



Equality and Diversity

Annual Report 2017

A narrative on progress



1. INTRODUCTION

This report is aimed at the wider public and our stakeholders and should be read alongside other Trust publications such as our Annual Report and annual Quality Accounts.

Camden and Islington NHS Foundation Trust (C&I) provides a wide range of services to the socially, ethnically and culturally diverse population of Camden and Islington. C&I provides a high quality, safe and innovative care to our service users in the community, in their homes or hospital. We provide services for adults of working age, adults with learning difficulties and older people in the London area. We also provide substance misuse and psychological therapies service to people living in Kingston. We see up to 30,000 people a year working across 35 sites – a total population of c.610,00. The Trust is also a member of [University College London Partners \(UCLP\)](#), one of the world's leading academic health science partnerships.

At C&I, we firmly believe that a diverse and inclusive workforce not only facilitates more innovation, it also delivers and provides better health outcomes for patients. We are working towards become a truly inclusive employer and service provider; in creating an environment and culture that celebrates equality and diversity, which values, nurtures and enhances difference for the benefits of service users, their families, carers and for our staff.

“We want the Trust to attract, retain, support and develop a skilled and committed workforce so the organisation fulfils its values, provides excellent patient care and meets service user, carer and community expectations” (Leisha Fullick, Trust Chair, Our Staff First Strategy, Camden and Islington NHS Foundation Trust).

We are committed to the elimination of discrimination, in reducing health inequalities, promoting equality of opportunity and dignity & respect for all our service users, their families, carers and our staff to ensure that we are a; healthcare provider of choice, employer of choice and partner of choice.

This annual report is intended to highlight our successes during the last twelve months, our performance in relation to our statutory, mandatory and regulatory requirements, and our commitment to continue the journey of improvement in relation to equality, diversity and inclusion for all patients, service users and staff in the future.

2. NATIONAL CONTEXT

The key areas of statutory, mandatory and regulatory obligations are set out below:

Statutory Obligations

The Equality Act 2010

When the [Equality Act 2010](#) (EqA 2010) came into force, previous anti-discrimination legislation (e.g. the Disability Discrimination Act, The Race Discrimination Act) was replaced by a single “Act”. The EqA 2010 provides NHS organisations with a framework and opportunities to work towards ensuring that all forms of discrimination are eliminated.

As a public body the EqA 2010, requires us to meet certain statutory duties. These duties are unique to equality law because they give public bodies a legal responsibility to take proactive measures to address inequality. The purpose of the statutory duty framework is to assist public bodies to tackle persistent and long-standing issues of disadvantage.

Public Sector Equality Duty (PSED).

The **Public Sector Equality Duty** (PSED), which is an intrinsic part of the Equality Act (section 149), applies to public sector bodies, including the NHS, and others who undertake public functions, and requires these organisations to publish information to evidence compliance with the PSED. The information, which also includes equality objectives, must show that the organisation has due regard to the requirement to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and people who do not;
- Foster good relations between people who share a protected characteristic and people who do not share it

These are often referred to as the **three main aims** of the Public Sector Equality Duty (PSED) and apply to the following protected characteristics (PCs):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership (but only in regards to the first aim - eliminating discrimination and harassment)
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The Trust is fully committed to compliance with the Equality Act 2010 and delivering the relevant actions as articulated in the Public Sector Equality Duty (2011), as defined within the EqAct 2010. We are also keen to ensure that as active partners in the development and delivery of the Sustainability and Transformation Plan (STP) for North and Central London; equality, diversity and inclusion are integral to the regional plan, as well as firmly embedded with the Trust's specific elements of the plan.

The Trust's equality monitoring information in relation to the workforce and our service users is published in the 'About us' area under the Equality and Diversity section of the Trust website (www.candi.nhs.uk). This information is included as Appendix 1.

Health and Social Care Act 2012

In relation to; equality, diversity and inclusion, the NHS also has a social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

In addition to the nine PCs, highlighted above, other groups identified where there is a potential for discrimination and/or health inequalities, may include people living with/in:

- Long-term unemployment
- Stigmatised occupations (for example men and women involved in prostitution)
- Drug use
- Limited family or social network
- Carer responsibilities
- Military service
- Homelessness
- Poverty
- Social exclusion
- Isolation

The Health and Social Care Act 2012 introduced the first legal duties in relation to the promotion of health equalities and the mitigation and removal of health inequalities. The Trust works with the local Clinical Commissioning Groups (CCGs) and across the health and social care system to ensure avoidable health inequalities are identified and removed.

Mandatory Obligations

The Equality Delivery System 2 (EDS2)

One of the measures of our success is the extent to which service users, carers and staff are engaged in everything the Trust does. The Trust will strive to do this effectively through the Trust adoption of the Department of Health's Equality Delivery System (EDS2) by ensuring that performance monitoring and scrutiny include all diverse groups defined as the 'protected characteristics' in the Equality Act 2010. Qualitative feedback from service users, staff and carers will also help us make sure that every person, mindful of their diversity, is treated with dignity and respect in line with the Trust's Four Cultural Pillars; we value each other; we are empowered; we keep things simple; we are connected.

The EDS2 is a toolkit designed around four primary goals:

- Goal 1 – **Better health outcomes**
 - Goal 2 – **Improved patient access and experience**
 - Goal 3 – **A representative and supported workforce**
 - Goal 4 – **Inclusive leadership**
- Goals 1 and 2 are **patient related** *and*
 - Goals 3 and 4 are related to the **workforce** and **leadership** of the Trust.

The goals are divided into eighteen outcomes. In essence, for each of the outcomes the organisation is undertaking an analysis of how people from the protected equality groups are faring, when compared with people overall.

The Trust will commence a complete review of the EDS2 work; in close liaison with key clinical, professional groups, service users and carers. The Trust is continuing with this extensive piece of work and developing actions and priorities to improve performance in key areas. It is envisaged that during 2018-2019 further internal and external stakeholders will support the Trust in completing stakeholder grading.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard is designed to help NHS organisations understand differences in the experience and treatment of BAME (Black, Asian and Minority Ethnic) staff and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to close any gaps through the development and implementation of action plans for improvement.

The WRES is a mandatory requirement for the Trust and forms a part of the national NHS Standard Contract. The Trust published WRES results in 2016 and 2017, and an action plan for improvement in 2017.

The Trust has been able to evidence delivery of some of the actions included in the plan. Not all agreed actions have been delivered so moving forward, the Network for Change (BME) Staff Network will play a crucial role in working with the Trust and for ensuring that the voice of BME staff members is heard and acted upon to improve their experience.

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of mandatory specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant organisations to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

The NHS Standard Contract for 2017-19 (January 2018 edition) set out that NHS Trusts and Foundation Trusts will have to implement the WDES in the first year. The indicative timetable and the reporting deadline given is for August 2019. This brings the reporting timetable in line with the Workforce Race Equality Standard (WRES).

Accessible Information Standard (AIS)

This information standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

An initial assessment of the requirements to support full implementation of the AIS was undertaken by the Equality and Diversity Committee, in liaison with the Information Communication Technology Team. The aims and objectives of the task and finish group are to:

- Explore what systems and processes the Trust has in place,
- Lead on actions to implement the Standards
- Identify gaps in implementation
- Raise awareness of the standards
- Identify training needs of staff
- To raise any risks to the Equality & Diversity Committee

The task and finish group's main task is to monitor the AIS action plan, which includes six objectives;

- To identify patients who have a communication & information need and how to meet that need
- Record patients communication and information needs in a set way
- Share information about the patient's communication and 'information need' with other NHS and adult social care providers
- Ensure patients receive information in an accessible way, if and when needed
- Develop staff training programmes
- Publicity and awareness raising, internally, to all staff at all levels

A new Accessible Information Standard Trust policy was presented to the Equality and Diversity Committee Team (February 2017).

Regulatory Obligations

Care Quality Commission (CQC)

From April 2016, evidence of the NHS commitment and delivery upon the equality, diversity and inclusion agenda, is an integral part of the CQC Inspection Framework (Well-led section). The CQC identified at the time of their inspection (04-07 December 2017) areas requiring further work - including,

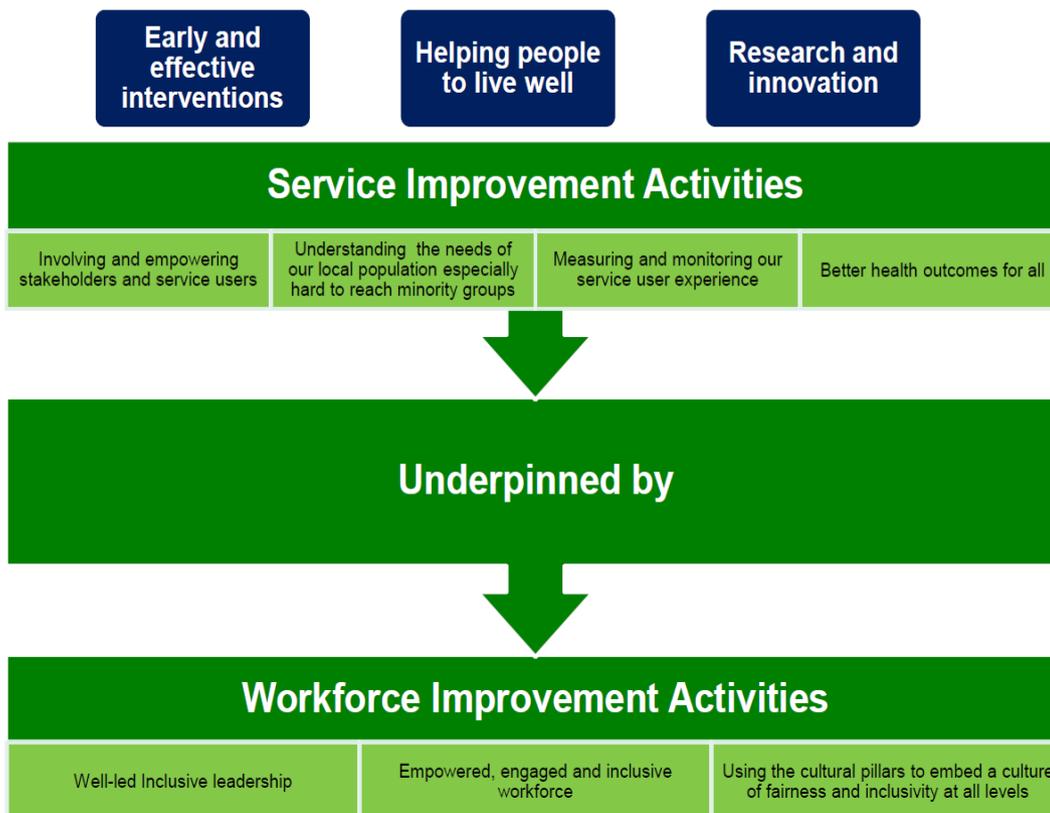
- Equality diversity and human rights – the development and embedding of diversity networks can progress further.

It was noted, that this had been acknowledged by the Trust as an area where further development was needed. The CQC inspectors, however, did state that C&I Substance Misuse Services and community based Older People Services were rated as outstanding;

- Substance Misuse Services and community based Older People Services were rated 'Outstanding';
- Our staff and service user engagement and focus on culture, was recognised very positively by the CQC;
- Our alignment of physical and mental health care was praised.

3. KEY EQUALITY ACTIONS AT C&I 2017

In mid-October 2017 the Trust appointed a new Equality and Diversity Lead to undertake a thorough review of all work relating to equality, diversity and inclusion in the Trust. The Equality & Diversity Lead reports to the Equality and Diversity Committee. A new approach and a refreshed strategy will be produced in 2018.



In the last 12 months, the Trust has commenced an exciting new journey in relation to integrating and embedding equality, diversity and inclusion into all areas of the Trust business. Equality and diversity is aligned to the organisation’s plan and clinical vision, to ensure equality of opportunity is a ‘golden thread’ that runs through all aspects of the Trust’s business.

Equality and Diversity Committee

The Equality and Diversity Committee is Chaired by the Human Resources & Organisation Development Director. The committee sits four times per annum to discuss and promote new ways of working, identifying areas for improvement, share information and monitor progress. The committee is fully embedded within the Trust’s governance framework and provides assurance in relation to equality and diversity to the Trust Board through assurances committee structure.

Fig.1 Equality and Diversity Committee governance structure.



Staff Network Representatives have provided a welcome addition to the committee. There is further scope for more Trust members/service users' representatives to join the group and particular representation from the protected characteristic groups would be welcome.

Equality Impact Analysis Tool

A system of robust Equality Impact Analysis is one of the primary methods through which the organisation can demonstrate and evidence 'due regard' to the Equality Act 2010 and the Public Sector Equality Duty 2011.

The Trust's Equality Impact Assessment Tool was revised and updated in November 2017. The guidance was approved by the Equality and Diversity Committee, piloted and implemented in the Trust. The pack comprises:

- Overview of Equality Analysis
- E-learning Equality Analysis Impact Tool
- Full Equality Analysis Guidance

Moving into the financial year 2017/18, a system for electronically recording all Equality Analysis as part of a wider performance management dashboard is being explored.

Development of 'Our Staff First' Strategy

At Camden and Islington NHS Foundation Trust, equality and diversity is central to our success. By recruiting from the widest possible pool of talent, we can better serve and meet the needs of our service users family/friends and carers. This is because we aim to have a workforce which reflects the communities we serve and being able to bring our authentic selves to work increases the wellbeing and engagement of our teams.

We are an agile organisation, recognising that work-life balance is important for wellbeing and fulfilling our commitments both in and out of office. This means role locations, home working, alternative hours and job shares are all considered and we seek to continuously improve this experience for our colleagues.

The ‘Our Staff First’ strategy was implemented in March 2017. This strategy has focused and delivered on the following,

- Career Clinics
- Flexible Working Policy
- Themed HR & OD Roadshows
- Internal Promotion
- BME Specific Positive Action Bands 8a plus and above
- New Starters Buddying Programme
- Leading in Excellence – L&D to continue ensuring that each Bands 6 to7 - cohort has at least 50% BME representation

Moving forwards into 2018, we will review and strengthen ‘Our Staff First’ adding more ambitious actions.

Disability Confident & Mindful Employer

The Trust signed up to be a Disability Confident Committed and a Mindful Employer in November 2017. We have committed to the following:

- Ensure our recruitment process is inclusive and accessible
- Communicate and promote vacancies
- Provide a positive and enabling attitude to all job applicants and staff with mental health and/or physical health conditions
- Anticipate and provide reasonable adjustments as required
- Support any existing employee who acquires a ‘disability’ or long-term health conditions, enabling them to stay in work
- Have an action plan for at least one activity - that will make a difference for disabled people and people with long term conditions

There are currently three levels of the Disability Confident Commitment, of which C&I has achieved Level 1. We will be working to achieve Level 2 in the coming year.

C&I have signed the Mindful Charter, the Charter is for employers who are positive about mental health. This is a set of aspirations for employers to work towards. It’s completely voluntary, it’s not an accreditation or set of quality standards - and that’s because it takes time to address the complex area of mental health and the Charter reflects that long term view.

Vercida (formerly known as Diversity Jobs)

In 2017, C&I have been working with Vercida. Vercida is a diversity and inclusion recruitment website, aimed at jobseekers in our local community looking to work for employers that place inclusion and staff wellbeing high on the agenda.

Breakdown of data for 1st January 2017 to 31st December 2017

C&I NHS FT Views	Jobs Posted	Job Applications	Job Views	Articles Posted	Articles Viewed	Likes
1345	450	293	7,758	1	287	0

In 2018, we will be strengthening our relationship with Vercida and adding new data variables i.e. how many individuals are; shortlisted, offered an interview and offered a post with C&I via Vercida.

C&I Staff Networks

Our staff networks are very important to support the workforce. We have established the Disability Staff Network and the LGBT+ Staff Network with a view to developing further staff networks e.g. Carers’ Staff Network, Women’s Staff Network.

The Network for Change (BME Staff Network) continues to grow. In the last year the Trust's first 'Diversity' week at end of October 2017, showcased the rich abundance of cultures we have in the Trust, culminating in a conference "A Step in the Right Direction" hosted by Network for Change which saw 70 plus staff members from the Trust attending. Leisha Fullick, Trust Chair gave the opening speech, with guest speakers Dr Habib Naqvi Policy Lead for NHS England (WRES) and Dame Donna Kinnair, Director of Nursing, Policy and Practice and the Royal College of Nursing. Sally Quinn, the Human Resources & Organisational Development Director gave the closing speech.

Other

Other note-worthy achievements in relation to Equality and Diversity in 2017, Referenced to the specific EqA (2010), nine protected characteristics:

- Completion and submission of the 2017 Workforce Race Equality Standard (WRES) (race)
- New Interpreter Service for all individuals' whose first language is not English - including British Sign Language (race, disability)
- Hearing Loop Scheme (disability)
- Commencement of the Accessible Information Standard (AIS) implementation (disability)
- BME staff members trained to sit on Interview Panels in the Trust (race)

4. KEY EQUALITY SERVICE USER IMPROVEMENT ACTIVITIES 2017

The Women's Psychiatric Intensive Care Unit (WPICU)

This new facility, the only such unit to offer this service across North Central London, will enable local women to receive the highest quality intensive psychiatric care, closer to where they live. It will mean better clinical outcomes, as women will be near their own support network and we will be able to organise local, follow-up care more easily.

C&I Recovery College

The Recovery College is delivering Men and Masculinity (Trans* inclusive) and Understanding Black and Minority Ethnic (BME) Cultures & Mental Health and in November 2017. The college also delivers Self-care for Women with the Experience of Abuse.

Rainbow Lanyards

In November 2017, C&I launched rainbow NHS lanyards for staff. To reinforce the Trust's values and promote an environment of recognition, empowerment and support - in all the Trust's services. The lanyards are completely optional. Staff can choose to wear the rainbow version instead of the standard NHS blue ones - to highlight their support for LGBT+ colleagues, patients and the public. We want to get people talking about LGBT+ topics in a positive, way. We want to ensure that the Trust remains a vibrant and inclusive environment - where people can reach their full potential without fear of discrimination.

LGBT+ Service Users Leaflet

This leaflet is for patients who are lesbian, gay, bisexual and transgender (LGBT+) and their family/friends/carers. It explains where to get support, help, information and how to complain if an individuals' needs have not been met relating to their sexual orientation.

Service User Involvement Conference

The new Service User Involvement Facilitator (SUIF), Jenifer Dylan came into post in 2017 This post will ensure implementation of the Service User Involvement Strategy. There is a new monthly Service User Involvement Reflective Group, bi-annual Service User Conferences and a six weekly Service User Alliance meeting.

Within Camden and Islington there is a long history of service user involvement; there are thirteen main forums within different services e.g. Personality Disorder Service, Islington/Camden Borough User Group, Women's Strategy Group. The representatives from each group come together to the Service User Alliance once every six weeks to feedback from their groups which in turn gets relayed to the Trust's executive team.

At the Service User Involvement Conference December 2017, The Equality & Diversity Lead was a Guest Speaker. Service Users held workshops in relation to equality and diversity.

- What are C&I are doing well on relation to equality & diversity?
- What could C&I do better in relation to equality & diversity?
- What are service users are doing well in relation to equality & diversity?
- What could service users could do better in relation to equality & diversity?

This information will be used to further develop the Service User Involvement Strategy.

Other

Listed below are other improvements to patient services during 2017. Referenced to the specific EqA (2010), nine protected characteristics:

- Access to a Deaf Specialist Unit (Bluebell Ward) South West and St George's Hospital (disability)
- Wheelchair Accessible lavatory at St Pancras Hospital with baby changing facilities July 2017 (disability, maternity)
- Fall Programme commenced (age)
- Revamp of the E&D website page implemented on C&I Website commenced November 2017
- Access to an Imam and Chaplain (religion/faith)
- Women's yoga on wards (gender)
- Conference: Understanding FGM, People Trafficking and Modern Slavery March 2017 (gender, race, socio-economic)
- Conference: Inequalities and Domestic and Sexual Abuse May 2017 (gender, socio-economic, race)
- Conference: White Ribbon. "What do you know about gang violence and sexual exploitation?" November 2017 (gender, socio-economic, race)
- Working to ensure that we use SUs consistently on interview panels (disability)
- Trust signed the national Armed Forces Covenant in March 2017
- Working to continuously improve information guides and support for SUs across the protected characteristics

5. KEY EQUALITY STAFF IMPROVEMENT ACTIVITIES 2017

C&I Recovery College

The Recovery College is delivering Men and Masculinity (Trans* inclusive) and Understanding Black and Minority Ethnic (BME) Cultures & Mental Health and in November 2017. The Equality Lead will be working more closely with the RC in regards to developing a LBGT+ Course and a Cultural Competency Course.

Leadership Academy: Ready Now and Stepping Up Programmes

The Trust has encouraged and supported three staff in 2017, to apply for the Stepping Up Programme. An NHS innovative and inspirational positive action programme, which looks to take staff from ethnic minorities' background on a transformational learning journey; helping staff to realise their full potential and to take their next step to a more senior role within the Trust.

Freedom to Speak Up Guardian

The Trust has employed a Freedom to Speak up Guardian (who is also the Co-Chair of Network for Change) to provide an additional avenue for staff to raise issues of concern. The purpose this role is to support staff with concerns in regards to; aspects of day to day work that; has a potential of impending or infringing on performance and is likely to bring about a risk to safety of service user/s welfare. In conjunction, issues affecting staff morale (at any level) are also appropriate. This service is independent, impartial and confidential for staff who wish to discuss issues informally.

Pan London Equality & Diversity Network

The C&I Equality & Diversity Lead is a member of the Pan London Equality & Diversity Group. The Pan London Equality & Diversity Network meet four times a year. The C&I Equality & Diversity lead sits on a task and finish group regarding an E&D Dashboard to provide London Wide data for metric 3 of the WRES. The aim of this task and finish group is to reduce the number of BME staff entering formal disciplinary proceedings.

Gender Realignment Support Policy

The aims of this policy, are to set standards in relation to supporting Trans* staff at any stage of the gender realignment transition process and to ensure the Trust's commitment to a fair and non-discriminatory approach to individuals who have this protected characteristic. This policy aims to provide context and guidelines and to enable all managers and staff to understand how to support Trans* colleagues.

Gender Realignment Support Toolkit for Manager (supports Gender Realignment Support Policy)

This toolkit aims to provide a general framework to support Trans* colleagues within the workplace.

LGBT+ Staff Network Conversation

A Trust-wide invitation was cascaded; inviting staff to attend a conversation, regarding establishing a LGBT+ Staff Network

LGBT+ Staff Network Leaflet

This promotes the LGBT+ Staff Network highlighting the staff network is open to all staff of all sexual orientations, all gender identities and allies.

Supporting Staff with Disabilities (Physical and Mental Health Conditions) Policy

The aims and objectives of this policy are to; improve the levels of disclosure of disability; which includes both physical and mental health conditions; enable disclosure without fear of receiving unfair treatment; improvement of the health and wellbeing of the Trusts workforce who have a disability; support colleagues in their working lives; raise awareness of disabilities and promote awareness of equality and inclusion within the Trust.

Reasonable Adjustment Toolkit for Managers (supports Supporting Staff with Disabilities Policy)

To support managers in their role in how staff with disabilities are appropriately supported within the Trust. This includes ensuring that they are aware of the benefits available to disabled staff and staff with a long term health condition and understands what it means to have a disability at work.

Disability Wellbeing Plan (supports Supporting Staff with Disabilities Policy)

This document is for staff to share with people of their choice at work, so others having this information, will be better able to support the disabled staff member. This document and the health information it contains is confidential.

Disability Staff Network Leaflet

This promotes the Disability Staff Network highlighting the staff network is open to all staff with visible and invisible disabilities and/or long term health conditions and allies.

Our Staff First – Manager Guide to Dignity and Respect

This is a guide designed to give all Managers working at C&I practical information that will help them feel more confident in supporting colleagues with protected characteristics.

Our Staff First – Team Members Guide to Dignity and Respect

This is a guide designed to give all staff working at C&I practical information that will help them feel more confident in declaring any of the protected characteristics that they may have.

Staff Anti-Bullying and Harassment Advisers (AB&HA)

The last Trust staff survey confirms the Trust needs to do more to support staff; this service aims to do just that. Bullying and harassment of any kind are in no-one's interest and will not be tolerated - but it can be difficult to know what to do about it. The Anti-Bullying and Harassment Advisers will provide guidance and assistance on the prevention and/or remedy of bullying and harassment. The key part of this role will be to signpost staff to existing services and policies that are in place to support them.

Partnership Approach

We are exploring partnership working with local service regarding 'critical friends' i.e. Disability Rights UK, Outcome (Mind Islington LGBT+) and Camden LGBT+

Other

Listed below are other improvements for staff, moving forward into 2018. Referenced, where appropriate, to the EqA (2010), nine specific protected characteristics:

- Equality, Diversity Staff Networks road show to commence in April 2018, at Staff Induction in (race, disability and sexual orientation, gender reassignment)
- Anti-Bullying 'pop up' stall at St Pancras Hospital and Highgate Mental Health Centre and community sites.
- Commitment secured for Trust to be present at London PRIDE July 2018 (sexual orientation, gender reassignment)
- C&I Equality & Diversity Newsletter - 1st Edition December 2017 (race, disability, sexual orientation, gender reassignment)
- Revamp of the E&D C&I Website page and staff intranet (with access to staff resources), commenced December 2017

6. PLANS FOR THE FUTURE 2018/19

As the Trust looks to consolidating and developing the implementation of its equality, diversity and inclusion strategy, the current key areas of strategic focus have been agreed by the Equality and Diversity Committee.

Equality and Diversity Strategy 2018

Service User Improvement Equality Activities:

- The Equality and Diversity Lead will work with Camden Mind and Voluntary Action Camden.

This partnership will create new ways of co-producing services and approaches with BME communities that address mental health issues. Through 'ground up' and innovative community approaches using a flexible co-production development process with communities

There will be a Link Worker from Camden Mind, helping to access the peer support groups and community peer mentoring. The Link Worker will create 'post discharge pathways' to peer mentoring, healthy minds projects, and other non-statutory and preventative resilience network offers. The Link Worker will also follow up once the person has left hospital. The Link Worker will work with ward staff and existing advocates to identify the most vulnerable and isolated service users, and target the extra support provided (by the Link Worker).

Culturally specific interventions would be co-produced with specific communities in the development process, these could include:

- Engagement with culturally specific community support organisations, through visits while still in hospital and/or after discharge
 - Organising visits from community members, extended family members or friends
 - Access to faith based interventions and spiritual guidance – by engaging faith communities in providing supported volunteers.
 - The above will enable us to co-produce 'journey stories' about people's entry into hospital and their journey after leaving, and thematic analysis of these would form the basis for further development of culturally specific service.
 - Enabling people to formulate and express their wishes around culturally specific treatment and enabling hospital staff, and others engaging with people on wards (e.g. peer mentors and IMCA staff) to engage in a culturally sensitive way.
- Working with and involving SUs in the action plans that will follow access audits at our sites
 - Working to ensure that we use SUs consistently on interview panels
 - Working closely with Nubian User Forum in the community with hard to reach minorities sign posting to our services
 - Working to improve a culture that fully understands different cultural needs and backgrounds – implement an awareness programme for all staff
 - Working to continuously improve information guides and support for SUs across the protected characteristics

Workforce Improvement Equality Activities:

- Establish the Disability/Long Term Conditions and LGBT+ networks
- Implement a Reasonable Adjustments Policy and guidelines and training for managers
- Implement Cultural awareness training for all staff
- Continue to improve the Our Staff First reporting to create refreshable dashboards for divisions to ensure traction is maintained on the targets
- Establish and train a cohort of Trust Bullying and Harassment advisors

- Leading in Excellence – L&D to continue ensuring that each Band 6-7 cohort has at least 50% BME representation
- Review, refresh and strengthen Our Staff First adding some bolder actions. Our Workforce Race Equality Standard data shows us that a disproportionate number of non-BME staff being appointed to Band 8a and above. There is also evidence to show a disproportionate number of BME staff are formally disciplined rather than informal resolutions being explored where appropriate. We are taking positive action to address this by,
 - providing unconscious bias training to recruiting managers
 - providing mediation training
 - ensuring there is a BME representative on the interview panel for posts Band 8a and above
 - providing e-learning for applications and interviews
 - proactively checking staff suitable to apply for posts

7. CONCLUSION

In relation to Equality and Diversity, 2017 was a significant year in relation to the Trust putting the correct foundations in place and commencing a renewed and refreshed journey of delivering high quality services and experience for patients, service users and staff.

We understand that input from different cultural needs and backgrounds enrich learning and understanding. We are to implement a cultural awareness programme for all staff and further develop internal data information. We need to delve deeper into protected characteristics e.g. 'breakdown' of disability i.e. physical conditions/mental health condition, primary or secondary condition in relation to age, sex, race, socio economic etc.

The main determinants of health are socio-economic. In order to promote good health, prevent ill health and reduce inequalities in health, C&I will work with its partner organisations to act on these social determinants that are likely to impair people's health.

We need to look at intersectionality – in order to give to give a three dimensional view of the demographics and data collection. We need to look at the 'whole person'; we will provide support that is accessible, person-centered and responsive to the often complex needs of individuals, whether the individual is a service user or a member of staff.

The initial plans and progress have set the Trust on the right path for continued compliance and improvement. With continued commitment we are confident that the Trust will deliver its plans and vision in relation to equality and diversity. In conjunction, this work will support the Trust's cultural pillars of; we value each other, we keep things simple, we are connected, we are empowered.

Appendix one is the Annual E&D data report for 2017.