

Equality, Diversity and Inclusion Strategy 2022–2025



Barnet, Enfield and Haringey
Mental Health NHS Trust

Camden and Islington
NHS Foundation Trust

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Foreword

At Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust we are proud of our achievements in providing high quality care and leadership.



Jackie Smith Chair



Jinjer Kandola MBE Chief Executive

However, we recognise the need for both Trusts to develop a much bolder strategy on Equality, Diversity and Inclusion (EDI).

We want to create and sustain a fair and just environment where all our staff are supported to make their best contribution, and have their experience, concerns and ideas heard. We want all of our patients to have equal and timely access to care that continues to be tailored to their needs and we must build our role as an “anchor” organisation in the local economy in a way that brings tangible benefits to the communities that we serve.

We know that our organisations do not operate in isolation, but rather exist in a societal context in which too many of our staff and service users do not experience equality and inclusion. As leaders we recognise that it is our job to make sure that this experience is not replicated in our organisations. To achieve this, we need to exercise vigilance and be aware of how the ways that we work might act to reinforce inequality or exclusion. We need to shape a climate of openness and positive challenge so that patients, carers and staff feel confident in letting us know when we fall short of our aspirations. We also recognise that we have more work to do to ensure that we provide opportunities and support for our staff to progress in their careers so that the leadership of our organisations reflect the diversity of the communities that we serve.

We strive to be a great and inclusive place to work where discrimination, bullying and harassment are not tolerated, where opportunities to develop and progress are open to all, and where we invest in our staff so that they thrive at work and feel valued for their contribution to outstanding patient care.

If we are to achieve all of this, we know that we need to include, support and develop individuals and deliver wider cultural change across our organisations.

We have a specific role as leaders, and we know that everyone has a role and a contribution to make if we are to build equal, diverse, fair and inclusive organisations.

We’ve started on the journey and have a long way to go but we look forward to travelling the road with all of you to create a partnership of organisations which really are great places to receive care and to work for everyone.

Introduction

This is the first joint Equality, Diversity and Inclusion (EDI) strategy across the Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust Partnership. We are confident that our joint approach will help address inequalities, spread good practice and improve outcomes for patients, carers and staff.

This strategy sets out our vision, aims and objectives to create fair, just and equal cultures across both Trusts over the next three years.

We know from our own data monitoring and survey results that there is inequality; for example, people don't have equal access to career progression, too many of our service users access care only once they are in crisis and too often via the provisions of the Mental Health Act. Women, who are more likely to have caring responsibilities and need flexible working, do not have equal access to career progression. Many of our buildings are not fully accessible and our ways of working do not make space for neurodiversity.

2020 changed the world we live in and the way our NHS operates. Alongside the Black Lives Matters movement, the global COVID-19 pandemic magnified and focused attention on the impact of socio-economic inequality, health inequalities, racism and other discriminatory behaviours and actions on our NHS staff, our key workers more widely, and our diverse communities. Building on our data and survey results, the changes we have seen in 2020 and the publication of the NHS People Plan, we have developed our strategy to ensure it is aligned to the new national NHS inclusion agenda, and that it is fit for purpose and delivering real improvements in partnership with our staff, patients and communities.

To achieve our Partnership aims and to make a difference to the health and wellbeing of our communities, and improve the working lives of our staff, we need to place deliberate consideration of EDI at the centre of all we do.

While there is a clear role for senior leadership in delivery of this strategy, we need to shape a culture in which every member of staff is able to influence change, has a voice that is heard, and is given the tools and knowledge to help them also lead on EDI.

EDI is at the heart of whatever we do because we understand that every single person we work with, whether patients, their families and carers, staff members or volunteers has the right to be treated with dignity and respect.

It is clear from the extensive work to develop our values, that staff want to be sure that people – service users, family and carers, volunteers, themselves and their colleagues – are treated fairly and our Trusts remains the best places to receive care and the best places to work, train and volunteer. We believe we have made progress, however it is also clear from the KPMG (Internal Audit, January 2020) review for C&I and the King's Fund and brap inclusion review for BEH, 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 a positive experience and outcome. 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.

This 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.

This strategy sets out our clear vision, aim and principles for EDI along with how we will work to achieve this working alongside other Partnership strategies and plans in the coming years.

We will share updates at regular intervals and look forward to celebrating the progress we are making.



Defining Equality, Diversity and Inclusion

Equality

is about equal outcomes. We will treat everyone fairly, so that our staff, partners and communities have the same opportunities, regardless of their protected characteristics or socio-economic status. To do this, we will move beyond treating 'everyone the same' and instead make sure that we meet the different needs of individuals and groups. This is essential to address discrimination and disadvantage in an unequal society.

Diversity

we will appreciate the value of differences between individuals and groups. We will celebrate the rich diversity, culture and heritage of our communities and work with our partners to ensure that everyone can safely express their views, religion, beliefs, feelings and wishes. Promoting the benefits of a diverse community helps to break down barriers and negative attitudes created through lack of understanding and misinformation and helps to promote social cohesion and good community relations.

Inclusion

we will support communities from across the protected groups to actively participate in managing their healthcare and to influence decision-making. We will support disadvantaged groups to have the opportunity to help shape policy and service changes which will affect them. We will take action to support all groups to be proportionately represented in leadership roles across our Trusts.

Respect

we will treat everyone with dignity and respect. Respect can be defined as having due regard for a person's feelings and wishes. Negative behaviours such as discrimination, harassment and intimidation undermine people's dignity, prevent fairness and reinforce disadvantage.





Legislation and National Standards

This is the first joint Equality, Diversity and Inclusion (EDI) strategy across the partnership between Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust. We are confident that our joint approach will help address inequalities, spread good practice and improve outcomes for patients, carers and staff.

Protected Characteristics under the Equality Act 2010

The Equality Act 2010 covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the Act therefore protects everyone. **The protected characteristics are:**



Moving beyond compliance – Our Commitments

It is important to us that we move beyond just complying with our duties, that we are proactive and continually striving to improve – we want to reach a point where equity, diversity and inclusion is evident in all that we do, in our services, our partnership work, and in our employment offer.

Widely acknowledged evidence shows that where equity, diversity and inclusion are valued and embedded in day to day business there is an improvement in services, a positive impact on patient safety, experience and outcomes, improved financial efficiency, improved regulatory outcomes, and a workforce that feels valued and supported and is committed and engaged in the workplace.

We make the following commitments to ensure we move beyond compliance:

- Our services, both patient facing and corporate, will be supported and developed to consciously and without prompting consider the needs of diverse staff, service users and their families and carers in everything they do.
- We will actively listen to diverse voices and co-produce our services and in decision-making.
- Where we have gaps in knowledge or evidence, we will take steps to plug them.
- Our leaders will be visible, openly committed to the EDI agenda, and actively engaging and listening to staff, service users and communities.
- We will take positive steps to improve representation of diverse groups in our workforce and will ensure barriers to progression for these groups are identified and removed.
- We will continually monitor progress using the drivers detailed above and the national benchmarking available and will strive to improve in all of these.

We understand that there is inequality and health inequality in our communities, that racism, disablism, homophobia, sexism, misogyny and other prohibited conduct is sadly prevalent everywhere, and that these inequalities and discriminatory acts impact negatively on the health, wellbeing and life experience of many in our protected characteristic, socio-economic, and minority groups.

We know that as NHS organisations we are regrettably not immune to this and the data tells us that systems and processes that can result in inequality and exclusion have seeped into our ways of working. It is our responsibility to change our Trusts so that individuals can thrive within them. We know that alone we can't change everything, but we can work in our Trusts and with our communities and partners to start to make improvements, to make consideration of EDI standard practice, and to lead on the change that we all want and need to see.



About us

Camden and Islington NHS Foundation Trust (C&I) is the largest provider of mental health and substance misuse services to people living in Camden and Islington. The Trust also offers substance misuse and psychological therapy services to residents in Kingston. Inpatient facilities are available at St Pancras Hospital and at Highgate Mental Health Centre, and there are many community-based services. In total, the Trust has around 30 sites and contact with around 44,000 service users a year.

The area covered has one of the highest rates of mental health problems in the country, so there is great demand for services. This is expected to increase, not only as a result of the COVID-19 pandemic, but also because of the growing population, greater awareness of mental health, and reduction in some local authority and voluntary services.

There is a high percentage of service users between the ages of 20 and 40 years, who are relatively transient; this is related to having major transport hubs, universities and employment opportunities in the area. The Trust also treats large numbers of people in LGBTQ+ communities and many tourists. There are high rates of alcohol and drug use among service users.

The Trust has approximately 2,200 employees who work in multi-disciplinary teams providing a holistic approach to recovery. This means that the Trust often works with partner organisations, including the voluntary sector.

C&I is a member of University College London Partners (UCLP), one of the world's leading academic health science partnerships, and through our work with UCL the Trust continues to develop a strong reputation for supporting world-class quality research into mental health.

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH) is the lead provider of a wide range of mental health services across the London Boroughs of Barnet, Enfield and Haringey and also provides a wide range of community health services in Enfield, helping to support the physical health of local people in the community.

BEH also delivers specialist mental health services to a larger population across north London, Hertfordshire, Essex and surrounding counties. The Trust employs more than 3,300 staff, which makes it one of the largest employers in the area.

BEH is a member of University College London Partners and is involved in a range of mental health research.

BEH provides services for young people, adults, and older people from over 20 sites. As well as those who directly engage with our services, the Trust also has a responsibility to its whole local population to promote and protect their mental and physical health. The Trust supports people to overcome the hurdles they face with their health and wellbeing and help them get back into the community and to live as independently as they can. BEH follows a recovery approach to providing care, which means giving people the skills they need to look after themselves with our support in the community. When they need a higher level of care, that is provided on BEH wards.

The Trust provides a wide range of local and more specialist mental health services, including helping people with personality disorders, drug and alcohol recovery, children's mental health issues, dementia, eating disorders, learning disabilities, and suicide prevention.

BEH's renowned North London Forensic Service (NLFS) is rated as 'Outstanding' by the Care Quality Commission. The service cares for and treats people in low and medium secure environments. The NLFS also runs the Stalking Threat Assessment Centre in partnership with the Metropolitan Police and the Suzy Lamplugh Trust. The service also provides mental health care in HMP Brixton, HMP Pentonville and HMP Wormwood Scrubs in London and HMP Grendon and HMP Springhill in Buckinghamshire, as well as HM Young Offenders Institutions at Aylesbury.

NCL demographic challenges

- Across the board, NCL has higher need in mental health services compared to London and England, particularly in serious mental illnesses (SMI).
- Diagnosed prevalence of SMI in NCL is high compared to London and England, with particularly high need in parts of Camden and Islington, where there are also high rates of A&E attendance for symptoms of psychosis.
- There is a particularly high diagnosis of dementia in Barnet and Enfield.
- Overall, the black population have disproportionately high contact with acute mental health services, in particular for psychosis and rehabilitation and recovery services.
- National research shows that a contributing factor is late presentation, and in general black populations are less likely to access mental health support in primary care and so are more likely to require more intensive care. More culturally sensitive models of care may be needed.
- There is significant demographic variation across and within NCL boroughs which is associated with different levels of need for support from mental health services.
- 10.8% of Enfield has a diagnosis of depression compared with 7.9% in Barnet and 8.2% London-wide.
- Under-5s wait on average 10 months for autism diagnosis; over-5s wait more than a year, rising to two years in Enfield.
- In Haringey children and young people (CYP) have higher mental health needs relative to other boroughs, with highest number of CYP presenting at A&E with mental health needs, but the spend per head is lower than NCL average.
- Enfield and Islington have higher diagnosed rates of depression but spend less per head on Improving Access to Psychological Therapies (IAPT) services.
- There appears to be a large focus on crisis response rather than early intervention.
- Rejected referrals to community mental health teams are most likely to be referred onwards to crisis teams. There are significant health inequalities including significant disparity by ethnicity
- The black population are higher users of acute mental health services, with 27% of admitted patients being black, compared to representing 11% of the NCL population.
- Half of patients admitted are unknown to services; this is particularly high among black population groups.

Key principles

In developing this strategy, we have considered a set of core principles that underpin the development and delivery of our ambitions and priority areas. **These 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 reasonable, fair and proportionate for patients, public, staff and volunteers.
- We will measure and publish progress against our priorities 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 use data to address inequalities for staff and service users.
- We will ensure our policies, processes and systems are supportive and monitored to ensure the delivery of good practice.
- We will role model diverse and inclusive people practices at all levels of leadership and aspire to be an anchor organisation.



Linkages to other Strategies and Plans

This strategy has been developed with clear alignment to the development of other complementary strategies in both Trusts. This is particularly focused on our Patient and Public Engagement Strategy, Public Health Strategy, Trauma Informed Strategy, People Plan, Clinical Strategy and the Community Transformation Programme.

It is expected that the Partnership will see improvements in promoting equality, diversity and inclusion year on year as we continue to embed our inclusive culture.

Development of the EDI Strategy

This strategy has been developed in consultation with:

- People and Culture Committee (BEH and C&I)
- Leading for Inclusion Committee (BEH)
- Staff Network Groups (ethnic minority, Disability, LGBTQ+, Women's) (BEH and C&I)
- Patients and service users (BEH and C&I)
- External stakeholders across Barnet, Enfield, Haringey, Camden and Islington.



Partnership strategic aims and priorities

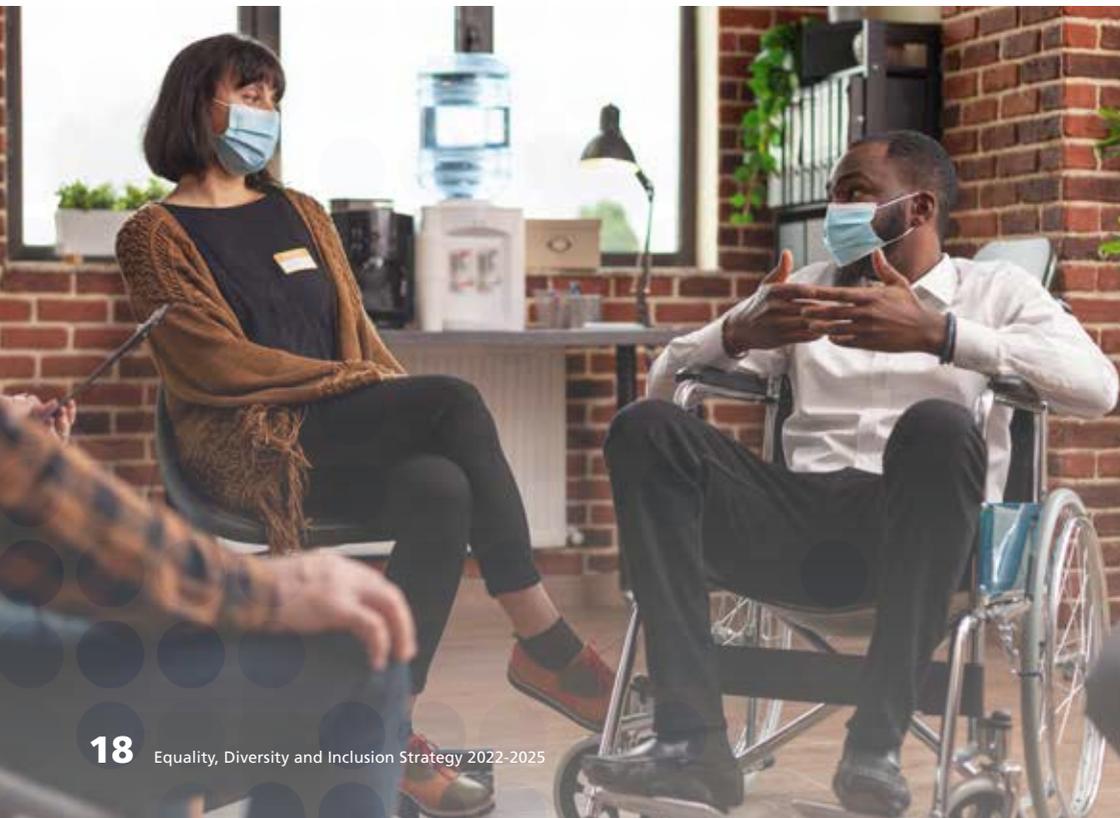
Our primary function is to deliver excellent care for our diverse population. We are committed to developing our services to ensure we deliver the best possible integrated care across all our services.

We will collaborate with NHS colleagues, primary care, our local authorities and the voluntary and community sector to deliver integrated care and prevention initiatives at neighbourhood level near to where patients live and work.

Our staff are at the heart of our organisations and it is our responsibility to ensure they are supported to deliver the best care possible. With staffing challenges across the NHS, we will create a culture where we champion and

develop our staff and promote inclusion across the Partnership.

We will promote a healthy work-life balance for all our staff, develop collective leadership at all levels of our organisation and realise individual development opportunities. We will encourage collaborative working with our partners to share best practice and enable integrated care delivery. We will build on the good practice developed during the pandemic and develop agile working practices for our staff.



Our overall strategic aims and priorities as organisations are summarised below:

Barnet, Enfield and Haringey Mental Health NHS Trust



Camden and Islington NHS Foundation Trust



Five Point Plan

To deliver this strategy, we need a robust delivery plan. Our Five Point Plan for EDI has been mapped against the EDI drivers (Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap) and developed in partnership with our staff networks and alongside our other strategies to ensure it is fit for purpose and embedded within wider Trust planning.

Our action plans will be refreshed annually with a progress report published within the Public Sector Equality Duty Annual Report. Progress will be measured through national benchmarking, and through engagement with staff, patients and communities. This will allow us to keep an active watch on progress and areas of concern.

Delivery of the action plan is supported by the Executive Teams, with regular updates provided to Board through the Trusts' governance structure.

The Five Point Plan has the following overarching themes:

1 Improve service user access and experience

2 Better health outcomes

3 Representative and supported workforce

4 Inclusive leadership

5 Culture change and mainstreaming EDI

Priority areas

The Public Sector Equality Duty (PSED) requires us to publish one or more specific and measurable equalities objectives every four years that demonstrate areas where we are tackling inequality. We have identified the following five objectives to reduce inequality and promote fairness and inclusion.

To identify these objectives, we have analysed local data on the experiences of different groups in our communities; analysed national research on inequality; learnt from the successful approaches taken by Trusts elsewhere, as well as other public sector and voluntary and community sector organisations; and considered, discussed and responded to the views and experiences of our staff, voluntary and community sector groups and partners.

The strategy should be read in tandem with the detailed implementation plans specific to our two Trusts. This lifespan of this strategy is three years. Implementation plans set out the planned activity and priorities for year one.

Objective 1: Improve service user access and experience

We want to ensure our services are accessible to all service users and carers who require care and treatment. We want to ensure the information we provide can be adapted to meet individual needs.

Applying our Trusts' values, we will strive to provide personalised and compassionate care while respecting different people's needs, aspirations and priorities. We aim to ensure service users and carers have a positive experience of our services and are not disadvantaged in any way.

We are committed to ensuring our services are accessible, however we recognise the processes to flag health inequalities need to be strengthened and suitably governed.

There is strong evidence that providing personalised, person-centred care is fundamental to ensuring service users have a positive experience of care and better health outcomes (Health and Social Care Act 2012, NICE 2011). We are committed to improving the involvement of service users and carers in care planning to ensure personalisation.

What we will do

- Ensure our staff can access up to date guidance and support when providing care for service users with specific protected characteristics (for example, information about cultural awareness, religious beliefs, issues for women).
- Develop transgender guidance to support service users and guide staff.
- Work with our estates departments to ensure access and adaptations are routinely considered when building or opening new services.

- Build into current audits and frameworks the assessment of the environment in relation to accessibility and disability compatibility.
- Continue to monitor the protected characteristics of people who have concerns or complaints about our services and ensure any trends or concerns are escalated accordingly.
- Provide service users and carers who may have specific communication needs, information in an easy and accessible format.
- Deliver care-planning training to all clinical staff that includes providing person centred care.
- Support the Wellbeing lead at BEH to develop a Trust-wide Wellbeing Strategy. This will identify priority areas such as access to chaplaincy services and ensuring that the appropriate facilities are available.
- Expand our service user engagement opportunities to reach diverse communities and ensure those who engage with the Trusts are monitored in relation to their protected characteristics.
- Monitor service user and carer protected characteristics when analysing satisfaction with care and treatment through the Service User Involvement and Engagement Strategy.

Objective 2: Better health outcomes

We want to identify where there are health inequalities in our services and have systems in place to tackle these in an open and transparent way. We want to ensure inequalities are flagged and transformed into improvement measures, which are evident in service planning and captured via the Trusts' EDI workstreams.

On a personal level, we aim to ensure all our service users are supported to achieve their health and wellbeing goals. We want to empower our service users, who at times in society may struggle to have their voices heard, and provide them with choices, effective advocacy, and compassion and enable them to take control of their care and treatment.

What we will do

- Ensure our services are delivered in relation to local health needs and there are systems in place to support this.
- Develop a programme whereby staff can access Equality Impact Analysis (EQIA) training and we have a system in place to ensure EQIAs are integral to improving service user access, experience and outcomes.
- Ensure, when our service users transition from one service to another, that there are clear processes in place and everyone is well informed.
- Provide a Partnership-wide governance framework for access to interpreters and establish systems to monitor their effectiveness.
- Ensure there are systems in place to monitor the protected characteristics of inpatients who experience restrictive practices and ensure any inequalities are immediately flagged and addressed.
- Continue to embed good practice and monitor against national frameworks such as the Equality Delivery System (EDS).

Objective 3: Representative and supported workforce

Developing an inclusive and diverse workforce is a key strand within our People Strategy and Inclusion Plan. We want to create an environment that embraces diversity and promotes inclusion. We recognise the importance of providing a safe and caring environment for staff where they can be themselves at work. Ensuring we develop inclusive organisations with a diverse workforce representative of the communities we serve is critical to achieving this ambition.

We want to create a culture that welcomes people with a learning disability by removing barriers and increase the number of people with a learning disability being employed by our Trusts.

Analysis of our current workforce demonstrates there are areas of under-representation within certain groups of our staff. These include lower numbers of younger people (aged 25 and under), LGBTQ+, various religions and beliefs for staff compared to the local population, lower numbers of male staff as a proportion of the overall workforce and of ethnic minority and female staff in senior roles. We will monitor the data and investigate gaps to ensure everyone has equity of access and opportunity.

The gender pay gap report for BEH shows that at the snapshot date of 31 March 2021 that the female mean hourly pay is 6.3% less than the male mean and 0.4% less than the male median. For C&I, the data shows that the female mean hourly pay is 12.9% less than male mean and 7.7% less than the male median.

In relation to Staff Networks, across both Trusts we have established ethnic minority,

Disability, Women's and LGBTQ+ staff networks to shape future strategies and help address areas of inequality. To develop our ethnic minority, disabled, women and LGBTQ+ staff members to move into senior leadership roles, we run various programmes such as mentoring and will continue to work with the networks to implement our Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap actions. Our commitment to supporting our LGBTQ+ workforce drove forward our commitment to becoming a member of Stonewall and we continue to review our practices and policies to promote inclusion.

What we will do

- The BAME Leadership programme at C&I has commenced and we need to ensure this continues consistently for all eligible staff. For BEH, we need to consider targeted leadership and development support for ethnic minority, disabled and female staff to increase the number of staff within middle and senior manager roles.
- Demonstrate whole time equivalent improvements for representation of ethnic minority staff across all frontline leader and senior leader roles.
- Further develop our talent management strategy to ensure increased opportunities for underrepresented groups.
- Support the sustainability of the staff networks across the Partnership and enable virtual networks as appropriate to help people connect and strengthen their collective voice to influence and inform inclusion and fairness at work.

- Continue to meet the WRES and WDES requirements and embed these within our EDI work.
- Meet our Stonewall Diversity Champions and Disability Confident commitments to promote fairness and inclusion for LGBTQ+ and disability characteristics.
- Continue to involve all our Staff Networks in reviewing our recruitment processes and practices to promote fairness and transparency.
- Widening our participation and community engagement activities such as work placement, work experience, pre-employment opportunities and further develop our community links with the aim of becoming an anchor institution.
- Increase the range of channels advertising opportunities to reach a more diverse group of people and increase awareness of the Trusts as equal opportunities employers.
- Promote health career opportunities to schools and colleges with a particular emphasis on attracting and encouraging diversity into the workforce.
- Work with partner organisations to review and enhance our processes to support and increase the number of people with a learning disability working within the Trust.
- Include equality, diversity and inclusion as essential areas in all management and leadership development programmes.
- Revise our mandatory EDI training.
- Continue to support victims of violence, aggression and discrimination incidents and ensure preventative measures are in place to and address further traumatising.

Objective 4: Inclusive leadership

We want our workforce to demonstrate compassionate and inclusive leadership.

Compassionate leaders play close attention to the people we lead, understand the situations they face, respond empathetically and take thoughtful and appropriate action to help.

Inclusive leadership is demonstrated by leaders who are aware of their own biases and preferences actively seek out and consider different views and perspectives to inform better decision-making.

Our leaders will see diverse talents as a source of competitive advantage and inspire people to drive organisational and individual performance towards a shared vision. We recognise that staff from under-represented groups may need more support to help them to become leaders and achieve their potential.

We have been reviewing our leadership programmes to embed the skills and knowledge required to promote an inclusive workplace and to recognise and value diversity. For example, the managers' essentials training, the ethnic minority leadership course, a Board seminar looking at diversity.

What we will do

- Develop and roll out a Restorative Just Culture programme where staff wellbeing is upmost, staff feel psychologically and physically safe, supported and there is a sustainable workforce.
- Promote and implement the trauma-informed approach to patient care.
- Implement EDI aspects of Staff Network action plans and Wellbeing action plan.

Objective 5: Culture change and mainstreaming equality, diversity and inclusion

We will create a culture where staff feel valued and recognised for their important and individual contributions. We will promote an environment where health inequalities can be identified in a safe and transparent way and for both Trusts to learn and improve as a result.

We want the entire Partnership, when making decisions, to consider how inclusive these decisions are and make the necessary steps to improve fairness and inclusion for everyone affected.

It is established, through data collection monitoring, that there remain health and workforce inequalities. This is not only a BEH and C&I issue, but also a national one. This strategy will make steps to improve equal opportunities, inclusion, diversity, access and experience of our service users and workforce.

To have a positive influence on culture, we need everyone to sign up to our Trust values and actively listen to what our service users and staff say about their experiences as well as make steps to make things better.

Our two Trusts have embarked on a joint mental health provider review. The review aims to ensure service delivery is equitable and based on best practice and innovation from within and outside NCL, with standardisation of access and offer for population groups, and achievement of nationally mandated targets and standards. It aims to deliver patient satisfaction, a shift to prevention and early intervention, improved outcomes, improved ways of working together and a sustainable target from national service model.

An objective of the review is the provision of mental health services that optimise the delivery of care across the system linking

with NHS primary, secondary, and tertiary services and local authority and voluntary and charitable sector partners and services. The core offer will aim to support NCL residents to live independent and high-quality lives within their communities. The offer will also focus more on prevention and early intervention to enable people to live independently and in good health for as long as possible.

Our Trust Boards have made a pledge to prioritise this strategy and provide its necessary platform to achieve the goals identified.

We have started to monitor and expand our service user and engagement activities, which will reach out to more diverse communities to enable true representation of our service user populations.

What we will do

- Ensure we learn from those who may have been treated inequitably and involve them in areas for improvement.
- Ensure all leaders are aware of their responsibilities regarding diversity and inclusion.
- Develop mechanisms to identify and share good practice.
- Support the Trusts' communications objectives and ensure all protected characteristics have been considered when setting Trust priorities.
- Work with our communications team, ensuring all Partnership images and branding are diverse and representative of the communities we serve.
- Ensure services have diverse networks to consult and engage with.



Roles and responsibilities

All staff have a responsibility within the strategy for ensuring we achieve our ambitions of making the Trusts 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 our values in the way we work and interact with our patients, the public and our colleagues. We want all those involved in the leadership and management of people – including 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 our values. 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 fairness and inclusion. We will also celebrate good practice against these qualities and hold to account those who do not demonstrate these values and behaviours.

Monitoring the implementation of this strategy

This strategy will be periodically reviewed and updated to reflect changing needs, new strategies or organisational restructure.

Progress in delivering on our objectives will be subject to ongoing review and the objectives themselves will be reviewed and updated, in line with the Public Sector Equality Duty.

Progress made towards achieving our objectives will be assessed by the People and Culture Committees at both Trusts. As part of our Public Sector Equality Duty, we publish an annual Equalities Report. This report examines progress on equalities targets, reviews the inequalities which persist, and demonstrates our commitment to overcoming these challenges. The report includes our workforce review which outlines the makeup of our workforce by ethnicity, age, disability and gender. It also shows how these groups

are represented across different pay scales and includes the annual gender pay gap.

Equality Impact Assessments (EQIAs) are used to monitor the equality impact of all key decisions, including by assessing whether groups are disproportionately affected by changes to policy or services and identifying action we will take as a result to mitigate this. We also use our EQIA process to review the accessibility of our services to all groups.

The People and Culture Committees will also be responsible for monitoring the WRES and WDES Action Plan and reporting progress to the Trust Boards.

Measuring progress

To successfully embed our 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 Duty under the Equality Act 2010.
- Assessment and compliance with the NHS Equality Delivery System.
- Progress against the Workforce Race Equality Standard and Workforce Disability Equality Standard.
- External best practice accreditations and standards such as Stonewall, Disability Confident Employer and Mindful Employer.
- Patient and carer feedback through surveys, complaints and compliments.
- Feedback from Staff Networks.
- Response rate and results of staff surveys and feedback activities.
- Metrics including appraisal rates, access to training opportunities and completion of appropriate training.
- Feedback from exit interviews.
- Benchmarking data from other NHS Trusts.
- Relevant feedback from Care Quality Commission inspections and assessments.



Appendix A

Legislation

The Equality Act 2010 protects people from discrimination in the workplace and in wider society. The Act makes it unlawful to directly or indirectly discriminate based on one or more of the nine protected characteristics, and provides protection in terms of harassment, victimisation, perceptible or associative discrimination.

The Trust recognises the Universal Declaration of Human Rights, Article 1 – Our common humanity makes us equal in worth, dignity and rights, in accepting this principle we include other groups who could experience inequality when analysing equality impact, including carers, homeless, travelling communities, unemployed, people resident within deprived areas, different socio-economic groups such as low income families, asylum seekers, refugees, and prisoners.

With the Equality Act came the Public Sector Equality Duty (PSED). The broad purpose of the equality duty is to:

- Integrate equality into the day-to-day business of public sector organisations and
- Make public sector bodies accountable for their performance on equality and transparent to public scrutiny.

It requires 'equality' considerations to be reflected in the design of policies and other documents and the delivery of services and for these issues to be kept under review.

The PSED has 'General' and 'Specific' duties.

General Duties

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

- 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.

Specific Duties

- Publish equality information annually to demonstrate compliance with the general duty across all its functions. This includes information on the effect that policies and functions have had on our employees, patients and others; analysis to determine whether our policies and practices have furthered the three elements of the general equality duty; details of the information used in carrying out the analysis; details of engagement we undertook with people with an interest in our equality performance.
- Publish equality objectives to meet one or more aims of the general duty at intervals of no greater than four years.
- The Human Rights Act 1998 says all public authorities, including the Trust, must act in accordance with the European Convention of Human Rights. Among the rights set out in the Act are the right to liberty and security; respect for private and family life; freedom of expression; and freedom of thought, conscience and religion.

The Human Rights Act has brought some important changes to the Mental Health Act. For example, it has led to a change in the rules for identifying the nearest relative so that gay and lesbian partners are treated in the same way as people who are married or in heterosexual relationships.

The Trust will continue to take account of human rights in both employment and service delivery, and in particular the rights of individuals detained under the Mental Health Act.

At the core of Human Rights Approach are the principles of:

- **Fairness** – Right to a fair trial
- **Respect** – Right to respect of family and private life
- **Equality** – Right to not be discriminated against in the enjoyment of other human rights
- **Dignity** – Right not to be treated or treated in an inhuman or degrading way
- **Autonomy** – Right to respect for private life

Standards

The following are key standards relating to inclusion:

The **Workforce Race Equality Standard (WRES)** measures 'race equality' within the workforce. The standard provides the opportunity to identify trends and themes and recognise potential inequalities related to race and track what progress is being made to identify and promote talented Black and Minority Ethnic (BME) employees. The findings are produced in an annual report based on NHS Staff Survey data and local workforce data.

The **Workforce Disability Equality Standard (WDES)** The aim is to tackle the inequality and discrimination sometimes faced by disabled people within the NHS workforce, to promote equality and to help the NHS maximise the potential of all its employees – including those with a disability.

The **Accessible Information Standard (AIS)** is about communicating and providing information for people with a disability, impairment or sensory loss with the aim to:

- make information more accessible and
- Communicate with patients, service users and carers in a way that is relevant to their needs.

To achieve this, all service users are asked if they have a communication or information support need, we record their response and where there is a need we create an alert on our systems. Where an individual has stated their communication needs, we will communicate in the format that is more meaningful to them, for example, Easy Read, large print, by telephone, electronically and so on.

In meeting our obligation under the Equality Act and specifically the PSED, we will adopt and apply:

Equality Impact Analysis (EQIA) – is a tool for helping us to consider the potential or actual impact that our Trust activities (services, projects, strategies, policies etc) might have on our community (employees and service users), from different equality perspectives. The philosophy of the Trust in undertaking EQIAs, is adapted from the 'Social Model of Disability' which accepts that a person with a disability is not disabled by their impairment but by the physical, institutional, social and attitudinal barriers in society. It is then acknowledged that a person with a disability is not the problem, barriers are the problem. Adapting and applying the social model, by removing 'barriers' to all nine protected characteristics and areas of inequality we will provide better services to our service users and workforce, by making sure that all our activities promote equality, challenge discrimination, and are genuinely accessible to all.

The analysis should be an open and honest assessment carried out at an early stage. This helps to ensure that inclusion and fairness is placed at the heart of everything we are doing.

Barnet, Enfield and Haringey
Mental Health NHS Trust

Camden and Islington
NHS Foundation Trust