



Equality, Diversity and Inclusion (EDI) Framework 2017-2020

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BSMHFT Equality, Diversity and Inclusion (EDI) Framework (DRAFT)
2017-2020

Introduction

Birmingham and Solihull Mental Health NHS Foundation Trust provides mental health care, serving a culturally and socially diverse population of 1.3 million people spread over 172 square miles. We are one of the largest Mental Health Foundation Trusts. We provide specialised services for the people of Birmingham and Solihull. Our catchment population is ethnically diverse and characterised in places by high levels of deprivation, low earnings and unemployment.

We are passionate about improving mental health wellbeing by making a positive difference to people's lives and believe that equality, diversity and inclusion is at the heart of achieving our vision

Our Trust Values



Honesty and Openness We will keep each other well informed through regular communication. We will have honest conversations and explain our decisions.

Compassion
We will bring compassion to all our dealings with service users and carers and expect it in our colleagues.

Dignity and Respect
We will respect all those whom we deal with at work especially our service users and staff and take action to address those who do not.

Commitment
We commit to help our colleagues provide the best care services that we can. We will do what we say we will.

Our Strategic Ambitions

Our strategic ambitions are the six key areas that describe how we will achieve our vision.

We will:

1. Put service users first and provide the right care, closer to home, whenever it's needed
2. Listen to and work alongside service users, carers, staff and stakeholders
3. Champion mental health wellbeing and support people in their recovery
4. Attract, develop and support an exceptional and valued workforce
5. Drive research, innovation and technology to enhance care
6. Work in partnership with others to achieve the best outcomes for local people to enhance care.

The Legislative Context

Equality Act (2010) - Public Sector Equality Duties (PSED)

The Equality Act received Royal Assent on 8 April 2010. It harmonises and consolidates existing equality legislation to ensure that there is no discrimination against groups of people with protected characteristics. These groups are as follows:

- 1) Age
- 2) Disability
- 3) Gender Reassignment
- 4) Marriage and Civil Partnership
- 5) Pregnancy and Maternity
- 6) Race
- 7) Religion or Belief (including lack of belief)
- 8) Sex (i.e. gender)
- 9) Sexual Orientation

The Equality Act 2010 creates a new general duty on the NHS, when carrying out their functions to have due regard to:

- 1) The need to eliminate discrimination, harassment and victimisation
- 2) The need to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not
- 3) The need to foster good relations between people who share a relevant protected characteristic and people who do not (which will therefore cover good relations between

people of different faiths and between people who have a religious faith and those who do not).

The Act

- Places another new duty on the NHS and other public bodies to have due regard to the desirability of carrying out their functions, in a way that is designed to reduce the inequalities of outcome which result from inequalities.
- Provides protection from “prohibited conduct” for groups of people with protected characteristics. Examples of prohibited conduct includes, direct discrimination, indirect discrimination, associative discrimination, perceptive discrimination, harassment and victimisation.
- Allows positive action to be carried out, as a means by which the NHS can give additional support, to some disadvantaged groups. Some people with protected characteristics are disadvantaged or under-represented in some areas of life or have particular needs linked to their characteristic. They may need extra help or encouragement if they are to have the same chances as everyone else. The positive action provision enables public sector organisations to take proportionate steps to help people overcome their disadvantages or to meet their needs.

Human Rights Act (1998)

The Human Rights Act 1998 is the legislation which protects human rights in the UK through specific “articles” which go beyond the nine protected characteristics to outlaw discrimination on all grounds.

As a public authority the Trust must ensure that none of our policies, procedures or strategies infringes the human rights of staff or patients. In practice this means treating individuals with fairness, respect, equality, dignity and autonomy whilst also safeguarding the rights of the wider community when developing policies and procedures and carrying out our functions.

Equality, Diversity and Inclusion (EDI) Framework

This Framework should be read in conjunction with other relevant policies, procedures and strategies including the Trust Strategy, People Plan, the Health and Wellbeing Plan and the Behavioural Competency Framework.

BSMHFT takes its obligations under Equality Legislation seriously and aims to provide fair and equitable treatment to, and value diversity in, its staff, service users and communities. In doing so we aim to ensure that our actions and working practices comply with both the spirit and intention of the Human Rights Act (1998) and the Equality Act (2010)

The promotion of equality and achieving the elimination of unlawful discrimination within the organisation is a key priority. This will be achieved by ensuring the philosophy of equality, diversity and inclusion runs through all aspects of policymaking, service redesign, service provision and employment and forms part of the core of the organisation.

We are committed to building on the work we have already been doing and focus on inclusion every day; this means that we wish to make it real to everyone by embedding inclusion in everything we do. We are striving to be the very best we can be. We are taking the opportunity to be a pioneer in this field and enhance the daily experience of our staff, members, patients and communities.

This framework will address health inequalities including complying with relevant legal duties (e.g. the Equality Act 2010) and national standards (e.g. Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES) and the Accessible Information Standard (AIS). It is underpinned by two core principles;

- Embed equality of opportunity, and create services and care pathways that reduce wide variations in health outcomes for protected and vulnerable groups
- Ensure fairness and equity in relation to employment, based upon the values of the NHS Constitution.

It will be underpinned by an action plan, outlining the steps we will take to ensuring that equality, inclusion and human rights are imbedded in everything we do. This includes providing services, employing people, developing policies, and consulting with and involving people in our work, and will enable us to communicate and manage equality commitments to create a culture of inclusion.

Equality Objectives:

The EDI Framework demonstrates how we will:

- Maximise our contribution to reducing inequalities and promoting equality of access, experience and outcomes.
- Become a model employer in respect of equality, diversity and inclusion in employment
- Comply fully with current and future equality and human rights legislation
- Ensure our services are accessible to all and support a diverse workforce that is capable of understanding the needs and culture of its service users and staff.

To improve the equality outcomes for patients, and carers we are committed to:

- Improve access, experience and outcomes for people identified by the protected characteristics when using or providing our services
- Make information more accessible and specific to patients who have a clinical need.

To improve the equality outcomes for our workforce we are committed to:

- Ensuring fair and transparent recruitment practices are in place using a wide variety of advertising mediums and taking positive action to reach out to diverse communities.
- Increase the diversity of people in leadership and management roles through ensuring we have fair and transparent promotion processes
- Continue to build a strong and positive culture of inclusion
- Improve our collection and use of equality data.

To share our leadership of inclusion across our community we are committed to:

- Broaden our reach to voluntary partners and communities in order to gain different perspectives.
- Involve communities in equality impact assessments and identifying remedial action to be taken where adverse impact is identified
- Engaging and working jointly with seldom heard and socially excluded groups (e.g. disabled, LGBT and BAME groups) to develop sustainable initiatives in response to identified inequalities

Enablers

The delivery of the EDI Plan is dependent on a number of key enablers:

- Supportive strategic leadership and strong governance
- Effective communications with service users, staff and external stakeholders
- Training for staff at all levels
- Partnership working with local stakeholders and interests
- Engaging corporate and operational teams

Our Approach

We know that engaging with staff, service users and communities in a meaningful and sustained way is important in helping to make continuous improvements on the inclusion agenda.

We will seek to better understand why some staff often receive much poorer treatment than other staff in the workplace and why service users from some communities experience more coercive treatment and are less satisfied with services. We are committed to opening opportunities for open dialogue and be fully engaged in dynamic conversations. By clearing our preconceptions and actively listening we want to understand why the gaps exist. We want to be curious, be open, challenge existing thinking and strive to do things differently.

We will:



Listen

e.g. staff networks, staff survey, patient survey, pulse check



Engage

e.g. in conversation sessions, listen up conversations



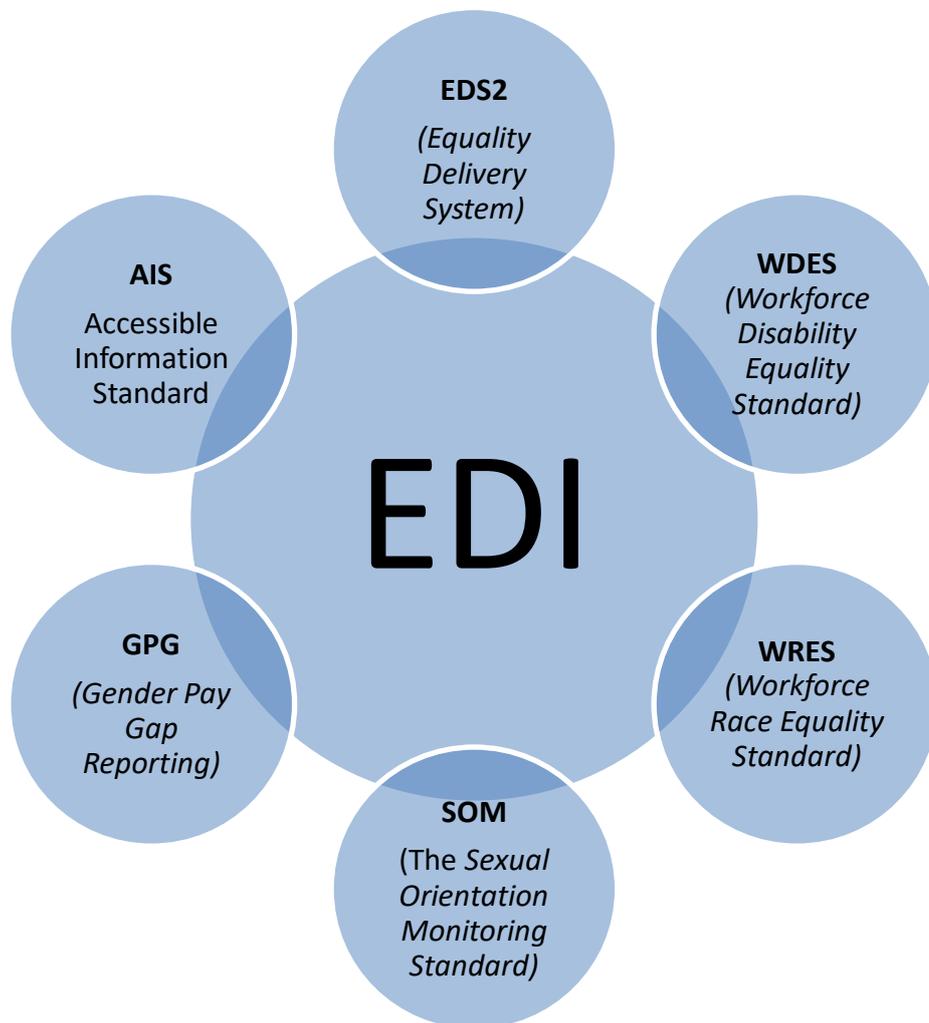
Understand Facts

e.g. workforce and service user monitoring data



Take Action

Our Legal and Contractual Requirements Include:



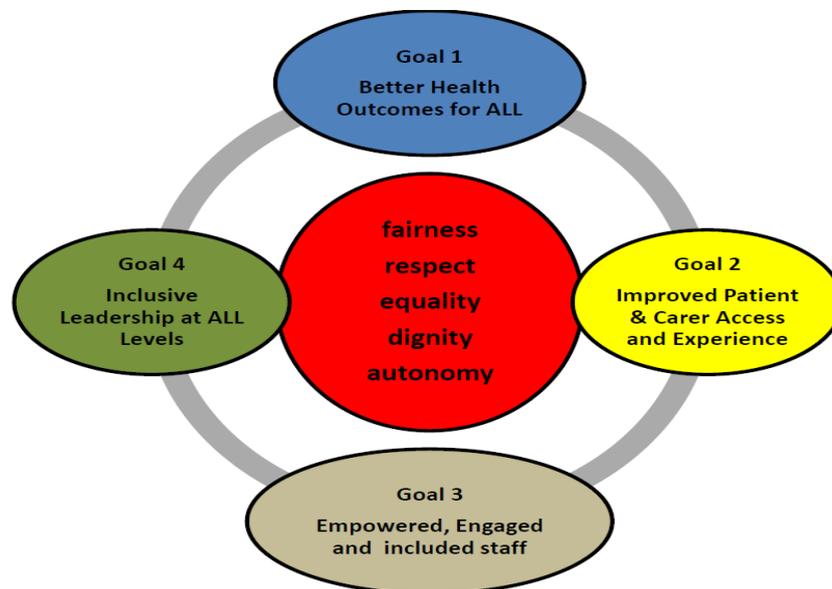
Equality Delivery System (EDS2)

The aim of EDS2 is to improve services for people who belong to vulnerable and protected groups. The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use and work in, the Trust.

EDS2 will support the Trust in delivering better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse.

The implementation of EDS2 supports our strategic objectives to promote equality throughout the planning, development and delivery of our services whilst appreciating and respecting the diversity of our local community and workforce embracing the inclusion agenda.

At the heart of the EDS2 framework is a set of 18 outcomes grouped into four goals.



NHS organisations are expected to rate their performance on each outcome using four levels of grades, as follows:

Excelling	Achieving	Developing	Undeveloped
People from all protected groups fare as well as people overall	People from most protected groups fare as well as people overall	People from only some protected groups fare as well as people overall	People from all protected groups fare poorly compared with people overall OR evidence is not available

We will:

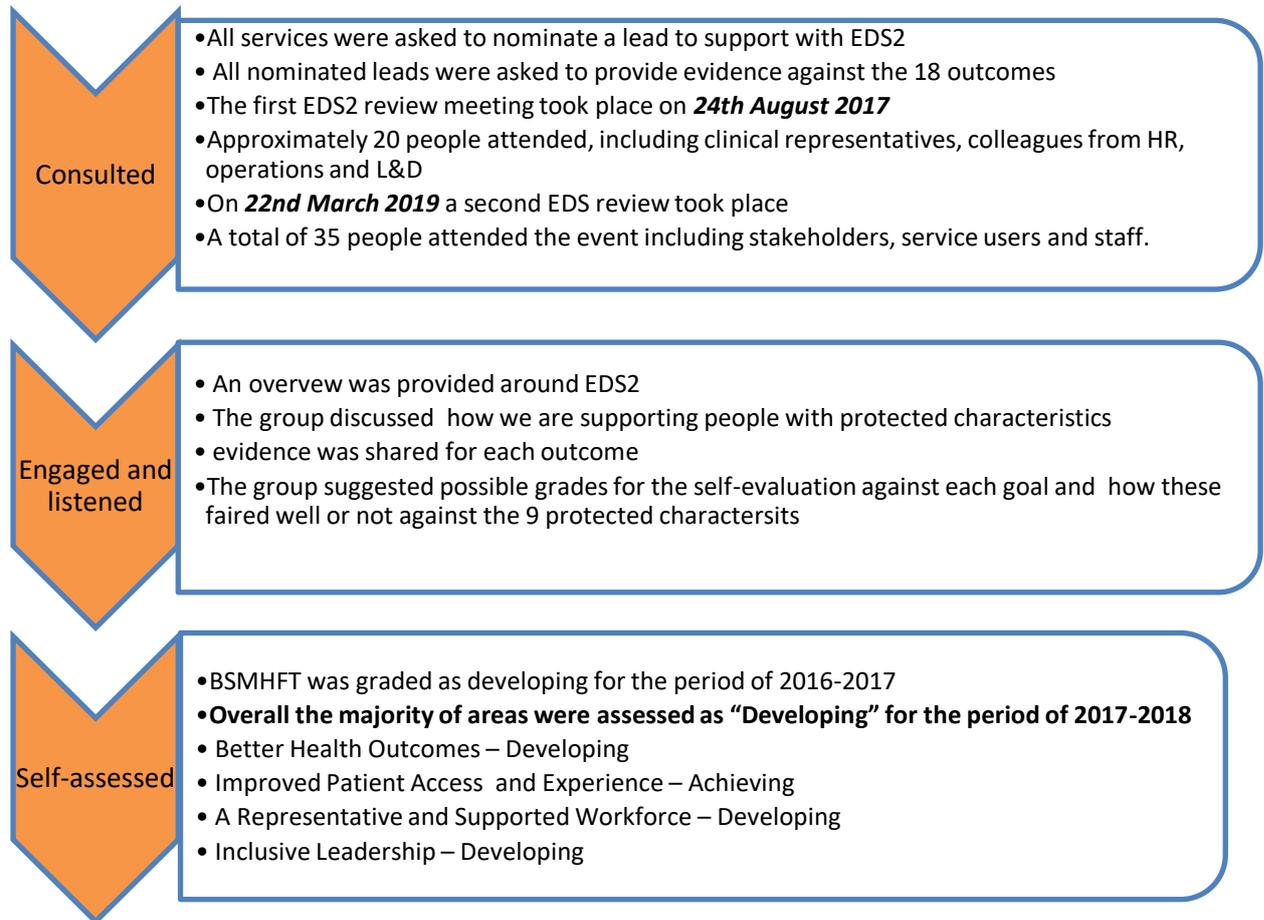
- Explore these outcomes further and undertake a self-assessment
- Rate our performance against each outcome
- Focus on the issues of most concern to Patients, Carers, Communities, NHS Staff and Boards.
- Take action where needed.

Our action plan will incorporate the following priorities and be clear about timelines and action owners.

We will:

- Imbed equality considerations within routine activities and processes and capacity to coordinate EDS2 relevant activities within wider Trust activities
- Imbed EDS2 and the management of equality business into the mainstream governance structure so that equality considerations will be routine to the clinical and operational activities of the Trust
- Communicate clearly with staff and service users that we want to collect data on protected characteristics in order to help make things better, to make sure we are being fair and that people from all backgrounds are being represented.
- Collect and analyse data on all 9 protected characteristics for service users so that we are able to assess the extent to which there is equity in outcomes and patient experience across all groups
- Collect data on all 9 protected characteristics for staff so that we are able to assess the extent to which there is equity in leadership development and support offered to staff across all groups.
- Identify services that are under-utilised by protected and vulnerable groups and take positive action to engage with them
- We will continue to use local evidence and feedback from minority and vulnerable groups to inform service improvement
- We will ensure robust equality impact analyses are undertaken for service developments and operational policies

To date we have:



Workforce Race Equality Standard (WRES)

Since 1 April 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas. The WRES helps organisations to achieve this.

All NHS organisations are required to demonstrate through the nine-point WRES metric how they are addressing race equality issues in a range of staffing areas.

Our Learning and Development Team have received Inclusive Practitioner Training. They have woven in inclusion principles and scenarios through all Learning and Development interventions. Equalities monitoring processes are now in place for Non-Mandatory Training.

Workforce monitoring reports demonstrate that BAME staff particularly black British Caribbean staff compare disproportionately with other non-BAME and BAME staff in how they fair through our disciplinary and organisational change at risk of redundancy processes.

Our Trust submits the WRES data annually and acknowledges not much progress has been made. To address this an executive sponsor for race equality has been identified, Roisin Fallon-Williams, COE is currently the board sponsor for the BAME staff network. In addition the Trust has invested in a WRES expert whom will work closely with the BAME staff network to identify actions and further understand our data.

In conversations sessions around race continue within the organisation to address highlighted concerns around racism. Initiative such as reciprocal mentoring and blind recruitment are being explored to bridge some of the disparity gaps.

We will:

- Fully implement and report progress against the WRES standard
- Work with our BAME Staff Network to identify actions
- Make sure task owners are accountable and take responsibility
- Complete actions in a timely manner
- Review actions annually to assess progress and impact within the workforce

Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council (EDC) have recommended that a Workforce Disability Equality Standard should be mandated via the NHS Standard Contract, in England from April 2018. A preparatory year has been designated from 2017-2018.

The WDES will follow similar process as the WRES through a set of metrics and action plan after the metrics have been analysed to identify any trends and issues.

The Disability and Neurodivergence Staff Network has been formed to provide staff with disabilities (both visible and non-visible), Long-Term conditions and Neurodivergent physiologies-pathologies the opportunity to communicate, network, and support each other.

We aim to make the network pro-active in the business of the Trust to ensure staff with disabilities and/or impairments are represented equitably. We aim to be information champions on disability, neurodivergence and neurodiversity, to improve the confidence of our staff, service users, patients and customers in the services we provide as a Trust. We aim to improve our network as we progress, engaging with staff to ensure positive experiences within BSMHFT.

We're committed to tackling inequality in the workplace wherever we find it. Employing people with lived experience of disability or long-term health conditions is a major asset: these staff can draw on their own experiences to show understanding, empathy and role modelling to people using services.

We will:

- Fully implement and report progress against the WDES standard
- Work with our Disability and Neurodivergence Staff Network to identify actions
- Make sure task owners are accountable and take responsibility
- Complete actions in a timely manner
- Review actions annually to assess progress and impact within the workforce

Disability Confident Scheme

Disability Confident is a scheme that is designed to help recruit and retain disabled people and people with health conditions for their skills and talent. It aims to help employers think differently about disability, and improve how they attract, recruit and retain disabled workers.

The scheme has 3 levels:

Level 1: Disability Confident Committed

Level 2: Disability Confident Employer

Level 3: Disability Confident Leader

- We have already undertaken the self-assessment and been recognised as a Disability Confident Employer achieving Level two status.
- We are committed to working with our Staff Networks to undertake activities in support of being a Disability Confident leader
- We have worked with Disability Rights UK to train managers on disability equality

100 members of staff have been trained as mental health first aiders.

BSMHFT attended the Disability Confident Breakfast Event held at the Council House in September 2017 along with 40 businesses (including some Training Providers) such as, Birmingham City Football Club, Carillion, HS2, and Ocado. Our Trust was also part of the organising team for the Disability Confidence Conference later in the day. In addition to securing some financial commitment for the event, we supported it by publicising within our networks ensuring more businesses as well as potential employees attended the event. We took responsibility for securing the Inspirational Speaker for the event, and developed some valuable relationships e.g. we are now being offered free assessment and support for next accreditation.

In addition to some interesting practical learning points, a key gain of the involvement of BSMHFT in supporting the event on the day and in the run up, is that one of the Government's Lead Disability Confident Organisations has offered to support our Trust's journey to gain Level 3 with free assessment and advice.

We will:

- Host Disability Confident inspired events
- Network with other employers through local networks to share good practice
- Use social media to promote and share good practice on Disability Confident such as Facebook, Twitter, blogs and newsletters.
- Aspire to becoming a Disability Confident Leader

The Sexual Orientation Monitoring Standard– 2018

Sexual Orientation is already collected in certain datasets but is not consistently collected across the Health and Social Care System.

- The needs of minority groups, such as lesbian, gay and bisexual people, are often not recognised or addressed:
 - They might not get the right health advice or treatment;
 - Or they might be at risk of certain conditions, which isn't picked up by their healthcare worker.
- An Information Standard for Sexual Orientation Monitoring (SOM) will help Health and Social Care Organisations to collect and record information consistently, which could be used to improve services.
- NHS England's Equality & Diversity Council commissioned LGBT Foundation to create the standard, working with partners across the system including NHS Digital and the National LGB&T Partnership.

Monitoring Sexual Orientation will help to ensure that:

- All Health and Social Care Organisations are able to demonstrate the provision of equitable access for LGB individuals;
- Care providers have an improved understanding of the impact of inequalities on Health and Care outcomes for LGB populations in England;

Currently new monitoring is still under construction and is being piloted across a few Trusts; further information will be made available as information is produced.

Workforce Position on ESR as at 31 Aug 2017

Sexual Orientation	Headcount	% of Staff
Bisexual	27	0.7%
Gay	41	1.1%
Heterosexual	2,464	64.3%
I do not wish to disclose my sexual orientation	1,204	31.4%
Lesbian	28	0.7%
Undefined	66	1.7%
Grand Total	3,830	100.0%

Service user position

RiO is set up to collect the information, with the correct categories, although the descriptions for the 'nk/unsure' and the 'other orientation' categories are not very explicit and could do with improving. There is a risk therefore that this data is unreliable .

The admin details checking form given to service users when they attend an appointment shows people what we currently have recorded for them and gives them the opportunity to correct it, although it doesn't state the categories on the form, only prompting people to ask if they want to know what categories we use. Recent analysis shows we have an explicit sexual orientation recorded for 25% of current service users. There is no active monitoring or chasing aiming to improve the completeness of the data.

IAPTus is set up to collect the information for Birmingham Healthy Minds clients, with the correct categories, although (again) the descriptions for all the not known/less straightforward categories are not very explicit and could do with improving –there is a risk of relying on data already assigned to those categories.

The information is intended to be collected via the self-assessment forms service users complete before assessment or when they attend an appointment but completeness is low. Recent analysis shows we have an explicit sexual orientation recorded for 21% of current service users (but only 18% of people referred during 2017 to date). There is no active monitoring or chasing aiming to improve the completeness of this data.

Illy Carepath is set up to collect the information for SIAS clients. Recent analysis shows we have an explicit sexual orientation recorded for 61% of current clients.

We will:

- Fully implement and report progress against the standard
- Work with our LGBT+ Network to ensure actions identified are informed by our Staff
- Source or develop materials to explain to service users and staff why we are collecting the information and explaining the categories in order to improve data quality

Gender Pay Gap

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 requires employers to report their gender pay gaps for any year where they have a headcount of 250 or more employees with effect from 31 March 2017. The first publication will be for the following year. Gender pay reporting is a different requirement to carrying out an equal pay audit.

Employers must identify who needs to be included in the report. There are six calculations to carry out, and the results must be published on the Trust's website and a government website within 12 months (March 2018). Where applicable, they must be confirmed by an appropriate person, such as a chief executive or someone with delegated responsibility.

Employers have the option to provide a narrative with their calculations. This should generally explain the reasons for the results and give details about actions that are being taken to reduce or eliminate the gender pay gap.

While the regulations for the public, private and voluntary sectors are near identical, and the calculations are directly comparable, the public sector regulations also take into account the public sector equality duty. It is a legal requirement for all relevant employers to publish their gender pay report. Failing to do this within one year of the snapshot date is unlawful.

The Equality and Human Rights Commission has the power to enforce any failure to comply with the regulations.

We have published our gender pay gap reports annually and continue to seek solutions to bridge the gap. BSMHFT gender pay gap currently stands at 4p.

We will:

- Ensure we are compliant with the gender pay gap reporting requirements.
- Publish, share and have in place actions to overcome any gender pay issues

Workforce Monitoring

The Public Sector Equality Duty requires that we gather, analyse and publish equality data on all of the Personal Protected Characteristics to improve data capture for both staff and service users as identified by the Equality Act 2010.

The analysis of this information assists the Trust to identify areas of health inequality and take appropriate actions and set objectives to improve the quality of service that is provided.

We are committed to ensuring our staff are recruited from diverse backgrounds, provided with a positive and valuing work environment and given training and support to achieve their maximal career development potential.

New starters are encouraged at induction to go into employee self service (ESS) to update their personal information. Existing employees are also aware of the ESS functionality and can update their information at any time.

We monitor individual profiles as part of case reviews and management of change processes to ensure on one particular groups is being effected or discriminated against. We undertake equality impact analysis as part of our policy review and change management processes.

The Trust is committed to annually undertaking data campaigns to encourage staff to record information, in particular data around protected characteristics. This will support to address non disclosure rates and help to understand our staff further.

We will:

- Proactively encourage individuals to provide personal information to get robust data for monitoring. We will explain why we collect the information and how we will use it. We will explain how monitoring has helped to identify issues and what action has been taken to bring about improvements
- Improve our collection and analysis of workforce statistics by groups of staff with protected characteristics so that we are able to assess the extent to which there is equity in leadership development and support offered to staff across all groups.
- Carry out analysis of equality based workforce statistics (recruitment, training and development, promotion, grievance, bullying and harassment, capability, conduct and short term and long term sickness) on a regular basis, in order to identify and address any unjustifiable adverse effects.
- Publish the data every year as per the Public Sector Equality Duty.

Equality Impact Assessment (EIA)

We aim to design and implement policies, procedures and functions to meet the diverse needs of our service users, population and workforce, ensuring that they receive good access, outcome and experience. We have developed and instigated a rolling Equality Impact Assessment Programme for this purpose and also to ensure that it complies with the general duties referred to in the Equality Act 2010.

The Trust had been operating a system whereby EIA for policies were sent to an individual outside of the policy management and development process for central keeping. This process had several flaws. To address these flaws, from the 1st April 2017, it is a requirement of all policies being developed and reviewed, that they include an EIA as an appendix to the policy. No change to a policy or ratification of a new policy will be sanctioned without an up to-date EIA. This has the benefit of

- Ease of access to policy EIAs
- Oversight of EIAs by ratifying committees
- Ensures all policies have undergone an EIA

While this has led to an improvement in completing EIAs for policies, there is still work to be done in regards to improving the quality of EIAs

Our Project Management Office reviews all projects in respect to clinical quality and equality (CQE's). These risks / benefits are reviewed by the Executive Director of Nursing and the Executive Medical Director monthly in line with the Programme Management Board (PMB).

All open CQE's are circulated to all members of the PMB on a monthly basis.

To further imbed inclusion

We will:

- Where appropriate and possible, engage our staff networks and community organisations in assessing the equality impacts of our plans and policies and developing responses where adverse impact is identified.
- Publish our equality impact assessments and provide progress reports on remedial action taken where potential adverse impact has been identified.

Staff Networks

We believe that staff networks are a great asset to make us more inclusive. The staff networks were created at the request of staff to improve the visibility, experience and potential of employees. They are already helping us develop a deeper understanding of the different needs and expectations of our staff, patients and communities and have a key role in developing and overseeing the implementation of action plans that aim to improve the experiences of staff from all protected characteristic groups

BSMHFT currently has three active staff networks:

The Disability and Neurodivergence Staff Network is pro-active and ensures staff with disabilities or impairments are represented equitably. The network is about sharing best practice and the empowerment of staff members, supporting non-disabled staff and managers by raising awareness of issues relating to disability, ensuring that the trust benefits from disabled employees' experience and changes policy and practice as a result. Dave Tomlinson, Director of Finance is the board sponsor and Romulus Campan is currently the Chair.

The BAME Staff Network works with the Trust to improve the experiences of BAME staff, service users and carers by influencing change within the organisation, whilst raising awareness of challenges experienced within the Trust. The Network welcomes all staff, as members or allies, who seek to achieve greater inclusion for all within BSMHFT. Improving the experiences and treatment of BAME staff, sees an improvement in patient safety, patient experience and an overall improvement of staff experience and satisfaction Trustwide. Roisin Fallon-Williams, CEO is currently the board sponsor for the BAME staff network and Akhilia Duffus is the Chair.

LGBT+ Staff Network - Our Trust prides itself on being an inclusive employer for LGBT+ staff. We are currently working to ensure that all our policies and systems are LGBT+ inclusive. The network supports staff who identify as LGB or T and promotes the importance of allship by wearing a Rainbow lanyard or badge. Sue Hartley is the board sponsor and the Network is co chaired by Chris Jordan and Alexander Rawlins.

We will:

- Continue to actively engage, promote, support and encourage the work of the staff networks (BAME, LGBT+ and Disability and Neurodiversity) to ensure the lived experience of staff, represented by these networks and partners, directly contribute to improvement actions and organisational policy development
- Empower staff to create new employee networks and other ideas that support a culture of inclusion
- Support the networks to develop their capacity, confidence and capability enabling them to play a crucial role in engaging with staff at all levels and enabling their voices to be heard.

Equality, Diversity and Inclusion Training

It is crucial that we engage and up-skill our staff, managers and senior leaders in equality, diversity and inclusion. All staff are required to complete their equality and diversity training every three years, in addition:

We host “In Conversation sessions” developed to engage staff in discussions with the objectives of transforming mind-sets, attitudes and behaviours. The conversations are informed by people with lived experiences of encountering inequalities who describe the harm and pain caused, and theirs and others courage in challenging inequalities.

The sessions encourage an appreciation among staff of the reality of various inequalities and help to create effective and sustainable strategies for change; they have also led to more sophisticated analysis and insights making it easier to have difficult conversations.

Sessions are hosted by an executive director and an expert speaker. Sessions included: Peter Tatchell on the courage required to campaign on human rights and LGBT issues, Stephen Frost on Inclusion and unconscious bias, Rikki Arundel on the reality of being a Transwoman, Imran Khan on race equality in the UK post Stephen Lawrence, Jane Garvey on the gender pay gap and gender inequalities, Yvonne Coghill on our Trusts profile on race inequalities, Professor Tom Shakespeare on disability inequalities, Francesca Martinez on disability equality. Liam Byrne spoke about alcoholism and mental health and more recently we heard from Mark Lomas, Head of Equality and Diversity at HS2.

To date 20% of 4000 staff have participated in the sessions. 80% of attendees rated sessions as excellent and inspiring. 96% felt they would apply what they had learned in their working practice, and there has been a tangible increase in staff joining and participating in the staff networks.

To understand the diversity of our communities we have worked with community organisations to host seminars on the profile and needs of our Bosnian, Polish, Gambian, Irish and Yemeni communities. The seminars were attended by over 419 Staff, users and partners. This has enabled us to develop strong links and networks with diverse communities and gain a better understanding of the issues affecting them.

We will: al

- Continue with using diverse methods to ensure staff are trained in recognising and responding positively to equality and diversity issues.
- Work with partners to ensure that external opportunities for accessing training are promoted widely to staff
- Ensure equality information; reports and articles are promoted on our intranet so that they are easily accessible for staff and to celebrate the diversity of our staff.

Accessible Information Standard

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care have been legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

The Trust launched its Accessible Information and Communication Policy in May 2018.

This policy was designed to ensure the Trust meets the Accessible Information Standard but also encompasses other aspects of providing accessible information that are outside of the specific scope of that Standard, for example providing information to people in other languages and people with dyslexia. It also includes a clear process for the development of service user and carer information resources that will avoid duplication and ensure all resources are appropriately signed off, evidence based and regularly reviewed.

The Accessible Information Standard and why it's important:

Information is central to healthcare. A lack of information means that people cannot make real choices and can be damaging for service users, their carers, families and health professionals.

Good accessible information means that both service users and carers are better equipped to:

- improve their health and quality of life
- take more responsibility
- act as equal partners in care
- be aware of treatments and risks.

We are committed to providing high quality care to our service users and their carers. An essential part of this is ensuring that they have access to information about the Trust, its services and their care, delivered in a way and format that meets their needs.

This is not just about the information materials that we provide to service users and carers, it could also, for example, be about the length of appointment required, or the need for a sign language interpreter or an advocate to support communication with an individual.

The policy also covers wider information and communication needs, such as providing information in another language and a more defined and standard process for developing service user and carer information leaflets.

The policy includes how to record individuals' needs on RiO in line with the Accessible Information Standard, as well as helpful and detailed guidance on how to then meet the identified individual information and communication needs of service users and carers. If you haven't already looked at this, I would ask you to read the policy and guidance and make sure that this is part of your conversations with service users and recorded on RiO. There is also an excellent online training package on the Accessible Information Standard which is available by visiting the Trust's Learning Zone.

We will:

- We will fully implement and report progress against the standard

Translation and Interpreting Services

It is vital for our staff and service users that we continually provide the very best services that are compliant and ensure that they are providing the best value for money. On reviewing our Trust's interpreting and translation suppliers (other than British Sign Language (BSL)) we are pleased to announce that we have been successful in appointing a single service provider from Tuesday 1 October 2019.

This will mean that there will be a single process for requesting:

- Face to face Interpreting, • Telephone Interpreting , • Video Interpreting, • Document Translation
- Braille, Large print and other accessibility services

Bookings will be made through the secure Word360 portal called Wordskii.

Emergency bookings and general enquiries can be made by calling 0121 5541981. This will be a 24 hour, 7 day a week service provision.

Our new supplier (Word360) will be available for you to use from the 30th September 2019 onwards. All new bookings will be made with Word360 from Tuesday 1 October 2019.

Existing Interpreters: If there is an interpreter whom you would like to continue using for patient continuity of care, please ask them to register with Word360.

They will need to call Word360 directly 0121 554 1981 Option 4 or visit www.word360.co.uk

It is important that all interpreting and translation requests are booked through this new system wherever possible.

You can find out more and book translation services directly via Word360's services on our intranet.

This new improvement will mean that we will have access to framework pricing, be able to receive detailed usage information, and make sure that we are compliant in sourcing translation services.

Should you have any questions, please do email: teamwork@word360.co.uk or contact the trusts procurement team directly on bsmhft.trustprocurement@nhs.net

We will:

- Develop the logic behind five levels of interpreting to meet operational need
- Work with Information Governance to compile a list of staff who speak multiple languages. Where appropriate staff would be approached in the first instance, ideally if they are in the same building / locality and they can be released from work.

Community Engagement

Our trust has a responsibility to engage with our diverse communities to foster the leaders of tomorrow. Working with our communities to build channels for dialogue and engagement is a key part of our commitment to enhance the relationship between our service users and staff and local communities. We have a well-established programme of community engagement with a clear focus on promoting BSMHFT as an employer of choice and developing partnerships to challenge the stigma associated with mental health conditions and services.

We have worked in partnership with The Dery Foundation to destigmatize mental health within the Somali Community. There is no Somali word for mental ill health, only the word 'madness'. This project aims to reduce the fear around mental health within the Somali Community and overcome barriers. The project, funded by Awards for all, is developing knowledge, skills and confidence around mental health and wellbeing in the community

Taking part in the arts as participants and audiences can contribute to wellbeing and make a real contribution to positive mental health. In partnership with the Birmingham Repertory Theatre, the Midlands Arts Centre and Sampad we have developed the Bedlam festival, a celebration of the arts, mental health and wellbeing. In order to maximize accessibility performances and workshop will also take place in communities and mental health settings

The mentoring and advocacy support hub (MASH), previously known as the peer support programme was initially developed as part of our 300 Voices project with Time to change. We worked with national mind to expand this programme and offer support to men and women of African Caribbean heritage with lived experience of mental health issues in Birmingham

Our Widening Participation Team has

- Promoted our WAVE (work experience, apprenticeships, volunteering and Employment) opportunities in community settings including supporting careers fairs at Bishop Challoner Secondary School, Newman University, and a Careers Fair arranged by Solihull Council attended by Solihull schools and members of the public.
- Delivered the Get into Hospital Programme in partnership with the Princes' Trust, and the Learning hub. This is a programme for disadvantaged 18-24 year olds tailored towards careers at BSMHFT including employability skills, training and work experience placement at BSMHFT

We will:

- Work in partnership with diverse organisations to deliver pieces of work that will inform, educate and influence our communities about the importance of mental health and wellbeing.
- Work proactively with community organisations and partners to develop responses where inequalities are identified in service user access, experience or outcomes
- Seek out opportunities to engage with a wide audience in order to promote the range of Work experience, Apprenticeships, Volunteering and Employment opportunities our trust can offer to our communities and approaching a range of organisations, including: community organisations, local charities, religious organisations, Disability-led organisations, Women's groups, LGBT organisations.
- Work with third sector organisations to develop local projects that support recovery in communities
- Train staff from our Networks to become Champions to further support and promote recruitment from BME, Disabled and LGBT backgrounds

Mental Health First Aid (MHFA)

Mental Health First Aid is a training programme that teaches members of the public how to help a person who is becoming mentally unwell experiencing a worsening of an existing mental health problem or in a mental health crisis. The aim of these courses is to give everyone the knowledge and confidence to recognise signs of mental health problems, encourage someone to seek the right help, and to reduce the stigma around mental illness.

Our Trust has a well-established programme of delivering MHFA training and has increased the number of staff who are qualified to deliver the courses.

- In recognition of Mental Health Awareness Week (MHAW) 2017 we trained 40 members of staff as mental health first aiders.
- In 2016 and 2017 MHFA Training was delivered to over 300 community members and groups, including third sector organisations, BSMHFT Staff, service users and carers. The evaluation demonstrates that the course is very positively received by participants who report significant increases in knowledge understanding and confidence. The equality monitoring data shows that the training provided has been accessed by people from a diverse range of backgrounds including ethnicity, faith, and disability and geographical locations.
- The **Gender** of participants was predominantly female (75%), with male attendance at 25%. This identifies a need for more targeted promotion of the training to men. The **Age** of participants ranged evenly between 25-65yrs old, however overall a good outreach to all ages was made.
- **Sexual Orientation** was recorded as heterosexual by 88% of all participants. This is roughly in line with the UK population which is estimated to be 6% LGB although maybe more in bigger cities
- The **Disability Status** of participants was typically “No known disability” (67%). However 29% of participants identified themselves as having a form of disability. 19% delegates identified as having a mental health condition including 11% identifying a mental health condition as their sole disability, while an additional 8% identified a mental health condition as one of multiple disabilities).
- **Ethnicity** amongst participants was diverse. Attendees came from a range of ethnic backgrounds, including underrepresented groups E.g. Iranian, Moroccan and Somali.
- Participants from a variety of **Religion/Belief** backgrounds attended the MHFA training courses.

Overall the MHFA training courses appears to have had a diverse outreach within multiple sectors of community demographics.

We will:

- Continuously analyse the reach of our training to groups covered by the 9 characteristics and target the delivery of future MHFA training based on this analysis

Procurement and Supply Chain

Encouraging our suppliers to make their workplaces and services more inclusive will support our equality and diversity priorities. It is known that organisations own efforts to become more inclusive can easily be undermined by suppliers who do not share the same values.

Embedding equality and diversity in procurement is about increasing the diversity of suppliers, and building safeguards into the procurement process to ensure that suppliers meet an organisation's own ethical and operational standards.

We believe there is positive value in reflecting diversity in our suppliers, and we consider it necessary for our partners and suppliers of goods, works and services to have a strong commitment to our equality and diversity principles.

The Trusts procurement documentation (PQQ, ITT and SQ) covers the standard policies and confirms suppliers historic compliance as a pass / fail evaluation criteria, which all suppliers are required to complete. This section ensures that if a supplier does not have sufficient measures in place to demonstrate a commitment to diversity and equality or should the supplier have a poor past performance or conviction in this area they will not be taken forward in the procurement process.

However, to date the procurement process does not have a demonstrated need to investigate or challenge suppliers on diversity and equality responses

The National procurement policy does not currently reflect the need to engage and evaluate supplier's diversity and equality within available data unless there is a demonstrated breach in this area.

It is recognised that national and local procurement need to further develop process whereby equality related evaluation can be incorporated within the wider evaluation process, subject to such criteria being relevant to the subject area of the contract

It is important to give consideration to include an impact assessment of the Trusts requirements when scoping out a procurement project to ensure that goods, services and works we procure as suitable and inclusive and completed prior to market engagement, to reflect the Trust Equality and Diversity Systems.

To have a 'conversation' whilst market engagement remains open, fair and equitable is a challenge and one that procurement are continually challenged by. Market engagement's through 'events' at various stages to engage with service users are a tool that procurement will review for each 'market engagement' and propose to subject matter expert where appropriate and time scales allow.

We will:

- Identify ways of imbedding inclusion within our supply chain
- Establish how the supply base reflects and meets the diversity of Birmingham and Solihull. This will be programmed into the work plan for procurement and in line with the EDS2 requirements.



Our MERIT Vanguard (which includes BSMHFT, Black Country Partnership NHS Foundation Trust, Coventry and Warwickshire Partnership NHS Trust and Dudley and Walsall Mental Health Partnership NHS Trust) has been invited by NHS Employers to be one of the Diversity and Inclusion Partners for the last three consecutive years.

As a partner, over the course of the year this has involved working with NHS Employers - as well as other national stakeholders such as NHS England, NHS Improvement and Health Education England - to support system wide efforts to improve the robust measurement of diversity and equality across the health and social care system. This includes ensuring that we operate a systematic equality framework within our own organisations (e.g. the Equality Delivery System - EDS2 - or equivalent) There is also an expectation that we will be actively involved in pioneering and championing many of the other measures and standards already in the system (such as the Workforce Race Equality Standard and the Accessible Information Standard) and help to implement successfully the forthcoming standards (such as the Workforce Disability Equality Standard (WDES)). This will include presenting some of our work in the form of case studies or facilitating workshops or other learning forums at a national or regional level.

Celebration of equality, diversity and Inclusion

We celebrate and promote many aspects of our diversity throughout the year. We are also involved in many events organised by our partners and communities. In the last year;

In May 2017 we recognised Equality, Diversity and Human Rights Week. The theme was diverse, inclusive, together. A range of events open to staff, users and carers and the general public were organised-these included workshops on transgender awareness, forced marriage, female genital mutilation, and spirituality and hope. A marketplace featuring stalls representing different strands of equality was held in the main hall at Uffculme.

Equality, Diversity and Inclusion (EDI) Showcase Event tookplace on 28th September 2018 where the Community Engagement Team hosted for the very first time an EDI Showcase Event, which put equality, diversity and inclusion in the spotlight for staff and service users.

The event started off by presenting an infographic which highlighted key facts and figures about the Trust, this followed on by guest speakers including Nathan Dennis *'Shifting the Dial' programme to strengthen the resilience of young black men*. The Reach Out plans: *Improving the experience and outcomes for black men in mental health secure services* with Emachi Eneje and Jane Clarke and excellent evidence based changes in Birmingham Healthy Minds: *A culturally sensitive treatment group for south Asian women* by Tripta Sidhu.

Lynn Ruth Miller, *Author, Humorist and Survivor* injected humour into the room which was followed by the teams achievements over the past year, this included hearing from our own staff network co-chairs for BAME, LGBT and Disability and Neurodiversity. The event closed with the ...We are BSMHFT video which represented many protected characteristics and showed how diverse we are as a Trust.

We will:

- Maximize opportunities during Equality Diversity and Human Rights Week (May) and National Inclusion week (September) to raise awareness and profile successes.

Evaluation

We will seek external review, challenge and accreditation of BSMHFT's actions as an employer by actively participating with relevant equalities standards and benchmarks (e.g. the Stonewall Workplace Equality Index (WEI), the Workplace Wellbeing Charter, etc.

The Stonewall WEI is the definitive benchmarking tool for employers to measure their progress on lesbian, gay, bi and Trans Inclusion in the workplace.

Participating employers demonstrate their work in 10 areas of employment policy and practice. Staff from across the organisation also complete an anonymous survey about their experiences of diversity and inclusion at work. It assesses our organisations achievements and progress on LGBT equality. It also compares our performance with organisations in our region and sector.

In 2016 BSMHFT scored 402 out of 415 organisations and in 2017 scored 239 out of 439. In 2018 we moved up an outstanding 101 places achieving a ranking of 135 for 2017/2018. This year we are aiming to get into the top 100 by demonstrating our dedication in making our Trust a more inclusive place to work.

Responsibility for Implementing the Plan and Monitoring its Progress

Leadership from our Executive Team is an important asset in ensuring the effective implementation of the EDI Plan.

- Our Chief Executive is the sponsor of BAME issues
- Our Director of Nursing is the sponsor for LGBT issues
- Our Director of Finance is the sponsor for Disability issues

We will:

- Promote their role as champions of EDI change within the organisation and communicate their commitment and work to all levels of staff.

In this environment of committed leadership, the trust will empower everyone to:

- Recognise discriminatory behaviour when it happens
- Challenge discrimination and act to eliminate it

- Improve their awareness of the Trust’s key policies supporting adherence to the principles of this framework
- Advance equality of opportunity and make it everyone’s responsibility
- Value and understand the benefits that the diversity of our staff, service users, carers, governors, members and non-executive directors bring, to build organisational knowledge to better create solutions to complex problems and equip everyone to be inclusive and create an inclusive culture

We will:

- Where appropriate and possible, engage our Staff Networks and Community Organisations in assessing the equality impacts of our plans and policies and developing responses where adverse impact is identified.
- Publish our equality impact assessments and provide progress reports on remedial action taken where potential adverse impact has been identified.

This EDI Plan is a rolling programme of work over a number of years. Some activities within it may be achieved in a shorter time frame, but the plan as a whole is for three years and should always be understood as that.

Progress on achieving the objectives and action plan will be reported monthly to the Trust workforce Committee and a report will be made to the Trust Board annually. Progress towards delivery will be periodically evaluated, using a range of qualitative and quantitative methods. Results from evaluation will be used to inform any remedial action, as appropriate and best practice will be shared to raise overall standards of performance across the Trust.

We recognise that this plan cannot address all existing inequalities for all protected groups in the short term; however, it is a live document and the Trust is committed to continually involving service users, carers, local communities, staff and external partner stakeholders in its ongoing development, implementation and monitoring and review.

Reporting to Stakeholders

BSMHFT has a range of communication structures in place (including printed publications for staff, service users and public, website, email, regular meetings, etc.) These means of communication will be used to disseminate to all stakeholders the progress being made on our equality diversity and inclusion plan.

We will:

- Provide reports to our Commissioners in line with our NHS Standard Contractual Requirements.