[Birmingham and Solihull Mental health NHS Foundation Trust](http://www.bsmhft.nhs.uk/)

**Equality, Diversity and Inclusion (EDI) Framework (DRAFT)**

**2017-2020**

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**BSMHFT Equality, Diversity and Inclusion (EDI) Framework (DRAFT)**

**2017-2020**

**Introduction**

Birmingham and Solihull Mental Health NHS Foundation Trust provides mental health care, serving a culturally and socially diverse population of 1.3 million people spread over 172 square miles. We are one of the largest Mental Health Foundation Trusts. We provide specialised services for the people of Birmingham and Solihull. Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings and unemployment.

We are passionate about improving mental health wellbeing by making a positive difference to people’s lives and believe that equality, diversity and inclusion is at the heart of achieving our vision

**Our Trust Values**

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**Our Strategic Ambitions**

Our strategic ambitions are the six key areas that describe how we will achieve our vision.

We will:

1. Put service users first and provide the right care, closer to home, whenever it’s needed
2. Listen to and work alongside service users, carers, staff and stakeholders
3. Champion mental health wellbeing and support people in their recovery
4. Attract, develop and support an exceptional and valued workforce
5. Drive research, innovation and technology to enhance care
6. Work in partnership with others to achieve the best outcomes for local people to enhance care.

**The Legislative Context**

**Equality Act (2010) - Public Sector Equality Duties (PSED)**

The Equality Act received Royal Assent on 8 April 2010. It harmonises and consolidates existing equality legislation to ensure that there is no discrimination against groups of people with protected characteristics. These groups are as follows:

1) Age

2) Disability

3) Gender Reassignment

4) Marriage and Civil Partnership

5) Pregnancy and Maternity

6) Race

7) Religion or Belief (including lack of belief)

8) Sex (i.e. gender)

9) Sexual Orientation

The Equality Act 2010 creates a new general duty on the NHS, when carrying out their functions to have due regard to:

1. The need to eliminate discrimination, harassment and victimisation
2. The need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not

3) The need to foster good relations between people who share a relevant protected characteristic and people who do not (which will therefore cover good relations between people of different faiths and between people who have a religious faith and those who do not).

***The Act***

* Places another new duty on the NHS and other public bodies to have due regard to the desirability of carrying out their functions, in a way that is designed to reduce the inequalities of outcome which result from inequalities.
* Provides protection from “prohibited conduct” for groups of people with protected characteristics. Examples of prohibited conduct includes, direct discrimination, indirect discrimination, associative discrimination, perceptive discrimination, harassment and victimisation.
* Allows positive action to be carried out, as a means by which the NHS can give additional support, to some disadvantaged groups. Some people with protected characteristics are disadvantaged or under-represented in some areas of life or have particular needs linked to their characteristic. They may need extra help or encouragement if they are to have the same chances as everyone else. The positive action provision enables public sector organisations to take proportionate steps to help people overcome their disadvantages or to meet their needs.

### Human Rights Act (1998)

The Human Rights Act 1998 is the legislation which protects human rights in the UK through specific “articles” which go beyond the nine protected characteristics to outlaw discrimination on all grounds.

As a public authority the Trust must ensure that none of our policies, procedures or strategies infringes the human rights of staff or patients.  In practice this means treating individuals with fairness, respect, equality, dignity and autonomy whilst also safeguarding the rights of the wider community when developing policies and procedures and carrying out our functions.

**Equality, Diversity and Inclusion (EDI) Framework**

This Framework should be read in conjunction with other relevant policies, procedures and strategies including the Trust Strategy, People Plan, the Health and Wellbeing Plan and the Behavioural Competency Framework.

BSMHFT takes its obligations under Equality Legislation seriously and aims to provide fair and equitable treatment to, and value diversity in, its staff, service users and communities. In doing so we aim to ensure that our actions and working practices comply with both the spirit and intention of the Human Rights Act (1998) and the Equality Act (2010)

The promotion of equality and achieving the elimination of unlawful discrimination within the organisation is a key priority. This will be achieved by ensuring the philosophy of equality, diversity and inclusion runs through all aspects of policymaking, service redesign, service provision and employment and forms part of the core of the organisation.

We are committed to building on the work we have already been doing and focus on inclusion every day; this means that we wish to make it real to everyone by embedding inclusion in everything we do. We are striving to be the very best we can be. We are taking the opportunity to be a pioneer in this field and enhance the daily experience of our staff, members, patients and communities.

This framework will address health inequalities including complying with relevant legal duties (e.g. the Equality Act 2010) and national standards (e.g. Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES) and the Accessible Information Standard (AIS). It is underpinned by two core principles;

* Embed equality of opportunity, and create services and care pathways that reduce wide variations in health outcomes for protected and vulnerable groups
* Ensure fairness and equity in relation to employment, based upon the values of the NHS Constitution.

It will be underpinned by an action plan, outlining the steps we will take to ensuring that equality, inclusion and human rights are imbedded in everything we do. This includes providing services, employing people, developing policies, and consulting with and involving people in our work, and will enable us to communicate and manage equality commitments to create a culture of inclusion.

Equality Objectives:

The EDI Framework demonstrates how we will:

* Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.
* Become a model employer in respect of equality, diversity and inclusion in employment
* Comply fully with current and future equality and human rights legislation
* Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff.

***To improve the equality outcomes for patients, and carers we are committed to:***

* Improve access, experience and outcomes for people identified by the protected characteristics when using or providing our services
* Make information more accessible and specific to patients who have a clinical need.

***To improve the equality outcomes for our workforce we are committed to:***

* Ensuring fair and transparent recruitment practices are in place using a wide variety of advertising mediums and taking positive action to reach out to diverse communities.
* Increase the diversity of people in leadership and management roles through ensuring we have fair and transparent promotion processes
* Continue to build a strong and positive culture of inclusion
* Improve our collection and use of equality data.

***To share our leadership of inclusion across our community we are committed to:***

* Broaden our reach to voluntary partners and communities in order to gain different perspectives.
* Involve communities in equality impact assessments and identifying remedial action to be taken where adverse impact is identified
* Engaging and working jointly with seldom heard and socially excluded groups (e.g. disabled, LGBT and BAME groups) to develop sustainable initiatives in response to identified inequalities

**Enablers**

The delivery of the EDI Plan is dependent on a number of key enablers:

* Supportive strategic leadership and strong governance
* Effective communications with service users, staff and external stakeholders
* Training for staff at all levels
* Partnership working with local stakeholders and interests
* Engaging corporate and operational teams

**Our Approach**

We know that engaging with staff, service users and communities in a meaningful and sustained way is important in helping to make continuous improvements on the inclusion agenda.

We will seek to better understand why some staff often receive much poorer treatment than other staff in the workplace and why service users from some communities experience more coercive treatment and are less satisfied with services. We are committed to opening opportunities for open dialogue and be fully engaged in dynamic conversations. By clearing our preconceptions and actively listening we want to understand why the gaps exist. We want to be curious, be open, challenge existing thinking and strive to do things differently.

***We will:***

***Our Legal and Contractual Requirements Include:***

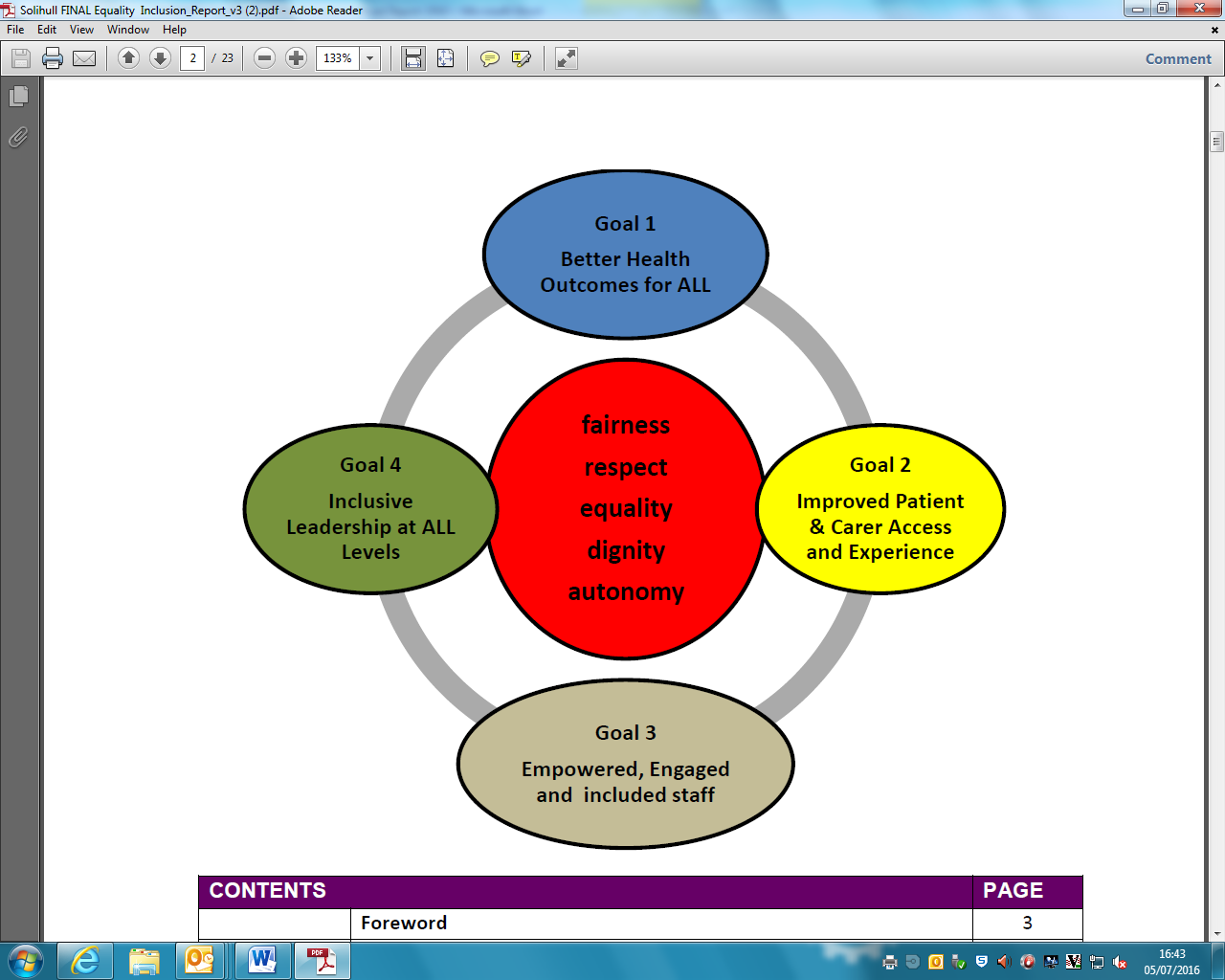
**Equality Delivery System (EDS2)**

The aim of EDS2 is to improve services for people who belong to vulnerable and protected groups. The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use and work in, the Trust.

EDS2 will support the Trust in delivering better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse.

The implementation of EDS2 supports our strategic objectives to promote equality throughout the planning, development and delivery of our services whilst appreciating and respecting the diversity of our local community and workforce embracing the inclusion agenda.

At the heart of the EDS2 framework is a set of 18 outcomes grouped into four goals.



NHS organisations are expected to rate their performance on each outcome using four levels of grades, as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Excelling**  People from all  protected groups fare as well as people overall | **Achieving**  People from most  protected groups fare as well  as people overall | **Developing**  People from only some  protected groups fare as well as people overall | **Undeveloped**  People from all protected  groups fare poorly compared  with people overall OR  evidence is not available |

We will:

* Explore these outcomes further and undertake a self-assessment
* Rate our performance against each outcome
* Focus on the issues of most concern to Patients, Carers, Communities, NHS Staff and Boards.
* Take action where needed.

Our action plan will incorporate the following priorities and be clear about timelines and action owners.

We will:

* Imbed equality considerations within routine activities and processes and capacity to coordinate EDS2 relevant activities within wider Trust activities
* Imbed EDS2 and the management of equality business into the mainstream governance structure so that equality considerations will be routine to the clinical and operational activities of the Trust
* Communicate clearly with staff and service users that we want to collect data on protected characteristics in order to help make things better, to make sure we are being fair and that people from all backgrounds are being represented.
* Collect and analyse data on all 9 protected characteristics for service users so that we are able to assess the extent to which there is equity in outcomes and patient experience across all groups
* Collect data on all 9 protected characteristics for staff so that we are able to assess the extent to which there is equity in leadership development and support offered to staff across all groups.
* Identify services that are under-utilised by protected and vulnerable groups and take positive action to engage with them
* We will continue to use local evidence and feedback from minority and vulnerable groups to inform service improvement
* We will ensure robust equality impact analyses are undertaken for service developments and operational policies

To date we have:

**Workforce Race Equality Standard (WRES)**

Since 1 April 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas. The WRES helps organisations to achieve this.

All NHS organisations are required to demonstrate through the nine-point WRES metric how they are addressing race equality issues in a range of staffing areas.

Our Learning and Development Team have received Inclusive Practitioner Training. They have woven in inclusion principles and scenarios through all Learning and Development interventions. Equalities monitoring processes are now in place for Non-Mandatory Training.

Workforce monitoring reports demonstrate that BAME staff particularly black British Caribbean staff compare disproportionately with other non-BME and BME staff in how they fair through our disciplinary and organisation change at risk of redundancy processes.

Our Trust has submitted the WRES data but it is acknowledged we have not made as much progress as we would have liked. To address this Brendan Haynes our chief operating officer has been identified as the lead executive sponsor for race equality. The BAME network has been relaunched, we are working with inclusive employers to further understand our data and identify evidence based actions.

An in conversation session with Imran Khan a leading human rights lawyer and expert in human relations will take place in October 2017. The BAME network has organised a daylong event on the 13th October to raise its profile and engage people on BAME issues. A board development seminar on equality and diversity will take place in September and will be attended by representatives of the staff networks.

We will:

* Fully implement and report progress against the standard
* Work with our BAME Staff Network to identify actions
* Make sure task owners are accountable and take responsibility
* Complete actions in a timely manner
* Review actions annually to assess progress and impact within the workforce

**Workforce Disability Equality Standard (WDES)**

The NHS Equality and Diversity Council (EDC) have recommended that a Workforce Disability Equality Standard should be mandated via the NHS Standard Contract, in England from April 2018. A preparatory year has been designated from 2017-2018.

The WDES will follow similar process as the WRES through a set of metrics and action plan after the metrics have been analysed to identify any trends and issues.

We have arranged events to support Dyslexia Week and are piloting Dyslexia Assessments to support people in the workplace. A question regarding Dyslexia is now asked on the Local Orientation checklist form for staff.

Following on from joint working with unions and staff The sickness policy has been rewritten to take away from a punitive approach and focus on wellbeing and supporting staff to stay at work for as long as possible. The new policy was launched in April 2017 and introduced a disability leave procedure which allows disabled staff or staff with underlying health conditions to take a set allocation of paid days off within the year to support self care to prevent them from being ill. e.g. if you were a diabetic you could take time off for attending a nutrition support class to help understand and manage your condition better, if you had a muscular skeletal issue you could take time off for intensive therapy or muscle strength building regime to prevent you from deteriorating further etc. staff need to give their manager the appropriate notice in the same way as annual leave. in addition

A new portable reasonable adjustments passport is being developed to avoid the need to inform a new line manager about health needs and compromising dignity. The information will be captured centrally and transferred with an employee’s file so their needs can be met on an ongoing basis.

We will:

* Fully implement and report progress against the standard
* We will work with our Disability and staff Enablement Network and the Dyslexia Working Group to ensure actions identified are informed by our Staff

**Disability Confident Scheme**

Disability Confident is a scheme that is designed to help recruit and retain disabled people and people with health conditions for their skills and talent. It aims to help employers think differently about disability, and improve how they attract, recruit and retain disabled workers.

The scheme has 3 levels:

Level 1: Disability Confident Committed

Level 2: Disability Confident Employer

Level 3: Disability Confident Leader

* We have already undertaken the self-assessment and been recognised as a Disability Confident Employer achieving Level two status.
* We are committed to working with our Staff Networks to undertake activities in support of being a Disability Confident leader
* We have worked with Disability Rights UK to train managers on disability equality

100 members of staff have been trained as mental health first aiders.

BSMHFT attended the Disability Confident Breakfast Event held at the Council House in September 2017along with 40 businesses (including some Training Providers) such as, Birmingham City Football Club, Carillion, HS2, and Ocado. Our Trust was also part of the organising team for the Disability Confidence Conference later in the day. In addition to securing some financial commitment for the event, we supported it by publicising within our networks ensuring more businesses as well as potential employees attended the event. We took responsibility for securing the Inspirational Speaker for the event, and developed some valuable relationships e.g. we are now being offered free assessment and support for next accreditation.

In addition to some interesting practical learning points, a key gain of the involvement of BSMHFT in supporting the event on the day and in the run up, is that one of the Government's Lead Disability Confident Organisations has offered to support our Trust's journey to gain Level 3 with free assessment and advice.

We will:

* Host Disability Confident inspired events
* Network with other employers through local networks to share good practice
* Use social media to promote and share good practice on Disability Confident such as Facebook, Twitter, blogs and newsletters.
* Aspire to becoming a Disability Confident Leader

**The Sexual Orientation Monitoring Standard– 2018**

Sexual Orientation is already collected in certain datasets but is not consistently collected across the Health and Social Care System.

* The needs of minority groups, such as lesbian, gay and bisexual people, are often not recognised or addressed:
* They might not get the right health advice or treatment;
* Or they might be at risk of certain conditions, which isn’t picked up by their healthcare worker.
* An Information Standard for Sexual Orientation Monitoring (SOM) will help Health and Social Care Organisations to collect and record information consistently, which could be used to improve services.
* NHS England’s Equality & Diversity Council commissioned LGBT Foundation to create the standard, working with partners across the system including NHS Digital and the National LGB&T Partnership.

Monitoring Sexual Orientation will help to ensure that:

* All Health and Social Care Organisations are able to demonstrate the provision of equitable access for LGB individuals;
* Care providers have an improved understanding of the impact of inequalities on Health and Care outcomes for LGB populations in England;

Currently new monitoring is still under construction and is being piloted across a few Trusts; further information will be made available as information is produced.

Workforce Position on ESR as at 31 Aug 2017

|  |  |  |
| --- | --- | --- |
| **Sexual Orientation** | **Headcount** | **% of Staff** |
| Bisexual | 27 | 0.7% |
| Gay | 41 | 1.1% |
| Heterosexual | 2,464 | 64.3% |
| I do not wish to disclose my sexual orientation | 1,204 | 31.4% |
| Lesbian | 28 | 0.7% |
| Undefined | 66 | 1.7% |
| **Grand Total** | **3,830** | **100.0%** |

Service user position

RiO is set up to collect the information, with the correct categories, although the descriptions for the ‘nk/unsure’ and the ‘other orientation’ categories are not very explicit and could do with improving. There is a risk therefore that this data is unreliable .

The admin details checking form given to service users when they attend an appointment shows people what we currently have recorded for them and gives them the opportunity to correct it, although it doesn’t state the categories on the form, only prompting people to ask if they want to know what categories we use. Recent analysis shows we have an explicit sexual orientation recorded for 25% of current service users. There is no active monitoring or chasing aiming to improve the completeness of the data.

IAPTus is set up to collect the information for Birmingham Healthy Minds clients, with the correct categories, although (again) the descriptions for all the not known/less straightforward categories are not very explicit and could do with improving –there is a risk of relying on data already assigned to those categories.

The information is intended to be collected via the self-assessment forms service users complete before assessment or when they attend an appointment but completeness is low. Recent analysis shows we have an explicit sexual orientation recorded for 21% of current service users (but only 18% of people referred during 2017 to date). There is no active monitoring or chasing aiming to improve the completeness of this data.

Illy Carepath is set up to collect the information for SIAS clients. Recent analysis shows we have an explicit sexual orientation recorded for 61% of current clients.

We will:

* Fully implement and report progress against the standard
* Work with our LGBT+ Network to ensure actions identified are informed by our Staff
* Source or develop materials to explain to service users and staff why we are collecting the information and explaining the categories in order to improve data quality

**Gender Pay Gap**

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 requires employers to report their gender pay gaps for any year where they have a headcount of 250 or more employees with effect from 31 March 2017. The first publication will be for the following year. Gender pay reporting is a different requirement to carrying out an equal pay audit.

Employers must identify who needs to be included in the report. There are six calculations to carry out, and the results must be published on the Trust's website and a government website within 12 months (March 2018). Where applicable, they must be confirmed by an appropriate person, such as a chief executive or someone with delegated responsibility.

Employers have the option to provide a narrative with their calculations. This should generally explain the reasons for the results and give details about actions that are being taken to reduce or eliminate the gender pay gap.

While the regulations for the public, private and voluntary sectors are near identical, and the calculations are directly comparable, the public sector regulations also take into account the public sector equality duty. It is a legal requirement for all relevant employers to publish their gender pay report. Failing to do this within one year of the snapshot date is unlawful.

The Equality and Human Rights Commission has the power to enforce any failure to comply with the regulations.

We have produced our snapshot data report and published it onto our Trust website

We will:

* Ensure we are compliant with the gender pay gap reporting requirements.
* Publish, share and having place actions to overcome any pat gender issues

**Workforce Monitoring**

The Public Sector Equality Duty requires that we gather, analyse and publish equality data on all of the Personal Protected Characteristics to improve data capture for both staff and service users as identified by the Equality Act 2010.

The analysis of this information assists the Trust to identify areas of health inequality and take appropriate actions and set objectives to improve the quality of service that is provided.

We are committed to ensuring our staff are recruited from diverse backgrounds, provided with a positive and valuing work environment and given training and support to achieve their maximal career development potential.

New starters are encouraged at induction to go into employee self service (ESS) to update their E&D characteristic data. Existing employees are also aware of the ESS functionality to update personal information.

We monitor E&D profile as part of case work review, management of change processes,. We undertake equality impact analysis as part of our policy review and change management processes. We will also ensure our workforce E&D profile is reviewed as part of workforce planning processes]

A decentralised approach to recruitment has been implemented in ICCR and acute and urgent care in particular have held a local recruitment and assessment day based in the service. This was a one stop recruitment shop, where our OH partners gave immunisations so candidates could receive a conditional offer letter on the day. Applicants were supported in completing hard copy and online applications at the event. There was a high representation of interest from local communities as the events were more easily accessible and locally based.

We will:

* Proactively encourage individuals to provide personal information to get robust data for monitoring. We will explain why we collect the information and how we will use it. We will explain how monitoring has helped to identify issues and what action has been taken to bring about improvements
* Improve our collection and analysis of workforce statistics by groups of staff with protected characteristics so that we are able to assess the extent to which there is equity in leadership development and support offered to staff across all groups.
* Carry out analysis of equality based workforce statistics (recruitment, training and development, promotion, grievance, bullying and harassment, capability, conduct and short term and long term sickness) on a regular basis, in order to identify and address any unjustifiable adverse effects.
* Publish the data every year as per the Public Sector Equality Duty.

**Equality Impact Assessment (EIA)**

We aim to design and implement policies, procedures and functions to meet the diverse needs of our service users, population and workforce, ensuring that they receive good access, outcome and experience. We have developed and instigated a rolling Equality Impact Assessment Programme for this purpose and also to ensure that it complies with the general duties referred to in the Equality Act 2010.

The Trust had been operating a system whereby EIA for policies were sent to an individual outside of the policy management and development process for central keeping.  This process had several flaws. To address these flaws, from the 1st April 2017, it is a requirement of all policies being developed and reviewed, that they include an EIA as an appendix to the policy. No change to a policy or ratification of a new policy will be sanctioned without an up to-date EIA. This has the benefit of

* Ease of access to policy EIAs
* Oversight of EIAs by ratifying committees
* Ensures all policies have undergone an EIA

While this has led to an improvement in completing EIAs for policies, there is still work to be done in regards to improving the quality of EIAs

Our Project Management Office reviews all projects in respect to clinical quality and equality (CQE’s). These risks / benefits are reviewed by the Executive Director of Nursing and the Executive Medical Director monthly in line with the Programme Management Board (PMB).

All open CQE’s are circulated to all members of the PMB on a monthly basis.

Where equality risks are identified they are quickly mitigated. An example would be the Trust moving to monochrome printing, it was identified that a number of people would benefit from colour printing, i.e. a cohort of people with Dyslexia (blue print on pale yellow / cream background) and a number of patients suffering from Dementia, also would benefit from a colour print giving contrast to text. These were agreed and these areas are still printing in colour

To further imbed inclusion

We will:

* Where appropriate and possible, engage our staff networks and community organisations in assessing the equality impacts of our plans and policies and developing responses where adverse impact is identified.
* Publish our equality impact assessments and provide progress reports on remedial action taken where potential adverse impact has been identified.

**Staff Networks**

We believe that staff networks are a great asset to make us more inclusive. The staff networks were created at the request of staff to improve the visibility, experience and potential of employees. They are already helping us develop a deeper understanding of the different needs and expectations of our staff, patients and communities and have a key role in developing and overseeing the implementation of action plans that aim to improve the experiences of staff from all protected characteristic groups

The Disability and Staff Enablement Network is pro-active and ensures staff with disabilities or impairments are represented equitably. Sandra Betney, our Executive Director of Resources sponsored the group in 2016 with Dave Tomlinson, Director of Finance now taking up this role since he joined our Trust in 2017.

The network is about sharing best practice and the empowerment of staff members, supporting non-disabled staff and managers by raising awareness of issues relating to disability, ensuring that the trust benefits from disabled employees’ experience and changes policy and practice as a result.

The Dyslexia Workplace Group met throughout 2016 and continues to do so in 2017 to address and explore ways in which BSMHFT can better support staff with dyslexia.  It aims to provide staff with information on where to go for support and what resources are available to them to use at work and aspires to become a staff network next year. Deborah Lawrenson, Head of Legal Services and Company Secretary is the group's Executive Sponsor.

Brendan Hayes, Chief Operating Officer and Deputy Chief Executive relaunched the BME network as the Executive Sponsor. The network consists of staff from multi-disciplinary backgrounds across the trust and is an open forum

We will:

* Continue to actively engage with, promote, support and encourage the work of the staff networks (BME, LGBT+, Disability and staff enablement and Dyslexia working group) to ensure the lived experience of staff, represented by these networks and partners, directly contributes to improvement actions and organisational policy development
* Empower staff to create new employee networks and other ideas that support a culture of inclusion
* Support the networks to develop their capacity, confidence and capability enabling them to play a crucial role in engaging with staff at all levels and enabling their voices to be heard.

**Equality, Diversity and Inclusion Training**

It is crucial that we engage and up-skill our staff, managers and senior leaders in equality, diversity and inclusion. This year;

Our CEO hosted a session with Peter Tatchell who has worked for over 40 years challenging stigma, prejudice and intolerance in the field of race equality, disability rights, LGBT freedoms and global injustices. Peter was an inspiring, thought-provoking speaker. He engaged with over 50 staff and service users about how those who are socially disadvantaged are often the ones who struggle most with their mental and physical health as they are often living with the stress of intolerance and prejudice

Our chief operating Officer hosted a session with Stephen Frost, a globally recognised diversity, inclusion and leadership expert. The event was well represented by trust board members and staff allowing an open and honest discussion around where we are as a Trust and what more needs to be done around inclusion.

To support our staff in better understanding the diversity of our communities we have worked with community organisations to host seminars on the profile and needs of our Bosnian, Polish, Gambian, Irish and Yemeni communities. The seminars were attended by over 419 Staff, users and partners. This has enabled us to develop strong links and networks with diverse communities and gain a better understanding of the issues affecting them.

We will:

* Continue with using diverse methods to ensure staff are trained in recognising and responding positively to equality and diversity issues.
* Create a handbook on equality, diversity and inclusion to equip our staff best inclusive practices.
* Work with partners to ensure that external opportunities for accessing training are promoted widely to staff
* Ensure equality information; reports and articles are promoted on our intranet so that they are easily accessible for staff and to celebrate the diversity of our staff.
* Ensure our Library services make staff aware of the range of equality related literature and articles available to loan

**Accessible Information Standard**

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care have been legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

We have established a working group to implement the AIS chaired by an Associate Director of Operations. The group has met to discuss the requirements of the Accessible Information Standard, from work completed last year there are a number of areas that the Trust is compliant with however there is still work to be completed to ensure full compliance with AIS. This includes having a policy in place, a draft policy has been circulated to the group and this will be put out to consultation when amendments are made. There is more work required to provide clear evidence that the Trust is compliant including resources for staff in relation to care planning and ensuring that service users’ needs in relation to the standard are clearly identified on RIO and that training is available to staff. There is a training package which L & D will utilise. Following the next working group meeting a communications process will be agreed to ensure clear information is sent out in relation to AIS.

We will:

* We will fully implement and report progress against the standard

**Translation and Interpreting Services**

A tender specification is being developed and procurement are developing a framework list of current and potential providers. This will be used to explore the benefits of Tendering or taking directly from a framework. The deaf service will be outside the remit in the first phase. It has been agreed in principle to look to provide 5 levels of interpreting

We will:

* Develop the logic behind five levels of interpreting to meet operational need
* Work with Information Governance to compile a list of staff who speak multiple languages. Where appropriate staff would be approached in the first instance, ideally if they are in the same building / locality and they can be released from work.

**Community Engagement**

Our trust has a responsibility to engage with our diverse communities to foster the leaders of tomorrow. Working with our communities to build channels for dialogue and engagement is a key part of our commitment to enhance the relationship between our service users and staff and local communities. We have a well-established programme of community engagement with a clear focus on promoting BSMHFT as an employer of choice and developing partnerships to challenge the stigma associated with mental health conditions and services.

We have worked in partnership with The Dery Foundation to destigmatize mental health within the Somali Community. There is no Somali word for mental ill health, only the word ‘madness’. This project aims to reduce the fear around mental health within the Somali Community and overcome barriers. The project, funded by Awards for all, is developing knowledge, skills and confidence around mental health and wellbeing in the community

Taking part in the arts as participants and audiences can contribute to wellbeing and make a real contribution to positive mental health. In partnership with the Birmingham Repertory Theatre, the Midlands Arts Centre and Sampad we have developed the Bedlam festival, a celebration of the arts, mental health and wellbeing. In order to maximize accessibility performances and workshop will also take place in communities and mental health settings

The mentoring and advocacy support hub (MASH), previously known as the peer support programme was initially developed as part of our 300 Voices project with Time to change. We worked with national mind to expand this programme and offer support to men and women of African Caribbean heritage with lived experience of mental health issues in Birmingham

Our Widening Participation Team has

• Promoted our WAVE (work experience, apprenticeships, volunteering and Employment) opportunities in community settings including supporting careers fairs at Bishop Challoner Secondary School, Newman University, and a Careers Fair arranged by Solihull Council attended by Solihull schools and members of the public.

* Delivered the Get into Hospital Programme in partnership with the Princes’ Trust, and the Learning hub. This is a programme for disadvantaged 18-24 year olds tailored towards careers at BSMHFT including employability skills, training and work experience placement at BSMHFT

***Our Widening Participation Team has***

We will:

* Work in partnership with diverse organisations to deliver pieces of work that will inform, educate and influence our communities about the importance of mental health and wellbeing.
* Work proactively with community organisations and partners to develop responses where inequalities are identified in service user access, experience or outcomes
* Seek out opportunities to engage with a wide audience in order to promote the range of Work experience, Apprenticeships, Volunteering and Employment opportunities our trust can offer to our communities and approaching a range of organisations, including: community organisations, local charities, religious organisations, Disability-led organisations, Women’s groups, LGBT organisations.
* Work with third sector organisations to develop local projects that support recovery in communities
* Train staff from our Networks to become Champions to further support and promote recruitment from BME, Disabled and LGBT backgrounds

**Mental Health First Aid (MHFA)**

Mental Health First Aid is a training programme that teaches members of the public how to help a person who is becoming mentally unwell experiencing a worsening of an existing mental health problem or in a mental health crisis. The aim of these courses is to give everyone the knowledge and confidence to recognise signs of mental health problems, encourage someone to seek the right help, and to reduce the stigma around mental illness.

Our Trust has a well-established programme of delivering MHFA training and has increased the number of staff who are qualified to deliver the courses.

* In recognition of Mental Health Awareness Week (MHAW) 2017 we trained 40 members of staff as mental health first aiders.
* In 2016 and 2017 MHFA Training was delivered to over 300 community members and groups, including third sector organisations, BSMHFT Staff, service users and carers. The evaluation demonstrates that the course is very positively received by participants who report significant increases in knowledge understanding and confidence. The equality monitoring data shows that the training provided has been accessed by people from a diverse range of backgrounds including ethnicity, faith, and disability and geographical locations.
* The **Gender** of participants was predominantly female (75%), with male attendance at 25%. This identifies a need for more targeted promotion of the training to men. The **Age** of participants ranged evenly between 25-65yrs old, however overall a good outreach to all ages was made.
* **Sexual Orientation** was recorded as heterosexual by 88% of all participants. This is roughly in line with the UK population which is estimated to be 6% LGB although maybe more in bigger cities
* The **Disability Status** of participants was typically “No known disability” (67%). However 29% of participants identified themselves as having a form of disability. 19% delegates identified as having a mental health condition including 11% identifying a mental health condition as their sole disability, while an additional 8% identified a mental health condition as one of multiple disabilities).
* **Ethnicity** amongst participants was diverse. Attendees came from a range of ethnic backgrounds, including underrepresented groups E.g. Iranian, Moroccan and Somali.
* Participants from a variety of **Religion/Belief** backgrounds attended the MHFA training courses.

Overall the MHFA training courses appears to have had a diverse outreach within multiple sectors of community demographics.

We will:

* Continuously analyse the reach of our training to groups covered by the 9 characteristics and target the delivery of future MHFA training based on this analysis

**Procurement and Supply Chain**

Encouraging our suppliers to make their workplaces and services more inclusive will support our equality and diversity priorities. It is known that organisations own efforts to become more inclusive can easily be undermined by suppliers who do not share the same values.

Embedding equality and diversity in procurement is about increasing the diversity of suppliers, and building safeguards into the procurement process to ensure that suppliers meet an organisation’s own ethical and operational standards.

We believe there is positive value in reflecting diversity in our suppliers, and we consider it necessary for our partners and suppliers of goods, works and services to have a strong commitment to our equality and diversity principles.

The Trusts procurement documentation (PQQ, ITT and SQ) covers the standard policies and confirms suppliers historic compliance as a pass / fail evaluation criteria, which all suppliers are required to complete. This section ensures that if a supplier does not have sufficient measures in place to demonstrate a commitment to diversity and equality or should the supplier have a poor past performance or conviction in this area they will not be taken forward in the procurement process.

However, to date the procurement process does not have a demonstrated need to investigate or challenge suppliers on diversity and equality responses

The National procurement policy does not currently reflect the need to engage and evaluate supplier’s diversity and equality within available data unless there is a demonstrated breach in this area.

It is recognised that national and local procurement need to further develop process whereby equality related evaluation can be incorporated within the wider evaluation process, subject to such criteria being relevant to the subject area of the contract

It is important to give consideration to include an impact assessment of the Trusts requirements when scoping out a procurement project to ensure that goods, services and works we procure as suitable and inclusive and completed prior to market engagement, to reflect the Trust Equality and Diversity Systems.

To have a ‘conversation’ whilst market engagement remains open, fair and equitable is a challenge and one that procurement are continually challenged by. Market engagement’s through ‘events’ at various stages to engage with service users are a tool that procurement will review for each ‘market engagement’ and propose to subject matter expert where appropriate and time scales allow.

We will:

* Identify ways of imbedding inclusion within our supply chain
* Establish how the supply base reflects and meets the diversity of Birmingham and Solihull. This will be programmed into the work plan for procurement and in line with the EDS2 requirements.

**NHS Employers – Diversity and Inclusion Partners Programme 2017/18**

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Our MERIT Vanguard (which includes BSMHFT, Black Country Partnership NHS Foundation Trust, Coventry and Warwickshire Partnership NHS Trust and Dudley and Walsall Mental Health Partnership NHS Trust) was invited by NHS Employers to be one of the Diversity and Inclusion Partners for 2017/18.

As a partner, over the course of the year this has involved working with NHS Employers - as well as other national stakeholders such as NHS England, NHS Improvement and Health Education England - to support system wide efforts to improve the robust measurement of diversity and equality across the health and social care system. This includes ensuring that we operate a systematic equality framework within our own organisations (e.g. the Equality Delivery System - EDS2 - or equivalent) There is also an expectation that we will be actively involved in pioneering and championing many of the other measures and standards already in the system (such as the Workforce Race Equality Standard and the Accessible Information Standard) and help to implement successfully the forthcoming standards (such as the Workforce Disability Equality Standard (WDES)). This will include presenting some of our work in the form of case studies or facilitating workshops or other learning forums at a national or regional level.

**Celebration of equality, diversity and Inclusion**

We celebrate and promote many aspects of our diversity throughout the year. We are also involved in many events organised by our partners and communities. In the last year;

In May 2017 we recognised Equality, Diversity and Human Rights Week. The theme for this year was diverse, inclusive, together. A range of events open to staff, users and carers and the general public were organised-these included workshops on transgender awareness, forced marriage, female genital mutilation, and spirituality and hope. A marketplace featuring stalls representing different strands of equality was held in the main hall at Uffculme.

BSMHFT hosted the LGBT+ network ‘Caring Minds Celebration of LGBT+ History Month’ on Valentine’s Day, 2017 for a celebration of all things LGBT+.

The aim was to recognise the progress the Trust had made in workforce equality and improving the experience of LGBT+ service users, as well as reflecting on true life stories, promoting partnership working and embracing #Equal Love.

We will:

* Maximize opportunities during Equality Diversity and Human Rights Week (May) and National Inclusion week (September) to raise awareness and profile successes.

**Evaluation**

We will seek external review, challenge and accreditation of BSMHFT’s actions as an employer by actively participating with relevant equalities standards and benchmarks (e.g. the Stonewall Workplace Equality Index (WEI), the Workplace Wellbeing Charter, etc.

The Stonewall WEI is the definitive benchmarking tool for employers to measure their progress on lesbian, gay, bi and Trans Inclusion in the workplace.

Participating employers demonstrate their work in 10 areas of employment policy and practice. Staff from across the organisation also complete an anonymous survey about their experiences of diversity and inclusion at work. It assesses our organisations achievements and progress on LGBT equality. It also compares our performance with organisations in our region and sector.

#### In 2016 BSMHFT scored 402 out of 415 organisations and in 2017 has made good progress in achieving a position of 239 out of 439 organisations across a range of sectors and regions who took part in the 2017 Index.in the health and social care sector we achieved a ranking of 25 out of 48 organisations.

**Responsibility for Implementing the Plan and Monitoring its Progress**

Leadership from our Executive Team is an important asset in ensuring the effective implementation of the EDI Plan.

* Our Chief Operating Operator is the sponsor of BME issues
* Our Director of Nursing is the sponsor for LGBT issues
* Our Director of Finance is the sponsor for Disability issues
* Our Head of legal Services and Company Secretary is the sponsor for dyslexia issues

We will:

* Promote their role as champions of EDI change within the organisation and communicate their commitment and work to all levels of staff.

In this environment of committed leadership, the trust will empower everyone to:

* Recognise discriminatory behaviour when it happens
* Challenge discrimination and act to eliminate it
* Improve their awareness of the Trust’s key policies supporting adherence to the principles of this framework
* Advance equality of opportunity and make it everyone’s responsibility
* Value and understand the benefits that the diversity of our staff, service users, carers, governors, members and non-executive directors bring, to build organisational knowledge to better create solutions to complex problems and equip everyone to be inclusive and create an inclusive culture

We will:

* Where appropriate and possible, engage our Staff Networks and Community Organisations in assessing the equality impacts of our plans and policies and developing responses where adverse impact is identified.
* Publish our equality impact assessments and provide progress reports on remedial action taken where potential adverse impact has been identified.

At the Stonewall Midlands Diversity Champions awards in March 2017 our Executive Director of Nursing, Sue Hartley, was named West Midlands Ally of the Year for her commitment to supporting and promoting diversity and inclusion in the Trust, particularly in relation to LGBT staff.

This EDI Plan is a rolling programme of work over a number of years. Some activities within it may be achieved in a shorter time frame, but the plan as a whole is for three years and should always be understood as that.

Progress on achieving the objectives and action plan will be reported monthly to the Trust workforce Committee and a report will be made to the Trust Board annually. Progress towards delivery will be periodically evaluated, using a range of qualitative and quantitative methods. Results from evaluation will be used to inform any remedial action, as appropriate and best practice will be shared to raise overall standards of performance across the Trust.

We recognise that this plan cannot address all existing inequalities for all protected groups in the short term; however, it is a live document and the Trust is committed to continually involving servicer users, carers, local communities, staff and external partner stakeholders in its ongoing development, implementation and monitoring and review.

**Reporting to Stakeholders**

BSMHFT has a range of communication structures in place (including printed publications for staff, service users and public, website, email, regular meetings, etc.) These means of communication will be used to disseminate to all stakeholders the progress being made on our equality diversity and inclusion plan.

We will:

* Provide reports to our Commissioners in line with our 2017/19 Birmingham Contract Quality/Reporting Requirements.