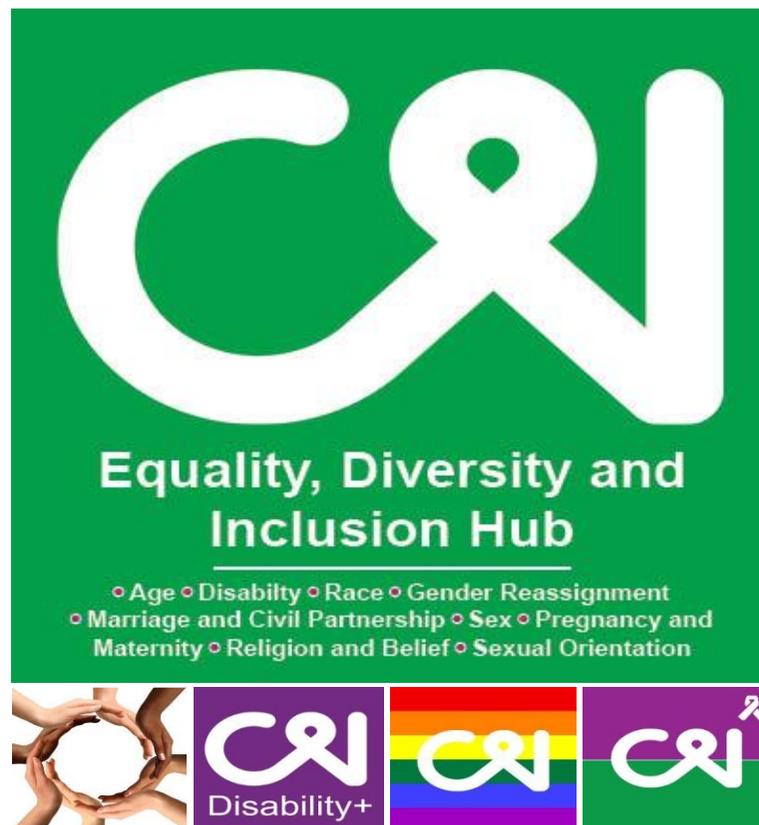# Equality, Diversity and Inclusion Annual Report 2020

(Reporting period: 1 January 2020 - 31 December 2020)

CHANGE IS HAPPENING

INTRODUCTION

The purpose of this report is to present the work undertaken by Camden and Islington NHS Foundation Trust (C&I) to meet its Public Sector Equality Duty in 2020. The report includes key patient and workforce data between 1 January 2020 and 31 December 2020. The report meets the first specific duty of the Equality Act 2010, which requires public bodies to publish information annually to demonstrate compliance with the general equality duty.

This year, has been a particularly important year, following the devastating events that have affected our black communities. Our ethnic minority communities have been disproportionately impacted by COVID-19, as have our disabled communities - with many more lives lost to the virus, not least among our BME health and social care colleagues. This summer, the Black Lives Matter campaign, following the killing of George Floyd in the United States, re-focused world attention on the very real inequalities many in our black communities continue to face. In the context of both the above, as well as reflecting on, and celebrating, the huge debt we owe to our BME colleagues, and to those who went before them, for their invaluable contribution to the society in which we live today.

The Workforce Race Equality Standard and the Workforce Disability Equality Standard data collections were ceased in April 2020, as part of the initial response to COVID-19. This decision was turned around, as it was realised, that the Workforce Race Equality Standard and Workforce Disability Equality Standard are vital to ensuring that the values of equality, diversity and inclusion lay at the heart of the NHS. The Gender Pay Gap Report was however, suspended by the Government Equalities Office (GEO) and the Equality Human Rights Commission (EHRC) for this year.

As we reflect on the last 12 months, we look through the lens of intersectionality and look at the ways in which gender, class, race, sexuality, disability, religion and other identity axes are interwoven on multiple and simultaneous levels. Intersectionality can help organisations to approach discrimination and social inequalities from a systemic and structural perspective, and capture discrimination patterns which tend to be 'invisible' or overlooked in the current frameworks for inclusion. C&I's cultural pillars are: We value each other; We are empowered; We keep things simple; We are connected. To be able to 'live' these cultural pillars - and to do that well, we need a workforce that is more representative of the service users we serve.

NATIONAL REQUIREMENTS

In line with its Public Sector Duty to improving Equality, Diversity and Inclusion (EDI), the Trust measures its staff EDI data and annually actions improvements through the Equality Delivery Standard (EDS2), the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) and the Gender Pay Gap Report (GPG).

	Requirement	How C&I evidence
Public Sector Equality Duty *(introduced 2011)* Employers and employees in the public sector, and in private or voluntary organisations carrying out work on behalf of a public sector employer, have a legal duty in the workplace to:	**General duty** 1. Prevent and eliminate discrimination, harassment and victimisation. 2. Establish and promote equality and equal opportunities. 3. Foster good relations.	• Collection of equality monitoring information for service users/staff. • Equality analysis process in place. • Equality staff networks.
	Specific duty 1. Publish information to demonstrate compliance with the general equality duty. 2. Prepare and publish one or more equality objectives to achieve any of the things from the general equality duty.	• Equality Annual Report. • Analyse and publish staff and patient equality monitoring data annually. • Published equality objectives. • Carry out equality analysis on key decisions.
NHS Standard Contract	**Equality Delivery System 2**	• Equality Delivery System 2 review of grading and actions on an annual basis. • Implementation of actions.
	Workforce Race Equality Standard (WRES)	• Results collated and submitted to NHS England annually. • Action plan in place and being implemented.
	Workforce Disability Equality Standard (WDES)	• Results collated and submitted to NHS England annually. • Action plan in place and being implemented.
**Gender Pay Gap** All organisations with 250 or more employees are now required to publish various gender pay gap figures, to demonstrate how the gender pay gap between their male and female employees. An employer must publish and submit to the National Government Office six calculations.	

The Equality Delivery System (EDS2)

The Equality and Diversity System 2 (EDS2) forms a standard requirement in our contract with NHS England. The main purpose of the EDS2 is to help local NHS organisations review and improve their performance for people with characteristics protected by the Equality Act (2010). EDS2 contains four goals which include both service users and workforce, each with their associated outcomes.

The 2 goals are regarding service users are:
- Goal 1: Better health outcomes
- Goal 2: Improved patient access and experience

The 2 goals are regarding workforce are:
- Goal 3: A representative and supported workforce
- Goal 4: Inclusive Leadership

Grading Performance

The EDS2 framework provides stipulated grading based on the amount of information and assessment across all the protected characteristics. For most outcomes the key question is: "*how well do people from protected groups fare compared with people overall?*"

There are four grades overall:
- Excelling
- Achieving
- Developing
- Undeveloped

EDS2 Service Users' *(9PCs)*

The EDI Lead has designed, developed and published an EDI Service Users' Survey on the C&I external webpage. Our external webpage has Browse aloud to ensure access to our website. The information that we collect is completely anonymous. This information is important and will help us to understand the needs of different communities which C&I serves and will be used to help develop our Service User Equality Objectives. The EDS2 Service Users' Survey can be found here.

EDS2 Service User Outcomes: We received no EDS2 Survey responses in the year 2020.

EDS2 Workforce Outcomes: The EDS2 for staff was deferred this year due to COVID-19.

WORKFORCE RACE EQUALITY STANDARD (WRES) KEY FINDINGS 2020

A full copy of our WRES submission is available on the [Trust Publications Website](#) based on 2019 Staff Survey Results. All data is at 31 March of the appropriate year (except Staff Survey data which is at the October of the named year). A summary of the WRES 2020 key findings are:

It is positive to note that six of the nine WRES indicators have shown an improvement since last year. However, the improvements are only marginal in five out of the six indicators. The Trust acknowledges that our performance against the indicators requires significant improvement and is committed to driving forward measurable and sustained improvements across all nine of the WRES standards. Our aim is to enhance the lived experience of our BAME workforce and engender a culture of equal treatment, fairness and compassion for all.

Indicator 1 – Workforce representation
✓ There is a positive trend with a further increase of representation of BME staff at Band 8a and above stretch the target for 2019/20. The target for 8a and above has been stretched to 25% for 2019/20. Overall BME representation increased in every AfC band except band 5. Bands 8a-9 gained 4 BME staff, (18.5% to 20.2%). Amongst medical staff improvement from 25.0% BME to 41.4% BME. Overall BME representation rose from 44.6% to 45.8%, an increase of 1.2%

Indicator 2 – Recruitment
✗ The relative likelihood of White staff being appointed from shortlisting rose from 1.67 to 1.76. A White shortlisted candidate is 76% more likely - than a BME shortlisted candidate to end up employed by C&I. Evidence suggests that lower banded posts are more likely to attract large numbers of applicants, and that there is a greater proportion of BME applicants for lower banded posts.

Indicator 3 – Disciplinary
✓ This indicator has improved for BME staff in the Trust, from 10.68 times as likely as white staff to enter the disciplinary process last year – to 1.7 times as likely this year. *Last year was, however, an anomalously high level at least partly because of a single incident.*

The number of BME staff entering the formal disciplinary process is low (five cases this year) this indicator is volatile and can move considerably from year to year; e.g. a single extra White member of staff entering the process this year, or one fewer BME member of staff, would have pushed the indicator down to 1.13. (WRES 3 does not consider the amount of 'informal disciplinaries' that take place at C&I).

Indicator 4 – Non-mandatory training and CPD

- White staff were just as likely as BME staff to access non-mandatory training and CPD. The likelihood of White staff accessing non-mandatory training and CPD is 1.08. 8% more likely than BME staff to access such training. Last year White staff were 11% less likely than BME staff to access this training, which indicates that the deviation from equality of opportunity in this area is small, not necessarily significant, and may move randomly from year to year.

Indicator 5 – Harassment, bullying and abuse from *patients, relatives and the public*

- ✓ Harassment from patients, relatives and the public fell for both White and BME staff between 2018 and 2019. It is still 7.6% higher for BME staff.

Indicator 6 – Harassment, bullying and abuse from *staff/colleagues*

- ✓ Harassment from other staff/colleagues fell for BME colleagues between 2018 and 2019. Although it is still higher for BME staff - the difference between BME and White staff has fallen from 9.4% to 4.1%.

Indicator 7 – Career progression

- ✓ The proportion of BME staff believing that the Trust provides equal opportunities for career progression or promotion rose by 2%. Whilst there was an increase this is still an area where real improvement is required, to ensure that BME colleagues feel that they have career opportunities here at C&I.

Indicator 8 – discrimination at work

- ✓ The proportion of BME colleagues experiencing discrimination at work from managers/team leaders or other colleagues fell by 0.8% and is now just below the MH sector average of 14%. Initiatives that we have introduced are starting to make an impact.

Indicator 9 – Board representation

- ✗ The proportion of the BME voting membership of the Board rose slightly because of the White membership of the board decreasing by one (from 7.7% last year representing one out of the *thirteen voting members last year* to 8.3% this year representing one out of the *twelve voting members this year*). However, the BME proportion of all staff rose slightly more (44.6% to 45.8%).

  There would need to be approximately five or six BME voting members of the board - for the board to represent the membership of the Trust.

  (Although the proportion of the BME voting membership of the Board rose slightly the indicator used by the WRES report is based on the difference between the two percentages and shows a slight deterioration (44.6% - 7.7% last year gives 36.9% difference, whereas 45.8% - 8.3% this year gives 37.5% difference).

We continue to work with our Network for Change (BME) Staff Network to promote inclusion at C&I.

WORKFORCE DISABILITY EQUALITY STANDARD (WDES) KEY FINDINGS 2020

A full copy of our WDES submission is available on the [Trust Publications Website](#) based on 2019 Staff Survey Results. Actions to address WDES findings are included in the [WDES Action Plan 2020/21](#). A summary of the WDES 2020 key findings are:

Metric 1 – Workforce representation
✓ Overall disabled representation rose from 4.9% to 5.9%, an increase of 1.0%. Amongst staff in Bands 8a –9 the proportion rose from 3.2% to 4.5%, an increase of 1.3%.

Metric 2 – Recruitment
✓ Disabled candidates are more likely to be appointed than non-disabled colleagues. The relative likelihood of non-disabled staff being appointed from shortlisting fell from 0.76 to 0.73, so, a non-disabled shortlisted candidate is 27% less likely than a disabled shortlisted candidate to end up employed by us compared to 24% less likely last year.

Metric 3 – Capability
✓ No disabled staff entered the capability process this year. This compares to one disabled member of staff last year.

Metric 4 – Harassment, bullying and abuse
4(a) - percentage of staff experiencing harassment, bullying or abuse from *patients, relatives or the public* in the last 12 months
✗ Disabled staff suffer from more harassment from *patients, relatives and the public* than non-disabled staff. In 2019 this difference was 4.8%. Harassment of disabled staff from *patients, relatives and the public* has increased by 2.0% since last year.

4(b) - percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months
✓ Disabled staff experienced less harassment from *managers* in 2019 compared to 2018 (a decline of 1.2%) but still experience more harassment than non-disabled staff (18.6% vs. 11.5%, a difference of 7.1%).

4(c) - percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months
✓ Disabled staff experienced less harassment from *other colleagues* in 2019 compared to 2018 (a decline of 7.8%) but still experience more harassment than non-disabled staff (22.8% vs. 5.0%, again a difference of 7.8%).

4(d) - percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months
✓ The reporting of harassment, bullying and abuse from disabled staff improved by 2.3%, but this was not as much of an improvement as that from non-disabled staff which improved by 4.8%. Reporting from disabled staff is still less (9.5%), than from non-disabled staff.

Metric 5 – Career progression

✗ The proportion of disabled staff believing that the Trust provides equal opportunities for career progression or promotion has fallen by 5.6% (in contrast to non-disabled staff for whom this indicator rose by 1.2%). Disabled staff are now 13.6% less likely to believe that the Trust provides equal opportunities for career progression or promotion.

Metric 6 – Presenteeism

✓ The proportion of disabled staff believing that that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, fell by 4.5% between 2018 and 2019. This is still 8.9% higher than the proportion of non-disabled staff who feel that way.

Metric 7 – Feeling valued

✓ The proportion of disabled staff stating that they are satisfied with the extent to which their organisation values their work rose by 7.2% between 2018 and 2019. This is still 10.6% lower than the proportion of non-disabled staff who said the same.

Metric 8 – Workplace adjustments

• This indicator fell by 5.4% (78.2% to 72.8%). A significant amount of work has been focused on workplace adjustment. This change maybe due to colleagues now knowing what 'good looks like'.

Metric 9 – Disabled staff engagement

• This indicator has remained static and stays 0.4 points below the same measure for non-disabled staff.

Metric 10 – Board representation

✓ The proportion of the voting membership of the Board rose slightly because of the non-disabled membership of the board decreasing by one (from 7.7% last year representing one out of the *thirteen voting members last year* to 8.3% this year representing one out of the *twelve voting members this year*).

Both figures were above the proportion of disabled staff in the Trust (2018: 4.9%; 2019: 5.9%) and this shows that staff with disabilities are represented on the Trust.

We continue to work with our Disability+ Carers Network to promote inclusion at C&I.

GENDER PAY GAP REPORT (GPG)

The Gender Gap Report was suspended in 2020 by the Government Equalities Office (GEO) and the Equality Human Rights Commission (EHRC) for this year. A full copy of our GPG 2019 submission is available on the Trust Website.

In 2019, the Trust has calculated the gender pay gap data in line with the government's gender pay gap reporting regulations ahead of submission of 30 March 2019. The mean gender pay gap was 12.1%, and the median was 11.0%. Although not mandatory, the Trust produced a narrative that explained the calculations and provided an organisational context. The reasons for a gender pay gap are multi-factorial; terms and conditions, length of service, gender mix, pension, flexible working arrangements and salary sacrifice commitments can all have an impact upon the overall gender pay gap results.

We recognised that previously a key reason for the gender pay gap was that fewer female medical staff than male held Clinical Excellence Awards (CEA) and the levels of CEA's that female medics held were, on average, lower in monetary value (this is often linked to length of service).

We continue to work with our Women's Staff Network to promote inclusion at C&I.

WORKFORCE INCLUSION INITIATIVES

Staff Inclusion Networks

Staff Network groups can act as a powerful tool to promote inclusion at C&I. They bring our colleagues with shared characteristics together and give them a collective voice on their issues. Each staff network has an executive sponsor, whereby an executive director has committed to championing that group at Board level. They attend at least one meeting a year to understand the issues being raised by the group. A further development this year is the invitation by the Trust's CEO, for Staff Network Chairs to attend Executive meetings.

We have four staff network groups. All networks have a C&I Inclusion Webpage on the staff intranet regarding how to join, information and shared resources. The EDI Lead sits on all four staff network groups and Co-Chairs the Disability+ Carers Network.

Network for Change (NfC) (black, Asian and minority ethnic (BME) and allies)
Membership is open to all C&I staff from BME backgrounds and those with a positive interest in driving forward race equality agenda and provides a forum and voice for BME colleagues. In response to COVID-19 and the progression of Black Lives Matter, the network held weekly support MS Team Meetings and webinars. Including several 'speaking truth to power' meetings with Executive, the CEO and Trust Chair.

Notable Achievements in 2020

Black Lives Matter Lanyards
The Trust introduced Black Lives Matter lanyarads andC&I the Black Lives Matter Email signature for staff to use. To promote inclusion and to show C&I will continue to listen and learn from our black and ethnic minority colleagues.

WRES Expert Lead
The Trust has a paid WRES Expert Lead 0.2 FTE. The WRES Lead is involved in the WRES 3 London Project and regularly meets with the Emploment Resources Team to discuss disciplinary cased regarding BME colleagues. To ensure a fair, just and reasonable process.

Black History Month
NfC hosted Trust-wide webinar examining the complexities of the BME staff and service user experience, colleagues shared their favourite family recipes, Comms 'what does the month mean to you'? Black Lives Matter/Black History Month Art Exhibition gave us moving and heartfelt contributions, 'Give Blood, Spread Love' health promotion and a beautiful performance (duet) by the C&I Trust Choir to mark Black History Month.

BME Leadership Development Programme
This programme welcomed the first cohort in 2020.

NfC Inclusion Roadmap
To support C&I to deliver a programme of work to improve the experience and opportunities for the BAME workforce, meeting key outcome and WRES measures. This is a piece of work developed by the NfC steering group (22 members from bands 4-VSM), Trust Board, Organisational Development team, Trust Wellbeing Lead, EDI Lead, WRES Lead, QI hub, ICT, Staff side and Heads of profession.

Disability+ Network (mental and physical lived experience and carers plus allies)
This network provides expert knowledge to the organisation and support to the overall progression of understanding of inclusion, long-term conditions (LTC) and workplace adjustments. In response to COVID-19 the network decided to hold weekly Coffee and Chat MS Team meeting to support colleagues with LTC and colleagues that were 'shielding'. These meeting are now embedded into the network calendar and occur bi-monthly, with regular internal and external Guest Speakers taking part. This network has a C&I Inclusion Webpage on the staff intranet regarding information and resources.

Notable Achievements in 2020

Invisible Disability Week
C&I held the second 'Invisible Disabilities' Week event, which included: C&I Purple Thursday. In October, C&I turned purple yet again, to show support and raise awareness of people living with invisible disabilities. Colleagues, from sites across the Trust showed their support by wearing purple items of clothing in MS Team meetings. The day brought together staff in their common cause to raise the awareness of invisible disabilities, break down stigma and to enable change.

Sunflower Lanyard Scheme
The sunflower lanyards were introduced to C&I this year. Wearing the 'Hidden Disabilities' Sunflower discreetly indicates to people around the wearer including service user and colleagues that they may need additional support, help or a little more time.

Supporting Colleagues with Long Term Health Conditions Guide
The Disability+ Network, in co-production with the EDI Lead, has reviewed this staff guide - to create a carefully designed 'workplace adjustment process', emphasising a change of ethos to supporting colleagues to meet their needs and to optimise their contribution at work, rather than compliance with legislation.

Workplace Adjustment Passport
This was reviewed this year. The purpose of the passport is to enable a member of staff and their manager to hold a supportive conversation and document the adjustments needed to support the individual in the workplace. The aim is to minimise the need to re-negotiate these adjustments and repeat referrals to Occupation Health.

Carers Passport
The purpose of the passport is to enable a carer and their manager to hold a supportive conversation and document the flexibilities needed to support the carer in combining caring and work. The aim is to minimise the need to re-negotiate these flexibilities every time an employee moves post, moves between departments or is assigned a new manager.
(Intersectionality: Co-production EDI Lead, Disability+ and Women's Network)

Rainbow Network (lesbian, gay, bisexual and transgender and allies)
This network provides a reassurance that our staff support and welcome the LGBT+ communities and individuals accessing and using our services.

Notable Achievements in 2020

London Pride Parade
was cancelled due to COVID-19. Instead, the Rainbow Network held several local celebrations within the Trust and supported the NHSEI Pride Celebrations. The London Pride Parade is normally attended by this network with colleagues that are allies, partners' family and friends. C&I t-shirts are worn by all and the C&I rainbow flag is proudly carried.

Stonewall Diversity Champion
The Rainbow Network works in partnership with the Trust to aspire to be in the Stonewall Work Equality Index 100.

Loudest Whispers Art Exhibition
Now in its eleventh year, the Loudest Whispers Art Exhibition showcased 50 works of 2D and 3D art by 51 LGBTQ+ artists and celebrated the LGBTQ+ community.

LGBT+ Trust wide Webinar with the CEO and Trust Chair
How we engage with our LGBTQ+ colleagues and service users.

LGBTQ+ Festive Quiz
Was held virtually, where the theme was all things LGBTQ+ form what different LGBTQ+ signs mean, to the legal milestones in history for the LGBTQ+ community.

Women's Staff Network **(all who identify as women and allies)**

The C&I Women's Network is a relatively new network and exists to help develop a clear strategy to raise concerns and progress the Trust's gender objectives: Gender Pay Gap, Menopause in The Workplace, Women's Progression and Returning to Work after Maternity Leave. This network will be further developed. This network has a C&I Inclusion Webpage on the staff intranet regarding information and resources. The Women's Network supports and works in partnership with the Trust to ensure compliance with the *Gender Pay Gap Report.*

Notable Achievements in 2020

White Ribbon Event
White Ribbon Annual Conference. A cohort of our service users help promote this annual event. This year our Women's Lead hosted A Domestic and Sexual Abuse Webinar in the Context of COVID-19 and Black Lives Matter was provided. In addition, The Awareness and Response to Domestic and Sexual Abuse (AR-DSA) and Women's Strategy Group (both include service users) hold regular meetings. In addition, this year saw the Black Women's forum anniversary.

International Women's Day
C&I shine a light on and celebrate female achievement, as well as take a stark look at the continuing and pervasive inequality that exists today in the NHS and beyond. C&I celebrate the inspirational women tackling inequality and working to support empowerment of women across the health and social care profession.

Carers Passport
The purpose of the passport is to enable a carer and their manager to hold a supportive conversation and document the flexibilities needed to support the carer in combining caring and work. The aim is to minimise the need to re-negotiate these flexibilities every time an employee moves post, moves between departments or is assigned a new manager
(Intersectionality: Co-production EDI Lead, Dis+ Carers and Women's Network)

Other Inclusion Initiatives

We are building inclusive organisational cultures and are committed to attracting, retaining and developing talented and dedicated employees. In 2020, the CEO and Chair held numerous Trust-wide - EDI and Wellbeing Webinars including:

- Women and Work: all-staff webinar *(sex)*
- Celebrating Black History Month *(race)*
- Inclusion and Allyship *(race)*
- COVID-19 Vaccine *(9PCs)*
- Planning for a Second Wave of COVID-19 *(9PCs)*
- National Lockdown to Curb Rising COVID-19 rates *(9PCs)*
- Flu Vaccination Programme at C&I *(9PCs)*
- 'Speak Up' webinar with The Guardian Service *(9PCs)*
- Issues Managers Face as a Result of the Pandemic - the coping mechanisms that can help and the support that is on offer (both internally and externally) *(9PCs)*
- How to Get the Most Out of Video Consultations *(disability)*

- New Technologies Being Introduced by the Trust to Help Flexible Working, and to Improve the Quality of Care we Offer Service Users *(sex, disability)*
- Women and Their Experience of Working at the Trust *(sex)*
- Looking After Your Financial Wellbeing *(socio-economic)*
- Inclusion Webinar - Network for Change Lead and EDI Lead *(race, disability, sex)*
- Star of the Year awards – including celebrating diversity and inclusion (staff) and celebrating diversity and inclusion (service users/community/carer) *(9PCs)*
- How we engage with our LGBTQ+ colleagues and service users *(LGBT+)*

Equality Impact Analysis Group

The Trusts EDI Lead has developed an Equality Impact Analysis (EqIA) Group and trained a cohort of staff - from each of the staff inclusion networks (and Staff Side), to ensure that all the 9 Protected Characteristics of the Equality Act (2010) are observed in the Equality Impact Analysis process. The EDI Lead is to further develop the EqIA Group and further promote this group within the organisation.

Other

Listed below are other improvements for staff, moving forward into 2021. Referenced, where appropriate, to the Equality Act (2010), nine specific protected characteristics:

- Co-produced a Staff COVID-19 Risk Assessment with our Staff Inclusion Networks *(9 PCs)*
- Health Care Assistants were upgraded from a Band 2 to a Band 3 *(race, socio-economic, sex)*
- Wagestream (earned wage access) introduced at C&I *(socio-economic)*
- Black Lives Matter Art Exhibition *(race)*
- C&I Purple Thursday *(disability)*
- New post of BME Wellbeing Lead *(race)*

- BME Career Progression *(race, sex)*
- EDI Lead as central point of contact for workplace adjustments *(disability, carers)*
- EDI Cultural and Faith Calendar 2019 *(9PCs)*
- Hosted an external Guest Speakers to Staff Inclusion Networks *(9PCs)*
- C&I Zero Tolerance Posters *(9PCs)*
- New post of EDI Head for C&I and BEH

EQUALITY CHARTERS

Disability Confident

In close collaboration with our Disability+ Staff Network we have continued to explore how we can enhance the workplace experience of disabled colleagues, ensuring workplace adjustments are effective and that we are building line manager skills and confidence in managing colleagues with a disability. C&I maintained Disability Confident Level Two: Disability Confident Employer status – with a view to achieving Level Three.

Mindful Employer

C&I continued their membership with Mindful Employer. Mindful Employer is a UK wide initiative run by Devon Partnership NHS Trust. Providing employers with easy access to professional workplace mental health training, information and advice; the goal is to help empower organisations – large or small – to take a lead in supporting the mental wellbeing of staff.

Stonewall

The Trust is aspiring to reaching the Top 100 in the Stonewall Workplace Equality Index. The Stonewall rating is often seen as an indicator of an organisation's approach to equality and inclusion overall and can further increase all diversity in the workplace. This work will provide us with confidence that our approach is delivering success for our staff and in turn, our local communities.

Armed Forces Covenant

Businesses, charitable, and public sector organisations of all sizes who wish to support the armed forces community can sign the covenant. Organisations make their own commitment on how they will demonstrate support. The Employer Recognition Scheme (ERS) acknowledges employers who have provided exceptional support to the armed forces community and defence by going above and beyond their covenant pledges. C&I have achieved the Silver Award.

Inclusive Recruitment

VERCIDA (Values, Equality, Respect, Culture, Inclusion, Diversity, Accessibility) is a careers site that only works with employers committed to these attributes. C&I use this site to showcase who we are, the jobs we have and the working environment we wish to create in order to attract a rich variety of people. This is not about targeting one particular group of people; it is about creating workplaces that blend skills sets from a wide variety of people. The EDI Lead has continued to make a significant drive to promote C&I via the VERCIDA website.

Breakdown of data for 1 January 2019 to 31 December 2019

C&I NHS FT Views	Jobs Posted	Job Applications	Job Views	Articles Posted	Articles Viewed	Likes
3,964	589	325	9,078	20	11,647	3

Breakdown of data for 1 January 2020 to 31 December 2020

C&I NHS FT Views	Jobs Posted	Job Applications	Job Views	Articles Posted	Articles Viewed	Likes
1,945	472	554	18,084	4	25,812	2

Equality Champions

Staff members from a BME background have been trained to enable inclusive interview panels. Managers are required to have a BME member of staff as part of an interview panel for band 6 and above roles. This role will further develop in future, to include other Protected Characteristics e.g. disability.

SERVICE USER INCLUSION INITIATIVES

We maintain strong relationships with our stakeholders, this acts a platform to connect to the ICS (Integrated Care System) and population health including; local authority, third sector, advocacy groups, partners and the local voluntary sector by conducting regular dialogue with them and by providing/sharing services. Our operating model is sustainable and responsive to our stakeholder requirement. We are diverse, engaged and culturally grounded, with an organisational culture of inclusion and psychological safety.

The wider determinants of health are the *social, economic and environmental* conditions in which people live that have an impact on health. They include income, education, access to green space and healthy food, the work people do and the homes they live in.

Community Engagement / Links

The Trust welcomes and actively encourages co-production of our services with people with lived experience of mental health conditions. The approach we use depends on what we are engaging on - and who we need to engage with. This often includes: events; surveys; focus groups; and direct contact and support through our partner links. We consider the best approach to take, in conversation with those communities we hope to reach. We need to increase our engagement with local communities, to better understand how to overcome any barriers to receiving care from local services.

The Trust ensures consultation regarding EDI through a range of local networks, these include:

- C&I Service User Alliance (*9PCs)*
- Choice and Control - Peer Coaching *(disability)*
- Nubian Users' Forum *(race, spirituality/belief):* The Nubian Users' Forum organises training and support for Afro-Caribbean service users and holds many community events.
- The Recovery College *(9 PCs):* The Recovery College offers 40 different courses, in venues across the local community.
- Loudest Whispers Art Exhibition *(sexual orientation):* C&I hosts one of the UK's most colourful regular art exhibitions - Loudest Whispers.
- Free IT Suite *(disability):* Service Users and Service User Governors have full access to use – to prepare for Governors meeting and Service Alliance meetings etc.
- Mental Health Matters *(9 PCs):* Mental Health Matters sessions focus on engaging Trust members to improve the experience of our service users.
- C&I Choir *(9 PCs):* The Choir meets via Zoom. Duo performed for Black History Month.
- 'Dance for Joy' *(disability)*: The Service User Improvement Fund provided the weekly 'dance for Joy' dance classes. The dance sessions were put on hold due to COVID-19.
- Veterans' Mental Health Transition, Intervention and Liaison (TIL) Service *(disability):* This is a free NHS mental health service available to all ex-serving members of the UK Armed Forces, living in London, Greater London, East and West Sussex, Surrey, Kent and Medway or registered with a GP in these areas.
- 10/10 Project (Gangs) *(disability, race, sex):* C&I co-produce a Mental Health Service for Young People with Complex Needs. Project 10/10 is a multi-agency collaboration which currently supports young people who are involved in, or at risk of involvement in serious youth offending, violence and gang related activities.
- Better Lives *(disability):* Better Lives is an integrated adult substance misuse service delivered by Camden and Islington NHS Foundation Trust in partnership with WDP and Blenheim. We offer a free and confidential support service for individuals and their families affected by drug and alcohol problems.
- Cultural Programme Advocacy - Mind Islington *(disability, race, sex):* The Cultural Advocacy Project supports individuals' in their transition back into the community and aims to support community groups and organisations to promote wellbeing and support individuals and families to look after their mental health.

- **Ward Chaplains** *(faith/belief):* Our Chaplains led on the following Services at Highgate Mental health Centre and at the Huntley centre, St. Pancras Hospital. C&I Chaplains will see patients of all faiths or none. The Chaplains also organise celebration of the main Faith Festivals as appropriate over the year.

- **Women's Services** *(sex):* The Trust provides care in women-only services at Drayton Park Women's Crisis House and Resource Centre, and on the Rosewood Unit and Ruby Ward facilities.

- **Women's Strategy Group** *(sex, disability):* The Trust-wide women's strategy group was developed from the Drayton Park Women's forum. The foundation of this group is women who have used services and they also support the Awareness and Response to Domestic and Sexual Abuse network, leading on developing interventions and approaches that are trauma informed including routine inquiry of domestic and sexual abuse.

- **Black Women Forum** *(sex, race, spirituality/belief, disability):* This has been developed from Drayton Park and invites black women staff and service users to come together quarterly to share experiences and promote positive change. This is a therapeutic space offering support in a safe way as women share their experiences to enable individuals to feel stronger and more connected to themselves and to other Black women.

- **Volunteering Opportunities** *(9PCs):* Some of our volunteers have lived experience of mental health, addictions and learning disabilities and act as role models for those who may be at the beginning of their journey of recovery.

- **Restraint Debrief Volunteer Project** *(disability):* On occasions, some patients in psychiatric inpatients settings must be restrained by staff for the safety of themselves or others. The aim of the Restrain Debrief Volunteer is to give patients' who have had to be restrained, a voice and an opportunity to reflect and feedback on the event from their perspective.

- **Service User Involvement Facilitator** *(9 PCs):* The Service User Involvement Facilitator (SUIF) engages with our local community and 'seldom heard' services user groups.

- **Service User Alliance** *(9 PCs):* The Service User Alliance (SUA) meets every six weeks. Senior Managers and Service user Representatives gather to discuss and deal with all aspects of the service user journey in C&I. The SUA has been existence since 2008, it was created to represent the five divisions of the Trust services; Substance Misuse; Community Mental health; Acute; Rehabilitation and Recovery and Services for Ageing Mental Health.

C&I EQUALITY FOUR YEAR OBJECTIVES 2020-2024

The EDI objectives are set by using the EDS2 Goals:
- Better health outcomes (service users)
- Improved patient access and experience (service users)
- A represented and supported workforce (staff)
- Inclusive Leadership (staff)

(Feedback from Service Users, EDS2, WRES, WDES and the NHS Staff Survey has been used in determining the Equality Objectives).

C&I Service User Four-Year Equality Objectives:
- Better community engagement with local 'seldom heard' communities.
- Improve Accessible Information Standard Action Plan.
- Improve Service User Disclosure Rates - specific focus on data completeness for sexual orientation, religion, ethnicity and disability is needed.
- Improve Equality Impact Analysis for Service Provision.

C&I Workforce Equality Objectives:
- Improve the experience of staff BAME and disabled staff - with the specific focus on bullying and harassment.
- Improve the staff disclosure rates.
- Increase the diversity and inclusion at all levels of the workforce to truly represent the communities we serve.
- Resource and further develop staff inclusion networks.

EDI 2020 Objectives
- Drive equality performance by improving the data quality and we will use our workforce intelligence dashboard to help manage performance for our clinical teams in this area. With agreed annual targets for data completeness for each protected characteristic. This will enable us to measure and report progress in our next annual EDI Report.
  - ✓ EDI Dashboard developed

- Work with key decision makers across the organisation to use the service and workforce data by protected characteristics to actively inform clinical activity, service development and change programmes to improve both the service user and staff experience.
  - ✓ Equality Impact Analysis Programme

- Continue to find ways to measure the impact of our EDI work. The Trust will increase the use of protected characteristics data collated and maintained by the Trust for both staff and service users. Service change is being developed to meet the Trust's Clinical Strategy and will take account of the needs of protected characteristics.
  - Ongoing

- Improving our work to tackle health inequalities by working collaboratively with our strategic partners; North Central London (NCL) and Barnet, Enfield and Haringey Mental Health NHS Trust.
  - ✓ EDI Head of C&I and BEH commenced in 2020

CONCLUSION

Whilst we have made some positive organisational cultural improvements and further developed our staff inclusion networks, COVID-19 introduced a new set of EDI strategic challenges; rapid shifts to online delivery and assessment, changes to policy and practice. There is a clear moral, ethical and legal case for why inclusion and diversity matter. Everyone should have equal access to services, and everyone should have equal opportunity to develop and progress at work. By focusing on improving data quality, we will improve analysis, decision-making and ultimately, patient care.

All protected characteristic groups may experience some negative impact, some individuals with disabilities, BME, international staff and female staff will bear the most negative consequences, if key issues are not addressed. We now have an urgent need to; identify the most affected groups in our services and workforce, make evidence based, equitable decisions and ensure the required rapid change doesn't exacerbate existing inequalities. Everyone should feel like they belong at C&I.

NEXT STEPS

- Head of EDI at C&I and BEH to draft EDI Strategy for the Alliance
- More concentrated focus on WRES actions and outcomes
- Staff Networks to be further embedded within the organisation

WORKFORCE DIVERSITY (ESR) INFORMATION
(1 January to 31 December 2020)

AGE: The median age of staff is 42 years. 6% (111) of our staff are age 61 or above. The declaration of age is compulsory.

RACE: 46% (840) BME staff, 51% (924) white and 2% (47) undeclared.

The WRES data has shown we have a much lower per cent of staff in higher Agenda for Change bands

MARITAL STATUS: The workforce is made up of 34% (608) married and 50% (910) of people who have identified themselves as single. Civil partnerships are 2% (32), widowed staff are less than 1% (10) and 5% (85) are divorced or separated. 9% of staff (166) have not declared information on marital status.

GENDER REASSIGNMENT: The Trust does not have does not have person identifiable information about people who would identify as Transgender or as going through a gender reassignment process. There are specific data confidentiality requirements within the Equality Act (2010). Care Notes systems are not protective of these specific requirements. We do have a policy in place to ensure good practice for our staff.

DISABILITIES: 7% (125) of our staff have identified themselves as having a disability with 24% (434) of staff undeclared. The highest proportion of disclosure regarding disability is amongst Additional Professional and Technical Staff. The highest proportion of undeclared data is within the Registered Nursing staffing group.

Mental Health Conditions are not listed under Disability in Care Notes.

FAITH / BELIEF: 39% (704) of our workforce have identified that they are from a Christian faith. Atheism is indicated as the next highest declaration at 16% (293), followed by Islam 7% (124), Hinduism 3% (62), Judaism at 2% (28) and others (Sikh, Jain, undefined) at 10% (188). Staff failing to declare their religions (undeclared or not prepared to state) were at 21% (383).

SEXUAL ORIENTATION: 71.8 % (1301) of our staff described themselves as Heterosexual. 5.6% (101) as Gay or Lesbian. 2.4% (33) as Bisexual 1.9% (34). 5 people (0.3%) described themselves as other sexual orientation not listed. 11.8% (213) Not stated (person asked but declined to give a response). Unspecified 157 (8.7%).

GENDER: 67% (1222) of our staff are female. In comparison to 33% (589) of our staff who are male.

PREGNANCY: The Trust does not hold data on pregnancy.

MATERNITY AND ADOPTION (LEAVE): 2.2% (40) members of staff took this leave.

SERVICE USERS DIVERSITY (CARENOTES) INFORMATION
1 January 2019 to 31 December 2020

AGE: Median age of our SUs is 45-54. 19.9% (4563) are aged 25-34. 18.1% (4153) are aged 35-44. 16.2% (3712) are aged 45-54. 16.1% (3690) are aged 75+).

ETHNICITY: 15.2% (3494) of our SUs are from BME communities and 42% (9646) from Non BME communities. Other Ethnic and Mixed 8% (1825). A significant amount of SUs ethnicity is Not Recorded 34.8% (7990).

MARITAL STATUS: 9.7% (2219) of our SUs are married/civil partnerships and 35.1% (8068) of SUs have identified themselves as single.

1.7% (401) of SUs have Not Disclosed information. 4.4% (1006) indicated they were Widowed. 4% (926) Divorced/Civil Partnership dissolved. 2.3% (534) stated they were Separated.

41.9% (9627) of our SUs Marital Status is Not Recorded.

GENDER REASSIGNMENT: The Trust does not have person identifiable information about people who would identify as Transgender or as going through a gender reassignment process. There are specific data confidentiality requirements within the Equality Act (2010). Our NHS systems are not protective of these specific requirements. We do have a policy in place to ensure good practice for our service users.

DISABILITIES: The highest proportion of disclosure regarding disability is Behaviour and Emotional at 6.6% (1519). NULL at 4.8% (1094) and Other at 1.9 (434). Progressive Conditions and Physical Health 1.5% (347).

67.9% (15577) SUs have Not Stated they have a disability 14.2% (3249) have identified themselves as having No Disability.

Mental Health Conditions are not listed under Disability in Care Notes.

FAITH/BELIEF: 8.7% (1995) of our SUs have identified that they are from a Christian faith, with 1.3% (299) not wishing to disclose their faith. Not Religious is indicated the highest declaration at 15.7% (3613). Buddhism (100) and Sikhism (16) both ~1%, Hinduism 0.3% (64) and Muslim 4.6% (1054) and Judaism at 0.7% (162). SUs themselves to be Not Religious 15.7% (3613).
54.4% (12262) of SUs faith/belief Not Recorded.

SEXUAL ORIENTATION: 36.6% (8402) of our SUs described themselves as Heterosexual. 1.6% (377) as Gay or Lesbian. 0.8% (193) as Bisexual. 0.1% (15) described themselves as other sexual orientation not listed. Not Stated (person asked but declined to provide a response) 3.4% (786). Not Recorded 56.2% (14219).

GENDER: 49.6% (11397) of our SUs are male. In comparison to 50.1% (11492) female SUs.

PREGNANCY: 242 (1.1%) declared pregnancy. The highest proportion of disclosure was Not Stated 49.1% (11278). Followed by N/A at 20.8% (4781). Not Recorded at 12.4% (2848).