Equality Objectives 2014/16

and

2013/14: Objectives Progress Report
Introduction

In March 2012 in line with the new duties laid out in the Public Sector Equality Duties, Oxleas set up 10 Equality Objectives; 6 workforce objectives, and 4 service delivery objectives. At the time, the trust was also assessing the workforce and service delivery against the Equality Delivery System (EDS). For more information about the EDS and our grading, please see the separate EDS report (http://www.oxleas.nhs.uk/equality-and-diversity/equality-delivery-system-eds/).

In this report, we have included progress against our previous objectives and have set out our new objectives for 2014/16. A meeting with the staff Network chairs agreed the new objectives, which have also been informed by the trust’s EDS grades. These involved extensive consultation with healthwatch.

We continue to monitor and work on areas identified in the previous objectives, extending our work on disability and achieving position number 52 in the Stonewall Workplace Top 100 Index in 2014. We continue to run a BME Mentoring scheme, and have run a disability access survey to gain feedback on the accessibility of our buildings. We have set up LEN, the network for staff with lived experience of mental ill health, and have maintained over 80% compliance in Equality and Human Rights training. Our patient experience work is continuing to develop, to understand the experiences of people with protected characteristics.

Christine Rivers

Head of Equality and Human Rights

October 2014
## 2014/16 Equality Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measurement</th>
<th>Timescale</th>
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<tbody>
<tr>
<td><strong>2013-15 Objective</strong></td>
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<tr>
<td>1. Improve data across the 9 protected Characteristics, with a focus on areas with less comprehensive datasets: gender identity, pregnancy and maternity, religion and sexual orientation</td>
<td>Reports from Rio, ESR</td>
<td>April 2015</td>
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<td><strong>2014/16 Objectives</strong></td>
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<tr>
<td>2. To reduce the proportion of incidents of discrimination towards staff from service users/carers/relatives by 5%</td>
<td>Incident data report and analysis</td>
<td>April 2016</td>
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<td></td>
<td>Equality Analysis of the National Staff Survey</td>
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<tr>
<td>3. To reduce the proportion of incidents of discrimination against service users, relatives and carers by 5%</td>
<td>Incident data report and analysis</td>
<td>April 2016</td>
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<tr>
<td>4. Increase the percentage of BAME starters at senior levels by 10%</td>
<td>Analysis of recruitment data</td>
<td>April 2016</td>
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### EDS Equality Objectives 2013 – 2014

<table>
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<tr>
<th>EDS Grade</th>
<th>Measurement</th>
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<tr>
<td>2013-15 Overall Objectives</td>
<td></td>
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<tr>
<td>Improve Data across the 9 protected Characteristics</td>
<td>N/A</td>
<td>Rio, ESR, Datix</td>
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We have been developing systems to improve data quality. The annual workforce report includes a summary of data completion rates for staff and service users, along with actions taken.


We will report on this protected characteristic in the next Equality Objectives Progress Report.

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<th>2013/14 Service Delivery</th>
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<tr>
<td>1.4 The safety of patients is prioritised and assured; in particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress open and fair to all.</td>
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Our Patient Experience work involves gaining feedback from service users across all services. We have introduced optional equality questions at the end of the surveys on 5 protected characteristics (gender, ethnicity, age, sexual orientation and disability). Reports are due to be discussed at the Patient Experience Groups across the trust. You can read more about our patient experience programme by following this link: [http://www.oxleas.nhs.uk/your-views/patient-experience-programme/](http://www.oxleas.nhs.uk/your-views/patient-experience-programme/)

<table>
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<tr>
<th>2.4 Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently.</th>
<th>EDS Grade: Undeveloped</th>
<th>Complaints reports Engagement Governance - PEG</th>
<th>April 2014</th>
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The Annual Complaints Report contains analysis of complaints by gender and ethnicity. The report also contains a category of discrimination; complaints of discrimination are listed by protected characteristic and outcome.

### 2013/14 Workforce

<table>
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<tr>
<th>3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all</th>
<th>EDS Grade: Developing</th>
<th>Staff Survey Engagement Governance - WLDG</th>
<th>April 2014</th>
</tr>
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</table>

Actions we have taken in the last year:

- A report summarising incidents against staff, was produced in April 2013, based on a comparison of incidents between 2011/12 and 2012/13. The report focused on the number of incidents of racial discrimination, sexual harassment and homophobia, including detail of the Directorate and team where the incidents occurred. This report was shared widely and discussed at the Staff Partnership Forum, and the Equality and Human Rights Governance Group.
The report’s summary is included below:

### Discriminatory Abuse – Summary

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<thead>
<tr>
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<th>2011-12</th>
<th>2012-13</th>
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<tbody>
<tr>
<td>Racial Abuse</td>
<td>58 (9.5%)</td>
<td>70 (8.6%)</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>27 (4.4%)</td>
<td>16 (2%)</td>
</tr>
<tr>
<td>Homophobic Abuse</td>
<td>4 (0.7%)</td>
<td>3 (0.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>89 (14.6%)</td>
<td>89 (11%)</td>
</tr>
<tr>
<td>Total Incidents against staff (Levels1-3)</td>
<td>611</td>
<td>816</td>
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The data shows that there has been an increase in incidents overall, from 611 in 2011-12 to 816 in 2012-13. The number of discriminatory incidents has stayed the same, 89 in each year. However, there has been a percentage reduction of 3.6%, due to the increase in numbers overall.

The report will be repeated annually across the period of each financial year, to show updated data and changes year on year. Additionally,

- We are writing a new policy, ‘Supporting Staff Involved in an Incident, Complaint or Claim’ which includes a section on discrimination.
- We monitor the staff survey annually, as this also contains information on staff experiences of discrimination. The analysis is discussed at the Workforce Learning and Development Group (WLDG), the Equality and Human Rights Governance Group and the Staff Partnership Forum (SPF).
- We have also set up a group, with representatives across inpatient services to reduce incidents of violence and discrimination against staff.
- We have improved the bullying and harassment policy, to include a section describing discrimination against each of the protected characteristics.
- We have set up two staff groups, the Disability Action Group (DAG), which is looking at improving processes and support for disabled staff. DAG has health and safety, disabled staff, human resources, and line manager representatives. We have also set up a network for staff with lived experience of mental ill health called the Lived Experience Network (LEN). LEN is working to improve systems and support for staff members with lived experience of mental ill health.
- We have set up two separate one day workshops for staff ‘Delivering Better Care for Trans People’, and are planning further workshops, with one focusing on staff.

In Summary, we have sound evidence of work in 4 areas: ethnicity, sexual orientation, gender and disability, with some evidence of development in the remaining 5 areas.
Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.

Actions we have taken in the last year:

Training - We have delivered the following (each are separate sessions for different groups of staff):

- 2 separate half day ‘Disability Awareness’ sessions, open to all staff
- 2 separate 1 days training for Occupational Health and Human Resources Staff on supporting staff with disabilities
- 4 separate 1 days training for managers, supporting staff with disabilities and making reasonable adjustments
- 1 half day training to our occupational health providers and new HR managers on the effective management of mental health in the workplace
- 2 separate half day training for trainers, making reasonable adjustments in training for disabled staff
- 2 separate 1 days training on ‘Delivering Better Care for Trans people’

We continue to maintain a high level of compliance with the mandatory equality and human rights e-learning (March 2014 -92%). Our training for managers, which covers equality and relevant aspects of the Equality Act, has been completed by 91.74% managers.

The DAG and LEN (see 3.4 above) continue to increase awareness and are involved in actions within the trust in the areas of disability and mental ill health. Some examples are:

- reviewing the trust’s reasonable adjustment toolkit
- looking at the processes for ensuring that reasonable adjustments are in place for disabled staff as new and existing employees.
- reviewing the current support for managers
- Looking at ways of raising awareness of disabled staff using the intranet, internet, e-mail and Oxleas media
- Guidelines for staff and managers, which will support the reciprocal agreement in practice (an agreement allowing Oxleas staff to use mental health services in other trusts)
- Developing a tender for a training package for line managers focussing on supporting staff with lived experience of mental ill health and making reasonable adjustments.
• Commenting on the Occupational health tender, and representation on the forthcoming OH tender panel
• Developing an Action Plan, in preparation for signing the Time to Change Pledge

We have entered the Stonewall Workplace Equality Index top 100 this year, positioned at number 52

We continue to support and develop the BME and LGBT networks, and have developed the partnership agreement, in order to recognise their role within the trust

We continue to produce annual reports that review protected characteristics. These reports cover:

• Staff survey (Ethnicity, Gender, Disability, Age)
• Discriminatory Incidents against staff (Ethnicity, Sexual Orientation, Gender)
• Workforce and CPD (Ethnicity, Gender, Sexual Orientation, Religion, Disability, Marriage and Civil Partnership, Age)
• Service user group
• Disciplinaries (Age, Gender, Sexual Orientation, Ethnicity)

We have sound evidence to show that we have made progress in 4 areas (disability, ethnicity, gender, and sexual orientation). We have some evidence to indicate progress against the other remaining protected characteristics.

Objective:
To increase the availability of leadership and development opportunities by 20%, monitored to ensure that priority is given to under represented groups

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<thead>
<tr>
<th>EDS Grade:</th>
<th>Workforce data</th>
<th>Dec 2013</th>
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<tbody>
<tr>
<td>N/A</td>
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Analysis of access to leadership and development opportunities by Protected Characteristic is attached as Appendix A.

The report indicates positive progress in relation sexual orientation, religion and belief and age. Further work is needed to increase participation in leadership development by staff with protected characteristics, to support the development of a more diverse organisational leadership for the future.
Appendix A
LEADERSHIP DEVELOPMENT EQUALITY ANALYSIS
FEBRUARY 2014

Introduction

In recognition of the relative under-representation of staff with some protected characteristics at senior levels in the organisation, the trust agreed an Equality Objective to ‘increase the availability and uptake of leadership development by 20%’. To support progress evaluation, baseline monitoring data was analysed on 11th November 2012. A second data set, reflecting a year’s worth of learning activity since that date (to 11th November 2013) has now been analysed. The findings and commentary are summarised here, structured by protected characteristic.

Data Coverage (Leadership Development and Protected Characteristics)

A strict definition of leadership development opportunities was taken in this analysis, capturing all learning specifically focussing on leadership and/or management skills accessed externally (rather than more general CPD activity in support of the development of clinical specialism etc). For the avoidance of doubt, the data set did not include any e-learning, mentoring or internally delivered learning although a range of such opportunities were made available, targeted at specific parts of the workforce. This approach was selected as it could most directly address the issue of development of staff towards more senior / leadership positions within the organisation.

It is worth noting that overall uptake of leadership development has increased more than three fold between November 2012 and November 2013, although it is worth noting that this was from a rather low baseline. The focus of this analysis is therefore on the aspirational aspect of increasing participation by staff with protected characteristics.

In terms of protected characteristics, data available in the Electronic Staff Record system was used to address 6 of the 9 protected characteristics, where this is held. No data was available for this analysis in relation to Pregnancy / Maternity, Transgender or Marriage / Civil Partnership).

Age

In relation to this protected characteristic, uptake by younger (aged under 30) and older (aged over 50) workers was compared to other age groups. Of the staff who accessed external leadership development between November 2012 and November 2013, in
excess of 35% were aged either under 30 or over 50. This represents a significant increase against the baseline a year ago where these groups accounted for just 18% of activity. At the time of writing this report the proportion of these staff within the workforce is 46%, giving good assurance of uptake and evidence of significant over-achievement against the 20% increase target.

**Disability**

Just under 6% of staff who accessed external leadership development between 2012 and 2013 identified as having a disability. Whilst this number is greater than the proportion within the workforce overall (3%), continued focus is required to improve participation in leadership development by staff with disabilities. In the previous year’s baseline activity 9% of leadership development was accounted for by staff with a disability, giving evidence that we can further improve uptake. It should be noted that these trends must be treated with caution due to the small numbers involved.

**Ethnicity**

Given the small numbers in some parts of the data set overall, to support meaningful analysis in this area, leadership development uptake of BME staff was compared with that of White British staff (in preference over more detailed analysis). 47% of leadership learning accessed between 2012 and 2013 was taken up by BME staff. This is roughly the same proportion as the previous year (46%) and slightly above the percentage of BME staff in the workforce overall (44%). Further work is therefore required to increase BME staff participation in leadership learning to achieve the objective in relation to this protected characteristic.

**Gender**

Female staff accounted for just under 77% of the leadership development activity accessed in the last year (to November 2013). Whilst this represents an improvement against the 2012 baseline (73%) and is broadly reflective of the proportion of female staff in the workforce (79%), more work is needed to increase uptake by female staff to support increasing the proportion of women at senior levels within the trust.

**Religion and Belief**

Excellent progress has been made in this area in the last year. In November 2012, 36% of those who had accessed leadership development identified with a religion or belief system. This proportion increased to nearly 89% by November 2013. Uptake is also extremely positive in comparison with the workforce overall. 47% of our staff overall identify with a religion or belief system. The target has therefore been significantly exceeded in this area.
Sexual Orientation

We can evidence good progress in uptake of leadership development by LGB people, who accounted for 3% of activity in 2013 but were not represented in the 2012 data set at all. The figure also looks positive in relation to the wider workforce where 2% overall identify as LGB. It should be noted however that the numbers are very small, so there is no room for complacency to continue to support the development of future LGB leaders.

Overall Findings

Whilst we have made some positive progress (in relation sexual orientation, religion and belief and age), further work is needed to increase participation in leadership development by staff with protected characteristics, to support the development of a more diverse organisational leadership for the future.

Oli Setikovská
Acting Head of Learning & Development
11th February 2014