EQUALITY AND INCLUSION STRATEGY

2016-2020

Version: 8 FINAL

Director: Bev Searle, Director of Corporate Affairs

Author: Stef Abrar, Equality & Diversity Manager

Date: August 2016

Contents

1. PURPOSE

1.1 This paper sets out Berkshire Healthcare's Equality and Inclusion Strategy 2016-20.

2. WHY EQUALITY & INCLUSION MATTER TO US

2.1 Berkshire healthcare's *vision* is *to be recognised as the leading community and mental health service provider by our staff, patients and partners.* We are a values-based organisation aspiring to excellence.

2.2 Equality and inclusion matter to us because:

- Discrimination in employment and service delivery is against the law
- We are bound by our the public sector equality duty to eliminate discrimination and advance equality of opportunity
- Equality and inclusion supports our vision of excellence
- Our performance needs improvement
- Some other trusts are doing more and performing better than we are
- There is a demonstrable link between discrimination and poor patient experience
- There a link between equality, inclusion and staff wellbeing (and thereby staff motivation/retention)
- It enhances our reputation.

2.3 More than this, equality and inclusion matter to us because we know that every single person counts and everyone has the right to be treated with dignity and respect.

2.4 From 2014, eliminating discrimination in employment on the grounds of ethnicity has been a key priority for the NHS as a whole. The 2016 national Workplace Race Equality Standard report says '*we simply cannot afford the costs to staff and patient care that come from unfairness and discrimination*'. Our staff survey results show disparities between the experiences of staff from Black and Minority Ethnic backgrounds, in comparison to those of white staff, a trend reflected in about 80% of learning disability and mental health trusts.

2.5 Through our own annual staff survey many of our black and minority ethnic (BME) staff, who comprise 1 in 5 of our workforce, have told us they are not treated fairly. For BME staff, the likelihood of being appointed from short-listing is lower than for white staff; the self-reported experience of harassment and bullying from patients or colleagues is greater; disciplinary rates are higher; workforce representation at band 7 and above is lower; and non-mandatory training for BME staff at band 5 and above has not been in line with workforce diversity. There are other issues of unfairness we must address. For example, we know that despite our efforts, many LGB (Lesbian, Gay and Bisexual) staff are still uncomfortable about being 'out' to managers, and disabled staff well-being is worse than average. As a values-based organisation we must take action to address these inequalities in our workforce.

2.6 Our own in-depth review of the experience of BME staff in the Trust in 2015 has strengthened our resolve to address unfairness.

> 'I want to be seen as a valued member of staff like my colleagues and not be overlooked, I don't want special treatment or to be singled out.'
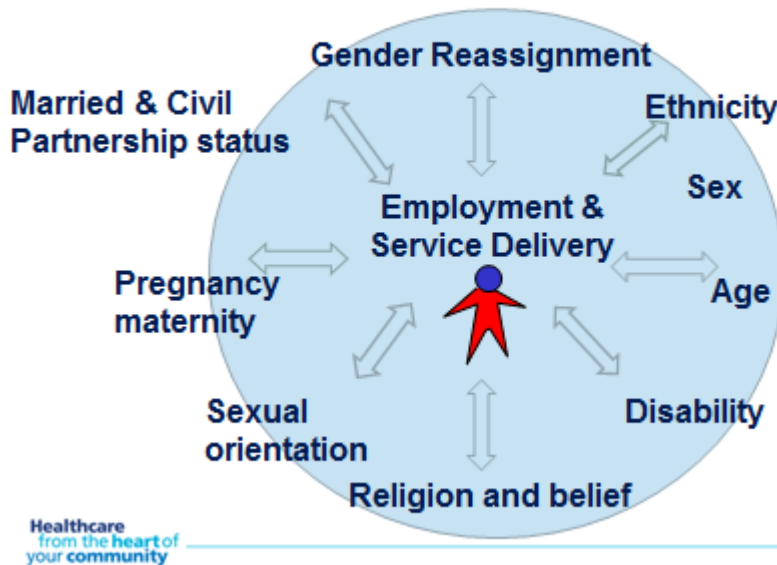>
> *BME staff focus group interviews, 2015.*

2.7   We know that reducing discrimination promotes self-esteem, reducing the burden of everyday work-place stress. 'Caring for and about you' is one of our three organisational values and extends to our staff as well as patients and carers.

2.8   We are also committed to improving access to services and improving the quality of services and the experiences of people using our services. We believe health care services should be built around the diverse, individual needs of patients and service users, rather than those individuals simply fitting into the services we offer.

2.9   We should therefore - within reason and within the law - be prepared to make adjustments to our services, and how people access them, depending on the needs, circumstances and protected characteristics of individual patients and people using our services.

2.10   Following a review of progress achieved through the last strategy, priorities have been set for four key protected characteristics until 2020:

- Ethnicity
- Sexual orientation
- Transgender
- Disability.

2.11   For simplicity we will work on lesbian, gay, bisexual and transgender (LGB&T) issues as one work-stream.

3.   BACKGROUND

The Equality Act 2010

3.1   The Equality Act 2010 outlaws discrimination based on access to goods and services as well as employment, on the basis of nine protected characteristics (illustrated in the diagram below).

Legally protected characteristics

Gender Reassignment

Married & Civil Partnership status

Ethnicity

Employment & Service Delivery

Sex

Pregnancy maternity

Age

Sexual orientation

Disability

Religion and belief

3.2   The Act offers protection against discrimination to individuals possessing a minimum of one of the nine characteristics (see below) in employment and service delivery. We all possess some of these characteristics. They are:

- Age
- Disability
- Race including ethnicity and national identity
- Sex
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Religion or belief, including lack of belief
- Sexual orientation.

3.3   In addition to this, the Public Sector Equality Duty (PSED) requires public bodies to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.4   Specific duties, set out in regulations to the Equality Act require us to:

- Publish information to demonstrate compliance with the public sector Equality Duty, annually. This information must be published in such a manner that it is accessible to the public, either in a separate document or within another published document

- Prepare and publish equality objectives at least every four years. All such objectives must be specific and measurable.

Equality Delivery System

3.5   We have been using the NHS Equality Delivery System (EDS2) to help us comply with the requirements of the Act. This contains 18 outcomes derived from the Care Quality Commission (CQC) Essential Standards and the NHS Constitution. We assess our performance by using community and staff panels of experts, community leaders and voluntary sector and staff representatives to provide us with an objective review.

Health and Social Care Act 2012

3.6   Under the Health and Social Care Act 2012 NHS England and Clinical Commissioning Groups (CCGs) must have regard to the need to (a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. We are indirectly affected by these provisions.

Stonewall Diversity Champions Programme and Time to Change

3.7   We have been a Stonewall Diversity Champion since 2011; we participate in the Workplace Equality Index and are proud to have been a Top 100 Organisation for the last three years. The index represents one of the best and most competitive benchmarking tools for organisations wishing to improve their LGB&T performance and involves significant work on 10 areas including staff development, promoting non-discriminatory working environments, managerial competence and community engagement. Transgender will be brought fully into the index rankings from 2018.

3.8   We are also a Time to Change employer committed to combating mental health stigma. We established a baseline of performance against the Chartered Institute of Personnel and Development (CIPD) average for England by undertaking a Time to Change health-check in 2014.

The NHS Workforce Race Equality Standard (WRES)

3.9   In 2014, NHS England introduced the Workforce Race Equality Standard and in 2015/16 this was included in the NHS Standard Contract for NHS Providers. Therefore all NHS trusts and CCGs are required to comply with reporting and action planning each year in 9 key indicator areas. This covers BME recruitment relative likelihoods, workforce diversity, career development, disciplinaries, responses to the national staff survey on equal opportunities in career development, experiences of harassment, bullying and discrimination, and Board

diversity. NHS England published the national results giving trust by trust comparisons for each sector in May 2016.

3.10 Around 4 out of 5 mental health and learning disability trusts have not performed well on the staff survey elements of the Workplace Race Equality Standards. Only a handful of trusts have evidence of response rates which do not show ethnic differences. For example, in the case of BME self-reported instances of staff experiencing of harassment bullying from patients, only 10 trusts reported no significant ethnic differences, among them Southern Health, Northamptonshire, North Staffordshire and East London. One caveats for comparisons between trusts is the relatively different sample sizes of survey respondents.

3.11 Our WRES performance will be considered on an annual basis by the Trust Board, alongside our progress in implementation of this strategy.

NHS Accessible Information Standard/code of practice on Autism

3.11 The NHS Accessible Information Standard is being introduced in 2016. This is designed to capture the communication needs of disabled people accessing services and provide information in formats that are accessible to them. The code of practice on Autism was introduced in 2015 and the NHS Disability Equality Standard is in the pipeline.

National recommendations from regulators, research and other policy guidance

3.12 Finally, our action plans will take into consideration national policy concerns and recommendations from regulators as well as good practice as it is released. For example, we will take appropriate action to address concerns over the higher proportion of people from a Black background being detained under the Mental Health Act at a national level, and also develop guidance to appropriately treat transgender people within our services.

4. PRINCIPLES

4.1 We have developed a mnemonic **CARE** to crystallise our core principles for equality, diversity and inclusion. This fits with our core values of being caring, compassionate and working together.

4.2 For the purposes of the equality strategy, CARE stands for:

- **C**hallenging unfairness
- **A**ppreciating difference
- **R**especting the individual
- **E**veryone's business.

4.3 Appreciating diversity is particularly important to us. It helps us understand that treating people in the same way does not deliver equality for all. We need to ask, rather than assume, what staff and service users require. What works for some staff and service users, will not work for all.

4.4 We hope staff will use this mnemonic to remember the ethos of this strategy – it will be central to our equality branding.

4.5   Above all we want to make sure that equality and inclusion is everyone's business and our strategy is designed to ensure that all of us have a role to play.

5.   OUR VISION AND STRATEGIC OBJECTIVES

5.1   We have set a number of strategic objectives to help us visualise how we wish to improve by 2020. There are a number of priorities which could be delivered and a number of actions will require time to deliver change. We have therefore selected 7 key priorities which are challenging, will make a difference and can be measured.

5.2   By 2020 we wish to see:

1)   Increased representation of black and minority ethnic (BME) staff in (Agenda for Change) bands 7 and 8a-d, aiming for 20% representation at each of these grades. This reflects the Berkshire population

2)   No difference in perceptions of equal opportunity in career progression between white and BME staff (as measured by our annual staff survey)

3)   A reduction of harassment and bullying as reported in the annual staff survey, in particular by BME staff. We are aiming to reduce experiences of harassment and bullying to lowest quartile rankings compared with other mental health Trusts in the NHS staff survey index. We also wish to achieve equity in reporting between BME and white staff.

4)   A significant improvement the well-being of disabled staff and a reduction in the proportion of staff experiencing stress related illness

5)   That we maintain Top 100 Workplace Equality Index Employer status with a ranking in the top five health and social care providers

6)   We want to engage with diverse groups in particular BME, LGBT and disabled people to inform our understanding of their needs, with a view to ensuring good patient experience and equity of access in both mental and community health.

7)   A more robust approach to making reasonable adjustments for disabled people – in particular implementation of the NHS Accessible Information Standard.

5.3   We have set out in full the key performance indicators by which we will measure success in Appendix 1. We have also set out the broad action areas for each priority.

6.   OUR APPROACH

6.1   We will continue to use the following frameworks to comply with relevant legislation and NHS England and commissioner requirements:

- The NHS Equality Delivery System (EDS2)
- The NHS Workforce Race Equality Standard (WRES)
- The Stonewall Workplace Equality Index (Sexual orientation)
- Accessible Information Standard (Disability).

6.2   We will also reference our Time to Change health check undertaken in 2014 when considering progress on mental ill-health.

6.3   We will meet with community and staff equality panels every two years to grade our performance and set priorities.

6.4   We will use the Stonewall Workplace Index annually.

6.5   Our overall approach is to develop a mix of corporate and local responsibility for certain elements of these frameworks. As well as a priority plan, each major geographical/service/functional area holds its own equality improvement plan in recognition of our geographic and service diversity.

7.   IMPLEMENTATION STRUCTURES: EQUALITY IMPROVEMENT PLANS

7.1   Key aspects of implementation will be as follows:

- Time limited inclusive 'task and finish' groups will be established to co-produce detailed over-arching equality implementation plans for those objectives with require a corporate approach, including the WRES, Stonewall WEI and employment EDS

- Each locality and directorate will be required to develop an annual equality improvement plan which draws on the EDS frameworks and our strategic priorities. These will be referenced in our annual locality business plans/'plans on a page'. A draft framework for such plans is included in Appendix 3 and 4

- All local/directorate plans must reference our top 3 WRES priorities: BME staff representation improvement; career development; and improved harassment and bullying processes as set out in our over-arching plans. The corporate WRES action plan and work-streams associated with the other strategic priorities will frame the context for local action

- Local audits will enable locality managers and corporate directorates to tailor their implementation plans. It is expected that all localities and corporate services agree performance indicators related to the strategic objectives and local audits

- 2016/17 local plans will be in place in the second half of the year; from 2017/18 onwards plans will follow our annual planning cycle

- All plans will be formally agreed and monitored by the Diversity Steering Group. At a locality level, equality improvement plans will be monitored at the quarterly locality performance improvement meetings through a simple Red, Amber, Green rating. At a corporate level these will be monitored by the Diversity Steering Group

- Local equality champions will be nominated to support the plan and attend relevant training

- We will host a conference on 13 October 2016 whereby those responsible for equality action planning can receive specialist support and guidance on implementation and share good practice.

A summary of the timescales of the process is included in Appendix 2.

8. LEADERSHIP

8.1 Committed leadership is the key to the success of any equality strategy. To strengthen knowledge and commitment at this level:

- An Executive Board member will be nominated as a key sponsor for each of the three priorities and networks

- Board members and senior managers will model the behaviours of inclusive leaders and take steps to demonstrate their leadership by asking questions of minority staff regarding their experiences in the workplace, attending some staff network meetings

- Board members and Governors will have an annual discursive event to update themselves on developments in equality and diversity

- Opportunities will be made available for board members to meet with representatives of staff networks to foster greater understanding (for example mentoring/ reverse mentoring)

- Guidance will be issued on integrating equality and inclusion questions into governor quality visits to services

- A keynote speaker on a topic related to equality and inclusion will be invited annually to our Senior Leadership Forum

- A Non-Executive Board member will be invited to attend the Diversity Steering Group.

9. STAFF NETWORKS

9.1 Diversity in our workforce is critical to building bridges with minority groups both within and outside the organisation. Our staff networks will be fully engaged with developing local and corporate action plans on our three priority areas.

9.2 The Trust will support three staff networks. These are the 'LGBT and friends' staff network, the BME staff network and our Time to Change task force.

9.3 We will look to our networks to provide role models and insight to the unique issues affecting particular groups of staff and links with service users.

9.4 Over the course of this strategy we will explore and implement ways of supporting a broader disability network

9.5 Each network will have a senior sponsor, terms of reference, annual plan and a small budget. Network chairs and where appropriate, key leads in the network, will be supported with

sufficient time for network related activities agreed in advance with their manager and senior sponsor.

10.   COMMUNICATION

10.1   Good communication on equality and inclusion is vital. Equality and inclusion – whether visually or in words - needs to be reflected in all that we do. Therefore, we will support our strategy through a dedicated communications plan.

10.2   This will reflect the key aims and objectives, understand target audiences, agree key messages and language and provide details of the key deliverables.

10.3   These will include:

- Developing clear branding and straplines
- Making best use of all channels to influence and engage
- Understanding and incorporating best practice from other trusts who already do this well
- Using role models and others who already put these behaviours into practice to encourage engagement and understanding
- Promoting the equality calendar of events
- Considering opportunities to include visible diversity in our communications materials where possible..

10.4   Separate tactical plans covering each of the three areas of focus (ethnicity, sexual orientation/transgender and disability) will be developed.

10.5   Our communications and marketing team will liaise with localities and directorates ensuring that communication relating to improvement plans and staff networks is well coordinated.

11.   LEARNING & DEVELOPMENT

11.1   A sound understanding of the law, our policies and unconscious bias is necessary for all staff and volunteers. We will continue to offer:

- A one hour mandatory equality and diversity induction training

- Two hour managing diversity training for new managers

- Values-based recruitment training for staff on recruitment panels, which includes information on discrimination law and unconscious bias.

11.2   To support the successful implementation of this strategy, we will add to the above activity by:

- Updating our online essential equality and inclusion refresher training and provide it on a two year rather than a three year rolling basis

- Running a 'train the trainer' course on unconscious bias in decision-making including recruitment, management, performance appraisal, and grievance and disciplinary activity. We will embed this learning into mainstream training courses and team meeting events. This is aimed at trainers and local equality champions

- Our Excellent Manager Programme will include a session on unconscious bias

- A suite of diversity case studies will be embedded into mainstream training

- To launch the new strategy, we will host an equality conference in October 2016 to share good practice, train local champions, network champions and prospective role models

- We will offer an unconscious bias intervention at the Senior Leadership Forum and also for excellent manager course graduates.

12. MONITORING

12.1   HR locality dashboard data, service access and patient experience data will be available annually in June. This will form the basis of our annual equality report which will reflect activity during each financial year (1 April to 31 March) and published at the end of May.

12.2   Localities and corporate services will be expected to use this data to audit performance and identify gaps for annual action planning.

12.3   A staff data refresh exercise will be undertaken by the workforce information team in 2016. This will provide an accurate baseline for future employment related performance analysis.

12.4   We will continue to improve ethnicity data capture in service usage, incidents and complaints.

12.5   Through closely monitoring the outcomes and impact of our equality and inclusion interventions, we will be able to understand whether they are working. Monitoring of our key performance indicators will feature in reports to Finance Performance and Risk Executive and Operational Leadership Team meetings. A summary report on key indicators will be presented to the Board twice a year.

13. GOVERNANCE

13.1   The Diversity Steering Group (DSG) will continue to meet quarterly to monitor overall performance and report to the Board twice a year. The DSG is chaired by the Director of Corporate Affairs, who has executive lead for equality and inclusion. Membership of the DSG includes representation from each staff network and key operational and corporate representatives.

13.2   Membership of the diversity steering group will be expanded to include a Board non-executive member representative.

13.3   Attendance from directors to discuss progress will be timetabled on a rolling basis.

13.4 The Chief Operating Officer will ensure that locality equality improvement plans are monitored quarterly at locality performance improvement meetings and will report into the Diversity Steering Group on progress.

13.5 Our established Berkshire East and Berkshire West community equality panels and our employment equality panel will meet every two years (2018 and 2020). These panels assess and rate performance, choose regional and employment related Equality Delivery System priorities and help ensure our accountability to local communities and staff.

13.6 Our aspiration is that our panel members become part of our on-going community engagement throughout the year.

14. RESOURCE

14.1 The main resource involved in delivery of this strategy is staff time. As far as possible, we wish to minimise additional workload for staff; wherever possible, equality and inclusion planning and reporting should be part of our mainstream work. In time and with practice, this will become 'business as usual'.

14.2 Our current part-time equality and inclusion post will be complemented by a specialist equality HR position during 2016 to strengthen our focus on workforce diversity.

14.3 All other expenses will be met from existing resources and mainstream budgets.

15. APPROVAL

15.1 The Board approved this strategy at their meeting on 12 July 2016.

15.2 The following executive directors were confirmed as sponsors for our priority workstreams:

- Bev Searle, Director of Corporate Affairs – LGB&T
- David Townsend, Chief Operating Officer – BME
- Alex Gild, Director of Finance, Performance and Information – Disability.

15.3 Mehumda Mian was confirmed as the Board non-executive lead for equality and inclusion.

Appendix 1: Key Performance Indicators for Equality Priority Objectives

	Equality Improvement Priority	Current performance		2020 Aspirational Target	Action Plans	Proposed action/work-stream areas
BME Equality Improvement Priorities						
1	Increase BME Staff representation in management at bands 7 and 8 to Berkshire Census level of 20%	7	12.6% (71)	20% (+41)	Workplace Race Equality Standard action plan Local, Service and Corproate Equality Improvement Plans BME network plan	• Improve transparency and objectivity in recruitment panel decision-making by March 2017 through a) Unconscious bias training and interventions b) Review best practice in interview procedures and implement changes as appropriate
		8a	12.6% (22)	20% (+13)		
		8b	8.6% (8)	20% (+10.4)		
		8c	14.2% (6)	20% (+2.4)		
		8d	% 0(0)	20% (+5)		
2	Equalise opportunities for BME staff career development	2:1 Bands 5-9: White staff non-mandatory training & development compared to BME staff		1:1 Bands 5-9: Equal take- up by BME and White staff		• Improve career development guidance by March 2017 • Ensure training opportunities for white and BME staff are equitable. • Promote successful role models • Consider appropriate coaching and mentoring support
		% of staff believing that the Trust provides equal opportunities in career progression: 91% BME 74% White		Parity		
3	Reduce harassment and bullying of BME staff	27% of BME staff report H&B compared with 19% of White staff		Reduction in H&B faced by BME staff & overall		• Pilot alternative routes for reporting and investigating B&H in key problem areas
4	Equitable engagement with and access to	BME under-representation in mental health services		In line with census	Local Equality Improvement Plans	• Develop local engagement with BME

	Equality Improvement Priority	Current performance	2020 Aspirational Target	Action Plans	Proposed action/work-stream areas
	services by BME communities	Over-representation of people from a Black background in Mental health Act admissions to psychiatric hospital	MHA admissions for people from a Black background in line with Berkshire population	Locality Equality improvement plans	communities • Qualitative research to identify reasons for increased admissions with appropriate action plans to address issues • Achieving increased usage of IAPT, CMHT and Crisis services by groups over-represented in those admitted to hospital under the Mental Health Act.
		Not known	In line with census	Local Plans	
		Incomplete ethnicity dataset for Community Health services.	90%	Finance and IT Action Plans; Local Plans	• Improve community health ethnicity data capture
Disability Equality Improvement Priorities *(to be further developed by task and finish group)*					
5	Improve the working experiences of disabled staff	58% disabled staff compared to 36% non-disabled staff suffering work related stress in last 12 months	Parity	HR Plan Local Plan Time to Change network plan	• Raise managers' awareness of making reasonable adjustments • Provide support to manager to make assessments to inform reasonable adjustments • Provide more tools to support managers
6	Reduction in stress-related sickness absence	% suffering work related stress in last 12 months	Reduction	Time to Change Network Plan	• Managing stress/resilience workshops • Anti-stigma workshops
7	A more robust approach to making reasonable adjustments for disabled people	Accessible Information baseline unknown ((varies from service to service)	100% service users offered and provided with	Accessible Information Plan	• Accessible Information project team in place

	Equality Improvement Priority	Current performance	2020 Aspirational Target	Action Plans	Proposed action/work-stream areas
			information in the way they prefer		
		Disabled staff satisfaction with reasonable adjustments	High satisfaction rate with reasonable adjustments	HR Equality Improvement Plan, Local Plan	• Create a baseline through a disabled staff survey
		Current patient experience measures poorly rated by community panels	Robust patient experience measures in place	Nursing Directorate and Locality Improvement Plans	• Co-produce patient experience measures with disabled people • Awareness raising with key staff groups
LGB&T Equality Improvement Priorities					
8	Becoming one of Top 5 health and social care employers in the Stonewall Top 100 index	Stonewall Index position 97	Top 5 health and social care providers	Stonewall Improvement Working Group; Local Plans; LGB&T network plan	• Berkshire wide community engagement • LGB&T Network Plans • HR, training and action plans
		IAPT engagement with LGB&T communities; Reading Pride engagement; Berkshire-wide engagement		As above	• Calendar of engagement events
		No indicator for staff sensitivity	Meaningful patient experience measures in place	Nursing directorate plan; locality plans	• Co-produce LGB&T patient experience measures

	Equality Improvement Priority	Current performance	2020 Aspirational Target	Action Plans	Proposed action/work-stream areas
9	Improved sexual orientation declaration rates by staff	78.4%	90%	HR plan and Locality plans	• Communication and data refresh

Appendix 2 Equality Improvement Plan Implementation Timetable

Year 1		
2016	June	• Equality Strategy agreed by Quality Executive Group and Board with amends to be made
	July	• 31st July NHS Accessible Information standard implemented • Staff data refresh commences; monitoring codes updated and data specification confirmed • Train the trainers session 'unconscious bias'
	September	• Leadership Forum – strategy update • Equality strategy update for Governors • Locality and directorate managers start to produce audits and action plans drawing on data and mapping of existing provision, feedback from staff and service users • Unconscious bias intervention for 40 Excellent Manager graduates 14 September • Final WRES submission made to NHS England following approval by Board • WRES project commences • Annual Equality report sent to Board/commissioners and website updated
	October	• Equality improvement plans reviewed and agreed at OLT, DSG (Oct/Nov) – key actions inserted in locality Plans • 13 October Equality Champions Conference to launch equality strategy: Good practice sharing and implementation support
	November	• Provisional date to launch revised 'essential' equality on-line training
	December	• Review of action plans at locality performance improvement meetings and Diversity Steering Group
	February	• Board diversity session (provisional date)
	March	• Improvement plan progress reports • End of financial year review March OLT, DSG.

Year 2			
2017	May	• Annual Equality Report published and sent to CCG as part of contract with review against equality strategy targets • Senior Leadership Forum review of progress to date • Refreshed annual equality improvement plan with refreshed targets	
	July	• Q1 review	
	October	• Q2 review	
	January	• Q3 review	
Year 3			
2018	April	• Mid strategy review and refresh • As above	

Appendix 3: Locality Equality Improvement Plan Framework

	LOCALITY E&D IMPROVEMENT PLAN	Audit & problem identification	KPI	Action Plan
	WORKFORCE (Goal 3 EDS)			
1	**Workforce Diversity & Recruitment strategy** EDS 3.1 Outcome: Fair Recruitment and selection processes lead to a more representative workforce at all levels WRES action plan			
2	**Promoting Career development of under-represented groups** EDS 3.3 Outcome: Training and Development Opportunities are taken up and positively evaluated by all staff WRES action plan			
3	**Eliminating Harassment and bullying** EDS 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source WRES action plan			
4	**Reasonable adjustments for disabled staff**			
	SERVICES (Goals 1&2 EDS)			
5	Regional Equality Delivery System Priorities			

	LOCALITY E&D IMPROVEMENT PLAN	Audit & problem identification	KPI	Action Plan
	(Agreed in 2015/16)			
6	**Equity of access & engagement with under-represented groups**			
7	**Patient experience & complaints – evidence from diverse groups** *EDS 2.3 People report positive experiences of the NHS*			
8	**Reasonable adjustments for service users** *EDS 2.1 People, carers and communities can readily access services and should not be denied access on reasonable grounds* *NHS Accessible Information Standard requirements*			
	LEADERSHIP (Goals 4 EDS)			
9	**Leaders and line managers take active steps to promote equality and workplaces free from discrimination** *EDS 4.1 Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.* *4.3 Middle managers and line managers support their staff to work in culturally competent way*			

	LOCALITY E&D IMPROVEMENT PLAN	Audit & problem identification	KPI	Action Plan
	within a work environment free from discrimination			
10	**Equality impact of policy, strategy & business plans/service design** *EDS 4.2 Papers than come before the board and other major committees identify equality-related impacts and say how these risks will be managed*			

Appendix 4: Non Clinical Equality Improvement Plan Framework

	NON-CLINICAL E&D IMPROVEMENT PLAN	Audit & problem identification	KPI	Action Plan
A	**WORKFORCE**			
1	**Workforce diversity & recruitment strategy** EDS 3.1 Outcome: Fair Recruitment and selection processes lead to a more representative workforce at all levels WRES action plan			
2	**Promoting Career development of under-represented groups** EDS 3.3 Outcome: Training and Development Opportunities are taken up and positively evaluated by all staff WRES action plan			
3	**Eliminating Harassment and bullying** EDS 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source WRES action plan			
4	Reasonable adjustments for disabled staff			

	NON-CLINICAL E&D IMPROVEMENT PLAN	Audit & problem identification	KPI	Action Plan
B	**ONE OR TWO OF THE FOLLOWING SERVICE SPECIFIC ATIONS (as appropriate)**			
5	**Ensuring Accessible buildings & communication** *EDS 2.1 People, carers and communities can readily access services and should not be denied access on reasonable grounds* *NHS Accessible Information Standard requirements*			
6	**Evidence of all staff engagement on E&D agenda**			
7	**Ensuring diversity of patient experience is captured and acted on** *EDS 3.1 People from protected groups report positive experiences of the NHS*			
8	**Encouraging equality in contract compliance/suppliers** Stonewall Index requirements			
C	**INCLUSIVE LEADERSHIP**			
9	**Leaders and line managers take active steps to promote equality and workplaces free from discrimination** *EDS 4.1 Board and senior leaders routinely*			

	NON-CLINICAL E&D IMPROVEMENT PLAN	Audit & problem identification	KPI	Action Plan
	demonstrate their commitment to promoting equality within and beyond their organisations. EDS *4.3 Middle managers and line managers support their staff to work in culturally competent ways within a work environment free from discrimination*			
10	**Equality impact assessment of policy, strategy and business plans** *EDS 4.2 Papers than come before the board and other major committees identify equality-related impacts and say how these risks will be managed*			