**Equality Delivery System 2 and Workforce Race Equality Standard Actions 2015-16**

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| Outcome | Goal | Initiative | Measure | Person Responsible |
| Screening, vaccination and other health promotion services reach and benefit all communities | Better Health Outcomes | We are rated as developing in this area. We know from the Five Year Forward View that Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. The cost to the economy is estimated to be around £100 billion annually – roughly the cost of the entire NHS. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people – one of the greatest health inequalities in England. However only around a quarter of those with mental health conditions are in treatment, and only 13 per cent of the NHS budget goes on such treatments when mental illness accounts for almost a quarter of the total burden of disease. To address these inequalities the NHS must take decisive steps to break down the barriers in how care is provided between physical and mental health. Services need to be integrated around the patient. For example a patient with cancer needs their mental health and social care coordinated around them. Patients with mental illness need their physical health addressed at the same time. To this end will:-   * Conduct data collection exercise to inform an impact assessment examining across all protected characteristics the barriers to screening, vaccination and other health promotion services. * Development of an action plan following the outcome of the impact assessment. | * Impact Assessment and associated action plan to CDT March 2016 | Group Representatives supported by Equality and Diversity Advisor |
| People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds | Improved patient access and experience- | Whilst we are rated as achieving in this area, with ongoing discussions regarding the bed model and issues such as Transgender People have to travel a significant distance for GRS. To this end we will:-   * Conduct a full assessment of access to our services across all protected characteristics. * Action plan developed to address findings. | * Impact Assessment and associated action plan to CDT March 2016 | Group Representatives supported by Equality and Diversity Advisor |
| Fair NHS recruitment and selection processes lead to a more representative workforce at all levels | A representative and supported workforce | We know from the Workforce Race Equality Standard that the likelihood of appointment from shortlisting was marginally higher for white applicants compared to BME applicants. However we would need to see a trend to take action. We will -   * Use April 2015 as a baseline and monitor recruitment trends across protected characteristics. * Conduct an impact assessment on the recruitment process to ensure that there are no unwitting cultural barriers to entry. | * Six monthly updates to Workforce Training and Development Subgroup with further actions * Impact assessment with recommendations to be presented to Workforce and Organisational Development to coincide with completion of first phase of Transforming Corporate Services | Equality and Diversity Advisor  Equality and Diversity Advisor |
| The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations | A representative and supported workforce | We are rated as undeveloped, for the reason that we have not yet undertaken an equal pay audit. We will in 2015-16 conduct an equal pay audit in 2015-16 to include three distinct but related phases   * Comparing the pay of protected groups who are doing equal work in the Trust * Investigating the causes of any pay gaps by gender, ethnicity, disability or working pattern * Planning to close any gaps that cannot be justified on grounds other than one of those characteristics | * Assemble team- NHS Employers recommend including Staff Side as part of this work * Agree Terms of Reference * Agree methodology informed by * Equal Pay Statutory Code * NHS Employers Guidelines * Good Practice guidelines, Equality and Human Rights Commission cite Sunderland University * Report on first two phases by end 2015-16 with a plan to any close gaps as part of 2016-17 initiatives. | Equality and Diversity Advisor to coordinate a team to deliver   * Team assembled Sept 2015 * Terms of Reference Oct 2015 * Methodology determined Nov 2015 with commencement of audit * Monthly reports to Workforce Training and Development sub-group until work completes. |
| Training and development opportunities are taken up and positively evaluated by all staff | A representative and supported workforce | We are rated as developing. We know that evidence from completing the Workforce Race Equality Standard that information outside of statutory and mandatory training is not as complete is it might be. We need to   * Audit our current collection of information alongside the Equality and Human Rights Commission’s Equality information and the equality duty: A guide for public authorities * Promote the benefits of disclosure of protected characteristic information to staff * Monitor disclosure with the aim of reducing refusals or not ascertained information | * Audit to be completed and reported to Workforce Training Development Subgroup November 2015 * Promote of the benefits of disclosure to be placed on the intranet during quarter three 2015-16 * April 2015 as baseline, figures to be reported to Workforce Training Development Subgroup on a half-yearly basis | Equality and Diversity Advisor  Equality and Diversity Advisor  Equality and Diversity Advisor |
| When at work, staff are free from abuse, harassment, bullying and violence from any source | A representative and supported workforce | We are rated as developing. We know looking at the results of the 2014 Staff Survey that it is indicated that gay members of staff report a higher level of harassment from patients/service users, their relatives or members of the public as is the case for those who indicate that their faith is Buddhist or Hindu, this is also the case for disabled members of staff. Whilst there has been a narrowing of the gap for BME staff compared to white staff there is still work to do. We propose to:-   * Set up Staff Network Groups. * Working with staff side to seek a suitable constitution and working arrangement for a BME Staff Group. * Anticipated that this group could serve several needs, support for staff, promote networking both in and outside work and to work on issues raised within Staff Survey findings. | * Scoping exercise looking at existing good practice in the delivery of staff networks – August 2015 * Meet with staff side to develop constitution and working arrangement for a BME Staff Group – early September 2015 * Paper to CDT agreeing principles September/October * Publicity of launch of BME Network leading to launch in late October (Black History Month)- provisional date Thursday 29th October * Work to establish core group through to the end of 2015-16 | Equality and Diversity Advisor in conjunction with Staff Side and Operational Groups |
| Staff report positive experiences of their membership of the workforce | A representative and supported workforce | Linked to initiatives on improving workforce equality and diversity demographic information and the development of Staff Networks (see above). In addition a:-   * Thorough analysis of Staff Survey 2015 results by Protected characteristic * Results presented to CDT, Trust Board, Council of Governors with associated action plans at the earliest opportunity upon release of results in 2016 | * Presentations to CDT, Trust Board and Council of Governors, with sign-off of action plan agreed by all parties to feed into 2016 EDS2 action planning | Equality and Diversity Advisor |
| Middle Managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination | Inclusive Leadership | Analysis of Staff Survey results across protected characteristics and regular equality and diversity enquiries suggest that equality and diversity training only provides basic support. Managers need more information to support their staff to work in culturally competent ways. The following will be developed to address this:-  An intranet based equality and diversity resource guide to cover all protected characteristics and both employment and service provision is developed.  Guide is launched at an event to highlight our learning and development as NHS Employers Equality and Diversity Partners in April 2016 | * Development of Intranet-based resources, content to be reviewed by NHS Employers and 2015-16 partners prior to publication * Launch event to take place in April 2016, Guest speakers from contacts made via NHS Employers E&D Partner Status | Equality and Diversity Advisor to author/coordinate |