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1. Introduction

1.1. Our mission and values

We exist to help people reach their potential and live well in their community. To do this we have a strong set of values that mean:

- We must put **people first and in the centre** and recognise that **families and carers matter**
- We will be **respectful** and **honest, open and transparent** in our dealings, to build trust and act with integrity
- We will constantly **improve and aim to be outstanding** so we can be **relevant today, and ready for tomorrow**.

In 2017/18, our strategic objectives are to:

- Improve people's health and wellbeing
- Improve the quality and experience of all that we do
- Improve our use of resources.

This equality strategy will support the achievement of the organisation's mission and objectives. Every aspect of the strategy will be delivered in line with our values.

As a foundation trust we are accountable to our members – local people who have joined our organisation because they take an interest in what we do and are involved in service development. Our staff are also members, with the same ownership and influence. This strategy will ensure the Trust values difference, is a champion of diversity and is accountable to individuals and communities in meeting local needs.

1.2. Purpose and scope

Our **strategic aims for equality** are to:

- promote a fair organisation with better health outcomes for all
- promote person centred care and equal access to pathways of care
- develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels
- continue to improve equality of opportunity for staff and our volunteers.

2. Context

2.1. Fit with related strategies

Our **organisational development (OD) strategy** contains the essential enablers to a successful organisation (structure, strategy, systems, shared values, skills, staff and style). Equality is an essential underpinning component across the 7 strands.

Our **workforce strategy** sets out a strategic approach to leadership, management and development to ensure the Trust is well led and has the right people to achieve the strategic direction, deliver the mission and demonstrate the values.

Our **communication, engagement and involvement strategy** sets out the framework to ensure service users, carers, staff, stakeholders and local communities have a say in how services are planned and delivered and can have access to relevant information in a timely manner through a variety of methods.

Equality, diversity and health inequalities work complements communications and engagement activity but takes a distinct approach with the aim of identifying, understanding and reducing inequalities which affect our service users, communities and workforce.

Our [digital strategy](#) is an essential enabler to effective communication, engagement and involvement and aims to help reduce inequalities.

Our [membership strategy and volunteering policy](#) set out ways for people to be involved in the organisation and influence how services are developed and delivered.

Our [customer services policy](#) supports seeking the views of people who use our services and their carers and responding appropriately to feedback, including when things go wrong.

2.2. Local context

[Equality](#) is about creating a fairer organisation in which everyone has the opportunity to fulfil their potential.

[Diversity](#) is about recognising and valuing difference in its broadest sense.

This strategy is about treating everyone with fairness and understanding, not necessarily treating everyone the same. It aims to reduce inequalities in our services, including those linked to deprivation and those linked to the Equality Act protected characteristics.

The Trust is committed to being responsive and supporting the needs of the diverse population it serves, reflected in the Trust's values. Equality and Diversity is not an 'add on', it is central to all we do as a provider of services, as an employer and also as part of the public sector.

People who use the Trust's services are all different - in terms of social circumstances, wealth, housing, employment, where they live, their age, gender, sexual orientation, ethnicity, religion, culture, physical and mental abilities and appearance. Any or all of these factors might affect a person's ability to access public services, including health services.

The Trust aims to ensure that services are designed and delivered, as far as possible, to respect and value difference and that services can adapt to meet the needs of individual service users and their carers. The Trust has achieved accreditation against the Customer Services Excellence standard and is working towards accreditation against the Investors in Carers standard.

Equality of opportunity in employment and developing a workforce that reflects local communities will further enhance the quality of the services we provide.

This strategy provides an overarching framework to support an equality competent organisation with a well-led culture that prioritises equality. It takes account of legislation to ensure the Trust meets its equality duties and delivers improvements that will benefit everyone, sustaining an environment where everyone feels respected and valued.

The following has been considered in the development of this strategy:

- The [Care Quality Commission \(CQC\)](#) found that the Trust's work on equality and diversity required further embedding across the organisation.
- [NHS Employers](#) regularly publishes guidance on equality matters to raise awareness of good diversity practice and outcomes focussed improvement in managing equality.
- Our most recent [staff wellbeing survey](#) results (2017) included the following results:

- 114 staff stated they were disabled as per the Equality Act definition. They indicated lower levels of workplace well-being and rated 'red' for perceived commitment from the organisation to the employee.
- The following staff groups showed positive results, with well-being rated better than Trust average –
 - Asian, Asian British/ Indian
 - Asian, Asian British / Pakistani
 - Black, Black British / African
- The following staff groups showed negative results for well-being:
 - White Irish
 - White and other backgrounds
 - Black, Black British / Caribbean
- 44 staff did not wish to disclose their ethnic origin and showed the majority of scales as a red risk.
- We regularly receive [service user and carer views](#), such as via our customer services team or the Friends and Family Test (FFT). We collect and monitor equality data relating to this feedback. We ensure any learning from compliments relating to positive cultural sensitivity.
- The Trust's newly established [Black, Asian and Minority Ethnic \(BAME\) staff Network](#) has inputted to the development of this strategy.

2.3. Legal and regulatory requirements

This strategy supports us in living our values and maintaining positive practices. It will also help us deliver against our statutory duties set out in the Equality Act 2010, including the Public Sector Equality Duty.

The Equality Act is subject to frequent amendment to ensure it reflects changes in society and promotes civil rights and equality. This has included the Race Relations Acts in the 1960s, steps towards equality for women in the Equal Pay and Sex Discrimination Acts in the 1970s, strengthening the rights of disabled people in the 1990s, to the introduction of civil partnerships in 2004. More recent amendments recognise gender identity and make associated provision for transgender and other persons.

The law helps society to make progress on equality. The Equality Act is the most significant piece of equality legislation and simplifies the law making it easier to understand. It also strengthens the law in important ways, tackling discrimination and inequality and making it easier for employers to understand their responsibilities. This streamlined approach brings together complex legislation and describes an approach which covers the groups offered protection from unfavourable treatment. These [protected characteristics](#) are:

- Disabled people
- Men and women (gender)
- People from different ethnicities and cultures and with different appearance
- People of different ages
- Straight, gay and lesbian people
- People from different religions or people who do not have a religion
- Women who are pregnant or who have a new baby

- People who are married or who have a civil partner
- Transgender people
- People who are carers (In keeping with the type of services we offer, the Trust includes this additional characteristic – which is given the same importance as the other 9 characteristics).

The Public Sector Equality Duty states that public authorities must consider how they ensure people have equal access to services. The Trust must:

- Remove or minimise discrimination in different groups
- Take steps to meet the needs of people from different groups by using creative approaches and the principles of co-production
- Encourage people from different groups to have a say and influence the way services are planned and delivered
- Make sure people from different groups can participate by removing unnecessary barriers
- Tackle prejudice and promote understanding.

This means the Trust must consider the needs of all individuals in its day to day work, for example in shaping policies or how services are delivered. The Trust must ensure that everyone, no matter what their background or personal circumstances is treated with dignity and respect. This strategy provides a framework to ensure that this consideration takes place.

Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS2) was designed by the Department of Health, and reviewed by NHS England, to help the NHS measure equality performance. It helps organisations evaluate practices and procedures and understand how driving equality improvements can strengthen accountability to service users and the public. EDS2 helps the Trust to ensure it meets the Public Sector Equality Duty and includes 18 outcomes grouped into 4 goals.

2 of the goals are about services:

- Better health outcomes for all
- Improved patient access and experience

And 2 are about NHS staff:

- Empowered, engaged and included staff
- Inclusive leadership.

The Trust's strategic aims for Equality are linked to these goals. The Trust Board approach is to assess Trust performance via assessment of 4 outcomes from the 18 covered by EDS2, reflecting the incremental nature of the journey to improved performance. Priorities are agreed by the Equality and Inclusion Forum, with EDS2 goals to be included in director objectives.

3. Equality Impact Assessments

The Trust uses Equality Impact Assessments (EIAs) to find out whether proposed changes to services or policy will have an adverse impact on particular groups of people. EIAs are

required for all services, are valid for three years and are subject to annual review to ensure ongoing validity, with action plans required to address any issues identified.

Training and support is offered to staff to increase awareness and knowledge of the importance and benefit of robust evidence-based equality information and assessment to ensure that services are person centred.

A guide to EIAs is also available to support teams to think about the likely impact of their work on different communities and groups and to see life through their 'lens'. The guide supports teams to anticipate the consequences of service decisions and changes and to ensure negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

4. Equality and Inclusion Forum

The Equality and Inclusion Forum was set up by Trust Board in 2015 and is a non-executive committee of the Board. The Forum's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity. The Forum will oversee this strategy, including the approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities. Forum membership includes the staff side representative with the lead for equality and diversity and a representative from the Members' Council.

Duties of the Equality and Inclusion Forum

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members Council.
- To ensure that the Trust embeds diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that as a consequence of promoting the values of inclusivity the Trust's services comply with legal and national guidance, including EDS2 and the Workforce Race Equality Standard.
- To provide updates to Trust Board following each meeting.

The Forum meets regularly and at least four times a year. The Black, Asian and Minority Ethnic (BAME) staff network links to the Forum via the Director of Human Resources. The Forum provides assurance on its work through the Chair of the Forum reporting into Trust Board.

5. Equality objectives

5.1 Promote a fair organisation – better health outcomes for all

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • Accurate data about the people accessing Trust services is limited • Limited understanding of the perception of Trust services among minority communities • The Trust uses EIAs to assess the impact of Trust decisions on different groups. Review of EIAs and delivery of action plans is inconsistent. • An EIA ‘quick guide’ is available to support staff in undertaking EIA. Specialist advice is also available. • The Trust has implemented the Accessible Information Standard (AIS) and has processes in place to respond to identified need. • The Trust reviews satisfaction with services through analysis of feedback through customer services and patient experience processes • Analytical tools are not well used at service line. • We adopt a person centred approach to complaint handling • We work with partners to engage with local communities, including hard to reach groups • We have commenced work to refresh our commitment to carers • Workforce Strategy sets out a framework for equitable recruitment, training and development, career progression and staff wellbeing • Newly established BAME staff network in place and plans for a disability staff network being developed. 	<ul style="list-style-type: none"> • Ensure accurate data is collected via clinical systems • Use intelligence from engagement activity to inform plans to better connect to specific groups • Undertake targeted engagement with diverse / excluded groups to promote better understanding and joint working • Ensure Accessible Information Standard embedded and part of routine assessment activity. • Better collection and use of equality monitoring data and feedback • Identify benchmarking data • Promote positive stories and good practice (internally and externally) • Lead on and promote equality issues with partners • Maximise connection to newly established locality equality panels • Progress work to benchmark against the NHSE carers toolkit and work towards Investors in Carers accreditation • Ensure alignment with CEI strategy and membership strategy • Ensure connection to Creative minds, Spirit in mind and volunteering opportunities • Explore focussed Insight (educational) sessions for community groups / those identifying with protected characteristics • Ensure links to workforce strategy and staff networks. 	<ul style="list-style-type: none"> • We understand who uses our services and their experience • We target any gaps to ensure people understand our services and feel confident to access them. • Our engagement activity extends to all elements of our communities and we can demonstrate this has influenced our decision making and that we are responsive to specific needs. • People’s communication needs are routinely identified • People are provided with information in a way they can access and understand • People understand Trust services and have opportunities to contribute and influence • An improved offer to carers and accreditation against the Carers Charter • Staff are respected and valued for their individual contribution • Co-production of culturally and diversity appropriate courses in our recovery colleges • We can demonstrate our learning from best practice from within and outside the NHS. • Workforce strategy action plan delivered with evidence of progress.

5.2 Promote person centred care and equal access to pathways of care

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • Our values put the person first and centre • We have involved service users and carers in our service change programmes • We use the Department of Health Equality Delivery System (EDS2) to measure equality performance and to strengthen our accountability to individuals and the public • We work in partnership with the local health economy to assess performance against the EDS2 public facing goals • We know people want better communication from / with us • We know people want more information about self-referral options • We use Equality Impact Assessments (EIAs) to understand how our services or proposed changes impact on particular groups of people • We know that certain groups access our services later than others • We monitor complaints about access to care and satisfaction with care • We collect and analyse feedback from people who use our services and try to respond in a person centred way 	<ul style="list-style-type: none"> • Extend engagement opportunities aligning efforts to the Communications, Engagement and Involvement strategy • Evidence the extent of engagement to demonstrate connections to communities • Improve collection of equality data • Deliver on EDS2 actions and ensure continued evidence collection against the EDS2 goals • Ensure links to partner programme to reduce barriers to equal access to services and transfers between services • Maximise connection to newly established community equality panels • Respond to service user feedback • Ensure an EIA is in place for all services and that EIAs are subject to annual review • Ensure EIA action plans are delivered – monitored through BDU governance processes • Continue targeted activity with referrers and with local communities to promote early access to services • Monitor feedback, complaints and incidents where discrimination is a factor and ensure appropriate and timely action. • Learn from any insight gathered from surveys • Ensure diverse stakeholders are involved in our plans and regular connection to local scrutiny regarding service development 	<ul style="list-style-type: none"> • We better understand the needs of local communities and address needs. • We have continuous / iterative processes to receive and respond to feedback. • We provide clear information about services and how to access them and make this available in a variety of formats suitable for a range of audiences. • We can demonstrate improved collection and use of equality data • We can demonstrate increased access to services by 'seldom heard' groups. • We can demonstrate that health outcomes for people from protected characteristics are positively impacted by contact with our services. • We can demonstrate improved joint working with referrers with better access to services, signposting to other services and appropriate support on discharge. • The number of complaints about access to services is reduced.

5.3 Develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • There is commitment at Board level to sustaining an equality competent organisation. • There is an established Equality and Inclusion Forum (EIF), which is non-executive director led and ensures actions placed within the organisation • The EIF has overseen work to ensure implementation of the Accessible Information Standard • The EIF has overseen the self-assessment of Trust performance against the Equality Delivery System (EDS2) • The EIF monitors completion, review and action planning in respect of Equality Impact Assessments for services, service changes and policy. • The EIF has supported the Insight programme for non-executive director recruitment. • The Executive Management Team reviews staff survey results and delivery on wellbeing action plans. • There is a newly established BAME staff network in place with plans for a staff disability network being developed. • There are links to regional and locality networks to share knowledge and skills and benchmark performance. 	<ul style="list-style-type: none"> • Trust Board to model and promote equality and a culture of leadership 'from every seat'. • Clearly communicate the Trust's approach to equality to our members (including staff) and stakeholders. • Develop clear and measurable plans to deliver on equality objectives. • Record and analyse our performance on equality matters. • Develop awareness raising campaigns to promote increased understanding of protected characteristics and cultural identities. • Revisit EIF objectives and work plan to ensure alignment with strategic direction. • Ensure the EIF drives improvements in delivering the equality agenda. • Ensure compliance with legislation and with national and local approaches • Respond appropriately to forthcoming Workforce Disability Equality Standards (DES). • Keep Trust Board and Members Council profile under review to ensure balanced and representative leadership. • Explore the concept of 'Equality Champions'. • Progress Shadow Board and Inspiring Leaders programmes to support equality of opportunity in development and career progression. 	<ul style="list-style-type: none"> • We can clearly articulate our equality competency and plans for improvement. • Equality competency is owned by all. • Our EIF has representation from staff side and our Members' Council. • We can evidence that people's involvement in our services makes a difference, in particular our actions in response to feedback from specific groups. • There are planned approaches to raise the profile of equality matters. • We publicise good practice internally and with stakeholders. • Feedback on equality matters is positive. • Our benchmarking performance is positive • Our staff development programmes evaluate well (Learning & Development / Organisational Development) • Our staff networks deliver measurable benefits. • A positive response to DES • Participation in partner programmes of work to progress the agenda.

5.4 Continue to improve equality of opportunity for staff and our volunteers

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • Workforce Strategy sets out a framework for equitable recruitment, training and development, career progression and staff wellbeing • Newly established BAME staff network and plans for a disability staff network • OD strategy sets out a framework to support staff skills and competences • OD programmes piloted including shadow board • Staff survey results showed reported improvements for staff from BAME backgrounds • Positive staff side relationships • Staff side representation on EIF • Training offer to staff on Equality and Diversity evaluates well • We have Freedom to Speak Up guardians (our staff representatives on the Members' Council) • Pilot of 'human library' evaluated well • Action plans in place for WRES and other workforce equality monitoring 	<ul style="list-style-type: none"> • Deliver on workforce strategy objectives regarding workforce development, leadership and management development and wellbeing and engagement, in particular to: <ul style="list-style-type: none"> • Develop a diverse workforce which reflects the population served • Ensure we have representative and inclusive leadership • Targeted activity to promote the Trust as an employer • Work with universities to ensure intakes reflect local populations • Link to faith based groups and places of worship to better understand communities. • Respond positively to staff wellbeing and survey results and ensure appropriate actions delivered • Promote the employment of people with a disability and establish a disability staff network • Ensure access to training is fair and equitable and that all training and development is evaluated • Continually review and evaluate the E&D training offer to ensure fit for purpose in addressing conscious and unconscious bias (continued use of case studies) • Support staff to be confident to challenge unacceptable behaviours • Roll out pilots of Shadow Board and Inspiring Leaders programmes • Awareness raising campaigns to raise awareness of intersectionality (difference) 	<ul style="list-style-type: none"> • There is leadership from every seat in respect of equality matters – our workforce is 'aware and fair'. • There is an expectation that staff are skilled at making people feel valued and harnessing their potential. • There is evidence of delivery of WRES workforce action plan monitored through EIF. • We can evidence a safe and positive working environment for staff and the elimination of any form of discrimination. • Staff are empowered to challenge discrimination / inappropriate behaviour • Our staff survey and wellbeing survey results improve • Our staff networks demonstrate added value and influence improvements in the equality agenda • Other staff networks are considered e.g. LGBT • Our workforce profile better represents our communities • There is a reduction in the incidences of bullying and harassment reported by staff • There is a reduction in the number of disciplinaries / grievances involving BME staff • We will evidence work with local communities to promote the Trust and the NHS as an employer • People experience a genuine partnership when using our services • Good practice is shared • Organisational change is managed in partnership with staff and staff side

	<ul style="list-style-type: none"> • Review BAME network workplan. • Review equality aspects of Freedom to Speak Up • Encourage staff to disclose equality data about themselves • Share information to improve staff understanding of our communities and engagement with people who have protected characteristics 	
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6. Delivery and outcome measures

To clearly define our success in delivering this strategy we need to develop baselines and systems for capturing measurement. We will then be able to measure success via improvements against a range of indicators. These will include:

- All services will have an [Equality Impact Assessment \(EIA\)](#) with annual review and [delivery of actions](#) monitored through BDU governance arrangements. All [change programmes will be co-produced where appropriate](#) and include equality considerations informed by EIA.
- We will improve [data capture and accuracy of recording](#) in respect of protected characteristics.
- Services will evidence equality considerations in support of [Equality Delivery System \(EDS2\)](#) to demonstrate how driving equality improvements [can strengthen accountability to service users and the public](#).
- We will monitor any [complaints and reported incident](#) about [access to services](#) where [discrimination](#) was a factor
- An [increase in positive stakeholder perceptions](#) via Friends and Family Test and feedback via Customer Services and dedicated surveys.
- Our staff wellbeing survey results see [improvements in feedback regarding equality of opportunity in training, support and career progression](#).
- NHS staff survey feedback will report [increased staff satisfaction](#) with equality of opportunity.

7. Risks

Key risks identified in the delivery of this strategy include:

- A lack of collective commitment internally to ensuring equality considerations underpin all we do in line with our values
- A lack of personal responsibility, in line with the requirements of our roles, for individually embracing difference and contributing to an environment where everyone feels respected and valued.
- Insufficient resources in terms of capacity to deliver robust Equality Impact Assessments and ensure they are subject to frequent review.
- A lack of action in response to areas identified by Equality Impact Assessments.
- Financial pressures and challenging cost savings required in future years
- Failure to effectively involve people as services change and are redesigned.

Key risks will be mitigated in line with our risk management strategy and risk appetite. This will be done through detailed action planning to underpin implementation.

8. Resourcing, staffing and technology related issues

Equality considerations need to underpin our work right across the organisation. Equality and Engagement Development Managers will work with Business Delivery Units (BDUs) and support functions in delivering this strategy collaboratively. In particular, this includes the following functions:

- Equality and Engagement specialist workers
- Marketing, communication and engagement
- Customer services
- Human resources and organisational development
- Nursing and quality
- Teams and services

We will make use of our Trust platforms to promote equality matters, promote recovery, challenge stigma, enable social inclusion and promote an inclusive and fair working environment for staff.

9. Member involvement – staff and public

We are committed to ensuring our members play a full part in owning and governing our Foundation Trust.

For all of our [members](#), we will help them feel connected to all major decisions and enable a sense of ownership, we will for example:

- Ensure our membership is representative of the communities we serve.
- Involve members in staff recruitment and induction
- Involve members in service change proposals and planning, as well as projects such as our work to evidence our commitment to carers
- Target specific groups to increase active involvement and engagement
- Invite members to information sharing and education events to increase understanding of our services, for example our Insight programme and medicines management sessions, in addition to our Annual Members' Meeting
- Encourage volunteering and offer a range of opportunities across our services.
- Monitor the make-up of our volunteers and undertake targeted promotion of volunteering opportunities
- Survey members to seek their views on equality matters
- Share information via our website and printed material about the Trust's work to ensure services are fair and equitable.

10. Stakeholder considerations

It will be essential that we work in partnership with others when implementing this strategy. The Trust is connected to a range of place based initiatives and regional developments and must ensure that equality considerations are factored into collaborative working.

We will update our stakeholders on our progress on equality matters.

11. Next steps and governance arrangements

This strategy is subject to Trust Board approval with delivery through the Trust's Executive Management Team. The Director of Nursing and Quality, as lead director, will be accountable for delivery of this strategy, supported by the Director of Human Resources, Organisational Development and Estates in respect of workforce related matters, with support also from BDU directors.

Implementation of the strategy will see involvement from teams across the organisation, in both Business Delivery Units and in support service functions.

Delivery will be monitored by the Trust's Equality and Inclusion Forum, which will agree priorities and goals with clear measurable targets to evidence progress against this agenda.

12. Evaluation and review

This strategy will be evaluated and updated in 2020. Progress will be monitored via the Equality and Inclusion Forum and via an annual report to Trust Board, with a public facing summary report to demonstrate the Trust's commitment to equitable services.

13. Quality and equality impact assessment

From a quality perspective, in approving this strategy our executive management team has confirmed that it:

- Will help improve service user and carer experience
- Will help reduce harm
- Will help us to be more effective
- Is aligned to our mission and values
- Is aligned to our system intentions
- Is ambitious.

An equality impact assessment has been undertaken, and can be found in Appendix 14.2.

14. Appendices

14.1. Appendix 1 – SWOT analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Commitment at Board level to equality agenda and Board level accountability • Equality viewed as mainstream business and not a compliance issue • Strong working relationships with partner organisations • Commitment to staff training and awareness raising • Specialist guidance aligned to BDUs • Good knowledge of local communities • Connections to groups representing people with protected characteristics • Improved staff wellbeing survey results • Strong partnership working with staff side • Growing number of volunteers • Reputation for being a values-based organisation • Alternative capacity models e.g. Creative Minds and Recovery College promote inclusivity • Commitment to being a good corporate citizen 	<ul style="list-style-type: none"> • A lack of collective commitment to ensuring equality considerations underpin all we do in line with our values • A lack of personal responsibility for embracing difference • Gaps in capabilities • Insufficient resources in terms of capacity to deliver robust Equality Impact Assessments and ensure they are subject to frequent review. • Limited action in response to areas identified by Equality Impact Assessments. • Limited recording of equality data • Staff reluctance to challenge discriminatory behaviour • Financial pressures and challenging cost savings required in future years • Limited involvement of people as services change and are redesigned. • Risk to reputation if not seen to be proactive with this agenda
Opportunities	Threats
<ul style="list-style-type: none"> • Enhance service pathways and access to services • Co-produce services responsive to local need • Support development of new and alternative offers specific to particular groups • Development of information and research • Build social capital • Changing external landscape • Sharing good practice to improve reputation • Using leadership and management development activity to support implementation of this strategy • Positive impact on staff – representative of local communities, 	<ul style="list-style-type: none"> • Statutory duties not met • Non-compliance could be subject to legal challenges, which could be costly to the organisation • Organisation is out of step with broader political agenda • Sustaining internal capabilities • Workloads and limits on resource • Increasing pressures on our services • Changing external landscape • Ability to attract the right staff

14.2. Appendix 2 – Equality impact assessment

Date of assessment: 01 06 2017

	Equality Impact Assessment Questions:	Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing	Equality strategy
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?	<p>The aim of this strategy is to support an equality competent organisation, with person centred care that is equally accessible and with equality of opportunity for our staff.</p> <p>Service users, carers, members, staff and other stakeholders will benefit from this strategy. We will specifically work with people with protected characteristics and associated organisations to ensure identified benefits are delivered.</p>
3	Who is the overall lead for this assessment?	<ul style="list-style-type: none"> • Director of Corporate Development • Director of Nursing and Quality • Director of HR, OD and Estates
4	Who else was involved in conducting this assessment?	<ul style="list-style-type: none"> • Deputy director – corporate development • HR business partner • Equality and engagement development managers
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?	<ul style="list-style-type: none"> • Service users were involved in the original development of this strategy • Service user / carer views have been gathered through local engagement and through evaluation of EDS2 self-assessment • Service user views have been gathered through FFT and customer services • Staff side - consulted as part of strategy development • BAME staff network – consulted as part of strategy development • Staff views have been gathered through wellbeing survey and NHS staff survey • Service user / carer / member views - gathered through service change engagement and through equality processes <p>The feedback has been used to inform the strategy – to ensure action plans address key issues, there is equal opportunity to participate in decision making and service planning and that access to services is non-discriminatory.</p>
6	What equality data have you used to inform this equality impact assessment?	<p>Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JSNAs and public health profiles for our localities.</p> <p>The makeup of our Trust membership and volunteers through individual self-declaration.</p>

Staffing profile:
As per workforce annual report 2016

- staff in post by age:

BDU	19 and Under	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Total 2016	Total 2015
Barnsley	1 (0.1%)	136 (8.8%)	322 (23.2%)	376 (27.1%)	428 (30.8%)	115 (8.3%)	10 (0.7%)	1388	1627
C&K District	0 (0.0%)	89 (10.4%)	197 (23.0%)	241 (28.1%)	256 (29.8%)	72 (8.4%)	3 (0.3%)	858	845
Forensic	5 (1.3%)	81 (20.5%)	96 (24.2%)	100 (25.3%)	98 (24.7%)	14 (3.5%)	2 (0.5%)	396	373
Wakefield	0	50 (11.6%)	93 (21.6%)	106 (24.6%)	134 (31.1%)	46 (10.7%)	2 (0.5%)	431	471
Specialist	-	47 (11.2%)	100 (23.8%)	133 (31.6%)	122 (29.0%)	17 (4.0%)	2 (0.5%)	421	425
Support Services	4 (0.5%)	67 (8.6%)	129 (16.5%)	211 (28.9%)	289 (38.9%)	76 (9.7%)	7 (0.9%)	783	765
Sub Total	10 (0.2%)	470 (11.0%)	937 (21.9%)	1167 (27.3%)	1327 (31.0%)	340 (7.9%)	26 (0.6%)	4277	4506
Medical Staff	-	7 (4.2%)	34 (20.2%)	72 (42.9%)	47 (28.0%)	7 (4.2%)	1 (0.6%)	168	168
Total 2016	7 (0.2%)	477 (10.7%)	971 (21.9%)	1239 (27.9%)	1374 (30.9%)	347 (7.8%)	27 (0.6%)	4445	-
Total 2015	7 (0.1%)	496 (10.6%)	1004 (21.5%)	1345 (28.8%)	1440 (30.8%)	358 (7.7%)	24 (0.5%)	-	4674

- 5.8% of staff describes themselves as having a disability
- The gender split is 76.8% female and 23.2% male
- 46.6% of staff chose not to disclose their religion.
- 73% of staff are heterosexual; sexual orientation not known for 24%.
- 57% are married; 8.3% divorced or separated.

Ethnicity:

BDU	Asian	Black	Chinese Other	Mixed	White	Unknown	BDU Total
Barnsley	11 (0.8%)	11 (0.8%)	8 (0.6)	5 (0.4%)	1347 (97.0%)	6 (0.4%)	1388
C&K	35 (4.1%)	39 (4.5%)	8 (0.9%)	16 (1.9%)	757 (88.2%)	3 (0.3%)	858
Forensic	10 (2.5%)	23 (5.8%)	5 (1.3%)	5 (1.3%)	352 (88.9%)	1 (0.3%)	396
Wakefield	6 (48.2%)	4 (0.0%)	1 (10.1%)	6 (2.4%)	412 (38.7%)	2 (0.6%)	431
Specialist	19 (4.5%)	6 (1.4%)	2 (0.5%)	3 (0.7%)	389 (92.4%)	2 (0.5%)	421
Support Services	12 (1.5%)	10 (1.3%)	6 (0.8%)	3 (0.4%)	749 (95.7%)	3 (0.4%)	783
Sub Total	93 (2.1%)	93 (2.1%)	30 (0.7%)	38 (0.9%)	4006 (93.7%)	17 (0.40%)	4277
Medical Staff	81 (48.2%)	-	17 (10.1%)	4 (2.4%)	65 (38.7%)	1 (0.6%)	168
Total 2016	174 (3.9%)	93 (2.1%)	47 (1.1%)	42 (0.9%)	4071 (91.8%)	18 (0.4%)	4445

7	What does this data say?		Our local communities are diverse in many ways, supporting the need to make sure we do not discriminate and ensure fair and equal access to services and offer services that are flexible and responsive to individual need. We need to ensure our staff are offered equality of opportunity in employment and development.
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	No	Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact. The purpose of the strategy is to support an equality competent organisation, with person centred care that is equally accessible and with equality of opportunity for our staff. Targeted action planning will address the needs of specific groups and we will work with communities, including people with protected characteristics, to ensure we meet their needs and preferences.
8.1	Race	No	Rationale as set out above

			<p>Race equality</p> <table border="1"> <thead> <tr> <th></th> <th>White</th> <th>Asian</th> <th>Black</th> <th>Mixed</th> <th>Chinese & Other</th> </tr> </thead> <tbody> <tr> <td>England % av.</td> <td>85.5</td> <td>5.1</td> <td>3.4</td> <td>2.2</td> <td>1.7</td> </tr> <tr> <td>Kirklees</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>79.1</td> <td>15.7</td> <td>1.9</td> <td>2.3</td> <td>0.7</td> </tr> <tr> <td>Barnsley</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>97.9</td> <td>0.7</td> <td>0.5</td> <td>0.7</td> <td>0.2</td> </tr> <tr> <td>Calderdale</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>89.6</td> <td>7</td> <td>0.9</td> <td>1.3</td> <td>0.6</td> </tr> <tr> <td>Wakefield</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>95.4</td> <td>2.6</td> <td>0.77</td> <td>0.9</td> <td>0.29</td> </tr> </tbody> </table> <p><i>Taken from Census 2011 for each area</i></p>		White	Asian	Black	Mixed	Chinese & Other	England % av.	85.5	5.1	3.4	2.2	1.7	Kirklees						% average	79.1	15.7	1.9	2.3	0.7	Barnsley						% average	97.9	0.7	0.5	0.7	0.2	Calderdale						% average	89.6	7	0.9	1.3	0.6	Wakefield						% average	95.4	2.6	0.77	0.9	0.29
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8.5	Sexual orientation	No	<p>Rationale as set out above</p>																																																												

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9	What monitoring arrangements are		Current governance processes include monitoring of																																																																																										

	you implementing or already have in place to ensure that this policy/procedure/strategy:-	EDS2 indicators and complaint themes. Overview of performance through Equality and Inclusion Forum.
9a	Promotes equality of opportunity for people who share the above protected characteristics;	Action planning will be undertaken to monitor impact and effectiveness
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;	Staff wellbeing survey, WRES monitoring information, review of complaint themes, and BAME staff equality network.
9c	Promotes good relations between different equality groups;	WRES monitoring information.
9d	Public Sector Equality Duty – “Due Regard”	EDS2 panel processes involving service users and carers. Undertaking EIAs on services, service change and policy and delivering on action plans resulting from same.
10	Have you developed an Action Plan arising from this assessment?	This strategy will be monitored through the delivery of action plans agreed by the Equality and Inclusion Forum.
11	Assessment/Action Plan approved by (Director Lead)	Sign: D Stephenson Date: 30 06 17 Title: Director of Corporate Development
12	<i>Once approved, you <u>must</u> forward a copy of this Assessment/Action Plan to the Equality and Engagement Development Managers:</i> Aboobaker.bhana@swyt.nhs.uk Zahida.mallard@swyt.nhs.uk Please note that the EIA is a public document and will be published on the web. Failing to complete an EIA could expose the Trust to future legal challenge.	