

## NHS Equality Delivery System (EDS) 2

### Oxleas EDS2 Progress Report February 2020 – Plain text version

#### Oxleas' Equality Objectives for 2019/20:

- Implement the Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) action plans
- Develop an Equality and Human Rights Strategy Framework
- Develop a staff disability network
- Relaunch the Lived Experience Network

#### Headline Good Practice Examples of EDS2 outcomes:

- Support Network and Engagement tool for service users
- Active staff networks (BME, Disability, LGBT+ and Lived Experience)
- Executive champions for staff networks
- We achieve consistently high levels of patient satisfaction
- We keep our service users and patients safe
- 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

**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, adult learning disabilities services, public health services and prison health care. These services are commissioned by local CCGs 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:

- Making more effective use of our combined in-patient beds across south London, reducing out of area placements, reducing distance from home and reducing readmissions by providing more community based support for children and young people
- Supporting complex patients, typically with a diagnosis of psychosis and significant co-morbidities and challenging behaviour, out of restrictive and long-term care into proactive rehabilitation, care and accommodation closer to home
- Developing an innovative Community Forensic Learning Disability and Autism Spectrum Disorder (LD / ASD) service, bringing new specialist care and support to people

**Score:** **Achieving**

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

- Patient and carers communication needs are identified, recorded on RIO, flagged and met (based on RIO data up to December 2019)
- Our secure service patients are involved in the development and review of their individualised care plans
- The Greenwich IAPT service have been using a range of therapy delivery methods to enable people who find it difficult to attend for face to face appointments to access the service. People with specific requirements around appointment time/day due to work commitments, carer responsibilities, child care arrangements and disability requirements/needs can have access to the service via telephone or on-line referral. Patients can receive therapy via face to face, telephone, on-line or video-conference. The service is also using an external therapy provider (Dr Julian), via video conference or the telephone, that is available up to 11pm weekdays and at the weekend. The service uses Silvercloud, an online guided self help psycho-education package. Patients can access this at any time of the day or night, and the therapists interact with the patient via the text messaging system within the Silvercloud portal
- Accessible Information Standards working group has been established to support staff in identifying when children and young people and their parent/carer have additional communication requirements. These are recorded onto RIO to ensure professionals are aware and communicate effectively.
- 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 e.g. the use of talking mats
- Care plan audits take place to ensure that all health needs and interventions are patient centred and the voice of the child is heard throughout the process
- Pilot took place in which parents were offered skype appointments for gait clinics in physiotherapy to prevent them having to bring the child to clinic if parents struggle to make appointments
- Under 5 drop-in clinics were established 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 more 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
- Variety of devices used to ensure a child voice is heard eg talking mats for non verbal children
- Physical health clinic in Greenwich CAMHS, health clinic offered to all young people who are in the high risk team.
- All CYP 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

Trust-wide:

- A Support Network and Engagement Tool is completed for all service users.
- 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 our bimonthly Clinical Effectiveness Group and are available for local teams to view online. Summary directorate results are distributed in the form of SPC charts on a monthly basis.
- Below are some of the core audit questions with **Question / Baseline average / Most recent results average [All results are % answering "Yes" to each question]**
  - Q1. Has a risk assessment been completed during this episode of care? **89.97% / 91.83%**
  - Q2. Has the risk assessment been reviewed in the last 6 months? **90.01% / 91.20%**
  - Q3. Does the care plan address increased risks that have been identified in the risk assessment? / **86.1% / 88.2%**
  - Q4. Is there evidence that the service user has been involved in development of their care plan? **86.0% / 88.2%**
  - Q5. Has a copy of the care plan been given to the service user? / **66.7% / 76.0%**
  - Q6. Is there evidence that the service user's support network has been involved in the development of the care plan? **61.34% / 62.62%**
  - Q7. Has a copy of the care plan been given to the service user support network? **39.89% / 41.76%**

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 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
- Direct handover of cases Health Visitors to school nurses
- Direct handover cases Family nurse partnership to HV
- 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

- Transition CQUIN in CAMHS (ended March 2019). Aims were to ensure young people were actively involved in all stages of treatment and have a robust containing transition into adult providers, this has been done through a transition meeting, 6 months prior to the 18 birthday between CAMHS, AMHs and the young person, completing pre and post transition questionnaires to ensure feedback had been gathered about the experience and a regular CAMHS/AMH Steering group. The steering group has enabled relationships to be improved across CAMHS/AMHS and allowed information sharing regarding the clients transition. This pathway has ensured the transition is smoother and young people feel more informed about the changes to care and treatment when they enter adult services.
- Pre-admission planning for admissions to forensics and learning disabilities inpatient services.
- When patients move from 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**

- 0 Never Events in 2018/19 (0 in 17/18)
- Avoidable Pressure ulcers in 2018/19 – 0 category 2 (0 in 17/18) and 30 category 3, 4 and above (18 in 17/18)
- 0 cases of MRSA bacteraemia in in-patient settings in 18/19 (0 in 17/18)
- 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
- Restraint figures in 2018/19 were: 99 prone restraints and 126 supine restraints
- 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 nursing services
- Hydrotherapy competencies undertaken yearly within Physiotherapy
- Access to training opportunities

- Specialist supervision to ensure 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.
- Yearly mandatory CAMHS Safeguarding training day
- 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 ECB.

Trust-wide:

The 2018/19 Annual Report provides information on Trust performance against the Patient Safety Priorities with highlights as follows:

**1. Falls**

- We have an established falls group which develops and implements guidance audits and reviews all serious incident investigations for falls.

**2. Deteriorating Physical Health**

- We have included physical health monitoring forms in the patient's electronic record system to ensure the monitoring of physical health observations.
- All wards have now been trained in NEWS2. Quarterly audits are completed.

**3. Pressure ulcers**

- We have a well-established pressure ulcer panel reviewing all root cause analysis investigations. We have updated the pressure ulcer policy in line with 2018 NHSI guidance. We have established and successful PUPS (pressure ulcer prevention strategy).

**4. Reducing Violence and Aggression**

- We have established QI projects to reduce violence and aggression.
- We have held focus groups with teams and developed a film of clinicians sharing experiences of violence and aggression.
- We have implemented the Broset assessment tool.

**5. Reducing restraint**

- We have reduced the number of restraints over the last 12 months including the use of prone restraint (face down) in comparison to supine restraint (face up, on back) through provision of training.
- We have made physical health monitoring after rapid tranquilisation a Trust priority.
- We have co-designed a restraint reduction strategy with service users

**6. Serious Incidents**

- We have provided regular embedded learning events on themes from serious incident investigations

## 7. Learning from deaths

- We have an established suicide prevention strategy.
- We have implemented enhanced training for clinical using STORM training.
- We have implemented Safe Wards
- We have commenced 'DICES risk assessment and management system' training.
- We have implemented the NHSI resources to assess safe, sustainable and productive staffing on all inpatient units and conduct regular reviews.

Score: *Achieving*

### 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 delivers 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 YP 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.

Trust-wide:

- Information available in different formats. Translated into other languages. Interpreters can be booked for both face to face 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 BAME communities in Greenwich
- Access to Chaplaincy offered within inpatient services
- Equality and Diversity Training for staff (E-Learning and face to face)
- 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

Score: *Achieving*

## **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 97% for the years 2018/19 and 2017/18
- 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)

Score: *Achieving*

## **2.3 People report positive experiences of the NHS**

- Patient survey data shows levels of patient satisfaction remain consistently high. In 2018/19 92% of patients would recommend the Trust's services to friends and family. A total of 24,006 patients/carers answered this question compared to 17,540 in 2017/18 with a score of 92%.
- 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 2018 - 31 March 2019, of the 323 complaints received, 60% were closed within timescale compared to 58%, of the 289 complaints received, during 1 April 2017 - 31 March 2018.
- Of those complaints responded to in 2018/19 55 out of 323, 17% were reopened as the complainant was dissatisfied with our initial response. This is in comparison to 41 reopened out of 290, 14% for 2017/18.
- Between 1 April 2018 to 31 March 2019, **9** complaints were referred to the Parliamentary and Health Service Ombudsman (PHSO) compared to **5** for the same period in 2017/18.
- Of the 9 complaints referred to the PHSO in 2018/19, 5 were found to have no case to answer/not upheld, 2 were upheld, 1 partly upheld and 1 referred back to the Trust to

deal with as a complaint as it was referred to the PHSO prematurely.

- Of the 5 complaints referred to the Ombudsman 2017/18, 4 were found to have no case to answer/not upheld and 1 referred back to the Trust as a complaint as it was referred to the PHSO prematurely.
- 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.

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
- Fair Review process for Band 8c and above (to be extended to Band 8a and above by March 2020)
- 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 managers 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 BAME short-listed candidates are less likely to be appointed than White candidates. Actions to address this are in our Workforce Race Equality Standard (WRES) action plan
- A Workforce Disability Equality Standard (WDES) action plan is in place
- 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 a Mindful Employer
- In 2019 44% of Oxleas staff were BAME. This includes 7% who are White Irish or White Other. This means that Oxleas employs a larger percentage of BAME people than is represented in 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	2018
Average pay difference	14.36%	12.38%
Median Pay Difference	12.57%	10.85%
Average Bonus Difference	59.08%	44.40%
Median Bonus Difference	72.73%	32.32%

*\*the data in the columns for 2017 and 2018 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 12.38% on average to 6.53%.
- Although we are conscious of the continued disparity in relation to “bonus” payments that apply only to the smaller medical consultant workforce, we are very encouraged by the marked improvement in this area as well. The medical consultant workforce accounts for 2.5% of the overall workforce. The medical consultant workforce that is eligible to apply for the clinical excellence awards in any year only accounts for 2% of the workforce. These small numbers can result in the pay differential appearing starker.
- Recent work with doctors has resulted in a significant increase in the number of female consultants who have applied for the excellence awards. Thus we believe there will be further positive improvement next year.

**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 offer both face to face and e-learning options for staff to choose from, particularly where mandating completion.
- We actively encourage staff to advise us of any access or communication needs prior to participating in our learning, either by signposting needs 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.
- 72% of respondents to the 2018 Staff Survey reported having accessed non-mandatory training in the previous 12 months.
- 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 consistently maintain high mandatory updating compliance rates, 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 95% (dips were associated with

introduction of new expectations). We do not exclude any absent staff from analysis, so 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 906 specific learning events, 93% of respondents rated overall event quality as either 'excellent' or 'good'. Content usefulness and relevance was rated positively in 92% of cases and facilitator effectiveness and knowledge in 96% of cases.

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

- There is a Bullying and Harassment action plan in place
- Our “It’s not OK” initiative in 2018/19 on tackling violence and abuse from patients, service users and relatives towards our staff included guidance for staff and managers, posters aimed at patients / public, letter template to be used after an incident. These resources are on our intranet. Advice and support is available from our Local Security Management Specialist
- A Quality Improvement project at one in-patient unit in 2017/18 demonstrated how regular OT led activities for service users improved their mental wellbeing (measured by mood cores) and reduced incidents of violence and aggression towards staff
- In 2019 we trained 50 peer facilitators and launched the peer facilitation programme which is aimed at resolving conflict at an early stage
- Evidence from our 2018 staff survey shows:
  - 16.5% of staff have experienced physical violence at work from patients/service users, families or members of the public, which is higher than the average of 13.4%
  - 0.8% of staff have experienced physical violence from a manager (average is 0.5%)
  - 1.7% of staff have experienced physical violence at work from colleagues (average is 1.1%)
  - 30.6% of staff have personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or the public (average is 26.3%)
  - 11.9% of staff have experienced harassment, bullying or abuse at work from managers (average is 10.8%)
  - 19.3% of staff experienced harassment, bullying or abuse at work from colleagues (average is 16.3%)

**We anticipate that our 2019 staff survey data will show a continued need to focus on the various initiatives to reduce incidents of violence and aggression towards staff, whilst recognising our performance relative to similar local trusts.**

**Score:** *Achieving*

#### **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 2018 score is 60.6% compared to 57.7% in 2017 and is **above average** compared to other combined NHS trusts.

Score: **Achieving**

### 3.6 Staff report positive experiences of their membership of the workforce

- The 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:
  - 59.1% of staff say they look forward to going to work (same as average)
  - 72.9% of staff say they are enthusiastic about their job (average is 74.5%)
  - 75% say times passes quickly when they are working (average 79.1%)
- Our score for staff believing the organisation provides equal opportunities for career progression / promotion is 81.3%. This is compared to an average of 85.8% for other combined NHS trusts
- Levels of satisfaction with resources and support show that we score **above average**:
  - 59.3% of staff say they have adequate materials, supplies and equipment (average is 58%)
  - 35.1% of staff say there are enough staff to enable them to do their job properly (average is 32.3%)
- The score for staff feeling that the Trust and managers are interested in and take action on health and wellbeing is 27.5% compared to an average of 30.9% for combined NHS trusts
- The score for staff recommending the Trust as a place to work or receive treatment is **above average**: 62.1% (average 59%) and 66.2% (average 66.2%) respectively
- On NHSI assessments carried out as part of our retention action plan we score highly

Score: **Achieving**

## Goal 4: Inclusive Leadership

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

- 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, LGBT History Month and Lived Experience events
- BME event at the South London Partnership.
- Our Chief Executive speaks at all the inclusion events held at Oxleas
- Oxleas had a strong visibility at London Pride 2019 with board members attending with Oxleas staff.
- 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 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 on policies, organisational changes and strategies, but these are not always done.

**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
- Supporting Trans staff policy in place
- Special Leave policy in place, supporting staff who are parents, carers or have a disability
- LGBT+ Awareness training available
- Disability Confident Level 1 Employer
- Mindful Employer
- Lived Experience Practitioners act as role models for staff with lived experience of mental health issues
- Our staff survey results show:
  - 75.2% of staff say they get support from their immediate manager. This is compared to the average of 74.6% for combined NHS trusts
  - 75.8% of staff say their immediate manager encourages them at work, compared to an average of 75%
  - 74.3% of staff say their immediate manager takes an interest in their health and well-being (average is 74.4%)
  - 10.1% of staff say they have personally experienced discrimination at work from a manager/team leader of other colleagues
  - 71.8% of disabled staff say Oxleas has made adequate adjustments to enable them to carry out their work (average is 77.3%)
- Workforce data indicates a significant difference between BAME and White Staff's experience and some differences between Disabled and non-disabled staff's experience. Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans are in place

**Score:** *Developing*