Trust Board Paper

Meeting Date	12 Jan 2016
Paper Title	Annual Equality Report 2016
Purpose	Legal Compliance
Business Area	Corporate Affairs
Author	Stef Abrar, Equality and Diversity Manager & Bev Searle Director of Corporate Affairs
Presented by	Bev Searle, Director of Corporate Affairs
Relevant Strategic Objectives	Goal 1: To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care Goal 5: To work with our partners to play our part in developing caring and compassionate communities
CQC Registration/Patient Care Impacts	CQC 'well-led' domain
Budget/Resource Impacts	Any agreed actions require full costing approval prior to implementation.
Commissioner Implications	Required by our core contracts.
Brief Executive Summary	This report summarises performance on Equality and Inclusion during the calendar year 2015 and for the data period 1 Oct 2014 - 30 September 2015. It also provides a summary review of performance to support our equality strategy refresh in 2016. The Trust has areas of excellence in equality performance, particularly around sexual orientation equality as evidenced by success in the Workplace Equality Index. The Trust has risen from position 300 in 2011 to position 79 in the index in 2015 and to position 97 in 2016. However, evidence of progress on some of the Board's Public Sector Equality Objectives and the original Equality Delivery System priorities set in 2014 has been more limited, particularly relating to patient experience and cultural competence. The process for

	agreeing such priorities and objectives, and the Equality Delivery System itself, was relatively new and changed during the period. Problems will be addressed by the Equality Strategy refresh. Data on the overall diversity of service users remains largely unchanged year-on-year. A review of equality data this year suggests that work needs to continue to improve data quality in terms of both employment and access to service delivery (both in community and mental health services). A key finding of employment data analysis is that there has been very little change in the diversity of the staff profile since 2011. The profile of those who successfully apply for jobs with the Trust, and leavers is similar year-on-year. There has been a spotlight on race equality in employment this year with the introduction of the Workforce Race Equality Standard. Under-representation of BME staff at Bands 7 and above has not changed significantly since 2011, though there has been a small amount of positive movement at very senior levels. Data analysis suggests that White staff as well as staff over the age of 45 years fare better in certain areas of recruitment and employment performance. Disciplinary rates are relatively equal between white and BME staff. There is evidence of significantly different access to career development funding over the last 18 months for BME compared to White staff. However, the analysis undertaken is relatively basic and can serve only as a guide for further enquiry.
Recommendation/ Action Required	The following recommendations will be taken forward by the Equality and Diversity Manager, supported by the Diversity Steering Group, subject to Board approval: (i) The new Equality Strategy 2016-20 will be aligned with key Trust priorities, running in tandem with the financial year (for example the Annual Equality Report will follow the financial year dateline in future). (ii) Stronger safeguards will be developed for existing employee data held on ESR to support higher levels of disclosure of protected characteristics; and Continuing Professional Development training data for Bands 5-9 to be added to the ESR database. (iii) Methods for monitoring internal recruitment and secondments should be identified to enable effective monitoring by protected characteristics. (iv) A review of the implementation of The Trust’s commitment to offering guaranteed interviews to disabled candidates

	under the Two Ticks scheme to be undertaken to ensure it works effectively in practice. (v) Work to identify and address ethnicity data quality on all community patient databases should be continued as well a renewed focus on ethnicity data capture in mental health services. The Board to note: (vi) A working group has been set up to develop an equality strategy in light of key findings of the report. (vii) The data summarised in this report will be published in tabular format on 31 January 2016 on the Trust website in accordance with the specific duties of the Equality Act.

Document Control

Version	Date	Author	Comments
1	18/12/15	S Abrar, E&D Manager	Reviewed and approved in principle by the Diversity Steering Group on 18/12/15
2	30/12/15	Jenny Vaux, Director of Strategic Planning and Business Development	
3	5/1/15	Bev Searle, Director of Corporate Affairs	To be reviewed and approved by the Quality Executive Group on 11/01/16

This document is considered to be Commercial in Confidence and is therefore not to be disclosed outside of the Trust without the prior consent of the Author or a Director of the Trust.

Distribution:

All Trust Directors
All staff needing to see this report

Contents

1. PURPOSE 5
2. BACKGROUND 5
3. KEY FEATURES OF PERFORMANCE 5
4. PUBLIC SECTOR EQUALITY OBJECTIVES 6
5. EQUALITY STRATEGY AND THE EQUALITY DELIVERY SYSTEM 7
6. EQUALITY EVIDENCE 7
6.1 Employment overview 7
6.1.1 Staff profile 7
6.1.2 Recruitment and selection 8
6.1.3 Career Development 9
6.1.4 Equal Pay 10
6.1.5 Disciplinary 10
6.1.6 Harassment and victimisation 10
6.1.7 Turnover 11
6.1.8 Actions to promote the Public Sector Equality Duty in the workplace 11
6.2 Service Delivery 11
6.2.1 Service access 12
6.2.2 Complaints 16
6.2.3 Actions to promote the Public Sector Equality Duty in service delivery 16
7. BOARD, GOVERNOR AND PUBLIC MEMBER DIVERSITY 17
8. EQUALITY ANALYSIS AND INCLUSIVE LEADERSHIP 18
9. CONCLUSIONS 18
Appendix 1: Berkshire Healthcare Equality Action Plan 2014-2017 19
Appendix 2: Equality Delivery System Grades 21
Appendix 3: Workplace Race Equality Standard Key Performance Indicators 22

1. PURPOSE

This report provides evidence to the Board on Equality and Inclusion performance and compliance with the Equality Act 2010. It also provides a base-line for the equality strategy refresh in 2016.

2. BACKGROUND

The Equality Act specifies that public authorities must pay 'due regard' to the public sector equality duty (PSED) outlined below.

i. Eliminate discrimination, harassment and victimisation on the grounds of protected characteristics
ii. Advance equal opportunity for those with protected characteristics
iii. Foster Good relations between people who share a protected characteristic and those who do not share it.

The Trust is also required to publish equality data in line with the specific duties under the Act. This will be published on 31 January on the web in line with previous years. Data sources that inform this report as listed in the footnote.[1]

The Trust uses a number of frameworks to ensure compliance with the Act:

- The NHS Equality Delivery System (EDS2)
- The NHS Workforce Race Equality Standard
- The Workplace Equality Index (Sexual orientation)
- Performance against published equality objectives.
- The Equality and Inclusion Strategy 2012-16.

The Diversity Steering Group provides assurance to the Board twice annually through a progress report. Our community and staff equality panels representing people with protected characteristics meet every 12 -24 months to grade performance and feed into our Equality Delivery System (EDS) priority setting.

As part of the equality strategy, five staff networks were originally set up to promote equality in particular areas: Lesbian, Gay, Bisexual and Transgender Network, the Black and Minority Ethnic Advisory Group, the Time to Change Group, the Learning Disability Steering Group[2] and the Diabetes Education Project focusing on reducing health inequality. Together they comprise around 60 equality champions.

3. KEY FEATURES OF PERFORMANCE

Key features of our performance during the period of the Report include:

- The Trust has been particularly successful in the use of the Stonewall Workplace Equality Index attaining position 79 in 2015 out of nearly 400 employers compared to our position of

[1] Data in this report is drawn from published data contained in the Trust's HR Dashboard, a summary of employment data from our ESR database and NHS Jobs online. Training data is drawn from Excel spreadsheets. Data is also drawn from our patient database Rio and Datix our incident database.
[2] The LD steering group was subsumed into the Learning Disability Service Improvement Group in 2014.

300 in 2011. Particular areas of strength have been community engagement, equality training, policy. The Trust has successfully retained its status as a Top 100 Employer in 2016 ranking at position 97.

- Performance against four key equality objectives of the Equality and Inclusion Strategy for 2012-16 has led to key gains in Board member ethnic and gender diversity, the collection of patient satisfaction data by protected characteristic and initiatives to reduce health inequality – most recently diabetes education for the workforce (Appendix 1 shows progress against our Equality Action Plan 2014-17).
- In terms of Equality Delivery System performance, the Trust scores Green in 44% of EDS outcomes and Amber in 44%. We have not graded our performance on equality related impact assessments or inclusive leadership: these are relatively new EDS outcomes. The full performance table is available to view in Appendix 2.
- The Workplace Race Equality Standard, introduced in April 2015 has thrown a spotlight on Race Equality in the workforce and at Board level. Publication of Black and Minority Ethnic (BME) versus White proportions for 9 key indicators are required for each financial year. These are available to view in Appendix 3.

4. PUBLIC SECTOR EQUALITY OBJECTIVES

The Board agreed four public sector equality objectives in 2012 as required by the Equality Act. These are due to be completed by March 2016.

Progress is as follows:

a. ***Reduce inequalities in service usage by people with protected characteristics which correspond with inequity in life expectancy and health outcomes:*** The Trust focused on local health inequality objectives for 2 years. In 2014, the Diabetes Education Project was selected by Clinical Directors as the Trust's health inequality objective. Following awareness raising activities in November 2014 (World Diabetes Day), a number of initiatives were undertaken for national diabetes week June 14-20 2015 (pay-slip advice, screen saver, poster).

b. ***Patients and service users with protected characteristics have positive experiences of our health services:*** Amber grades were awarded by EDS community panels in 2014 following a review of data from a sample of hospital, community and walk-in services. Significant work has been undertaken as a result of the Listening into Action Patient Experience conversation held in 2014. During the period we also implemented the Easy Read 'Friends and Family' test.

c. ***Strengthen equality and cultural competencies, in particular of middle managers, so that staff promote equality and work in an environment free from discrimination***: Amber grades were awarded by the staff panel in 2014 following a review of evidence. A diversity module has been delivered to over 500 managers as part of the Excellent Manager Programme and is has been reviewed as part of the Workplace Race Equality Index improvement plan. A session on 'unconscious bias' training will be incorporated. The Black and Minority Ethnic Advisory Group have placed clinical cultural competence resources on the Trust's intranet to assist clinicians.

d. ***Research and remove any potential barriers to diversity at senior leadership levels***. Focus groups were held with diverse senior staff in 2012/13 which identified a number of barriers to be addressed by the Excellent Manager Programme, leadership development initiatives, coaching and mentoring. Over the 3 year period progress has been made in improving

diversity at Board level in terms of gender and ethnicity. The Chair and Board secretary have worked with Executive Search agencies to improve the diversity profile of short-listed candidates. Demographic data on Board members is now collected routinely.

5. EQUALITY STRATEGY AND THE EQUALITY DELIVERY SYSTEM

The Equality Strategy 2012-16 originally included six smaller improvement objectives. These have been superseded by the priorities emerging from the NHS Equality Delivery System, an 18 outcome generic framework for NHS equality delivery adopted by the Board 2012. The priorities of the Equality Delivery System form the Trust's Equality Action Plan. There are currently four service priorities and three employment priorities, plus one priority on equality impact assessment. Performance is highlighted below. The plan is available as Appendix 1.

6. EQUALITY EVIDENCE

In paying 'due regard' to the public sector equality duty, the Board must be aware of key features of our equality data to assure itself that efforts to eliminate discrimination, advance and promote equality on its behalf are making a difference.

6.1 Employment overview

The Trust's equal opportunities policy outlines the Trust's commitment to eliminating discrimination at all stages of the employment process. The Trust also uses the NHS Equality Delivery System to assist it in assessing compliance with the public sector duty. Equality Delivery System panel members assess evidence presented by the HR team for evidence of discrimination. This is achieved via a two yearly equality panel meeting. Current grades for employment awarded by the panel in March 2014 can be seen in Table 1 below. Both EDS outcomes graded 'Amber' have been made HR priorities and have action plans in place (See Appendix 1). These are due for reassessment in March 2016.

Table 1: EDS Current employment Grades

Goal 3	Recruitment and Selection	Equal Pay	Training & Development	Free from harassment & abuse	Flexible working	Positive experiences of workforce/ wellbeing
2014 Grade awarded						

6.1.1 Staff profile

Workforce diversity as at 30 September 2015 is outlined below. The profile has remained similar for 5 years.

- 84.4% female and 15.6% male
- 76% white, 19.1% minority ethnic, 4.9% unknown ethnicity
- 4.7% (199) disabled staff
- 1.3% (57) lesbian, gay or bisexual; 77% heterosexual; 21.6% unknown sexual orientation
- 52.2% of our workforce identify themselves as Christian, 10.3% Atheist, 2.6% Muslim, 2.3% Hindu, 8.3% other religious belief, 24.3% do not declare
- 5.2% under 25 years, 19.6% were 25 – 34 years, 24.4% were 35 – 44years, 42.5% were 45 – 59 years, 8.4% were over 60 years old.

- 38.8% were married, 0.8% were in a civil partnership, 15.4% were single, 3% were divorced 41% of data was unknown (co-habiting partners are not recorded)
- 41.5% of the workforce were part-time, of which 93.3% were female.

Declaration rates for sexual orientation, religion and belief and disability are low at 75-80%. Feedback from the Workplace Equality Index benchmarking suggests that database confidentially should be reviewed and data captured at two points: for prospective job applicants as well as for new starters.

6.1.2 Recruitment and selection

Most of the Trust's 795 vacancies for 1 Oct 2014 – 30 September 2015 were advertised via NHS jobs online. There were 15,103 job applicants in the last 12 months, an average of 19 applicants per job. A small number of jobs were recruited via alternative routes. Anonymised equality data on ethnicity, sex, age, disability, religion and belief and sexual orientation is collected for all online applications through NHS Jobs to monitor equal opportunities in short-listing and appointment. Equality data from those appointed from alternative routes is not available to the same level of detail.

NHS Jobs data shows the differences in success rates at short-list and interview for Ethnic Minorities compared with White staff, men compared to women and people over the age of 45 years. Those who are short-listed and do not present at interview are not discounted from this analysis and there are problems with data sources this year. However, key findings are that in the shortlisting process older applicants fare better overall at every stage of the process but figures suggest a mixed picture.

Job applicants aged 45 and over are 1.5 times more likely to be short-listed than applicants under 45 years and women fare slightly better in job applications with 1.2 greater likelihood of being short-listed. In terms of interview, White applicants are 1.2 times more likely to be successful at interview compared to BME candidates, women interviewees are 1.3 times more likely to be successful compared to male interviewees; interviewees over 45 years are 1.5 times more likely to be successful than those under 45 years. Other protected characteristics have not been analysed due to missing data quality. For example, 26% of religious belief data is not filled out by NHS jobs applicants online.

Table 2: Percentage of selected applicants by key protected characteristics 1 Oct 2014-3

	Ethnic Minority	White	Female	Male	Under 44	45 plus
% applicants short-listed compared with total applicants	34% 3011/8624	35% 3157/9014	34% 3986/ 11,714	29% 967/3319	30% 3578/11939	44% 1381/3147
% applicants appointed compared with short-listed applicants	13% 383/3011	16% 499/3157	17% 673/3986	13% 122/967	15% 520/3578	20% 275/1381

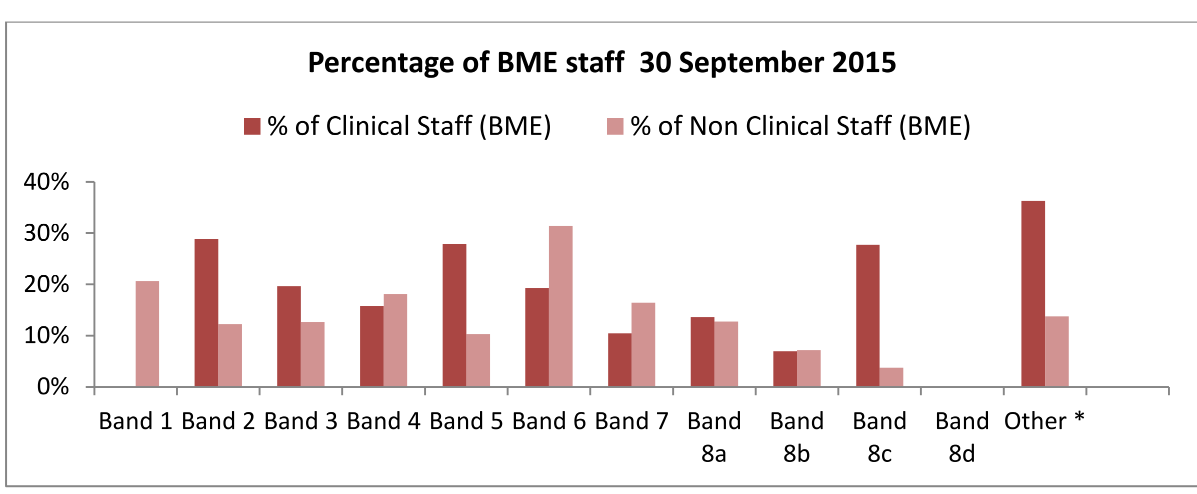
In recognition of the under-representation of disabled people in workforces across the UK, the Trust is committed to the Two Ticks scheme for the employment of disabled people and displays the Two

Ticks ‘positive about disabled people’ symbol on recruitment advertising. The scheme guarantees disabled people an interview if they meet the minimum criteria for the job. 286 disabled applicants were short-listed from a total of 733 applicants, giving a short-listing rate of 40%. This compares with a 44% rate for non-disabled candidates. However, data quality cannot be relied on this year. Anecdotal evidence suggests many short-listing managers may not understand the requirements of the Two Ticks commitment and may not be applying it systematically. Nonetheless, use of the symbol itself may attract disabled job applicants and we experienced a 0.7% increase in disabled candidates this year compared to 2013/14.

6.1.3 Career Development

Due to the introduction of the NHS Workforce Race Equality Standard this year there is a greater focus on BME career development opportunities. In common with many other NHS trusts, ethnic minorities are under-represented in our workforce at senior grades. Black and ethnic minority staff comprise 19.1%, or 1 in 5, of our workforce, three quarters of which are in bands 1 – 6. Figure 1 below shows more ethnic diversity in clinical compared to non-clinical roles. The deficit is greatest in managerial positions. BME staff comprise 15% of the non-clinical workforce but only 4% at Band 8c, and 0% at Band 8d. Data on grade movement by protected characteristic shows that BME staff are shifting grade internally but does not show where grade movements are occurring or internal success rates.

Figure 1 Percentage of BME staff by Job Banding



*The ‘Other’ category contains predominantly Medical and Dental staff in addition to Board level staff, Apprentices and Ad hoc staff. Band 9 is excluded.

Continuing professional development (CPD) opportunities and/or training and development are linked to career progression. Data from our staff survey 2015 shows that BME staff have greater concerns in relation to equal opportunities in career progression than White staff. 24%of BME staff respondents did not feel there were equal opportunities in career progression at the Trust, compared to 12% of White staff.

CPD funding data for staff on bands 5 – 9 in the 12 months ending 30 September 2015 shows White staff are twice as likely as BME staff to access funding for CPD courses shown by Table 3 below. Data collected for the WRES shows this had been 1.4 times more likely during the financial year 2014/15.

Table 3: Access to CPD training by ethnicity

Ethnicity	Band 5- 9 funding for CPD	Number of staff at Band 5 – 9	% of Band 5-9 accessing training by ethnic group
White	587	1401	41.9%
Ethnic minority	98	457	21.4%
Not stated	15	143	10.4%
Total	700	2001	

6.1.4 Equal Pay

The pay gap between women and men remains a source of legal claims in England and Wales. The majority of the Trust's posts are on the Agenda for Change pay banding system which operates together with the policy on starting salaries to reduce pay inequality between the sexes. This year the average pay gap between women and men reduced slightly for staff on Agenda for Change. Men earn on average £16.02 per hour compared with women who earn on average £14.42. When those who are not on Agenda for Change are included the gap increased to £19.00 for men and £14.98 for women. To some extent this can be explained by the greater proportion of men in senior leadership roles that fall outside the Agenda for Change pay system compared with women. A more detailed review of salary by pay band and job type would be needed to review equal pay rates.

6.1.5 Disciplinary

There has been national concern for some years around levels of BME disciplinaries in the NHS. Rates at the Trust are more equal than in previous years. Over the last 12 months BME staff are 1.1 times more likely to be disciplined compared to White staff. This is a smaller ratio compared with figures published in the WRES which show that BME staff were 1.3 times more likely to be disciplined over the previous two years (2013-15).

6.1.6 Harassment and victimisation

There were 12 formal allegations of harassment or bullying in the 12 month period. Of these 42% were from BME staff. BME staff were 3 times more likely than White staff to use the Dignity at Work policy this year though numbers are very small. There were no formal allegations of victimisation following the raising of complaints.

Data from the staff survey suggest both BME and White staff are reluctant to use the Dignity at Work policy to deal with harassment and bullying. From this year's staff survey, 23% of BME staff reported experiencing harassment and bullying from colleagues and 19% of White Staff experienced such behaviour.

Data from the patient incident database is thought to consistently under-represent incidents of racial and sexual abuse from patients, as protected characteristic fields are not mandatory. Data from our 2015 staff survey shows that 32% of BME respondents reported harassment and bullying from patients compared with 21% of White staff i.e. they were 1.5 times more likely to experience such bullying. BME staff, particularly those working in mental health inpatient wards and urgent care, and learning disability inpatient services, were more likely to report such bullying/harassment.

6.1.7 Turnover

Data on turnover presents no significant pattern regarding ethnicity although Black staff were 1.2 times more likely than White staff to leave the Trust this year. However, disabled staff were 1.5 times more likely to leave compared to non-disabled staff, and lesbian gay and bisexual staff were also 1.5 times more likely to leave compared to heterosexual staff. Overall the numbers were small.

6.1.8 Actions to promote the Public Sector Equality Duty in the workplace

- We are establishing an action plan to tackle race inequality in the workplace as part of the national NHS Workforce Race Equality Standard Compliance.
- To raise awareness of hate crime, we distributed two posters this year, one showing that police action will be taken in the event of abuse of staff, and a second in October this year to mark Hate Crime awareness week.
- EDS priorities and action plans are in place to tackle harassment and bullying, and staff wellbeing, in particular for BME and disabled staff. Research was undertaken in September/October to inform the development of this work. These are included in the Equality Action Plan shown as Appendix 1.
- We have continued our participation in the Time to Change campaign to eliminate mental health stigma. The February Time to Talk Day engaged staff in many localities in conversations about their mental health, and the Step It Up Challenge in May engaged 400 staff in awareness of personal wellbeing.
- Our LGB&T network held a Berkshire-wide stakeholder event in November to promote awareness of barriers to inclusion of LGB&T staff in the workplace, and added six LGB&T role models to the Diverse Role Models series hosted on the intranet.
- Our BME advisory group worked with a senior BME leader to create a video on career progression to be shown in January 2016 as part of the Diverse Role Models series.
- Equality training rates were over 90%of all staff this year. Equality & Diversity training is mandatory in our new staff induction programme.

6.2 Service Delivery

The Trust's community equality panels in each of the Berkshire East and West regions assessed our performance for Goal 2 Patient Access and Experience in March 2014, and Goal 1 Health Outcomes in March 2015. These panels identified key areas of equality importance in the way we deliver services. Goal 2 is due for re-grading in March 2016 and action plans are in place for the areas rated as Amber. Service design is regarded as primarily the role of the Clinical Commissioning Groups rather than the Trust, which provides services.

Table 4 Berkshire Healthcare's EDS service delivery grades

EDS outcomes	Service Design	Health Needs Assessment	Transitions	Patient safety	Screening and vaccination
Grade 2015					
EDS outcomes	Access to services	Informed and supported about care	Positive Experiences of the NHS	Complaints	
Grade 2014					

6.2.1 Service access

Overall, data showing access to our services for patients with protected characteristics shows very similar patterns to previous years.

i) Age

The Trust's service design is principally shaped around age. Services are designed to cater to the needs of different age groups and many of our services target the upper and lower ends of the age spectrum. For example, we provide memory clinics for people with dementia as part of our older people's mental health services, as well as providing specific services for people who have earlier onset of dementia. Our universal health visiting service targets children from 0 – 5 years. Service usage is often skewed in favour of older people due to their greater clinical need. For example, 50% of patients using our rehabilitation wards are aged 85 years and over; 51% of our diabetic retinopathy screening programme is taken up by people aged 65 years and over; 38% of people receiving services in our mental health inpatient wards are over the age of 65 years.

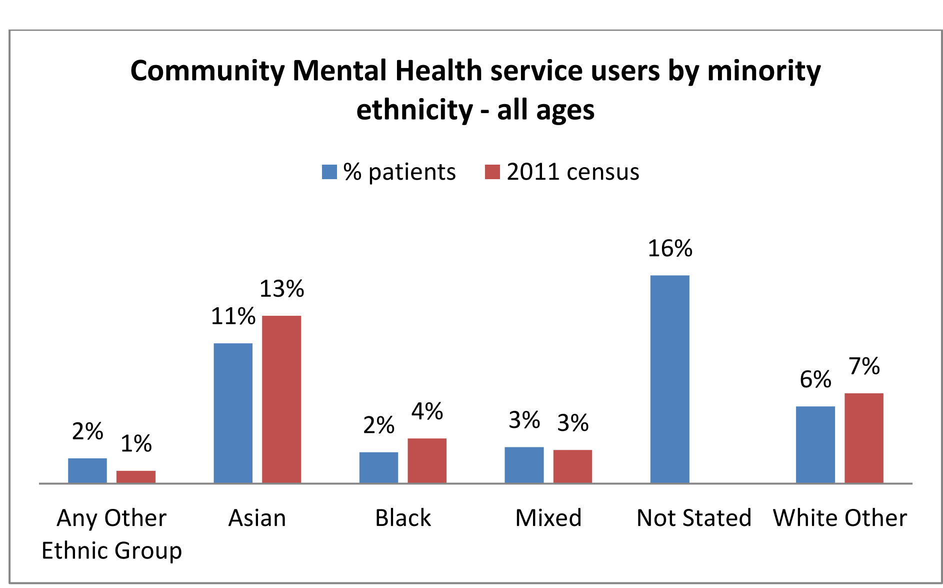
ii) Gender

Patterns in gender usage are stable with women and girls slightly over-represented as service users in many of our services compared to the demographic (for example community physical health and secondary mental health services, and in rehabilitation wards), and men are over-represented in acute care (psychiatric hospital), learning disability services and the minor injuries unit. The percentage of men using Talking Therapies has increased by 3% since 2010/11, a modest increase following significant efforts to market the service towards men including the use of on-line services through our partnership with SilverCloud Health.

iii) Ethnic minorities

Ethnic minorities continue to under-use mental health services compared to the demographic, a long-standing pattern. There are significant data gaps for some mental health services this year so we cannot accurately identify the picture of usage – Figure 2 is presented as a summary chart with a table below showing a significant picture of unknown data. In November 2015 mental health ethnicity records appeared 94% complete. However, 'not stated' is included as a valid data category in this count.

Figure 2: Community Mental Health Service Users by Minority Ethnicity

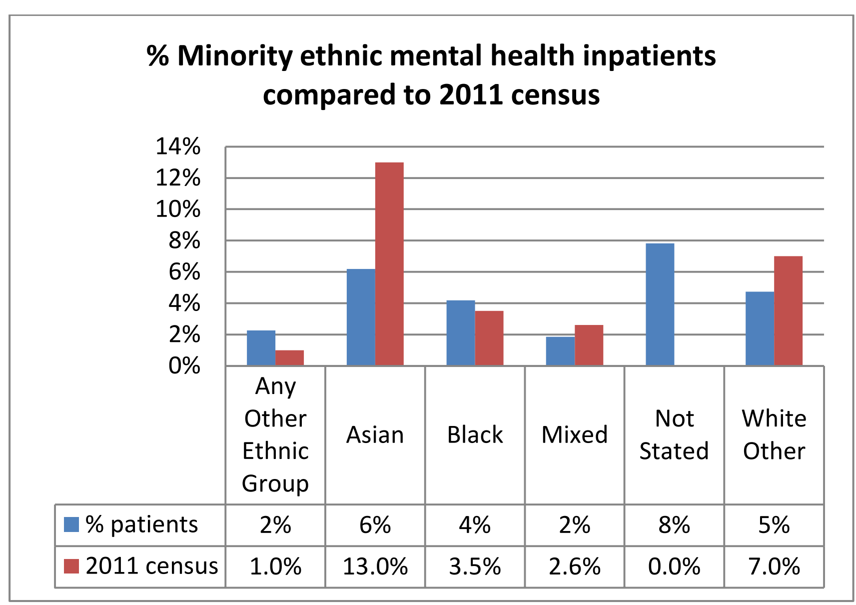


Mental Health Services	0-19 years	20-65 years	65 plus years
Ethnicity not stated	19%	17.3%	11.5%

Talking Therapies data remains of high quality and the overall proportion of ethnic minorities using the service since it was established in 2010/11 has seen an increase of 3%. In March 2015, Equality Panel members rated the service as excellent in terms of efforts to promote accessibility. Bilingual interpretation is offered, together with professional interpretation. Our memory clinic provision has also seen expansion to these groups. Our bi-lingual provision for Punjabi speaking users of memory clinics has been nationally commended.

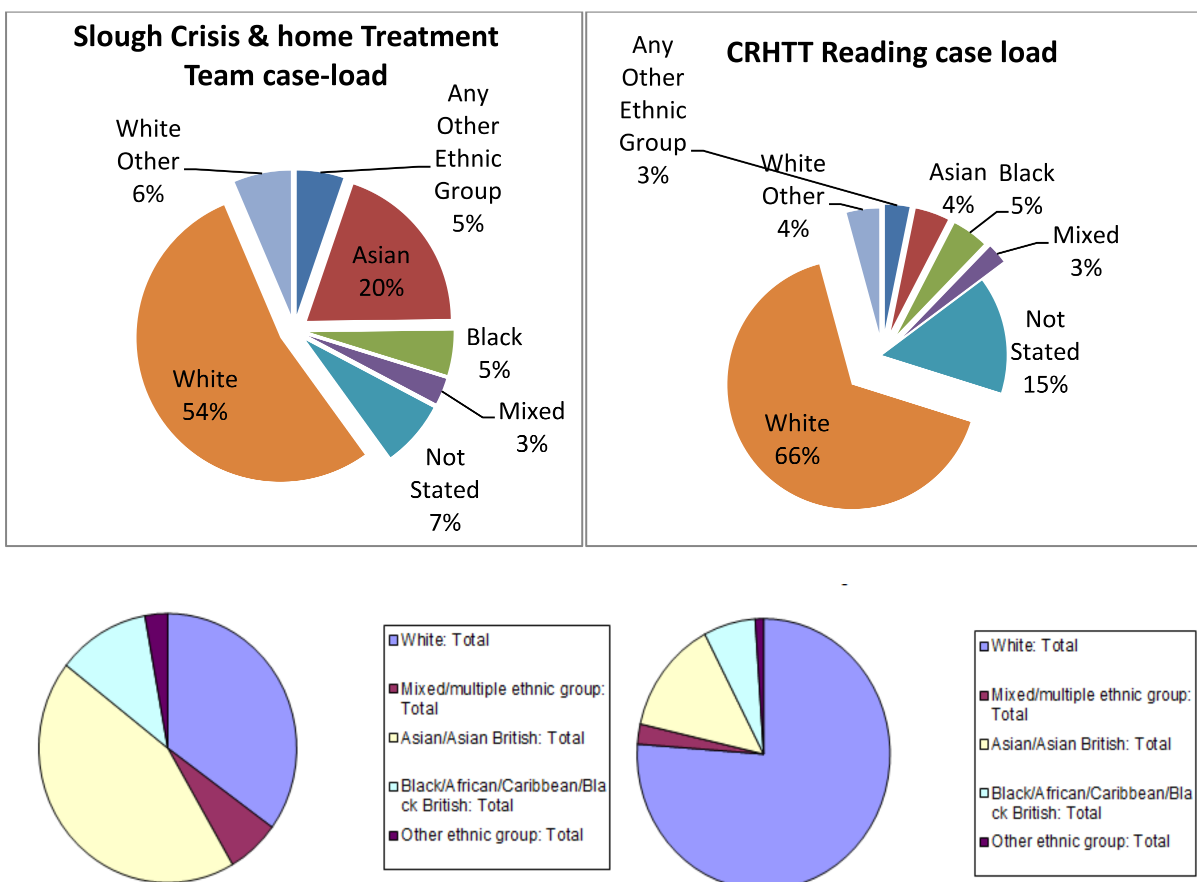
An area of national concern over the past 15 years has been the number of NHS patients from a Black background in psychiatric institutions across England. In 2014/15 our inpatient figures were in line with the expected demographic for Berkshire shown in Figure 3 below. Nonetheless, the proportion of patients from this group who are compulsorily detained remains higher than expected.

Figure 3: Minority ethnic mental health inpatients 2014/15 compared to 2011 census



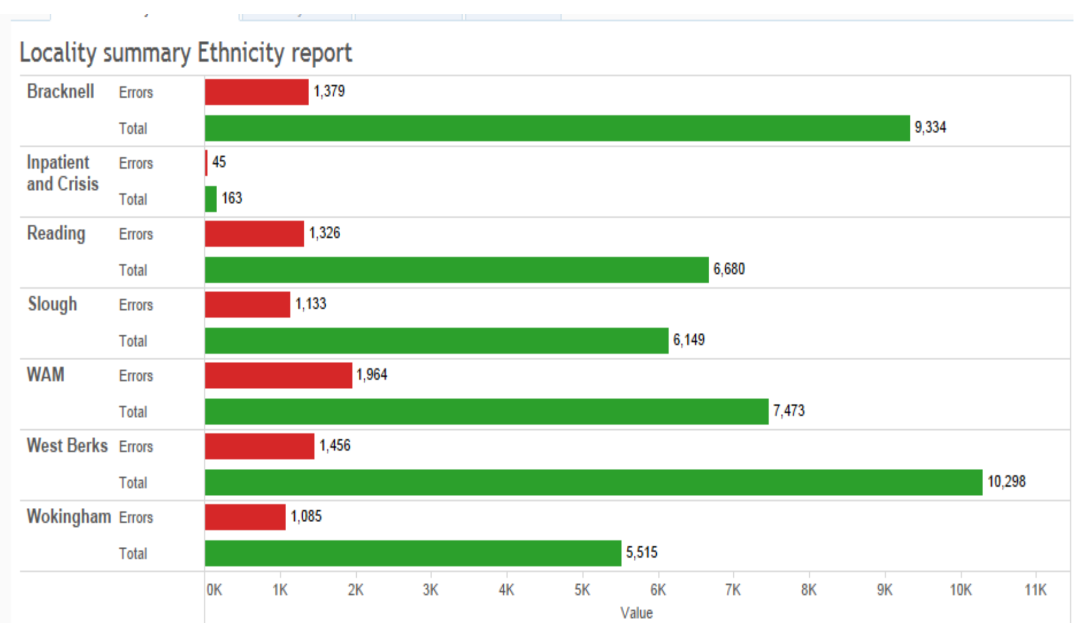
One indicator of making good progress in reducing avoidable admission to psychiatric hospital is the access to our Crisis Response and Home Treatment teams. Figures for CRHTT in Slough and Reading are shown in Figure 4 below. These show adequate usage by adults from a Black background in Reading compared with the 2011 census but less usage by people from a Black background in Slough. Asian service users are under-represented in both services.

Figure 4 Slough and Reading Crisis Teams case-load by ethnicity



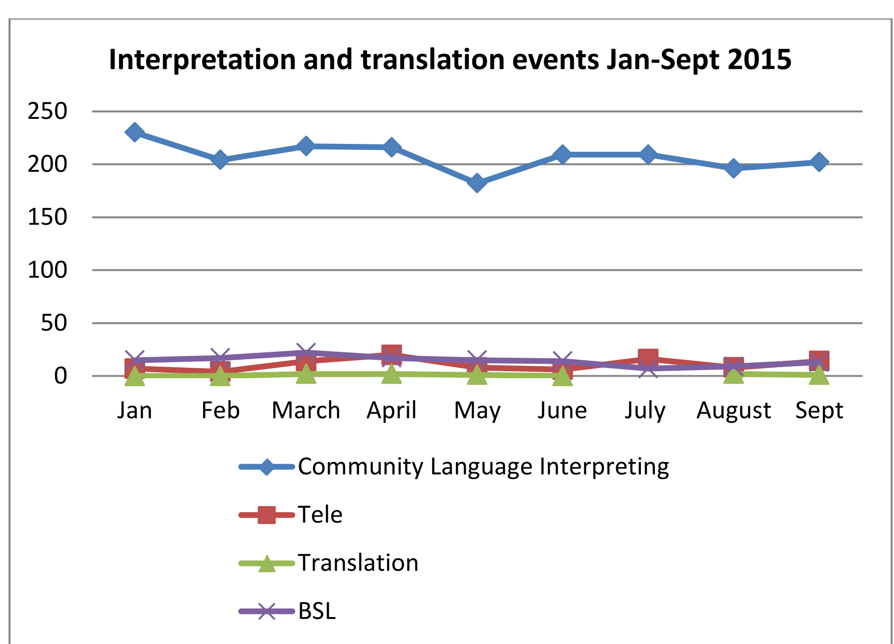
Access to community health services by ethnic minorities is difficult to determine due to data capture problems. Significant efforts by our Data Quality team over the past 18 months, and inclusion on the Board's Performance Assurance monthly report, has achieved modest improvements for community health services (an improvement of 6% for Adults over the last 12 months and 10% for children), however 'unknown data' remains on average at around 25% of patient records. Progress is shown in Figure 5 below. Our diabetic retinopathy screening programme however, has made significant efforts to capture client data. It is now demonstrating good population match and unknown data is down from 50% to 11% in 4 years.

Figure 5 Locality service user ethnicity data capture progress report



To promote equality and ensure people who use our services are not discriminated against in clinical assessment and care planning, we provided around £90,000 of interpretation services for people whose first language is non-English or who are hard of hearing/deaf. This year we provided a monthly average 207 face to face interpreters and 10 telephone interpreters per month to non-English speakers. This can be seen from Figure 6 below. Provision is available in over 50 languages. Further interpretation services are available through the specialist mental health interpretation provider, Mothertongue.

Figure 6: Interpretation and translation events Jan- Sept 2015



iv) Religions and belief
Religious diversity of patients is hard to gauge as data is not collected consistently. An indicator is that religion and belief is addressed in clinical needs assessment and care planning. There has been some increase in the formal reporting of religion and belief at Prospect Park Hospital where significant awareness raising activities were conducted by the Chaplain. 37% or 523 patients had their religion and belief data captured last year. IAPT, our Talking Therapy service, captured religion and belief data from around one third of its patients.

v) Sexual orientation
The Trust's current policy is not to formally collect sexual orientation data in clinical practice, the exception is the Sexual Health Service where it is a national data requirement. Some selected mental health services collect this data. . For example, around 1% of patients at Prospect Park Hospital identified themselves as LGB (lesbian, gay or bisexual) and 2% of people using our Talking Therapies service. Our patient satisfaction surveys also collect sexual orientation data though response rates are very low. Estimates of the percentage of people likely to be LGB nationally stands at 6%.

vi) Disability
Disability data is not collected formally and is held in the text of the patient record. The introduction of the NHS Accessible Information Standard in March 2016 will help us to establish a clearer protocol for recording the communication needs of disabled patients. Through our deaf-led interpreting service Remark! we currently provide 14 British Sign Language (BSL) interpreters per month to deaf service users. This pattern can be seen in Figure 6 above.

6.2.2 Complaints

The Trust received 264 formal complaints and 32 informal complaints during the period 1 Oct 2014 – 30 September 2015. Collection of protected characteristic data remains challenging. The Trust distributed a post-complaint satisfaction questionnaire, including a request for this data, which was handled directly by the Patients' Association. Responses to this were very low. For formal complaints, 37% of complainants told us their age, 63% filled in the gender question and 2.7% told us their ethnicity. More than half the data was also missing for informal complaints.

6.2.3 Actions to promote the Public Sector Equality Duty in service delivery

- We provide an Easy Read Friends and Families test leaflet to ensure people with learning disability are better able to participate in the new patient satisfaction test
- Interpretation services are publicised and offered to non-English speakers and BSL users
- A deaf-led mini-audit of services took place and actions are being taken to ensure better access to our services for people who are deaf and hard of hearing
- We have delivered deaf awareness training to 75 front-line staff and we will ensure all receptionists are provided with this training
- All senior managers received training in dementia awareness
- Equality training for our staff is deemed essential every 3 years and is mandatory at new staff induction
- 50 staff have received a Gypsy and Romany Travellers awareness raising course
- Our BME advisory group sponsored a project to understand patients' health needs in Slough
- Drop down menus were added to the patient database giving information on key religious observance
- Regional priorities are in place to promote community engagement and improve transitions for people who are isolated in particular service areas
- We were a sponsor at Reading Pride in September and delivered health-checks to around 400 members of the LGB&T community

- We have plans in place to implement the new NHS Accessible Information Standard enhancing our communication with disabled people and systematic recording of communication requirements by July 2016

7. BOARD, GOVERNOR AND PUBLIC MEMBER DIVERSITY

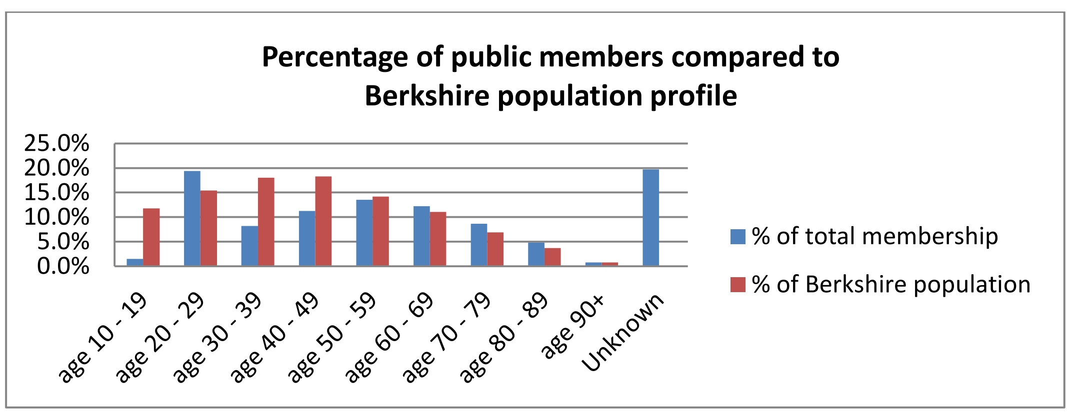
i) Board members
The Board comprises a total of 13 people: 6 Non-Executive Directors, 5 Executive Directors, the Board Chair and the Chief Executive. Although numbers are small, women are under-represented (31% of the Board are female and 69% are male). Approximately 15% of the Board are from an ethnic minority background.

ii) Governor diversity
Governor diversity data is in the process of being refreshed and we hope to publish this data by the end of January 2016.

iii) Public membership profile
The Trust has a membership of 11,327 as of October 2015. Of our 5,903 public members, 33% are male, 57% are female and 10% of data is unknown. In terms of ethnicity, 72% are from a White background, 14% are from a non-white minority ethnic background and 14% of ethnicity data is not available.

The age profile of public members is broadly in line with the age structure of the eligible population with the exception of those aged 10-19 years, 30-39 years and 40-49 years. There is very good representation of those aged 20-29 years. 20% of age data is unknown. Figure 7 below shows the age profile of our public members compared to the Berkshire age structure.

Figure 7 Age profile of public members



8. EQUALITY ANALYSIS AND INCLUSIVE LEADERSHIP

Equality analysis or equality impact assessments are used to evidence compliance with the Act. We recognise that the quality and consistency of equality analysis in our Board and policy papers needs improving.

There is increased evidence of senior leaders addressing equality issues and role modelling leadership in this area. The Chief Executive, Julian Emms, gave a key-note speech to 50 stakeholders at the Inclusive Workplace Conference hosted by the LGB&T network. He also spoke about his commitment to LGB&T issues at the Trust AGM having joined the team of volunteers at Reading Pride in September 2015. Two senior leaders have accepted the LGB&T staff network reverse mentoring pilot project challenge.

9. CONCLUSIONS

Although the Trust has areas of excellence in equality performance, progress on some Public Sector Equality Objectives and the original Equality Delivery System priorities was limited. As the process for agreeing such priorities and objectives is relatively new, this made it possible for priorities to be agreed which were under-resourced and/or not sufficiently supported as priorities at senior management levels.

The new equality strategy will adopt a more stream-lined approach focusing on key areas of challenge with measurable indicators which would give the Board a clearer picture of success, and staff clearer goals to work towards. Also, greater ownership of both data and action outside the directorate of Corporate Affairs would embed equality and inclusion into “business as usual”. The new regional equality priorities (EDS) are showing good promise in this area. The energy and passion of our staff inclusion networks needs to be better linked into regional and locality operational work and HR/learning and development.

A review of service performance this year suggests that data quality remains a challenging area both in terms of employment and service delivery. This is most evident in ethnicity data capture which has deteriorated in mental health services due in part to data migration and increased modestly in community services despite the significant efforts that have been made by the Data Quality Team. Employment and training data capture remains a challenge and it would be beneficial to review our approach to equality employment data confidentiality.

It is clear from data analysis that those who apply for the jobs at the Trust, join the Trust and leave the Trust have a very similar diversity profile year- on- year. This means that the profile is unlikely to change in the future unless methods of advertising, recruiting and selecting and developing internal candidates are changed. Our data suggests age as well as ethnicity bias in certain areas of employment performance.

Patient data suggests the diversity profile of patients is also stable year- on- year. Increased focus on the quality of the patient experience from a diversity perspective would be powerful – this has been a weaker area to date. The use of mystery shopping to identify the barriers to access for deaf people offers a good model to improve services for disadvantaged groups the future.

Appendix 1: Berkshire Healthcare Equality Action Plan 2014-2017

Benchmark	Specific Objective	Directorate	Progress
EDS 2.1 People report positive experiences of using NHS services	'Improve patient feedback from people from a range of groups, using a range of methods particularly for those who are vulnerable and marginalised' by March 2016.	Corporate Affairs	Easy Read Friends and Families test for people with learning disability; use of deaf mystery shopper to provide feedback to services.
EDS 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	'Communicate more effectively about Trust services'. For example, joined up communication, tailored to the individual, tested by service users. Staff to identify areas of focus that would improve the patient experience by March 2016	Corporate Affairs	The NHS Accessible Information standard has been identified as the vehicle to promote better disabled service user/staff communication and recording of relevant needs.
EDS 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	'Improve partnership with the voluntary sector to maximise help available to patients during transitions & improve communication for patients and carers at this time' by March 2017.	Regional Director East	A Berkshire East project group has been established with representation across Trust localities and including representation from Frimley Health NHS Foundation Trust. Internal and external transition points have been identified. Data review is in progress. Existing partnership forums have been identified. A participatory event is being planned for March 2016 to be jointly delivered with partners, and to include participation from community stakeholders
EDS Generic supporting priority	'Better communication of information about services *(adapted to the needs of minority communities ie. BME, LD and deaf people in particular)* and use of community assets/champions to promote services' by March 2016 Regional Directorate West.	Corporate Affairs	Two year community engagement strategy in place, complaints under regular review, 24 hour service provision development underway.

Benchmark	Specific Objective	Directorate	Progress
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	'Take steps to encourage recording of informal claims under the Dignity at Work policy & develop a more robust, confidential reporting process' by March 2015 (HR)	HR, Corporate Affairs	The Diginity at Work policy has been reviewed by an external consultant; recommendations are currently being considered.
3.6 Staff report positive experiences of their membership of the workforce – in particular their health and wellbeing	Review the experiences of ethnic minority and disabled staff & provide evidence on whether staff with protected characteristics are accessing services for health and wellbeing/whether these make a difference'	HR, Corporate Affairs	Baseline metrics constructed for 1st July, focus groups and data collection being undertaken by external HR consultant with Action plan to be delivered by January 2016.
4.2 Papers that come before the Board and other major committees identify equality related impacts, including risks and say how these risks are to be managed.	To improve equality analysis evident in Board committee papers and business planning.	Corporate Affairs	Paper agreed at Quality Executive in September 2014 however not being implemented yet. Business planning template, amended to include consideration of equality impact, is not widely used. E&D Manager to visit relevant policy and strategy forums to deliver training in 2016.
Workplace Race Equality Action Plan	Actions to be agreed by WRES Task Force in January 2015	Corporate Affairs	Focus group research and summary of data completed in October 2015. WRES Task Force set up.

Appendix 2: Equality Delivery System Grades

EDS Goal 1 & 2	2013	2014	2015	Priority
ervices are commissioned, procured, designed and delivered to meet the health needs of local communities		*To be graded in 2015*		
Individual people's health needs are assessment and met in appropriate and effective ways				
Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed				✓
When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse				
Screening, vaccination and other health promotion services reach and benefit all communities				
People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.			*To be graded in March 2016*	
People are informed and supported to be as involved as they wish to be in decisions about their care				✓
People report positive experiences of the NHS				✓
People's complaints about services are handled respectfully and efficiently.				

EDS Goal 3 and 4	2013	2014	2015	Priority
Fair NHS recruitment and selection processes lead to a more representative workforce at all levels			*To be graded in December 2015*	
The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to fulfil their legal obligations				
Training and development opportunities are taken up and positively evaluated by staff				
When at work, staff are free from abuse, harassment, bullying and violence from any source				✓
Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives				
Staff report positive experiences of their membership of the workforce/health and wellbeing				✓
Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations			*To be graded by April 2016 in parallel with WRES*	
Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed	*New outcome*			✓
Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.				

Appendix 3: Workplace Race Equality Standard Key Performance Indicators

WRES Key Performance Indicator baseline summary for 2014/15		1 April 14 – 31 Mar 15
1	Percentage of BME staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	6.5% BME compared with 18.8% BME in the workforce
2	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts	BME 0.103 White 0.164
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year.	BME 0.029 White 0.021
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	BME 0.144 White 0.206
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 21% BME 32%
6	KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 19% BME 23%
7	KF27. Percentage believing that trust provides equal opportunities for career progression or promotion	White 88% BME 76%
8	Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues*	No exact response from staff survey
9	Boards are expected to be broadly representative of the population they serve	100% White**

* In the 2014 staff survey 7% white staff compared to 27% BME staff said they had experienced discrimination at work from colleagues or patients

**Since April 2015, the proportion of BME representation on the Board is 8.3%.