

Title:	Diversity and Inclusion Annual Report 2016/17
Action:	FOR DECISION
Meeting:	12 July 2017

Purpose:

We are committed to providing personal, fair and accessible services to our diverse communities, promoting equality and diversity in the work place and eliminating discrimination in line with our responsibilities under the Equality Act 2010. This includes our duty to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

We use the Equality Delivery System (EDS2), as a tool to help us to deliver against our statutory requirements in relation to our staff and service users.

This paper updates the board on the outcomes of our annual Equality and Diversity performance for 2016/17 and outlines our proposed Equality Objectives for 2017/18. It also sets out the proposed outcomes following the staff rating event for the two EDS workforce objectives, and proposes the areas for action and 2 specific Trust Workforce EDS objectives for 2017/18. The report also provides the Board with an update on performance against Workforce Race Equality Standard and the implementation of the new Accessible Information Standard, which came into effect on 31 July 2016.

The paper will provide an update on the work of the Diversity and Inclusion Steering Group and its subgroups, namely the Workforce Diversity and Inclusion Group and the Patients and Service Users Group which was introduced in 2016/17.

Recommendation:

The Board is asked:

1. To note the Trust's performance against the Equality and Diversity Outcomes for 2016/17.
2. To approve the proposed Equality Objectives for 2017-18
3. To review and approve the 2017/18 Improvement Plan.
4. To review the attached Workforce Race Equality Standard action plan.

	Name	Title
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Executive sponsor:	Anita Pisani	Deputy Chief Executive and Director of Workforce and Service Re-Design

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	By having a workforce reflective of the population we provided care to and or being sensitive to the diverse needs of the population.
Collaborate with other organisations	The paper demonstrates how the Trust works in collaboration with our NHS partners and other stakeholders across the system in the effective delivery of our services. The Trust recognises its public duties under the equality act to work with other statutory bodies to promote equity of access and remove discrimination and promote understanding between people with different protected characteristics.
Be an excellent employer	This paper sets out areas of good practice and areas for improvement in supporting diversity and inclusion in our workforce and eliminating discrimination.
Be a sustainable organisation	The report provides an update on how the Trust is managing the funding reductions while ensuring that no groups are disadvantaged.

Trust risk register

N/A

Legal and Regulatory requirements:

The setting of Equality Objectives and annual review of performance relates to the Trust's compliance with the Equality Act (2010).

The report also provides an update on the Workforce Race Equality Standard (WRES) and Accessible Information Standard for NHS Trusts.

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	<p>The report provides feedback on performance against the Equality Outcomes and proposes areas of focus for the Equality Implementation plan for 2017-18.</p> <p>By ensuring staff have the knowledge skills and values which ensure they provide services to our diverse population equitably, taking proactive steps to reach people in hard to reach minority groups.</p>							
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	<p>By ensuring staff have the knowledge skills and values which ensure they provide services to our diverse population equitably, taking proactive steps to reach people in hard to reach minority groups.</p> <p>This report highlights examples of the work being undertaken by the Trust's services to engage with hard to reach / seldom heard / varied community groups.</p>							
Achieve an improvement in the percentage of staff who report that they are able to access training and education opportunities	By promoting zero tolerance of bullying violence and aggression from any source towards trust staff.							
Ensure that the Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified	By taking action to address areas of underrepresentation by BME staff and address areas of inequity where it takes place within employment related practices and processes.							
Are any of the following protected characteristics impacted by items covered in the paper								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1.0 EXECUTIVE SUMMARY

The Equality Act 2010 places a statutory duty on public sector organisations, such as Cambridgeshire Community Services NHS Trust to fulfil its Public Sector Equality Duty.

The PSED has three aims. It requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

To meet these duties, the Trust has adopted the process outlined in the Equality Delivery System (EDS) and subsequently the second iteration (EDS2), an equality framework developed by the NHS Equality & Diversity Council to ensure a robust approach to how NHS organisations meet their duties under the Equality Act.

This leads the Trust to undertake an annual staff and stakeholder review of our performance against an Equality and Diversity Outcome Framework, and use this to formulate a set of Equality Objectives and annual Equality Improvement Plan.

Annual Review of Performance

As part of the 2016-17 assessment of the Trust's progress against the Equality and Diversity outcomes, the Trust has undertaken the following:

- A review of Healthwatch feedback for any comments/issues relating to equality and diversity or which could be aligned to the equality outcomes.
- A review of patient survey and complaints feedback for any comments relating to equality and diversity or which could be aligned to the equality outcomes.
- Staff-side and all staff were invited to an EDS Grading Panel event in May 2017.
- Feedback was invited through the comms cascade and Trust website.
- In addition, the Trust's staff-side committee were given oversight of all EDS documentation and evidence for evaluation and feedback.
- A review of whistleblowing cases reported raised between March 2016 and April 2017

The event outlined above was informed by an evidence pack documenting examples of good practice in equality and diversity across the Trust; this is attached at Appendix A for reference.

Feedback was broadly positive and stakeholders make a number of suggestions for work that could be undertaken during the next year.

The Trust's performance against the 4 equality objectives since March 2016 is outlined **Appendix 1**.

2.0 WORKFORCE

To support the two workforce EDS objectives and to take action in line with the Workforce Race Equality Standards, the Trust introduced unconscious bias training and awareness raising during 2016/17. Face-to-face training is now being delivered as part of our Trust induction for all new staff and at our training for new line managers. It is also now part of

our recruitment and selection training for anyone actively taking part in recruitment. The next step will be a roll out of an e-learning package to deliver unconscious bias training to all staff.

During 2016/17 the Trust supported the formation of a self-managed and staff led diversity and inclusion network, to help us create a fairer and more diverse workforce. The network provides a forum for our staff to come together, drawing from their own experiences to celebrate diversity, share ideas, raise awareness of challenges, provide support to each other and identify improvement actions.

In the last 12 months, the Trust began work with the Royal College of Nursing to introduce the role of cultural ambassadors. This initiative is now being implemented. A cohort of volunteers from our senior black and minority ethnic (BME) workforce have been trained to act as critical friends at internal people management procedures such as, disciplinary and grievances involving BME staff to ensure the process and decision making is fair and advise the panels.

The Trust has also introduced a mentoring scheme for BME staff, which was launched during our equality, diversity and human rights week in May 2016. In addition, the Trust raised awareness on a range of equality and diversity matters. The week's communications activity culminated in the publication of a revised cultural awareness information pack for all our staff to access and use within their localities, to support our work within the diverse communities we serve.

The Trust also supported a number of BME staff to undertake the national programmes of leadership development for BME staff, delivered by the NHS Leadership Academy and promoted our support for International Women's Day in March 2017.

The Trust implemented an awareness campaign on valuing diversity led by our Chief Executive. We also revised our Trust policies to enhance our zero tolerance approach towards violence, aggression and abuse towards our staff from members of the public; including new posters now on display in all public facing areas of our sites. This action was a direct response to concerns raised by staff following discriminatory remarks made to our diverse staff from members of the public.

2.1 Staff Survey Results

The National NHS Staff Survey for 2016 ran between October 2016 and December 2016. The Trust surveyed electronically all substantive staff in post as at 1st September 2016; excluding those who were unable to participate due to not being at work with an overall response rate of 55%.

As required for the Workforce Race Equality Standard, 3 key findings and one question are split between White and Black and Minority Ethnic (BME) staff. These are:

- KF25 - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- KF26 - % of staff experiencing harassment, bullying or abuse from staff in last 12 months
- KF21 - % of staff believing that the organisation provides equal opportunities for career progression or promotion
- Question 17b – In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?

The Trust scored better than the national average in all 4 areas; 3 out of the 4 indicators having improved since 2015. However, key finding 21 has decreased for our BME staff.

2.2 Key points from Workforce Rating Event

2.2.1 10 members of staff from a mix of corporate and front line roles took part in the rating event.

2.2.2 The panel reviewed the available against each outcome for the two workforce related objectives and debated the draft proposed rating and agreed a revised proposed rating in some cases.

2.2.3 The panel proposed actions for 2017/18 to further support the workforce Diversity and inclusion agenda.

2.2.4 The panel discussion led to the formation of the proposed two Workforce EDS Objectives for 2017/18.

2.3 The rating panel proposed a changed rating from the 2016 rating for 3 of the 9 outcomes. In all three cases increasing the rating from Achieving (A) for outcomes to Excelling (E):

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

2.3.2 Staff report positive experiences of their membership of the workforce.

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

2.4 The panel recommend retaining the 2016 ratings for the remaining 6 outcomes.

2.5 Proposed Workforce EDS Objectives 2017/18

Based on the feedback at the rating panel, the following workforce EDS Objectives are proposed for 2017/18:

2.5.1 Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.

2.5.2 Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the trust board from more diverse backgrounds.

3.0 PATIENTS AND SERVICE USERS

The Trust is deeply committed to improving the access, experiences, health outcomes and quality of care for all our patients and service users in the diverse communities we serve. This work is led by the Patient and Service Users' Group.

3.1 Patient and Service Users' Group

In 2016, the Trust established a Patient and Service Users' Group; a sub-group of the Diversity and Inclusion Steering Group. The purpose of the group is to provide visible leadership on equality and diversity; to improve the access, experiences, health outcomes and quality of care for all our patients and service users.

Membership of the group includes representatives from frontline clinical services as well as patient experience team.

3.2 Accessible Information Standard

From 1 August 2016 onwards, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. During the year we implemented the Accessible Information Standard bringing together key internal stakeholders to conduct a gap analysis and develop an action plan. All due actions have been implemented and are now being monitored by the Patient and Service Users' Group. Our commissioners have also provided independent oversight of the Trust's implementation of the Accessible Information Standard.

In February 2017, the Trust undertook a self-assessment to review the implementation of accessible information standards. This assessment identified further actions which have now been implemented. Additional actions are ongoing and have been included as part of the 2017/18 improvement plan.

3.3 Safeguarding and community inclusion

Cambridgeshire, Peterborough and Norfolk Local Safeguarding Children Boards were funded by the Department for Education to undertake an innovative project that pools knowledge and concerns across the Boards to improve the effectiveness of safeguarding practice. As part of this project, they undertook a culture and diversity research project. The Trust's Safeguarding team is working collaboratively with the Local Safeguarding Children Boards to implement recommendations identified in this research project.

3.4 Prevention and management of clinically related challenging behaviour

The Trust is also utilising NHS Protect tools on 'meeting needs and reducing distress.' This is an initiative with the aim of ensuring that staff working in NHS healthcare services can safely prevent and manage challenging behaviours, while delivering high quality care in a safe environment.

3.5 Proposed Patients and Service Users EDS Objectives 2017/18

Following an annual review, the Patients and Service Users EDS Objectives are proposed to remain the same for 2017/18 as follows:

- 3.5.1 Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require.
- 3.5.2 Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups.

4.0 THE EQUALITY IMPROVEMENT PLAN FOR 2017-18

The Trust's Equality Improvement Plan has been refreshed to support achievement of the 4 proposed objectives.

The key themes within the Equality Improvement plan under each objective are as follows:

1. Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require
<ul style="list-style-type: none">○ To continue to review and report any complaints or PALS queries that relate to an inability to access our services.○ Work with the patient experience team in developing an enhanced approach to

<p>engaging with all patients and service users across our communities as part of the ongoing review of the Trust's patient experience and engagement function.</p> <ul style="list-style-type: none"> ○ Undertake work to continue to raise awareness and ensure standardisation of Accessible Information Standard across the Trust. ○ Support Internal Audit of accessible information standard and implement any recommendations from the audit.
<p>2. Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups</p>
<ul style="list-style-type: none"> ○ Diversity & Inclusion Steering Group to support the development of a refreshed patient engagement strategy. ○ Work with the patient experience team in developing an enhanced approach to engaging with all patients and service users across our communities as part of the ongoing review of the Trust's patient experience and engagement function. ○ Support the Patient Experience team to undertake an assessment of all the patient engagement work being done at service level. ○ Implement the recommendations from the children and young people in Cambridgeshire with special educational needs and/or disabilities (SEND) Ofsted report.
<p>3. Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.</p>
<ul style="list-style-type: none"> ○ Monitor trends, including through a review of staff survey data on Bullying and Aggression. ○ Targeted support to teams reporting high levels of bullying and aggression ○ Roll out of the unconscious bias e-learning package. ○ Fully implement and embed the Cultural Ambassadors' programme. ○ Widely promote the Cultural Diversity information and promote its use for relationships with colleagues as well as service users. ○ Run a Trust anti-bullying week and promote 'what if' conversations with a safe advocate. ○ Include positive feedback in the appraisal audit to identify exemplar teams and share best practice. ○ Implement 'you said, we did' following appraisal audits and make audits more timely (e.g. within 2 weeks of appraisals).
<p>4. Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the trust board from more diverse backgrounds.</p>
<ul style="list-style-type: none"> ○ Review Equality and Diversity data for all education and training bookings. ○ Continue to support the work of the Diversity Network in Luton and promote establishment of similar networks in other localities who express an interest. ○ Continuation of bullying and harassment action plan, using data from the Race Equality Standard and feedback in the staff survey. ○ Review the Equality Impact Assessment policy and guidance. ○ Roll out of the unconscious bias e-learning package. ○ Seek innovative methods to have representation on the Trust Board from more diverse backgrounds. ○ Review flexible working policy to build in a review period if request turned down in case the situation at work has changed. ○ Work with ESR national team to influence the addition of gender reassignment data

- recording in ESR.
- Review how to support staff to feel comfortable to report against the 9 protected characteristics in their workforce data. Particular focus will be paid to characteristics like disability where workforce data seems to indicate low reporting.
- Undertake a review of reasons why staff are being turned down study leave requests to ensure no particular groups are being disadvantaged.
- Review the use of web based technologies for staff training.
- Review lessons learnt from job banding review cases and make the process easier to access for staff making the potential outcomes more explicit.
- Raise awareness to ensure managers are providing sufficient time for staff to undertake training during working time or TOIL or payment made if undertaken out of working hours.

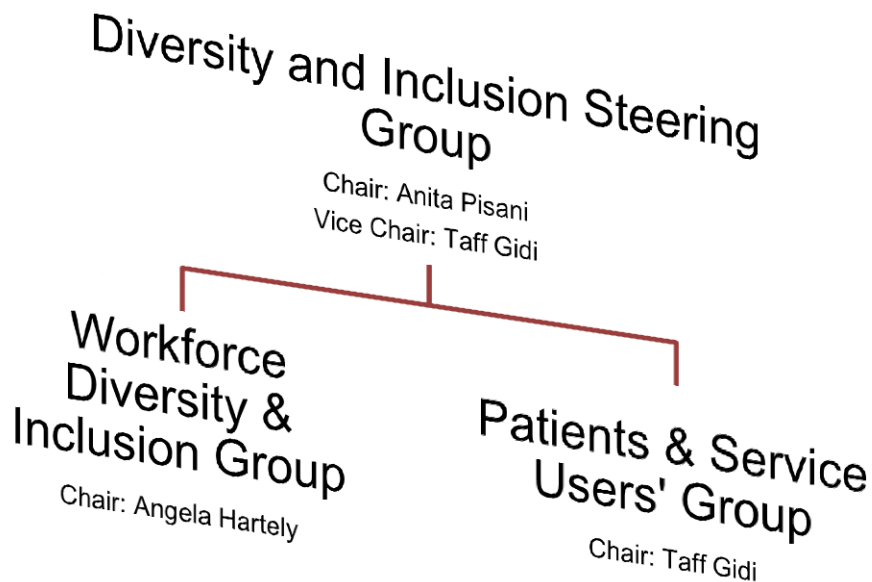
4.0 EMERGING ISSUES

The Race Equality Foundation, with the support of NHS England, is currently working with NHS commissioners, local health providers, voluntary and community organisations, and patients and carers to scope, and develop a Community Languages Information Standard. The standard will help to commission good quality interpreting services across the NHS. The Trust will engage with all relevant stakeholders to input into the development process.

The Workforce Disability Equality Standard (WDES) will be coming into effect in from April 2018 and will be mandated under the NHS Standard Contract. The Trust has developed an action plan, led by the Workforce team to implement this new standard.

5.0 GOVERNANCE STRUCTURE

The Trust’s governance structure for Diversity and Inclusion is outlined below.



6.0 RECOMMENDATIONS:

1. The Board is asked to note the Trust’s performance against the Equality and Diversity Outcomes for 2016/17

2. The Board is asked to approve the proposed Equality Objectives for 2017-18
3. The Board is asked to approve the 2017/18 Improvement Plan.

7.0 APPENDICES:

Appendix A: Equality & Diversity Summary Evidence Pack 2016 -17

Appendix B: Workforce Race Equality Standard



APPENDIX A - Equality & Diversity Summary Evidence 2016 - 17

Objective 1: Better Health Outcomes for All

Narrative: The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results

Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
<p>1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p>	<p>A</p>	<p>A</p>	<ul style="list-style-type: none"> • This is trended and analysed by the patient experience team on a regular basis. • Analysis of themes in qualitative feedback suggests that there is no significant difference between the experiences of those from protected characteristics and the experiences of patients overall. • In order to improve the quality of data collected, training in asking equality monitoring questions is offered to staff and patients and staff are supported by the patient experience team at the start of each run of surveys • The Trust is actively engaged in all relevant STPs and working collaboratively with STP partners to develop systemwide solutions to addressing the needs of all patients and service users. • All our iCaSH services are self-referral. • In 2016/17, the Trust established a subgroup of the Diversity and Inclusion Steering Group focused on patients/service users which also includes representation from the patient experience team and clinical services. • The Trust works collaboratively with commissioners to develop service specifications that meet the needs of the local population. • Service Example – The Trust’s Dynamic Health Service operates a self-referral service. The Physio Direct Advice Line is a telephone self-referral service which has been set up to provide early advice and management for adults with back/neck/joint problems or following injuries. 	<p>Survey Questionnaire and results</p> <p>Quarterly Reports</p> <p>Board papers</p> <p>Terms of Reference</p> <p>Service Specifications</p> <p>Patient Stories</p> <p>Physio Direct Poster</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<p>You do not need a GP referral to access this service. The service is for anyone over the age of 18 years who is registered with a Cambridge City/South Cambridgeshire/Huntingdon GP practice.</p> <p>AGE</p> <ul style="list-style-type: none"> • Patient Stories – The patient stories heard by the Trust Board from a range of patients of different ages. • Service Example – The Trust’s iCaSH in Peterborough runs a LGBTQ Youth Group for anyone aged 16-25 identifying as lesbian, gay, bi-sexual, trans or questioning (LGBT or Q). Peterborough has few LGBTQ friendly venues, and none for those between this age group. <p>DISABILITY</p> <ul style="list-style-type: none"> • A patient story was shared with the Trust Board on a parent’s view of Children’s services within Cambridgeshire including care pathways and experience with the Trust’s Speech & Language Therapy and Health Visiting services for children with down syndrome. The story included the parent’s view on care pathways and how children’s services should be designed to meet the needs of children with down syndrome and provide effective support to the parents. • Service Example – Norfolk Healthy Child Programme has redesigned its service offer for children and young people with additional needs and disabilities. This has included implementation of an annual contact with children and young people by an HCP practitioner, partnership work to improve referral to specialist services and work with families, Acute Trusts and complex needs schools to provide very early services and health support in community and school settings. <p>SEXUAL ORIENTATION</p> <ul style="list-style-type: none"> • Service Example - Specific services aimed at the LGBT community have an LGBT patient group, efforts are made to make the patient environments gay-friendly. For example, the Trust runs a LGBTQ Drop In session at Kings Chambers which offers one to one support and information, for anyone of any age. • Service Example – Our iCaSH service holds a number of outreach and engagement events 	



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<p>targeted at hard to reach communities in partnership with The Terrence Higgins Trust.</p> <p>RACE</p> <ul style="list-style-type: none"> • Service Example – In order to meet the diverse needs of their local population, our Luton Community Diabetes Service provides Living with Diabetes programmes, 1:1 diabetes support and diabetes mentorship delivered in English, Urdu and Bengali. The Luton Diabetes Service conducts outreach work with faith communities delivered by multi-lingual Diabetes Support workers through lectures and education events held at schools and community faith venues. The service also collaborates with GP practices that have a high BME patient prevalence and where language can be a barrier. Interpreters attend the event to ensure equal access to services. Additional funding is being allocated to increase the capacity and availability of multi-lingual educational programmes tailored to the needs of the communities. <p>PREGNANCY AND MATERNITY</p> <ul style="list-style-type: none"> • Service Example – The Trust’s Health Visiting service provides a range of support to pregnant and new mothers and new fathers including parenting support to include establishing sleep routines and behaviour boundaries; parental health e.g. where to access health advice; breast feeding and nutrition advice and child development advice. <p>The Trust also has an Infant Feeding team that provides support on Antenatal, Breast Feeding and preschool feeding.</p> <ul style="list-style-type: none"> • Service Example – Norfolk’s Healthy Child Programme has worked in partnership with midwifery services from three Acute Trusts and Norfolk’s children’s centres to develop an innovative antenatal course which is offered to all first time parents and vulnerable families across Norfolk, focussing on the importance of supporting positive attachment for parents and babies. • Service Example – Norfolk Healthy Child Programme has built upon learning and expertise within the Family Nurse Partnership to develop a pathway to offer individualised support to all teenage mothers and young fathers across the County. <p>CARERS</p> <ul style="list-style-type: none"> • Service Example – Norfolk Healthy Child Programme attended the Norfolk and Suffolk Young 	



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			Carers annual event to promote access and support to young carers through our ChatHealth service	
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	A	A	<ul style="list-style-type: none"> • Equality and diversity training is delivered to all new staff at induction. Additionally, equality and diversity is part of mandatory training for all staff. • The Trust conducted a training needs analysis on Safeguarding training in June 2016. Level 1 safeguarding training is delivered to all new staff at induction. Relevant safeguarding training specific to each job role is also part of mandatory training. • The Trust's Patient Involvement and Experience team as well as clinical services held patient engagement events. Examples of engagement events held in the Trust's Luton locality are as follows: <ul style="list-style-type: none"> ○ Paediatric Epilepsy Education and Community Outreach Events ○ Luton Family Nurse Partnership Focus Groups ○ Diabetes Education multi-lingual programmes • iCaSH Peterborough run an annual HIV day, when patients, carers and their family and friends are welcome to join us to talk to our clinicians, access talks and information about current topics in the field. • The Trust also uses local and social media to raise awareness of its services. Specific services like iCaSH and Oliver Zangwill Centre also have service specific websites. • In line with Accessible Information Standard, clinical services identify, record, flag, share and act on patients/service users access needs in order to ensure health needs are met in appropriate and effective ways. <p>AGE</p> <ul style="list-style-type: none"> • Service Example - A patient story heard at the board highlighted the huge amount of support the children's complex care team had given the family of a child with a difficult to manage condition, so that his parents could also spend time with their other children. • Service Example - Our Luton Specialist Epilepsy Nurses are giving young people the chance to attend virtual clinics and helping them to transition to adult services through pioneering software on their computers. Find out more here from the teenagers taking part in 	<p>ESR mandatory training compliance data</p> <p>Event posters/flyers and records.</p> <p>Service websites</p> <p>Safeguarding and community inclusion report; QISCOM Minutes and papers</p> <p>AIS action plan; AIS self-assessment; clinical systems data</p> <p>Board papers</p> <p>YouTube video</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<p>the programme - https://youtu.be/peJdiM90fyg</p> <p>DISABILITY</p> <ul style="list-style-type: none"> • Service Example – A patient experience report was presented to the Board on the ‘HeART of Stroke Feasibility Trial’ aimed at providing a holistic approach to a patient’s recovery from stroke and to take into consideration the psychological aspects and how this can be supported, encouraged and developed. • Service example - the Trust’s Dental Health service provides community dental services for people with special care needs. This service is available for people with a sensory impairment, physical or learning disability, mental health illness or a complex medical history, so they can be seen for regular dental care by a dental practitioner. This service is only available upon referral from a health professional in Cambridge, Ely, Huntingdon, Peterborough and Wisbech. • Service example – The Board received a report on the impact of the role of a Rehabilitation Instructor within Dynamic Health MSK on patients and the service. This is was a combine patient and staff story about a patient with nerve damage in the lower back who had become immobile and unable to work until receiving treatment from the service. After initial treatment from a physiotherapist, he was handed over to a rehabilitation instructor for longer term treatment and then eventually moved on to self-manage his condition. • Service example – In May 2016, the Trust undertook a gap analysis against the Accessible Information Standard and developed an action plan to ensure full implementation. In January/February 2017, the Trust conducted a self-assessment of its services to evaluate whether the Accessible information standard had been implemented. <p>RACE</p> <ul style="list-style-type: none"> • When English is not the first language of Service Users, interpreting services are offered to ensure that they continue to have good access to the information and advice that is being offered to them. For example, our drug service and respiratory service teams in Luton draw from the experience of their diverse staff to assist with interpretation and deliver culturally appropriate services. <i>This service has now transferred out of the Trust effective 1 April 2017.</i> • Leaflets are available in a variety of languages and fonts to suit those with disabilities or different mother tongues. We recently purchased software specifically to adapt leaflets into visual language for those with learning disabilities. 	



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<ul style="list-style-type: none"> • Service example – The Trust has an agreement with Deafblind UK for the supply of Communicator Guides for health appointments. • Service example – Our Safeguarding team collaborating with Local Safeguarding Children Boards to implement actions coming out of the Safeguarding and community inclusion report; research undertaken by Cambridgeshire, Peterborough and Norfolk Local Safeguarding Children Boards. <p>RELIGION</p> <ul style="list-style-type: none"> • Service Example – The religious needs of patients are assessed on admission to our inpatient wards and their care is tailored according to their needs. This may include special dietary requirements, providing a regular quiet place to pray, inviting their faith leader to lead a service etc. <p>RELATIONSHIP STATUS (e.g. married, single, civil partnership etc.)</p> <ul style="list-style-type: none"> • Service Example - Our drug service in Luton assess the impact of the patient's behaviour on the patient's partner. <i>This service has now transferred out of the Trust effective 1 April 2017.</i> <p>SEXUALITY</p> <ul style="list-style-type: none"> • Service Example - Specific services aimed at the LGBT community have an LGBT patient group, efforts are made to make the patient environments gay-friendly. For example, the Trust runs a LGBTQ Drop In session at Kings Chambers which offers one to one support and information, for anyone of any age. 	
<p>1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed</p>	<p>D</p>	<p>A</p>	<ul style="list-style-type: none"> • The Luton LAC team are currently working with the local Patient Engagement Manager to devise a Care Leavers' Survey to inform improvements required in the delivery of support to care leavers transitioning into adulthood. • Transfers of care: This can take a variety of formats: for example, daily allocation of care within a team, transfer of care within a team, transfer of care between teams, transfer of care between services or transfer of care between agencies. The Trust's services have service specific systems in place to ensure that there is the minimum disruption to the Service User. Service users are always included in the discussions to ensure that transfers enable continuity of care and allay any anxiety or fears. • Similarly, a summary of the transfer of care is recorded in the patient or service user's notes, 	<p>YouTube video</p> <p>Procedures for transfer of care for each service.</p> <p>SystemOne record</p> <p>Health Passport app documentation.</p> <p>Trust's safeguarding policies.</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<p>for example when a patient or service user goes into hospital.</p> <ul style="list-style-type: none"> Where appropriate, multi-disciplinary team meetings are held to discuss and agree any changes to the provider of a patient or service user's care. When more than one service is involved in a patient or service user's care, the case holder is the co-ordinator for the care, treatment or support. In line with accessible information standard, clinical services also share patients' accessible information needs when transferring patients in and out of the service to enable smooth continuity of care. <p>AGE</p> <ul style="list-style-type: none"> Service Example – In partnership with Primary Care and with input from many young people, Norfolk HCP is developing an innovative Health Passport app designed to improve health literacy and access to healthcare records for young people as they transition to adulthood. Transition between services - for example, In our Children's Health Visiting services in all areas, if a child is moving out of the area the records are sent via the Locality Safeguarding office, if applicable, as per the Trust's Safeguarding procedures. Each child's needs are individually assessed so that practitioners in the new area will be appropriately advised e.g. by direct telephone contact or a written summary of care at the point of transfer. Service Example – the Trust operates an integrated 0-19 children's service which enables smooth transition from 0-5 Health Visiting Service to 5 – 19 School Nursing Service. The services have a shared clinical record and are managed by the same service Manager. Service Example – The Luton Paediatric Epilepsy Service has held a number of patient and family engagement events to help parents/guardians and patients with the transition of care from Children's Services to Adult's Services. The objective was to provide support, guidance, information and material to help the patient and their families with the practicalities of managing their condition as they transition into adulthood for example how to manage symptoms through further education. A similar event was organised specifically for the South Asian Community to provide factual education on the symptoms, types, causes and treatment of Epilepsy but also and equally important was the need to address beliefs held by the communities regarding black magic and other such causes of fits and seizures and to help elucidate this matter. 	<p>Luton Paediatric Epilepsy Service engagement event documentation.</p> <p>Educational Health Care Plans</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<p>DISABILITY</p> <ul style="list-style-type: none"> • Service Example – In our Luton where the Trust runs both Children’s and Adults’ services, the process of transition starts at the age of 14 and they are transitioned by their 18th Birthday into Adult services. There are exceptions where they may be supported until their 19th birthday. There are regular meetings within Health, Education and Social Care to discuss the needs of these patients/service users. An Educational Health Care Plan (EHC) is written highlighting what the needs are going to be and the most appropriate place of transition is for the patient. For example, patients may be transitioned to Heywood House; a day care centre offering specialist health, social care and educational programme for young adults. For their medical needs the service works closely with their local paediatrician to identify the most appropriate adult consultant. • Service Example – Norfolk Healthy Child Programme has redesigned its service offer for children and young people with additional needs and disabilities. This has included implementation of an annual contact with children and young people by an HCP practitioner, partnership work to improve referral to specialist services and work with families, Acute Trusts and complex needs schools to provide very early services and health support in community and school settings. • Service Example - Our Luton Specialist Epilepsy Nurses are giving young people the chance to attend virtual clinics and helping them to transition to adult services through pioneering software on their computers. Find out more here from the teenagers taking part in the programme - https://youtu.be/peJdiM90fyg <p>VARIED NEEDS</p> <ul style="list-style-type: none"> • Service Example - The Luton Drugs Service work with Psychiatrist and Psychologist who work with people with mental health issues and are drug and dependent. <i>This service has now transferred out of the Trust since 1 April 2017.</i> 	
<p>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p>	<p>A</p>	<p>A</p>	<ul style="list-style-type: none"> • The Trust has a robust risk management process and a defined escalation framework for escalating higher risks. • All staff are required to undertake Equality and diversity mandatory training. 	<p>Posters</p> <p>Comms messages</p> <p>ESR mandatory training compliance data</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<ul style="list-style-type: none"> The Trust has a fair process for handling complaints from patients and service users of all backgrounds. Staff are encouraged to report both actual and 'near miss' incidents and record any risks identified using the web-based DATIX software. The Trust has a very high reporting rate The Trust uses Patient Group Directives in a number of our services to govern the provision of medicines by non-prescribers. Each directive is reviewed by a multi-disciplinary team and approved by the Medicines Safety and Governance Group. Sexual health services undertake specific engagement on safeguarding related to risk-taking and risky behaviours The Trust has a number of policies and procedures in place for adults and children, including a Safeguarding Vulnerable Adults, Mental Capacity and Deprivation of Liberty Safeguards Policy, Safeguarding Children Supervision Policy and a Safeguarding Children Policy. The Trust is also a member of the local safeguarding Adults and Children's board for all the areas that we cover. Staff may attend Safeguarding Training provided by the board. The Safeguarding board provides supervision for all staff to support them to identify vulnerable children and adults. <p>RELIGION</p> <ul style="list-style-type: none"> Service Example – Our drugs service in Luton works collaboratively with local faith and community groups. <i>This service has now transferred out of the Trust effective 1 April 2017.</i> 	<p>Risk Management Policy</p> <p>Serious Incident Policy</p> <p>Medicines Safety and Governance Group</p> <p>Links with local faith & community groups including evidence of collaboration.</p> <p>Papers from the Local safeguarding Boards.</p>
<p>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</p>	<p>A</p>	<p>A</p>	<ul style="list-style-type: none"> Mainstream processes: all elements of this outcome are part of mainstream provision and therefore there are processes in place to support this. Service example - The provision of winter flu vaccinations to individuals at risk is part of the annual planning for district nursing and community matrons. All units and the senior leadership forum have received HealthWRAP and PREVENT training specifically designed to help health services protect vulnerable people from being exploited for terrorism purposes. Our oral health promoters plan, develop and educate people in ways to improve and manage their oral health. Their aim is to reduce inequalities for oral health outcomes based on the Department of Health "Delivering Better Oral Health". They work with local authorities, social services, health improvement programmes, and local and national health campaigns throughout the country. 	<p>SyStmOne data</p> <p>Winter flu plans</p> <p>Training records for WRAP and PREVENT.</p> <p>Evidence of campaigns undertaken by the oral health promoters.</p> <p>Evidence of visits to hard to reach service users for HPV vaccines.</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<ul style="list-style-type: none"> • Service Example – Our Dental Services team in Cambridgeshire have a team who deliver oral health promotion to the community. They visit care homes, schools, nurseries and other vulnerable groups promoting good oral health. <p>AGE</p> <ul style="list-style-type: none"> • Service example - The HPV vaccination nurses have been targeting specific hard to reach groups to ensure that they have the opportunity to have the HPV vaccine. This has taken the form of work with other Trust services and direct contact with community groups or agencies. The Trust also visits homes to do HPV vaccinations to reach girls who might not otherwise have access to services. Groups who have benefited include girls from traveller families, girls that don't live at home, girls that are not in education and home educated girls. <p>SEXUAL ORIENTATION</p> <ul style="list-style-type: none"> • Service example - Specific services undertake targeted engagement where they feel it aligns with a significant number of service users – for example, Suffolk Sexual Health (in partnership with the Terence Higgins Trust) were represented at Ipswich Gay Pride and sought views on service provision. <p>RELIGION</p> <ul style="list-style-type: none"> • Service example - The HPV vaccination nurses have been targeting specific hard to reach groups to ensure that they have the opportunity to have the HPV vaccine. This has taken the form of work with other Trust services or direct contact to community groups or agencies. The Trust also visits homes to do HPV vaccinations to reach girls who might not otherwise access services. Groups who have benefited include girls from different religious groups. <p>PREGNANCY AND MATERNITY</p> <ul style="list-style-type: none"> • Service example - Our breastfeeding support service has introduced a number of new initiatives to support women to breastfeed, including enhanced breastfeeding support for families, new 'Breastfeeding Cafes', specific breastfeeding support groups and new information packs for ante-natal groups. • Service example - midwifery services from three Acute Trusts and Norfolk's children's centres to develop an innovative antenatal course which is offered to all first time parents and vulnerable families across Norfolk, focussing on the importance of supporting positive attachment for parents and babies. 	<p>Pictures and flyers from the Trust's participation at Ipswich Gay Pride.</p> <p>new information packs for ante-natal groups.</p> <p>Course materials for antenatal course.</p>



Objective 2: Improved Patient Access and Experience

Narrative: The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience

Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
<p>2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied in unreasonable grounds</p>	<p>A</p>	<p>A</p>	<ul style="list-style-type: none"> • Service Example - During the last year the Dental Service has reached out to ensure that diverse groups are able to access the service. In particular, they have worked with: special needs schools; traveller communities; Milton Hospice; Asian women’s support groups; nursing and care homes; learning disabilities groups; Ida Darwin Nursery; and the brain injury unit in Ely. • The Trust conducted a gap analysis, implemented the Accessible Information Standard, raised awareness on accessible information and developed a new accessible information policy. • Equality & Diversity needs considered as part of new premises planning and refurbishments. • Single point of access and one number introduction to simplify access to our services. • The Trust recruits and supports staff from diverse backgrounds which helps us to engage effectively with the communities we serve. The video below demonstrates an initiative by the Trust in April 2016 celebrating our diverse staff and the many languages they speak called ‘How to say “Hello, my name is…” in 20 languages’: https://youtu.be/9KdYZU2kNCA <p>AGE</p> <ul style="list-style-type: none"> • Service Example – The Trust undertakes an equality impact assessment for all building refurbishments and when moving into a new building. As well as complying with regulations e.g. in relation to disabled parking and accessible toilets, the Trust also considers the needs of patients/service users. For example, our children’s acute service at Holly Ward has child friendly signage. Similar children friendly signage is also being installed at Peacock House, Brookefields. <p>DISABILITY</p> <p>The Trust has an agreement with Deafblind UK for the supply of Communicator Guides for health appointments. Communicator Guides are able to assist deafblind people in attending health appointments and can:</p> <ul style="list-style-type: none"> ○ Meet patients at their home and escort them to their appointment either boarding planned NHS Non-Emergency Patient Transport (NEPT) or utilising their own transport for the patient ○ Escort patients throughout their appointment providing the necessary communications skills. This can extend to a visit to a pharmacy if required. ○ Escort the patient home either using planned NEPT or utilising their own transport for 	<p>Reports</p> <p>Accessible Information Standard policy; Comms Cascade; intranet, self-assessment</p> <p>Trust policies</p> <p>DA Language Services service specification.</p> <p>Translation services usage monthly report</p> <p>Staff demographic data</p> <p>Video on languages spoken in the Trust</p> <p>Deafblind UK agreement and usages data.</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<p>the patient.</p> <ul style="list-style-type: none"> • Service Example - The Trust's dental services clinic in Cambridge has been recognised for its accessible facilities for people with disabilities. The team was presented with the 'way to be' disability access award by Cambridge City Council, after an anonymous patient praised the service for its specialised chair which tilts wheelchair users into a reclined position for dental treatment, and for the disabled toilets at the clinic, which he said were 'one of the best' he had visited. <p>RACE</p> <ul style="list-style-type: none"> • Translation services offered including face-to-face, telephone interpreting service, British Sign Language Interpreting and document translation (including Braille). The trust receives a monthly report on usage of Translation services including a breakdown of which languages, number of sessions used, a breakdown of usage by division, performance against agreed SLAs and any DNAs. • Service example: The Luton Drugs Service employ a broad mix of staff of different backgrounds, who use their language skills and cultural awareness to interact with service users as necessary. <i>This service has now transferred out of the Trust effective 1 April 2017.</i> <p>RELIGION</p> <ul style="list-style-type: none"> • Service example: Our MSK services can offer either male or female Physios as a choice. • Service example: The Luton Drugs Service Outreach worker also works in community, links in with a Christian based organisation (NOAH) to work with homeless and their support groups, as well as in a non-NHS clinic. <i>Luton Drugs Service is no longer operated by the Trust effective 1 April 2017.</i> 	
<p>2.2 People are informed and supported to be as involved as they wish to be in decisions about their care</p>	<p>A</p>	<p>A</p>	<p><u>Individual treatment plans:</u> The Trust's staff develop individualised treatment/care plans in collaboration with each patient or their carer and these are reviewed regularly e.g. in the form of assessment pathways which include confidentiality and consent forms. As part of the assessment and care planning process the patient has an opportunity to discuss their preferred name, religious beliefs and specific needs as appropriate.</p> <p>Examples can be found in the following services:</p> <ul style="list-style-type: none"> • Use cancer and palliative care and district nursing examples about discussing care plan with patients and their families. • MSK rapid access and offering service users options on whether to self manage, attend group sessions or have 1-to-1 sessions with a Physio. 	<p>Inpatient Survey</p> <p>Care plans signed by patients</p> <p>Goal Based outcomes tools</p> <p>Trust policies on use of Gillick competency assessment and examples of where it has been used.</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<ul style="list-style-type: none"> Luton piloting patient activation measures 'Ready steady go' with the Diabetes team Children's Continuing Care team has a process in place for involving young service users in their end of life care and DNRs. Where initial or review of consent is required on a regular basis, for example, for the Luton Treatment Centre, staff have competency frameworks in place and Standard Operating Procedures for each speciality, giving a robust framework for all staff at various levels. Staff obtaining consent, written or verbal, provide detailed information in verbal and written format in various languages according to patient need. Link workers, interpreters and language line are used to support this process. Service example – Children's services in Norfolk has introduced use of Goals Based Outcomes tools to enable children and young people to work with practitioners to identify the outcomes they wish to achieve from any support or intervention, and to measure their progress towards their goals Staff attend mandatory training and have up to date information on consent and its implications. Risks and benefits are outlined in verbal and written format to each patient along with aftercare advice before informed consent is obtained. Medication: similarly there are systems and processes in place to involve and develop with service users or their carers the most appropriate medication and how best to ensure compliance. For example, for homeless service users with a TB diagnosis, support is provided by 3 times a week directly observed treatment. <p>AGE</p> <ul style="list-style-type: none"> Service example – School Imms service has a process for ensuring that Children and Young people involved in decisions about their care when they have been assessed to be competent. The service using Gillick competency assessments to evaluate whether a young person under 16 is competent to make decisions about their own care. Specialised consent forms are used in Children's services e.g. School Nursing, Newborn Hearing Screening Programme. These take into account the child's age and ability to understand their situation. 	<p>Consent forms</p> <p>Policies and procedures on end of life care and DNRs in CCN team.</p>
2.3 People report positive experiences of the NHS	A	A	<ul style="list-style-type: none"> We use a full range of monitoring service user experience. Examples are attached, showing a strong performance in patient satisfaction and patients reporting that they recommend our services to families and friends. Patient experience data collected on meridian including Friends & Family Test. 	<p>Inpatient Survey</p> <p>Patient survey satisfaction results</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<ul style="list-style-type: none"> • Service example – For the integrated Children’s Transformation Programme 2015/16 a survey was designed to capture the feedback of patients across the service including the voice of the vulnerable and children. Therefore a set of agreed questions were translated into relevant graphics and symbols to enable children with special needs to respond. • Positive Patient experience stories have been circulated in Newsletters and presented to Board and divisional governance meetings. Examples of patient stories include: <ul style="list-style-type: none"> ▪ MSK - Patient story, 10th Aug 2016 Board. ▪ Cambs CYP - Patient story, 12th Oct 2016 Board. ▪ Luton Drugs Service - Patient story, 14th Dec 2016 Board. ▪ Family Nurse Partnership - Patient story, 8th Feb 2017 Board. • All services receive an automated report from Meridian (online survey tool) detailing qualitative patient feedback received for their service. Services are required to review the feedback, and each month to display and share examples of their patient feedback on templates that have been provided. 	<p>Patient monitoring leaflet</p> <p>F & F results</p> <p>Patient experience award</p> <p>Thank you letters and cards; PALS Comments</p> <p>Board/Committee papers.</p> <p>Quality Boards displayed in services.</p>
<p>2.4 People’s complaints about services are handled respectfully and efficiently</p>	<p>A</p>	<p>A/ E?</p>	<ul style="list-style-type: none"> • Services display feedback ‘you said, we did’ on the quality boards • Complaints recorded on datix and periodic thematic analyses reported to the Board including any learning identified. Where necessary, the Trust appoints external investigators for complaints. • Our staff currently receive induction training on delivering a positive patient experience for all patients and how to handle complaints. • We are reviewing our approach to handling complaints, introducing a personal approach with complainants • A review of our complaints data demonstrates no complaints related to issues of equality and diversity. • The Trust has a culture of continuous improvement including in relation to resolution of complaints. Over the last year, the complaints process was reviewed and updated. The new Head of Clinical Quality will also be conducting an extensive review of the complaints process to identify further improvement actions in the coming year. • Service Example - A complaints handling questionnaire has been introduced so the Trust can ensure complaints are handled effectively. Also learn from the experience of complainants. 	<p>Complaints policy</p> <p>Data on complaints resolution</p> <p>Board papers</p> <p>Exec papers</p> <p>Duty of candour policy</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
			<p>RACE</p> <ul style="list-style-type: none"> Service Example - Our iCaSH service website compliments and complaints section also includes a separate equality monitoring form which service users have an option to complete in addition to their compliment or complaint. 	

Objective 3: Empowered, engaged and well-supported staff

The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patient and community needs and becomes as diverse as it can be within all occupations and grades.

Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Evidence
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	E	E	<ul style="list-style-type: none"> CCS uses NHS jobs and a third party providers for recruitment Admin and these tools record <u>all</u> aspects of recruitment activity and the Trust analyses reports on the progress of all applicants by the 9 protected characteristics. These are discussed at the Joint Consultation and Negotiation Forum and at the Workforce Diversity and Inclusion group, and an action plan is in place as part of the WRES to address any areas of bias in recruitment. The Workforce Diversity and Inclusion Group reviews all Recruitment data as part of its remit. NHS Values based recruitment was introduced in 2015 and is currently under review to recruit objectively on values, and help eliminate conscious or unconscious bias. Unconscious bias training became part of induction for all new staff from May 2016 and the Leadership Forum received an awareness raising session in September 2016 and this is a key part of recruitment training for recruiting managers. During 2016 an e learning package on unconscious bias was written which will become part of the mandatory Equality and Diversity training from June 2017 for all staff. Cultural awareness information was revised and available to all staff on the trust intranet. In May 2016 the trust ran a Diversity and Inclusion Week promoting all aspects of workforce Diversity and inclusion. The trust leadership behaviours are being refreshed into a shorter easy to use format or use as part of the recruitment process and beyond. The recruitment administration process is being centralised during 2017, to ensure greater consistency of application. At shortlisting all personal data is removed from applications to seek to remove any bias. 	<p>R&R Policy NHS jobs Procedure D and I Recruitment Reports Minutes of JCNP meetings Minutes of Workforce Diversity and Inclusion group Slides from Induction E learning package Cultural Diversity Information for staff</p>



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Evidence
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	E	E	<ul style="list-style-type: none"> CCS operates the Agenda for Change banding process for all posts (and Medical and Dental national pay and conditions). Pay and terms & conditions are based on job evaluation only thereby ensuring equality. The trust will report on gender pay in 2018 and address any areas highlighted in undertaking this. Job descriptions are reviewed at appraisals allowing an opportunity for staff to highlight any role drift and request banding reviews. 	Agenda for Change link to NHS Employers website Agenda for Change Banding Process Banding Review Process Gender Pay Reporting Plans Appraisal Process
3.3 Training and development opportunities are taken up and positively evaluated by all staff	A	E	<ul style="list-style-type: none"> The Trust has introduced a consistent process for measuring the undertaking of appraisal and mandatory training. Audits are undertaken on the quality of appraisals. The appraisal I documentation was revised in light of staff feedback. Staff opinion survey and bi annual workforce reviews indicate equity of access to training and that all essential to role training is provided equally to all staff. The Trust has introduced e learning to make it more accessible to staff who may have limited working hours, reflected travel option etc. Uptake of training and appraisals is reported monthly to the Operational Boards. The Trust Board has oversight of lower-performing areas. Mentoring of the 9 PCs of staff accessing training takes place on booking. Auditing of the quality of appraisals and PDPs takes place Some training e.g. Prevent and ESR via web-ex so accessible to part time staff. 	SOS feedback report WFD team data on Mandatory training Appraisal records CPD training records. Friends and Family Test Survey Uptake on Leadership development and training data Evaluation reports from Trust training SOS survey Appraisals Local training plans Trust wide TNA
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	A	A	<ul style="list-style-type: none"> The Trust has an SOS steering group to action any feedback from the survey including if applicable any concerns. There are a small number of Bullying and Aggression cases reported and action was taken: The Zero Tolerance policy was revised and posters issued to services. Bespoke team support was given to teams experiencing aggression from members of the public. Conflict resolution training was revised. The bullying and Harassment policy was revised and re named to make it more explicit, previously called Dignity at Work. Staff leaflet on handling bullying was revised and re issued via Communications Cascade. Policy on aggression from patients and the public was revised. 	SOS action plan Bullying and Harassment Policy Staff survey results broken down by protected characteristics



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Evidence
			<ul style="list-style-type: none"> In addition the HR team monitors and supports action taken on reported incidences of bullying and harassment. This includes monitoring incidences of discrimination. The Trust has reviewed its Dignity at Work policy to manage any incidents of bullying & harassment which includes consideration of all 9 protected characteristics. Trust agreed to sign up to the NHS call to action on bullying. Staff Side chair agreed to be an advocate for staff raising concerns in confidence. 	
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	A	A	<ul style="list-style-type: none"> The Trust has a range of flexible working policies available to staff. The SOS allows staff the opportunity to state if these have been available to them and feedback shows staff feel the trust is supportive with work life balance. All requests for flexible working are considered on an individual basis and bearing in mind service and patient needs as well as those of the individual. The Grievance procedure is available to staff who feel a request for flexible working has been unreasonably declined. Staff who either cannot continue in their current role or who request adjustments to their role due to illness or disability or caring responsibilities etc. are supported to remain in our employment wherever possible. 	Flexible working policy SOS results Grievance policy RAM Data Sickness, Absence and Employee Wellbeing Policy
3.6 Staff report positive experiences of their membership of the workforce.	A	E	<p>The Trust has:</p> <ul style="list-style-type: none"> Continued the work of the Live Life Well Programme to develop the Trust as a healthy and safe workplace and to promote the health and wellbeing of our workforce. This group includes representatives from operational management, staff side, occupational health risk and Workforce. Appointed a board level Health and Wellbeing Champion. Committed to Public Health Responsibility Deal Health at work pledges. Revised Health and Wellbeing Policy. Trained Mental Health First Aiders across the Trust. Resilience and mindfulness Training. Live Life Well pages on the staff intranet. Reviewed our Appraisal Policy to ensure wellbeing is discussed. Provided comprehensive Occupational Health and Counselling Services. Worked with Occupational Health to increase early intervention. The mainstreaming of the Rapid Access to MSK intervention service for all staff. The availability of training workplace assessors to support staff with MSK conditions. Feedback is taken via the annual Staff opinion Survey and regular staff friends and family test surveys. Feedback is also taken via two way Communication Cascade, Staff EDS events-via staff reps on Live Life Well Committee and via Staff Consultation Forum (JCNP). 	Link to Web Site LLW minutes Comms cascade and Connect Articles Staff survey results broken down by protected characteristics SOS results



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Evidence
			<ul style="list-style-type: none"> The staff opinion survey reported high levels of staff satisfaction and of recommending the Trust as a place to work and receive treatment. 	

Objective 4: Inclusive leadership at all levels

NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions

Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	A	E	<ul style="list-style-type: none"> The Trust Board refreshed their equality and diversity training in 2014/15. The senior leadership team and trust chair undertook awareness raising in unconscious bias in 2016. The Trusts leadership behaviours cover ALL staff and include competencies around behaviour which is culturally sensitive and practices equality and diversity. Equality impact assessments are undertaken on ALL changes, policies and procedures within the Trust. Mentoring for BME staff was introduced in 2016 with mentors from senior BME staff. 4 Senior BME staff have volunteered to be trained as, and act as, cultural ambassadors in the trust in 2017. The responsible officers for D and I are part of regional diversity networks to share best practice. The CEO signs off the trusts Workforce Race Equality monitoring and plan. The Board are exploring ways to have representation at the board from more diverse backgrounds. The Trust is supporting staff on the national stepping up programme for the leadership development of BME staff. The Trust chair signed up for and publicised her support for world Women's day in February 2017. The CEO regularly writes articles in the staff communications prompting diversity and supporting staff that may be experiencing discrimination, including personally appearing in a Zero Tolerance poster for Trust sites. 	Leadership Behaviours Revised CCS behaviours Comms and Zero Tolerance Posters with CEO message. Diversity Week Staff Story at the board Back to the floors actions Annual E and D report to the board Trust annual report.
4.2 Papers that come before the Board & other major Committees identify equality-related impacts including risks, & say	A	D	<ul style="list-style-type: none"> The template for Board (and Committee) papers includes a section to indicate how the equality and diversity objectives are met (where relevant) by the paper. It lists each equality and diversity objective and asks how the report supports achievements of each objective. All board papers have this section completed. 	Board and committee paper template EIA policy



Outcome	Grading Panel rating Results 2015/16	Grading Panel rating Results 2016/17	Our actions	Documentary evidence
how these risks are to be managed.				
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	A	A	<ul style="list-style-type: none"> The Trust has built the NHS Equality and Diversity principles into the staff behaviours and into specific equality & diversity objectives for anyone who manages staff within the Trust. The Trust has reviewed its Bullying and Harassment policy. E and D is part of the induction for all staff and for managers on Managers induction Cultural awareness information was revised and circulated as part of our Diversity and Human Rights week of activity in May 2016. 	Appraisal Policy Leadership behaviours Cultural barometer Staff survey results Breakdown of employee relations cases Induction programme

Grading rating	Meaning	Definition
E	Excelling	People from all protected groups fare as well as people overall
A	Achieving	People from most protected groups fare as well as people overall
D	Developing	People from some protected groups fare as well as people overall, or – Plans in place to develop from an 'undeveloped' rating
U	Undeveloped	No evidence available, with no plans for improvement, or – People from all protected groups fare poorly compared with people overall