Derbyshire Healthcare NHS
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust

Equality Act 2010 and the Public Sector Equality Duty (PSED)

Equality Act 2010: Public Sector Equality Duty (PSED)

1. Background

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. The Equality duty is set out in section 149 of the act.

The public sector equality duty came into force across Great Britain on 5 April 2011. It means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.

It also requires that public bodies have due regard to the need to:

- eliminate discrimination;
- advance equality of opportunity and;
- foster good relations between different people when carrying out their activities.

The Equality Duty applies across Great Britain to the public bodies that are listed in schedule 19 any other organisation when it is carrying out a public function.

The purpose of this document is to publish information to show how we are meeting Public Sector Duties. Publishing this information is a requirement specified in the Equality Act 2010 (Statutory Duties) Regulations 2011, section 2: Publishing of Information.

The General Equality Duty

The duty supports good decision making and encourages public bodies to understand and play their part in making society fairer by tacking discrimination and providing equality of opportunity for all. The duty has three aims. It requires organisations 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.

Hardwick clinical commissioning group are our lead commissioner and in line with the NHS standard contract the following conditions on equity of access, equality and non-discrimination are included. The contract also includes conditions for Pastoral, Spiritual and Cultural Care.

From 1st April 2015, the Equality Delivery System (EDS2) was mandated in the NHS standard contract and new reporting and publishing requirements. We have adopted EDS2 from the outset and we are making steady progress in terms of providing robust equality data to enable our stakeholders to grade us accurately on our equality performance.

SC13 Equity of Access, Equality and Non-Discrimination

13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender reassignment, or any other non-medical characteristics, except as permitted by Law.

13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.

13.3 In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties) Regulations and section 6 of the HRA. If the Provider is not a public authority for the purposes of those sections it must comply with them as if it were.

13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan setting out how it will comply with its obligations under SC13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4.

13.5 The Provider must implement EDS2.

13.6 The Provider must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating –Commissioner on its progress in implementing that standard.

SC14 Pastoral, Spiritual and Cultural Care

14.1 The Provider must take account of the spiritual, religious, pastoral and cultural needs of Service Users.
14.2 The Provider must have regard to NHS Chaplaincy Guidelines.

Protected Characteristics

The protected characteristics covered by the Equality Act are:

- Age
- Disability
- Gender
- Gender Reassignment
- Race
- Religion or Belief
- Sexual Orientation
- Marriage/Civil Partnership
- Pregnancy/Maternity

The Public Sector Equality Duty (PSED)

The Public Sector Equality Duty (PSED), which came into force on 6 April 2011, places additional specific duties on public authorities including NHS Trusts. Two such duties are a requirement on public authorities to:

- Publish sufficient information to demonstrate compliance with the general equality duty by 31 January 2012 and thereafter annually: and
- Prepare and publish 1 or more equality objectives by 6 April 2012 and no more than four years thereafter.

The published information is to include:

- Information on the effect that policies and practices have had on employees, service users and others from the protected groups;
- Evidence of the analysis undertaken to establish whether their policies and practices will (or have) furthered the three equality aims in the general equality duty;
- Details of information used in that analysis; and
- Details of engagement with people with an interest in the aims of the duty.

Equality Delivery System (EDS2)

The Trust was an early adopter of the EDS. The decision was approved by the Board of Directors in 2011 and the EDS have been undergoing implementation with the Trust since then.

The NHS Equality Delivery System (EDS) was introduced nationally by the NHS Equality and Diversity Council as an optional tool for both current and emerging NHS organisations to support them to meet their General Public Sector Equality Duties as required by Section 149 of the Equality Act 2010. Compliance with the below duties is across the 9 protected characteristics under the Equality Act.

EDS2 **-**the revised EDS2 was re-launched by NHS England, on 4th November 2013 at the NHS Values Summit in London. The Trust is required to annually analyse and grade its equality performance against 18 outcomes grouped into 4 goals as stated below. Our formal assessment and grading across the Trust and with wider community of diverse stakeholders commenced April 2014 and final phase will be completed by end of December 2014.

From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the Clinical Commissioning group (CCG) Assurance Framework, and will continue to be a key requirement for all NHS clinical commissioning groups (CCGs).

The EDS2 requires the Trust in collaboration with local interests to analyse and grade their performance and set defined equality objectives, supported by an action plan. Performance against the selected objectives is annually reviewed and these processes are integrated within mainstream business planning.

The refreshed version includes two new outcomes:

- EDS2 outcome 3:6 focuses on how staff experiences their membership of the workforce.
- EDS2 outcome 4:2 looks at papers that come before the Board and other major committees and the extent to which they identify equality related impacts including risk, and say how

these risks are to be managed. This outcome provides an easy to measure check on senior leaders' routine grasp of, and commitment to equality and tackling inequalities.

The EDS2 national framework does not replace legislative requirements for equality; rather it is designed as performance and quality assurance mechanism for the NHS and a means by which NHS organisations can meet the requirements of the Equality Act (2010) and the NHS Act (2006). Equality performance (EDS2) is aligned with key mainstream levers for the NHS –including the NHS Outcomes Framework, the NHS Constitution and the Care Quality Commission's key inspection questions set out in, "Raising standards, putting people first - Our strategy for 2013 to 2016".

CQC's key inspection questions require evidence of Trust equality performance to show services are well led, safe, caring, effective and responsive for all protected characteristics/REGARDS groups.

People covered by EDS2

EDS2 should be applied to people whose characteristics are protected by the Equality Act 2010.

Other disadvantaged groups

EDS2 can also be readily applied to people from other disadvantaged groups, including people who fall into "Inclusion Health" groups, who experience difficulties in accessing, and benefitting from, the NHS. "Inclusion Health" was defined in a Social Care Task Force and Department of Health publication of 2010.

These other disadvantaged groups typically include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

The Equality Delivery System Grading Process

The use of the EDS2 helps the Trust to meet and respond to the Public Sector Equality Duty (PSED) as set out in the Equality Act 2010. Giving 'Due regard' is a legal duty – it means proactively and consciously engaging and considering the impact of our decisions – which helps to improve outcomes for groups. It will assist to meet the general duty to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations. If an organisation does not embed the EDS2 framework then it needs to clearly evidence an alternative and equivalent framework, in terms of showing how it meets its PSED.

The goals and outcomes of *EDS2*

Goal	Number	Description of outcome
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
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
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	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
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	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
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

How Derbyshire Healthcare NHS Foundation Trust is implementing the Public Sector Equality Duty (PSED) 2014- to 2016

2014/15

In 2014/15 the Trust completed its annual Equality Delivery System2 (EDS2) rating for 14/15 and associated equality objectives. The EDS2 grading process was lead through the Trust Inclusion and Engagement lead, in partnership with service/workforce leads and the 4Es Stakeholder Alliance (local interests) who assessed progress and carried out a fresh grading exercise, based on the evidence provided.

The Trust is committed to EDS2 and embedding the principles of equality and diversity within the everyday work of the Trust. The Chairman, Chief Executive, Deputy Chief Executive, service and workforce leads participated in the process of rating. Healthwatch Derby and Healthwatch Derbyshire shared their positive observations of the process.

As recommended in EDS2 guidance, on 2014/15 we also undertook a desk top equality review of EDS2 Goal 4 Inclusive leadership. Leadership *Outcome 4:2 Papers that come to the Board and other major committees identify equality related impacts including risks and says how these will be managed.* The grading process took place in three stages as set out below:

Stage	EDS2 Performance Goals	Methods
One 15/4/2014	Goal 1: Better Health Outcomes – *healthy living and results for all REGARDS groups* Goal 2: Improved patient access and experience – *REGARDS groups – getting, using and experiencing our services* Goal 4: outcome 4:1 Inclusive leadership – demonstrate commitment to equality within and beyond their organisations.	4Es Stakeholder Alliance & service/workforce leads. Market place engagement event focusing on dementia, including over 28 EDS2 good practice case studies reflecting the various services/functions EDS2 Survey. Review of 4Es priorities and equality objectives due 17/2/2015.
Two 24/11/14	Goal 3: A representative and supported workforce –Is the Trust a good and fair employer for all REGARDS groups	Workforce engagement event and market place. EDS staff survey lead by BME Network.
Three Oct-Nov14	Goal 4: Inclusive leadership – Leaders engaging and responding to the needs of the diverse REGARDS communities.	Outcome 4:2 the equality review of 5 papers submitted to the Board, and associated minutes by REGARDS Task Group (local interests)

Goal 1 : Better health outcomes *Healthy living & results for all REGARDS groups.*			**Goal 2 : Improved patient access and experience** *REGARDS Groups - getting, using and experiencing our services.*		
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	G ↑	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied on unreasonable grounds.	G ↑
1.2	Individuals' people's health needs are assessed and met in appropriate and effective ways.	G ↑	2.2	People report positive experiences of the NHS.	G ↑
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed.	G ↑	2.3	People's complaints about services are handled respectfully and efficiently.	↔
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	G ↑			
1.5	Screening, vaccination and other health promotion services reach and benefit all communities.	G ↑			
Goal 3: A representative and supported workforce * *Is the Trust a good and fair employer for all REGARDS groups?*			**Goal 4: Inclusive leadership** *Leaders engaging and responding to the needs of the diverse REGARDS communities.*		
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	A ↔	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	G ↑
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 obligations.	G ↑	4.2	Papers that come to the Board and other major committees identify equality related impacts including risks and say how these risks are to be managed. (New 2014)	R & A New
3.3	Training and development opportunities are taken up and positively evaluated by all staff	A ↔			
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	A ↔	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. (New 2014)	A ↔
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 ↔			
3.6	Staff report positive experiences of their membership of the workforce*	A New			

EDS2 GRADING Grading Key: **Red** =Undeveloped **Amber** =Developing **Green** =Achieving **Purple** = Excelling

Previous year score – All Amber **Outcomes 3:6 & 4:2 new 2013.**

The results of the EDS2 Performance Grading 14/15

Building on the success and insight of our equality and engagement work, the findings show a positive trajectory across the service delivery and patient care goals. However, the workforce and leadership performance remains the same with improvement in only two of the outcomes:

- 4:1 Board and senior leadership commitment and
- 3:2 equal pay and value from 'developing' to 'achieving' (amber to green).

This will improve as we provide robust REGARDS data analysis/audits to enable stakeholders to grade our performance.

The findings included many positive features, and strong foundations upon which to build on for continued improvement in equality and inclusion practice. There is evidence of strong engagement, including the 4Es Stakeholder Alliance, chaired by Chief Executive and evidence of work on the ground in terms of the amount of work done with many REGARDS groups within the community which can experience barriers to inclusion. The Trust was commended for its community/stakeholder engagement and service user and carer stories – this will foster just the kind of proactive approach to barriers faced by people who are traditionally excluded, the protected characteristics that the EDS2 guidance advises.

Our equality objectives and 29 good practice 'equality in action' case studies can be found at http://www.derbyshirehealthcareft.nhs.uk/about-us/equality-diversity/eds/

In June 2016 we will re-evaluate our EDS ratings against the following work and evidence and make our annual declaration.

How Derbyshire Healthcare NHS Foundation Trust is building on this work in 2015 – to 2018

The Trust is committed to ensuring equality of opportunity for our workforce and the provision of the best possible healthcare service to our local population, which is inclusive of REGARDS characteristics.

1. Some highlight examples have been our review of Gender sensitive service to consider Transgender in our access to assisted bathrooms by the Quality committee in 2015

2. Our Family and Carers SBARD development this year to support families and carers to communicate their needs

3. Our Spirituality conference led by the Spirituality & Wellbeing Service in 2016

4. Our new productions of information for families in our Carer and Family handbook and our new publication my care which promotes in all areas, no decision about me without me.

NHS Workforce Race Equality Standard

The Workforce Race Equality Standard was introduced in April 2015. The aim is to ensure that employees from black and ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. If this is achieved and staff have a positive experience of working in the trust then patient's experience of our services will also be more positive.

The Chief Executive of NHS England said:

"We know that care is far more likely to meet the needs of all the patients we're here to serve when NHS leadership is drawn from diverse communities across the country, and when all our frontline staff are themselves free from discrimination. These new mandatory standards will help NHS organisations to achieve these important goals."

The first report, which provides analysis and an overview of the data returns from NHS trusts, was published in May 2016 and this enables us to benchmark our standards to those of other mental health trusts. Below are examples of some of the benchmarking taken directly from the report?

Key findings (taken directly from the report)

WRES indicator 5

Benchmarking: % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Organisation name	All staff	White	BME
Derbyshire Healthcare NHS Foundation Trust	32.1%	32.0%	33%
Derbyshire Community Health Trust	23.6%	20%	28.0%
Derby hospitals foundation trust	25.8%	26%	24%

WRES indicator 6

Benchmarking: % of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Organisation name	All staff	White	BME
Derbyshire Healthcare NHS Foundation Trust	23%	23%	23%
Derbyshire Community Health Trust	17.1%	15.0%	19.3%
Derby hospitals foundation trust	21.1%	21%	24%

WRES indicator 7

Benchmarking: % of staff believing that the trust provides equal opportunities for career progression or promotion.

Organisation name	All staff	White	BME
Derbyshire Healthcare NHS	85.2%	87%	91.0

Foundation Trust			
Derbyshire Community Health Trust	90.9%	94%	85.3%
Derby hospitals foundation trust	87.2%	88%	81.0%

WRES indicator 8

Benchmarking: In the last 12 months have you personally experienced discrimination at work from any of the following? – Manager, team leader or other colleague?

Organisation name	All staff	White	BME
Derbyshire Healthcare NHS Foundation Trust	8%	10%	27%
Derbyshire Community Health Trust	7.1%	5.0%	14.7%
Derby hospitals foundation trust	7.6%	8.0%	8.0%

The above information it taken from 2014 staff survey raw data.

Goal 1: Better Health Outcomes

The following information has been taken from Public Health England Health profiles 2015 for Derby City and Derbyshire.

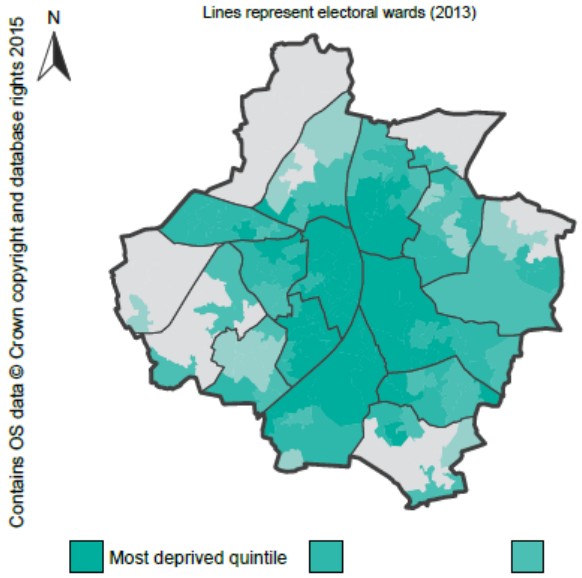
Derby City

The health of people in Derby is generally worse than the England average. Deprivation is higher than average and about 23.8% (12,100) children live in Poverty. Life expectancy for both men and women is lower than the England average.

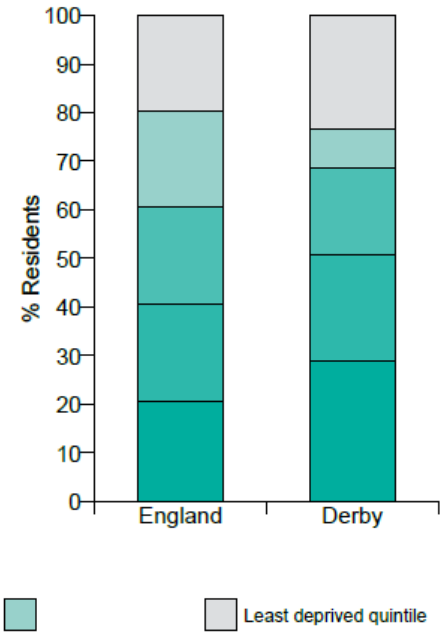
Other key risk related issues that may impact upon our community that as an organisation we need to factor into our healthcare work, is the Derby city community being below England average with above average levels of Deprivation for Adults and families, worse levels of Children and families in poverty, higher levels of

Statutory homelessness and above England levels of violent crime (violence offences).

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



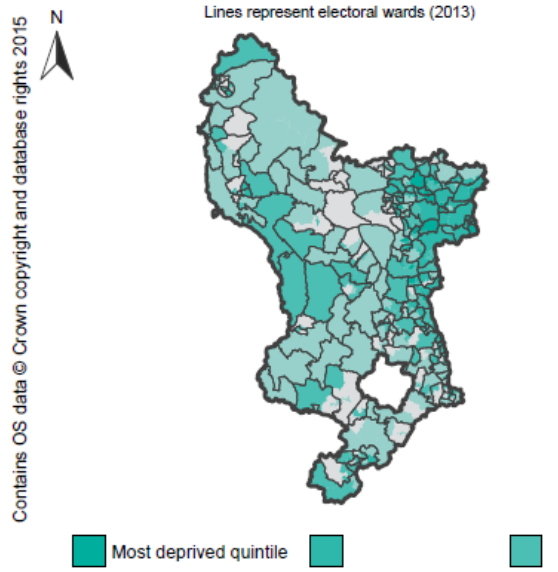
Taken directly from Public Health England Health Profile 2015 for Derby City

In Derbyshire

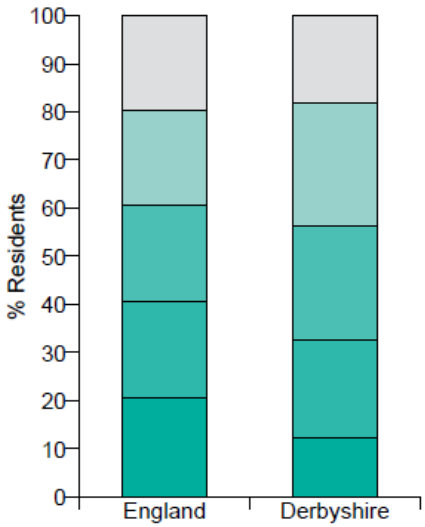
The health of people in Derbyshire is varied compared with the England average. Deprivation is lower than average, however about 16.3% (21,900) children and their families live in poverty. Life expectancy for both men and women is similar to the England average. Life expectancy is 7.9 years lower for men and 5.8 years lower for women in the most deprived areas of Derbyshire than in the least deprived areas.

All of these factors should be taken into account in our strategic planning and monitoring of health and well-being issues in our organisation.

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



Taken directly from Public Health England Health Profile 2015 for Derby City

Reverse commissioning

Last year the Trust agreed to be one of a few Trusts to be involved in the NHS BME Network's delivering mental health by reverse commissioning pilot.

The project, which formally commenced in March 2015, looks to develop effective processes to engage BME communities to ensure their health needs are being addressed by the NHS.

This process builds on evidence based working through identifying health needs and working with BME communities as equal partners to address health inequalities. We will use learning from this process and work with CCGs to influence effective commissioning to meet the needs of BME communities.

Our work

- Reverse Commissioning training for staff and stakeholders, Thursday 30th April, 2015 2015 St James Centre, St. James Centre/Malcolm St, Derby DE23 8LU

- Reverse Commissioning training for staff and stakeholders , Friday 8th May, 2015 10am to 1pm - R & D Centre, Ashbourne Centre, Kingsway site, Derby DE22 3LZ. Conference rooms A & B

- Reverse Commissioning training for staff and stakeholders, Thursday 14th May,2015– St James Centre

- Reverse Commissioning Group for staff and stakeholders - Monday 18th May 2015 9.30am to 12.30 pm (half day only)– St James centre

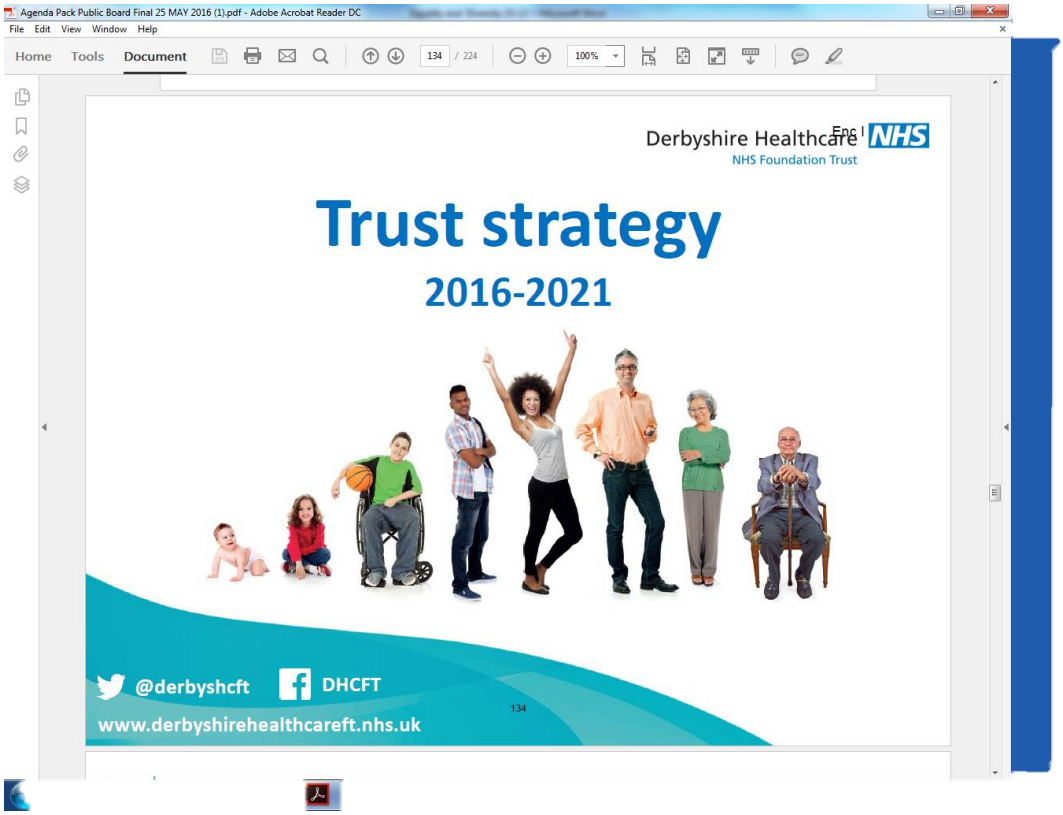
- BME staff network which runs bi-monthly

- Disability Direct, Over 100 organisations offering services for disabled adults and children, older people, carers and professionals.

Goal 2: Improved patient access and experience

Equalities, inclusivity and diversity in our health care settings

Our positive imagery of our community diversity in our Nursing and New Trust Strategy



Within our health care settings we have a wealth of evidence to demonstrate how we are fulfilling our responsibilities of the equalities act.

Our gender sensitive approach to assisted bathrooms, policies and posters

Our transgender policy is in development and we have an all gender poster for our bathrooms in inpatient units.

Accessible Information Standard: identify and record people's communication needs

The Accessible Information Standard tells organisations how to make sure that people can receive information in formats they can understand, and receive appropriate support to help them to communicate.

We must identify and record information and communication needs with service receivers:

- At the first interaction or registration with their service
- As part of on-going routine interaction with the service by existing service receivers.

By 31 July 2016 all NHS organisations must have fully implemented and conform to the Accessible Information Standard. *How do I record information and communication needs?*

Please record them as a patient alert in Paris – this will ensure they are seen when accessing all parts of the record. Within the alert you can also record the respective accessibility statements about the person's individual needs.

There are also dedicated sections in the Paris record to allow you to record information and detail to support language and communication (level of competence, whether an interpreter is needed, any detailed comments etc.). There is also the opportunity to record detail around disabilities.

In TPP SystmONE please record them as reminders. These will then be promoted to the Patient Homepage when the record is first opened. Please continue to record relevant information in the patient record and templates. Work is in progress to set up local patient status alerts so that, when relevant read codes and template options

are selected, these will also promote an alert on the patient label. *How do I book an interpreter or get information translated?*

We have a contract with Pearl Linguistics for both interpreting and (written) translation and transcription. This includes BSL interpreting and Braille transcription.

The best way to book an interpreter, translator or transcriber is by using Pearl's online service. It is quick and easy and you can track your booking: https://orbit.pearllinguistics.com/login

To get login details to use the online booking service, please contact Russ Hadfield, Purchasing Officer: russell.hadfield@derbyshcft.nhs.uk

Following appointments, a feedback form is available to complete if you wish to raise any concerns or provide any positive feedback.

Analysis of Demographics – Patients versus Population

June 2014 versus June 2016

The following tables compare available demographic information relating to patients currently open to the Trust (DHCFT) with the same information relating to the population of Derbyshire as a whole.

Ethnicity

	June 2014			June 2016		
Ethnicity	**DHCFT Patients**	**Derbyshire Population**	**Variance**	**DHCFT Patients**	**Derbyshire Population**	**Variance**
Asian or Asian British	2.41%	3.92%	-1.50%	2.68%	3.43%	-0.75%
Black or Black British	1.20%	0.99%	0.21%	1.17%	0.95%	0.22%
Mixed	1.14%	1.41%	-0.27%	1.45%	0.88%	0.57%
Other ethnic group	0.62%	0.42%	0.20%	0.62%	0.41%	0.21%
White	94.63%	93.26%	1.36%	94.07%	94.33%	-0.26%

Conclusion

- The ethnic breakdown of the patients accessing our services in June 2014 closely matches the ethnic breakdown of the population. This indicates that the person-centred approach taken within our services may be effective in eliminating barriers to accessing services for any particular racial groups.

Gender

	June 2014			June 2016		
Gender	**DHCFT Patients**	**Derbyshire Population**	**Variance**	**DHCFT Patients**	**Derbyshire Population**	**Variance**
Female	54.3%	50.7%	3.6%	54.4%	51.1%	3.3%
Male	45.7%	49.3%	-3.6%	45.6%	48.9%	-3.3%

Conclusion

- The fact that the proportion of female patients is greater than males may be explained by national research which found that women are more likely to receive treatment for mental illness than men (Office of National Statistics (2003) *Better or Worse: a longitudinal study of the mental health of adults living in private households in Great Britain*, London, TSO).
- Services to promote male access such as Chesterfield football club, Angling for health and campaigns around access services as a male should be considered in the Quality leadership teams. The positive work of the Beeches and Perinatal services with regard to the voice of fathers in care of individuals and families is championed as a model of good practice.

Marital status

	June 2014			June 2016		
	DHCFT Patients	**Derbyshire Population (Census 2011)**	**Variance**	**DHCFT Patients**	**Derbyshire Population (Census 2011)**	**Variance**
Divorced/Partnership Dissolved	7.28%	9.7%	2.4%	7.53%	9.7%	2.17%
Married/Civil Partner	32.19%	49.3%	17.1%	32.87%	49.3%	16.43%
Separated	2.53%	2.5%	-0.1%	2.59%	2.5%	-0.09%
Single	44.90%	31.0%	-13.9%	45.53%	31.0%	-14.53%
Widowed/Surviving Civil Partner	13.10%	7.6%	-5.5%	11.48%	7.6%	-3.88%

Conclusion

- The proportion of patients who are married or in civil partnership is much lower than the proportion in the Derbyshire population. The proportion of patients who are single is much higher than the proportion in the Derbyshire population.
- Research has suggested that longer relationship duration is significantly associated with lower rates of depression, suicidal behaviour and substance abuse/dependence. Compared with unmarried individuals, married individuals have lower rates of depression, anxiety and substance use, and have higher levels of well-being and life satisfaction. *The British Journal of Psychiatry* (2011) 198: 24-30 doi: 10.1192/bjp.bp.110.083550. (http://bjp.rcpsych.org/content/198/1/24.full)

Religion

	June 2014			June 2016		
	DHCFT Patients	**Derbyshire Population (Census 2011)**	**Variance**	**DHCFT Patients**	**Derbyshire Population (Census 2011)**	**Variance**
Buddhist	0.23%	0.25%	0.02%	0.29%	0.25%	-0.04%
Christian	70.75%	65.53%	-5.22%	66.67%	65.53%	-1.14%
Hindu	0.25%	0.38%	0.13%	0.29%	0.38%	0.09%
Jewish	0.06%	0.05%	-0.01%	0.07%	0.05%	-0.02%
Muslim	1.96%	2.24%	0.28%	1.98%	2.24%	0.26%
No religion	24.74%	29.96%	5.22%	28.44%	29.96%	1.52%
Other religion	1.05%	0.41%	-0.64%	1.33%	0.41%	-0.92%
Sikh	0.96%	1.18%	0.23%	0.93%	1.18%	0.25%

Conclusion

- The breakdown of religion in the patient population closely matches the breakdown of religion in the population of Derbyshire as a whole. This indicates that the person-centred approach taken within our services may be effective in eliminating barriers to accessing services on grounds of religious belief.
- The Trusts conference in this area and the Trusts multifaith and well-being centre may be supporting access.

- The Think healthy Healthwatch community access and in reach approach to listening to community feedback, may have assisted in community access

Disability

	June 2014			June 2016		
	DHCFT Patients	**Derbyshire Population (Census 2011)**	**Variance**	**DHCFT Patients**	**Derbyshire Population (Census 2011)**	**Variance**
Long term health problem or disability	33.11%	19.98%	-13.13%	30.30%	19.98%	-10.32%

Conclusion

- The percentage of the population of Derbyshire declaring themselves as having a long-term health problem or disability is just over 13% less than the percentage of patients. We would expect this as mental health conditions are classed as a disability under the Equality Act 2010. This indicates that there may not be significant barriers to people with a disability accessing services.

Sexual identity

	June 2014			June 2016		
	DHCFT Patients	**East Midlands**	**Variance**	**DHCFT Patients**	**East Midlands**	**Variance**
Bisexual	0.7%	0.5%	-0.2%	1.1%	0.3%	-0.8%
Gay or lesbian	1.4%	0.8%	-0.6%	2.0%	0.8%	-1.2%
Heterosexual	90.1%	94.6%	4.5%	90.1%	93.8%	3.7%
Not stated	6.4%	0.4%	-6%	5.8%	1.2%	-4.6%
Person asked but does not know	1.4%	3.4%	2%	1.1%	3.7%	2.6%
Other	--	-	-	-	0.2%	0.2%

- Population sexual identity data is only available at East Midlands level
- The sexual identity breakdown in the East Midlands population closely matches that of the patients, which would indicate that the person-centred approach taken within our services is effective may be eliminating barriers to

accessing services for reasons of sexual identity. The Trust is developing a Transgender clinical guideline in 2016 led by Occupational therapy to look at clinical practice and access issues which will be presented to the QLT and Quality committee.

Overall Conclusion

Analysis of the available data would indicate that there are no immediate barriers to accessing services of Derbyshire Healthcare NHS Foundation Trust. This assessment requires further analysis from the mental health act team on access issues related to detention under the Mental Health act which is routinely monitored. The local authority figures do not appear to demonstrate an over representation of BME groups and the detailed benchmarks below again do not immediately show an over representation of BME groups in access, however the use of Community Treatment orders by BME groups, use of the Mental Health act and use of in-patient beds requires significantly more detailed analysis to exclude any trends or potential discrimination for males under the restrictions of a CTO. Additional checks and assurances are requested of the Mental Health Act committee to monitor trend over a number of years rather than snapshot data analysis and completed extended equality impact assessment to understand whether individuals are entering the Trust in Community treatment orders or initiation is predominantly with the Trust.

Data showing service users open to us, on community treatment orders, numbers of inpatients and numbers detained not BME and in BME category.

Service Users Open in 15/16	Female	Male	Total
Not in BME Category	25262	22038	47300
In BME Category	1273	1231	2504
Totals	26535	23269	49804
% Not in BME Category	50.72%	44.25%	94.97%
% BME Category	2.56%	2.47%	5.03%
Totals	53.28%	46.72%	100.00%

On CTO During 15/16	Female	Male	Total
Not in BME Category	55	187	242
In BME Category	23	56	79
Totals	78	243	321
% Not in BME Category	17.13%	58.26%	75.39%
% BME Category	7.17%	17.45%	24.61%
Totals	24.30%	75.70%	100.00%

Inpatients During 15/16	Female	Male	Total
Not in BME Category	850	861	1711
In BME Category	81	130	211
Totals	931	991	1922
% Not in BME Category	44.22%	44.80%	89.02%
% BME Category	4.21%	6.76%	10.98%
Totals	48.44%	51.56%	100.00%

Detained under MHA During 15/16	Female	Male	Total
Not in BME Category	370	459	829
In BME Category	49	76	125
Totals	419	535	954
% Not in BME Category	38.78%	48.11%	86.90%
% BME Category	5.14%	7.97%	13.10%
Totals	43.92%	56.08%	100.00%

National data sources:
http://www.poppi.org.uk/
http://www.pansi.org.uk/
http://www.ons.gov.uk/

Patient surveys demonstrating key aspects

Inpatient survey 2015

The final response number of 60 gave DCHFT a response rate of 21%. Respondents were split male (41%) and female (59%). Ages of respondents ranged from 16-over 65 but the number of respondents over 65 was only 2 people. 87% of respondents stated their ethnic background as “British”.

Community patient survey

The overall response rate was 31%. 57% of service users were women, 43% were men, 5 respondents declined to define their gender. The age profile of respondents is weighted towards the middle years of life; 14% of respondents were aged between 18 and 35, 49% of respondents were aged between 36 and 65, and 37% 66 or over. Service users were asked to define their ethnic background. 95% of service users stated their ethnic background was British, 2% said Asian backgrounds (Indian, Pakistani, Bangladeshi, Chinese or other), 1% said Caribbean, African or other Black backgrounds.

An example below and on the following tables evidences some of the current and planned work

Equalities, inclusivity and diversity in our health care settings

Treat people with respect – as individuals and fellow human beings. Avoid labelling people because of their diagnosis or their association with any other group. How we Trauma informed pathway Challenging PD staff misconduct, including misconduct and capability. (RMN suspension senior nurse)	**Provide person-centred care and support – place the individual and their needs, preferences and aspirations at the centre of care. An ethos of person-centred care upholds the dignity both of people using services and of staff.** Listen to hard feedback on personal care planning and bringing in My care plan leaflets Believing individuals who raise concerns re rough handling and act upon in. Staff reflection support and sometimes suspensions	**Promote good practice in safeguarding – focus on prevention and make proportionate, person centred responses to abuse.** Our proportional response to Aston Hall We believe Our support/ lobbying for psychological therapy and action.	**Adopt a recovery approach to mental health – in particular, help people sustain their personal identity and self-respect, which are both closely associated with the concept of dignity.** Application for patient activation measure- to change the balance of power. My care leaflets Setting mutual expectation work with service receiver groups (Carolyn Green – leading it)	**Promote good communication – this demonstrates respect and maintains an individual's dignity. Good communication means enabling both professionals and service users to communicate. (and capacity)** Learning disabilities – signs and symbols work New complaint process- signs and symbols Forms on EPR signs and symbols In this inspection booking interpreters and BSL. Adapting CQC feedback forms for those with communication needs. Adapting signs and symbols for sexual abuse questions.	**Tackle discrimination – through individual and local community initiatives, national programmes, policy and legislative measures.** Our work on PREVENT- tackling extremism including far right groups and other derby groups. Getting actively involved in channel prevention/ support work Challenging FGM and our active cases through Safeguarding unit Our operation retriever work with Child sexual exploitation Responding positively to challenges of racism with active investigations Our healthwatch survey/ clinics in HINDI and URDU

Address environmental risks to dignity – provide single sex wards, privacy in personal care and use of bathroom facilities, clean facilities, adequate space and appropriate staffing levels. Our gender sensitive approach to assisted bathrooms./ policies and posters Our ward design and bedstock That we will care plan for sexual needs/ including access to private protected time for stimulation	**Engage service users from black and minority ethnic groups – take active steps to engage people and ensure their views are recorded in their care plan.** You will see BME needs in care planning and specific needs Approached by a Birmingham family asked to come to DHCFT to see a BME psychiatrist and staff due to inclusive approach	**Provide training, clinical supervision and support – adopt measures to enable staff to examine their own attitudes and to feel supported in their role. This will encourage them to treat others with respect.** Imagery the nursing life cycle approach was deliberately designed to be representative of our BME community, our changing population to be mixed race in Derby city. We are actively trying to attract BME staff through social media imagery Positive imagery in clinical leaflets and championing role models in nursing. (We did not have x3 BME nurses at 8a+ in DHCFT history)	**Promote a positive organisational ethos – from the top, encourage an ethos of respect and dignity (Carter, 2009). Include taking a person-centred approach to care and a zero tolerance of abuse.** Nursing strategy Positive and Safe Safeguarding children's and adults strategies all champion this concept and approach	**Improve the quality of care in inpatient settings – provide patient-centred care that is individualised, comprehensive and continuous; a range of therapeutic resources; a relaxed and secure atmosphere.** The roll out of Safewards. A mental health nursing randomised control trial of nursing practice which promotes inclusivity/ compassion, evidence based interventions and calming interventions in an empowered manner An international approach Where we are twinning with Denmark to assist them and reflect on each other's countries of practice http://www.safewards.net/ We are converting this approach into neighbourhood practice	**Preserve autonomy, choice, control and independence – provide person-centred care and enable people to state their needs and preferences in advance of loss of capacity.** We have advance statements, crisis cards and life story resources for people with dementia. And working age We also have dementia dates where couples with dementia go out for dinner and dancing to maintain their well-being.

Adopt a human rights-based approach to mental health care – ensure that people's human rights are protected at a time when their capacity, autonomy, choice and control may be compromised under mental health legislation. Where someone has been deprived of their liberty under the Mental Health Act, offer them support to deal with any related trauma

We have reviewed NG10- violence NICE guideline and we provide – debriefs post any seclusion use since 1st April. To

We call advocates and legal representatives and advocacy if we believe human rights are breached (extended seclusion)

Our examples of our culturally or REGARDS adapted services		
Our Health visitor Roma clinic work	**Our substance misuse – east European clinic**	**Our Dementia Dates**
Our men's- Angling for Health, chesterfield football club	**LINKS have provided training to members of the community groups listed below in Mental Health First Aid.** They are purchasing 2 sessions weekly of Band 6 Clinical time from Derbyshire Healthcare NHS Foundation Trust (DHCFT) to provide mentorship, supervision and signposting of referrals to Services.	We are training **all Derbyshire police officers** in mental health awareness, and we cover directly **STIGMA** and issues associated with mental health including diversity
We are supporting 50 Syrian families who are relocating to Derbyshire and we are advising on the psychological trauma and child health needs	The service is to be provided to the trained representatives of these BME groups: Asian Association Afro Caribbean Association Chinese Community Pilipino Community Polish Association Ukrainian Association Gypsy Liaison Group Moslem Welfare Moslem Association	We are supporting **a number of complex enquiries** in addition to Aston Hall of looked after children who are victims of trauma. Gender defined post advertised.
Our **IAPT service**s have a significant increase in child sexual abuse and we are responding to this through an inclusive supportive practice which also includes supporting victims in **extensive familial and intergenerational abuse**		The number of sex workers, and men and women involved in substance misuse and sex industry and vulnerable woman is significant in this group and we have a number of cases, we are supporting. This includes family intervention to protect the individuals families

Goal 3: A representative and supported workforce

Workforce Demographics

Workforce demographic data is first captured during the recruitment process when an employee applies for a post through NHS Jobs. This data transfers to ESR (Electronic Staff Record) when an employee becomes successful in being appointment to a post within the Trust. Data from NHS Jobs and ESR is used to create Workforce Profiles on REGARDS data which is published annually in the Annual Report & Accounts and uploaded onto both the Trust's intranet and internet page.

Data validation exercises have been carried out previously to give employees the opportunity to check and update their REGARDS data and more recently ESR Employee Self Service has been rolled out which enables employees to check and update their own REGARDS data electronically at any time. It is hoped that this new functionality will reduce the number of 'not stated' entries that we currently have recorded, particularly in the Sexual Orientation and Religious belief categories, which will improve our data quality.

Our achievements in 2014/15

- The Employers Network for Equality and Inclusion (ENEI) gave the Trust a Silver Standard Employer 2014 award for our commitment to living our values through promoting equality and diversity.

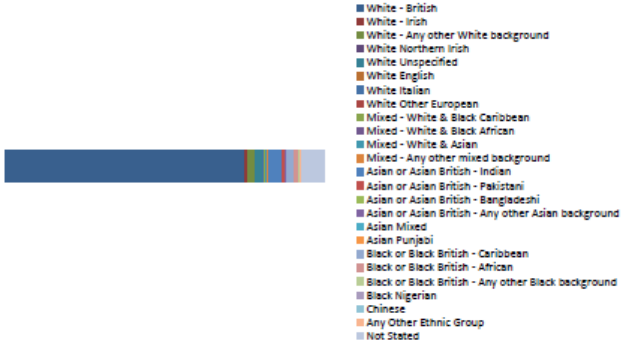
- The Trust retained its NHS Employers (NHSE) equality and diversity partner status for the second year running. The Trust's submission was independently rated as one of the top scoring submissions nationwide and the Trust was commended for senior leadership, the 'reaching out' visits undertaken by the Chairman, our 4Es stakeholder alliance and tangible examples of EDS2 'equality in action' case studies.

The following data tables and graphs compare the Workforce profile of Derbyshire Healthcare NHS FT against the population of Derbyshire (population source: Office of National Statistics).

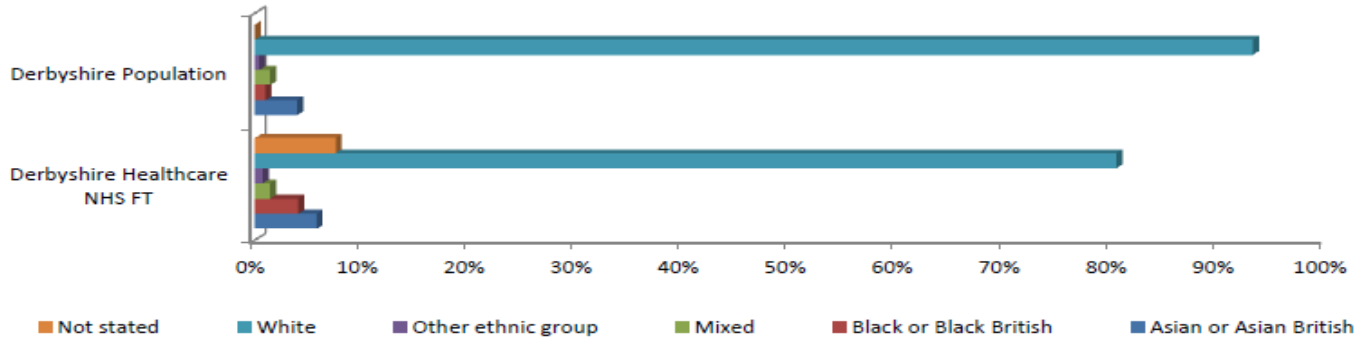
Workforce Profile 31 March 2016

	Headcount	Fte	Workforce %
Trust			
Employees	2363	2064.01	
Staff Group			
Add Prof Scientific and Technic	179	153.69	7.58%
Additional Clinical Services	403	347.92	17.05%
Administrative and Clerical	488	427.42	20.65%
Allied Health Professionals	136	109.71	5.76%
Estates and Ancillary	133	104.08	5.63%
Medical and Dental	140	120.31	5.92%
Nursing and Midwifery Registered	876	792.88	37.07%
Students	8	8.00	0.34%
Age			
16-20	4	4.00	0.17%
21-30	254	235.93	10.75%
31-40	536	462.93	22.68%
41-50	728	639.55	30.81%
51-60	693	605.19	29.33%
61-70	137	110.16	5.80%
71 & above	11	6.25	0.47%
Disability			
Declared Disability	105	90.25	4.44%
No Declared Disability	2258	1973.76	95.56%
Ethnicity			
White - British	1781	1549.47	75.37%
White - Irish	23	19.57	0.97%
White - Any other White background	50	45.47	2.12%
White Northern Irish	1	0.67	0.04%
White Unspecified	58	51.28	2.45%
White English	3	2.44	0.13%
White Italian	1	1.00	0.04%
White Other European	2	1.25	0.08%
Mixed - White & Black Caribbean	13	11.35	0.55%
Mixed - White & Black African	3	2.39	0.13%
Mixed - White & Asian	10	9.31	0.42%
Mixed - Any other mixed background	10	9.60	0.42%
Asian or Asian British - Indian	97	85.75	4.10%
Asian or Asian British - Pakistani	25	22.83	1.06%
Asian or Asian British - Bangladeshi	3	2.32	0.13%
Asian or Asian British - Any other Asian background	8	7.40	0.34%
Asian Mixed	1	0.80	0.04%
Asian Punjabi	4	2.61	0.17%
Black or Black British - Caribbean	50	45.72	2.12%
Black or Black British - African	36	33.26	1.52%
Black or Black British - Any other Black background	9	8.32	0.38%
Black Nigerian	1	0.80	0.04%
Chinese	1	0.80	0.04%
Any Other Ethnic Group	13	10.50	0.55%
Not Stated	160	138.70	6.77%

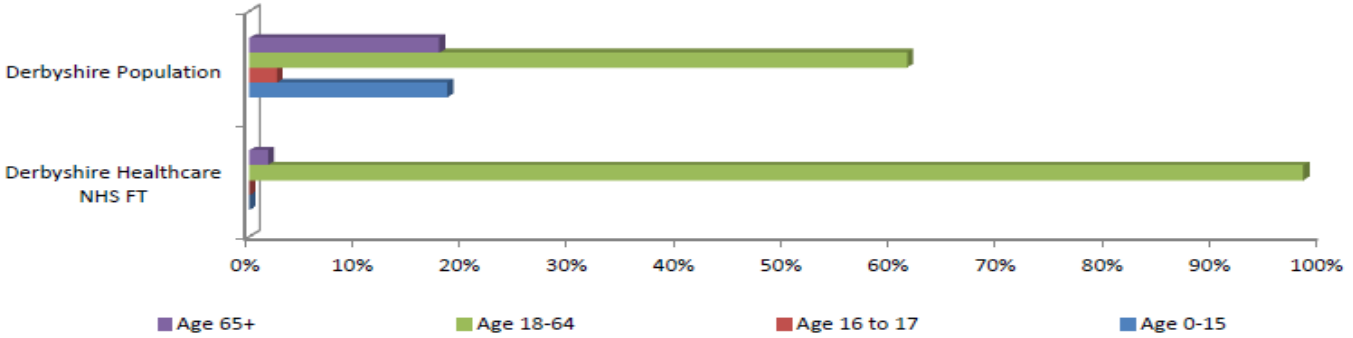
Derbyshire Healthcare NHS
NHS Foundation Trust



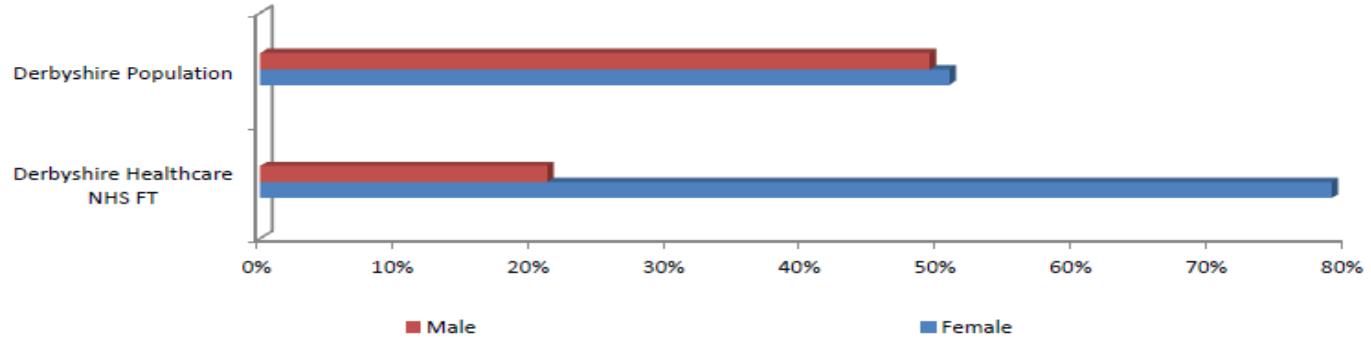
Ethnicity	Derbyshire Healthcare NHS FT	Derbyshire Population	Variance
Asian or Asian British	5.80%	3.92%	1.88%
Black or Black British	4.07%	0.99%	3.08%
Mixed	1.44%	1.41%	0.03%
Other ethnic group	0.70%	0.42%	0.28%
White	80.48%	93.26%	-12.78%
Not stated	7.52%	0.00%	7.52%



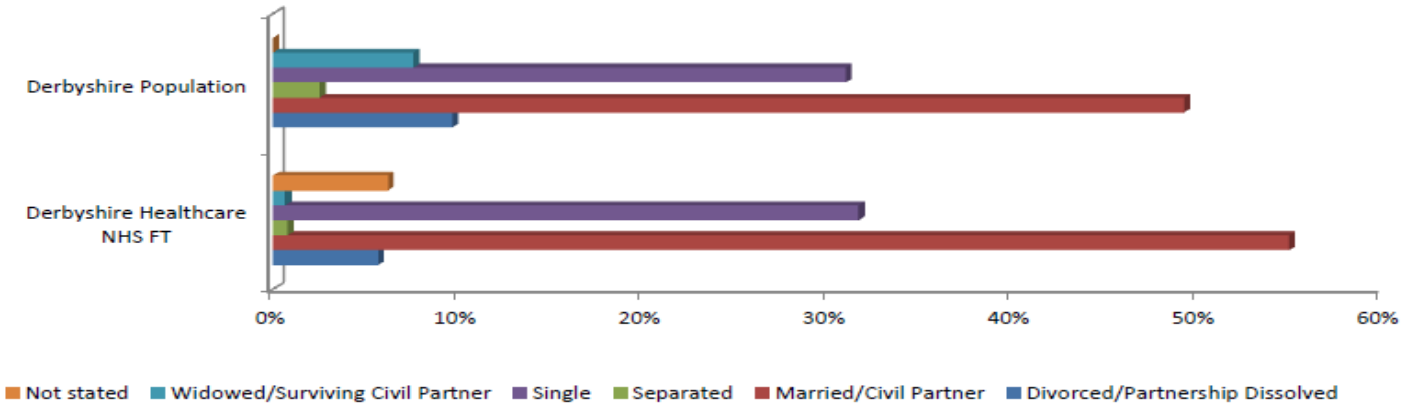
Age Group	Derbyshire Healthcare NHS FT	Derbyshire Population	Variance
Age 0-15	0.00%	18.41%	-18.41%
Age 16 to 17	0.00%	2.57%	-2.57%
Age 18-64	98.31%	61.30%	37.01%
Age 65+	1.69%	17.73%	-16.04%



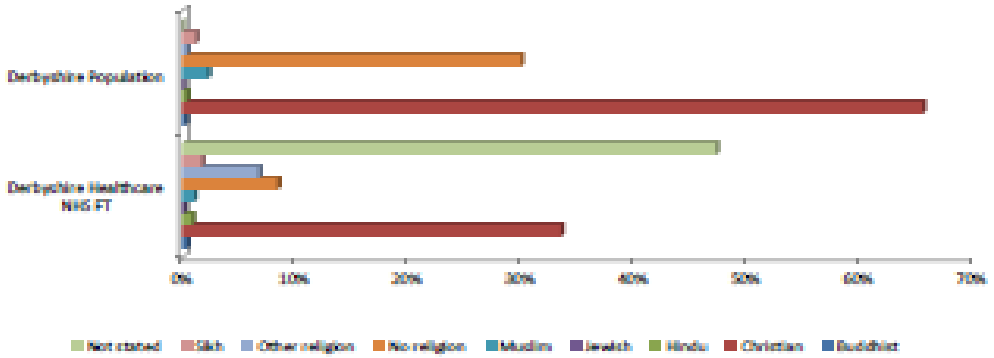
Gender	Derbyshire Healthcare NHS FT	Derbyshire Population	Variance
Female	78.91%	50.70%	28.21%
Male	21.09%	49.30%	-28.21%



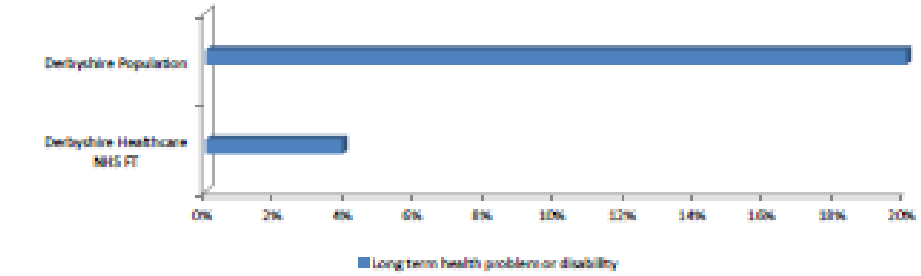
Marital Status	Derbyshire Healthcare NHS FT	Derbyshire Population	Variance
Divorced/Partnership Dissolved	5.67%	9.70%	-4.03%
Married/Civil Partner	54.99%	49.30%	5.69%
Separated	0.78%	2.50%	-1.72%
Single	31.69%	31.00%	0.69%
Widowed/Surviving Civil Partner	0.66%	7.60%	-6.94%
Not stated	6.21%	0.00%	6.21%



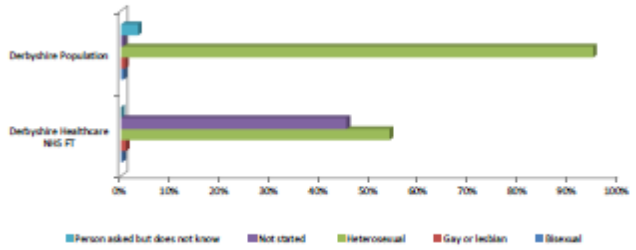
Religious Belief	Derbyshire Healthcare NHS FT	Derbyshire Population	Variance
Buddhist	0.41%	0.25%	0.16%
Christian	33.46%	65.53%	-32.07%
Hindu	0.86%	0.38%	0.48%
Jewish	0.12%	0.05%	0.07%
Muslim	1.03%	2.24%	-1.21%
No religion	8.43%	29.96%	-21.53%
Other religion	6.78%	0.41%	6.37%
Sikh	1.73%	1.18%	0.55%
Not stated	47.18%	0.00%	47.18%



Disability	Derbyshire Healthcare NHS FT	Derbyshire Population	Variance
Long term health problem or disability	3.90%	19.98%	-16.08%



Sexual Orientation	Derbyshire Healthcare NHS FT	Derbyshire Population	Variance
Bisexual	0.25%	0.50%	-0.25%
Gay or lesbian	0.95%	0.80%	0.15%
Heterosexual	53.68%	94.60%	-40.92%
Not stated	45.13%	0.40%	44.73%
Person asked but does not know	0.00%	3.40%	-3.40%



Staff Survey

Proactive work will be undertaken to explore the results further and analyse by service line, occupational groups, and Workforce Race Equality Standard (WRES). This detail was shared with the People and Culture Committee in March 2016, senior leadership team and will be supported by a specific action plan.

'We Focus on Our People' is a core value for our Trust. The annual staff survey is one indicator of how our staff feel in their day to day working environment – our future strategy and activities will be informed by the results of the annual survey to ensure we are listening and learning form this feedback.

We will continue to encourage as many staff as possible to take part in the 2016 national NHS Staff Survey later this year.

Local community engagement

4Es stakeholder alliance - Equality, Experience, Engagement and Enablement

Our 4Es stakeholder alliance has continue to grow and develop over the year, bringing together partners, working together to make a real difference to the quality of life and experiences of people who need our help and support.

Examples of our local community engagement in 2015 /2016

1. Derby Dignity Action day: Event engaging with diverse communities celebrating dignity in health and eradication of stigma in mental and physical disabilities
2. Time to Talk day: Awareness stall at the Royal Derby Hospital, having conversations with communities of all nationalities and ethnic groups about mental health and wellbeing
3. LGBT Healthcare and Awareness Day: Event at the medical school at Royal Derby hospital to highlight LGBT awareness and dispel stigma and discrimination.
4. International Women's Day: Event engaging with women from all walks of life and ethnic origins, showcasing diversity and culture in Derbyshire.
5. Building better communities@ Supporting local communities within Erewash. By building better communities we aim to improve everybody's health and wellbeing.
6. Engagement with the New Communities meetings chaired by Derby city council take place quarterly Exploring needs of refugees and asylum seekers within Derby City and access to mental health services. Development of the customer inclusion committee in conjunction with Griff Jones, Derby City Social Services.

Improving access for Deaf people

Derby has the second largest Deaf community outside of London. As such, the Deaf community is an important part of the communities we serve and we have made particular efforts this year to ensure that we are making our services accessible and responsive to the needs of this community.

To express our commitment to the Deaf community, the Trust Board signed the British Sign Language Charter in May 2014. Through the Charter, the Trust has committed to:

- Ensuring access to information and services

- Promoting learning and high quality teaching of British Sign Language
- Supporting Deaf children and their families
- Ensuring staff working with Deaf people can communicate effectively
- Consulting with the local Deaf community on a regular basis.

Robin Ash, from the British Deaf Association, has delivered Deaf equality and BSL training sessions to our staff throughout the year to aid their understanding of the Deaf community, whilst also providing basic sign language skills.

Our experiences in this area were shared with the London Assembly Health Committee expert panel, to share our work to promote access to health services for d/Deaf people and implementing the British Sign Language Charter in partnership with the British Deaf Association.

Mental health first aid training

Throughout the year we have provided mental health first aid training to the deaf community. This was also extended to Asian community groups – including the Sathi Group, Shakti Group and Saheli Group, in partnership with the Indian Day Care Support Services and Derbyshire Mind.

The training was provided bilingually in Punjabi and English, in partnership with Derbyshire Mind. It aims to help communities to spot the signs and symptoms of common mental health problems and advise others in the community about how to get help.

World mental health day

A host of local organisations came together to champion World Mental Health Day by encouraging people to think about the human dimension of mental health.

The Trust, in partnership with the University of Derby, local BME groups and local charities, encouraged students and residents to listen to the personal stories of people who have experienced mental ill health at a 'human library' event in the university atrium on 9 October.

World Mental Health Day takes place every year on 10 October and is supported by organisations including the World Federation of Mental Health and the World Health Organisation. The theme for 2015 was 'dignity in mental health', and the day sought to raise awareness of what can be done to ensure that people with mental health problems can live with dignity.

The Trust's 'human library' event was part of an international movement to challenge prejudice through social contact. Just like in a real library, a visitor to a human library gets to choose from a range of stories – but rather than being on paper, the stories are the real-life stories of people, told by them in person. Visitors to the library are encouraged to engage with the stories by asking questions, in order to better understand them. Among those telling their mental health stories at the human library on 9 October was a publicly elected Derbyshire Healthcare governor and a Derbyshire Healthcare youth worker, both of whom have direct experience of living with mental ill health themselves.

Goal 4: Inclusive leadership

Governance arrangements for our compliance with the Public Sector Equality Duty

Trust Board

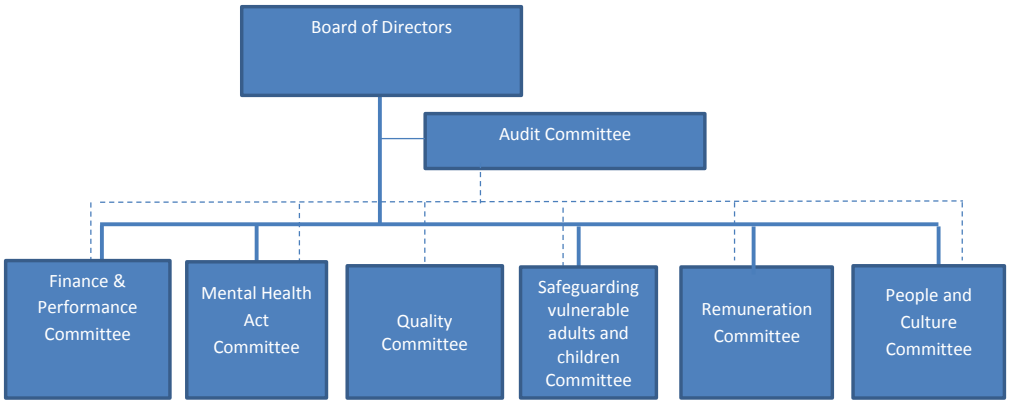
Within our corporate governance the trust board ensures compliance with the principles, systems and standards of good corporate governance and has regard to guidance issued by Monitor and appropriate codes of conduct, accountability and openness applicable to Foundation Trusts. It is responsible for maintaining committees of the Trust Board with delegated powers as prescribed by the Trust's standing orders, scheme of delegation and/or by the Trust Board from time to time. The Director of Workforce, OD and Culture is the Executive Lead for equality and diversity.

People and Culture Committee (from January 2016)

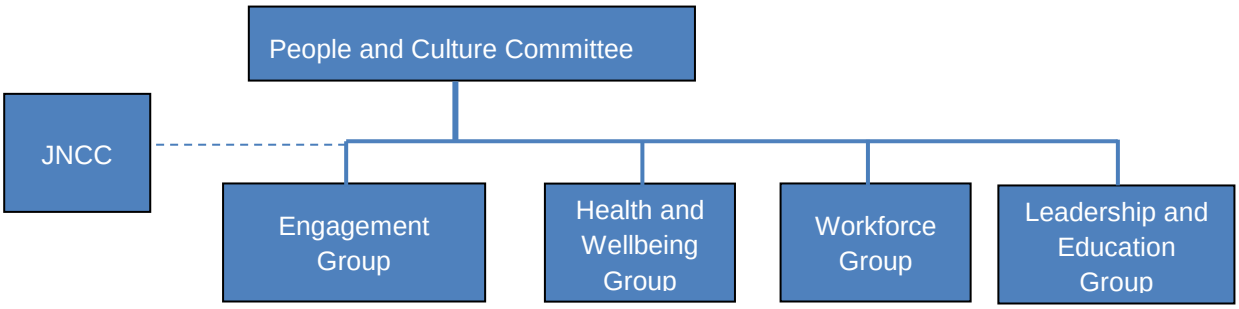
In January 2016 a new Board level Committee was established, the People and Culture Committee. The Committee is to provide assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective capable workforce to meet the Trusts current and future needs.

The Committee is chaired by a non- executive and membership includes:

- Non-Executive Directors x 3 (One as the Chair)
- Director of Workforce, Organisational Development and Culture
- Medical Director
- Director of Operations
- Director of Corporate and Legal Affairs
- Representatives from staff side



There are a number of groups that report to the people and culture committee.



Ward to Board

At the beginning of every public Board meeting a patient, carer or family tells the Board about their experience of our services. This is documented in the minutes of the Board meeting.

Front sheet format

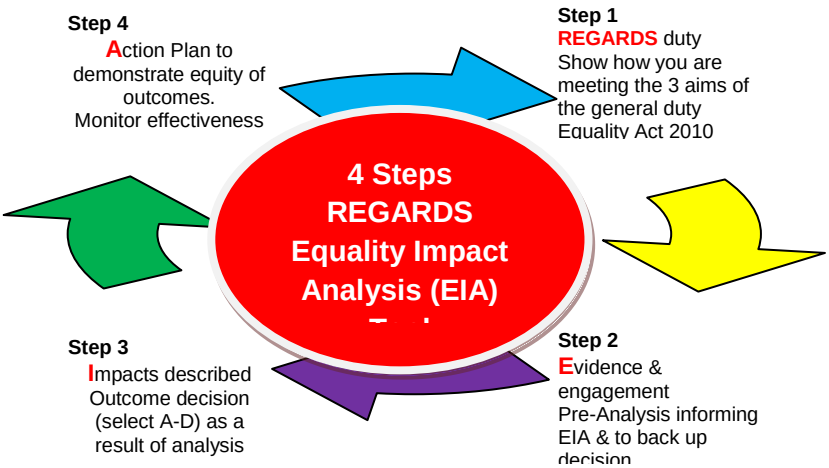
The front sheet of every paper being presented to Board includes a requirement to state if the work described in the paper has any impact of any of the REGARDS groups.

Policies and procedures

Our policies and procedures reflect the general duty and address the needs of people of all protected characteristics. Equality impact assessments are undertaken on every policy on its formulation and at the review date by using the equality impact risk analysis tool.

REGARDS FULL Equality Impact Risk Analysis (EIRA) Tool

Equal Quality – making evidence based fair decisions, so that everyone counts.



Policies and guidance includes:

- REGARDS Equality Impact Risk Analysis (EIRA) Policy and Procedure
- Equal Opportunities Policy
- Human Rights Policy and Procedures
- Engagement 4 Improvement Framework
- Policy and Procedure for Handling Patient Feedback: Comments, Concerns, Complaints and Compliments

In summary

We have made some progress with regard to our duties in the Equality Act; we have more to do to ensure that we are improving on:-

1. Our equality impact assessments, that the quality of our performance in this area improves, key staff are trained in extended equality impact assessment within 2016
2. Our Mental health act committee reviews its monitoring of mental health act legislation and undertakes further extended assessment of the use of the mental health act, mental capacity act and restricted practices for BME and REGARDS groups
3. Analysis of request for single gender staff, are monitored and reported through the Quality leadership groups to monitor access and changes to clinical staff to ensure this is offered and accessible
4. The service receiver and carer groups are asked about any access or equality issues they would like the Trust to reflect upon or consider.
5. The Trust executive ensures that all service configurations and tender process are reviewed in line with the requirements for due regard to protected characteristics and this is evidenced
6. The Trust Board members positively challenge each other on the quality of board papers and the impact of changes and strategic decisions are consider with due regard to the equalities act and this is monitored.
7. The people and culture committee are the lead for the workforce issues and required action plan, however the quality committee need to be cognisant of the potential risks to quality associated with staff survey feedback and benchmarking demonstrating a red flag for discrimination, which we require assurance from the People an culture committee on this issue.
8. The chair of the Trust in recruitment of non-executive directors in the next round of recruitment considers the snowy white peaks national reports on the workforce composition of Boards and whether individuals can be recruited that reflect the composition of our communities of Derby city and Derbyshire and consideration of all being equal of positive discrimination in board level recruitment.