

SOUTH WARWICKSHIRE NHS FOUNDATION TRUST

Meeting	Board of Directors	Date	23 May 2018
Subject	Annual Equality and Diversity Report	Enclosure	

Nature of item	For information	✓
	For approval	
	For decision	

Decision required (if any)	
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General Information	Report Author	Maggie O'Rourke, Senior HR Manager Senior Human Resources Team Ann Pope, Director of Human Resources
	Lead Director	Ann Pope, Director of Human Resources

Received or approved by	Meeting	Equality and Diversity Steering Group
	Date	27 April 2018

Resource Implications	Revenue	
	Capital	
	Workforce	✓
	Use of Estate	
	Funding Source	

Applicable Quality Improvement Priorities	Integrated Care		Normal Birth Rates	
	Patient Experience – End of Life		Leg Ulcer Healing Rates	
	Patient Experience – Dementia		Electronic Observations	
	Patient Experience – Booking		Medicines Management	
	Delayed Transfers of Care			

Freedom of Information	Confidential (Y/N) (if yes, give reasons)	No
	Final/draft format	Final
	Ownership	Trust
	Intended for release to the public	Yes

South Warwickshire NHS Foundation Trust

Report to Board of Directors – 23 May 2018

Annual Equality and Diversity Report – April 1st 2017 to 31st March 2018

Executive Opinion

This annual report provides assurance that the Trust is meeting its statutory reporting duties under the Equality Act 2010. Assurance is also provided that there is a robust action plan in place to ensure we continually improve our compliance with the Accessible Information Standard.

The Equality and Diversity Steering Group meets bi-monthly and the report summarises the activities overseen by the group during 2017-18.

Introduction

The main body of the report relates to workforce information relating to the equality standards data collected and monitored for the period of 1st April 2017 to 31st March 2018. A variety of internal Trust data has been bench marked against the Warwickshire Observatory population data from the Joint Strategic Needs Analysis report and the Living Better in Warwickshire, produced by Warwickshire Public Health Department in 2017. This information provides context for the purpose of monitoring and setting targets.

Demographic Context

Warwickshire Joint Strategic Needs Analysis

The population of Warwickshire is expected to increase to 624,000 by 2037, a 13.9% increase on the current population. Population growth is not expected to be evenly distributed across the county; with North Warwickshire Borough witnessing the smallest increase (8.4%) and Rugby Borough seeing the highest (18.9%). Warwickshire's older population is projected to increase substantially; with more, than 1 in 4 of the Warwickshire population being aged over 65 and around 1 in 16 aged over 85 by 2039. A baby born in Warwickshire today will live for an average of 80 years (male) or 83.6 years (female), marginally better than the national average.

While it is good that we are living longer, much of the additional time is spent in poor health – around 12 years for men and 16 years for women. Years spent in poor health impact on families and workplaces, and increase pressure on health and social care services.

It is therefore essential that we continue to work with all of our partners to help residents stay healthy for longer by encouraging them to:

- Quit smoking
- Drink less alcohol
- Eat well
- Be active and enjoy good mental wellbeing

Long Term Illness and Disability

The number of residents in Warwickshire who stated in the 2011 Census that they had a long-term illness that 'limited their activities a lot' was over 38,000, including over 11,000 in the Nuneaton & Bedworth Borough.

The Office for National Statistics' population future projections, based on the assumption that similar proportions of residents will have limited activity, is projected to increase by 65% to nearly 64,000 in 2037, with the oldest age groups projected to increase the greatest.

Ethnicity recorded from the 2011 census

The most recent population statistics by ethnic group (2011 Census) suggest that non-'White British' groups make up approximately 12% of Warwickshire's total population, an increase from 7% in 2001. In volume terms, the 'Asian' and 'Other White' ethnic groups are the largest non-'White British' groups in the county. At district level, Warwick District is estimated to have the highest proportion of non-'White British' residents, at 17%, and North has the lowest proportion, at 4%.

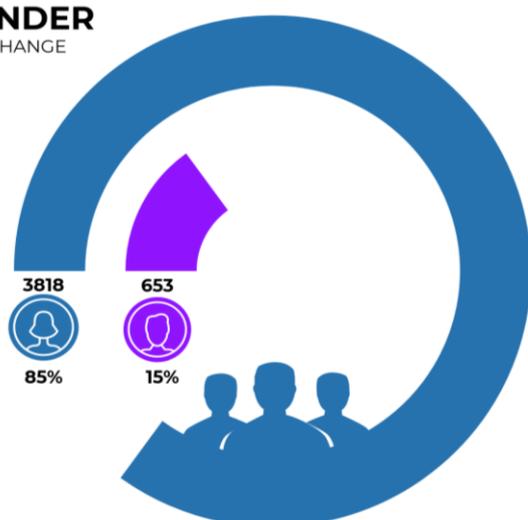
Our workforce

Workforce Race Equality Standard (WRES)

This is the third year that the national WRES mandatory reporting template has been completed and published. It records workforce data relating specifically to race equality and demonstrates how the Trust is addressing any identified race equality gaps across a range of staffing areas. The 9 WRES indicators are made up of: 4 workforce metrics, 4 staff survey indicators, and 1 indicator for board membership. Two WRES reports have been published on the Trust website and submitted to NHS England and South Warwickshire Clinical Commissioning group. The main focus has been on strengthening the recruitment process, improving equality workforce data and recording, reporting and analysing data in relations to disciplinary, grievance and harassment cases. (**Appendix 2**) workforce action plan for EDS2 section 3 and 4 and WRES.

Workforce demographics

GENDER NO CHANGE

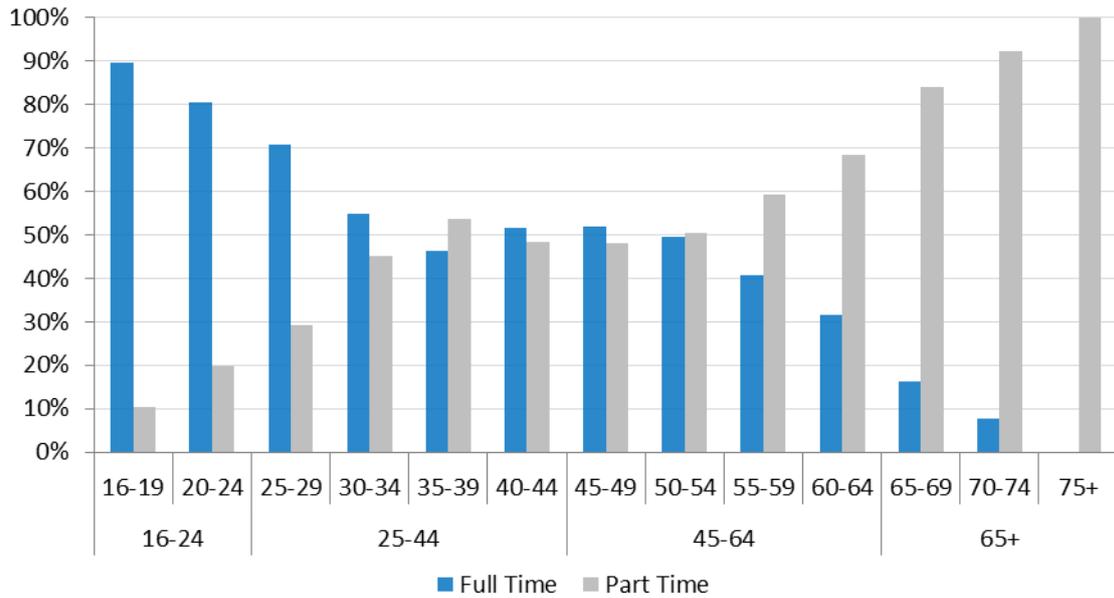


The trust currently employs 4471 staff with 85% recorded as female and 15% male. Very little has changed over the last 12 months in terms of the workforce demographics which are measured against the 9 protected equality characteristics.

The gender breakdown of 85% female and 15% remains unchanged from last year.

The Trust continues to be recognised by staff as supportive of family friendly working arrangements and the current split between our full time staff and those working part time overall is 51:49. It is encouraging that 49% of SWFT staff currently work part time; though the distribution of the uptake of part time work does suggest that there

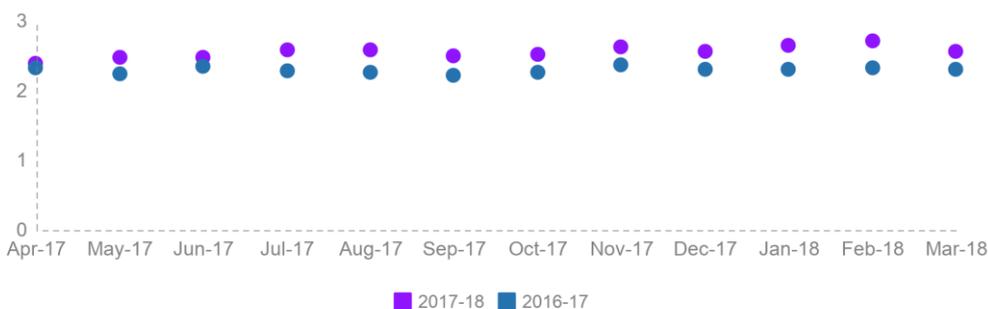
may be unexplored opportunities for flexible working in the staff in the younger age ranges (the lowest uptake of flexible working is amongst staff under 25 years of age).



	16-24		25-44				45-64				65+		
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Full Time	17	159	325	262	232	271	321	355	236	91	10	2	
Part Time	2	39	134	215	270	253	296	362	342	197	52	24	4

MATERNITY

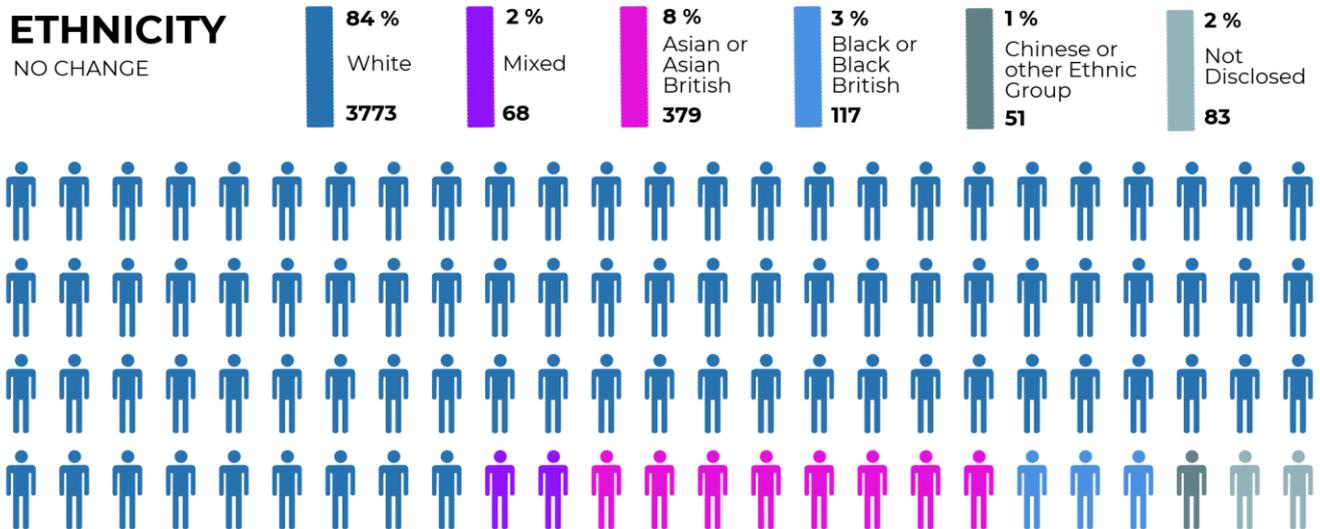
CHANGE



Leave taken for maternity, paternity or adoption leave has been consistent throughout the year at just over 2.5%, which is a slight increase on last year.

Ethnicity

There is very little change in ethnicity profile of the workforce from last year and the overall percentages remain the same.

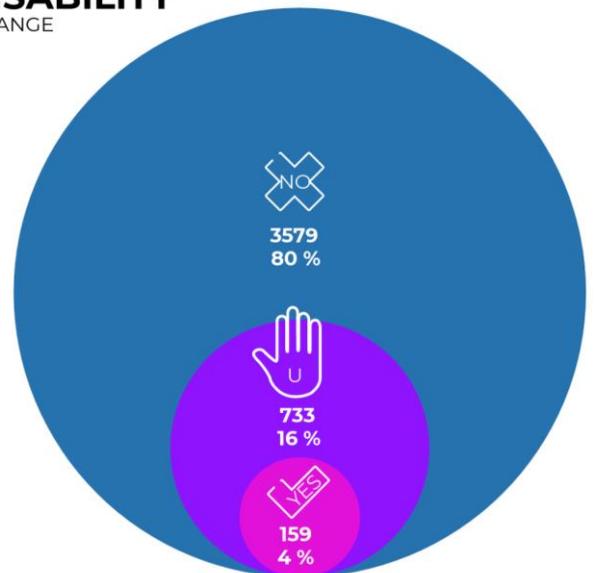


Disability

With regard to staff indicating that they have a disability the percentages remain unchanged from last year; only 4% of the workforce has declared that they have a disability. Improvements continue to be made to the number of staff declaring their disability status and we have seen a 2% decrease in the number of undeclared staff (down from 18% to 16%). We are aware that there may be a number of reasons for the under recording including: staff developing a long term illness or disability whilst in employment; staff not wanting to declare as they believe it may have a detrimental impact on their employment; and staff not recognising that they have a disability. The introduction of the new Workforce Disability Standard next year along with the new disability staff network may provide an opportunity for us to identify best practice initiatives from other workplaces.

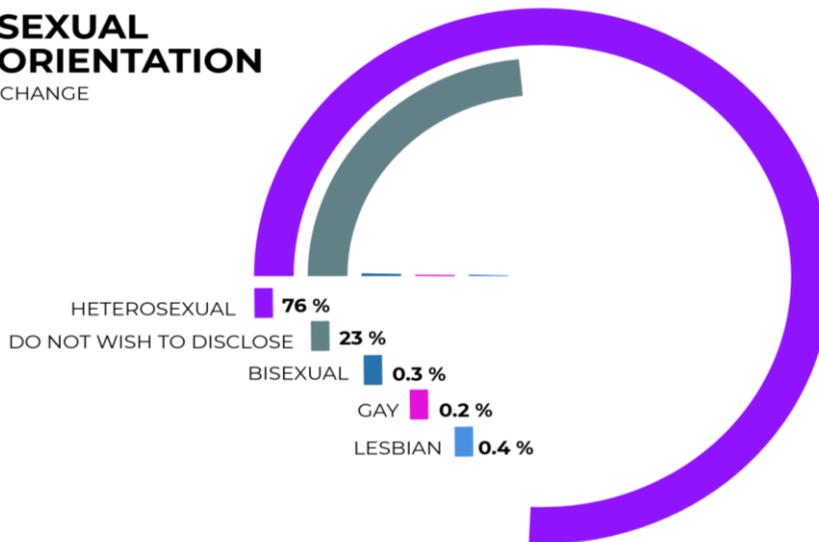
DISABILITY

CHANGE



SEXUAL ORIENTATION

CHANGE

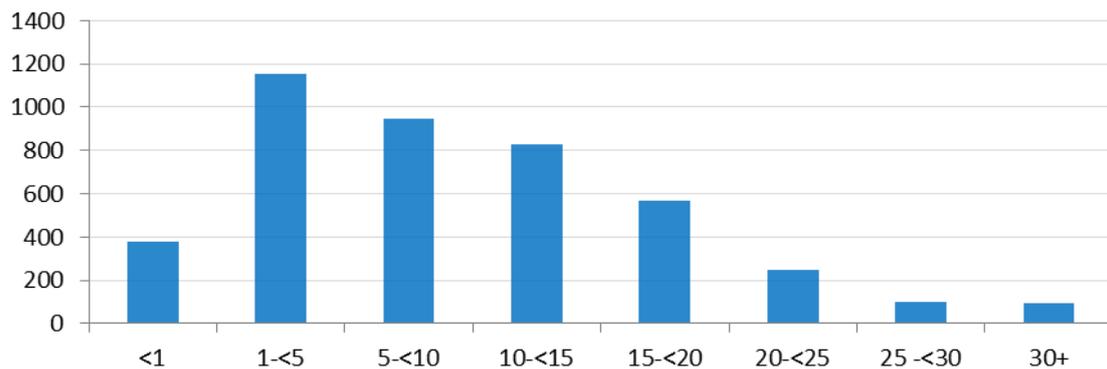


Sexual orientation

We have achieved a slight improvement in the information collected in relation to sexual orientation from last year. There does, however, continue to be a large percentage of staff who do not wish to declare, at 23% (2% less than last year). This has resulted in a 2% increase in the number of staff recorded in heterosexual.

Length of service

2475 Staff have less than 10 years' service and 197 staff have over 25 years' service, with the peak being between 1-5 years.

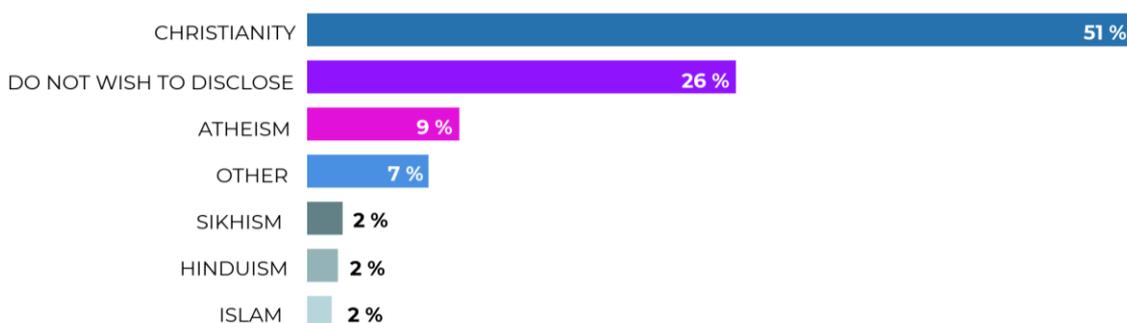


Religion

There haven't been any significant changes from the previous year's annual report, 51% of staff still record their faith as Christianity, however the number of staff not wishing to disclose their religion has decreased from 28% to 26%. This is mostly largely due to the census update that took place last year.

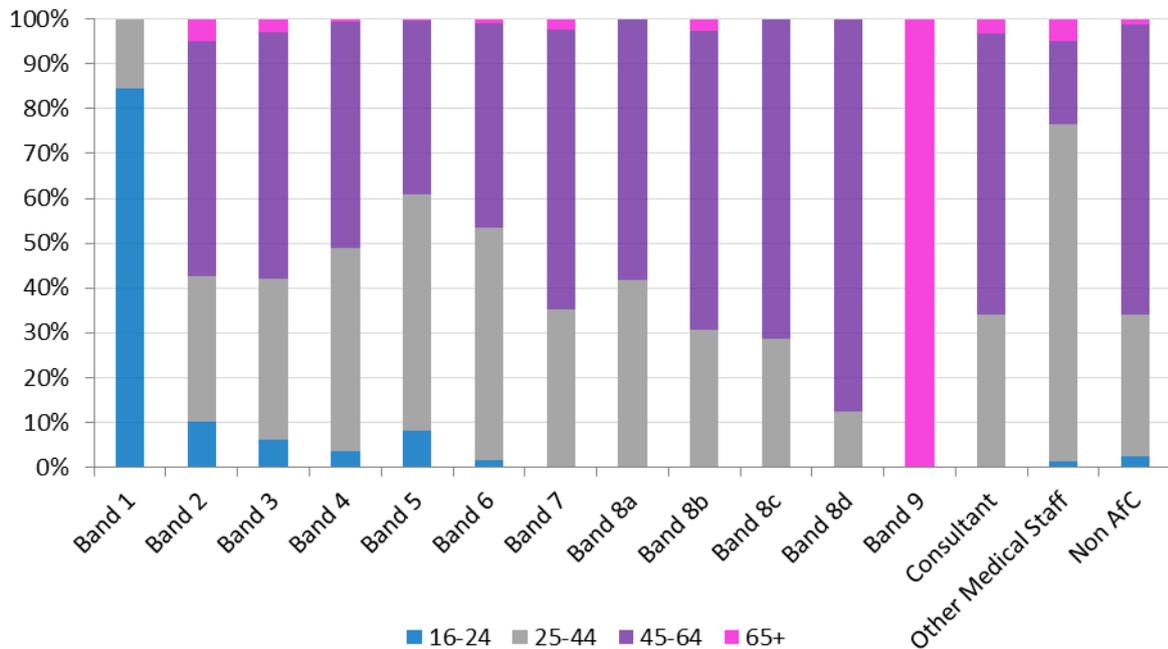
RELIGION

CHANGE



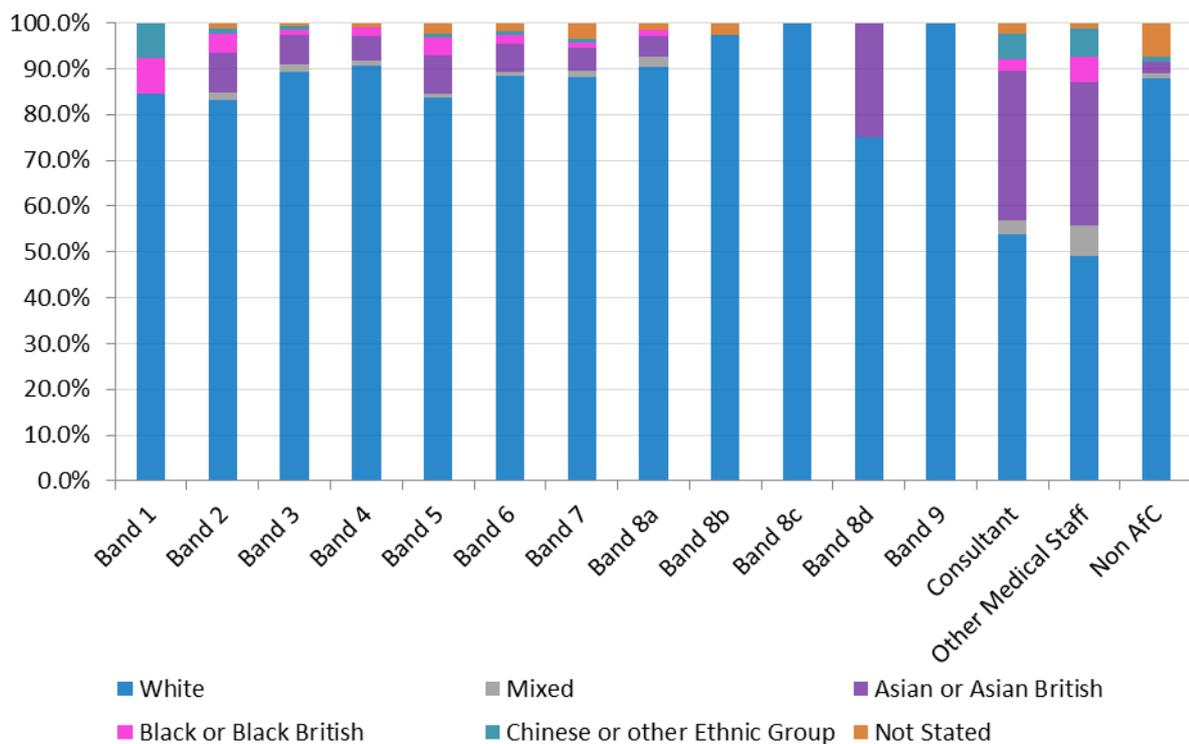
Age by pay banding

The chart below shows pay banding by age. The 85% of staff in Band 1 are under the age of 24, and the highest number of staff aged between 25 to 44 is in bands 5 and 6, which is in line with the demographics shown in last year's report.



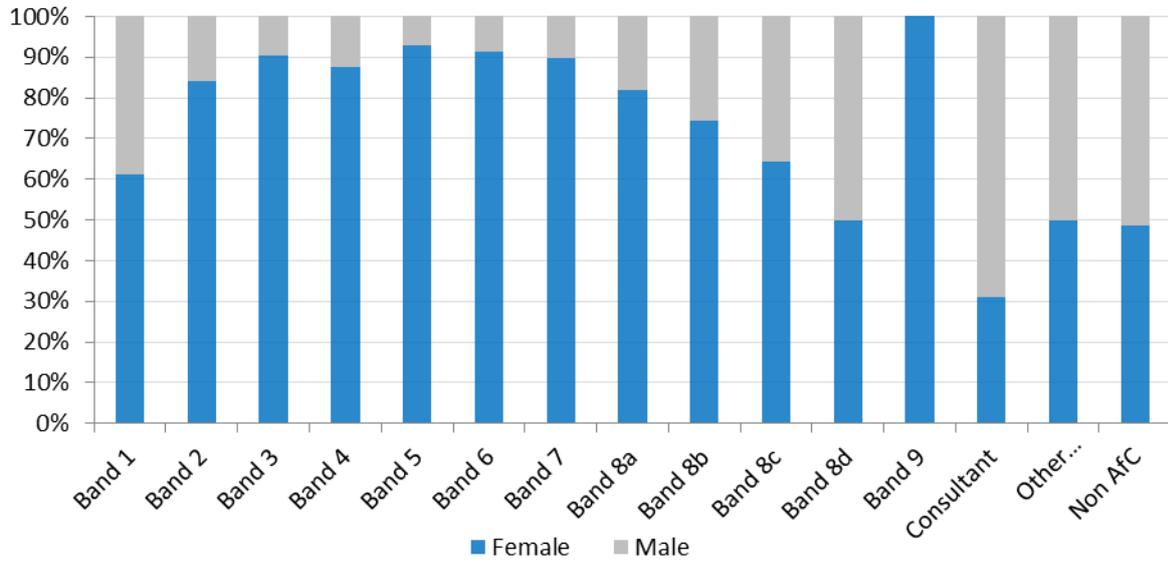
Ethnic profile by pay band

The chart below shows the Trust's ethnic profile by pay band. There has been very little change to the profile of the Trust as a whole. Patterns in the distribution of both BME and White staff across the Trust show similar trends, forming peaks at bands 2 and 3 and also in bands 5 and 6.



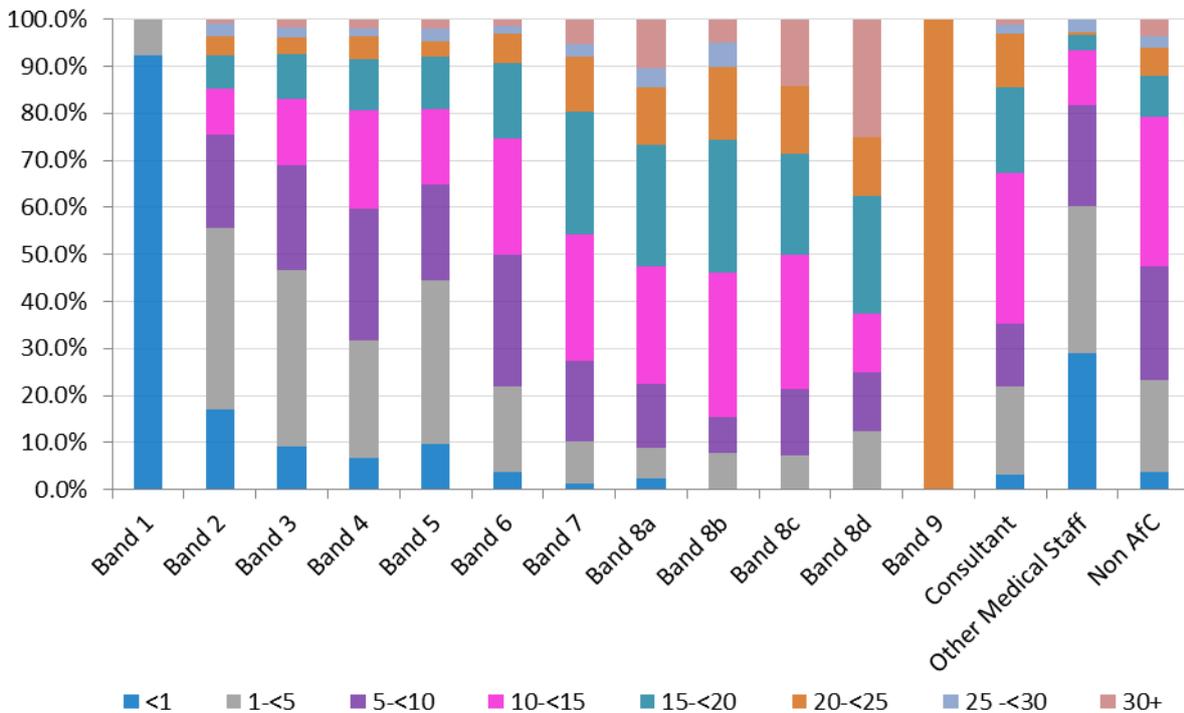
Gender by pay band

The Chart below shows pay bands by gender profile which is very similar to last year.



Length of Service by pay band

The chart below shows pay band by length of service, the percentages of staff with less than 1 years service is high in band 1. The staff numbers are very small 13 in total and these are mainly apprentice posts (most of whom sucessfully progress on into permenet positions after 12 months).



Recruitment Data - 2017/2018

The Trust collects data from all applicants which are then tracked through the recruitment process. This is done via our Applicant Management System (TRAC).

The following figures give an overview of this data across the following protected characteristics:

- Gender
- Disability
- Ethnicity
- Age
- Religion and Belief
- Sexual Orientation

Recruitment by Gender Profile

This figures below shows the proportion of gender through the recruitment process. The proportion of male applicants versus female applicants changes slightly through the process. This proportion is representative of the current Trust profile and the profiles of the groups within which the Trust recruits. This position is also very similar to the position in 2016/2017.

	Applications %	Shortlisted %	Appointed %
Male	20.4	22.6	13.3
Female	79.6	77.4	86.7

Recruitment by Disability Profile

The figures below shows the proportion of applicants with a declared disability and their progress through the recruitment system.

	Applicants %	Shortlisted %	Appointed %
No	93.4	93.7	94.5
Yes	4.2	3.7	3.3
I don't want to disclose	2.3	2.6	1.8
Not Stated	0.1	0	0.4

Where an applicant has a stated disability and meets the minimum criteria for the role they are guaranteed an interview. This is a commitment made as part of the now closed Two Ticks scheme and was publicised on our website and on NHS Jobs. This explains the differences between those shortlisted and those that apply and are finally appointed. The Trust has signed up to the Governments Disability Confident Scheme, we are on tier 2 of this scheme as a Disability Confident Employer. We have plans in place to progress to tier 3.

Recruitment by Ethnicity Profile

The figures below shows the breakdown of ethnic profiles through the recruitment process.

	Applicants %	Shortlisted %	Appointed %
White	68.9	63.1	81.4
Asian	17.4	21.1	9.9
Black	8.3	9.3	5.6
Mixed	2.1	2.6	1.5
Other	3.3	3.9	1.6

The increase in white applicants through the process can be explained partly through how and where the Trust advertises and promotes its vacancies. This is done via NHS Jobs and the Trust's recruitment social media channels. Being online these are essentially international systems through which people from all over the world can apply. Due to right to work restrictions the number of applicants from international (and therefore more ethnically diverse) countries is higher than we are permitted to take through the process. The proportion of applicants at all stages of the process is more diverse than the local communities (Based on 2011 Census data for Warwickshire). This data is also in line with the most recent data available from other similar provider based NHS Trusts. The Trust has a range of robust selection methods that focus on strict objective criteria such as skills, knowledge, behaviour and values which inform decision making regarding selection of candidates.

Managers are taught, through advanced recruitment and selection training, the importance of using objective criteria and reasoning and are challenged via the team on their justification for recruitment decision making, where appropriate. This will be available for all recruiting managers and included as part of the Leadership Tool Kit.

The Team will continue to gather this data and report on ongoing trends.

Recruitment by Age Profile

These figures shows the proportion of applicants at each stage of the process against their age.

	Applications %	Shortlisted %	Appointed %
16 - 24	18.4	19.4	19.13
25 - 44	56.1	58.1	52.47
45 - 66	25.3	22.3	27.9
65 +	0.2	0.2	0.5

There are some differences between the age groupings which are reported against. Those in the 25 to 44 age bracket decrease slightly through the process while those in the 45 to 64 bracket increase slightly. The age profile as a whole is reflective of the proportion of working age people within our local communities in the specific roles that are recruited to. This is a similar picture to the figures in 2016/2017.

Recruitment by Religion and Belief Profile

This figures below show the percentage of applicants through the process by religion and belief and is broadly reflective of the local communities from which the Trust recruits.

	Applications %	Shortlisted %	Appointed %
Atheism	14.2	13.9	13.9
Buddhism	0.5	0.6	0.6
Christianity	49.1	47	47
Hinduism	4.4	5.6	4.6
Islam	6.4	8.2	8.6
Jainism	0	0	0
Judaism	0.1	0.1	0.1
Sikhism	4.2	4.2	3.1
Other	11.1	11.4	9.9
I do not wish to disclose	10	8.9	11.7
Not Stated	0	0	0.3

Recruitment by Sexual Orientation Profile

We monitor applicants through the recruitment process against their declared sexual orientation. This remains static throughout the recruitment process and is comparable with data from 2016/2017.

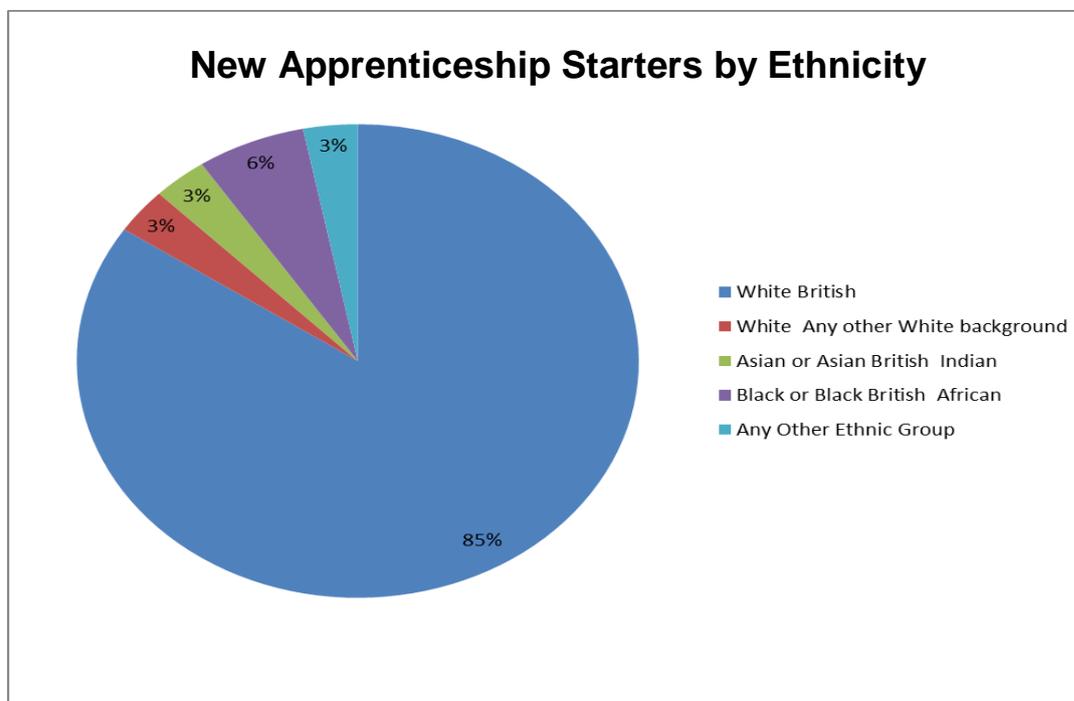
Learning and Development

In the 2017 Annual Staff Survey the Trust continues to score well in the domain areas relating to learning and development. Once again the Trust achieved high scores in staff reporting that they had access to career progression, and the quality of non-mandatory training.

The Trust continues to seek to ensure that every opportunity is provided for all staff groups to access development opportunities.

Apprenticeships

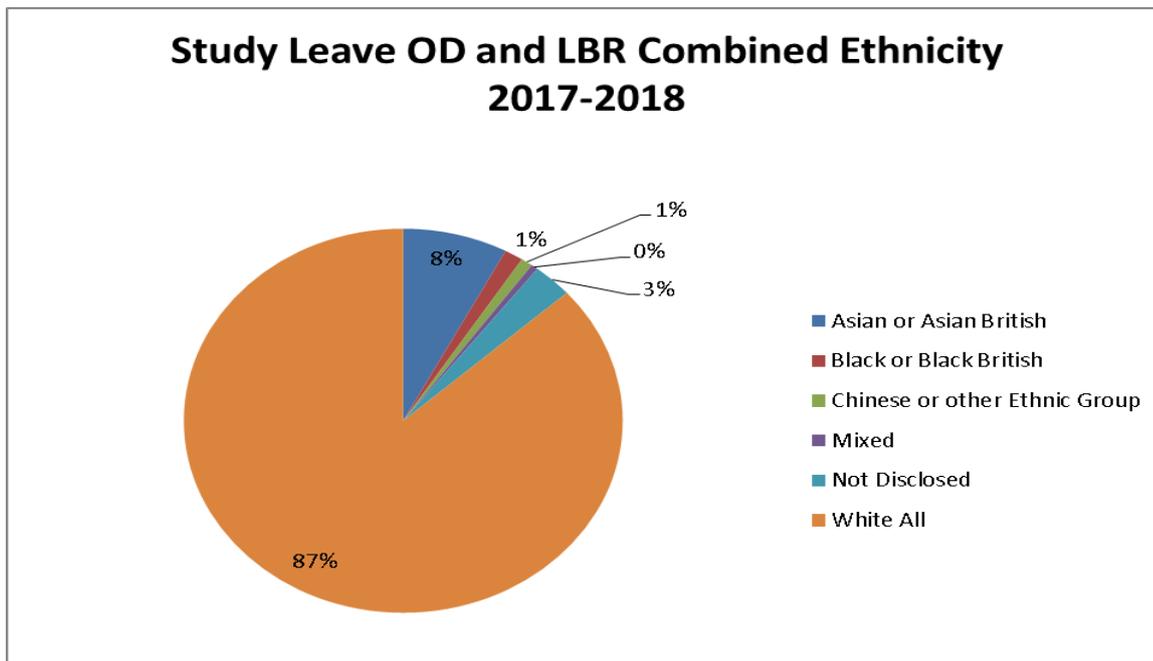
2017 saw apprenticeship training and funding change with the introduction of the Apprenticeship Levy. The levy is intended to support learning through the implementation of national standards particular to a job role in tandem with on the job training. The range of Apprenticeship Standards for healthcare workers is increasing and the Trust is supporting managers to understand how workforce plans can be amended to incorporate apprentices. The chart below shows the ethnicity of staff that commenced an apprenticeship in the last 12 months up to level 5. There were no level 6 or 7 apprenticeships in place at the time the report was compiled. No staff in this group disclosed any disability.



Access to Non Mandatory Training

The Trust encourages all staff to develop both personally and professionally. To enable this to happen, there are several funding streams held within the Trust to support the commissioning of education and training. In addition, there is also access to national funding to support key national educational priorities.

It should be noted that this data is for non-mandatory training and funded through the study leave process. This data includes both registered and non-registered staff and clinical and non-clinical staff. The ethnicity of access to this training is shown below.



Access to learning for our medical workforce

Medical and Dental Terms and Conditions of Service entitle consultant and specialty doctors to contractual study leave at a rate of 30 days in any 3 year period. To support this study leave entitlement, a Trust allocated annual study leave budget is allocated and managed by the Associate Medical Directors for the Divisions. A small proportion of this budget is retained by the Medical Director to support corporate and organisational development.

Additionally, there is very limited funding available for specialty and non-consultant grade doctors from Health Education England working across the West Midlands. This additional funding is to support continuing professional development particularly for those medical staff who wish to pursue higher professional qualifications or to access the additional training required to allow them to become consultant level doctors. Our information related to successful study leave application shows us that there are no issues identified in relation to any protected for this staff group.

Disciplinary Caseload Report

Descriptor	White	BME
Number of staff in workforce at 31.3.18	4471	851
Number of staff entering formal disciplinary process between April 2016 – March 2018	102	26

- Likelihood of White staff entering the formal disciplinary process $(102/4471) = 0.0228$
- Likelihood of BME staff entering the formal disciplinary process $(26/851) = 0.0305$
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is therefore $0.0305/0.0228 = 1.34$

It is therefore more likely that BME staff will enter a formal disciplinary process, although the numbers of staff concerned are small. In the first year that this calculation was done (March 2016), the relative likelihood of BME staff entering the disciplinary process within SWFT was 1.02; and in March 2017, the relative likelihood was 1.12.

In 2017, the national figure for the relative likelihood of BME staff entering the disciplinary process was 1.37, and in 2016 the figure nationally was 1.56. However, the SWFT figures are showing an upward trend and will continue to be monitored.

There were 13 BME staff who entered the disciplinary process in 2016-17 and a further 13 staff who entered the disciplinary process in 2017-18, resulting in the total of 26 for the two years. Of the 13 from 2017-18, five were Consultants, which is an unusually high proportion, and is a result of some very specific circumstances within a few teams. The proportion of BME Consultants (44.7%) is higher than for the overall Trust workforce (15.64%). If the figures for white and BME Consultant staff are removed from the overall Trust figures, the relative likelihood of BME staff entering the formal disciplinary process between April 2016 – April 2018 is 1.23.

Actions

- Continue to undertake regular reviews of data on disciplinary processes with the Operational Human Resources team, and with the divisions where necessary.
- Continue to present anonymized summary data from the Caseload update (which records disciplinary, performance management and grievance processes) to the JNCC on a twice yearly basis.
- Explore further, and put in place actions to address, perceptions of discrimination among BME staff

Staff Survey Results 2017

The Trust continues to perform well in almost every category in the national NHS staff survey. Our staff across all areas continue to remain positive and engaged despite the well documented national and regional challenges. However, there are some changes to the results of the survey this year that warrant specific mention in this report along with the proposed actions.

This year 12% of staff said that they had experienced discrimination at work in the last 12 months. We know by looking at the data in more detail that this percentage is 28% of the respondents from a BME background. This has risen from a 2016 position of 7% overall and 17% for BME staff. Given this change, a specific effort will be made to have conversations with staff from a BME background to understand more about what has changed for them in terms of their employment experience. This intervention will initially take three forms. Staff will be invited to complete an online survey allowing them to highlight and describe any experiences of discrimination they may have had. This survey will give them an opportunity to help the Trust understand the preventative measures that could have been taken in their situation. To further understand this, face to face conversations will also be offered (either one to one or in groups) with members of the Human Resources and Organisational Development Team.

As a result of these interventions the Trust will draw up an action plan to ensure measures are taken to mitigate any future experiences of discrimination. It is hoped that a wider network of colleagues from a BME background will be formed alongside the work which is underway in relation to disability, freedom to speak up and wellbeing. This will ensure the conversations that take place as part of this initial intervention can continue. Finally, and in addition, the Trust is currently consulting on and developing a revised Leadership Charter which will have, at its core, a specific focus on developing leadership that is inclusive. This means a specific style which promotes and values the mix of diversity in our teams.

Equality and Diversity Steering Group Annual Update

The Equality and Diversity Steering Group meets six times a year. The group provides assurance to the Board of Directors that the organisation is meeting all of its statutory responsibilities. Its main aims are to identify and share areas of good practice and to work in partnership to support and organise community engagement events across Warwickshire in order to improve patient experience.

Equality Delivery System 2

The Equality Delivery System 2 (EDS2) national reporting template is used each year to provide an independent assessment of the organisation's progress against the 18 outcomes <https://www.swft.nhs.uk/about-us/equality-and-diversity/publications-and-reports>. This is the fourth report to be published on SWFT website and submitted to the South Warwickshire Clinical Commissioning group.

The independent assessment was undertaken by the SWFT Specialist Panel which is made up of internal and external stakeholders. The specialist panel also supported the process for selecting the priorities for this year's equality action plan which covers section 1 and 2 of EDS2 for patients, visitors, carers and the wider Community (**appendix 1**).

Listed below are just a few of the initiatives that have been taken forward over the last 12 months.

Joint Carer's Strategy

There are currently 6 workstreams in the joint Cares Strategy and Warwickshire County Council have asked SWFT to take a lead in three areas:

- Implement the redesigned Support Service for Carers
- Empowering carers
- Early Identification of carers

The Carers Group are looking to roll out awareness training to staff with a focus on identifying carers and signposting them to services.

Disabled access audit

A program of local accessibility audits continues to be carried out across Trust sites to identify barriers faced by service users, carers and visitors using SWFT services. The Trust is very fortunate to have expert support from two members of the Equality and Diversity steering group who carry out a program of site visits each year and identify actions for the work plan.

Accessible Information Standard

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get appropriate information and communication support from NHS organisations. All NHS organisations must identify, record, flag, share and meet the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Successful implementation will lead to improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who come within the scope of the standard.

In order to fully implement these national requirements a task and finish group was established over 12 months ago which is Chaired by the Director of Nursing.

The Task and Finish group have to date delivered the following:

- Communication needs now in the Alerts Policy;
- Alerts which flag up communication needs in Lorenzo with over 700 alerts already identified;
- Nursing and clinical documentation review and update to ensure communication needs are recorded consistently across the organisation;
- Signed the British Deaf Association Charter and public commitment to the 5 pledges;
- Audit of hearing Loop systems which has resulted in the purchase of 30 new systems;
- The piloting of Language Line telephones and blue tooth technology for interpreting services and signing;
- Deaf awareness training for staff and training in British Deaf Association signing.

Several new workstreams have been identified by the task and finish group and work continues.

Wellbeing campaigns and training for Staff

The Trust has undertaken a number of staff awareness campaigns in relation to promoting health and wellbeing and highlighting health inequality issues. Campaigns are linked to Public Health priorities and national awareness days. Local initiatives for staff have included: Mental Health First Aid training; Five Ways to Mental Health and Wellbeing training; Making Every Contact Count training; Dementia Awareness campaign; promotion of national screening programmes and domestic violence campaigns.

European Health Diversity Project

This 3 year project involves 7 partners from 6 European countries and has successfully attracted ERASMUS+ funding from the European Union. The aims of the project are to improve the capacity of health professionals and institutions in meeting the needs of culturally diverse patient groups, thereby reducing the barriers to accessing services and alleviating different forms of discrimination within the health sector.

The project has included a series of transnational project meetings, 5 Intellectual Outputs (IO) which are each led by one of the partners and the project is managed and coordinated by the Equality and Inclusion Partnership (EqUIP), formerly Warwickshire Race Equality Partnership (WREP).

SWFT is the only partner who is a health care provider. We have taken responsibility for gathering the majority of the critical incidents/cultural shock. These incidents have been written into case studies and form part of an international journal which will be published shortly and launched in July 2018 at the international conference in Hungary. Articles about the work of the project have been published over the last three years in the Healthy Diversity newsletters and on the website which has enabled nearly 200,000 people to access information about the project across Europe.

EQUALITY DELIVERY SYSTEM ACTION PLAN 2018-19				
Goal: Better Health Outcomes				Reference Number 1.1
Outcome: Services are commissioned, procured, designed and delivered to meet the health needs of local communities.				CURRENT GRADE: Developing
SWFT Objectives	ACTION	RESPONSIBILITY	TIMESCALE	COMMENTS
<p>Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way.</p>	<p><u>Accessible Information Standard</u></p> <p>The Accessible Information Standard is a national initiative that sets out a specific approach to identifying, recording, flagging and sharing communication needs of patients, carers and visitors.</p> <p>The task and finish group leading on the implementation of the Accessible Information Standard has now developed four work streams to implement the standard. The workstreams are listed below and they will each have an identified lead.</p> <p>Accessible facilities workstream will include:</p> <ul style="list-style-type: none"> • Site Inspections • Checklist of core requirements in new builds • Accessible information specifications • To provide awareness training for managers responsible for procurement and contracting • To provide awareness training for Patient Forum. <p>Commissioning and Procurement Workstream:</p> <ul style="list-style-type: none"> • To ensure that all service level agreements and contracts meet the requirements <p>Information Technology Workstream</p> <ul style="list-style-type: none"> • To scope out patient information, including appointment letters, to ensure that they meet the Accessible Information Standard <p>British Deaf Association Charter Workstream</p> <ul style="list-style-type: none"> • To work with the local deaf community to deliver 5 pledges in the British Deaf Association Charter • Implementation of <i>I am deaf cards</i> • Information sharing with blue light service re deaf patients • Intercom systems on wards to be reviewed and updated to ensure that they meet the needs of deaf and those with mobility impairment • Continue to roll our Deaf Awareness training and signing for staff 	<p>Accessible Information Task and Finish group</p>	<p>Annual work plans to be delivered by March 2019</p>	

Goal: Better Health Outcomes				Reference Number 1.4
Outcome: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.				CURRENT GRADE: Developing
SWFT Objectives	ACTION	RESPONSIBILITY	TIMESCALE	COMMENTS
Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way	<p>Raising Concerns Embed the Freedom to Speak Up Guardian role within the Trust. Support staff in relation to whistleblowing and raising issues of concern, particularly around patient safety. This will include the recruitment of 12 members of staff across community sites to act as Speak Up and Wellbeing Ambassadors.</p> <p>Incident reporting and governance arrangements Staff are required to record incidents on the electronic system as part of an organisational wide risk management process that consistently reports and records any malpractice, adverse incidents, including near misses, ill health and hazards. This information is shared across the organisation to facilitate changes in practice as well as wider organisational learning.</p> <p>Specific responsibilities of the Designated Adult Safeguarding Manager now include:</p> <ul style="list-style-type: none"> • Responsibility for the management and oversight of individual complex cases. • Coordination where allegations are made, or concerns raised, about a person, whether an employee, volunteer or student, paid or unpaid. • Promoting partnership working and keeping in regular contact with their counterparts in partner organisations. 	Sue Pike, Maggie O'Rourke, Ann Pope	September 2017	
Goal: Better Health Outcomes				Reference Number 1.5
Outcome: When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.				CURRENT GRADE: Achieving
SWFT Objectives	ACTION	RESPONSIBILITY	TIMESCALE	COMMENTS
Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way	<p>The work in relation to the Accessible Information Standard will support public health messages to patients.</p> <p>Health and Wellbeing Group action plan in place to support staff.</p>	<p>Accessible Information Task and Finish Group</p> <p>Health and Wellbeing Group</p>	<p>Ongoing</p> <p>Ongoing</p>	

Goal: Improved patient access and experience				Reference Number 2.1
Outcome: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.				CURRENT GRADE: Developing
SWFT Objectives	ACTION	RESPONSIBILITY	TIMESCALE	COMMENTS
Working in partnership with patients, staff and communities to transform hospital and community services to improve health outcomes for all	Food for Life Project ISS to: introduce mobile drinks and refreshment service; improve the breakfast service e.g. provide toast warmers as a solution to keeping the toast hot; introduce electronic patient food ordering system. Using accessible information standard to improve communication and information sharing with patients and carers.	ISS and Hotel Services	June 2018	
	Work on dementia A project group has been set up in response to the national requirement to look at priority areas for improvement of services for people with dementia. An audit of acute services will include: <ul style="list-style-type: none"> • A survey of carer experience • A case note audit focusing on key elements of assessment, monitoring, referral and discharge Staff questionnaire will be developed examining the support available to staff and the effectiveness of current training and opportunities to share good practice.	Dementia Project Group	February 2019	
Goal: Improved patient access and experience				Reference Number 2.3
Outcome: People report positive experiences of the NHS				CURRENT GRADE: Achieving
SWFT Objectives	ACTION	RESPONSIBILITY	TIMESCALE	COMMENTS
To ensure that all healthcare users feel that their right to privacy, dignity and respect is upheld and actively promoted at all times.	Volunteer Chaplains Continue to work with Warwick District Faith Forum and local stakeholders to identify and recruit lay preachers of different faiths and denominations to support patients and relatives. It is hoped that between 6 and 10 Volunteer Chaplains will be in place by next year.	SWFT Chaplaincy	December 2018	

Goal: Improved patient access and experience				Reference Number 2.4
Outcome: People's complaints about services are handled respectfully and efficiently.				CURRENT GRADE: Achieving
SWFT Objectives	ACTION	RESPONSIBILITY	TIMESCALE	COMMENTS
To ensure that all healthcare users feel that their right to privacy, dignity and respect is upheld and actively promoted at all times.	<p>Actions listed below have been identified as the top priorities following feedback on the Friends and Family Test.</p> <ul style="list-style-type: none"> • The Introduction of a noise meters to monitor noise levels on wards at night. • No mobile phone allowed posters displayed in wards to help reduce noise. • Working with Pharmacy to Improve discharge in relation to waiting times for take home medicines. • Using accessible information standard to improve communication and information sharing with patients and carers. 	Governance Lead	Ongoing	

Workforce Race Equality Standard (WRES) Action Plan

	WRES/WDES Indicator EDS2	Recommended action	Time Scale Short, medium or long term.	Responsible for Action	Completion Date
1.	EDS2 3.1 Fair NHS recruitment and selection processes leading to a more representative workforce at all levels. Relative Likelihood of BME and Disabled staff being appointed from shortlisting compared to that of white staff being recruited from shortlisting across all posts.	Advance level recruitment and selection training is being rolled out which covers discrimination in relation to the 9 protected characteristics, with a focus on values and behaviours as well as unconscious bias and how this can be avoided. 6 sessions will be run over the next 12 months.	Short term	Head of Employment Services	January 2018
		Independent review to be carried out by Equality and Inclusion Partnership (EqUIP) on the recruitment <ul style="list-style-type: none"> • Processes • Training for managers • Assessment centres 	Medium term	Head of Employment Services	September 2018
		Working towards the third tier of the disability standard for competent employer (Disability Confident Leader Status)	Medium	Head of Employment Services	December 2018
		Recruit more diverse representatives to interviewing panels. This will include BME staff and staff with disabilities.	Medium term	Head of Employment Services	September 2018

2.	<p>EDS2 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</p>	Mandated gender pay gap report has been published on the SWFT website. The data has been analysed and will be shared with staff side at the June JNCC.	Short Term	Director of HR	June 2018
3.	Relative Likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (based on a two year rolling period).	The Head of Operational HR continues to capture information on disciplinary, grievance, dignity at work and capability. This information is reported to the JNCC on a regular.	Ongoing	Head of Operational HR	Ongoing
4.	<p>Relative Likelihood of BME or disabled staff accessing non mandatory training and CPD compared to white staff</p> <p>Training and development opportunities are taken up and positively evaluated by all staff</p> <p>EDS2 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>	<p>Mary Seacole training evaluation includes equality monitoring on the evaluation forms.</p> <p>Local BME Aspire programme – NHS Leadership Academy report on uptake in 12 months’ time. We will work with BME staff to promote opportunities around this training.</p> <p>Equality and Diversity Training is currently being reviewed in terms of frequency of attendance and content with focus on the following:</p> <ul style="list-style-type: none"> • Harassment and bullying • Communication • Disability (mental health) 	<p>Ongoing</p> <p>Medium Term</p> <p>Medium term</p>	<p>Organisational Development Team</p> <p>Organisational Development Team</p> <p>Equality and Diversity Lead and Head of Learning and Development</p>	<p>On-going</p> <p>September 2017</p> <p>September 2018</p>
5.	<p>Actions 5,6,7 &8 related to questions asked in the staff Survey</p> <p>KF18: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.</p> <p>EDS2 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source</p>	<p>Disability Staff network to analyse data and add any actions to their work plan.</p> <p>BME Focus groups to be arranged to consult about staff survey outcomes.</p> <p>Work towards establishing a local BME Staff network</p> <p>Disability network to support the</p>	<p>Medium term</p> <p>Medium term</p> <p>Long term</p> <p>Ongoing</p>	<p>Disability network</p> <p>Head of Organisational Development</p> <p>E&D Lead</p> <p>Disability network</p>	<p>September 2018</p> <p>September 2018</p> <p>December 2018</p> <p>Ongoing</p>

		implementation of the new Workforce Disability Standard.			
6.	KF19: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	12 Speak up and Wellbeing Champions to be recruited for each of the 12 site based teams in the community. Champions will reflect the diversity of the workforce.	Medium Term	E&D Lead and Freedom to Speak Up Guardian	November 2018
7.	KF27: Percentage believing that the Trust provides equal opportunities for career progression or promotion.	Focus groups will be arranged to engage staff with disabilities and from the BAME group to identify any barriers to career progression	Medium Term	Head of Organisational Development	September 2018
	EDS2 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their live	Continue to review uptake of flexible working practices	Ongoing	Head of Operational HR	O-going
8.	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues.	Head of Organisational Development, E&D lead and Staff Side lead to scope the potential to establish a BME network.	Long Term	O/D, Recruitment, HR and Staff Side	December 2018
		Communicate the Staff Disability network and recruit more members.	Short term	E&D Lead and Staff Side	June 2018
9.	EDS2 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	There is an annual board workshop which specifically covers Equality and Diversity in relation to the workforce and service users. The workshop is led by the Director of HR and the Equality and Diversity Lead.	Ongoing	Director of HR and Equality and Diversity lead	December 2018
		Regular reports to Board of Directors	Ongoing	Director of HR	Ongoing
		EDS2 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	Equality and Diversity Steering Group meets bi-monthly and is chaired by the Director of HR Annual Equality and Diversity report	Ongoing	Director of HR

		<p>provides information and data across the 9 protect characteristics in relation to workforce. It also provides supporting action plans that address any gaps in services or workforce activity.</p>			
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