

Equality, Diversity and Inclusion Strategy

2019/2024

Version 1 DRAFT

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Foreword

Equality, Diversity and Inclusion matter greatly to us as a trust. It is at the heart of whatever we do because we understand that every single person we deal with, whether patients, their families and carers, staff members or volunteers have the right to be treated with dignity and respect.

This work builds upon our five year strategy, our collective leadership culture work and the development of the Northumbria Way, highlighting the values and behaviours we live by at Northumbria Healthcare NHS Foundation Trust. The Trust Board is committed to delivering the best possible care and experience to our patients, carers and staff and recognises the importance of equality, diversity and inclusion as being critical to this. This strategy outlines and further develops the work that is already underway allowing it to be aligned to the Northumbria Way as People caring for People. It is clear from the extensive work to develop our values that staff want to be sure that people; patients, family and carers, volunteers, themselves and their colleagues, are treated fairly and the Trust remains the best place to receive care and the best place to work, train and volunteer.

We believe we have made progress, however it is also clear from national research and benchmarking, the information we collect, and the feedback we receive, that there can be a difference in experience and outcomes for certain groups of patients and staff. We are committed to bringing about the necessary change to ensure everyone is treated fairly and has as positive an experience and outcome as possible. To support this we have gathered considerable information and undertaken a range of engagement activities to understand what we can do to make the required improvements over time to move beyond compliance to a place where everyone is treated fairly, as part of our cultural change journey.

Our strategy presents the outcomes of this work and our commitment to improvement. The strategy focuses on our work programmes in regard to patient experience, patient access, ensuring we have supportive and engaged staff and volunteers who are representative of the patients we serve, and an environment of strong and skilled, compassionate and inclusive leadership. We want this strategy to feel real and will continue to involve as many stakeholders as possible in new and innovative ways to ensure that we have the highest possible levels of engagement and corresponding outcomes and experience.

We will also share our progress at regular intervals and look forward to celebrating the progress we are making. On behalf of the Trust Board, we look forward to working with you to deliver this work.

Ann Stringer

Executive Director of HR & OD

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1. Setting the Context

1.1 Introduction – Developing the Strategy

To achieve our ambitions we have developed our Equality, Diversity & Inclusion Strategy for 2019-2024. This will contribute to the delivery of our vision and goals over the next five years. It sets out a clear local approach that everyone in our trust will take to ensure that we embed effective equality, diversity & inclusion practices, policies and behaviours into 'People caring for People'. This will include how we deliver our services, the experience of our patients, carers and staff, how we engage and how we ensure fairness in all we do. The content of this strategy and the supporting priority work programmes has been developed through a range of sources. This includes:

- Quantitative information we collect and monitor through our patient and workforce information and that we report in our annual equality report
- Feedback through our engagement, involvement and survey activities with patients, the public and stakeholder organisations
- Feedback through our staff engagement, feedback initiatives and from the development of the Northumbria Way
- Feedback from the business planning processes of our Business Units
- National drivers of best practice guidance and benchmarking both internal and external to the NHS

This strategy and its priority areas cover the full range of priorities in respect of inclusive leadership, patient experience, patient access and representation, and engaged people (staff and volunteers).

This document provides a managerial framework for describing our ambitions and priorities which will be adapted to feel real and meaningful for different audiences.

1.2 The National Context

This is a time of great transition for the NHS nationally and in the trust locally in terms of organisational and cultural change, financial challenges and required improvements in productivity. In order to meet these challenges, delivery of our services in a culture that promotes and values equality, diversity and inclusion with our patients, carers, public, staff and volunteers is crucially important.

There are many national internal and external levers that give us a clear direction for delivery and compliance including the Equality Act 2010, the Health and Social Care Act 2012, the NHS Constitution, NHS Equality Delivery System, Workforce Race Equality Standard, NHS Accessible Information Standard and the Five Year Forward View of the NHS launched in 2014. However this strategy is not about achieving compliance - it's about doing the right things for the right reasons with the aim of being the best place to work or to receive treatment for our population.

1.3 Equality and Diversity – Moving beyond compliance (the evidence base)

We need to move beyond compliance, providing evidence that we are being proactive and heading in the right direction. We need to be in a position where equality and inclusion for all is evident in all that we do as a trust.

There is a strong evidence base that shows us that where there is the integration of equality measures trusts achieve improved services, there is a positive impact on patient outcomes and there is an improvement in financial efficiency. Our services need to be consciously and spontaneously considering the needs of all different patients and carers in day-to-day practice at all times, ensuring that where there are gaps in knowledge they are actively closed. It is important that all of our staff work in a well-led, supportive environment and are involved in decision making with visible, value-based inclusive leaders. Evidence tells us that when we get this right, patient satisfaction and outcomes improve, regulators rate the organisation better, safety improves, staff feel more valued, their well-being improves and patient mortality rates improve.

1.4 The Local Context

Northumbria Healthcare NHS Foundation Trust is one of the largest Trusts in the country. We are a major employer with approximately 10,000 staff, a budget of approximately £0.5billion and we cover a population base of 500,000 people, treating approximately 484,000 patients a year, delivering services from 8 hospital sites and community health services from a range of community settings including GP practices and in people's homes. We also deliver adult social care services on behalf of Northumberland County Council. We provide care for the population of Northumberland and North Tyneside, as well as patients from further afield – regionally, nationally and internationally.

Following a programme of engagement with patients, the public, our partners and staff, the Trust launched its five year strategy setting out a clear vision to be the best provider in the country for integrated and specialist care through the delivery of our core values and goals. This work also developed The Northumbria Way - People caring for People, outlining a clear commitment to our values, what we do, and crucially, how we do it. There is no doubt that the scale of the Trust, the increasing demands on our services and the gaps in information presents challenges in ensuring we are representative and consistent in the application of policies, best practices and behaviours to support this agenda. However this also provides an opportunity to make significant change and improvements as a major provider of patient services and as a major NHS employer.

At the same time we have been actively engaged as one of three pilot trusts in an NHSI/King's Fund Led collective leadership culture programme designed to advance compassionate and inclusive leadership. This reflects the evidence based research principles that leadership is the greatest influence on organisational culture and that staff experience is a predictor of patient experience. Paying attention to leaders and their compassionate and inclusive behaviours is key to developing our culture.

We see the E & D Strategy and delivery of its priority areas as a core part of our cultural journey to implement The Northumbria Way and as critical to the achievement of our goals and objectives.

1.5 Equality in Action

Below sets out a cross-section of examples of equality in action within the Trust that show we are moving in the right direction.

Trans Inclusion Work – including a specified contact person in recruitment to support candidates.

Development of 5 Staff network groups in partnership with Northumberland County Council for: Black, Asian and Minority Ethnic (BAME), Disabled, Lesbian, Gay, Bi and Transgender plus (LGBT+), Autism Spectrum Disorder (ASD) and Menopause/Andropause. We also aim to develop further staff network groups to meet the expressed needs of our workforce.

Appointment of joint staff Engagement and Inclusion lead

Development of E&D Allies programme and Staff Health and Wellbeing programmes

Patient engagement programmes

Staff experience programme

Inclusion in Stonewall Top 100 employers Champions Programme for the past 5 years

Disability Confident Employer

Mindful Employer

Support for Inaugural Northumberland Pride and Regional Pride event

Programme of Open Talks and Equality Campaigns jointly with Northumberland County Council

Development solutions around Unconscious Bias to raise individual and collective awareness

2. Our Ambitions

Our goals clearly state that we want to be regarded as the leader in providing high quality, safe and caring health and care services as well as being the best place to work (and train) for staff and volunteers. To achieve this it is critical that we continue to:

- Improve the quality and consistency of patient access and experience
- Deliver better health outcomes for all

- Ensure our people are representative of the patients we deliver services to
- Ensure our people have a positive experience at work, are offered opportunities to meet their full potential, and demonstrate the Trust's values
- Ensure our commitment and leadership in creating an environment that promotes and celebrates diversity and inclusion and embeds The Northumbria Way in all that we do

Targeted ambitions

- we will take positive steps to increase the representation of Black, Asian and Minority Ethnic staff in non-clinical roles at Band 7 and above
- we are committed and will take steps to ensure that our workforce is broadly representative of the communities we serve at all levels of our organisation by 2024
- we will improve the results of the staff survey key findings (in respect of discrimination and equal opportunities) for our Black Asian and Minority Ethnic staff by a reduction of those reporting experiencing discrimination and improve the score for believing the Trust provides equal opportunities
- we will work to gain Disability Confident Leaders status
- we will improve the experience of Trans staff, patients and carers
- we will improve the experience of staff, patients and carers with mental health problems by working in partnership with Occupational Health, our own IAPT service and external organisations
- we will improve the experience of Lesbian, Gay and Bisexual patients and carers by sustaining and if possible improving our position in the Stonewall Workplace equality Index
- we will take steps to ensure ready access to hospital services and information from the first point of contact for all patients and carers by 2020
- we will continue to invest in leadership and staff development which advances equality, diversity and inclusion via our leadership development programmes and workforce development solutions.

2.1 Key Principles

In developing this strategy, we have agreed a set of core principles that underpin the development and delivery of our ambitions and priority areas.

The principles are:

- we will ensure that the delivery of the best patient care is at the centre of what we do

- we will regularly review the priorities through feedback and information to ensure they are grounded in reality for patients, public, staff and volunteers
- we will measure and publish progress against our priorities twice a year on our website and intranet
- we will share and celebrate examples of improvements and changes made as a result of the feedback and the priorities in the strategy
- we will benchmark our activities in line with best practice models and accreditations both internally and externally to the NHS
- we will work in partnership and collaboratively with stakeholders, partners and communities to take forward this strategy
- we will strive for continual improvement and change
- we will ensure our policies, processes and systems are supportive and monitored to ensure the delivery of good practice in equality and diversity
- we will role model diverse and inclusive people practices at all levels of leadership

2.2 Linkages to other Strategies and Plans

This plan has been developed with clear alignment to the development of other complementary strategies in the Trust. This is particularly focused on our Patient and Public Engagement, Public Health, People & OD, Speaking Up and Towards Happy Healthy and Productive Teams strategies.

3. Our Programmes of Work

To achieve our ambition and embed the equality and diversity in everything we do, we will focus on six main areas:

Workstream 1 – Better Health Outcomes

We know that a ‘one size fits all’ approach in the delivery of our services directly leads to inequality and that no matter how difficult this may be to implement at times it should never be overlooked. We will make sure that our staff are provided with the right leadership, support and knowledge to be able to ensure there are no inequitable practices. We will continue to close the gap on the personal data we collect on patients to make sure we can accurately identify whether or not there are any trends in patient activity that need to be looked into further.

Workstream 2 – Improved Patient Access

We know we are on a journey to making sure all patients and carers can readily access hospital services and appreciate the urgent need in coming to the end of that journey as soon as possible. We will continue to engage with NHS England on the

development of the NHS Accessible Information Standard to ensure implementation of the specific requirements at the earliest opportunity. We will make sure to look beyond the Standard and consider access from a religious or belief and race perspective and sexual orientation and trans perspective.

Workstream 3 – Improved Patient Experience

We know positive patient experience is achieved through people being informed and provided with the opportunity to be involved in decisions about their care. We will continue to develop support for staff on how they can effectively involve and engage all patients and carers. The ultimate goal is to secure a good cross-section of people reporting positive experiences about their care. We will make sure concerns and complaints about services are handled respectfully and efficiently and will continue to encourage reporting where our standards fall short of expectations.

Workstream 4 – Inclusive Leadership

Having strong, compassionate, inclusive and committed leadership will be critical to our success and achieving the ambitions of this strategy. We will develop, support and hold our leaders to account in managing in a way that embeds The Northumbria Way and promotes equality, diversity and inclusion. We will continue to ensure that diversity considerations are fully integrated into the “business” of the organisation through our committee structures, documentation, planning processes and the management of risk. We will strive for continuous improvement in all that we do and will benchmark ourselves against best practice.

Workstream 5 - Our People (Staff Governors and Volunteers) are broadly representative of the communities we serve

We know and believe that to deliver the best possible services and patient experience, our staff, trainees / students, governors and volunteers must represent and feel connected to our patients. We want to fully understand the profile of our people and their experience at work. We will review our approaches to talent management to ensure our staff have equality of access to development programmes, coaching, mentoring and shadowing in order to develop their potential and develop high quality inclusive leaders of the future. Our volunteering strategy also stresses the importance of a diverse, supported and valued volunteering service.

Workstream 6 – Our People (staff and volunteers) are supported and engaged

We want our staff, trainees/students and volunteers to report a positive experience and believe the Trust is the best place to work, train or volunteer. We will review our staff and trainee/student feedback to listen to experience and outcomes from all of our staff and will take steps to understand this further and take action where required. We will focus on a safe and supportive work environment that has zero-tolerance to bullying, violence and abuse. Our Staff Engagement Plan has clear priorities in respect of Leadership, Health & Wellbeing, two-way communications, and engagement, recognition and celebration.

4. Delivering the Strategy

4.1 Presenting and Promoting the Strategy

The Equality, Diversity & Inclusion Strategy and priorities provides a framework for describing our ambitions and priorities. It is critical that patients, the public, staff, trainees/students and volunteers feel a sense of reality and connection with what we are striving to achieve. We will promote and review the strategy in the most meaningful ways to ensure it becomes real. This will include presenting the ambitions and commitments within the strategy in different formats and as part of forum events. We will also use staff and patient case studies and stories to share experiences.

4.2 Roles and Responsibilities

All staff have a responsibility within the strategy for ensuring we achieve our ambitions of making Northumbria the best place for patient safety, quality and experience and the best place to work and train. We all have a responsibility for ensuring that we role model the Northumbria Way in the way we work and interact with our patients, the public and our colleagues. In particular we want all those involved in the leadership and management of people, for example ward managers, heads of services, supervisors, team leaders, senior leaders and Trust board members, to be visible, fair, inclusive and to demonstrate behaviours that reflect the Northumbria Way. We will support our managers to lead in a way that promotes equality, values diversity and embeds inclusion.

To achieve this we will provide information, tools and resources to enable our managers and leaders to feel informed, confident and skilled in supporting and promoting equality & diversity. We will also celebrate good practice against these qualities and hold to account those who do not demonstrate these values and behaviours.

4.3 How will we measure progress?

To successfully embed our Equality, Diversity & Inclusion strategy, it is important that we demonstrate that we are monitoring and measuring the improvements we are making. Some of these measures will be mandated to us and others will be local measures of progress and success. We will publish our progress against these measures to ensure visibility for patients, the public and our staff. Individual work programmes will have their own milestones and measures but collectively we will focus on:

- Information monitored and reported as part of the Public Sector Equality Information Report
- Assessment and compliance with the NHS Equality Delivery System
- Progress against the Workforce Race Equality Standard and future Disability Standard

- External best practice accreditations and standards including Stonewall, Disability Confident Employer and Mindful Employer
- Patient Feedback through Surveys, Complaints, Comments & Compliments
- Response rate and results of Staff Surveys and Feedback activities (including the Friends and Family Test and Two Minutes of your Time)
- Results and real time indicators of the Staff Experience programme
- Metrics including Appraisal Rates, access to training opportunities and completion of appropriate training
- Monitoring of cases
- Feedback from exit interviews
- Observations, and “back to the floor” visits by senior leaders e.g.: .CEO Grand Rounds **reverse mentoring**
- Benchmarking data from other NHS Trusts
- Relevant feedback from CQC inspections and assessments
- Feedback from education related visits and surveys e.g. GMC and Medical Schools

4.4 How will we oversee progress and review the strategy?

The delivery of the Strategy will be overseen by the Workforce Committee co-chaired by a Non Executive Director member of the Board and the Executive Director of Human Resources & Organisational Development. The Committee is responsible for setting the strategic direction of the agenda, monitoring its delivery and championing the values and behaviours of the Trust. This committee has a membership of corporate leads, senior manager representatives from our Business Units & corporate functions, a board level Equality and Inclusion Lead member, our Equality and Diversity trust Lead and staff side representatives.

The Committee will review progress against planned priority areas in line with agreed actions and timescales as well as feedback from on-going engagement activity. Six monthly reports comparing progress with our ambitions will be published and reported to the Workforce Committee with an annual report to the Trust Board. We will also report on progress as part of the Trust’s Annual Report.

Equality, Diversity and Inclusion Objectives 2019-26**Workstream 1 – Better Health Outcomes**

We know that a ‘one size fits all’ approach in the delivery of our services directly leads to inequality and that no matter how difficult this may be to implement at times it should never be overlooked. We will make sure that our staff are provided with the right leadership, support and knowledge to be able to ensure there are no inequitable practices. We will continue to close the gap on the personal data we collect on patients to make sure we can accurately identify whether or not there are any trends in patient activity that need to be looked into further.

	Specific Targets	Lead	Target date for completion	Comments/progress	RAG Rating
1	Recruit public health data analyst as part of wider public health team to build capacity and expertise in population health analytics.	Judith Stonebridge	Post appointed by August 2019		
2	Establish a health coach model of support to proactively target those experiencing loneliness or isolation or from groups or geographical areas at risk of experiencing poorer health outcomes.	Judith Stonebridge	Service established September 2019		
3	Collaborate with wider system to undertake an analysis of uptake and outcomes of lifestyle services by Index of Multiple Deprivation and at risk groups.	Judith Stonebridge	Analysis of NHS smokefree completed September 2019. Analysis of infant feeding data completed October 2019.		

Workstream 2 – Improved Patient Access

We know we are on a journey to making sure all patients and carers can readily access hospital services and appreciate the urgent need in coming to the end of that journey as soon as possible. We will continue to engage with NHS England on the development of the NHS Accessible Information Standard to ensure implementation of the specific requirements at the earliest opportunity. We will make sure to look beyond the Standard and consider access from a religious or belief and race perspective and sexual orientation and trans perspective.

	Specific Targets	Lead	Target date for completion	Comments/progress	RAG Rating
1	Raise awareness of the accessible information standard, using a range of media including material which is reflective of and supports diversity, to ensure all staff are aware of this and how it relates to their role.	Communications	March 2020	The AIS policy (IG111) was approved in February 2019. A communications plan is in development. This will include a range of communications tools, including digital media, films, Enyware, staff magazine, and will build on evidence and learning from the co-design work with D/deaf patients.	
2	Monitor the trust's electronic systems, PAS, SystemOne and SWIFT, to ensure patient needs are being recorded.	Information / Communications	Ongoing - regular updates to IG and EMT	An increase in the number of patients recorded with communication needs will provide reassurance that staff are aware of the AIS and are acting on it.	
3	Develop an e-learning package to ensure all staff have training in AIS.	L&D / Communications	December 2020	Dependent on training needs assessment.	

Workstream 3 – Improved Patient Experience

We know positive patient experience is achieved through people being informed and provided with the opportunity to be involved in decisions about their care. We will continue to develop support for staff on how they can effectively involve and engage all patients and carers. The ultimate goal is to secure a good cross-section of people reporting positive experiences about their care. We will make sure concerns and complaints about services are handled respectfully and efficiently and will continue to encourage reporting where our standards fall short of expectations.

	Specific Targets	Lead	Target date for completion	Comments/progress	RAG Rating
1	To codesign the way we capture the mental health experience, working in partnership with service users, staff and third sector organisations	Annie Laverty / Faye Gates	Dec 2019		
2	To pilot the use of a non verbal pain assessment tool in emergency care to support appropriate assessment and treatment for people with dementia or learning disability	Annie Laverty / Tracy Young	April 2020		
3	To give a stronger voice to younger people – working in partnership to pilot alternative methods to capture patient experience in real time.	Annie Laverty / Stephanie Renshaw	October 2019		

Workstream 4 – Inclusive Leadership

Having strong, compassionate, inclusive and committed leadership will be critical to our success and achieving the ambitions of this strategy. We will develop, support and hold our leaders to account in managing in a way that embeds The Northumbria Way and promotes equality, diversity and inclusion. We will continue to ensure that diversity considerations are fully integrated into the “business” of the organisation through our committee structures, documentation, planning processes and the management of risk. We will strive for continuous improvement in all that we do and will benchmark ourselves against best practice.

	Specific Targets	Lead	Target date for completion	Comments/progress	RAG Rating
1	To design and develop a (reverse) mentoring scheme for senior leaders by inviting colleagues with protected characteristics - or from minority or under-represented groups - to be trained as mentors. This is designed to increase awareness and understanding within the senior leadership community of the issues faced by these groups.	Claire Coe / Lisa O’Keeffe	Scheme designed and launched by end September 2019		
2	To establish a Senior Inclusion Ambassador arrangement by aligning Executive and non-Executive Board members to be an Ambassador for one or more protected characteristics (and / or staff network groups). This is designed to ensure equality, diversity and inclusion is a shared and collective commitment and consideration at all Board and committee meetings.	Kristina Henry / Claire Coe	Alignment of Board members to protected characteristics / groups by end June 2019		
3	To share and showcase inclusive leadership at Northumbria by creating a space on the intranet / Enyware for leadership blogs, stories and case studies focused on inclusive leadership in practice. This is designed to facilitate learning about inclusive leadership and the impact of this in the workplace.	Yvonne Storey / Kristina Henry	Site and content ready by end October 2019		

Workstream 5 - Our People (Staff Governors and Volunteers) are broadly representative of the communities we serve

We know and believe that to deliver the best possible services and patient experience, our staff, trainees / students, governors and volunteers must represent and feel connected to our patients. We want to fully understand the profile of our people and their experience at work. We will review our approaches to talent management to ensure our staff have equality of access to development programmes, coaching, mentoring and shadowing in order to develop their potential and develop high quality inclusive leaders of the future. Our volunteering strategy also stresses the importance of a diverse, supported and valued volunteering service.

	Specific Targets	Lead	Target date for completion	Comments/progress	RAG Rating
1	Explore the profiles of candidates at all stages of the recruitment process to identify % BAME applicants across all grades and professions	Kate Thompson/ Claire Coe/Keri Simm	Dec 2019	Review standard Trac reports – need to identify suitability of data available.	
2	Investigate relative likelihood of BAME staff being appointed from shortlisting across all posts.	Kate Thompson/ Claire Coe/Keri Simm	Dec 2019	Indicative data suggests BAME staff less likely to be appointed from shortlisting. Need to review in conjunction with above & review random recruitment files	
3	Targeted promotion of recruitment opportunities across BAME population	Kate Thompson/ Claire Coe/Keri Simm	Dec 2019	Links with staff networks and explore partnership promotions with other NHS Trusts	

Workstream 6 – Our People (staff and volunteers) are supported and engaged

We want our staff, trainees/students and volunteers to report a positive experience and believe the Trust is the best place to work, train or volunteer. We will review our staff and trainee/student feedback to listen to experience and outcomes from all of our staff and will take steps to understand this further and take action where required. We will focus on a safe and supportive work environment that has zero-tolerance to bullying, violence and abuse. Our Staff Engagement Plan has clear priorities in respect of Leadership, Health & Wellbeing, two-way communications, and engagement, recognition and celebration.

	Specific Targets	Lead	Target date for completion	Comments/progress	RAG Rating
1	Targeted recruitment for volunteers, non-executive board members to ensure composition accurately reflects staff and patient demographic and addresses any current gaps in representation e.g. gender, race, sexuality, disability.age	Brenda Longstaff/HR lead	From June 2019 onwards		
2	Co-production of media campaign to address violence and aggression towards staff working with key staff network groups	Yvonne Storey/Patrick Price/Claire Coe/ Network chairs	Summer 2019		
3	Engagement with staff network groups to develop specific action plans based on outcomes of national and local staff surveys and patient feedback e.g. WRES, WDES, Stonewall	Claire Coe/Patrick Price/Network Chairs	May 2019 on-going		



Northumbria Healthcare
NHS Foundation Trust

Equality Information Report 2018/2019

If you need this information in Large Print; Braille; Audio or in another format or language please call the contact centre on:
0344 811 8118

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1. Introduction

This document sets out the Trust commitment to taking equality and human rights into account in everything we do and to eliminating unfair discrimination and promoting equality in our employment practices and in the way we deliver services. The Trust remains fully committed to fulfilling the duties placed on us as an employer, service provider and public body under the Equality Act 2010 and other relevant legislation aimed at combating discrimination and promoting equality.

We are rightly proud of our achievements over the past few years in relation to addressing equality issues, both for our workforce and for the population we serve.

In particular we have made significant progress in the following areas:

- The Trust was named the best place to work in the NHS after winning a 'special recognition award' at the national 'Patient Safety Congress and Awards'
- The trust has remained in the Stonewall Workplace Equality Index
- The trust was awarded the CHKS Top Hospitals 2016 patient experience award and was also named in its Top Hospitals for 2016.
- North East NHS Leadership Recognition Awards for equality and diversity lead
- Recognised for efforts to improve staff health and wellbeing with a Continuing Excellence Better Health at Work Award
- Selected as one of 4 Trusts nationally to develop and showcase best practice in Workforce Culture
- 100% of new recruits and over 80% of staff already employed by the trust have completed E&D Training in the past few years
- Actively involved in specifically tailored Staff Network Groups across various characteristics (LGBT, BME, Autism, Disability, Menopause/Andropause and Carers) to gain a greater understanding of the needs of all staff

This document builds on our previous Equality Information documents the last of which was published in 2015/16 and sets out how we are fulfilling our duties as a public body under the Equality Act 2010.

The Act gives us a duty to advance equality between people who differ in respect of any of the following “protected characteristics”:-

- Disability
- Sex
- Race
- Age
- Sexual orientation
- Religion or belief
- Gender reassignment
- Pregnancy or having a young baby.

In each case, the Act requires us to consider three key equality objectives, to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

The Trust has a duty to publish information on the effect that their policies and practices have on employees, service users and others from the protected groups

This document sets out the results of our analysis of the information we currently hold about how our services and actions as an employer and provider of services impact on equality.

This document also sets out how the Trust recognises and celebrates the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed, in line with our corporate objectives.

Collecting, using and publishing this equality information helps the Trust to:

- Plan more effectively and identify any risks of discrimination
- Identify what the key equality issues are for our organisation
- Develop our equality objectives and measure progress
- Meet our obligation to analyse the effect of our policies and practices and
- Demonstrate to the public how we are performing and what we are achieving.

It is a fully 'live' document and will be regularly reviewed and updated as appropriate by the Trust's Workforce Committee, a subcommittee of Trust Board.

2. About the Trust

Northumbria Healthcare NHS Foundation Trust employs almost 10,000 staff and provides a full range of hospital and community services to a population of over 550,000 across one of the widest geographical areas of any Trust in England ranging from North Tyneside in the South to the Scottish Borders in the North and from the North East coast as far West as Haltwhistle and the border with Cumbria.

We have a specialised Emergency Care Hospital site in Cramlington "The Northumbria" to enhance our ability to manage the healthcare needs of our population as effectively as possible.

We have three general hospitals, our 'base sites': Hexham, Wansbeck and North Tyneside, and six community hospitals: Alnwick, Berwick, Blyth, Haltwhistle, Morpeth and Rothbury, with an outpatient centre at Sir GB Hunter in Wallsend. Services provided include accident and emergency, maternity care, children's services, surgery, intensive care and medicine.

We also have responsibility for community health services in North Tyneside and Northumberland and delegated adult social care services in Northumberland under a partnership agreement with Northumberland County Council. This allows us to integrate care and improve the transition for patients as they move between hospital, community and home, and helps us to improve efficiency and sustainability of services by bringing care closer to home supporting the Trust commitment to reducing unnecessary admissions.

3. Assessing the Equality Impact

As a public sector organisation the Trust has a duty to analyse the effects of our services and practices on equality across all of the protected characteristics. This helps us to consider if the way we do things has any unintended consequences for some groups, and to check if they will be fully effective for all target groups.

It can help us identify any practical steps to tackle any negative effects or discrimination, and to promote equality and foster good relations between different groups. The Trust has a standard process in place for achieving this and applies Equality Impact Assessments to any new or revised policies and to all service developments.

4. Engagement

The Trust has a range of processes in place to ensure that it listens to the views of the people who use its services as well as those who deliver them and involves them in decision making. This helps us get a better understanding of the specific equality issues that impact on different groups in the community. High quality, coordinated and proactive consultation and engagement is essential for:

- Ensuring local people have the opportunity to shape services
- Good decision-making
- Evaluating our progress against strategic priorities and medium and long-term objectives.

4.1 Engagement with Staff

- The trust has appointed a staff inclusion and engagement officer in partnership with Northumberland County Council to ensure engagement with our staff operates effectively at all levels
- Staff road shows and information points
- Staff Network Groups – including LGBT, BAME, ASD, Carers, Menopause & Andropause and Disabled staff groups
- Via our E&D Allies and Health & Wellbeing Champion programmes
- Open talks on key E&D topic areas including, LGBT, gender equality, race equality, maternity, religious and non-religious belief
- Staff awards scheme with an award recognising contribution to enhancing dignity at work in line with trust values
- Publications distributed across all sites
- Trust Website, Facebook and intranet engagement
- Staff Surveys - As part of its work on engaging with its employees, the Trust asks for employees' views, experiences and perceptions of workplace equality via regular surveys – a general survey, WRES outcomes and a specific equalities survey linked to the Stonewall WEI. These results have been used to inform our work on equalities.
- Focus groups with key staff groups to ascertain improvements in engagement e.g. with BAME staff following WRES results and LGBT staff following Stonewall survey results
- Development of induction training and video and specific development of further E&D training including training on meeting the needs of LGBT patients, patients with hearing loss and transgender patients and Unconscious bias training for recruiting managers and IOs

4.2 Engagement with Patients and External Stakeholders

- Public outreach
- Service specific network groups e.g. North Tyneside sexual health network
- Deliver annual 'We're listening' campaign with feedback given on progress to staff, governors, members and stakeholders
- Four engagement forums held in Northumberland and North Tyneside each year with voluntary and community groups to discuss and feedback on key issues
- Annual summer road show delivered across the local communities we serve
- Sponsorship of the inaugural Northumberland PRIDE event in Summer 2018
- Presence at the annual Newcastle PRIDE event.
- E&D webpage plus joint webpage with Northumberland County Council (hosted by the Council but Trust staff and patients are directed to this). This webpage is dedicated to equality signposting to other sources of useful information and advice.
- Patient and Public Involvement groups that cover all protected characteristics help to improve the quality of our services by bringing to the trust the views and experiences of patients, their carers and families. Among others, the Trust runs dementia, learning disability, older people's, long term conditions forums which enables us to hear collective voices from key groups, influencing decision-making on matters that impact the way we deliver services
- In addition, it is a requirement that patients' perceptions of services are consulted throughout the Trust. This is achieved via the inpatient, outpatient and community surveys such as:
 - Patient perspectives
 - Real time information
 - 2 Minutes of your time
 - Friends and Family, which has seen consistently high recommendation rates across Trust services.
- More detailed analysis of comments and customer feedback allows identification of trends and any emerging themes to inform service development plans.
- A Health & Social Care Liaison group has been established bringing together partners including Healthwatch, Health & Wellbeing Board, CCG, NEAS, NTW and Trust representatives to share and co-ordinate activity in relation to customer experience and areas of service development.
- Partnership delivery of the *Ageing Well in Northumberland* programme, which explicitly adopted place-based and asset-based ways of working with older people in their communities is building on community structures as part of the preventative agenda linked to the Care Act. Other activity such as 'Winter Warmers' and Step into Spring events (attended by over 700 older people) focus on staying active, safe, healthy, warm and well.

- Partnership approaches have also followed and developed the lessons from good practice through the work of Support Planners, whose role is very similar to that of the Local Area Coordinators recommended by the *Think Local, Act Personal* project. Their aim is to enable access to low-level, non-complex, low-cost, everyday activity accessible to all (“universal” services) which, whilst important in its own right, can also serve as an independent way in which members of the community can support their own wellbeing, and prevent the need to take up more costly, complex and often institutional options.
- The Trust continues to work with other key partners to support the development of a Single Equalities Forum with representation from all protected groups to enhance opportunities for engagement.
- There is significant work being developed in North Tyneside through our Integrated planning process working alongside North Tyneside Council and North Tyneside CCG and NTW trust to improve service delivery for mental health service users and LD service users
- Equality Objectives Engagement - The Trust also worked with many local people and community groups to help identify strategic Equality Objectives and to monitor the delivery of action plans to help deliver the objectives. The Trust established the equality objectives which were initially published in April 2012 based on feedback from our patients and service users.
- EDS2 joint consultation programme with North Tyneside and Northumberland Local Authorities and CCG partners to develop new equality objectives from 2016 is ongoing with a focus on commissioning and providing improved accessibility.

5. Understanding our Community

5.1 A Summary of our Community Equality Profile

The information below sets out broadly what we know about the profile of different groups of people in Northumberland and North Tyneside, and helps us to understand better the equality issues which may impact on the people who may use our services.

5.1.1 Disability

In relation to the Equality Act, a person has a disability if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”.

The Office for Disability Issues and Department for Work and Pensions¹ estimate that there are 11.6 million disabled people in Great Britain; of whom 5.7 million are adults of working

¹ Office for Disability Issues and Department for Work and Pensions (2014) ‘Disability prevalence estimates 2011/12’

age, resulting in a significant waste of talent and potential productivity², 5.1 million are over state pension age and 0.8 million are children.

The population of disabled people includes wheelchair users, blind people and deaf people – these are an important minority of the total, but the majority of disabled people have other (often less visible) impairments.

Among adults, trends show increasing numbers of people reporting mental illness and behavioural disorders, while the number of people reporting physical impairments is decreasing.

Although older people are more likely to be disabled than younger people, trends show an increasing number of children reported as having complex needs, Autistic Spectrum Disorders or mental health issues.

Research suggests that disabled people are doing less well than non-disabled people across a wide range of indicators and opportunities. Disabled people are more likely to achieve lower outcomes in terms of employment, income and education. They are more likely to face discrimination and negative attitudes, and often experience problems with housing and transport.

The Life Opportunities Survey (LOS)³ is a large-scale longitudinal survey of disability in Great Britain. The interim reports for 2009/10 found the following restrictions on participation for key life areas:

- 17% of adults with impairments experienced participation restrictions in their learning opportunities compared with 9% of adults without impairments.
- 56% of adults with impairments experienced restrictions in the type or amount of paid work they did, compared with 26% of adults without impairments.
- 74% of adults with impairments experienced restrictions in using transport compared with 58% of adults without impairments.
- 45% of households where at least one person had an impairment, experienced a participation restriction to economic life and living standards (that is, being able to afford expenses or make loan repayments). This compares with 29% of households without any people with impairments.
- 83% of adults with impairments experienced a participation restriction in leisure, social and cultural activities compared with 78% of adults without impairments.

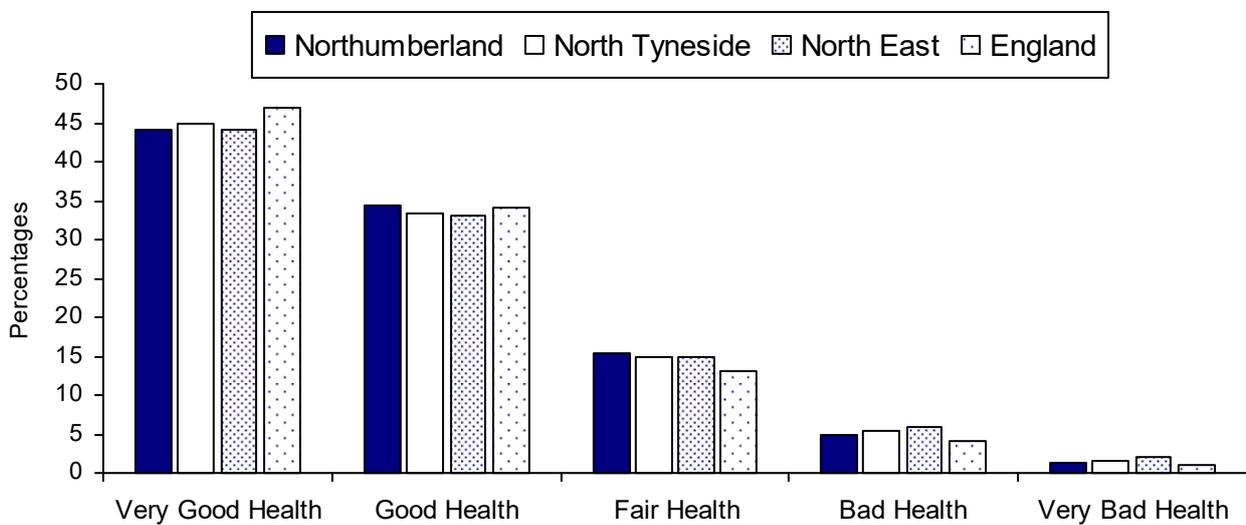
² Sayce Report, 2011

³ http://www.statistics.gov.uk/about/methodology_by_theme/life-opp-survey.asp

- 24% of adults with impairments experienced a participation restriction to social contact (that is, being able to meet with close contacts as much as they would like) compared to 22% of adults without impairments.
- 12% of adults with impairments experienced a participation restriction to housing (that is, difficulty accessing rooms within their home or difficulty getting in or out of their home) compared with 1% of adults without impairments.
- The most common enabler for improving employment opportunities for adults with impairments was modified hours or days or reduced work hours. This was identified by 22% of adults with impairments, compared with 16% of adults without impairments.
- 2% of all adults felt that they had been a victim of a hate crime over the past 12 months.

Figure 1 below shows that residents in Northumberland and North Tyneside generally assess their health as being better than residents in the North East but the opposite is true when compared with England.

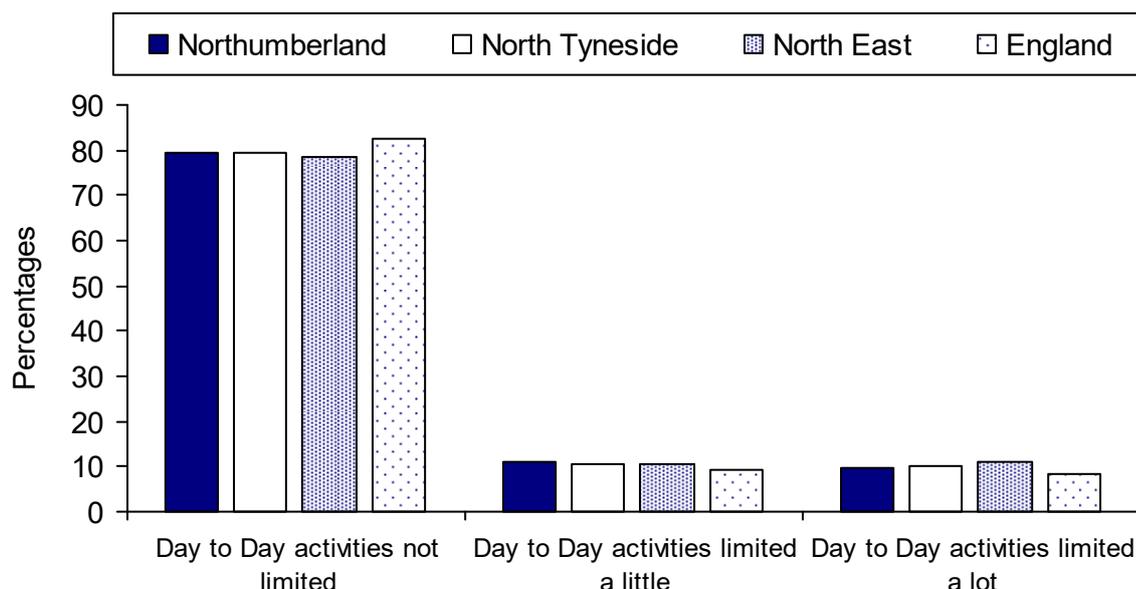
Figure 1 Health Status (Census 2011)



In 2011, those reporting a long term health problem or disability (including those related to age) that limited their day-to-day activities and that has lasted, or was expected to last, at least 12 months, were asked to assess whether their daily activities were limited a lot, a little or not at all by such as a health problem.

The 2011 estimates are shown in Figure 2. When comparing Northumberland and North Tyneside regionally and nationally the North East has the higher percentage of residents who reported a long-term illness than Northumberland and North Tyneside but England has a lower proportion.

Figure 2 Long Term Health or Disability (Census 2011)



Provision of unpaid care

A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age.

There are almost 36,000 carers in Northumberland, and 22,000 carers in North Tyneside providing unpaid support to people because of illness, disability or frailty. Over 7,000 provide more than 50 hours unpaid care a week.

5.1.2 Gender

The gender profile of Northumberland broadly reflects the national picture. This is shown in Table 1:

Table 1 Gender Statistics (Census 2011)

Area	Total Population	Male	%	Female	%
Northumberland	316,000	154,100	49%	161,900	51%
North Tyneside	200,800	96,883	48%	103,918	52%
North East	2,596,900	1,269,700	49%	1,327,200	51%
England	53,012,500	26,069,200	49%	26,943,300	51%

The lives of older women are often very different from those of older men. On average, women live longer but have lower incomes and are more likely to be disabled. Because women are also often younger than their partners, more women than men live alone in their later years. Traditionally, women have also left the labour market earlier, though this is likely to change over time.

The number of transgender people is not accurately known. Because of the social stigma attached to this, arising from a widespread lack of awareness of the true nature of the condition, it is something that is often kept hidden. Therefore it is only possible to collect statistics on the numbers of declared trans people and such figures undoubtedly represent only a proportion of those affected. We do not yet have the means to gather reliable data on the numbers or needs of our transgender residents. However we are working to improve the data available to us as well as providing support to our trans staff.

Until recently, estimates of the rate of occurrence of male-to-female trans people might have been around 1 in 100,000 of the male population. Today, with the greater awareness and openness that exists, some estimates put the figure at greater than 1 in 10,000.

It is known that other chromosomal or intersexed conditions can have rates of occurrence of, or approaching, 1 in 1,000 of the population and it may well be that this is the true order of magnitude of trans issues.

Rates of occurrence of known female-to-male trans people are significantly lower, typically being around a third to a quarter of the rate for male-to-female trans people. However, this rate has varied somewhat with time and between different parts of the world. This suggests that varying cultural factors might play a role in the decision to be open about the condition.

In a survey of 870 trans people⁴:

- 73% had experienced harassment in public
- 10% had encountered threatening behaviour from the public
- 42% feared losing their job on transition
- A quarter felt obliged to leave their job
- 10% had experienced verbal abuse at work
- 6% had been physically assaulted
- 6% had been refused healthcare
- 1 in 4 said they were made to use an inappropriate toilet.

5.1.3 Race

⁴ Engendered Penalties – The Equalities Review, Feb 2007

Ethnic Group

According to the 2011 census, most usual residents of Northumberland and North Tyneside belonged to the White ethnic group (98.4%, 3011,066 and 96.6%, 194,025 respectively), a slight decrease for both localities since 2001, as shown in Table 2:

Table 2 Ethnic Group (Census 2011)

	Northumberland					North Tyneside				
	2011		2001		Change 2001-11	2011		2001		Change 2001-11
	Number	%	Number	%	%	Number	%	Number	%	%
White	311,066	98.4%	304,221	99.0%	-0.6%	194,025	96.6%	187,971	98.1%	-1.5%
Mixed/ Multiple	1,692	0.5 %	871	0.3%	0.3%	1,815	0.9%	939	0.5%	0.4%
Asian/ Asian	2,658	0.8%	1,653	0.5%	0.3%	3,815	1.8%	1,441	0.8%	1%
British										
Black/ African	338	0.1%	204	0.1%	0.0%	734	0.3%	354	0.2%	0.1%
Other	274	0.1%	241	0.1%	0.0%	412	0.2%	954	0.4%	-0.2%
(All categories:	316,028)		(All categories:			(All categories:		(All categories:		
			307,400)			200,801)		192,000)		

The North East has a relatively small black and ethnic minority population compared to the rest of the country. Gypsies and Travellers, including those identifying themselves as Gypsy Romany or Irish Travellers, were separately identified for the first time in the 2011 census. In England and Wales 56,000 people identified themselves as Gypsy/Irish traveller, with 156 living in Northumberland and 29 in North Tyneside.

5.1.4 Age

The shift in the age balance of the population covered by the Trust in Northumberland and North Tyneside is part of a broader national and international pattern. However, there are a higher proportion of people aged over 65 in our local population as compared with the regional and national picture. Table 3 presents a profile of Northumberland's population based on age.

Table 3 Population Age Statistics (Census 2011)

Area	Total Population	0-14 (yrs) %	15-64 (yrs) %	65+ (yrs) %
Northumberland	316,000	15.8	64.1	20
North Tyneside	200,801	16.5	65.9	17.6
North East	2,596,900	16.6	66.1	17.3
England	53,012,500	17.7	66	16.3

5.1.5 Sexual Orientation

Although there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality, government actuaries estimate that 6% of the population is lesbian, gay or bisexual (LGB). This represents around 3.6 million people – or 1 in 16 Britons.

The total of marital and civil partnership status for Northumberland was 262,162 and for North Tyneside 165,088. The largest group for both Northumberland and North Tyneside were married, at 52.1% (136,537) and 46.5% (76,835) respectively.

Registered same-sex civil partnerships, as a new legal partnership status⁵, are a small proportion of the total – less than one per cent (Northumberland, 475, 0.2%, and North Tyneside, 316, 0.2%).

5.1.6 Religion/Belief

The question on religion affiliation in the census was introduced in 2011 and is voluntary. Those affiliated with the Christian religion remained the largest groups in both Northumberland (68.9%) and North Tyneside (63.8%).

Christianity shows the largest decrease in numbers since 2001. The second largest response was no religion and the next most stated religion was Muslim (0.3% in Northumberland and 0.7% in North Tyneside). This is shown in Table 4:

⁵ The 2011 Census collected information on civil partnerships for the first time, reflecting the fact that the Civil Partnership Act 2004 came into effect in the UK on 5 December 2005.

Table 4 Religion and Belief (Census 2011)

	Northumberland					North Tyneside				
	2011		2001		Change 2001-11	2011		2001		Change 2001-11
	Number	%	Number	%		Number	%	Number	%	
Christian	216,673	68.6%	249,029	81.1%	-12.5%	128,185	63.8%	149,849	78.2%	-14.4%
Buddhist	578	0.2%	352	0.1%	0.1%	436	0.2%	220	0.1%	0.1%
Hindu	335	0.1%	258	0.1%	0.0%	513	0.3%	279	0.1%	0.2%
Jewish	169	0.1%	129	0.0%	0.1%	92	0.0 %	87	0.0%	0.0%
Muslim	1,018	0.3%	663	0.2%	0.1%	1,493	0.7%	1,016	0.5%	0.2%
Sikh	494	0.2%	385	0.1%	0.1%	354	0.2%	309	0.2%	0.0%
Other	980	0.3%	596	0.2%	0.1%	528	0.3%	331	0.2%	0.1%
None	75,620	23.9%	36,156	11.8%	12.1%	56,408	28.1%	26,316	13.7%	14.4%
Not stated	20,161	6.4%	19,622	6.4 %	0.0%	12,792	6.4%	13,252	7%	-0.6%
	(All categories: 316,028)		(All categories: 307,400)			(All categories: 200,801)		(All categories: 192,000)		

5.2 A Summary of the Key Equality Issues for People who use our Services

Some of the key potential impacts we have considered, from the feedback we have had from people who use services, and from local and national research, are listed below. This is followed by a summary of some of the things the Trust has put in place to address these.

Communication

The Equality Information Standard (EIS) requires all public bodies to ensure that the information they provide to patients is accessible and reflects the needs of those who have specific communication needs.

it is important to make sure that the Trust can make information available in a range of languages and formats for those who require specific accessible formats, specifically those with sensory impairments.

There are some particular challenges in Northumberland and North Tyneside, because, while our population does include groups of people for whom English is not a first language, these are generally small, diverse and geographically scattered, so that requirements for translation and interpretation require individualised responses. The trust has recently re-procured our interpreting and translation service to ensure patients are able to access the correct information in a way that is accessible to them at the time of need. We will keep this under review and work to engage with service user representatives to ensure we meet the requirement of the EIS.

Physical Access

Physical access to Trust buildings and services can be an issue for some people, in particular for some disabled people, older people, pregnant women and people with young children. Access to accessible transport is also an issue that is raised by people in the community.

In addition, the opening times of services may make accessing certain services more difficult for some groups of people due to work, caring or religious commitments. The trust provides a wide range of services over a wide geographical area and provides many services on a 24/7 basis. All new developments, including our emergency care facility The Northumbria are fully accessible and we conduct access audits on a regular basis on other trust sites to ensure access to our services is equitable.

Understanding Needs and Engagement

The needs of some groups of people are less well understood by some services due to limited information being collected around the use and experience of those services by people of different groups, and also through a lack of specific engagement. In particular, the needs of people from BAME groups and people who are LGBT tend to be less well understood by Trust services. The trust has made great strides in ensuring that patient engagement processes are inclusive of all patients, e.g. offering opportunities for patients to share their experiences of healthcare through events and engagement such as Newcastle PRIDE, Disability Network Groups, You're Welcome Young People and older people engagement forums.

Delivering Personalised Services and Providing Choice and Control

We know that in order to achieve equality it may mean that services may need to be delivered differently to different people.

Individual needs, lifestyles and preferences need to be taken fully into account particularly in delivering care services for disabled children and adults to enable people to have real choice and control over their lives.

Responding to Cultural Needs

Some groups of people may have particular requirements, due to religious or cultural beliefs, which may mean services need to be offered in different ways. For example, in providing a choice in the gender of person to work with someone, or in following particular protocols around the handling and preparation of food.

Negative Attitudes

All protected groups are at risk of negative attitudes, stereotypes and prejudice in particular disabled people, people from BAME groups, and people who are LGBT. This can have a significant impact on their daily lives and on community cohesion in general. It is therefore essential that the Trust is able to identify this and respond appropriately. The Trust has a very clearly established culture of valuing the contribution of all staff and a zero tolerance approach to discrimination which is communicated to staff and patients. In addition we have revised our E&D training package for staff and have made this a statutory requirement.

The Impact of Caring

Overall, women are more likely to be carers, and younger carers are more likely to be female, although there is evidence that as age increases, a higher proportion of older men become carers. Some older men may find it particularly challenging if they have previously taken on more 'traditional roles' within the relationship and home and all staff may need extra support to continue to provide care.

Social Isolation

We know that some groups in our local communities are more at risk of social isolation than others. This includes in particular disabled and older people, people new to the area and those who do not speak English as a first language. Our work with BAME staff group shows that this applies to staff employed from out of area as well as to service users and patients.

A report to the Northumberland Health & Wellbeing Board in January 2015 highlighted the importance of social connectedness for health and wellbeing. It described local approaches to this issue, its integration into current activity and plans to expand and develop this – particularly through joint work with partners such as the Trust – as part of delivering the Care Act preventative agenda.

Physical and emotional isolation caused by not understanding the language or culture of a new country can threaten the feelings of safety and security of newly arrived BAME families particularly as there are very small numbers of people, sometimes settling in rural locations, and a lack of ethnic minority community support organisations locally.

In addition, research suggests that LGBT people are more likely to be single, live alone, are less likely to have children and less likely to be in touch with their family which increases their risk of social isolation.

5.3 Learning from Complaints and Compliments

Complaints are an important way of learning more about the equality issues that impact on different groups of people in our community. We have looked at the complaints we have received over the last few years, and there were very few complaints that related to perceived poor treatment in relation to any of the protected characteristics. Where there was an element of inequality in any complaint the trust was able to respond effectively and implement appropriate action in response.

We will continue to review how we can best make use of the complaints we receive from the public to improve our services and promote equality and to encourage patients and service users to declare any personal information that helps us to monitor the situation.

In addition we will build on the positive feedback we have from patients and staff to ensure our practice continues to reflect the trust culture of dignity and respect.

5.4 Promoting Equality in the Community

The Trust has a range of measures in place to help eliminate unlawful discrimination, promote equality and to foster good relations in the local community. Some of these are generic and impact on all groups of people, whereas others are more targeted at specific groups sharing particular protected characteristics. Table 5 below gives a summary of what we currently have in place:

Table 5 Summary of the Measures the Trust has in Place

Measures in place	Supports the demonstration of having due regard to...		
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity between people who share a characteristic and those who do not	Foster good relations between people who share a characteristic and those who do not
• Clear policies outlining the Trust's firm commitment to equality	✓	✓	✓
• Equality Objectives that are regularly monitored by the Trust's Workforce Committee	✓	✓	✓
• Targeted services designed to support disabled people and their carers in a way that promotes choice, independence and control	✓	✓	✓
• Access to interpreting and information in other formats and languages	✓	✓	✓
• A wide range of mechanisms to engage with people from different communities and involve them effectively in decision making	✓	✓	✓

Measures in place	Supports the demonstration of having due regard to...		
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity between people who share a characteristic and those who do not	Foster good relations between people who share a characteristic and those who do not
<ul style="list-style-type: none"> Active involvement in the 'Ageing Well in Northumberland' programme, along with Northumberland County Council which considers the opportunities presented by an ageing population, as well as ensuring that mental and physical needs are effectively addressed 	✓	✓	✓
<ul style="list-style-type: none"> Equality training for employees and communities with specific reference to all protected characteristics 	✓	✓	✓
<ul style="list-style-type: none"> Clear eligibility criteria for services 	✓	✓	✓
<ul style="list-style-type: none"> Clear and consistent processes in place for assessing the equality impact of changes and decisions on people who use services 	✓	✓	✓
<ul style="list-style-type: none"> Strong partnership arrangements with community, voluntary and statutory groups and organisations to work together to promote equality in Northumberland and North Tyneside 	✓	✓	✓
<ul style="list-style-type: none"> Social Care and Health Information Points to help improve access to support and advice for disabled people 		✓	✓
<ul style="list-style-type: none"> Sponsorship and support for in augural Northumberland Pride event 	✓	✓	✓

Measures in place	Supports the demonstration of having due regard to...		
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity between people who share a characteristic and those who do not	Foster good relations between people who share a characteristic and those who do not
in summer 2018 whilst continuing attendance at Newcastle Pride. A presence at these events illustrates the Trust's commitment to better understanding and meeting the needs of our LGBT community			
• Inclusion in Stonewall Healthcare Equality Index Programme	✓	✓	✓
• Personal Independence Payments and Self Directed Support for Disabled People		✓	✓
• Robust safeguarding arrangements to protect vulnerable children and adults	✓		
• Effective transitional arrangements in place to support disabled children moving into adult services		✓	✓
• Requirements for organisations providing services on behalf of the Trust to adhere to Equality legislation	✓	✓	✓
• Health Passports for people with a learning disability and 'This is me' for people with dementia to help improve their experience when staying in hospital	✓	✓	✓

Measures in place	Supports the demonstration of having due regard to...		
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity between people who share a characteristic and those who do not	Foster good relations between people who share a characteristic and those who do not
<ul style="list-style-type: none"> Jack and Josephine Project to support women and men with learning disabilities to explore a range of health and sexual health issues in a confidential and supportive way. 	✓	✓	✓
<ul style="list-style-type: none"> A full range of health improvement information available to staff and partner agencies to promote equal health for all 		✓	✓
<ul style="list-style-type: none"> CYP/Adolescent Health Transition Strategy programme 		✓	✓
<ul style="list-style-type: none"> You're Welcome YP Access programme 		✓	✓
<ul style="list-style-type: none"> YP Participation Lead 		✓	✓
<ul style="list-style-type: none"> Implementation of the Accessible Information Standard 	✓	✓	✓

6. Understanding our Workforce

6.1 A Summary of our Workforce Equality Profile

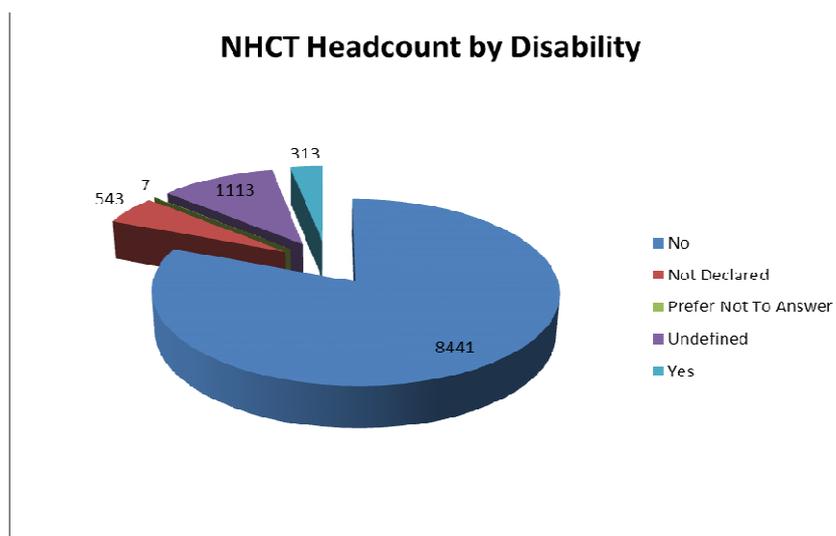
Northumbria Healthcare NHS Foundation Trust is committed to providing equal opportunities for all current staff and prospective future employees.

In order to ensure the trust is acting upon this commitment an annual report is commissioned whereby various elements of employment such as recruitment, training and disciplinary investigations are examined against Equality issues such as gender, race, sex etc to ensure the Trust is meeting its commitment as a fair, equal opportunities employer. The information will also direct the Trust to examine and rectify anomalies.

Disability

The information below shows that as of July 2018, 3% (313 staff members) of the Trust's workforce had declared a disability.

Disabled	Headcount	Headcount %
No	8,441	81.0
Not Declared	543	5.2
Prefer not to answer	7	0.1
Undefined	1113	10.7
Yes	313	3.0



Gender

The data below represents the Trust's Gender profile as of July 2018.

Gender	Headcount	Headcount %
Female	8,319	79.7
Male	2,098	20.1

Ethnic Origin

Ethnic Origin	Headcount	Headcount %
A White - British	9457	90.8
B White - Irish	64	0.6
C White - Any other White background	89	0.9
C2 White Northern Irish	4	0.0
C3 White Unspecified	1	0.0
CA White English	27	0.3
CB White Scottish	11	0.1
CC White Welsh	3	0.0
CP White Polish	7	0.1
CX White Mixed	1	0.0
CY White Other European	10	0.1
D Mixed - White & Black Caribbean	7	0.1
E Mixed - White & Black African	12	0.1
F Mixed - White & Asian	27	0.3
G Mixed - Any other mixed background	11	0.1
GF Mixed - Other/Unspecified	3	0.0
H Asian or Asian British - Indian	140	1.3
J Asian or Asian British - Pakistani	38	0.4
K Asian or Asian British - Bangladeshi	18	0.2
L Asian or Asian British - Any other Asian background	132	1.3
LB Asian Punjabi	1	0.0
LD Asian East African	1	0.0
LH Asian British	4	0.0
LK Asian Unspecified	6	0.1
M Black or Black British - Caribbean	2	0.0
N Black or Black British - African	52	0.5
P Black or Black British - Any other Black background	5	0.0
PC Black Nigerian	2	0.0
PD Black British	2	0.0
R Chinese	19	0.2
S Any Other Ethnic Group	37	0.4
SC Filipino	53	0.5
SE Other Specified	11	0.1
Undefined	40	0.4
Z Not Stated	120	1.2

The total percentage of White British staff equates to 90.8% with 0.4% (40 staff) unspecified or not stated, this indicates an improvement on ethnicity recording.

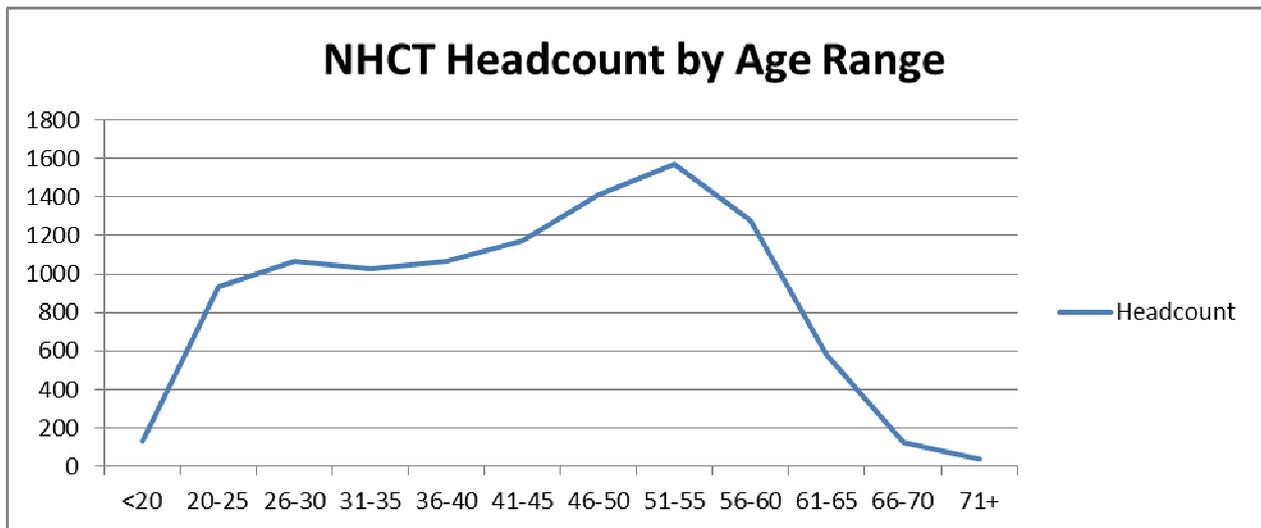
The minority ethnic staff population equates to 5.1% (544 staff). In comparison to the local population statistics the Trust is more ethnically diverse than the population that it serves.

The largest minority ethnic groups are Asian or Asian British – Indian (1.3% of employees) and Asian or Asian British – Any other Asian Background (1.03% of employees).

Completion of the Workforce Race Equality Standard template 2016/17 indicates that whilst there is increasing confidence of BAME staff that the trust provides opportunities for career progression or promotion that the level of harassment by patients and staff has increased since 2015/16. The trust scores well on the majority of metrics with particularly high proportion of BME staff working at higher bands (B8 and above) within the staffing structure compared to overall workforce and representation at board level is above the level of the local BAME population.

Age

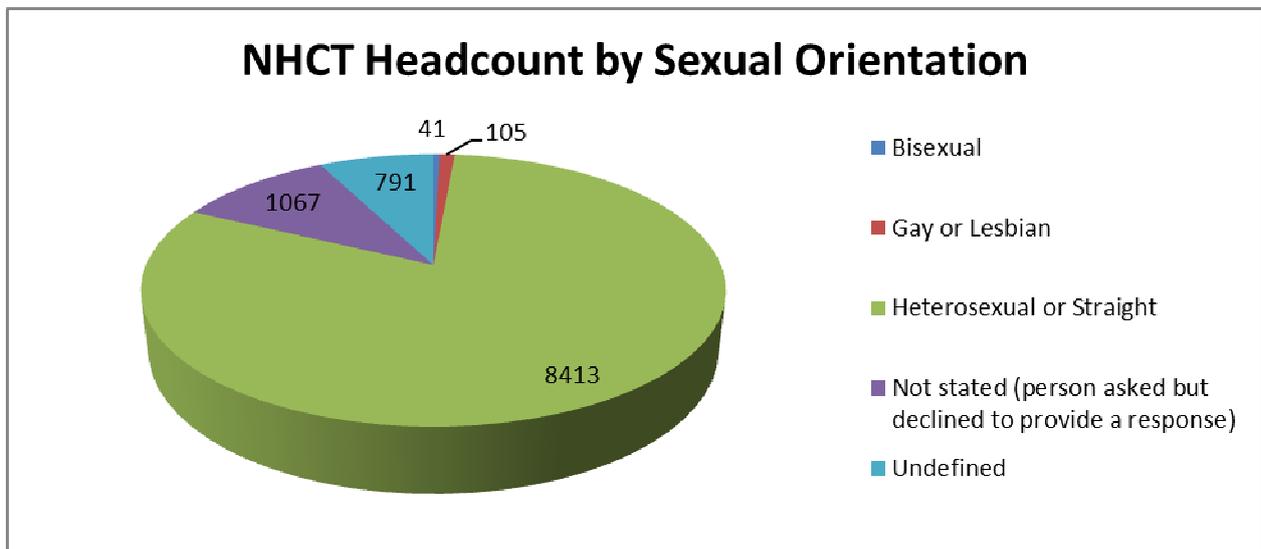
Age Range	Headcount	Headcount %
<20	128	1.2
20-25	937	9.0
26-30	1068	10.3
31-35	1027	9.9
36-40	1070	10.3
41-45	1173	11.3
46-50	1415	13.6
51-55	1574	15.1
56-60	1277	12.3
61-65	585	5.6
66-70	127	1.2
71+	36	0.3



The age profile of the Trust peaks between the ages of 35-59 this has been the trend for a number of years and the Trust has started to highlight these trends at ground level with the introduction of workforce planning from department level up. Each Business unit has its own action plan which feeds into an overall Trust plan and individual departments are now taking responsibility for succession planning and managing the future workforce.

Sexual Orientation

Sexual Orientation	Headcount (Actual)	Headcount %
Bisexual	41	0.4
Gay or Lesbian	105	1.0
Heterosexual or Straight	8413	80.8
Not stated (person asked but declined to provide a response)	1067	10.2
Undefined	791	7.6

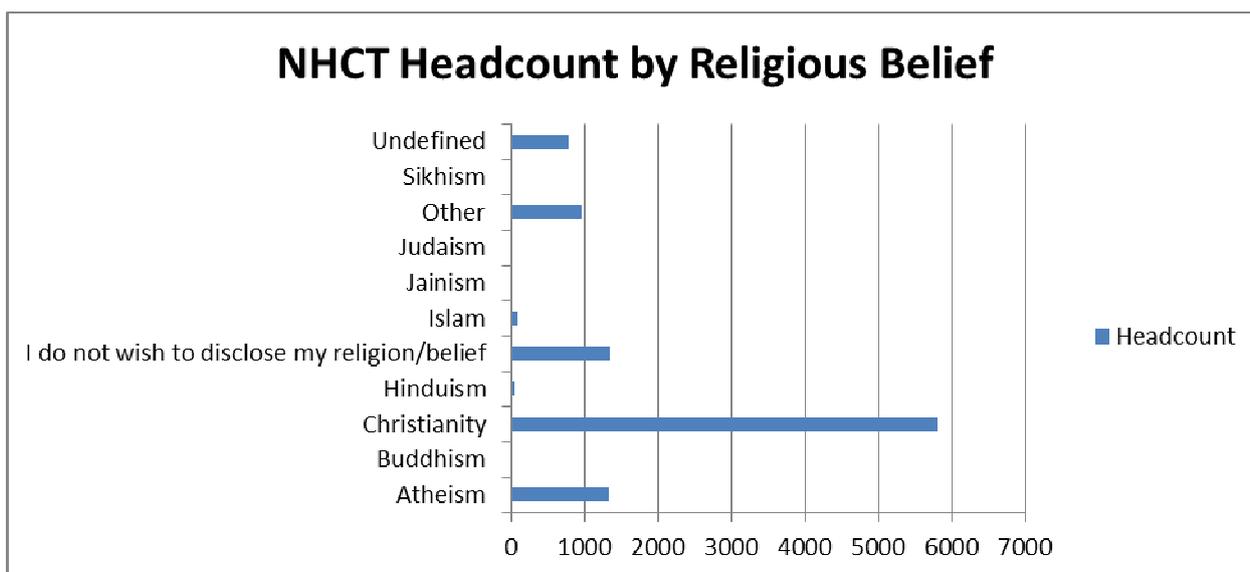


Due to the low numbers recorded and the relatively high numbers of non-disclosures it is difficult to draw any significant conclusion in regards to the sexual orientation of the Workforce. However, in recognition of issues raised by LGBT+ staff in previous staff surveys, the Trust established an LGBT+ staff network and since 2013 has also entered the Stonewall Workplace Equality Index in recognition of the quality of our work to meet the needs of our LGBT+ staff and patients including the development of our “Gender Reassignment” policy.

Throughout 2018 the trust worked to improve their engagement with the LGBT+ community and improve their ranking in the Stonewall WEI and in 2018 the Trust remained in the top 100 Stonewall index.

Religion

Religious Belief	Headcount (Actual)	Headcount %
Atheism	1335	12.8
Buddhism	18	0.2
Christianity	5807	55.7
Hinduism	50	0.5
I do not wish to disclose my religion/belief	1350	13.0
Islam	83	0.8
Jainism	2	0.0
Judaism	5	0.0
Other	968	9.3
Sikhism	15	0.1
Undefined	784	7.5



The religious profile does not show anything out of the ordinary there are no sudden changes to previous reports to indicate anything new.

6.2 A Summary of the Key Workforce Equality Issues

We know that employees with certain protected equality characteristics are sometimes more likely to face discrimination, prejudice and barriers in the workplace. Although the Trust has a range of measures in place to try and address this, it is important that we use the quantitative and qualitative data we have to understand what the potential impacts on different groups of employees may be – both positive and negative impacts. Some of the key potential impacts we have considered are listed below. This is followed by a summary of some of the things the Trust has in place to address these issues.

Accessibility of Recruitment and Selection

- The Trust currently operates the Two Ticks scheme to improve access to employment opportunities within the Trust for disabled people and is currently in the process of introducing the Disabled Confident Employer scheme. We will use this in tandem with the Workforce Race Equality Standard to assist the Trust to benchmark it's performance in this area and enable us to report progress on action to support disabled staff.
- Job applicants with certain disabilities may require adjustments to be made to the application and recruitment process, or may find using online recruitment systems more difficult. This is acknowledged in all job adverts and the organisation will make every effort to accommodate where asked to do so, the contact details for the Recruitment team are made explicitly available
- All personal identifiable details for all applicants are removed from the application for shortlisting
- Trac (the Recruitment System) alerts managers to any 'disabled' applicants only after the shortlisting has taken place
- If job descriptions and person specifications concentrate more on process than output, they may inadvertently discriminate against some disabled people. The provision of reasonable adjustments should mean that appointed disabled employees get the support they need to effectively carry out their role.
- Job applicants educated outside of the UK, or older applicants may not have commonly recognised qualifications and unless job adverts are worded correctly to ensure equivalent qualifications are accepted, the advert may act as a barrier to people applying for jobs.

NHS Jobs 1st April 2015 – 31st March 2016	Report Category	Annual Total
Northumbria Healthcare	No of Applications	34,572
North East	No of Applications	231,593
National	No of Applications	4,913,891

NHS Jobs 1st April 2015 – 31st March 2016	Application Disability profile	Annual Total
Northumbria Healthcare	Yes	1,739
	No	32,354
	Undisclosed	479
North East	Yes	11,552
	No	216,876
	Undisclosed	3,165
National	Yes	21,4666
	No	4,634,709
	Undisclosed	64,516

NHS Jobs 1st April 2015 – 31st March 2016	Application Gender profile	Annual Total
Northumbria Healthcare	Male	9,139
	Female	25,389
	Undisclosed	44
North East	Male	59,681
	Female	171,316
	Undisclosed	596
National	Male	1,361,360
	Female	3,531,722
	Undisclosed	20,809

NHS Jobs 1st April 2015 – 31st March 2016	Application Ethnic profile	Annual Total
Northumbria Healthcare	WHITE - British	29,379
	WHITE - Irish	194
	WHITE - Any other white background	1,012
	ASIAN or ASIAN BRITISH - Indian	848
	ASIAN or ASIAN BRITISH - Pakistani	368
	ASIAN or ASIAN BRITISH - Bangladeshi	188
	ASIAN or ASIAN BRITISH - Any other Asian background	575
	MIXED - White & Black Caribbean	30
	MIXED - White & Black African	99
	MIXED - White & Asian	150
	MIXED - any other mixed background	74
	BLACK or BLACK BRITISH - Caribbean	57
	BLACK or BLACK BRITISH - African	868
	BLACK or BLACK BRITISH - Any other black background	47
	OTHER ETHNIC GROUP - Chinese	82
	OTHER ETHNIC GROUP - Any other ethnic group	260
Undisclosed	341	

North East	WHITE - British	191,504
	WHITE - Irish	1,427
	WHITE - Any other white background	8,487
	ASIAN or ASIAN BRITISH - Indian	6,701
	ASIAN or ASIAN BRITISH - Pakistani	5,203
	ASIAN or ASIAN BRITISH - Bangladeshi	1,335
	ASIAN or ASIAN BRITISH - Any other Asian background	3,170
	MIXED - White & Black Caribbean	331
	MIXED - White & Black African	472
	MIXED - White & Asian	835
	MIXED - any other mixed background	598
	BLACK or BLACK BRITISH - Caribbean	341
	BLACK or BLACK BRITISH - African	5,856
	BLACK or BLACK BRITISH - Any other black background	245
	OTHER ETHNIC GROUP - Chinese	627
	OTHER ETHNIC GROUP - Any other ethnic group	1,934
	Undisclosed	2,527
National	WHITE - British	2,678,811
	WHITE - Irish	43,456
	WHITE - Any other white background	395,674
	ASIAN or ASIAN BRITISH - Indian	387,444
	ASIAN or ASIAN BRITISH - Pakistani	206,076
	ASIAN or ASIAN BRITISH - Bangladeshi	94,312
	ASIAN or ASIAN BRITISH - Any other Asian background	141,896
	MIXED - White & Black Caribbean	41,049
	MIXED - White & Black African	25,236
	MIXED - White & Asian	26,880
	MIXED - any other mixed background	37,893
	BLACK or BLACK BRITISH - Caribbean	119,450
	BLACK or BLACK BRITISH - African	454,737
	BLACK or BLACK BRITISH - Any other black background	31,226
	OTHER ETHNIC GROUP - Chinese	23,157
	OTHER ETHNIC GROUP - Any other ethnic group	93,487
	Undisclosed	113,107

NHS Jobs 1st April 2015 – 31st March 2016	Application Age range profile	Annual Total
Northumbria Healthcare	Under 18	85
	18 to 19	731
	20 to 24	6,438
	25 to 29	6,498
	30 to 34	4,672
	35 to 39	3,311
	40 to 44	3,294
	45 to 49	3,683
	50 to 54	3,112

	55 to 59	2,025
	60 to 64	662
	65 to 69	31
	70 and over	9
	Undisclosed	21
North East	Under 18	422
	18 to 19	3,658
	20 to 24	42,400
	25 to 29	46,365
	30 to 34	32,927
	35 to 39	23,500
	40 to 44	22,105
	45 to 49	22,928
	50 to 54	19,710
	55 to 59	12,389
	60 to 64	4,683
	65 to 69	319
	70 and over	42
	Undisclosed	145
	National	Under 18
18 to 19		68,176
20 to 24		799,647
25 to 29		1,055,187
30 to 34		780,158
35 to 39		564,732
40 to 44		481,400
45 to 49		451,107
50 to 54		382,002
55 to 59		229,048
60 to 64		82,237
65 to 69		8,746
70 and over		1,403
Undisclosed		5,145

The above table shows that 2.36% of all applicants received are under the age of 20 this figure is higher than the regional applications in the North East of 1.76% and suggests that apprenticeship scheme is having a positive impact on our potential employees. This number is also above the national figure of 1.49%.

NHS Jobs 1 st April 2015 – 31 st March 2016	Application Sexuality profile	Annual Total
Northumbria Healthcare	Lesbian	250
	Gay	438
	Bisexual	268
	Heterosexual	31,586
	Undisclosed	2030
North East	Lesbian	1,880
	Gay	3,274
	Bisexual	2,046
	Heterosexual	211,581
	Undisclosed	12,812
National	Lesbian	30,220
	Gay	61,954
	Bisexual	60,415
	Heterosexual	4,398,930
	Undisclosed	362,372

NHS Jobs 1 st April 2015 – 31 st March 2016	Application Religious profile	Annual Total
Northumbria Healthcare	Atheism	5,417
	Buddhism	180
	Christianity	19,363
	Hinduism	293
	Islam	793
	Jainism	2
	Judaism	6
	Sikhism	148
	Other	4,870
	Undisclosed	3,500
North East	Atheism	36,229
	Buddhism	1,285
	Christianity	124,788
	Hinduism	2,819
	Islam	9,446
	Jainism	66
	Judaism	134
	Sikhism	963
	Other	32,821
	Undisclosed	23,042
National	Atheism	619,721
	Buddhism	43,981
	Christianity	2,478,557
	Hinduism	190,113

	Islam	475,622
	Jainism	4,165
	Judaism	9,212
	Sikhism	60,472
	Other	515,114
	Undisclosed	516,934

Policies and Procedures

- The HR policies that the Trust has in place should ensure all employees of all protected characteristics are treated fairly and consistently across all services. All new and revised policies are subject to Equality Impact Assessment.
- The changes to the Retirement Regulations may mean that older employees and managers may need further information and guidance from the organisation around the implications of this.
- Confidentiality around someone's transgender status is important. Whether someone wishes other people to know about their status may change over time, particularly if the person is in transition. This is reflected in the Gender Reassignment Policy along with other key HR policies e.g. Dress Code
- During maternity/paternity leave, staff need to be kept up to date and informed about any key work developments that may impact on them. The Trust operates "keep in touch" days to support staff from feeling too distant when they're away from the organisation on maternity/paternity leave

Attitudes and Prejudice

- Some disabled employees may face prejudice or negative attitudes from others around their perceived ability to perform their jobs which will impact on their experience at work.
- There is evidence to suggest that LGBT employees who feel comfortable about being out at work about their sexual orientation, perform better at work and have a better work experience.
- Homophobic, bi phobic and transphobic attitudes can negatively impact on the health and wellbeing of LGBT employees and also impact on business productivity.
- Employees of any age can be subject to ageist prejudice from others, however younger and older employees are more likely to be affected.
- Gender identity issues can have major implications for mental health, with trans people more likely to experience depression and attempt suicide.
- Unconscious bias can play a part in recruitment and promotion opportunities and cognisance of these factors needs to be incorporated into recruitment and promotion

processes. Unconscious bias training is being rolled out across the organisation, with a big push specifically towards staff with recruiting responsibilities

Physical Access

- Physical barriers to accessing some of the Trust buildings will negatively impact on disabled employees linked to mobility or sensory impairment, and therefore consideration of things like referral to Access to Work, and offering Personal Emergency Evacuation Plans (PEEP) may need to be considered.

Flexible Working

- For carers and some disabled people, the flexible working arrangements enable them to maintain their work/life balance more easily.
- Research suggests that women are more likely to have caring responsibilities outside of their employment, and this does potentially have an impact on their employment needs.
- Women are more likely to require part time work, therefore greater consideration may need to be given to advertising jobs in more flexible ways (e.g. job share opportunities) so they are not disadvantaged.
- People with particular religions or beliefs may wish to take time out during the day for religious observance or have particular requirements to take leave around particular religious festivals or events (e.g. Easter, Eid, Ramadan etc.).

Changing Needs

- There are some physically demanding jobs within the Trust which, for some people, may become more difficult to manage as they get older.
- Disability increases significantly with age and this may have implications on the support required at work.

Practical Considerations

- Employees with certain beliefs may have particular requirements around food preparation and storage.
- Employees with certain beliefs may have objections to carrying out certain tasks (e.g. around contraception etc.) which may need to be managed by the organisation.
- Employees working in certain roles (e.g. catering staff) may have particular training needs around the preparation and handling of food for people of different religions and beliefs.
- Women with young children who have returned to work who are still breastfeeding may have particular requirements around milk expression and storage.

6.3 Promoting Equality in the Workplace

The Trust has a range of things in place to help eliminate unlawful discrimination, promote equality and to foster good relations in the workplace. Some of these things are generic and impact on all employee groups, whereas others are more targeted at employees sharing particular protected characteristics. Table 6 below gives a summary of the measures we currently have in place:

Table 6 Summary of the Employment / Workforce Measures the Trust has in Place

Measures in place	Supports the demonstration of having due regard to...		
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity between people who share a characteristic and those who do not	Foster good relations between people who share a characteristic and those who do not
<ul style="list-style-type: none"> A commitment to operating to the 'Two Tick' scheme to employ, maintain and develop the abilities of disabled employees 	✓	✓	
<ul style="list-style-type: none"> Development and implementation of Disability Confident Employer 	✓	✓	
<ul style="list-style-type: none"> A range of clear policies around supporting disabled employees and carers at work 	✓	✓	
<ul style="list-style-type: none"> Arrangements to make reasonable adjustments in the workplace 	✓	✓	
<ul style="list-style-type: none"> An Occupational Health service to support employees to return or maintain employment 	✓	✓	✓
<ul style="list-style-type: none"> Equality training for managers and employees to help them understand their responsibilities and to ensure that Trust policies 	✓	✓	✓

Measures in place	Supports the demonstration of having due regard to...		
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity between people who share a characteristic and those who do not	Foster good relations between people who share a characteristic and those who do not
and procedures are applied consistently			
<ul style="list-style-type: none"> • Unconscious bias training for managers and employees with recruiting responsibilities 	✓	✓	
<ul style="list-style-type: none"> • Appraisal training for appraisers and appraisees 	✓		
<ul style="list-style-type: none"> • A staff equality survey highlighting areas of good practice and those in need of improvement as perceived by employees themselves 		✓	✓
<ul style="list-style-type: none"> • A range of maternity, paternity and other family friendly policies to promote work life balance 	✓	✓	
<ul style="list-style-type: none"> • Domestic violence policy to support both men and women in violent relationships 	✓		
<ul style="list-style-type: none"> • HR policies to assist in the reporting and management of discrimination claims 	✓		
<ul style="list-style-type: none"> • The Trust has established joint staff network groups with Northumberland County Council to help work towards improving workplace experience for staff of all backgrounds (LGBT, DME, Autism and Disability, Menopause and Andropause) 	✓	✓	✓
<ul style="list-style-type: none"> • An LGBT Champion who acts as a source of advice and guidance for employees 	✓	✓	✓

Measures in place	Supports the demonstration of having due regard to...		
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity between people who share a characteristic and those who do not	Foster good relations between people who share a characteristic and those who do not
<ul style="list-style-type: none"> The Trust is a Stonewall Diversity Champion and took part in the Stonewall Workplace Equality Index and was ranked in the top 100 employers (65th for 2018) 	✓	✓	✓
<ul style="list-style-type: none"> The Trust has a 'Coming out at work' guide to support LGBT employees and a Manager's Guide to support LGBT employees Development of Supporting Disabled Staff at work guide in process 		✓	✓
<ul style="list-style-type: none"> The Trust and Northumberland County Council sponsored a stall at the Northumberland Pride event in 2018 and continues to have a presence at the annual Newcastle Pride event, to evidence their support for LGBT employees 		✓	✓
<ul style="list-style-type: none"> The Trust is actively involved in promoting the "Aging Well in Northumberland" programme which will have positive impacts for employees as well as the community 		✓	✓
<ul style="list-style-type: none"> Apprenticeship scheme targeted at young people from all backgrounds 		✓	
<ul style="list-style-type: none"> CYP Strategy and associated training for staff (HIMP training plan) 	✓	✓	✓

7. The NHS Equality Delivery System

The trust has collected all key equality data outlined in EDS2 and is currently working with key partner agencies including both of the local authorities covered by the trust footprint and CCGs in the areas the trust covers to ensure that we conduct a full consultation process in relation to developing our new Equality Objectives to run from 2016 – 19.

Once this process is complete and consultation has taken place with key stakeholders the trust will publicise this data on the trust website along with progress against the key equality objectives agreed by the partnership.

We have made significant progress in implementing our previous equality objectives focused on improving access for deaf and hard of hearing patients and their families, those with LD and improving older in-patient nutrition. We will continue to monitor to ensure that these objectives remain embedded in practice beyond 2016 until additional objectives are developed.

8. Update on our Equality Objectives 2012 - 2016

In April 2012, the Trust published its Equality Objectives which were:

- Objective 1** To improve services for patients with learning disabilities
- Objective 2** To improve services for older patients – focus on inpatient nutrition
- Objective 3** To improve services for patients with communication difficulties (particularly deaf and hearing impaired people)

Objective 1	To improve services for patients and visitors who have learning disabilities by delivering the indicators detailed in the National Self Assessment
Measure 1	Monitor and produce quarterly patient attendance statistics
<ul style="list-style-type: none"> Identification of people with learning disabilities has improved in recent years and remains better than the national average. The rate of emergency admissions to hospital compared to the population as a whole remains above the national average. The joint Health & Social Care Assessment Framework for learning disabilities gives each locality a bench mark of the current position for people of all ages with LD The Northumberland LD Partnership Board maintains strong partnership arrangements with people with learning disabilities and their families and supports a network of engagement via local area forums and membership of the board. 	

- Consultation with people with learning disabilities and their families identified a need for support around understanding of their bodies, their rights and choices and keeping themselves physically and emotionally well. This resulted in the development of the innovative and interactive ‘Josephine & Jack projects’ using life size, three dimensional anatomical figures designed in consultation with people with learning disabilities.
- The Autism Self Assessment includes information relating to people on the autistic spectrum who also have a LD.
- Robust reporting processes overseen by the Board continue following Winterbourne View through the Transforming Care & Treatment programme.
- Regional work is underway to undertake and share findings from the Learning Disability Mortality Review in both acute and community settings.
- In North Tyneside, an Integration Board has been established and is mapping all patient pathways with a view to enhancing patient care across the health/social care economy.
- Staff are trained to understand valid consent issues.
- Increasing numbers of people with LD seem to be giving consent to treatment themselves.
- Extensive work with GPs in relation to the DES continues across the Trust areas. Reporting has highlighted good practice in achieving sign up by GP practices to offer annual health checks, screening, personalised and end of life care of patients with a LD and dementia locally.
- When recorded within PAS an alert shows to indicate that this information is recorded for staff to identify if additional support is required.
- The services continue to liaise with the LD Liaison Nurse as appropriate and support any additional planning pre admission/appointment.
- In Maternity Obs and Gynae learning disability is recorded in patient notes and there are triggers in the Termination Pathway and Emergency Gynae recording any mental health issues associated with the patient. This is linked to the Accident and Emergency Care Pathway.
- LD remains the highest recorded disability across all A&E sites accounting for 972 of the 1281 patients with a recorded disability alert. Total A&E attendances at end of Feb stand at 153136 patients.

Measure 2

Continue to improve the numbers of staff trained in LD issues

- Ongoing Trust wide programme of LD awareness training including autism and awareness of reasonable adjustments.
- LD forms part of the mandatory training plan for the ES&EC and CSBU. We continue to be on target for our training in this area. Additional support is sort from the LD Liaison Nurse for specific support where required.

- PWLD awareness campaign adopted by NHCT since launch in 2012.
- Continued use of joint North of Tyne Hospital Passport to facilitate reasonable adjustments and assist understanding of the needs of some patients.
- A wide range of health information resources specifically aimed at people with LD are available to all staff working with LD patients via Trust Health Improvement Service.
- Publicity and events are co-ordinated annually for LD Week to promote awareness and positive images of people with learning disabilities.
- In North Tyneside, the appointment of the Primary Care Liaison Nurse has enabled us to provide training to a wider range of staff, including Health Visitors, District Nurses and some input to dentistry requests.
- Following the launch of the Health Charter for Social Care providers in March 2014, a programme of work is in place to enhance skills across health and social care to improve appropriate uptake of health services.
- LD specialist nurse also delivers training as part of the young people's health care core skills training with regards to children's rights and taking consent in treatment for children & young people with LD.
- LD nurse was part of the group developing a new policy regarding young people's health needs

Measure 3	LD patients/service users engaged with clinical teams to discuss issues and facilitate improvements. Acceptable improvements implemented.
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- Access to easier read information has improved in recent years.
- Northumberland was successful in gaining funding as a national pilot site in supporting parents with LD from 2013-2015.
- Individual care plans are aligned between CLDT and Acute Liaison Nurse for more complex care patients.
- Involvement of people with learning disabilities and carers in development of North of Tyne Hospital Passport to provide important information about the patient and help identify reasonable adjustments to be made and support improved patient experience of transfers between wards or hospital sites. An emergency sheet identifies key information for patients where reasonable adjustments are required on admission and is linked to the Acute Needs Assessment completed within 48 hours of admission in consultation with the patient and carers, to indicate individual support requirements and who will provide them.
- Carer representatives attend Northumbria Healthcare Quality Council to support service improvement. Carer representatives attend the NE LD Partnership. Learning disability leads are identified within the Northumberland CCG and there is local representation on the NE LD Clinical Network and NE Advocacy Project.

- Discharge Enablement Group is in place to monitor and manage discharges of individuals in relation to the Trust.
- In North Tyneside, consultation is part of the brief of the NT Integration Board, a partnership between NHCT, NTC and NTCCG, which seeks to consolidate a range of activities within the user/carer provider forum. In addition to this work, the Community Team undertake quarterly café events to consult on all aspects of the service which contributes to the team's quality plan.
- The Dental service has engaged with quality checkers to support service improvement and any potential development.
- Where complaints or incidents are reported that involve a LD patient then we would ensure a robust investigation is undertaken and action plans are formulated in response to these, so we can learn from any specific issues and improve our care delivery accordingly.
- From records within Clinical Support there have been 0 complaints relating to people with LD for over 6 years.
- We continue to liaise with the Trust's LD specialist nurse to ensure Children & Young People with LD as in-patients have been prepared and services have been adapted accordingly e.g. autistic children with LD have been introduced and allocated to 1 member of staff before admission with a picture book developed (in partnership with community nurses) to ensure they are as prepared as possible.
- Young people with LD/special needs are also involved in the CHAT group and contribute to feed back on services. They are also involved in recruitment processes.
- LD now forms part of Trust Induction for all staff, training sessions are also built into the Apprentice/Dawn Scheme Induction

Measure 4

Achievement of Self Assessment Framework indicators

- Regionally we continue to demonstrate and receive recognition of good practice in the identification and delivery of healthcare services to the LD population.
- Learning Disability Acute Liaison nurse within Trust since 2010, with disab47 flagging on the Patient Administration System (PAS) and RAPA (Recurring Admission Patient Alerts) to ensure identification when details are logged and provide electronic alert for admissions via A&E across the sites and monthly data collection.
- Recognition of partnership arrangements commitment and engagement and in having strong, clear strategic plans to continue the development of the PWLD agenda with very strong safeguarding assurance and knowledge of placements with excellent and well thought processes in place for transitions and the most complex of individual's needs.
- Safeguarding assurances are gained and documented within the quarterly and

annual safeguarding reports. These are submitted to the safeguarding board, safety and quality and the board of directors for scrutiny and approval.

- Child Health continue to provide services to the LD population with multi-agency partners.
- Public health school nursing and the CCN teams proactively work with this population and are involved local health needs assessments in schools to identify young people who require additional support.
- Health visiting services also work in an integrated way to ensure multi disciplinary assessment for under 5s where developmental delay may be an indicator of underlying problems.
- Carers are integral in the partnership with Newcastle University on the learning from carers education programme for medical students highlighted as good practice in the NHS England new guide – Commissioning for Carers to raise awareness of the benefits of involving carers and the key role they play in healthcare of people with long term conditions, chronic diseases, learning disabilities or dementia. This was recognised in the Patient Experience National Awards 2014 Support for Care Givers category.

Objective 2	To improve services for older patients - particularly inpatients in relation to nutrition
Measure 1	Patient and family satisfaction surveys
	<ul style="list-style-type: none"> • Performance is generally high in terms of patient and family satisfaction and across survey domains relating to dignity in care and personalised care. • Progress includes shared work with Age UK and recruitment of ‘mealtime’ volunteers to support elderly patients with feeding. • Additional training has been provided to staff including leadership training for Band 6 and 7 staff to improve implementation of best practice.
Measure 2	Improvement in the numbers of patients over 80 who report that they always receive support at mealtimes
	<ul style="list-style-type: none"> • A range of initiatives are in place to support vulnerable patients at meal times across both main hospital sites. This is being extended to cover 7 days per week in Wansbeck General Hospital. • Support with feeding is offered to day unit patients where necessary.
Measure 3	Examples of ward based projects that show specific tangible improvements. Sites of best practice developed.
	<ul style="list-style-type: none"> • Nutritional Assistant posts on orthopaedic trauma wards monitor food intake and

- extended access to snacks trolley in place to encourage increased calorie intake.
- Dietitian support to oncology patients including 24 hour helpline to support domiciliary care
- Current ‘Sage and Time’ training to improve communication with patients offered to non-specialist staff in the Clinical Support Business Unit.
- Work with the Frail Elderly Pathway and LINS to identify high risk patients to optimise use of medications.
- Programme of Nutrition & Hydration week events in both acute and community settings.

Objective 3	To improve services for patients and visitors who have hearing difficulties
Measure 1	Monitor and produce quarterly attendance statistics
	<ul style="list-style-type: none"> • Data recorded to identify support needs of patients with hearing loss in some Business Units, but not all, and not consistently across all services. • Some issues are connected with implementation of data monitoring systems and will be resolved when systems are made available e.g. HVs • Medicine and Emergency Care collect data where disability is recorded as patient alert. Hearing difficulties remains second highest alert category after LD.
Measure 2	Formal training for staff on reception desks to deal with HOH issues
	<ul style="list-style-type: none"> • While staff in some Business Units have received specific training e.g. Child Health and CSBU, others have not routinely accessed training. • Training programme being developed to roll out to key business units.
Measure 3	Engagement with HOH group to liaise with a clinical service with a view to scoping and making tangible improvements e.g. outpatients department and ward
	<ul style="list-style-type: none"> • CSBU Sensory Support team in liaison with Northumberland County Blind Association road shows at social care and health information points to improve access to services for deaf, deaf/blind and hard of hearing patients and their relatives. • Ongoing work with liaison nurse to improve access to emergency services and elective care. • Some access to service users who are hard of hearing via ‘loop’s system but inconsistent • Access exercise in radiology ongoing

- Outpatient area review in Child Health identified areas for improvement. Access to BSL interpreters available.
- All reasonable adjustments made for staff who declare disability, including those who are hard of hearing.

9. Establishing Equality Objectives 2019 - 2024

Whilst the trust continues to improve on its' performance in relation to previously agreed objectives we identified future equality objectives building on more recent evidence of need for patients and staff.

These objectives will be subject to consultation with local communities, both North Tyneside and Northumberland Councils and CCGs with a view to taking a whole systems approach to delivery of services to our local populations in a way that is truly inclusive.

Our focus on improving access for all patients who have one or more protected characteristic will be reflected in our objectives and will aim to address both legislative requirements and reflect actual local needs. They will also evidence that we are keen to move beyond compliance to true inclusivity.

Once finalised the trust will publicise these objectives on our website.

Glossary of Terms

Here is a guide to some of the commonly used terms that are used in relation to equality and diversity, many of which have been used in this publication.

Term	What it means
Access	The extent to which people are able to receive the information, services or care they need and are not discouraged from seeking help (e.g. premises suitable for wheelchairs; information in Braille/large print and other formats and languages; and the provision of culturally appropriate services).
Ageism	Discrimination against people based on assumptions and stereotypes about age.
Accessible Information Standard (AIS)	The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.
Black and Minority Ethnic (BME)	Term currently used to describe range of minority ethnic communities and groups in the UK – can be used to mean the main Black and Asian and Mixed racial minority communities or it can be used to include all minority communities, including white minority communities, such as people of Irish background. In this document BME includes all people who do not identify themselves as ‘White British’.
Champion	Someone who is appointed to stand up for the interests of a particular user group or issue (e.g. Equality and Diversity). A champion can be a senior staff member in health or social services; a Non Executive Director; or a representative of the group concerned, e.g. older people.
Commissioning	The process of specifying, purchasing and monitoring services to meet the needs of the local population.
Direct Discrimination	Treating one person less favourably than another on the grounds of one of the protected characteristics.

Term	What it means
Disability	The Equality Act 2010 defines disability as: “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”
Disability Confident Employer (DCE)	DCE encourages employers to be positive about skills that people with disability bring to businesses and to remove barriers to recruiting and retaining employees with disabilities.
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Discrimination by association	This is discrimination against someone because they associate with another person who possesses a protected characteristic.
Discrimination by perception	Discrimination against someone because they <i>appear</i> to possess a particular protected characteristic (even if, in fact, they do not).
Diversity	Appreciating diversity goes beyond the mere recognition that everyone is different; it is about valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Equality	Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in different ways.
Equality Impact Assessment	The Trust’s Equality Impact Assessment (EIA) process is a way of systematically assessing the effects that a proposed decision is likely to have on different groups, and the potential for modifying the decision so as to increase it’s positive and reduce its negative impacts on equality.
Ethnicity	A sense of cultural and historical identity based on belonging by birth to a distinctive cultural group.
Harassment	Behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim amounts to

Term	What it means
	harassment. It can consist of verbal abuse, racist jokes, insensitive comments, leering, physical contact, unwanted sexual advances, ridicule or isolation.
Homophobia/Biphobia/ Transphobia	An irrational fear, aversion, dislike or hatred of lesbian, gay, bisexual and transgender people
Indirect Discrimination	Setting rules or conditions that apply to all, but which make it difficult for a protected characteristic group to comply with.
Institutional Racism	Occurs when the systems and procedures in an organisation discriminate against a person – or a group of people – on the basis of race.
Interpreting	The conversion of one spoken language or sign language into another, enabling communication between people who do not share a common language.
LGBT	Lesbian, Gay, Bisexual and Transgender
Multicultural	Of, or relating to many cultures; including people who have many different customs and beliefs. For example, Britain is increasingly a multicultural society.
National Origin	Relates to the country where someone was born, regardless of where they are now living and their current citizenship.
Perception discrimination	This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.
Positive Action	Activity intended to improve the representation in a workforce where monitoring has shown a particular group to be under-represented, either in proportion to the profile of the total workforce or of the local population. Positive action allows a person to: <ul style="list-style-type: none"> - provide facilities to meet the special needs of people from particular groups in relation to their

Term	What it means
	training, education or welfare, and - target job training at people from groups that are under-represented in a particular area of work, or encourage them to apply for such work. Positive action is not the same as positive discrimination.
Positive Discrimination	Selecting someone for a job / promotion / training / transfer etc purely on the basis of their race, disability, gender, age, religion or belief, or sexual orientation, and not on their ability to do the job. Positive discrimination is against the law.
PREVENT	The national Prevent strategy seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government's counter-terrorism strategy.
Protected Characteristic	Age, Disability, Gender, Race, Religion/Belief, Sexual Orientation, Gender reassignment, Pregnancy and maternity, and Marriage and civil partnership are all protected characteristics. This means it is against the law to discriminate against someone who has a one of these characteristics.
Race	A human population considered distinct based on physical characteristics such as skin colour. This term is often interchanged with ethnicity. Ethnicity is a term which represents social groups with a shared history, sense of identity, geography and cultural roots which may occur despite racial difference.
Racial Group	A group of people defined by race, colour, nationality and ethnic or national origins. All racial groups are protected from unlawful racial discrimination.
Racism	Belief (conscious or unconscious) in the superiority of a particular race, leading to acts of discrimination and unequal treatment based on an individual's skin colour or ethnic origin or identity.
Sexual Orientation	Within the sexual orientation regulations, sexual orientation is defined as: - An orientation towards persons of the same sex (lesbians and gay men)

Term	What it means
	<ul style="list-style-type: none"> - An orientation towards persons of the opposite sex (heterosexual) - An orientation towards persons of the same sex and opposite sex (bisexual)
Social inclusion	The position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers (social exclusion) for people or for areas that experience a combination of linked problems, such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.
Social Model of disability	A model created and endorsed by disabled people internationally, this reverses common assumptions about the nature of disability, suggesting that disability is not caused by an individual's physical or mental conditions, but by the social arrangements which impose barriers (physical, organisational and attitudinal) that prevent people from being able to participate in society. A social model approach aims to remove barriers so that disabled people have the same opportunity as everyone else to determine their own life styles.
Stereotypes	Generalisations concerning perceived characteristics of all members of a group – rather than treating people as individuals.
Third Party Harassment	Third party harassment means harassment caused by a person or group of people who work outside the control of the employer, such as contractors, clients, customers, vendors and suppliers, or some other party which makes frequent visits in the place of business.
Transgender People	Transgender or trans person describes a person who appears as, wishes to be considered as, or has undergone or is undergoing processes to become a member of the opposite sex they were assigned at birth
Victimisation	Treating people less favourably because they have

Term	What it means
	made a complaint or intend to make a complaint about discrimination or harassment.
Workforce Profile	What our workforce looks like. Make up of the people who work for an organisation. Analysing the workforce profile allows us to see how many people from different groups work for the organisation. It also allows us to see what kind of jobs people do, how much they are paid and at what grades to see if there are any patterns.