

NHS Equality Delivery System (EDS) 2

Oxleas EDS2 Progress Report March 2021 – Plain text version

Oxleas' Equality Objectives for 2021/22:

- Fair recruitment and career progression
- Improved cultural understanding
- Implement the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) action plans
- Bolstering our service user, patient, carer involvement and co-production

Headline Good Practice Examples of EDS2 outcomes:

- Support Network and Engagement tool for service users
- Active staff networks (BAMEx, Disability, LGBT+, Mental Health and Women)
- Executive champions for staff networks
- We achieve consistently high levels of patient satisfaction
- We actively find ways to make our services accessible to the communities we serve
- Senior leadership that is visibly supportive of advancing equality and inclusion
- Building A Fairer Oxleas programme

Note on scoring: there are four scores - **Undeveloped**, **Developing**, **Achieving**, **Excelling** – we self-assess ourselves on a regular basis.

Goal 1: Better health outcomes

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

Oxleas' services include community mental health (early intervention, in-patient and therapeutic services in community settings), adult community services, older people's services, adult learning disabilities services, children and young people's services, public health services and prison health care. These services are commissioned by local CCGs, local authorities, schools or colleges or at a national Specialist level, based on the population needs. We develop and deliver our services to ensure that we provide high quality care, meet our key performance indicators (KPIs) and make adjustments where needed to meet the health needs of our communities, including those who experience health inequalities. Over the past year we worked with our partner organisations as part of the South London Partnership (SLP) to develop or redesign services in response the changing needs, or growing demand, always with a patient focus. Examples include:

- SLP investment into CAMHS crisis care, offering a comprehensive DBT service across South London and increasing access to specialist CAMHS practitioners out of hours for children and young people, enabling swift decision making Out of Hours
- 36% reduction in Forensics patients across the SLP being placed out of area
- 66% reduction in readmissions compared to the previous year across the SLP
- 32% reduction in South London children and young people's use of adult mental health hospital beds; 93% reduction in out of area bed use; average distance from home from 73 to 7 miles

- We developed a partnership with the local Hospice to support step down services as children approach the end of life. Staff from Oxleas work within the Hospice.
- Heath ward has been converted into an all-male ward to help with increased demand.

Score: *Achieving*

1.2 Individual people's health needs are assessed and met in appropriate and effective ways

- During the COVID-19 pandemic we've offered video and telephone appointments across the majority of our community adult, mental health, older people and children and young peoples' services and sought patient and family feedback on this. Feedback has been generally positive, however, we have agreed a protocol to ensure that community mental health patients are offered face to face appointments as appropriate.
- 115 complex care patients across the SLP stepped down to less restrictive settings on proactive rehabilitation care pathways
- Adult Eating Disorders: new Single Point of Access service introduced for referrals across the SLP: consistent assessment and access to right care, right time, right place
- Within CAMHS patients are offered appointments based on clinical need and vulnerability. All high risk young people are seen face to face and the service has prioritised appointment type based on needs.
- We have developed online assessments for children awaiting potential diagnosis of ASD or ADHD
- Patient and carers communication and information needs are identified, recorded on RIO, flagged, shared and met in line with the Accessible Information Standard (AIS)
- Our secure service patients are involved in the development and review of their individualised care plans
- Integrated therapy sessions are arranged if there are barriers to communication with children and young people. SLT's provide professional support to assist in the communication of the young person to ensure their voice is heard throughout the care planning/decision making/consent process
- Online transition schools were held this year to support the transition from Primary to Secondary schools for children
- Under 5 drop-in clinics were changed to virtual online drop-ins in Children's Integrated Therapy services in locations across the borough resulting in a 'no referral, no waiting time' service. This made the service more accessible ensuring children and young people were assessed in a timely manner in appropriate locations throughout the borough.
- ADHD Platform enables families to make direct contact with the team via an app
- ASD integrated pathway, joint initial triage across Specialist and CAMHS service ensures that the child has one assessment with the right team reducing duplication and the need for the family to repeat their story
- Physical health clinic in Greenwich CAMHS, health clinic offered to all young people who are in the high-risk team.
- All children and young people on ADHD medication, antipsychotic medication etc would be reviewed by psychiatry regularly - monitoring both physical as well as mental health needs.
- Robust liaison with GP's particularly from psychiatrists with regards to both mental health as well as any physical health needs which are identified.
- In Greenwich Intermediate care, patients are assessed by a nurse and a therapist within 24 hours of admission to ECB and personalised care plans are completed.

- End of life patients are admitted to the district nursing caseload and plans are made for how the patient wishes to be cared for in the last weeks or days of their life, included identifying a preferred place of care
- Dedicated posts with Community Learning Disability teams to support young people transitioning from children's to adult services.
- Care plans and crisis plans are tailored to suit the needs of the young person and completed in collaboration with the child, family and relevant agencies as required.

Trust-wide:

- A Support Network and Engagement Tool is completed for all service users, where clinically appropriate and relevant.
- Oxleas has a well embedded audit of care plans that runs each month for all teams that complete care plans. Each team audits 5 cases per month, and we have an internal target of 75% monthly participation rate, we have consistently achieved this target since June 2019.
- Oxleas' results have either been stable or improving. Results are presented at bimonthly Clinical Effectiveness Groups and are available for local teams to view online. Summary directorate results are distributed in the form of SPC charts on a monthly basis.

Score: *Excelling*

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

- We have interoperability with local providers to ensure access to timely and relevant clinical information to support transitions.
- We have transition arrangements for transfer from children and young people services to adult's services.
- We have a transfer of care policy for adult service users transfers within and from other organisations to ensure smooth transfer.
- For children with continuing care needs the transition process to adult services begins on the child's 17th birthday to ensure all aspects of care are in place when the child turns 18 and access adult service
- Health coordinator post in pilot for children with complex health care needs
- Attendance at Team Around the Child and Family Around the Child meetings for vulnerable families
- Looked after children passport when leaving care
- Pre-admission planning for admissions to forensics and learning disabilities inpatient services.
- When patients move from forensic secure inpatient services to less restrictive community setting there is a clear plan to ensure all needs are met to provide the best possible chance for a safe transition.
- When people with enduring mental health needs enter or leave prison the CPA process is used to ensure continuity of care between prison health and community/inpatient health services
- Local care networks within borough arrangements for close working with primary and social care.
- In Greenwich intermediate care patients are admitted to ECB from Queen Elizabeth Hospital. There is a referral criteria and referrals are discussed if there are specific needs to

be addressed between senior therapy staff. Discharge documentation is transferred with the patient

- End of life patients are referred by Hospital, GP or Hospice and the staff work closely with the GP and hospice staff to ensure plans are place and care wishes are met whilst providing adequate pain and symptom control.

Score: *Achieving*

1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

Directorate / borough examples:

- We continue to work jointly with CCGs to reduce Gram Negative Bloodstream Infections I GNCBI's. Progress has been made with the catheter passport and the standardisation of catheter products
- We are part of the MHSIP sexual safety collaborative
- Staff in our secure services, including prisons, have access to our incident reporting system and are encouraged to report all adverse events. We also have systems in place to capture incidents identified by sub-contracted services (e.g. GP and substance misuse services).
- Nurse and Carer competencies recorded on E-rostering within children's nursing services
- Hydrotherapy competencies undertaken yearly within Physiotherapy
- Specialist supervision to ensue competencies maintained
- Learning from mistakes cascaded within services to improve practice
- Quality Matters newsletter monthly ensures staff are aware of incidents and actions taken
- Regular multi-disciplinary meetings, line management and clinical supervision allows opportunities for issues pertaining to safety to be addressed.
- Head of profession meetings which ensure all staff are working in adherence to professional codes of conduct.
- Workshops following serious incidents to embed learning, encourage reflection and make changes to clinical practice as needed.
- Regular safeguarding supervision from the Trust Safeguarding team
- Quality team sharing Datix and complaints and sharing in leadership/ team meetings
- Seeking and ensuring appropriate consent is obtained for all interventions.
- In Greenwich, incidents are recorded on Datix and learning is achieved to prevent reoccurrence with the use of action plans. The team have regular team meetings where quality issues are discussed. Staff are assessed as competent to deliver care and work to clinical guidelines and policies and procedures. This is the same for End of Life and Eltham Community Beds.

Trust-wide:

The 2019/20 Annual Report provides information on Trust performance against the Patient Safety Priorities with highlights as follows:

Falls

- We have an established falls group which develops and implements guidance audits and reviews all serious incident investigations for falls.
- There were 11 level 4 falls in total, 10 of which were unavoidable. There has been a particular rise in the number of level 4 falls at Eltham Community beds. An investigation into this had been arranged but has been postponed due to the Covid-19 pandemic.

- A Qi project was completed on Meadowview Unit to try to reduce the number of falls by using Telecare chair sensors to alert staff to patients standing from their chairs / bed. This has been extremely successful and has reduced the number of falls on Meadowview significantly.

Deteriorating Physical Health

- Work is continuing to support and encourage staff with the use of the shared iPads on the wards to enable point in care physical health recording.
- Training slides for NEWS2 and MUST have been developed and continue to be shared with all wards with the expectation that these are used to train other new staff on the wards and act as a refresher for staff that have already been trained.
- NEWS2 now has a Rapid Tranquilisation (RT) tab and training has been carried out across the inpatient wards. An iFOx report has been built for RT and is audited weekly by Matrons.
- A community tab has been added to NEWS2 to enable community teams to now use the form.
- Quarterly audits are completed.

Pressure ulcers

- The Trust has a well-established pressure ulcer panel reviewing all root cause analysis investigations. There is also an established and successful Pressure Ulcer Prevention Strategy.
- Avoidable Pressure ulcers in 2019/20 – 50 category 3, 4 and above (18 in 17/18 and 30 in 2018/19)

Resuscitation

- The Trust has employed a full time Resuscitation Officer who started work in December 2019. Progress has been made in updating the Trust's resuscitation policy and practice.
 - Full review and update of the red resus bags along with new checklists across all sites.
 - Drop the Dummy exercises within the in-patient areas in conjunction with the PDN's.

Reducing Violence and Aggression

- Violence and aggression towards staff from patients has reduced from 1,437 incidents in 2018/19 to 1,082 incidents in 2019/20. There has been a lot work completed as part of a national programme to reduce violence and aggression.

Reducing restraint

- The total amount of prone and supine restraints has remained fairly consistent between 2018/19 (225) and 2019/20 (214).
- There has been a reduction in the amount of prone restraints, with numbers dropping from 46% in 2018/19 to 37% in 2019/20.
- From September 2020 we have been recording the ethnicity of patients when restraint is used. We need to triangulate this information with overall patient numbers in order understand whether restraint is disproportionately used for any particular ethnic group
- The PMVA policy (including restrictive practices) was updated and ratified.
- Physical health monitoring after rapid tranquilisation is a Trust priority and has been added as an indicator on the ward visual management boards.
- In 2019/20 we piloted the use of Body Worn Cameras in 4 of our wards and this has been extended in 2020/21 to include all in patient wards. The aim of the use of Body Worn

Cameras is to protect staff and patients by diffusing situations and/or by capturing an independent account if things escalate. We are working with Kings to evaluate their use.

Rapid Tranquilisation

- From August 2020 we have recorded the use of rapid tranquilisation by patient ethnicity. We will be working to triangulate this data with the overall patient caseload in order understand whether restraint is disproportionately used for any particular ethnic group.

Sexual Safety

- Both Millbrook and Crofton wards continued with the national collaborative for sexual safety. Following a visit to the wards, the national Qi lead fed back to both wards that he was impressed with the work done thus far and that they were in many areas, leading the way nationally with involvement of key stakeholders, including patients and the implementation of their change ideas.

Serious Incidents

- The serious incident team has been in place on 12 months and currently investigates all Level 2 (previously level 4 and 5) incidents.
- 0 Never Events in 2019/20 (0 in 2017/18 and 2018/10)
- The team provide feedback on the learning from incidents and the themes arising from serious incident investigations.

Learning from deaths

- In 2019/20 there were 1,095 deaths and each death was subjected to both a case record review and an investigation. Of these deaths, 10 (0.9%) of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.
- The Trust has an established suicide prevention strategy.
- STORM training for clinical staff has continued.
- Safewards continues to be implemented.
- All teams are expected to conduct a monthly audit of 5 care plans against the principles.
- 'DICES risk assessment and management system' training has been introduced.
- The NHSI resources to assess safe, sustainable and productive staffing on all inpatient units have been implemented and regular reviews are conducted.

Ligature:

- Ligature Policy updated to reflect the change to the patient profile score, ie from category 1 (lowest category) to category 3 (highest category).
- Manchester scale used to risk assess ligature points (Ligature Policy)
- Clinical risk assessment of individual patients (clinical risk assessment policy and guidance)
- Two wards have a minimum of two rooms equipped to a higher anti-ligature standard with all ligature points removed from both the bedroom and en-suite. At risk patients are assigned to those rooms only
- Ligature assessments have been completed on all wards for unobserved areas and continue to be reviewed on an on- going basis.

Score: *Developing*

1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

- All patients in our prisons receive an initial primary health screen followed by a more detailed secondary screen at which on-going needs are identified and a plan of care made, where necessary
- In our inpatient services we have a dedicated physical health nurse and nursing associates who support our patients with health promotion and improving their physical health
- Patients in secure settings have access to national screening programmes. Additionally, all people in prison are offered blood borne virus (BBV) tests. At HMP Maidstone all men were screened for tuberculosis due to the relative high prevalence in foreign nationals
- Universal service delivered school age immunisations to school age children in Greenwich
- Physiotherapy lead supported borough in the development of accessible playgrounds and sports facilities
- CAMHS physical health clinics conduct a holistic assessment including health promotion. If any needs are identified young people are signposted and supported to access the care and treatment needed (drug/ alcohol misuse, sexual health, healthy eating etc)
- Specific substance misuse nurse in Bexley CAMHS
- In Greenwich, we have a TB service who undertake full screening and vaccination services and sexual health who also carry out screening programmes.
- Service users in our Learning disability inpatient service were provided with accessible information about the COVID-19 vaccine and support to make a decision. Where service users lacked capacity, the MCA was used and where appropriate best interest decisions were made.

Trust-wide:

- Information available in different formats. Translated into other languages. Interpreters can be booked for both face to face, video and telephone interpreting

Score: *Achieving*

Goal 2: Improved patient access and experience

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

- Interpreting and translation contract in place (includes community languages and BSL)
- Easy Read patient / service user information and templates
- outreach work led by community development workers in supporting access to health services for Black, Asian and minority ethnic communities in Greenwich
- Access to Chaplaincy offered within inpatient services
- Equality and Diversity Training for staff (E-Learning and bespoke)
- Accessible Information Standard (AIS) information and access to E-Learning for staff
- AIS posters for service users / patients
- Lived Experience Practitioners supporting people with mental health issues to access community services
- In our secure services patients have access to independent mental health advocates who advocate for individual and groups of patients on a range of issues

- We are starting to monitor access to crisis care by patient's protected characteristics, compared to local population demographics. Not all protected characteristics are routinely recorded and so this is an area that requires development.

Score: *Developing*

2.2 People are informed and supported to be as involved as they wish to be in decisions about their care

- Patient survey data shows high levels of involvement, with a Trust-wide satisfaction score of 92% for 2020/21* (*April 2020-Jan 2021)
- Easy Read information for service users / patients
- Access to interpreters for British Sign Language and community languages
- Support Network and Engagement tool for service users, linked to RiO (our main electronic patient record) is completed where appropriate, and has a completion rate of 83% (as of January 2021) in Mental Health and Learning Disability Services, and 62% in Community Health Services for teams deemed eligible for completion.

Score: *Achieving*

2.3 People report positive experiences of the NHS

- The national FFT question was updated to "Overall, how was your experience of our service?" in 2020/21. This was originally planned to go live in Oxleas from April 2020, however due to the COVID 19 pandemic this was delayed to June 2020. Between June 2020 and February 2021, 7,549 responses have been received to this question, with a positive response rate of 81%.
- The Trust also participates in the annual Mental Health Community Survey and develops action plans to address any identified areas of improvement.

Score: *Achieving*

2.4 People's complaints about services are handled respectfully and efficiently

- The complaints procedure is designed to ensure that we provide a timely and effective service to resolve complainants' concerns, support complainants and staff throughout the process, deliver a consistent approach across the Trust and have sound systems for learning lessons from complaints. We are committed to respecting the human rights of service users and carers and the principles of fairness, respect, equality, dignity and autonomy will be taken into account when receiving, monitoring and reviewing complaints.
- The Trust standard is that all complaints will be responded to within 30-working days. During the period 1 April 2019 - 31 March 2020, of the 328 complaints received, 67% were closed within timescale compared to 60%, of the 323 complaints received, during 1 April 2018 - 31 March 2019.
- Of those complaints responded to in 2019/20 58 out of 328, 18% were reopened as the complainant was dissatisfied with our initial response. This is in comparison to 55 reopened out of 323, 17% for 2018/19.
- Between 1 April 2019 to 31 March 2020, 8 complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO) compared to 9 for the same period in 2018/19.
- Of the 9 complaints referred to the PHSO in 2019/20, 4 were found to have no case to answer/not upheld. The Trust currently has 4 cases with the Ombudsman for the above time period awaiting a decision as to whether the complaint will be investigated by the Ombudsman.

- The Complaints Team is currently leading a Quality Improvement Project to reduce the amount of time taken to respond to complaints in the Greenwich Directorate. Once this is better understood in Greenwich, any learning will be shared with the other directorates. A further Quality Improvement Project will take place in 2020/21 in relation to ensuring SMART action plans are created following investigations and that the actions identified are put in place.

Score: *Developing*

Goal 3: A representative and supported workforce

3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels

- Monitoring data is collected on application forms
- Shortlisting takes place anonymously. Trust policy requires that at least 2 people complete shortlisting and panel members should have attended recruitment training
- Although details of the protected characteristics are not given to managers, it is accepted that where candidates put dates and venues for study and qualifications this is likely to give a manager an indication on some of the protected characteristics. However, shortlisting decisions must be justified, and shortlisting criteria should state only essential qualifications or equivalent where appropriate.
- Workforce data shows Black, Asian and minority ethnic short-listed candidates are slightly less likely to be appointed than White candidates. Actions to address this are in our Workforce Race Equality Standard (WRES) action plan, including having Diversity in Recruitment Champions on panels.
- A Workforce Disability Equality Standard (WDES) action plan is in place and further work is needed to assess whether candidates declare a disability at application stage are disadvantaged compared to those who declare it at the interview or after.
- Oxleas is a member of the Disability Confident scheme, Level 1. This includes a guaranteed interview for disabled applicants that meet the essential criteria
- Oxleas is signed up to the Mindful Employer Charter
- In 2020 41% of Oxleas staff were Black, Asian and minority ethnic. This means that Oxleas employs a larger percentage of Black, Asian and minority ethnic people than is represented in many of our local populations.

Score: *Developing*

3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations

- There is a robust salary on appointment policy in place in the organisation, and any increase in salary needs to be discussed and validated by a senior HR person.
- Gender Pay Gap data, measured against 6 key indicators, shows:

	2017-18	2018-19	2019-20	Trend
Average pay difference	13.51%	13.73%	13.07%	
Median pay difference	9.29%	10.54%	12.28%	
Average bonus difference	44.40%	49.40%	35.44%	
Median bonus difference	32.32%	66.67%	9.24%	

**the data in the columns for 2017, 2018 and 2019 shows the percentage by which women are paid less than men. Median is the middle number of a set of numbers in a range.*

- When the medical workforce is excluded, the pay differential for women halves from 13.07% on average to 7.16%.
- There is an improvement on the overall difference when calculated on the mean (average). This is indicative of a continued positive direction of travel with regards to representation of women in senior roles within Oxleas. We are conscious that work must continue to improve this further.
- Our **Race Pay Gap** report shows that Black, Asian and minority ethnic staff are paid slightly more than White Staff. This appears to be due to the length of time people stay on a pay band, with Black, Asian and minority ethnic staff staying longer on a band and reaching the top of the pay scale on that band.

Score: *Developing*

3.3 Training and development opportunities are taken up and positively evaluated by all staff

- All staff have personal learning accounts in the Oxleas Learning Centre, giving access to our learning catalogue, as well as supporting resources and associated (appraisal and supervision) functionality.
- We actively encourage staff to advise us of any access or communication needs prior to participating in our learning, either by signposting these in their learning account profile on joining the trust, or highlighting current adjustment needs at the point of booking. We work with our facilitators / suppliers to ensure that individual needs are met.
- We previously offered both face to face and e-learning options for staff to choose from, particularly where completion is mandatory. In response to Covid-19, we suspended much of the face to face programme and put in place robust risk mitigation to support continuation of risk-critical practical training. Since then, we have been developing new online participative solutions to offer as alternative to e-learning. We have been developing our approaches taking advantage of accessibility features, ensuring new solutions are as inclusive as possible. This work will continue as we learn from experience and external good practice examples.
- In practical teaching, we place strong emphasis on staff safety and balancing the risks which training is designed to mitigate with Covid-19 risk. Whilst encouraging colleagues who are fit and not in any of the higher risk groups to continue to update to help us maintain safe

staffing levels, we are clear that mandatory updating compliance for its own sake is not the answer. We encourage a strong individual risk assessment approach which supports training being deferred where alternative personal risk mitigation is in place. This is consistent with our service redesign including remote working for clinical teams where possible.

- This balanced approach has allowed us to maintain high mandatory updating compliance rates in the current context, ensuring all our staff have the core knowledge and skills to keep themselves and our service users safe. In the last 12 months, overall compliance has ranged from 92% to 94%. This is not dissimilar to the previous year. Since we do not exclude any absent staff from analysis, this represents the bulk of the workforce on active duty.
- We evaluate the totality of our face to face learning programme in two ways. We collect immediate reaction feedback to enable us to address any concerns in a timely manner. Additionally, in recognition that some staff may not be confident to hand negative feedback to the facilitator on the day, we contact all participants with a brief follow up survey. In our latest analysis of this data, covering the last 6 months, 90% of respondents rated overall event quality as either 'excellent' or 'good'. Content usefulness and relevance was rated positively in 91% of cases and facilitator effectiveness and knowledge in 96% of cases.
- 69.6% of respondents to the 2019 Staff Survey reported having accessed non-mandatory training in the previous 12 months (compared to 72% in 2018)
- Our most recent annual L&D equality analysis, reflecting all centrally held CPD activity records, showed no significant differences in CPD learning uptake between staff groups with different protected characteristics.
- We have also recently simplified our CPD process to improve access to non-mandatory learning. Clinical leads are now reviewing professional development approaches, aiming to agree more strategic workforce development principles to improve transparency of CPD decision making and equity of application.

Score: *Achieving*

3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source:

- We continue to be determined to do whatever we can to reduce the incidence of abuse against our staff from visitors and patients. Our 'It's Not OK' approach sets out a clear framework for addressing issues and ensuring that the right support is in place for staff.
- We hold regular meetings with the Metropolitan Police to review incidents and address ways to prevent them, including taking action against perpetrators
- Our new values are: 'we're kind, we're fair, we listen, we care'. These are supported by a comprehensive behavioural framework which sets out the behaviours which are expected, those we aspire to and those we will not tolerate. These behaviours have been designed following extensive staff engagement and the behaviours supporting the 'We're fair' value draw directly on the feedback from our BAME staff over the last six months through BAFO and the work last year on Bullying and Harassment.
- Our Guardian Service provides staff with access to independent and confidential support in order to support staff to get concerns addressed.
- Evidence from our 2020 staff survey (published in March 2021) shows: 29.3% of Oxleas staff have experienced harassment, bullying or abuse at work from patients/service users, families or members of the public, compared to an average across combined NHS Trusts of 26.7%. The figures are much higher for Black, Asian and minority ethnic staff at 34.5% in 2020, compared to 39.3% in 2019 and 36.72% in 2018 and for disabled staff at 35.2% in 2020 compared to 34.6% in 2019

17.8% of Oxleas staff have experienced harassment, bullying or abuse at work from colleagues (average across combined NHS Trusts is 15.5%). The figures are higher for Black, Asian and minority ethnic staff at 27.5%, compared to 26.4% in 2019 and 29.2% in 2018 and for disabled staff at 24.5% in 2020, compared to 25.3% in 2019

9.7% of Oxleas staff have personally experienced discrimination from a manager / team leader (average across combined NHS Trusts is 7.1%). The figures are much higher for Black, Asian and minority ethnic staff at 13.6% compared to 15.3% in 2019 and 14.6% in 2018

11.4% of Oxleas staff have personally experienced harassment, bullying or abuse at work from managers (average across combined trusts is 10.5%). The figures are much higher for disabled staff at 18.9% in 2020 compared to 20.6% in 2019

Our 2020/21 staff survey data shows a continued need to focus on the various initiatives to reduce incidents of violence and aggression towards staff.

Score: *Developing*

3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives

- The trust has a Flexible Working Policy and we are developing an Agile Working Policy. This is being piloted in a number of teams
- We have invested significantly in IT to enable mobile working
- The Staff Survey measures the percentage of staff satisfied with the opportunities for flexible working patterns. Our 2020 score is 65.5%, compared to 58.2% in 2019 and 60.6% in 2018 and is **slightly lower** compared to 66.2% in other combined NHS trusts.

Score: *Developing*

3.6 Staff report positive experiences of their membership of the workforce

- The 2020 Staff Survey results relating to motivation at work (Staff Survey Questions: *the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs*) show that:
 - 63.6% of staff say they look forward to going to work (average is 61.1%)
 - 74.3% of staff say they are enthusiastic about their job (average is 74.7%)
 - 77.1% say times passes quickly when they are working (average 78.5%)
- Our overall score for staff believing the organisation provides equal opportunities for career progression / promotion is 78.9%. This is compared to an average of 86.6% for other combined NHS trusts. For disabled staff the figure is 69% and for BAME staff its 69.5%
- The score for staff feeling that the Trust and managers are interested in and take action on health and wellbeing is 34.5%, compared to 29.2% in 2019. This is **lower** compared to an average of 38.6% for combined NHS trusts
- The score for staff recommending the Trust as a place to work or receive treatment is **slightly above average:** 70.7% (average 67.7%) and 70.5% (average 70.4%) respectively

Score: *Developing*

Goal 4: Inclusive Leadership

4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

- Executive and Non-Executive representatives on the Building A Fairer Oxleas Action Plan Group
- Executive team undertook Cultural Intelligence and Inclusive Leadership training in October 2020
- Executive champions on the four Staff Networks
- Support for staff networks to have direct contact with the Executive (eg at Staff Networks meetings)
- Senior leaders' presence at Black History Month, Pride 2020, LGBT History Month 2020, IDPWD event and Lived Experience events
- Our Chief Executive is a visible role model for those who have lived experience of mental health issues
- Our Board and senior leaders are committed to a number of schemes in relation to the recruitment of a diverse workforce, including Disability Confident Level 1 (committed) and Mindful Employer

Score: *Achieving*

4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

- The front sheet for Board and Committee reports asks for the implications of the recommendations in terms of an Equality Analysis. One is not normally necessary for assurance reports, however equality-related impacts should be considered for reports requiring decisions. This section is often left blank.
- There is a process for Equality Analysis / Equality Impact Assessment on policies, organisational changes and strategies. These need to be followed more consistently.

Score: *Developing*

4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

- Equality and Diversity training is mandatory
- Freedom to Speak Up (FTSU) Guardian service in place
- Reasonable Adjustments policy in place
- Health and Wellbeing Passport launched in July 2020 – covers disability, caring responsibilities and religious observances
- Supporting Trans staff policy in place
- Special Leave policy in place, supporting staff who are parents, carers or have a disability
- Disability Confident Level 1 (committed employer)
- Mindful Employer charter
- Our 2020 staff survey results show:
 - 76.6% of staff say they get support from their immediate manager. This is compared to the average of 76.1% for combined NHS trusts
 - 78.7% of staff say their immediate manager values their work, compared to an average of 78.8% of combined trusts

- 76.6% of staff say their immediate manager takes an interest in their health and well-being (average is 77%)
- 81.9% of disabled staff say Oxleas has made adequate adjustments to enable them to carry out their work (average is 81.4%)
- NHS Staff Survey data indicates a significant difference between Black, Asian and minority ethnic staff and White staff's experience and some differences between Disabled and non-disabled staff's experience. The Building A Fairer Oxleas programme of work includes workstreams on improving career progression and cultural understanding which should improve the experience of BAME and disabled staff as well as staff who are LGBT+ or have lived experience of mental health.

Score: *Developing*

6 May 2021