

## SOUTH WARWICKSHIRE NHS FOUNDATION TRUST

<b>Meeting</b>	Board of Directors	<b>Date</b>	24 May 2017
<b>Subject</b>	Annual Equality and Diversity Report	<b>Enclosure</b>	R

<b>Nature of item</b>	For information	✓
	For approval	
	For decision	

<b>Decision required (if any)</b>	The Board is asked to receive and note this report.
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<b>General Information</b>	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

<b>Received or approved by</b>	Meeting	Equality and Diversity Steering Group
	Date	28 April 2017

<b>Resource Implications</b>	Revenue	
	Capital	
	Workforce	✓
	Use of Estate	
	Funding Source	

<b>Applicable Quality Improvement Priorities</b>	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			

<b>Freedom of Information</b>	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 – 24 May 2017**

#### **Annual Equality and Diversity Report – 1 April 2016 to 31 March 2017**

### **Executive Opinion**

The annual report provides assurance that the Trust is meeting its statutory duties as a listed public authority under the Equality and Human Rights Act 2010. In addition it provides information about Equality and Diversity activities and actions in relation to staff, patients, visitors and carers. The programme of work for 2017/18 is wide-ranging and a workshop update will be provided in the autumn, as it was last year.

The section on Recruitment by Ethnicity on page 9 describes an audit which is ongoing to provide assurance that selection of candidates is undertaken by trained staff using objective criteria.

### **Introduction**

The main body of the report relates to workforce information and captures the equality standards data collected and monitored in relation to the areas listed below for the period of 1 April 2016 to 31 March 2017. A variety of internal Trust data has been bench marked against the Warwickshire Observatory population data from the Joint Strategic Needs Analysis report. This information, as set out below, provides context for the purpose of monitoring and setting targets.

- Workforce demographics;
- Agenda for Change banding by age, gender and ethnic profile recruitment data;
- Number of disciplinary hearings held by ethnic profile;
- Capability hearings conducted (both performance and sickness);
- Grievances received including identifying bullying and harassment cases by ethnic profile and disability;
- Study leave applications for staff (excluding medical staff);
- Study leave applications for substantively employed medical staff, and
- Staff Survey results.

### **Demographic Context**

#### Warwickshire Joint Strategic Needs Analysis (JSNA)

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, one in 12 Warwickshire residents are currently aged 75 or over, this proportion is expected to be one in six by 2037. These changes can be partially attributed to people living longer, life expectancies in Warwickshire compare well to the regional and national averages with male and female life expectancies at 80 and 84 respectively.

## 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 residents, including over 11,000 in Nuneaton and 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.

## Warwickshire Unemployment

The JSNA used the number of residents claiming Job Seekers Allowance (JSA) to measure unemployment in Warwickshire. In June 2004 the total number of Warwickshire residents claiming JSA was just over 4,500. At the height of the recession and economic downturn, this figure increased to nearly 12,000. However, JSA claimants have fallen significantly in the last five years and have returned to a similar level to ten years ago. A similar pattern can be witnessed when examining youth unemployment, this is residents aged 18 to 24 claiming JSA. However levels of long-term unemployment (the number who have been claiming for 12 months or more) are yet to return to pre-recession levels.

## 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%

## **Trust Workforce Demographics**

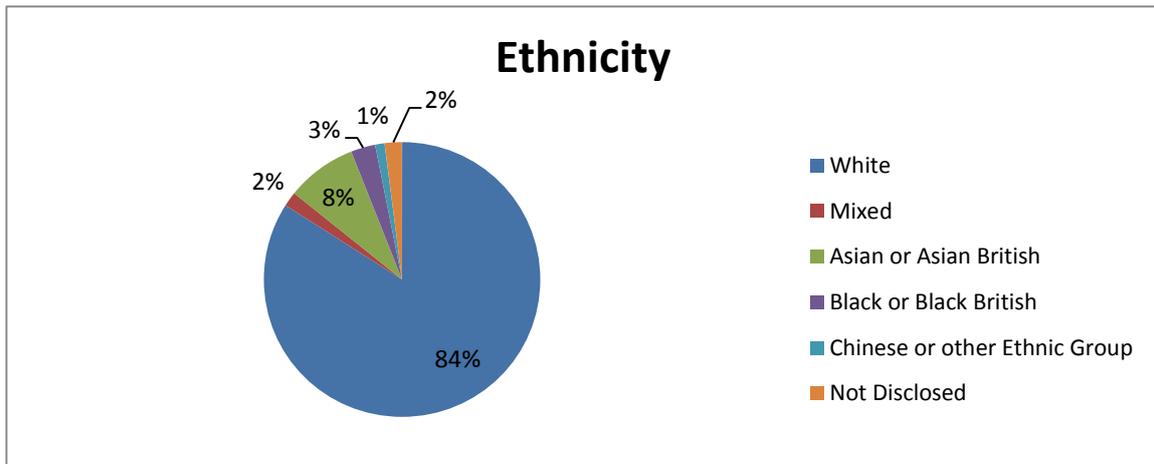
The Trust currently employs 4,349 staff with 85% recorded as female and 15% male. Very little has changed over the last 12 months in terms of the workforce demographics which are measured against the 9 protected equality characteristics.

## Gender

47% of Trust staff currently work part time and there are many flexible working practices available to staff. The gender breakdown of 85% female is similar to the previous 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 is 50:50. Leave taken for maternity, paternity or adoption leave has been consistent throughout the year at just over 2%.

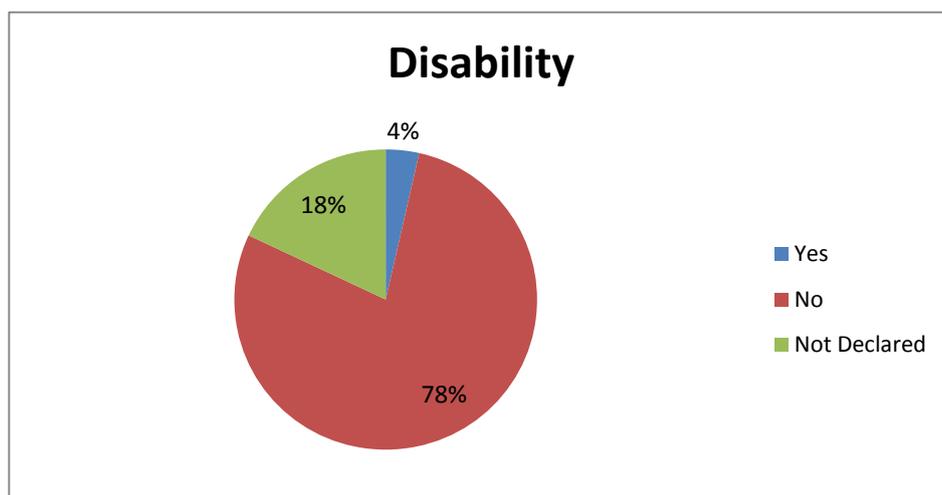
## Ethnicity

There is very little change in ethnicity profile of the workforce from last year.



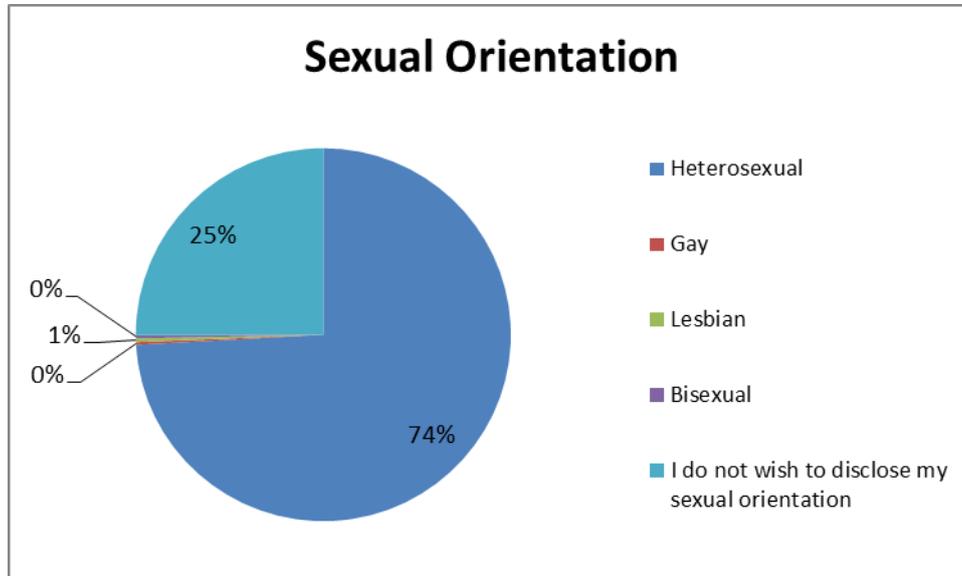
## Disability

With regard to disability only 4% of the workforce has declared that they have a disability. This is, however, an increase from last year's 2%. This improvement occurred following a whole workforce census which led to an improvement in the figure not declaring anything from 28% to 18%. 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 may provide an opportunity for us to identify best practice initiatives from other workplaces.



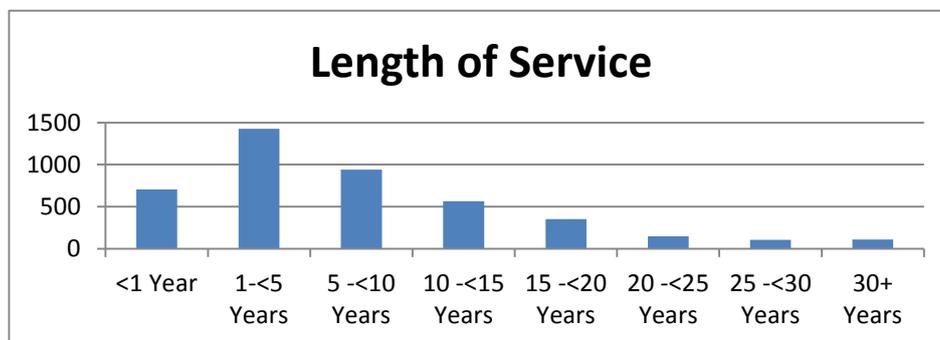
## Sexual Orientation

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 25%.



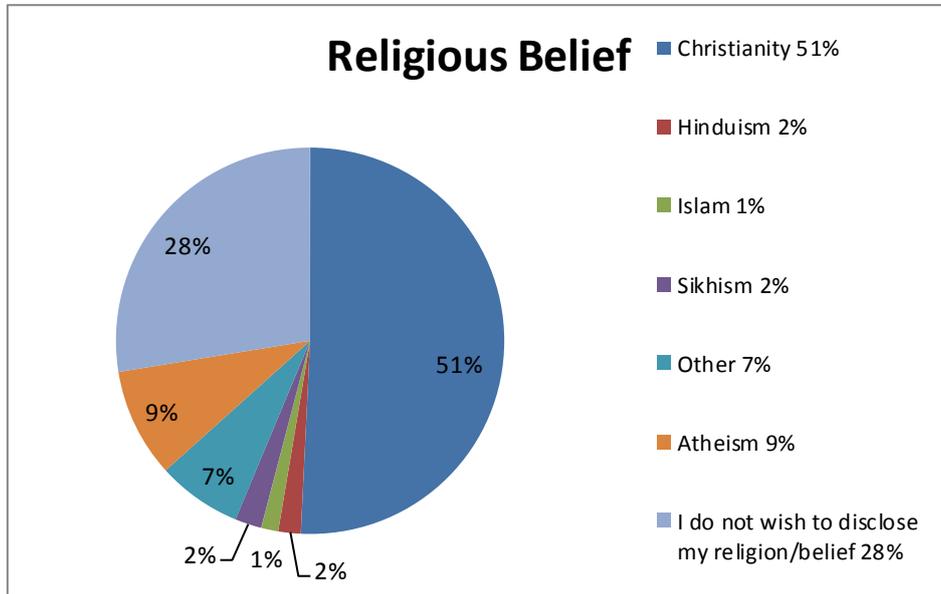
## Length of Service

3,071 staff have less than 10 years' service and 200 staff have over 25 years' service.



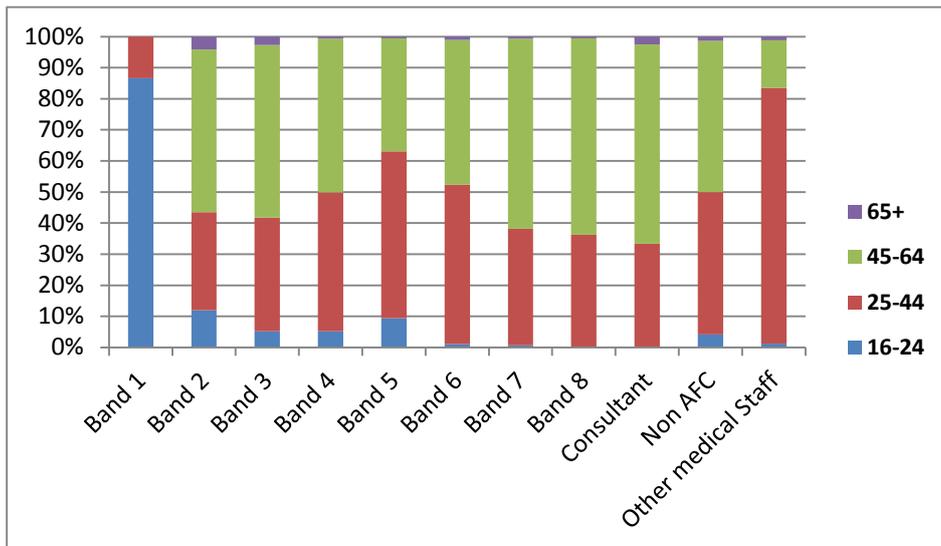
Religion

There have been significant changes here from the previous year's annual report with 51% of staff now recording their faith as Christianity compared to 41% last year and the unstated has gone down from last year 44% to 28%. This is largely due to the census update that took place last year.



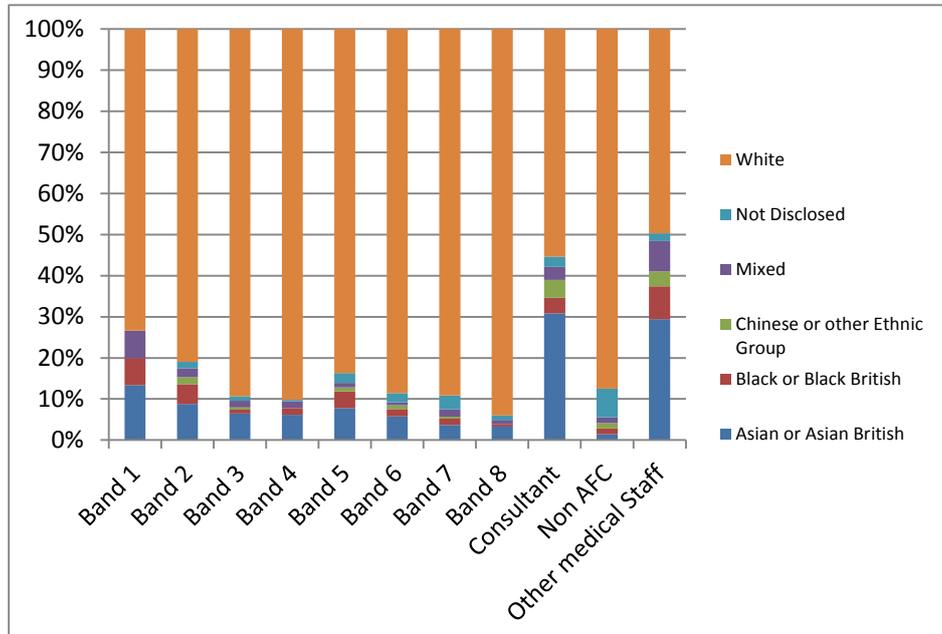
Age by Pay Banding

The chart below shows pay banding by age. The majority of staff in Band 1 are under the age of 24 and the highest number of staff aged between 25 to 44 are in bands 5 and 6, and this equates to just under half of the total workforce.



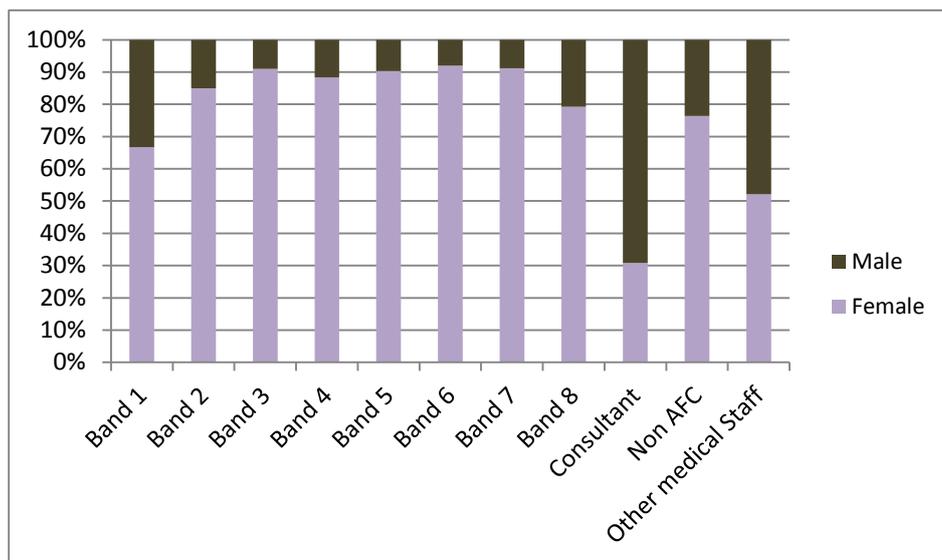
## Ethnic Profile by Pay Band

The chart below shows the Trust's ethnic profile by pay band. An area of concern last year was the profile of our apprentices with 100% recorded as white British. Over the last 12 months there has been a focus on highlighting apprentice opportunities in our local schools and colleges and as result of this action the profile has now changed.



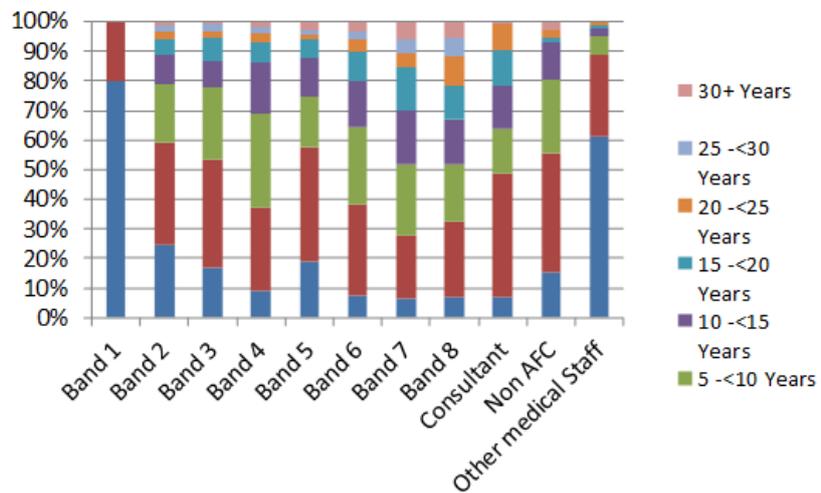
## Gender by Pay Band

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 the percentages of staff with less than 1 years service is high in band 1. The staff numbers are very small, 12 in total, and these are mainly apprentice posts most of whom successfully progress on into permanent positions after 12 months. The turnover in medical staff is due to the junior doctor rotations which are all fixed term contracts.



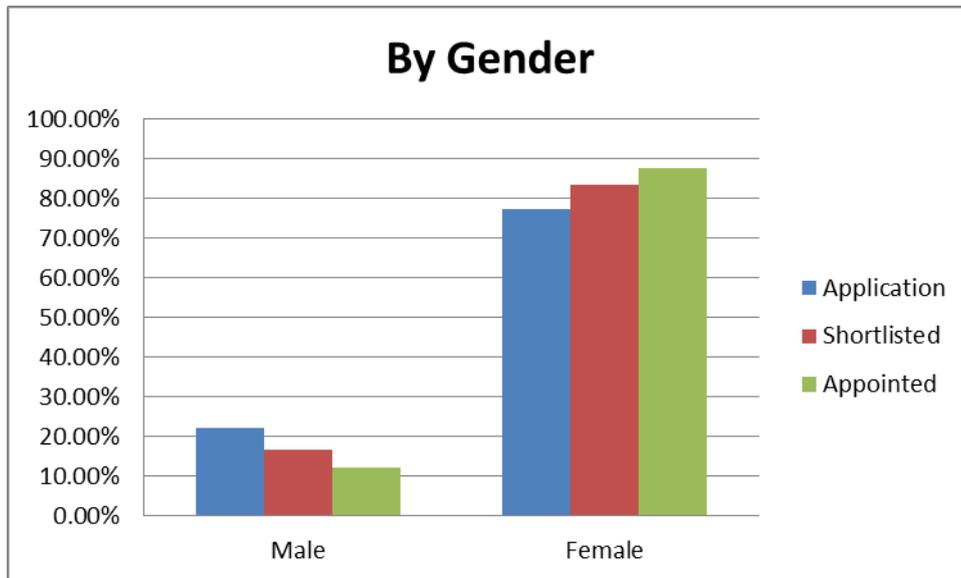
## Recruitment Data

The Trust collects data from all applicants which are then tracked through the recruitment process. The following graphs give an overview of this data across the following protected characteristics:

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

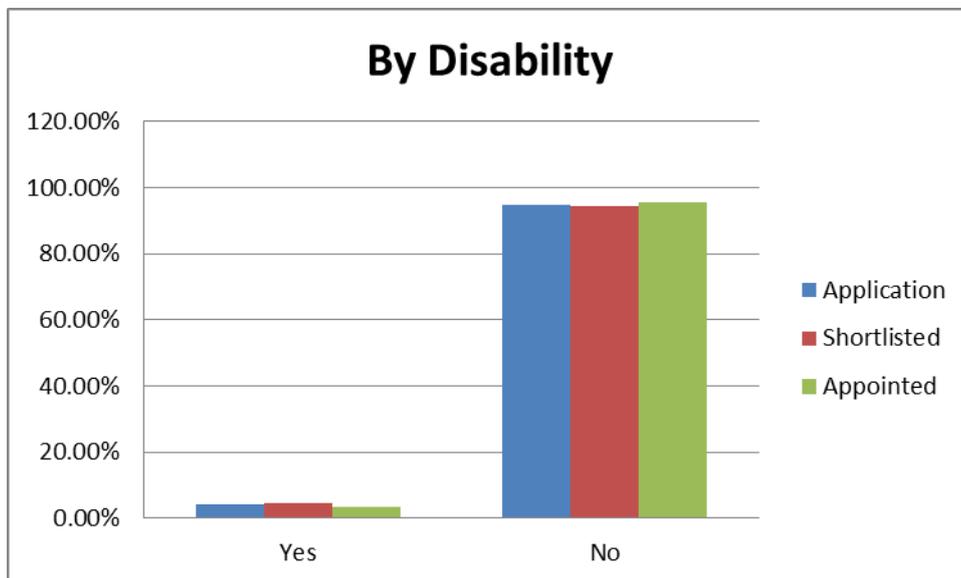
## Recruitment by Gender Profile

This table 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 2015/16.



### Recruitment by Disability Profile

The chart below shows the proportion of applicants with a declared disability and their progress through the recruitment system. 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 Government's Disability Confident Scheme at level one which has replaced the Two Ticks Scheme. The Trust is applying for level two and level three status as part of the scheme.



### Recruitment by Ethnicity Profile

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

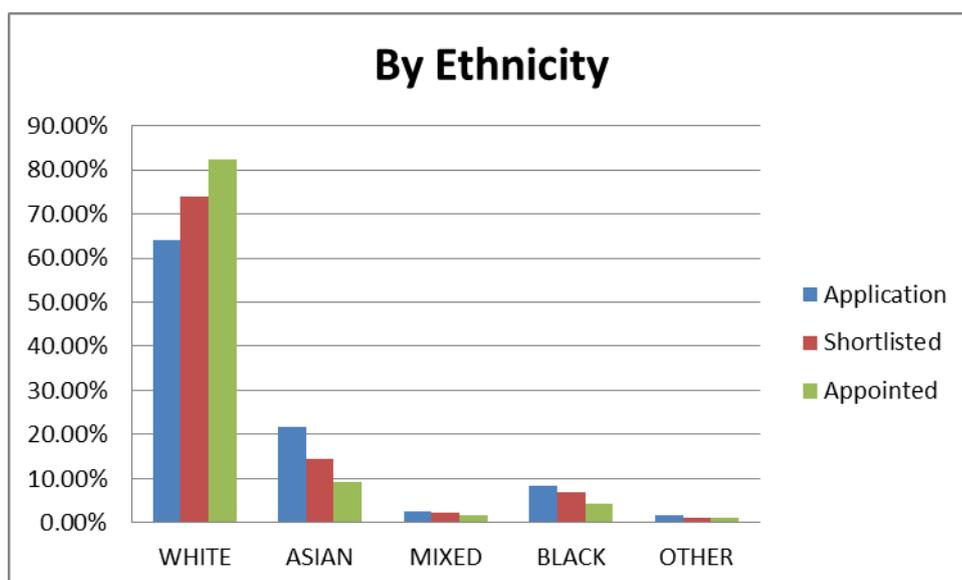
international systems through which people from all over the world can apply. Due to right to work restrictions the number of applicants from international (and therefore more ethnically diverse) countries is higher than we are permitted to take through the process. The proportion of applicants at all stages of the process is more diverse than the local communities (Based on 2011 Census data for Warwickshire) in which the Trust mainly recruits. 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 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. The Team are also due to launch advanced level training for managers specifically on selection methods and decision making. This will be available for all recruiting managers and included as part of the Leadership Tool Kit.

The team are gathering data from managers where shortlists of people from diverse backgrounds are not finally appointed into positions. The data sample is relatively small but initial findings show that decision making regarding final appointments is clearly documented and based on objective and justifiable criteria. The Team will continue to gather this data and report on ongoing trends.

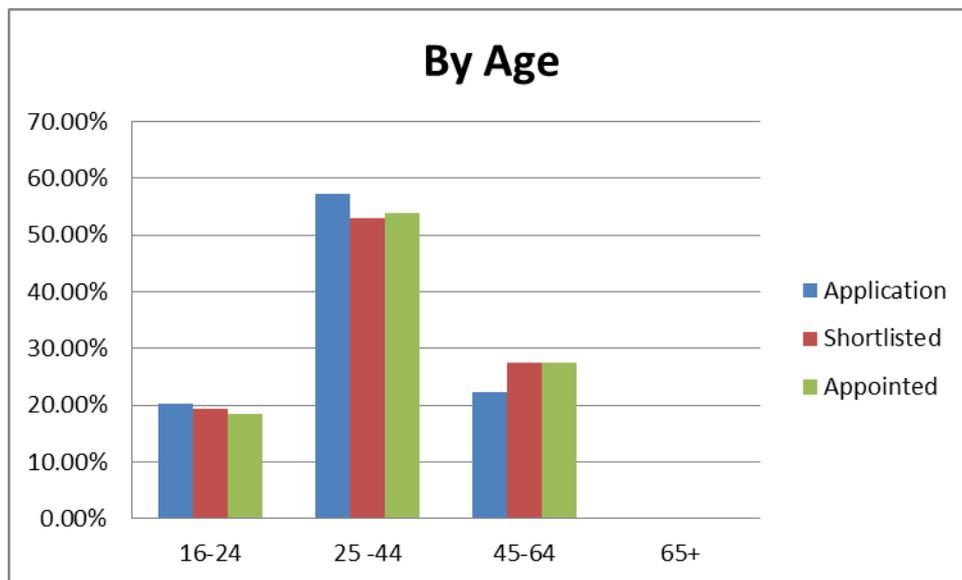
### Recruitment of Overseas Nurses

The overseas nurses continue to be supported through a number of initiatives, including clinical orientation, language development and integration into their local communities. The Trust has recruited 39 nurses from Spain and a number of other European countries, including Romania and Portugal, since December 2015, and is likely to continue to recruit overseas nurses in the future. There are currently no statutory or national requirements to report against nationality and whilst our black and minority ethnic reporting numbers are small we do employ many staff of different nationalities in the Trust, making our workforce profile far more diverse than the current reporting requirements show.



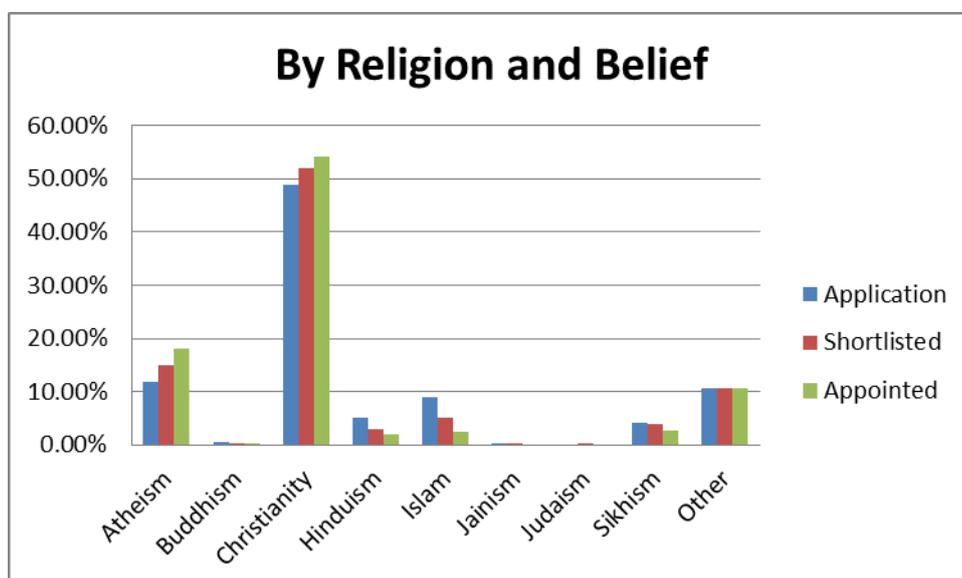
## Recruitment by Age Profile

This table shows the proportion of applicants at each stage of the process against their age. 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. By comparison there are some differences when this data is compared to data from 2015/2016. There is an increase in the number of people from the 16 to 24 age bracket being appointed into positions and a slight decrease on people from the 45 to 64 age bracket being appointed. This can be partly explained through the increased focus on apprentice and entry level positions and also through the increase focus on professional entry roles (i.e. band 5 nurse) being filled by people graduating from university courses.



## Recruitment by Religion and Belief Profile

This table shows the numbers of applicants through the process by religion and belief and broadly matches and is reflective of the local communities from which the Trust recruits.



## 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 2015/16.

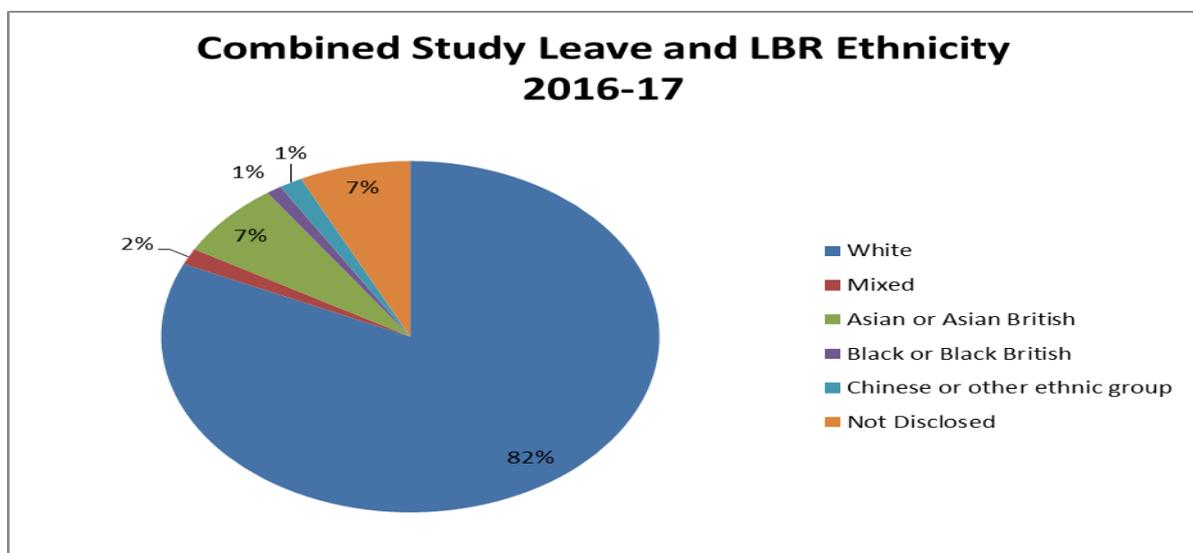
## **Learning and Development**

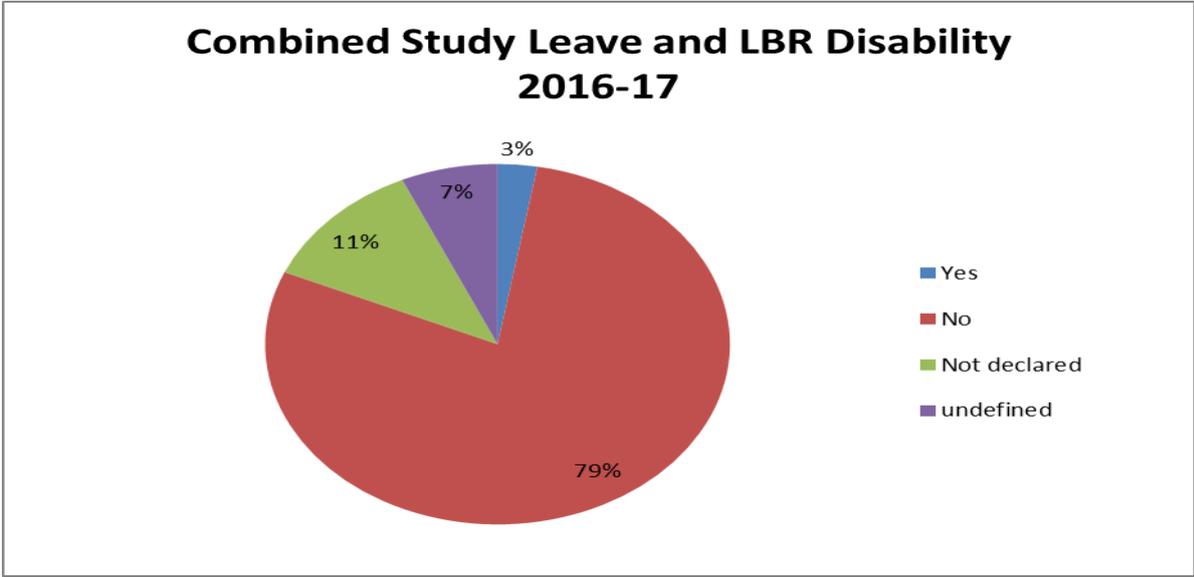
### Apprenticeships

The Trust has supported in the past 12 months over 40 new apprentice starts in both clinical and non-clinical areas. With the introduction of the new Apprenticeship Levy every effort will be made to support non trained staff in their career pathways. There have been some excellent examples of successful apprenticeships with most of the apprentices securing full time employment in the Trust and indeed some of these are now progressing into more senior roles.

### Access to Non Mandatory Training

The Trust has several funding streams to support the education and development of its staff. Allocations include funding from the Trust and from Health Education England (working across the West Midlands). It should be noted that this data is only for non-mandatory and internal courses and is for both registered and non-registered staff clinical and non-clinical staff. The tables below provide a breakdown of staff by ethnicity and disability in relation to non-mandatory training opportunities.





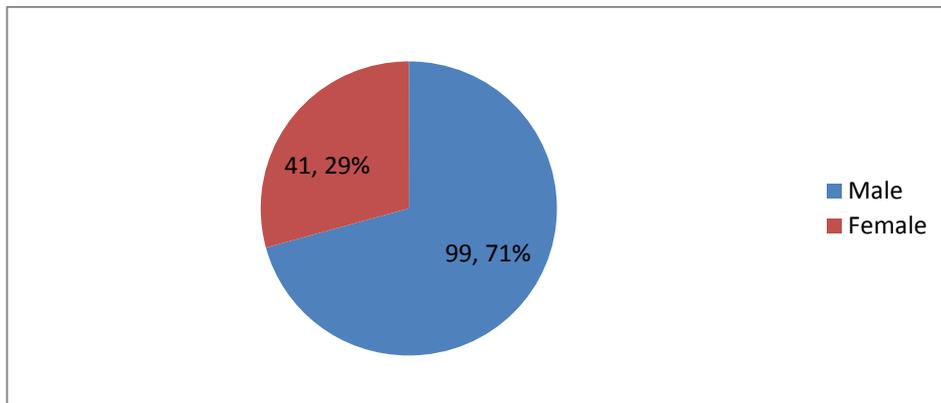
Medical Workforce

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 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.

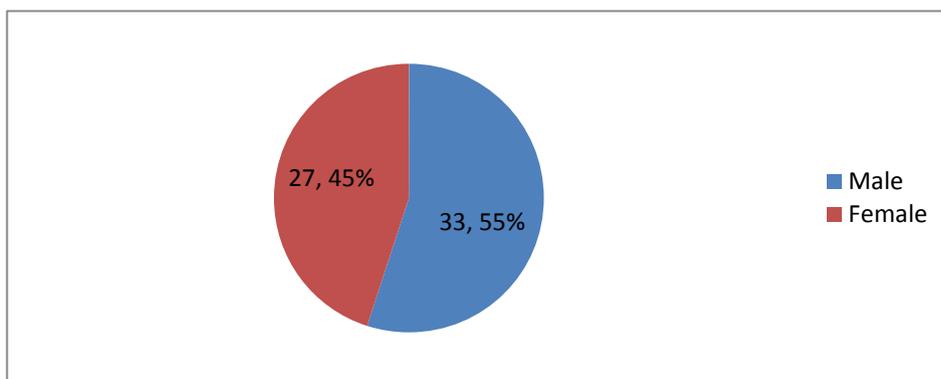
Additionally, there is limited funding available for Specialty and non-consultant grade doctors from Health Education England in the West Midlands. This additional funding is to support continuing professional development particularly for those medical staff who want to pursue higher professional qualifications or to secure the additional training required to become Consultant level doctors. The two charts below show the study leave application for medical staff by ethnic origin and little has changed from last year’s report. The data shows us that there are no significant issues identified in the protected characteristics listed in the charts below. Of the consultant workforce and Specialty Doctor Workforce applying for study leave funding which was approved by the Trust shows the highest ethnic group identified for Specialty Doctors was Asian or Asian British. The highest ethnic group for consultant medical staff is white. The overall Trust demographic however identifies that proportionally there is a higher percentage of ethnic minority staff in this staff group than in other areas of the workforce

Total number of Consultants 166 (140 requested study leave for the year 16-17 = 84%)  
 Total number of SAS doctors 68 (60 requested study leave for the year 16-17 = 88%)

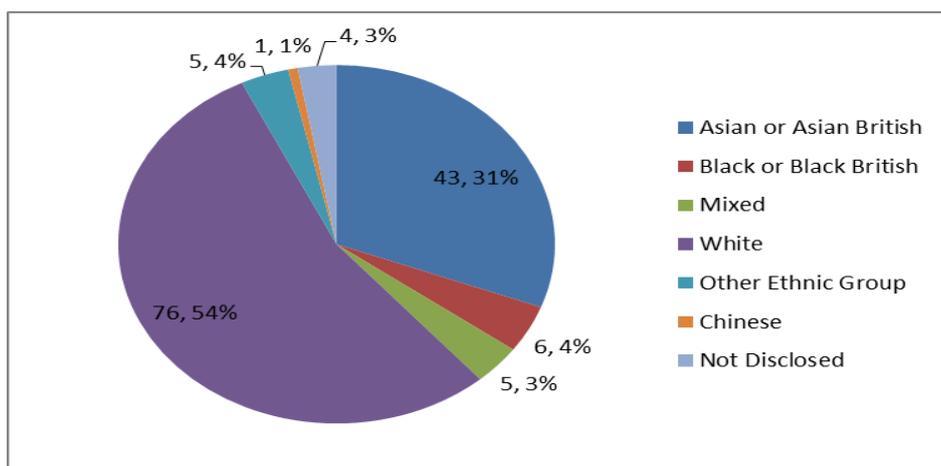
**Consultant Study Leave Applications by Gender - April 2016 - March 2017**



**Specialty Doctor and other Career Grade Study Leave Applications by Gender- April 2016 - March**



**Consultant Study Leave Applications by Ethnicity - April 2016 - March 2017**



## Formal Disciplinary Process

Descriptor	White	BME
Number of staff in workforce at 31.3.17	3740	604
Number of staff entering formal disciplinary process between April 2015 – March 2017	101	20

- Likelihood of White staff entering the formal disciplinary process  $(101/3740) = 0.0270$
- Likelihood of BME staff entering the formal disciplinary process  $(20/604) = 0.0331$
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff is therefore  $0.0331/0.0270 = 1.123$

It is therefore slightly more likely that BME staff will enter a formal disciplinary process. The numbers of staff concerned are small and it is difficult to draw significant conclusions from this. However, in March 2016, when the same calculation was done, the relative likelihood of BME staff entering the disciplinary process was 1.022. We will continue to monitor any continuing trends.

### Actions

- continue to undertake regular reviews of data on disciplinary processes with the Operational Human Resources team, and with the divisions where necessary, and
- continue to present anonymised summary data from the Caseload update (which records disciplinary, performance management and grievance processes) to the Joint Negotiating and Consultative Committee (JNCC) on a twice yearly basis.

## Staff Survey 2016

The Trust achieved very positive scores in nearly every category, and in the majority of cases, the results improved on the excellent scores from the 2015 survey. The Trust's response rate was 53%, compared to 52% in 2015.

We are also pleased to see that the percentage of our staff who reported feeling unwell due to work related stress in the last 12 months has improved significantly from 33% last year to 29% this year and compares very well to a national average of 36%.

Four of our lowest scores relate to staff: reporting incidents of harassment, bullying or abuse; and reporting recent incidents of violence; as well as experiencing physical violence from patients, relatives or the public; and experiencing harassment, bullying or abuse from patients' relatives or the public. The full report contains a detailed breakdown of all of the key findings by division, occupational staff group and staff demographic. This will allow us to gain a better understanding of specific areas of concern. We are establishing a working group to develop targeted actions.

## **Workforce Race Equality Standard (WRES)**

This is the third year that the National WRES mandatory reporting template is to be 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. Currently there are 9 WRES indicators made up of: 4 workforce metrics, 4 staff survey indicators, and 1 indicator for Board membership, this however may change when the updated template is issued by NHS England in June 2017. Two WRES reports have been published on the Trust website and submitted to the South Warwickshire Clinical Commissioning Group. An annual action plan has been developed to support the delivery of the Equality Delivery System Standard 2, Workforce sections 3 and 4 and the WRES. (Appendix 1)

## **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/application/files/1114/8967/9789/EDS\\_draft\\_2017.pdf](https://www.swft.nhs.uk/application/files/1114/8967/9789/EDS_draft_2017.pdf)

This is the third report to be published on Trust website and submitted to the South Warwickshire Clinical Commissioning Group (SWCCG).

The independent assessment was undertaken by the Trust's 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 2).

## **Equality and Diversity Steering Group**

The Equality and Diversity Steering Group meets at least five 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. Its membership continues to grow with several new external stakeholders joining over the last 12 months; including members of the Youth Parliament and representatives from the local deaf community.

## **Local Specialist Interest Panel**

The Trust's Local Specialist Interest Panel is made up of experts, key stakeholders and partners from the local community, workforce and public and voluntary sector organisations. The panel meets each year to independently review and scrutinise the organisation's progress and performance against its locally developed equality delivery system action plan. All of the action plans are aimed at improving patient experience by developing an organisational culture that delivers accessible and culturally appropriate services that are responsive to the needs of the individual. The panel supports the annual process of identifying actions and priorities for the equality and diversity action plan.

## **European Health Diversity Project**

The Trust continues to work in partnership with Warwickshire Race Equality Partnership to deliver a 3 year European project with six other organisations from across Europe. The project to date has received 120 cultural shock case studies, which are currently being edited for publication. Project articles have been published in newsletters and a website, launched at end of last year, has reached over 200,000 people across Europe. A number of training materials are being produced including a good practice guide, training curriculum, online course and a reading distribution list, which includes the Trust's Library, Public Health Warwickshire, University of Warwick and our End of Life Group. The project will culminate with an international conference in Budapest in the summer of 2018.

## **HealthWatch**

HealthWatch Warwickshire led six workshops during 2016, which recorded the experiences of service users and carers who use Health and Social Care Services. The workshops were commissioned by the Warwickshire Health and Wellbeing Board to inform future strategy. Director of Nursing, Helen Lancaster, is leading a task and finish group which will focus on the findings related to improving communications, supporting carers and considering the flexibility in access to our systems.

## **Accessibility Audits**

There have been a number of accessibility audits carried out across Trust sites to identify barriers faced by service users, carers and visitors. The Trust has expert knowledge from two members of the Equality and Diversity group; Elizabeth Dixon, a wheelchair user, and Mark Rowlands, Facilities General Manager. Elizabeth has years of experience in supporting public sector organisations to improving accessibility and removing barriers to our services. This has led to several action plans being developed and implemented.

## **Local Campaigns**

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 into Public Health priorities and national awareness days including: managing stress, Five Ways to Mental Health and Wellbeing; bullying and harassment in the workplace, dementia, national screening programmes and domestic violence.

## **Carers Strategy Group**

In the past 12 months the Trust has worked with Warwickshire County Council (WCC) to obtain the views of carers and health and social care practitioners to refresh its Carers' strategy.

A survey was conducted involving carers who specifically targeted those carers not currently known to health and social care services, the survey was conducted via:

- Online Survey
- Paper surveys & response boxes left in 17 GP surgeries and 3 community hubs across the county

- 14 staff from the Strategic Commissioning Business Unit was involved in 8 visits to three Warwickshire hospitals to conduct face-to-face surveys and open discussions with carers

The outputs from this activity have enabled the development of a Warwickshire-wide Joint Carers vision for a statement of Intent.

5 key targets identified in the statement:

- Early identification of carers and supporting carers to recognise themselves as carers.
- Ensuring carers are able to access the support they need, at the right time, and in the right place.
- Increased numbers of carers accessing and benefiting from carers support services.
- Services will meet personalised outcomes and provide value for money.
- Increased numbers of carers accessing and benefiting from a Carers Assessment.

### **Working Carers Handbook**

The electronic Working Carers' Handbook for staff has now been updated and is available on the Health and Wellbeing section of the intranet. The booklet provides useful information for carers and their families about services and support available to them internally (from the Trust) and externally.

Ann Pope  
Director of Human Resources

## Workforce Race Equality Standard (WRES) Action plan based on April 2017 data



South Warwickshire  
NHS Foundation Trust

	<b>WDES Indicator EDS2 CQINNs Targets</b>	<b>Recommended action</b>	<b>Time scale Short, medium or long term.</b>	<b>Responsible for action</b>	<b>Completion date</b>
<b>1.</b>	Percentage of BME or Disabled Staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of white British staff and able bodied in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	Compile a report on gaps in workforce data and quality of data. To improve the up-take of self-service record keeping through promotion campaign. Launch a staff census.	Medium Term	Dan Pearce / Caroline Samouelle / Jackie Farrington / Jean Williams	January 2018
		Specific campaign to keep data up to date on ESR and Health Roster – including statuses i.e. disability status. Need to understand current reporting status – what are we aiming for.	Medium Term	Dan Pearce	December 2017
		Include on line manager toolkit – the importance of recording and updating disability information and other protected characteristics. Challenge back to content.	Short Term	Helen Kenyon	September 2017
		Campaign through e-Pulse to raise awareness of the NHS Choices information about supporting staff with long term conditions	Short Term	Kerrie Herbert	September 2017
		Guidance for Supporting Staff with Mental Ill Health due for review	Medium Term	Clinical Health Psychology	December 2017

## Workforce Race Equality Standard (WRES) Action plan based on April 2017 data



South Warwickshire  
NHS Foundation Trust

	<b>WDES Indicator EDS2 CQINNs Targets</b>	<b>Recommended action</b>	<b>Time scale Short, medium or long term.</b>	<b>Responsible for action</b>	<b>Completion date</b>
		Survey monkey to staff asking about working with long term conditions. Ask whether have recorded as disabled on census.	Medium Term	Maggie O'Rourke and Dan Pearce	December 2017
	<b>EDS2 3.2</b> 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	Equal Pay Audit compiled and published. Analyse data and share with staff side and if appropriate identify any actions.	Medium Term	Dan Pearce	December 2017
<b>2.</b>	Relative Likelihood of BME and Disabled staff being appointed from shortlisting compared to that of white staff being recruited from shortlisting across all posts.	Report to show application, shortlisting and appointed applicants for year end 2016/2017. Further analysis of data to be undertaken	Medium Term	Dan Pearce	September 2017
	<b>EDS2 3.1</b> Fair NHS recruitment and selection processes leading to a more representative workforce at all levels	Revised Recruitment and Selection Policy implemented in January 2017. Revised recruitment and selection training re-launched in 2016, focused on ensuring recruiting managers do not discriminate against protected characteristics. Level 2 training for advanced selection toolkit. Recruiting for values and behavioural competencies.	Ongoing	Dan Pearce / Sheila Pye / Matt Clarson	Ongoing

## Workforce Race Equality Standard (WRES) Action plan based on April 2017 data



South Warwickshire  
NHS Foundation Trust

	WDES Indicator EDS2 CQINNs Targets	Recommended action	Time scale Short, medium or long term.	Responsible for action	Completion date
		All self-declared disabled applicants are guaranteed an interview where they meet the minimum criteria on the person specification..	Ongoing	Dan Pearce / Sheila Pye / Matt Clarson	On-going
3.	Relative Likelihood of BME and disabled staff entering the formal disciplinary process, compared to that of White or able-bodied staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (based on a two year rolling period)...	All information is captured and regularly reported to the JNCC.	Ongoing	Helen Kenyon	On-going
		Completion of WRES template	Ongoing	Helen Kenyon	On-going
4.	Relative Likelihood of BME or disabled staff accessing non mandatory training and CPD compared to white staff.	Equality and Diversity Training is currently being reviewed and there will be a focus on the following; <ul style="list-style-type: none"> <li>• harassment and bullying</li> <li>• Communication</li> <li>• Disability (mental health)</li> </ul>	Medium Term	Maggie O'Rourke	September 2017
		EDS2 3.3 Training and development opportunities are taken up and positively evaluated by all staff	Report to Board in annual equality and diversity report	Short Term	Learning and Development lead

## Workforce Race Equality Standard (WRES) Action plan based on April 2017 data



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	WDES Indicator EDS2 CQINNs Targets	Recommended action	Time scale Short, medium or long term.	Responsible for action	Completion date
	<b>EDS2 4.3</b> Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Training helping managers and staff to 'live the Trust values' being rolled out as part of the retention strategy action plan. Insights self-discovery training is now available for all staff. Regular training events and specific team events are available.			
		Mary Seacole Local training launching in March 17. Monitor throughout the year and include equality monitoring on evaluation forms.	On-going	Learning and development	September 2017
		BME Aspire program – NHS Leadership Academy report on up-take in 12 months' time	Medium term	Learning and Development	September 2017
		Mental Health First aid training for line managers.	Ongoing	Learning and development	On-going
		Conflict resolution training	Ongoing	Learning and development	On-going
		Mindfulness training	Ongoing	Learning and development	On-going
<b>5.</b>	<b>Actions 5,6,7 &amp;8 related to questions asked in the staff Survey</b> <b>KF18:</b> Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the	Link to Line Managers Toolkit training.	Medium term	Helen Kenyon and Maggie O'Rourke	September 2107

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	<b>WDES Indicator EDS2 CQINNs Targets</b>	<b>Recommended action</b>	<b>Time scale Short, medium or long term.</b>	<b>Responsible for action</b>	<b>Completion date</b>
	last 12 months.				
	<b>EDS2 3.4</b> When at work, staff are free from abuse, harassment, bullying and violence from any source	Working group established to examine outcome of 2016 staff survey in relation to levels of physical violence/bullying/harassment of staff from patients, relatives or members of the public.	Medium term	Ann Pope/Helen Lancaster	September 2017
<b>6.</b>	<b>KF19:</b> Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.	SWFT working with ACAS on a pilot helpline for managers, offering them support from ACAS advisers in resolving issues of workplace conflict.	Medium term (12 month pilot)	Helen Kenyon	April 2018
<b>7.</b>	<b>KF27:</b> Percentage believing that the Trust provides equal opportunities for career progression or promotion.	Aspire NHS leadership academy training for BME staff	On-going	Learning and Development	On-going
	<b>EDS2 3.1</b> Fair NHS recruitment and selection processes that lead to a more representative workforce.	Recruitment and Selection policy to be reviewed	Medium Term	Dan Pearce	December 2017
	<b>EDS2 3.5</b> Flexible working options are available to all staff consistent with the needs of the service and the way people lead their	Recruitment and Selection training level 1 and 2. To be up-dated to ensure cultural competency of managers	Medium Term	Dan Pearce	December 2017

## Workforce Race Equality Standard (WRES) Action plan based on April 2017 data



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	<b>WDES Indicator EDS2 CQINNs Targets</b>	<b>Recommended action</b>	<b>Time scale Short, medium or long term.</b>	<b>Responsible for action</b>	<b>Completion date</b>
	lives	Update advert templates to actively promote flexible working options Part time / job share / other options?	Short Term	Matt Clarkson	June 2017
		Launch new Staff App with contact information for HR, Occupational health, Staff Counselling. The App provides useful information and support to staff and can be download to their mobile devices	Short Term	Maggie O'Rourke	May 2017
	<b>EDS2 3.6</b> Staff report positive experiences of their membership of the workforce	Work with Staff Side lead to scope the potential to establish a BME and Disability network	Medium Term	HR and Staff Side	September 2017
<b>8.</b>	<b>Q17.</b> In the last 12 months have you personally experienced discrimination at work from any of the following Manager/team leader or other colleagues.	Line managers toolkit – Leadership training. Recruitment and selection training level 1 and 2	Medium Term	Helen Kenyon	September 2017

## Workforce Race Equality Standard (WRES) Action plan based on April 2017 data



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	<b>WDES Indicator EDS2 CQINNs Targets</b>	<b>Recommended action</b>	<b>Time scale Short, medium or long term.</b>	<b>Responsible for action</b>	<b>Completion date</b>
9.	<p><b>Board Representation indicator</b> For this indicator, compare the difference for White and BME and disabled staff. Percentage difference between the organisations' Board voting membership and its overall workforce.</p>	<p>Data recorded in WRES template</p> <p>The Board is aware that it would be desirable to achieve a more diverse Board membership. The opportunity to address this arose during 2015/16 with recruitment to the vacant Non-Executive Director position. A professional recruitment consultant was appointed and given the task of engaging and raising awareness amongst ethnic minority communities. This ensured that there was a more diverse field of shortlisted applicants.</p> <p>Continue to work closely with Warwickshire Race Equality Partnership to raise awareness and encourage diverse nominees for election to our governor roles.</p>	Ongoing	Ann Pope	Ongoing

## Workforce Race Equality Standard (WRES) Action plan based on April 2017 data



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	<b>WDES Indicator EDS2 CQINNs Targets</b>	<b>Recommended action</b>	<b>Time scale Short, medium or long term.</b>	<b>Responsible for action</b>	<b>Completion date</b>
	<p><b>EDS2 4.1</b> Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p>	<p>Board Workshops, Governors Workshops, Regular reporting to board including EDS2, Race Equality Standards, Patient Stories, Board reporting including the Annual Report complaints, and other workforce key issues.</p>	<p>Ongoing</p>	<p>Board of Directors</p>	<p>Ongoing</p>
	<p><b>EDS2 4.2</b> 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</p>	<p>A key output of the European Partnership project with WREP will be the publication of a journal of case studies of cultural shock in the health care setting which will be available to staff, managers and directors</p>	<p>Ongoing</p>	<p>WREP and E&amp;D Lead</p>	<p>Ongoing</p>

Appendix 2

EQUALITY DELIVERY SYSTEM ACTION PLAN 2017 – 2018				
Goal: Better Health Outcomes				Reference number 1.1
Outcome: Services are commissioned, procures, designed and delivered to meet the health needs of local communities.				CURRENT GRADE: Achieving
Trust 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><b>Board to Ward Campaign from February 2017</b>                      The Trust will have one campaign each month and topics include: Medication safety week, National No Smoking Day, Brain Awareness Week, Nutrition and hydration, World Health Day, Pressure Ulcer Prevention week, International Day of the Midwife, National Nurse day, Action for Brain Injury Week, Dying Matters Week, National Dementia awareness week, Volunteers Week, National Diabetes Awareness week, World Continence Week, Learning Disability week, Safeguarding Week, Deteriorating Patient Week, National Sight awareness week, Safe Surgery Week</p>	Helen Lancaster Rebecca Bennett	Annual Programme of work	Achieving
Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way.	<p><b>Accessible Information Task and finish group:</b>                      A task and finish group has been set up to implement the accessible information standards and is chaired by the Director of Nursing and membership comprises internal and external stakeholders. A dedicated action plan has been produced to support the work of this group. Some of the actions include:                      New telephone system for translation / interpretation have been purchased and will be installed, this will include blue tooth headsets that can be used where an interpreter is needed but patient confidentiality needs to be maintained eg Maternity GUM  <b>British Deaf Association Charter Signing</b> – The BDA Charter is a set of five pledges that the Trust has agreed to sign up to which will ensure that we meet the needs of our patients, clients and visitors from our local deaf community. The trust will officially sign the BDA charter during deaf awareness week and will have a public celebration event.  <b>Hearing loop system:</b> Re audit and order new hearing loops, produce an information leaflet and training for staff.</p>	Helen Lancaster (Accessible information standard task and finish group)	Ongoing	Achieving

	<p><b>HealthWatch Warwickshire and Warwickshire Race Equality Partnership (WREP)</b> following on from last year's workshops the focus will now be around training and information on the lessons learned for staff. The Carers Group and Accessible Information task and finish group will use the information from the workshops to address gaps. WREP and Healthwatch will continue to engage with the local community around patient experience.</p>	<p>Chris Bain Junaid Hussain Helen Lancaster Rosie McDonnell</p>	<p>April 2018</p>	<p><b>Achieving</b></p>
<p><b>Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way.</b></p>	<p><b>NHS Friends and Family Test</b> continue to be used across all areas of SWFT. All patients, including carers, children and adolescents are given the opportunity to give feedback at the time of discharge, or at home by signing into the iWantGreatCare portal.</p>	<p>Karun Thaper Julie Smith</p>	<p>April 2018</p>	<p><b>Achieving</b></p>
	<p><b>The Carers Strategy Steering Group</b> that is currently co-chaired with WCC and SWFT. The steering group is currently being reviewed and will be re-launched as a Carers Partnership Board (via a widening membership of the existing group) that drives and monitors implementation of the joint <b>Carers Support Statement of Intent</b>. The aim of the steering group is to drive improvements in support for carers across Warwickshire's health and social care system through partnership working to:</p> <ul style="list-style-type: none"> <li>• increased awareness of carers,</li> <li>• support identification of carers</li> <li>• referrals into commissioned services</li> <li>• referrals for carers assessments.</li> </ul>	<p>Rosie McDonnell Clare Hall (from Warwickshire County Council)</p>	<p>Ongoing</p>	<p><b>Achieving</b></p>
	<p><b>Accessibility Audits across SWFT Sites</b></p> <ul style="list-style-type: none"> <li>• Site audits will continue to take place and actions plans developed and implemented. Specialist advice is sought when new builds are commissioned.</li> </ul> <p>A template has been developed for staff to use to check if accessible toilets on their sites are meeting all of the DDA requirements.</p>	<p>Elizabeth Dixon and Mark Rowlands</p>	<p>Ongoing</p>	<p><b>Achieving</b></p>

<p><b>Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way.</b></p>	<p><b>Healthy Diversity Project</b> – The Trust is working in partnership with WREP and ERASMUS in a European project to look at culture shock using a critical incidents methodology to produce an online training resource and website that can be accessed by all. The Trust will be involved in trialling the pilot in Italy. The journal for critical incidents will be launched and published early 2018 and be distributed through SWFT libraries, Medical School, Warwickshire Public Health and university libraries across Europe.</p>	<p>Ann Pope Maggie O'Rourke Sue Pike</p>	<p>June 2017 February 2018 September 2018</p>	<p><b>Achieving</b></p>
<p><b>Working with Patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way.</b></p>	<p><b>Integrated Community County Wide Team</b> Work initiated through the Trust's transformation programme to reconfigure the Trust's Community Nursing Teams continues. Further work will continue on the development of integrated single points of access to simplify referrals into all areas of those Community based staff. The purpose behind this project is to enable the delivery of patient care on a pathway basis based on patient and population need. Strategic planning across partner organisations (primary and social care) is continuing to identify potential opportunities for strengthening integrated working. Work continues in developing clinical skills for staff working within the community setting to support the right skill mix in the right place at the right time. It is not anticipated there will be additional resource implications to support this.</p>	<p>Tracey Sheridan County Council</p>	<p>April 2018</p>	<p><b>Developing</b></p>
	<p><b>HomeFirst:</b> Full implementation of HomeFirst bringing reablement and community teams together. The work stream will need to ensure cultural needs and expectations are reflected in the care they receive.</p>			
	<p><b>Food for Life Partnership:</b> – The Trust is working with external stakeholders including the Soil Association and Public Health Warwickshire. The group is currently recruiting dining companions to help those with difficulties to access food and to provide stimulation and motivation for those who may be lonely.</p> <ul style="list-style-type: none"> <li>• Making cups of tea/coffee/cold drinks for patients. (The Trust operates a 'Tea for Two' policy, so the dining companion is encouraged to have a drink with the patients to encourage social interaction.)</li> <li>• Helping patients to complete menus for their chosen meals next day.</li> <li>• Wiping down patient tables and clearing away clutter so there is room for their meal.</li> <li>• Taking the meals to patients once the food trolley arrives to ensure is hot.</li> <li>• Making sure the patient has access to their choice and seconds if they so wish.</li> </ul>	<p>Food for Life Steering Group Sharon Ellswood (Volunteer Coordinator)</p>	<p>Ongoing</p>	<p><b>Achieving</b></p>

	<ul style="list-style-type: none"> <li>• Cutting up food and opening sauce packets to ensure patient can eat comfortably.</li> <li>• Sitting with patients whilst they eat and chatting and encouraging them to eat.</li> </ul> <p>The Trust is continuing to roll out the communal dining areas throughout the trust.</p>			
	<p><b>WREP and SWFT Dieticians</b> will continue to target identified BME groups at risk of long term health conditions. Several joint workshops have already taken place looking at language and cultural barriers that impact on healthy eating in relation particularly to food packaging information. More workshops are to be arranged.</p>	WREP and SWFT Dieticians	<b>On-going</b>	<b>Achieving</b>
	<p><b>Volunteers</b> – Children’s Specialist Nursing Team are working with volunteers to support children with palliative care needs. This project is now to link in with commissioners to ensure sustainability and ongoing business plan. Links with Together for Short Lives and Chaplaincy. SWFT and WCC to offer specialist volunteer training for refugee befriending groups across Warwickshire.</p>	Chaplaincy David Widdass WCC Lead Carol Bishop	Ongoing	<b>Achieving</b>
	<p><b>Falls Awareness and prevention:</b> WREP are working with the Trust’s Falls Coordinator to deliver education and training around falls prevention to Black and Minority Ethnic groups across Warwickshire.</p>	WREP and SWFTs Falls Lead	September 2017	<b>Developing</b>
	<p><b>Gypsy and Travellers Group-</b> Trust’s maternity Lead for safe guarding to work with WREP to better understand and establish the needs of this client group.</p>	WREP and SWFT Maternity lead	December 2017	<b>Developing</b>
	<p><b>Warwick District Faith Forum</b> – There will be a conference during Interfaith Week in November which will focus on faith and disability and inclusion for all. The Trust will work with the DF Forum to promote and support this conference. The trust would be interested in providing information around</p>	Nell Cockrell Jatinder Birdi	November 2017	<b>Developing</b>

<b>Goal: Better Health Outcomes.</b>				<b>Reference number 1.2</b>
<b>Outcome: Individual people's health needs are assessed and met in appropriate and effective ways.</b>				<b>CURRENT GRADE: Developing</b>
<b>Trust Objectives</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>COMMENTS</b>
<b>Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way</b>	<b>Bedside communication tool:</b> A bedside communication toolkit will be produced that helps people with communication difficulties tell staff how they are feeling, what they need. There will be pictures and simple diagrams to aid communication and each patient will have their own. Care plans to prompt nursing staff to ask questions about communication needs and this information also to be transferred to community teams on discharge.	Helen Lancaster Rebecca Bennett	April 2018	Developing

<b>Goal: Better Health Outcomes.</b>				<b>Reference number 1.3</b>
<b>Outcome: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed.</b>				<b>CURRENT GRADE:</b>
<b>Trust Objectives</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>COMMENTS</b>
<b>Working with patients, staff and local communities to ensure that high quality services are delivered in a safe and accessible way.</b>	<b>Improving Communications:</b> Text alert system for patients and visitors who are hearing impaired. Availability of this system to work across the Trust and accessible to services i.e. links to ISPA and individual department appointment systems. Continue to explore IT and Technological systems to improve Electronic alert system for communication needs to link with EMIS, Lorenzo, GAP and other Trust systems.	Mark Rowlands Sophie Gilkes Sarah Patrick	Ongoing	<b>Developing</b>
	<b>Warwickshire County Council and SWFT</b> working in partnership to support those children who have sought asylum in this country. Clinical leads to work with Warwickshire County Council Refugee Resettlement Officer.	WCC Lead Clinical leads	Ongoing	<b>Developing</b>
	<b>Care Planning:</b> Individual care plans are developed with patients, relatives and carers to meet the needs of the individual. Electronic patient record continued roll out will make records accessible at the point of care.	All clinical staff Project 2020 Danny Roberts	2020	<b>Achieving</b>
	<b>Raise awareness within local communities especially BME</b> around key issues including dementia awareness and mental health issues. The Alzheimer's Society is involved in raising awareness and communication within the local health economy. Working with WREP and the Multi Faith Forum to raise awareness of dementia and communicate key messages.	Madeline Curran Jatinder Brirdi Junaid Hussain	2018	Developing

<b>Goal: Better Health Outcomes</b>				<b>Reference number 1.4</b>
<b>Outcome: When people use NHS services their safety is prioritized and they are free from mistakes, mistreatment and abuse</b>				<b>CURRENT GRADE: ACHIEVING</b>
<b>Trust Objectives</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>COMMENTS</b>
<b>Working with patients, staff &amp; local Communities to ensure that high quality services are delivered in a safe and accessible way</b>	<b>Implement Freedom to Speak up Guardian</b> role within the Trust. Support staff in relation to whistleblowing and raising issues of concern, particularly around patient safety.	Sue Pike / Helen Kenyon / Ann Pope	September 2017	<b>Achieving</b>
	<b>Safeguarding Training:</b> All staff to be appropriately trained in safeguarding children, adults, duty of candour, MASH and DOLS.	Learning and Development	Ongoing	<b>Achieving</b>
	<b>Incident reporting and governance arrangements:</b> Staff are required to record incidents on the electronic systems 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.	Patient Safety Team	Ongoing	<b>Achieving</b>
	<b>Specific responsibilities of the Designated Adult Safeguarding Manager now includes:</b> <ul style="list-style-type: none"> <li>• Responsibility for the management and oversight of individual complex cases.</li> <li>• Coordination where allegations are made, or concerns raised, about a person, whether an employee, volunteer or student, paid or unpaid.</li> </ul> Promoting partnership working and keeping in regular contact with their counterparts in partner organisations.			

<b>Goal; Better Health Outcomes</b>				<b>Reference Number 1.5</b>
<b>Outcome: Screening, vaccination and other health promotion services reach and benefit all local communities.</b>				<b>CURRENT GRADE: Achieving</b>
<b>Working in partnership with patients, staff and communities to transform hospital and community services to improve health Outcomes for all.</b>	<b>Health and Wellbeing Agenda</b> <ul style="list-style-type: none"> <li>• mental health and wellbeing for local community and mental health in A&amp;E services</li> <li>• NHS E referrals (accessibility)</li> <li>• Tobacco screening</li> <li>• Alcohol advice and screening (Work with WREP and Warwickshire Public Health Warwickshire to support)</li> <li>• Continue to work with Public Health Warwickshire to promote Fitter Futures to the wider public across the county. This will include the launch of a wellbeing hub at Stratford</li> </ul>	Jane Blacklay Fiona Langworthy Helen Lancaster WREP and SWFT	July 2017	<b>Achieving</b>

<b>Goal: Improved patient access and experience</b>				<b>Reference Number 2.1</b>
<b>Outcome: people, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.</b>				<b>CURRENT GRADE: Achieving</b>
<b>Trust Objectives</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>COMMENTS</b>
<b>Working in partnership with patients, staff and communities to transform hospital and community services to improve health outcomes for all</b>	<b>Lay Faith Preachers</b> Work with Warwick District Faith Forum and local stakeholders to identify and recruit lay preachers of different faiths and dominations to support patients and relatives. Look at producing information that can be handed out at other events to raise awareness of the role of lay preachers.	Jatinder Birdi Santosh Kundi Junaid Hussain SWFT Chaplaincy	Ongoing	<b>Developing</b>
	<b>Working with Age UK on discharge packs</b> – continue to roll-out across the Trust.	Karen Newman Mark Rowlands	On-going	<b>Achieving</b>
	Communications to look at how further use and develop a suite of videos that could be shown in multi format with translations, descriptive audio or BSL. To deliver key messages and training and to be on website for public access.	Jordan Lott Maggie O'Rourke	On-going	<b>Developing</b>

Goal: Improved patient access and experience				<b>Reference Number 2.2</b>
<b>Outcome:</b> People are informed and supported to be as involved as they wish to be in decisions about their care				<b>CURRENT GRADE: Achieving</b>
<b>Trust Objectives</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>COMMENTS</b>
<b>To ensure that all healthcare users feel that their right to privacy, dignity and respect is upheld and actively promoted at all times.</b>	<b>Carers survey</b> – The survey has been undertaken over a 9 month period and looks at how carers feel they have been supported while the patient has been in hospital.	Carers Strategy Group Madeline Curran Rosie McDonnell		<b>Developing</b>

Goal: Improved patient access and experience				<b>Reference Number 2.3</b>
<b>Outcome:</b> People report positive experiences of the NHS				<b>CURRENT GRADE: Achieving</b>
<b>Trust Objectives</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>COMMENTS</b>
<b>To ensure that all healthcare users feel that their right to privacy, dignity and respect is upheld and actively promoted at all times.</b>	<b>Focus on transgender awareness.</b> NHS have recently published advice for Trusts supporting service delivery. Work with HealthWatch to review and identify actions to disseminate information and training as appropriate. Involve Union members of the LGBT forum. SWFT annual Conference to include session on LGBT awareness.	Maggie O'Rourke Sue Pike	September 2017	<b>Developing</b>

Goal: Improved patient access and experience				Reference Number 2.4
Outcome: People's complaints about services are handled respectfully and efficiently.				CURRENT GRADE: Achieving
Trust 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><b>Patient Forum</b> Continue to engage with members of the Patient Forum around privacy and dignity issues through on ongoing inspections on the wards. Patients Forum to be established at Leamington Hospital and to include Clinical Psychology, Chaplaincy as well as patients and their families and carers.</p> <p><b>PLACE</b> (Patient Led Assessment of the Care Environment) assessments to take place and to link in with the Patient Forum and Patient Safety Team.</p> <p><b>Patient satisfaction surveys</b> Use the Trust's patient satisfaction surveys to measure patients' experience of being treated/cared for with privacy and dignity. Each formal complaint is allocated a named lead Investigator who will talk through their complaint and discuss how long an investigation will take, agree the timeline for the response information and by what method the complainant wishes to receive feedback on the findings of their investigation.</p>	<p>Patient Forum</p> <p>Patient Experience Team</p>	Ongoing	Achieving