Item 10.5

BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

TRUST BOARD TO BE HELD ON WEDNESDAY 25 MARCH 2015

EQUALITY AND DIVERSITY STRATEGY UPDATE
Strategic or Regulatory Requirement to which the paper reports: Continuously improving quality by putting service users at the heart of everything the Trust does to deliver excellence. To have a workforce that is diverse, innovative, empowered, engaged, fairly rewarded and motivated to deliver the strategic ambitions of the Trust.
ACTION: • For acknowledgement, discussion and approval.
Executive Summary The Equality and Diversity Strategy Action Plan was presented to IQC in December 2014. The committee responded with the following comments: ➢ The Strategy should be sent for discussion and approval to the Trust Board. ➢ Further detail is required on the impact and timeliness of actions and objectives. ➢ The need to set achievable targets to meet objectives, These comments have now been addressed as can be seen below in the attached Action Plan.
BOARD DIRECTOR SPONSOR: Dr Peter Lewis, Executive Medical Director **Report Authors:** Bruno Daniel, Lakhvir Rellon
APPENDIX: Equality thermometer.
PREVIOUSLY DISCUSSED: BSMHFT Equality Strategy has previously been discussed at IQC and Trust Board.

Birmingham and Solihull

Mental Health

NHS Foundation Trust

Equality and Diversity Strategy

2015

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1. Introduction

1.1 Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) is committed to delivering high quality services, recognising that each individual has differing needs that may influence their healthcare requirements. As a major employer in the city of Birmingham we recognise and accept our civic duty to eliminate discrimination, advance equality and foster equality of opportunity and we will not tolerate discrimination against any individual employee, patient, service user or carer. BSMHFT has a set of strong values which are designed to promote high standards in our service and we expect every employee to practice these values in all that they do from the delivery of services to how they behave towards their colleague, peers and managers. This strategy sets out our intentions in more detail. We hope that we will make it clear to all who read it, that not only are we committed to improving health care for all – but we understand how we will do it, and that we will measure our progress towards achieving it.

2. About this strategy

2.1 This strategy:

- Describes the legislative drivers that underpin equality, inclusion and human rights.
- Takes stock of the context that the trust works in, and in particular where we think the gaps are in relation to our work on equality and inclusion.
- Describes our overall ambitions and priorities for this strategy and how we will evaluate and measure our progress.

3. Legislative Drivers

3.1 Britain has some of the most comprehensive and longstanding equality laws in the world yet have often found it challenging to use them to deliver more equal results. Whilst we recognise the purpose of legislation, one of our ambitions is to ensure that we focus on the use of legislation to drive better behaviours and improved services – rather than to create tick box responses. Our diversity in Birmingham is well known, and the Equality Act 2010 has begun to recognise this and has mandated that we respond to this diversity in particular to support those who may be discriminated against because they belong to a particular group – or 'protected characteristics'.

3.2 The Equality Act 2010 places a Public Sector Equality Duty on all public authorities in the form of General and Specific Duties. The General Duty requires that we:

- Eliminate discrimination.
- Promote and advance equality of opportunity.
- Foster good relation between protected characteristics.

The Specific Duty requires that we:

- Set out our Equality Objectives.
- Report on the progress on meeting those objectives.
- The annual publication of equality information.
- Gather and analyse data to improve equality outcomes.

- Consult and involve service users.
- Pay due regard to the Personal Protected Characteristics.
- Review the trust's approach every 4 years.

The trust's view is that these are minimum requirements and will always aspire to work beyond the minimum requirements of the legislation.

3.2 The Human Rights Act (1998) underpins the NHS Constitution, which sets out a number of principles about the treatment of staff and patients. The Care Quality Commission has recently (2014) restated its commitment to being a human rights regulator. This means it will be inspecting in line with the act.

All human rights need to be adhered to – but there are specific rights, for example:

- Article 3 – Freedom from inhuman and degrading treatment, which can be breeched if deprivations of liberty safeguards are not followed correctly.
- Article 5 – The right to liberty and security.

Human Rights are sometimes referred to as F.R.E.D.A. (Freedom, Respect, Equality, Dignity and Autonomy) which are underpinning principles of the Act.

3.3 In order to support the NHS to fulfil the responsibilities of equality and human rights legislation NHS England have introduced two standards:

- The NHS Equality Delivery System (EDS2):

In October 2013, NHS England launched the EDS2 in order to systematise and support how NHS organisations implement equality, diversity and human rights. NHS England is currently consulting on making EDS2 mandatory to all NHS organisations and particularly an element of the NHS Commissioning contract for 2015/16.

- NHS Workforce Race Equality Standard (WRES):

NHS England is also currently carrying out a consultation on the implementation of Workforce Race Equality Standards for all NHS organisations. The Workforce Race Equality Standard will use a number of workforce indicators – and one Board membership metric – to gauge the state of workforce race equality within NHS organisations. The Standard will be used by organisations to track what progress they are making to identify and help eliminate discrimination in the treatment of BME staff. The metrics will focus upon bullying and harassment, access to promotion and career development, experience of discrimination, access to professional and non-mandatory training as well as local workforce measures – including the likelihood of being recruited from shortlisting. The NHS is proposing to also make this standard an element of its commissioning contract for 2015/16.

4 Local Drivers

4.1 Although not mandatory, the National Joint Commissioning Panel for Mental Health (JCP-MH) has produced a set of guidelines (based on expert opinion and wider consultation) for mental health commissioners to ensure high quality and safe mental health services for Black and Minority Ethnic (BME) communities, and to enhance mental wellbeing in ethnically diverse communities. The national launch of this guide was held in Birmingham on 4 July 2014. This was supported by the key public bodies in Birmingham (City Council, Clinical Commissioning Groups, Joint Commissioning Birmingham, Public Health Birmingham and

Birmingham & Solihull NHS Mental Health Foundation Trust). At the launch, the key stakeholders endorsed the recommendations of the guide and made a pledge to set up a Taskforce to consider how to implement these as part of a city wide strategy for mental health.

5 The trust's work on equality and inclusion

5.1 The trust has reflected on the evidence of our progress against our previous equality objectives by reviewing our data and by direct consultation with staff as part of our Equality Thermometer process. (The Equality Thermometer process is a staff engagement process which has helped the Trust to explore how well equality is understood and implemented by trust staff (See appendix 2).

This review has identified the following uncomfortable themes:

- BME staff are less likely to be promoted or gain access development opportunities.
- Incomplete equality data makes it challenging to carry out effective analysis in the categories of disability and LGB and Transgender.
- There is underrepresentation in the workforce in the following areas:

    - Young people are underrepresented in the workforce at two categories up to 25 and 26 to 35 years.
    - Male staff members make up only 29.6% of the workforce.
    - Pakistani, Bangladeshi, Chinese groups are underrepresented at all age groups.
    - African and Caribbean people who are in the under 40 age group.
    - BME nurses are overrepresented in the grievance and disciplinary process.
    - BME clinicians are less likely to be selected for Clinical Excellence Awards.

5.2 In relation to our service users we also know that BME groups can be reluctant to engage with mainstream mental health services because of negative and sometimes traumatic experiences of medication and hospital treatment. Other factors include the perception that psychiatry is intrusive, the stigma of mental illness and the view that mental health professionals are exercising another form of discrimination and social control. This reluctance can lead to a downward spiral of negative experiences.

5.3 As black people tend not to access mental health care through primary care settings, their condition worsens and they often present with needs in a public crisis when the police and compulsory procedures are involved. Once black people do present for treatment, they are also more likely to be given a diagnosis of severe mental illness, to be held under a section of the Mental Health Act and are more likely to receive medication rather than be offered therapies such as psychotherapy.

5.4 In addition to reviewing existing data, the trust was also keen to understand more about our organisation's culture and our ability to create the conditions under which equality can thrive, for both service users and staff.[1] This primary literature research has identified that issues identified are not unique to BSMHFT and there is a clear aspiration to "lead the way"

[1] Improving Mental Health Care Pathways for Black and Minority Ethnic Communities in Birmingham - SP Sashidharan
Under Representation of BME Managers – Mike Collins
Guidance for commissioners of mental health services for people from black and minority ethnic communities – Joint Commissioning Panel for mental Health
Organisational Cultural Review – William Foreman

in terms of mental health and equality and diversity. There was a recognition that BSMHFT as an organisation had made significant efforts to tackle the issues, however, the consensus was that there was still significant room for improvement using creative and decisive approaches. In summary the cultural review told us:

- There is a perception often supported by fact, that there is unequal access, unequal treatment and inequitable outcomes;
- A lack of consistency in approach and sustained change means that staff and service users can lose confidence in the approach we adopt as a trust;
- Staff, service users and communities hold different views about mental health and stigma which greatly adds to the complexity of the situation;
- The longer we go on without the perception of significant improvement, the harder it becomes to motivate and mobilise people for the positive changes the vast majority are wanting;
- In some instances there is an assumption that poor outcomes are the result of poor processes, the impact of "bad" behaviour can be underestimated if not tackled in a clear and direct manner.

5.5 Many of the issues are cross cutting and have a combined impact on reputation and motivation. Efforts to support staff to understand and respond to issues of equality have been included as part of mandatory and recruitment training, but more recently have included a focus on cultural competence and unconscious bias. As we reflect on the impact of this ongoing training and support, this also leaves us with some outstanding questions about how we define the knowledge and skills required to help staff to be more culturally competent:

- The degree to which the pursuit of a workforce that is more reflective of service users should be our ambition (given Birmingham's super-diversity)

- Is it really about having a wider empathy and a clear understand of how to delivery equity for people who are 'different to me'?

5.6 Legalisation does not help to interpret these questions, but it can help us to understand more about what is happening in our trust, providing we can ask the 'right' questions and really begin to robustly measure the impact of our actions on service users and staff.

6. Our ambitions and priorities for the strategy

The equality landscape is complex. This complexity has not always been well managed because we have not always been clear about what we need to do, why we need to do it and how we will achieve our ambitions and measure progress. This has left us as a trust with a myriad of activity to support equality, inclusion and human rights, but little understanding of the impact that it makes. Staff also experience this, and often feel that equality is about the next initiative, rather than embedding sustainable change in the culture of what we do. We have therefore prioritised 5 key areas of work, which we will reflect in the priorities for our EDS2, and also in other strategies (recruitment, leadership etc.).

Priority	Why it's important
1)To improve the experience and progression of BME staff across the organisation	Ongoing challenge – this is an area where there should be more progress, but this is not supported by the evidence. If we make progress on this, it can enhance the belief that the trust is an equitable employer. There are higher levels of bullying and harassment reported by BME staff, which does indicate that the experiences of some staff within the

	organisation are not in line with trust values.
2)To improve outcomes and experiences for BME service users	Treatment patterns are inequitable as are reported outcomes for BME service users and measures such as use of restraint. BME service users report poorer experiences of treatment. As demographic of Birmingham becomes increasingly diverse – it is more likely that our services will be increasingly reflective of this demographic – and therefore increases the imperative that we excel in providing services for this client group.
3) To improve the monitoring of staff/service users by protected characteristics	Not able to fully understand how the trust is experienced by other protected characteristics. The ability of good quality data information will enhance the trust's ability to make effective strategic, fair and equitable decisions

7. Measuring progress

The trust recognises that equality and inclusion, although important, can be subsumed by a range of competing and urgent priorities and this is why we are reviewing our organisation of this work and in particular how we drive our priorities across the trust.

- The application of fair and transparent appointment and promotion opportunities will greatly enhance confidence of staff groups;
- If the reported rates of bullying and harassment in certain diverse groups should decline, this would be positive for the wider organisation and particularly for staff with protected characteristics who are disproportionately affected;
- Extending and enhancing the profile in a wide range of communities would enable greater participation. For a range of communities the evidence is that engagement needs to be expansive and inclusive and yet more personal and nurturing;
- Tracking of the assessment, treatment and decision making could provide further insights into issues such as the over-representation of young black men in secure services;
- Evidence and data will become increasingly important especially in understanding local demographics and the workforce, enabling us to both recruit a talented and diverse workforce as well as enhancing our reputation as a "fair" employer.

8. Action planning and reporting

The ability for us to measure progress will be enhanced by the robust monitoring reporting and monitoring structure. Progress on the action plan will be reported to the trust Equality Panel on a bimonthly basis, to the Integrated Quality Committee on a quarterly basis and to the Trust Board on an annual basis.

Appendix 1

Equality and Diversity Strategic Objectives Action Plan

Actions Required	Progress	Timescale	Responsible Persons	Measurement	Expected Outcomes
Objective 1: Support New dawn by facilitating in meaning engagement of BME stakeholders and partners					
Map BME stakeholders and partners Communicate updates and invite to exchange events Facilitate senior visits to organisations to explore potential opportunities	Template to be completed for partners/stakeholders developed. Range of partners involved and engaged but needs to be sustained and developed Initial round of visits taken place	March 2016	Lakhvir Rellon Beresford Dawkins Salma Yaqoob	• Developed a minimum of 5 new partnerships in services	We are working alongside BME organisations in a co-operative model to support service users in their recovery in community settings.
Objective 2: To pilot the development of a cultural competency approach in collaboration with one pilot service					
Invite expressions of interest Identify pilot site Agree timescales and interventions	Discussions taken place with Associate Directors To champion the programme	March 2016	Lakhvir Rellon Salma Yaqoob	• Base line survey of TNA using ET • Measure initial cultural competency of pilot site • Evaluate competency on completion of training /pilot with ET	75% of participants report an improvement in the cultural competency of the service
Objective 3: Support the development of a user led initiative (BME Platform)					
Gauge support and interest among service users Initial workshop to understand service users	Initial scoping undertaken by service user consultant	March 2016	Lakhvir Rellon		• Minimum of 50 BME service users coming together to have a collective voice

views and expectations of the initiative Support a user led group to develop concept and respond to support requested					
Objective 4: Delivery of Phase 2 of 300 Voices Programme					
Partnership group to scope work plan for 2015-16 Evaluation of year 1 to be disseminated and considered by relevant committees Extend secondment of programme lead Support recruitment of Time to change peer champion to work within BSMHFT	Partnership meeting 11th March 2015 Agreement for extension of secondment Peer champion post to be advertised march 2015	March 2016	Lakhvir Rellon Beresford Dawkins	Record numbers of staff and users participating in engagement sessions Analysis of feedback from engagement sessions. Year 2 increase in reduction of stigma as evidenced by evaluation report.	• To increase number of SU 50% and Staff by 100% • Feedback of 300 voices programme is fed back to clinical governance • Further reduction in stigma against young black men in the mental health system
Objective 5: Develop a programme of work to improve the understanding of mental illness in local community groups, address stigma associated with mental illness, reduce the fear and distrust of mental health services in sections of the BME community and address issues in these services that could reduce variation in outcomes.					
Refocusing of the Community Engagement Team	Review of CE team completed and process of restructuring in progress	April 2015	Lakhvir Rellon	Numbers trained in mental health awareness and increase in confidence	Improved understanding of mental illness Reduction in stigma
Map current work on BME mental health				Increase in referrals of BME groups through	Increased satisfaction with services

Community Engagement				GP Surveys, qualitative interviews with community groups	
Team develop work plan and objectives related to BME mental health					
Annual review of work undertaken to address BME mental health					
Objective 6: Deliver mental health first aid training to carers and families of users in our services of which 50% are from BME background.					
Programme of mhfa training scheduled and promoted. Proactive promotion to BME groups and organisations Evaluations to be completed for each course.	Two courses scheduled with BME organisations for spring 2015	March 2016	Lakhvir Rellon	• Numbers trained • Evaluation of personal confidence, knowledge and understanding	• Improved resilience amongst families, cares and BME organisation to support SU in the community and their recovery • Increased personal confidence, knowledge and understanding of how best to support others with a mental health illness
Objective 7: To improve the experience, sense of inclusion and recognition of staff in relation to their personal protected characteristics within the workplace.					
• **Establish and sustain staff networks and forums to create a safe environment for staff to express concerns and the ability to influence the decision making process**	• LGBT Staff Network established • Terms of reference for all networks developed • Multi Faith online support and discussion forum is in development	March 2016	Bruno Daniel	• Equality Thermometer • Analysis of workforce equality data by personal protected characteristics • Analysis of employee relations data	• Staff from diverse groups have an improved experience of employee relations process • Improved retention of diverse members of staff by 5% to 8% by March 2016 • Staff are more confident about the Trust commitment to

• **Embed the Cultural Ambassador's project into the Trust's employee relations processes**	• Cultural Ambassadors fully embedded into employee relations process • Regular meetings and learning sets being conducted in partnership with the RCN and Worcester University • Questionnaires are being collected and forwarded to RCN and Worcester University for analysis			• Results of NHS Survey • Results of Staff Pulse Check • Results of Friends and Family Test • Analysis of number of appeals from employee relations cases	the equality agenda • Increase in number of BME staff at senior management level *(Note: It is entirely possible that initially cases of bullying and harassment or grievances may raise due to increased awareness and the ability for staff to raise their concerns)*
• **Establish a pool of mediators that will formalise the informal process for staff conflict resolution**	• Training provider identified and will be delivered in March 2015 • Recruitment process completed and mediators appointed				
• **Re-launch of the Trust Workplace Advisors**	• To be delivered during diversity week 11 to 14 May 2015				
Objective 8: Development and delivery of a range of equality, diversity and cultural competency training interventions available for managers and staff to access across the Trust					
• **Establish task and finish group**		March 2016	Bruno Daniel Stephanie Crow	• Workforce Race Equality Standards • Monitoring of Study Leave Policy • Learning and Development Training database	• Improved service user experience • Staff able to access the appropriate training for their level of management and professional development: ○15% Year 1
• **Review of current equality, diversity and cultural competency awareness training being delivered**					

• **Develop training having considered local and national research and good practice**					○40% Year 2 ○80% Year 3 • Meet the requirements of the Workforce Race Equality Standards
Objective 9: Plan and deliver a range of recruitment activities to increase the number of applications and appointments from personal protected characteristics that are underrepresented in the workforce					
➢ **Establish working group to plan and support activities**	• Working group established with regular meeting planned. The group consists of a recruiting manager, community engagement team member, widening participation manager and senior equality lead	March 2016	Bruno Daniel Satpal Gill Sarah Emery Beresford Dawkins	• Workforce Race Equality Standards • Delivery of planned recruitment events • Analysis of recruitment and retention equality data	➢ Improvement in the appointments of BME staff ➢ Increased retention of diverse staff across the Trust ➢ Diverse staff proportionately represented at senior levels of the Trust ➢ Delivery of Workforce Race Equality Standards
➢ **Research local and national recruitment events and fairs**	• Research completed and plan of events to be attended and delivered established				
➢ **Plan and deliver 6 community events**					
➢ **Develop a range of clinics such as interview skills and completing application forms**					
Objective 10: Improve the quality of the equality data for both service users and staff in order to influence our decision making process					
➢ **Carry out data verification exercise**		March 2016	Bruno Daniel	• Analysis and comparison of equality data for both workforce and service users	• Improved quality of data on ESR and RIO across all personal protected characteristics • Meet the requirements of
➢ **Develop communication strategy to encourage full participation of staff**					

➢ **To be an agenda item to all team meetings**					the Workforce Race Equality Standards • Reduction of “not Known” categories in both staff and service user data sets

Appendix 2

Equality thermometer

The project team adopted the principles of the Equality Delivery System (EDS) to carry out a series of conversations with both front line and corporate teams in relation to equality and diversity.

These facilitated conversations covered primarily best practice in the team, issues/barriers and consideration of all 9 protected characteristics. Staff were asked to score the organisation using the "Equality Thermometer" scoring system in terms of how we are doing both from a "staff" and "service user" perspective using the wording from the Equality Delivery System.

This information was then transferred onto a scoring matrix to provide an average score for the team and the trust. The conversation from were summarised into challenges, good practice, myths and legends and categorised into priorities. The six priority areas were race or ethnicity, disability, gender, interpreter services (including languages), sexual orientation and transgender, and young people.

There was then a series of further focus groups to explore these areas further and each focus group was chaired by an executive lead. A plan of action was developed from each area to address the issues identified as a result of the conversations.

The results of the process are below – Scoring

Although not all teams completed an equality thermometer scoring, of the teams which did the scores are summarised below:

	Staff		**Service Users**	
	Average	Range	Average	Range
Corporate teams	5.9	4.3-7.6	6.1	5.0-7.3
Operational teams	5.0	4.2-6.2	4.7	3.8-6.4

The scoring is based on a subjective self-rating and should be viewed with some caution. Some tentative findings were:

- In some teams there is polarisation of views by staff particularly in the "staff" scoring. This may indicate that for small sub-groups of staff diversity is perceived more poorly than by the majority of their colleagues.
- Those in corporate services believe that equality and diversity is more positive for service users than for staff, this is the reverse for those in operational services.
- There is much wider variation in the perception of equality and diversity between corporate teams rather than between operational teams.
- Teams with very high self-ratings tended to be the teams with lots of examples of challenges and best practice, so seemed to have a face validity.
- Some of the teams with lower scores appeared to be teams who had done well in the past but had recently lost their focus.
- Those teams which engaged less in the discussions appeared to give themselves more "average" scores.