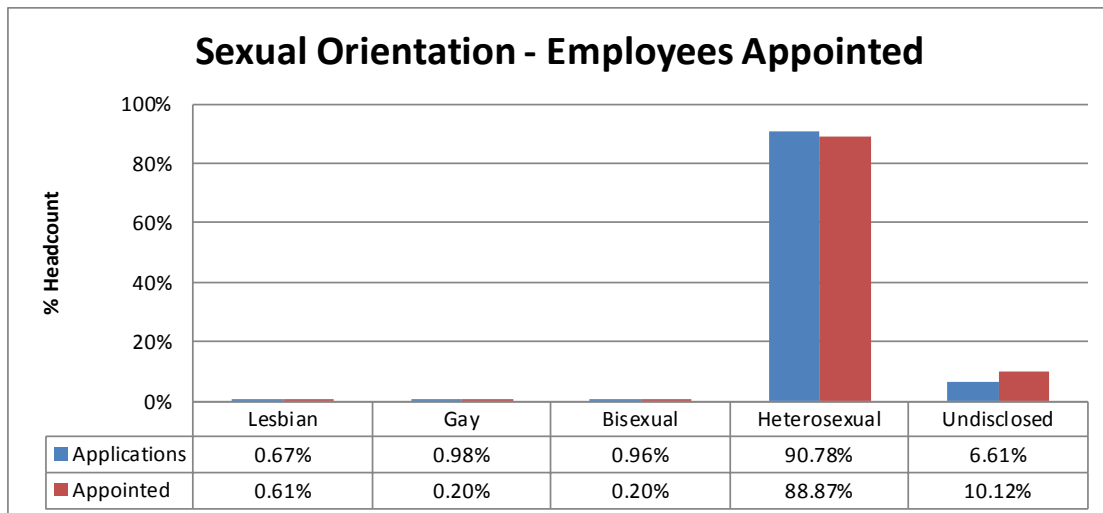


Sexual Orientation

72% of the workforce describes themselves as heterosexual whilst 20% did not wish to disclose their sexual orientation.



89% of staff appointed described themselves as heterosexual, while 10% did not wish to disclose their sexual orientation.





Equality and Diversity Service User Monitoring Data

Inequalities in people's 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.

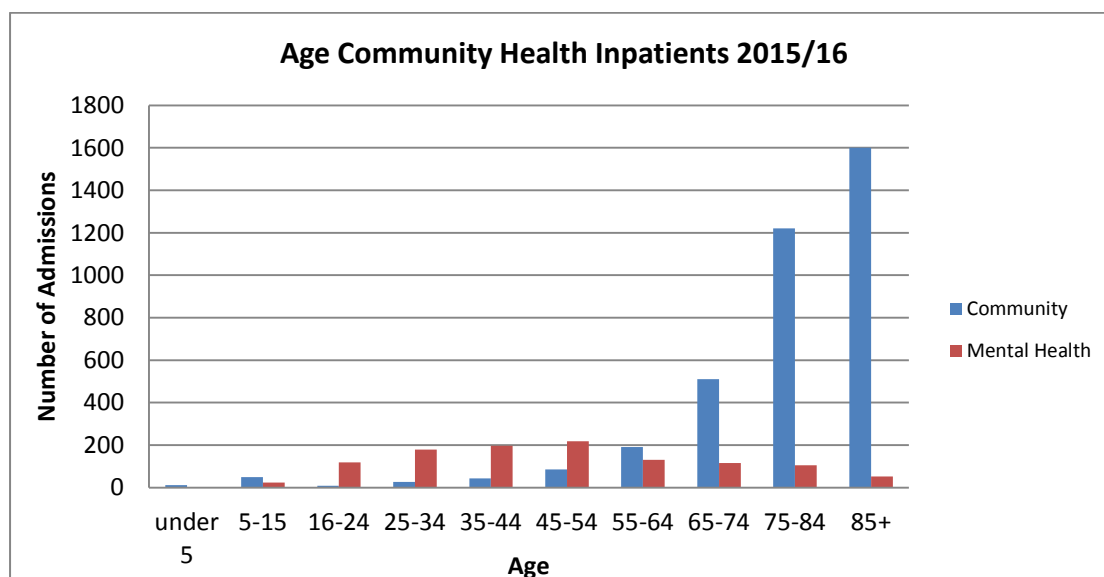
The following charts show inpatient and outpatient activity relating to the services provided by the Trust for the period 1/3/15 to 29/2/16. In order to comply with the Public Sector Equality Duty, equality data was required to be published annually from its introduction in January, however, this will be changing to April to match the Trust's annual reporting cycle.

The Trust does not currently collect information by disability, sexual orientation, gender reassignment, pregnancy or maternity.

Age

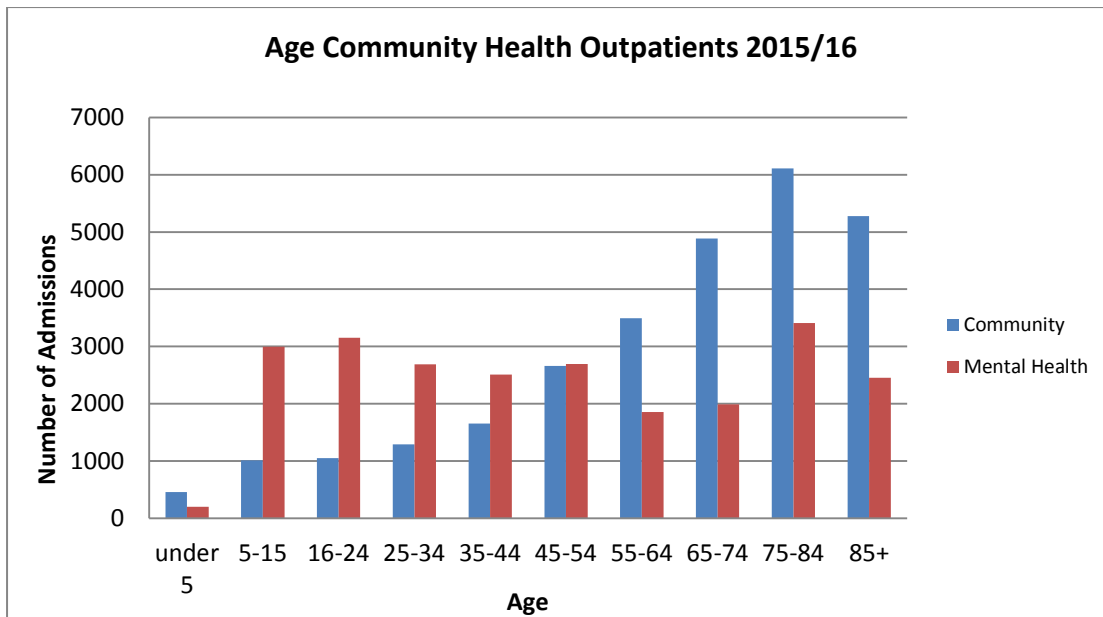
The number of admissions to in-patient units is higher for users of community health services. There are greater admissions for service users over the age of 70.

In comparison the number of admissions for mental health in-patients is highest in the 45 – 54 age range.



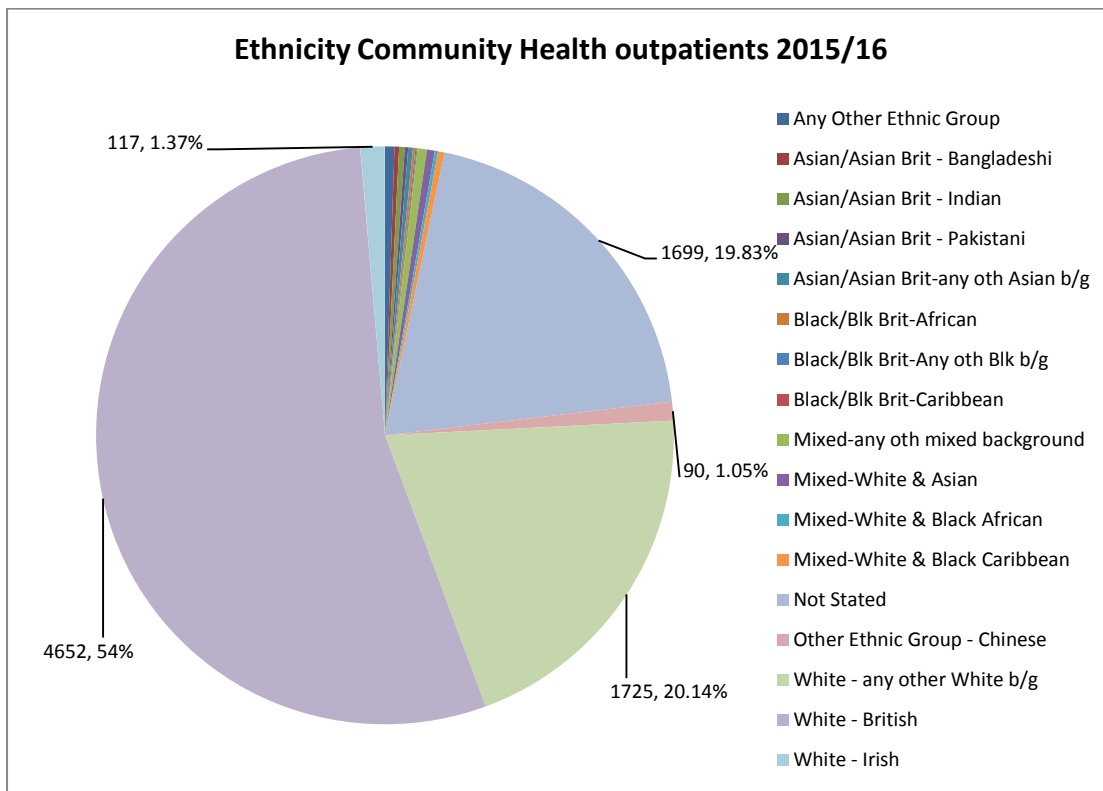
The number of referrals to out-patient services is more evenly distributed across the age bands, although still higher in the older age ranges.

Cumbria has an older population profile than others across England & Wales - with lower proportions of residents in younger age groups and a higher proportion of residents in older age groups (source:2011 Office of National Statistics).

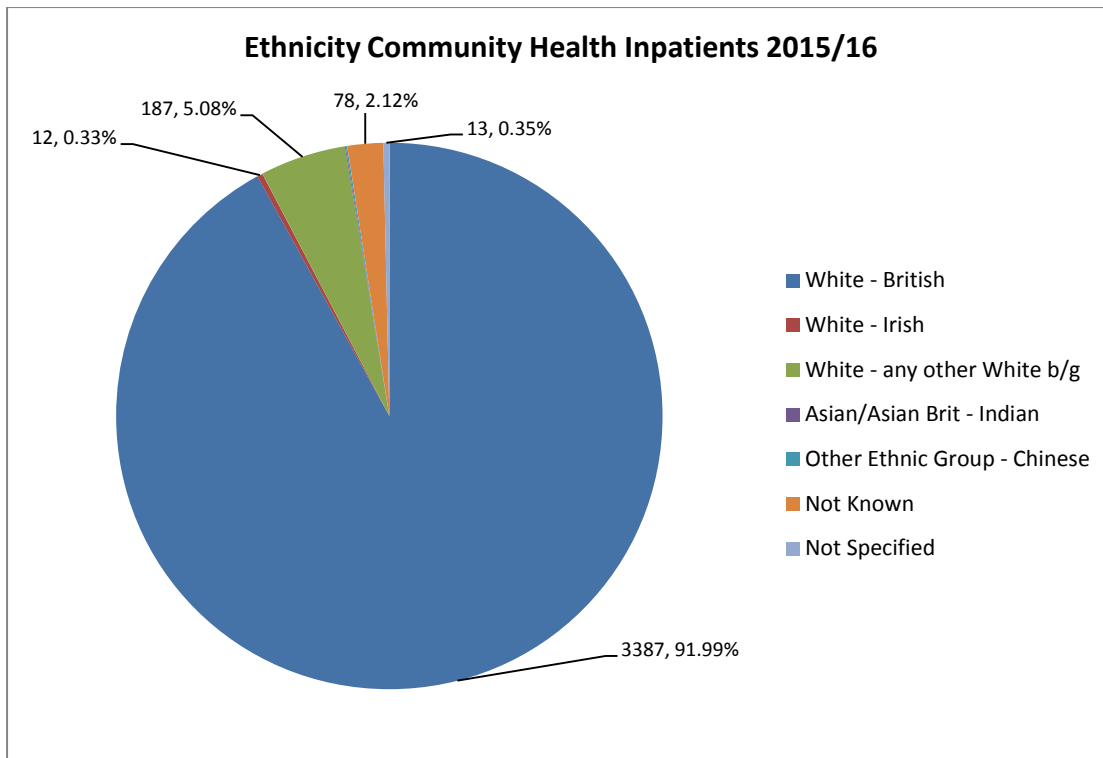


Ethnicity

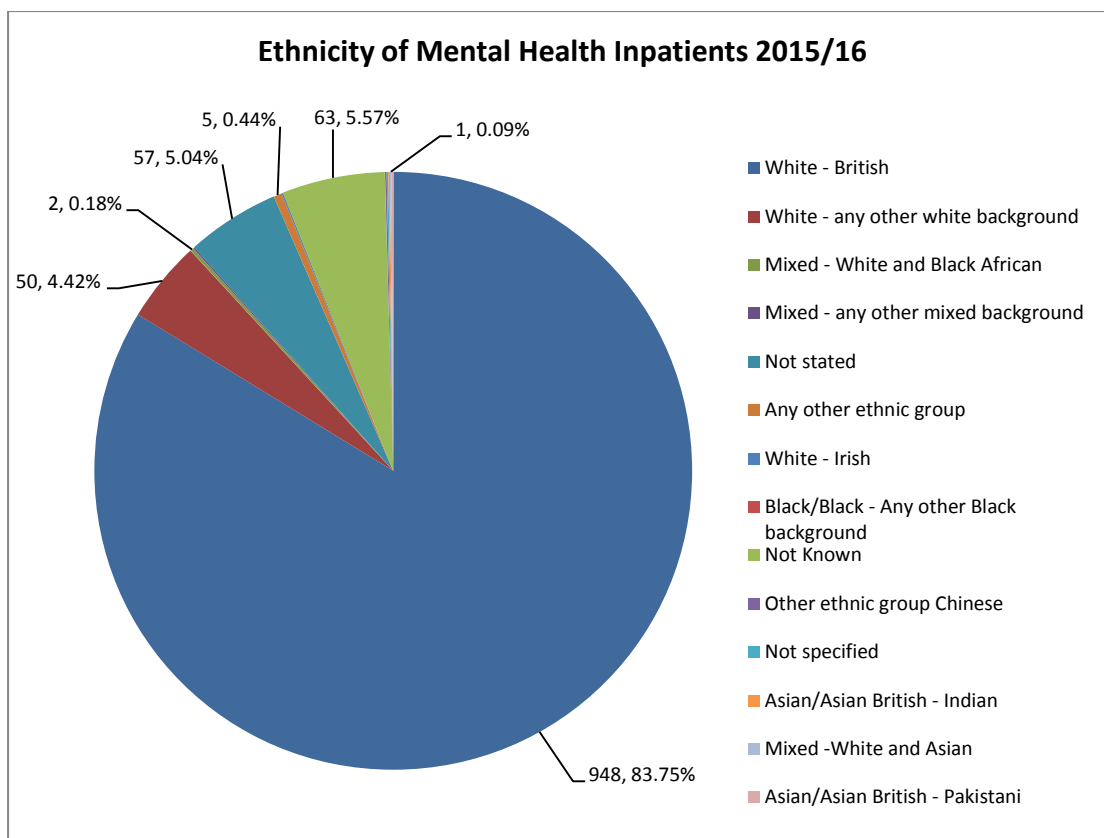
The following charts show the breakdown of ethnicity for referrals received by mental health and community health services. It is also presented by in-patient and outpatient referrals.



Whilst 54% of community outpatients are declared as white British a high proportion of ethnicity is not stated (20%).



The proportion of community in-patients who declare themselves as white British is 92%.



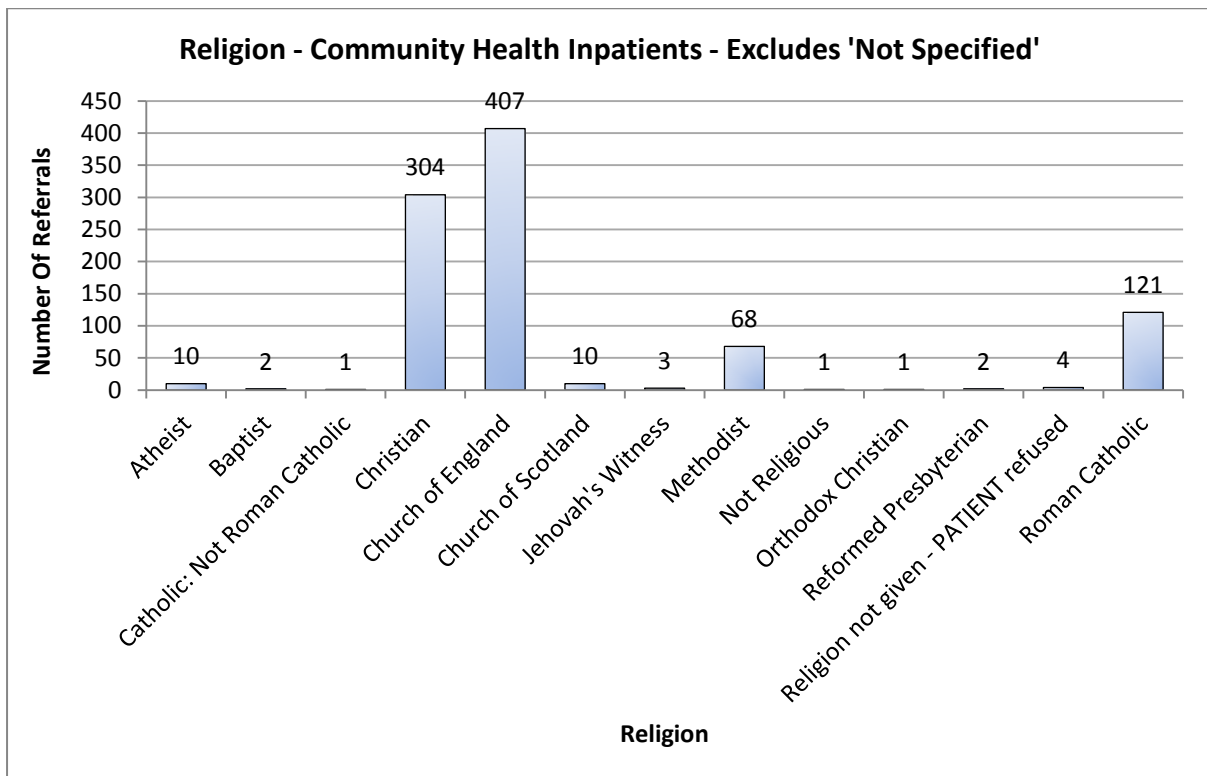
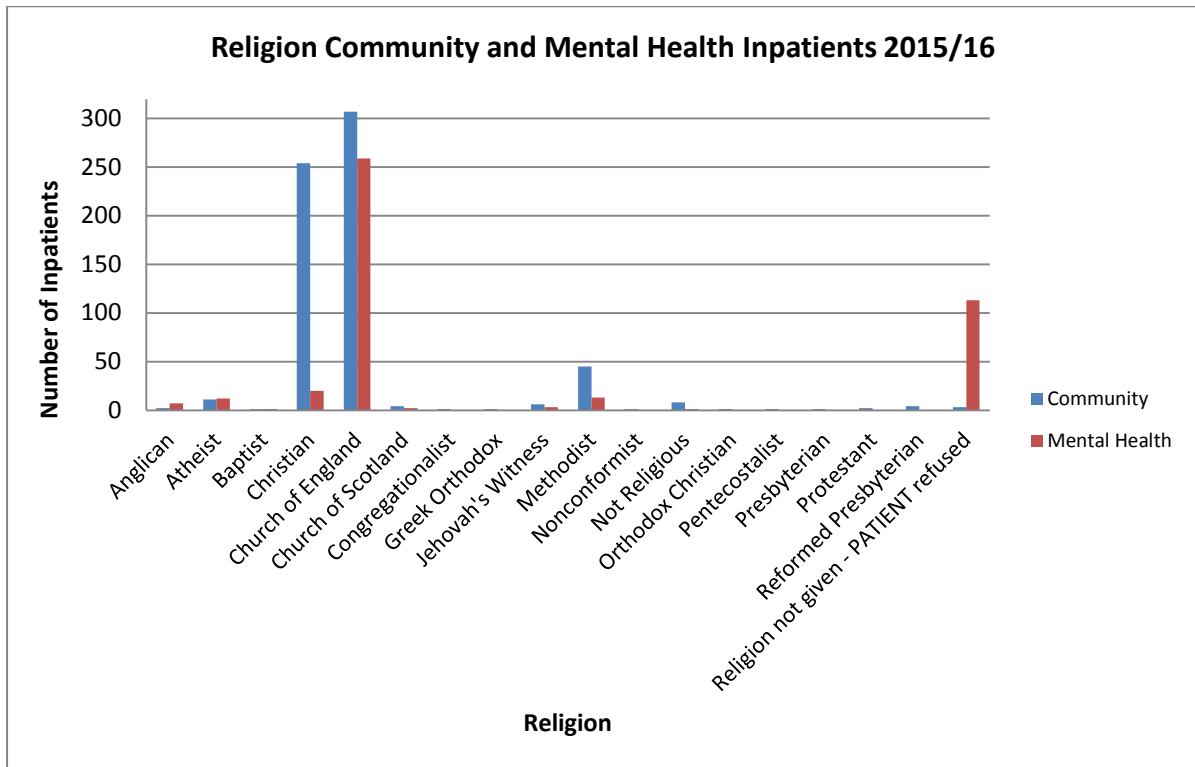
The proportion of mental health inpatients who declare themselves as white British is 84%.

The 2011 census indicates that Cumbria has a much higher population of people classifying as White British than the average in England & Wales (96.5% compared with 80.5% in England & Wales).

Cumbria also has a much lower population of people from Black Minority Ethnic Groups (BME) than the national average although this has increased significantly since the last census in 2001. (3.5% compared with 19.5% in England and Wales).



Religion



Church of England is the most common religion for both community and mental health patients.

The 2011 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).





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