

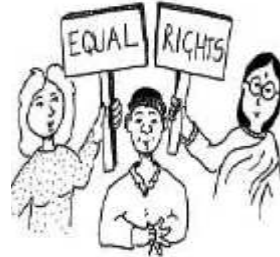
Single Equality Scheme And Action Plan 2008 – 2011

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Paper copies of this report can be made available, and documents will be made available on request in other formats, such as audio, Braille, large print, and Easyread. Please contact the Communications Team on 01322 625754.

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Working Towards Equality of Opportunity



Oxleas NHS Foundation Trust is committed to equality and human rights in the provision of its services and to staff.

This ensures that all staff, service users and their carers will receive equitable and fair treatment irrespective of ethnic or national origin, gender, sexual orientation, marital status, age, physical or mental capabilities, religion or beliefs, social background, membership of a trade union and many other social factors which cause people to have different perspectives on the same set of facts or issues.

Pictures in this document are provided by Changebank, Oxleas photo library and NHS picture Library



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List of abbreviations and terms used in the Trust's Equality Scheme

Agenda for Change – a new pay system for all NHS staff except doctors, dentists and the most senior managers

BME – Black and minority ethnic

CEG – Clinical effectiveness group

David Bennett Inquiry – Report into the death of a black service user in Norfolk

DDA – Disability Discrimination Act (1995)

DH – Department of Health

E&D Group – Equality and Diversity Steering Group

EIA – Equality impact assessment

ESR – Electronic staff records

HR – Human Resources, also used to refer to the department within the organisation

ICT – Information Communication and Technology Department

IQS – Information quality standards

IWL – Improving Working Lives; an NHS initiative to improve the quality of working lives for staff

KPI – Key performance indicator

KSF – Knowledge and skills framework; the way in which staff develop their abilities

LGBT – Lesbian, gay, bisexual and transgender

LIT – Local implementation team

MHPG – Mental health partnership group

MVA – Managing violence and aggression

NIMHE – National Institute for Mental Health in England

NSF – National service framework

PALS – Patent Advice and Liaison Service

PCT – Primary Care Trust

PDP – Personal development plan

PPI – Public and patient involvement

RENET – Race equality network for London

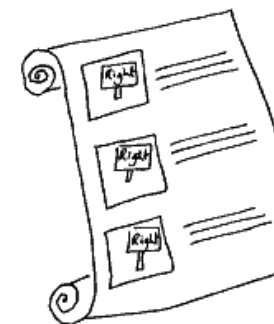
RiO – NHS patient information system

RRAA – Race relations (Amendment) Act (2000)

SHA – strategic health authority

SSAD – Staff support against discrimination

STMVA – Safe and therapeutic management of violence and aggression



Definitions

Discrimination

Discrimination is about treating someone, or a group less favourably because they are different, for reasons that are not relevant and that cannot be justified. Discrimination is about the way in which we *act*.

Direct discrimination

When an individual has been treated less favourably than others in similar circumstances.

Indirect discrimination

Where some people are less likely to be able to comply/fulfill a requirement than others.

Stereotyping

The generalisations we make about other people may be referred to as stereotypes. Stereotyping is where we believe that because people are members of a visible group, they must (because of that fact) also share particular traits which we think are characteristic of that group.

Prejudice

Prejudice is about prejudgement – making up our minds about something or someone before we have any personal experience of, or facts about it or them. Our prejudices may be influenced by our wish to conform, by our vulnerability, by our upbringing or by ignorance.

Victimisation

Where an individual has been treated less favourably because they have complained about discrimination, or where they have supported someone else who has.

Harassment

Any conduct or comment which is unreasonable, unwelcome or offensive and caused the recipient to feel threatened, humiliated or embarrassed.

Bullying

Misuse of power or position. Bullying behaviour criticises, condemns and humiliates people and can undermine their ability and confidence.

Foreword by the Chief Executive

The purpose of Oxleas Single Equality Scheme is to help stop discrimination and lessen inequality between groups of people. There is evidence of continuing inequality, discrimination and disadvantage that affects people in our area and throughout the UK. The Trust has an important role to play in challenging this.

Oxleas NHS Foundation Trust has been responding to the diverse needs of staff and service users over a number of years. The role of the Equality and Diversity Advisor was established to address the issues around equality and diversity within the Trust with the aspiration of becoming a culturally competent organisation. Further initiatives have moved this work forward and include undertaking equality impact assessments and developing action plans to make every service area accessible to all. We also celebrated success with our Black and Ethnic Minority (BME) staff network and our Lesbian, Gay, Bisexual and Transgender (LGBT) staff network.

In Oxleas we have made available resources to promote equality, diversity and social inclusion within the organisation and to communicate our vision for the organisation.

This scheme has been updated to take into account recent changes in legislation, policy and guidance and continues to underpin our vision and values, to pursue excellence in service delivery and make Oxleas an employer of choice.

This scheme will support us to meet our statutory obligations and to develop a clear understanding across the organisation of social inclusion, diversity and equality in the workplace and service provision.

Equality and diversity of Oxleas means all staff, service users and carers and stakeholders:

- Are committed to equality of opportunity
- Have equal access to employment, promotion, training, development
- Have equal access to services

This equality scheme sets out the framework for achieving our vision in Oxleas, through the monitoring and evaluation of the action plan and equality initiatives. The Trust Equality and Diversity Steering Group, chaired by myself, will continue to:

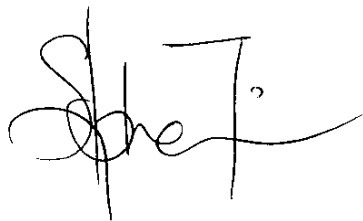
- Support the Trust equality and diversity advisor
- Monitor and evaluate progress on the equality scheme and action plan
- Promote the equality and diversity agenda within the Trust
- Ensure that the Trust is proactive in developing new services and ways of working that take into account the needs of all groups who make up the diverse community in South East London.

All staff have a responsibility to promote equality of opportunity and have a role in delivering the action plan. We are working with trade unions and staff representative groups to promote equality within Oxleas. Equality and diversity is embedded in the Trust business planning process and is reflected in the governance structures in place to demonstrate the commitment to mainstreaming equality and diversity within the organisation. It is also mainstreamed within staff objectives and job descriptions through the Knowledge and Skills Framework to ensure that equality and diversity is part of the personal development review process for every member of staff.

All our staff need to be able to carry out their duties without fear of experiencing discrimination, harassment or bullying from service users and carers, visitors and staff and the Trust will support staff to take action if this occurs.

Oxleas Single Equality Scheme provides a framework for us to develop and build upon the work we have already undertaken. We recognise that there is still more to do and this scheme clearly outlines how we aim to achieve long term change within the organisation.

I am confident that the involvement of all staff in the organisation will lead to a reduction in inequalities experienced by our service users and carers and improve the working lives of all our staff. We aim to be an employer of choice in South East London and an organisation that service users and carers feel is responsive to their needs in a person-centered way.

A handwritten signature in black ink, appearing to read 'Stephen Finn', with a stylized flourish extending to the right.

Stephen Finn
Chief Executive

Section 1 – The purpose of the scheme and who we are

Oxleas NHS Foundation Trust is committed to promoting equality and eliminating unlawful discrimination. Our aim is to comply fully with our legal obligations:



- To promote race equality, disability equality and equality of opportunity between men and women, and
- To eliminate unlawful discrimination on the grounds of race, disability, age, gender and gender identity, sexual orientation, and religion or belief in the way that we deliver services and in our employment policies and practice.

This document builds on the previous Oxleas Single Equality Scheme, looking at all six legal strands of equality and diversity, and sets out how Oxleas is meeting its obligations on equality and discrimination and what we still need to do.

In developing this document we have been aware as an organisation of the need to take steps to ensure that the single equality scheme approach does not in any way dilute each of the six key equality strands or fail to comply with the legal requirements of the three equality duties (race, gender, and disability).

It is also important to highlight that this document is a three-year plan with an ongoing set of objectives and actions and therefore is a living document to be used by the organisation, underpinning the core values and principles.



Who are we?

Oxleas NHS Foundation Trust is in South East London and provides mental health and learning disability services for people living in the boroughs of Bexley, Bromley and Greenwich, and specialist services for people living in Lewisham and North Southwark.

The Trust provides a range of services including:

- General mental health and social care services, for adults and older people, in the boroughs of Bexley Bromley and Greenwich
- Child and Adolescent Mental Health Services in Bexley, Bromley and Greenwich
- Forensic psychiatry and challenging behaviour services within the boroughs of Bexley, Bromley, Greenwich, Lewisham and North Southwark
- Specialist mental health services at HMP Belmarsh
- Learning disability services in the boroughs of Bexley, Greenwich and Bromley



(The Trust website: www.oxleas.nhs.uk provides more information and details.)

Trust purpose and values

Purpose

Oxleas purpose is to improve lives by providing the best quality health and social care for our service users and their carers.

Oxleas has identified six values to help us achieve our purpose and communicate clearly to our service users, carers and stakeholders. [Section 3](#) identifies how this equality scheme links to these values.

Value	What this means for service users and carers
User focus	<ul style="list-style-type: none">• We view things through the eyes of our service users and carers.• We listen to the views of service users and carers, and we respond.• We provide our diverse community of service users and carers with information and support to make their own choices.
Excellence	<ul style="list-style-type: none">• We are never content with performance or a level of service that is second to best.• We strive to be at the forefront of innovation, providing the best possible care to every pound we receive.• We treat everyone who comes into contact with services with courtesy, dignity and respect.
Learning	<ul style="list-style-type: none">• We are open to feedback on our services and respond honestly and constructively.• We challenge ourselves to review and improve the way we do things.• We address gaps in our knowledge and competencies at all levels of the organisation.
Responsive	<ul style="list-style-type: none">• We eliminate unnecessary delays for treatment, care and advice• We make it as easy as possible service users, carers and stakeholders to make contact with services and receive appropriate support.• We make decisions and take action at the first time of asking.

Value	What this means for service users and carers
Partnership	<ul style="list-style-type: none"> • We work with other stakeholders and value their contribution to the provision of the integrated health and social care. • We work with others to ensure our service users and carers receive support in accessing occupation, leisure, welfare, housing and physical health care. • We promote team-working, and encourage both individual and collective responsibility.
Safety	<ul style="list-style-type: none"> • We do all that we can to ensure that no harm comes to our service users, staff or the public. • We focus upon the best practice in therapeutic risk-taking.

Section 2 – The duty to promote equality and eliminate discrimination

Meeting the general and specific duties

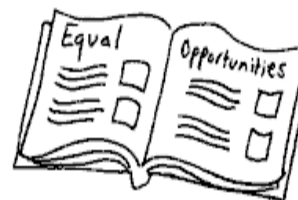
The general duty of the legislation means that in everything we do we must have due regard to the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Promote good relations between people of different groups

In order to do so, we will make sure that all the decisions we make in relation to delivering services, employing staff and exercising our other duties take full account of these issues.

The specific duty of the legislation requires the Trust to produce an equality scheme that meets the requirements of the legislation outlined above. Oxleas Single Equality Scheme will incorporate the key equality areas of ethnicity, disability, gender, sexual orientation, faith and age. Also the following specific duties, in relation to employment, must be carried out:

1. Monitor the ethnicity, gender and disability of:
 - Staff in post
 - Applicants for jobs, promoting and training
2. Monitor ethnicity, gender and disability in:
 - Training
 - Grievances
 - Disciplinary procedures
 - Performance appraisal
 - Dismissals and other reasons for leaving



Publish, annually, the results of monitoring in the above areas.

The equality scheme sets out how the Trust will meet its legal duty to promote equality and focuses on:

- Ensuring that policies, functions and services are relevant, appropriate and accessible.
- Monitoring service delivery and workforce and taking action to address any issues that disadvantage minority groups.
- Linking with stakeholders and the local community to develop further action plans.
- Communicating outcomes and findings to all stakeholders.

Race Equality

The Race Relations (Amendment) Act (2000) makes the promotion of race equality central to the work of the Trust. The Act places a general duty on Oxleas to carry out its functions with due regard to the need to:

- Eliminate unlawful racial discrimination
- Promote equality of opportunity
- Promote good relations between persons of different racial groups.

There are additional 'specific duties' which relates to Oxleas NHS Foundation Trust, and they require us to:

- Describe in an equality scheme how we will meet the general duty;
- Monitor employment and recruitment practices by gathering data on the profile of our staff.



Oxleas Equality Scheme needs to include a statement of functions and policies assessed as relevant to our duty to promote race equality, and arrangements for:

- Assessing and consulting on the likely impact of any policies and services we propose on promoting racial equality
- Monitoring and assessing the impact of policies
- Publishing the results of assessments, consultations and monitoring
- Ensuring public access to our information and services
- Training staff in connection with the duty.



Disability Equality

The Disability Discrimination Act (1995) makes it unlawful to discriminate in against disabled people who have a disability in areas including employment, access to goods and services, education and transport. For the purposes of the Act, a person has a disability if 'he has a physical or mental impairment which has substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.' The Disability Discrimination Act (2005) amends the 1995 Act requiring Oxleas to have 'due regard' in carrying out its functions to the need to:

- Eliminate unlawful discrimination against, and harassment of disabled people
- Promote equality of opportunity between disabled people and other people
- Take steps to take account of disabled people's disabilities, even where that involves treating disabled people more favourably than other people
- Promote positive attitudes towards disabled people
- Encourage the participation of disabled people in public life.



Oxleas must also make reasonable adjustments to premises, as well as the design of policies and services where those features make it impossible or unreasonably difficult for disabled people to make use of our services. For example, it could mean adjusting access to buildings and rooms, modifying equipment, re-designing jobs or work areas and implementing more flexible work practices.

Oxleas is also required to prepare an Equality Scheme that must:

- Show how disabled people have been involved in developing the scheme
- Outline arrangements for assessing the impact of current and future policies and procedures on disability equality and how the results will be used for improvement, and specifically within a three-year period
- Produce a three-year action plan on how we intend to promote disability equality and how disability equality will be embedded within functions and policies
- How the action plan will be monitored and reviewed
- How we will involve and work with partners to make improvements
- How and where the results of the impact assessment and monitoring will be published.

Oxleas adopts the guidance provided by the Commission for Equality and Diversity: that any work on disability should follow a social model of disability rather than a medical model. A social model approach states that people with impairments are disabled by physical and social barriers. The 'problem' of disability results, therefore, from social structures and attitudes, rather than from, in the medical model view, an individual's personal functional limitations. This approach enables a focus on understanding and dismantling the barriers which exclude and limit the life chances of disabled people.

It is also important to note that the legislation requires us to consider treating disabled people more favourably than other people - for example, by providing additional dedicated services or facilities.

Gender Equality

Part IV of the Equality Act (2006), introduces a general duty which requires Oxleas to have due regard to:

- The need to eliminate unlawful discrimination and harassment; and
- Promote the equality of opportunity between men and women.

Also, the specific duties regarding gender equality require Oxleas to:

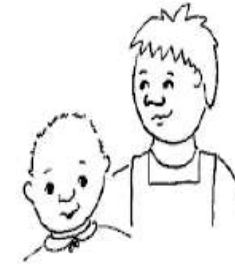
- Draw up and publish a gender equality scheme, which should identify gender equality objectives and show the steps that Oxleas will take to implement them.
- Give due consideration to the following areas:
 - any gender pay gap
 - gender gaps in leadership
 - violence against women and girls
 - discrimination and harassment against transsexual and transgender people
- Ensure that the impact of new legislation, policies, employment and service delivery changes have been assessed. These assessments must also be published
- Consult with employees, stakeholders and others when drawing up the equality scheme and impact assessments
- Publish and be accountable
- Ensure that actions demonstrate the organisation's commitment to gender equality
- Implement the actions set out in the scheme, review every three years and report against the scheme every year

In addition, the Gender Recognition Act (2004), the Sex Discrimination (gender reassignment) regulations (1999) and the Sex Discrimination (amendment of legislation) regulations 2008 provide a legal framework for Oxleas as an employer and service provider.



Age, sexual orientation and religion and belief equality

Age, sexual orientation and religion and belief are covered by the Employment Equality Regulations (2003 and 2006). The general effect of the regulations is to prohibit employers from directly or indirectly discriminating against or harassing job applicants or employees in the various circumstances of employment (from recruitment to dismissal) on the grounds of age, sexual orientation and religion and belief.



In addition, Part II and Part III of the Equality Act (2006) provide a legal framework regarding goods and services in relation to religion and belief (Part II) and sexual orientation (Part III). As a result, it is unlawful for a person or organisation which provides goods, facilities or services to the public (or section of the public such as pensioners or mothers) to discriminate in any of the ways defined by the Act against a person who seeks to obtain, or use those goods, facilities or services by:

- Refusing to provide that person with the goods, facilities or services in question
- Refusing to provide that person with goods, facilities or services of the same or similar quality goods, facilities or services that person or organisation normally provide to the public, or section of the public to which the person in question belongs
- Refusing to provide good facilities or services in the same manner, on the same terms, as the persons to whom the organisation normally provides goods, facilities and services.



How to give us feedback

We welcome feedback on our single equality scheme.

You can do this by contacting us using the information below:

Write to:

Trust Equality and Diversity Adviser
Oxleas NHS Foundation Trust
Pinewood House, Pinewood Place,
Dartford. DA2 7WG



Telephone: 01322 625700 x5817



E-mail Christine.rivers@oxleas.nhs.uk



Section 3 – The Trust Equality Strategy

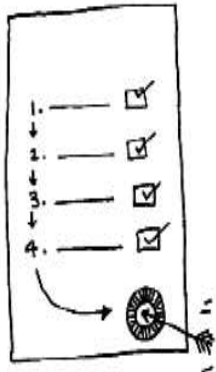
Trust Equality Strategy

The Trust's objective is to deliver high quality, responsive services that meet the needs of the diverse local population in Bexley, Bromley and Greenwich. The Trust equality strategy underpins the Trust values outlined above, and seeks to align itself appropriately to each of the values.

As an organisation, we are aware that factors such as ethnicity, disability, gender, sexual orientation, age and religion or belief have an influence on the health in the population. We are also aware that diversity is multidimensional; that is, that an individual may occupy one or several diversity strands. Oxleas is also aware that diversity goes beyond the six legal strands outlined in the strategy, and that service user's lives are also impacted on by socioeconomic status, for example, access to education and employment, housing and leisure.



The Department of Health and the availability of national statistics clearly outline the ways in which people from different ethnicities, people with disabilities (including mental health and learning disabilities), men and women, older people and children, the lesbian, gay, bisexual and transgender community and people from different faith communities experience discrimination and inequalities in health care. Our service users are adults, older adults and young people who have mental health problems and/or learning disabilities, and one of our key strategies and values is to promote social inclusion. Therefore, the Trust equality strategy works alongside the social inclusion strategy within the Trust.



- Oxleas is committed to equality of opportunity and positively managing diversity.
- Managing diversity accepts that the workforce and our service users consist of a diverse group of people.
- This diversity consists of visible and non-visible differences outlined in the Equal Opportunities statement on page 2.
- Our approach is founded on the premise that harnessing these differences will create a productive environment in which everyone feels valued and in which organisational goals are met.
- Oxleas recognises that, due to discrimination and barriers to social inclusion, people may experience inequalities in accessing services or may experience barriers as members of staff.

Oxleas is working towards becoming an equal opportunities employer and service provider. We aim to ensure that staff, service users and carers are not subject to discrimination, bullying and/or harassment on the basis of ethnic or national origin, gender, sexual orientation, marital status, age, physical or mental health, religion or beliefs, social background, membership of a trade union and many other social factors.

Oxleas recognises that these differences contribute to the creation of a valuable and rich multitude of different perspectives, and add strength to the organisation.



Valuing diversity means valuing the differences and similarities between people, and the ways in which these can contribute to a richer, more creative and more productive working environment, which also reflects the diversity of our service users and carers.

Valuing diversity means valuing the qualities that different people bring to their jobs, to the resolution of problems and to the development of opportunities – rather than judging people and ideas by the extent to which they conform to our existing values or personal preferences.

Valuing diversity also means that as a Foundation NHS Trust, we actively promote employment and promotion opportunities for people from BME communities, women, people with a physical and sensory impairment, trans people, people with mental health issues, LGB people and people of faith or belief.

Mental health and learning disabilities

Around 10 million people in the UK live with a limiting long-term illness or disability that restricts daily activity (Office of National Statistics). The Disability Rights Commission (DRC) reported in 2006 (Equal Treatment: Closing the Gap) that:

- Someone with a major mental health problem is more likely to develop a significant illness such as diabetes, stroke or respiratory disease than other citizens, is more likely to develop it before the age of 55, and once they have it, more likely to die within five years.
- People with depression have a higher risk of key physical illnesses than other citizens.
- People with learning disabilities had higher rates of respiratory disease compared to the general population.
- People with learning disabilities were more likely to die younger than other citizens, and have high rates of health needs; for many, this has resulted in reduced life expectancy.



A major area of concern was the differences in responses from primary care services; for example, these high-risk groups were less likely to receive some of the expected, evidence-based checks and treatments than other patients, and efforts to target their needs specifically were ad hoc. For example, people with mental health problems who also had learning disabilities and diabetes received fewer measurements of their body mass index (BMI) than others with diabetes; they also had significantly lower cervical and breast cancer screening rates.

Furthermore people with learning disabilities and people with mental health problems experience what they describe as 'diagnostic overshadowing'; that is, reports of physical ill-health are viewed as part of the mental health problem or learning disability – and so not investigated or treated. As a result, a key strand of work for the Trust is to work with healthcare partners to improve the health of all our service users.



[Delivering race equality in mental health care \(DRE\)](#)

DRE is an action plan for achieving equality and tackling discrimination in mental health services in England for all people of Black and minority ethnic (BME) status, including those of Irish or Mediterranean origin and east European migrants.

It draws on three key recent publications in particular:

Inside outside: improving mental health services for Black and minority ethnic communities in England; Delivering Race Equality: A Framework for Action; and the independent inquiry into the death of David Bennett (although DRE itself is not a direct response to the inquiries report).

DRE set out a list of recommendations for NHS Trusts, and Oxleas has ensured that these are embedded into the equality and diversity workplan.

DRE Recommendation	Oxleas Action/Evidence
All who work in mental health services should receive training in cultural awareness and sensitivity.	Mandatory e-learning training in place Classroom training in place
All mental health services should set out a written policy dealing with racist abuse, which should be disseminated to all members of staff and displayed prominently in all public areas under their control. This policy should be strictly monitored and a written record kept of all incidents in breach of the policy. If any racist abuse takes place, including by patients in a mental health setting, it should be addressed forthwith and appropriate sanctions applied.	Policy in place Incident recording process in place
Every care programme approach (CPA) care plan should have a mandatory requirement to include appropriate details of each patient's ethnic origin and cultural needs.	Recorded in RiO
The workforce in mental health services should be ethnically diverse. Where appropriate, active steps should be taken to recruit, retain and promote black and minority ethnic staff.	Workforce reports and follow up in Equality and Human Rights Steering Group and Workforce and Learning Development Group Leadership and Development programme BME Mentoring Programme
Under no circumstances should any patient be restrained in a prone position for a longer period than three minutes.	Policy and training in place
All medical staff and registered nurses working in the mental health services should have mandatory first-aid training, including CPR training.	Mandatory training in place
Records should be kept of all Psychiatric units' use of control and restraint on	Records kept and recorded on RiO

patients.	
All patients in the mental health services should be entitled to an independent NHS opinion from a second doctor of their choice, in order to review their diagnosis and/or care plan. If a patient, by reason of mental incapacity, is unable to make an informed decision, their family should be entitled to make it for them.	Policy in place
There should always be a fully equipped resuscitation trolley whenever a mentally ill patient is detained and people available at all times who are trained in the use of the equipment upon it.	Up to date resuscitation equipment in place

In addition to this, a number of steps have been taken:

- Training for staff in equality issues, and culturally sensitive care – including the provision of information for staff on the intranet covering issues such as faith, diet, language and personal care needs for different minority ethnic groups.
- The Trust has improved interpreting services, commissioning a single provider for all interpreting and translation; also set up the contracts for the provision of British Sign Language interpreting.
- The Trust has ensured the accurate recording of ethnicity and other diversity data within RiO
- The Trust has introduced a BME mentoring programme to support staff from BME communities in career development
- Training in completing Equality Impact Assessments for services and policies has taken place
- A training review in conjunction with the Community Development Workers is due to be completed in September 2010.

Reviewing Gender Equality

A review of gender (including transgender), within the single equality scheme has been conducted in March 2010. In conducting the review, the plans and actions of the last three years have been considered and new plans have been discussed and agreed (see the workplan attached as Appendix B). The process for the review has involved reading gender equality across the single equality scheme, to determine how the Trust is meeting its legal obligations under the general and specific duties, how successful the Trust has been in changing attitudes and the experiences of women (in some circumstances, men) and trans people within the organisation, and how Oxleas might move forward to improve and build on its current practices and success. A workplan has been generated in collaboration with service users and local voluntary groups stewards, staff and staffside. The method of consultation and a list of the services involved has been included on page 23.

Oxleas has implemented a range of actions to improve gender equality. The Trust continues to run a psychotherapy service for women who have experienced sexual abuse, which offers a range of groups, 1:1 psychotherapy and follow-up support. The service is able to offer treatment and support to around 50 women per year. A specialist women's unit is based in Forensic services, which is assessed annually against the Royal College for Psychiatrist's standards for Medium Secure Services for Women. The Trust has women-only zones across ward spaces and these are monitored for compliance through the patient safety group. In 2009 a privacy and safety audit assessed against criteria that included gender specific issues. The Trust Equality Impact Assessment guidance, toolkits and forms specifically ask assessors to address men, women and trans people in their assessments.

The Privacy and Dignity policy includes women's safety and gender sensitive practice. Trust-wide policies on Domestic Violence, Prejudicial and Discriminatory Behaviour Against Staff provide guidance following incidents involving harassment, verbal abuse or aggression (the policies cover all equality areas). In addition, analysis of staff incidents (separated by gender) and service user incidents (also separated by gender), is being used to monitor and improve service delivery and staff support. Courses on Child Sexual Exploitation and Sexually Active Young People have been commissioned in addition to an ongoing domestic violence training programme and current equality and diversity training provision. There is a range of information available to staff on the Trust intranet covering women's health, with additional information on gender sensitive practice and information on employment and providing services and support for trans people. The Trust has an LGBT network, which meets bi-monthly throughout the year.

Next Steps

In the process of conducting the gender equality review, a range of new actions are planned and have been integrated into the single equality scheme workplan (Appendix B). A separate summary of gender actions is available from the Equality and Diversity Adviser on request.

The review has considered a range of data relating to staff and service users, and the views of voluntary services, service users and staff have been sought in discussing gender within the Trust – the table on page 24 shows the specific groups and data involved in reviewing past actions and planning actions for the workplan.

Table showing Data and Consultation for Gender Equality Review	
1. Workforce Data	2. Service Delivery
Workforce Reports	Bracton Against Drugs (BAD) group
Reports of Applicants and Appointees	Psychotherapy Group in Bromley
Annual Staff Survey	Greenwich Women's Aid
Grievances	Incident data monitoring and analysis
Disciplinaries	Privacy and Dignity Audit
Stress Audit	Same Sex Accommodation Action Plan
Training data	User Council
Leavers and Turnover information	Service User data (MHA)
Exit Interviews	Service User data (service user population)
Employee Assistance Scheme	PALS data
Occupational Health	Complaints data
Staff Partnership Forum Agenda Items	
Staffside and stewards meetings	
Incident data, monitoring and analysis	
Reports from Bullying and Harassment Advisers	
Workforce and Learning Development Group	
Staff Partnership Forum	
Staff networks	
Security Management Review	
Equality and Human Rights Steering Group	

The workforce data and the gender pay gap calculation shows that Oxleas employs women at all levels of the organisation, although there are proportionately fewer women in the most senior posts. Actions that aim to increase diversity at the most senior levels include implementing a succession planning structure, training for Human Resources staff, a positive statement on all posts above band 8a (for gender and ethnicity) and a review of trust-wide equality and human rights training. In discussion with Staffside, the need to increase awareness of trans issues amongst bullying and harassment advisers has resulted in plans to ensure that the existing training plans include trans awareness.

In addition, plans are in place to include training on trans issues for HR staff, and also to produce written guidance for managers on supporting trans staff and the process of transition. The Trust has a LGBT network, and future guidance and training will be planned in consultation with the network.

Following a review of incidents, discussion with the BME and LGBT networks, and a review of the results of the 2008 and 2009 staff surveys, a working group is planned to look at incidents of sexual harassment (as well as racial harassment and homophobic and transphobic

incidents). The Safety management report and the review of the post incident management policy will feed into this process, which will report to the Workforce learning and development group and the equality and human rights group.

For service delivery, a review of Trust incidents involving female service users and discussions with service users and local voluntary groups has highlighted the need to review actions in response to women’s safety, which includes sexual vulnerability.

The Trust Delivering Same Sex Accommodation Action plan sets out how the Trust will ensure delivery and monitoring of same sex zones, and the Patient safety group will conduct a review of all incidents involving women’s safety. In addition, the learning from serious incident training, currently under review, will ensure that domestic violence and gender relevant issues (in addition to other equality areas) are incorporated into the training. Feedback from the LGBT network has highlighted the need to increase Information on LGB, as well as trans awareness. Some information is already available on the Trust intranet, but this will be increased, along with good practice guidelines – information will be produced in consultation with the LGBT network.

A list of themes, and their links to the workplan is included in the table below:

Themes	Link to Actions
Gender diversity at senior levels (source: workforce data, staffside)	<ul style="list-style-type: none"> • Succession planning • Positive statement for posts 8a and above • Paper considering the use of ‘positive action’ for some posts • Equality and human rights training review
Staff Incidents (source: staff survey, staff networks, incident analysis, internal survey)	<ul style="list-style-type: none"> • Working group to address sexual harassment incidents (in addition to other equality areas) to feed into WLDG • Post incident management policy review • Security management review and report
Trans awareness (source: staffside, LGBT network, data (review shows absence of data))	<ul style="list-style-type: none"> • Training review • Guidance for managers and staff • Training for HR staff • Intranet information
Data review (source: all data reports)	<ul style="list-style-type: none"> • Annual occupational health reports to include equality • Trans information to be added to workforce data provided anonymity can be maintained: to be discussed further
Women’s safety (source: voluntary groups, incident data, service users, privacy and dignity audit)	<ul style="list-style-type: none"> • Delivering same sex accommodation action plan • Incident analysis • Service user incident data review and report to patient safety group • Security management review • Learning from incident training

links with voluntary groups (source: Women's Aid, BAD group)	<ul style="list-style-type: none"> • Increase links with voluntary groups
Domestic Violence (source: safeguarding Children Board, incident analysis)	<ul style="list-style-type: none"> • train the trainer: staff to be trained in delivering domestic violence training • learning from incident training

The actions will be monitored through Trust governance groups, and progress will be reported annually against the annual Equality report.

Our approach

In Oxleas, we recognise that managing diversity cannot be achieved through a single issue approach, for example by providing training to staff. Managing diversity encompasses the organisation's processes and systems, its culture and the skills of managers within it. Our comprehensive training programme does have a very important role to play in bringing about a diversity orientated organisation, and goes towards demonstrating the Trust's commitment to diversity.

In Oxleas, training has been designed so that the skills, knowledge and perspectives learnt in the training sessions can be easily transferred into a person's role in the workplace.

Through the Trust governance structures and implementation of the Knowledge and Skills Framework, Oxleas is creating a workplace that supports the training with its systems, HR processes and a culture that encourages every employee to reach his or her full potential.

Diversity management is not seen as a replacement for the old equal opportunities policy, instead it is an organisational value and an integral part of the business strategy.

Oxleas approach has:

- A Trust diversity strategy that is aligned with business objectives.
- Senior management commitment and support.
- Progress mapped in line with organisational priorities.
- A coherent action plan link to business needs and governance.



The key to making equality a reality is to recognise that equality and diversity is an organisational approach that each member of staff is involved in and responsible for.

Reviewing Disability Equality

A review of disability in relation to the single equality scheme has been conducted in November 2009. In conducting the review, the plans and actions of the last three years have been considered and a plan for the next three years has been established (see the workplan attached as Appendix B). The process for the review has involved reading disability equality across the single equality scheme, to determine how the Trust is meeting its legal obligations under the general and specific duties, how successful the Trust has been in changing attitudes and the experiences of people with disabilities within the organisation, and how the organisation might move forward to improve and build on its current practices and success. A workplan has been generated in collaboration with disabled staff, service users and local voluntary groups, and the method of consultation and a list of the services involved in reviewing the scheme has been included on page 25.

Oxleas has implemented a range of actions in the last three years; these are evidenced in the workplan. Many of the comments from disabled staff and service users were positive about their experiences, demonstrating that these actions have made a real difference to disabled people working in, and using Oxleas mental health services. In the last three years, the Trust has signed up to two schemes; Mindful Employer and the “two ticks” disability symbol. Mindful employer is a scheme that works with employers to help put good practices in place to ensure employees and job applicants who declare mental health issues receive the right level of support. The “two ticks” disability symbol shows that the organisation has agreed to:

- interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- discuss with disabled employees, at any time but at least once a year, what both parties can do to make sure disabled employees can develop and use their abilities
- make every effort when employees become disabled to make sure they stay in employment
- take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans

More information about Mindful employer is available at <http://www.mindfulemployer.net/index.html>

And information about the “two ticks” disability symbol is available at http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/LookingForWork/DG_4000314

In the process of reviewing the disability equality workplan, there has been recognition that there is a need to provide more employment and voluntary opportunities for service users within the organisation, and a volunteer programme is currently in the process of setting up placements for service users within the Trust. Other actions in the last three years include the production of a reasonable adjustment toolkit, so that managers can easily access information about their responsibilities and possible adjustments in line with the Trust’s legal duties under the

Disability Discrimination Act (DDA). A bullying and harassment policy, along with trained advisers has been established so that staff members and volunteers are able to access support if they experience bullying or harassment whilst at work. A Prejudicial and Discriminatory Behaviour Against Staff policy has been written, so that managers can access guidance when dealing with staff members who experience discrimination, harassment or verbal abuse in the course of their duties. Both of the above policies explicitly refer to disability, and have been designed to address bullying, harassment, hate crime and prejudice in all its forms.

In service delivery, the Trust has developed easy-read menus for service users, and has developed a range of materials in accessible formats, which are available to staff on the intranet. Also available are good practice guides, which include the assessment of loneliness, and the importance of social networks and community participation. A medicine helpline has been added to all medicine bottles, so that service users and their carers can seek advice and support about prescribed medication. The Trust has mandatory e-learning for all staff, and also classroom based equality and diversity training; both cover the Disability Discrimination Act.

In information, the Trust has been assessed for Shaw Trust accredited status. A positive report was received from the first assessment in October 2009, and the Trust is aiming to become accredited by April 2010.

Moving Forward

Oxleas has worked hard to implement changes, but there remain areas of work that can improve the experiences of disabled people within the organisation; these are also outlined in the Disability workplan. The Disability workplan has been discussed with service users, voluntary organisations and disabled staff, and comments and feedback have been incorporated into current and future actions. For example, several disabled staff members spoke of the need to set short-term plans and discuss needs with a manager in an open and supportive way, whilst other staff members spoke about the need to ensure that adjustments are in place before returning to work. A review of the training for managers, and a system for creating pathways and protocols for sharing information between occupational health, team leaders and human resources managers is include in the workplan.

Several staff members spoke of the need for their employer to show commitment to people with disabilities by having a senior management team that has a person with expertise and commitment to disability; for some staff, this would include a senior staff team that includes people with disabilities. The workplan outlines plans to link disability to electronic staff records (ESR), and a second staff census is planned for 2010 in order to link up-to-date records with current employees. This will mean that the Trust is able to track the progress of disabled staff in their careers, monitoring the numbers of disabled staff who access training and leadership programmes. It will also allow analysis of the numbers of staff with disabilities, and the kinds of disabilities within the organisation, in order to be able to plan training, support and adjustments. In addition, it will enable the Trust to follow up the staff census of 2007, so that comparisons can be made over a 3 year period. Information containing workforce disability data is included in Appendix C.

Comments from voluntary services and service users have included the need to consider the impact of change (change of worker, or changes to services) on service users with learning disabilities, and the need to provide guidance and training for staff when working with people with sensory disabilities. The Trust plans to ensure that equality and diversity training is embedded in the equality impact assessment and the CPA training currently under discussion with training providers. There are also plans to review the equality and diversity training, with a view to including training on specific equality groups.

Involving Disabled People in Oxleas Disability Equality Workplan

The review of the Disability Equality workplan has involved discussions with voluntary organisations, service users and disabled employees. The process for the involvement of disabled employees has held some complexities, because of the sometimes hidden nature of disability and the stigma attached to some disabilities such as mental illness and dyslexia. In consequence, a snowballing research method (this involves contacting people in the target group, who in turn, contact others that they know in the same group, so that the sample grows like a snowball) was used to reach disabled staff, and meetings and discussions were held individually with staff members who volunteered to discuss the disability equality scheme and their experiences.

2. Interviews with employees (n=6)

Themes	Link to Actions
Senior management support and visibility	<ul style="list-style-type: none"> • ESR link with staff records • Equality and Human Rights Steering Group • Positive statement on Band 8a and above
Reasonable adjustments taking a long time to organise	<ul style="list-style-type: none"> • Pathways and protocols to be developed to improve communication between occupational health, staff, HR and managers
Pressure from occupational health to return to work	<ul style="list-style-type: none"> • Pathways and protocols to be developed to improve communication between occupational health, staff, HR and managers
Need to set short term plans	<ul style="list-style-type: none"> • Review of reasonable adjustment toolkit
No information about dyslexia	<ul style="list-style-type: none"> • Dyslexia equality impact assessment in Bromley – good practice guidelines
Having a disability has prevented me from advancing in my career	<ul style="list-style-type: none"> • ESR data to be linked to staff records • Review of training data
Positive – good team, good manager, adjustments provided, flexible approach	<ul style="list-style-type: none"> • Feedback to directorates through Equality and Human Rights Steering Group
Emphasis on paperwork rather than support	<ul style="list-style-type: none"> • Review of managers training

3. Meetings and discussions with service users and staff at voluntary organisations

Themes	Link to Actions
Change can be unsettling (for people with learning disabilities)	<ul style="list-style-type: none"> • CPA training • Individual training in 6 protected groups planned
Don't like people talking directly to carers (in front of service user)	<ul style="list-style-type: none"> • CPA training • Carers training • Family inclusive practice training
Important that staff know about disability, and have knowledge about how disability affects people's lives	<ul style="list-style-type: none"> • CPA and training on 6 protected groups planned • Healthcare for all action plan • Increase links with disability groups • Patient and Public Engagement Strategy • Service specific good practice guidance including assessment of loneliness, social networks and social participation
Having facilities to support people – eg handrails	<ul style="list-style-type: none"> • New Builds are DDA compliant • Estates and Facilities team and user group meetings • Equality Impact Assessments of services
Having support to access voluntary services in the community, important to be active	<ul style="list-style-type: none"> • Increase links with disability groups • Accessible information on the intranet for staff, service users and carers to encourage social activities and community participation
Importance of having family around	<ul style="list-style-type: none"> • CPA training • Carers training • Family inclusive practice training
Space for private meetings	<ul style="list-style-type: none"> • Feed into current privacy and dignity review

Discussions with staff and service users have taken place with the following organisations:

Blind independence Greenwich

Advocate4health

Advocacy in Greenwich

Involving disabled people in Oxleas Single Equality Scheme

We have ensured that public meetings are accessible by providing interpreting and translation services and British Sign Language Interpreting.

A key area that has enabled us to involve our service users has been through the Council of Governors as a Foundation Trust. Currently there are 47 governors, made up of:

- 12 public governors (elected from the Trust membership, for each from Bexley, Bromley and Greenwich)
- 12 service user/carer governors
- 6 staff governors representing all the different directorates within the organisation
- 3 PCT governors
- 3 local authority governors
- 11 partnership governors (representatives from voluntary, carers, learning disabilities, adult mental health and forensics sectors, business community, Greenwich University, probation service, Metropolitan Police and JobCentre plus).

(More information is available on the Trust website www.oxleas.nhs.uk)

In addition to this, service users with learning disabilities have helped to develop easy read documents regarding equality and diversity and social inclusion.

Legislative framework

This is now a large base of legislation to underpin and support the equality and diversity agenda, including:

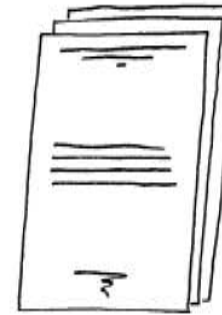
- The Disability Discrimination Act (1995)
- The Duty to Promote Disability, Equality: Statutory Code of Practice (2006)
- The Duty to Promote Gender Equality: Statutory Code of Practice (2007)
- The Diversity Act (1998)
- The Race Relations Act (1976)
- The Race Relations (Amendment) Act (2000)
- Sex Discrimination Act (1975)
- Equal Pay Act (1970)
- Religious Discrimination Regulations (2003)
- Sex Discrimination Regulations (2003)
- Age Discrimination Regulation (2006)
- Sexual Orientation Discrimination Regulations (2003)
- Sex Discrimination (Gender Reassignment) Regulations (1999)



- Equality Act (2007) (Religion and Belief)
- Equality Act (2007) (Sexual Orientation)

This scheme has been developed to meet these legal requirements also responds to the following policies and guidance:

- The Vital Connection – an Equalities Framework for the NHS
- Findings and recommendations from the Stephen Lawrence Inquiry
- Findings and recommendations from the David Bennett Inquiry
- The NHS Executive’s Positively Diverse Programme
- The NHS National Plan
- NHS Executive – Doubly Disabled
- Patient and Public Involvement
- Improving Working Lives
- Mainstreaming Gender and Women’s Mental Health (DOH)
- Delivering Race Equality in mental health care (DOH)
- Mental Health and Deafness (DOH)
- Carers and Disabled Children’s Act 2000
- Carers Equality of Opportunity Act 2004
- Health Care Commission Core Standard C7e



Prioritising and promoting equality

A key area identified by people responding to consultations is that work should be done to prioritise and promote equality and the social model of inequality and discrimination. This includes:

- Highlighting discrimination faced by people with mental health problems and learning disabilities
- Effectively championing equality
- The promotion of the social model of disability and diversity within the Trust
- Ensuring the involvement of people at all levels
- Ensuring appropriate and effective equality training delivered by a diverse group of people is made available to senior managers, front line and reception staff.

In addition, the Trust has the following strategies that link with the equality and diversity agenda:

Social Inclusion Strategy

- Tackling stigma and discrimination – challenging negative attitudes, promoting mental health awareness and enabling integration into the community
- Promoting networks for the individual and systemically across communities and organisations
- Facilitating equitable access to all aspects on the pathway to sustainable employment (including opportunities for personal development, vocational training, education and volunteering)
- Getting the basics right – facilitating access to timely and appropriate advice, information and support in meeting the service users and carers needs.



Patient and Public Involvement Strategy

Oxleas NHS Foundation Trust is committed to delivering high quality mental health and learning disability services based on choice, responsiveness and equity. Effective patient and public involvement (PPI) is key to securing these improvements and is fundamental to shaping health services that are truly responsive to individual and community needs. By ensuring that service users and carers are central to our work we can continue to develop a culture of partnership, participative decision making and collaboration in such a way that services, and people's experiences of them, become positively transformed.

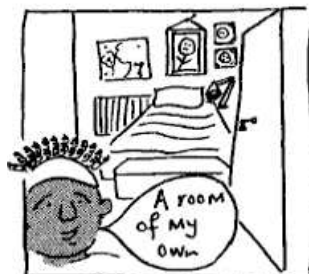
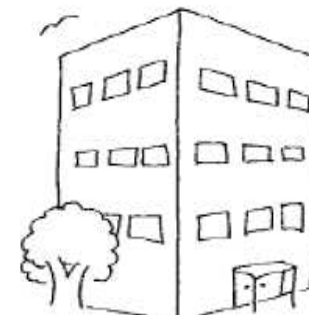
Functions and policies assessed as relevant to the equality duties

Service functions

As outlined above, Oxleas main functions are in south east London and provide services for people living in boroughs of Bexley, Bromley and Greenwich and specialist services to people living in Lewisham and North Southwark.

The Trust is divided into six service directorate areas:

- Bromley adult and older adult mental health
- Bexley adult and older adult mental health
- Greenwich adult and older adult mental health
- Forensic mental health services
- Learning disability services in Bexley, Bromley and Greenwich
- Child and adolescent mental health (CAMHS) in Bexley, Bromley and Greenwich



A summary of equality impact assessments is outlined in appendix A.

Full details of individual impact assessments are available from the Trust equality and diversity adviser (contact details on page 1). The Trust Equality and Diversity Steering Group is coordinating the process of assessing the impact in service provision, with leads taking responsibility for each directorate to ensure that impact assessments are undertaken.

Assessing the impact

The Trust will continue to systematically review all of its existing and proposed policies, services and functions to determine whether there are any equality implications.

Each service directorate has undertaken overall impact assessments, having highlighted local priorities, and has produced an action plan based on the outcomes (see appendix D). Individual teams are now equality impact assessing their services. A training programme has been implemented by the equality and diversity adviser, and additional training is being commissioned to support this process. For policies, a toolkit supporting staff to undertake equality impact assessments is available to all staff when reviewing existing policies and functions and when developing new services, policies and procedures. Training has been provided for policy writers, and a timetable is in place for the completion of EIAs on all corporate policies; progress is reviewed monthly at the formal Executive meeting. The toolkits for policies and services are available on the Trust website.



Employment function

The Trust employs over 2,000 staff in a variety of clinical and support roles. It has in place an equal opportunities policy and encourages employee involvement. All aspects of employment are supported by comprehensive framework policies and procedures. The Directorate of Human Resources is responsible for this function and works closely with staff to ensure employment priorities are met. Employee consultation is achieved through the formal mechanisms of the Staff Partnership Forum and informally through Trust-wide policies.

Contracting function

The Trust has a number of contracts with a variety of organisations to provide support services to the organisation. The Trust will ensure that the agencies supplying us with goods or services also adopt and implement equal opportunities policies.

Monitoring service users



The Trust collects ethnicity data, and all information is currently collected electronically using the ethnic categories used across the NHS. The Trust uses RiO (a computerised service user information records system) and this collects all diversity data for service users. RiO enables the Trust to analyse service user data and highlight areas of inequality. The Equality and Human Rights Steering Group and the Mental Health Act Scrutiny Committee receive reports on equality data with regard to monitoring diversity information. A range of service user information (which includes admissions and section, supervised treatment orders, early intervention, crisis resolution/home treatment team and outreach services) is reported to the above groups, and also to other governance groups for specific projects. The information is reported by ethnicity (16+1), with gender and age in some areas. A sample of a report page is included in Appendix C.

This data is analysed by senior managers as one of the key performance indicators to ensure that this data can tell us which groups use our services and enables us to provide appropriate services based on the needs of different groups in the community. For example, the Trust commissions the Humrahi Project in Bexley to provide day services for the Asian community, including drop-in service offering support, advice and social contact to Asian people experiencing mental health problems and their families. Punjabi, Gujarati, Hindi and Urdu are spoken. The Trust also employs three community development workers in Greenwich (including a senior CDW). They are working on an overall strategy and provide a drop-in and forum for service users from black and ethnic minority (BME) communities.

Workforce

The development of a representative workforce is a key area of the Trust workforce development strategy. Information is collected from staff when they are recruited and a census of equality data was undertaken in 2007. A further census is planned for September 2010. Reports analysing workforce data are discussed at the Equality and Diversity Steering Group and the Workforce and Learning Development Group, and workforce data is included in Appendix C

Section 5 – Framework and structures

The Equality and Diversity Action Plan Framework

The Equality and Diversity Action Plan is being implemented across the Trust and is committed the following key areas:

LEADERSHIP AND ORGANISATIONAL COMMITMENT

- The organisation is recognisably committed to promoting equality and diversity and eliminating discrimination.
- The board individually and together ensure equality and diversity are part of the main business of the organisation at all levels and across all relevant activities.
- The board individually and together, challenge discrimination when it is identified.
- Local and other partners recognise the organisation as a champion for equality in all its activities.
- The organisation exercises its influence outside its direct partnership activities e.g. with local private sector employers and the local media, to challenge discrimination and promote equality.

SERVICE DELIVERY

- There is equitable access to services for all diversity groups (Diversity groups are: gender, ethnicity , disability, sexual orientation, age and faith).
- Services are impact assessed to ensure that they are experienced by all sections of the community as:
 - Fair
 - Meeting their needs
 - Respecting their cultural identity
 - Providing choice
 - Local people feel empowered to exercise the choice available.
- Outcomes of treatment are not influenced or affected by a person's race or ethnic origin, gender, age, disability, sexual orientation, religion or belief.
- Priorities are influenced by the health needs of all diversity groups.
- Evidence based strategies and action plans are used to reduce inequalities.

WORKFORCE

- Staff of all backgrounds experience the organisation as a fair and enjoyable place to work and want to stay.
- Staff actively promote equality, social inclusion and diversity and good race relations in their work and are confident in their ability to challenge discrimination.
- Staff reflect the community they serve at all levels in the organisation.
- The Trust develops strategies for the employment of service users and people with mental health/learning disabilities.

FINANCE AND PROCUREMENT

- The organisation invests to promote equality and diversity.
- The organisation ensures contractors comply with their responsibilities under legislation and promote equality and diversity.

In addition to the following areas were identified in the consultation with staff, the Council of Governors and service users for the development of this scheme. Some of these are already built into the action plan. The other areas will be developed through additional action plans.

- Setting up a work and employment sub-group under the social inclusion workstream.
- Recruitment of people with physical disability or mental health issues – the Trust has a social inclusion project lead, who is in the process of setting up a scheme for current service users to work as volunteers within the Trust
- Communication with staff, service users and Foundation Trust members on the equality and diversity workstream needs to be improved.
- Responding to Delivering Race Equality through the BME strategy.

Equality and Diversity Steering Group

The equality and diversity steering group meets quarterly to coordinate the action plan and Equality Scheme for the Trust. This group brings together each of the equality and diversity groups from the service directorates, HR and facilities to ensure that a consistent strategic approach is applied to equality and diversity initiatives across the Trust and that directorates can share good practice.

Membership of the group needs to be of sufficient seniority to have the authority to commit the organisation to the equality agenda, to ensure that it is implemented and to demonstrate that commitment to the whole organisation.

- Chief Executive (Chair)
- Director of HR and Organisational Development
- Directorate representatives
- Director of Nursing
- Head of User Involvement
- Staff Representatives / Champions
- Equality and Diversity Adviser
- Communications

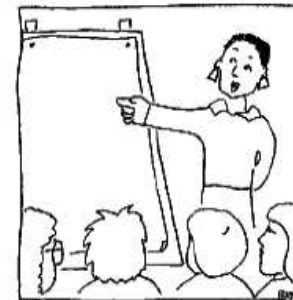


Training

The Trust has a structured programme of equality and diversity training provided by staff trained as trainer. The core team of trainers feedback to the steering group regularly. All staff in the Trust are asked to attend training.

Equality and diversity is also included in the mandatory induction programme for all new staff, as is service user involvement, the Trust's guiding principles and PALS.

The Trust also has a mandatory e-learning package for equality and diversity to support staff development.



Consultation

The action plan will be regularly presented to service users, carers, staff and stakeholders in order to build an effective and proactive equality scheme that can be developed and changed to reflect local needs.

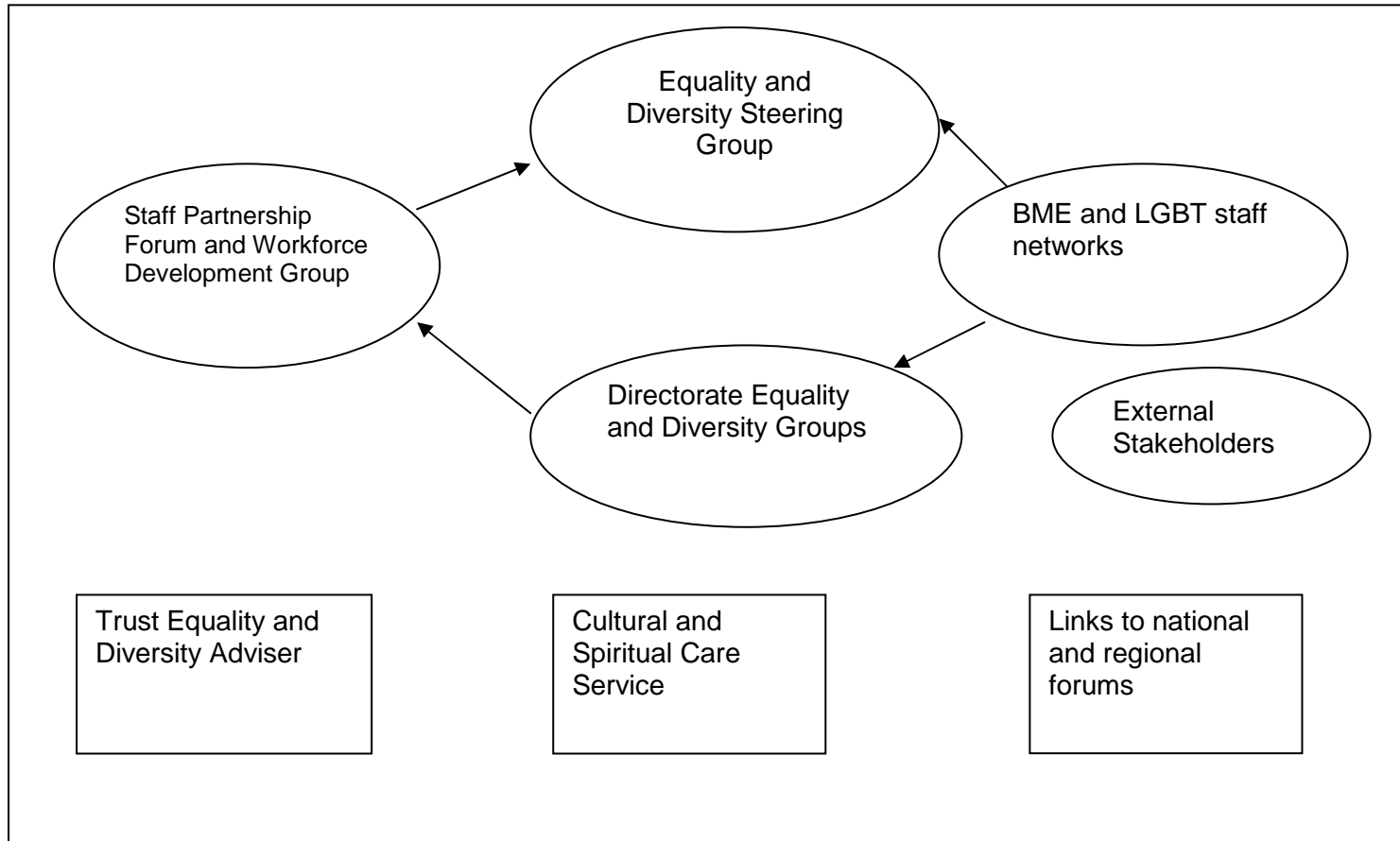
The Trust will consult with trade unions and professional organisations on the implementation of the scheme on an annual basis. The Trust will make copies of the scheme available throughout its premises to enable staff and service users to consider its proposals and listen to their feedback.

The Trust will consult as widely as possible to ensure that any organisation or group which has a particular interest in the Trust's work and/or likely impact of its policies on the promotion of equality and diversity and good relations, will be included in the process of engagement. A list of groups who have been consulted can be found in appendix E.



Organisational structures

To support Oxleas' equality scheme the organisation structure illustrated here has been established.



Section 6 – Action Plan review structure (updated April 2010)

Governance Core Standard C7e

Healthcare organisation challenge discrimination, promote equality and respect human rights

Monitoring		
The legislation requires healthcare organisations to have arrangements in place to monitor its policies for any adverse impact on the promotion of equality. These arrangements should be included in the organisation's equality scheme. The legislation requires healthcare organisation to publish the results of this monitoring.		
Required Outcome	When	Responsibility
<u>Employment monitoring :</u> Monitor by ethnicity, gender, disability: <ul style="list-style-type: none"> • numbers of staff in post • numbers of applicants for employment • numbers of staff who receive training • numbers of applicants for promotion • numbers who are involved in grievance procedures • numbers who are subject of disciplinary procedures • numbers of staff who cease employment. 	Reviewed January 2010 Review planned July 2010	Director of HR and Organisational Development
The organisation should publish annually the results of this monitoring.	Annual Equality report May 2009 Due May 2010	Equality and Diversity Adviser

Required Outcome	When	Responsibility
<u>Service delivery monitoring:</u> <ul style="list-style-type: none"> • Routine collection of data with regards to services in relation to ethnicity and gender. 	January 2010 MHA data MHA scrutiny Quarterly at E&HR steering group Review of data January 2010 Planned MHA data June 2010 Clinical Excellence Group Monthly MHA reports to the Board (ethnicity)	Head of Mental Health Legislation Service directorate leads E&D Adviser

<ul style="list-style-type: none"> • Use of monitoring data to inform service improvements; • Use of equality impact assessments in planning, target setting and delivery. 	EIA progress reported quarterly at E&HR Formal Executive monitoring EIAs monthly	Policy leads, governance groups and directors
<ul style="list-style-type: none"> • Having a central point of collection where equalities data is collated and analysed. • Act upon the outcomes of such monitoring. 	Review of data January 2010 Reports to Equality and Human rights Steering group	Steering group advised by equality and diversity adviser

Human Rights		
It is unlawful for a healthcare organisation to act in a way which is incompatible with the human rights conferred under the Human Rights Act 1998. Healthcare organisations should have arrangements in place to ensure that they comply with the Act.		
Required Outcome	When	Responsibility
<ul style="list-style-type: none"> • A diversity policy or framework that puts an individual at the heart of the service; 	Due for review June 2010	E&D adviser
<ul style="list-style-type: none"> • Policies or guidelines to protect a patient from unlawful detention (for example through regular reviews of circumstances requiring the detention of individuals with mental health problems); 	In place. Policies reviewed every three years Incident reports discussed at AIMG	Head of mental health legislation
<ul style="list-style-type: none"> • Provision of training and development for staff in relation to challenging discrimination, promoting equality and respect for human rights. • Evaluation of training programmes for effectiveness. 	Programme of dates in the learning and development prospectus each year. Mandatory e-learning, and induction. Training review Sept 10 Annual evaluation of training attendance and feedback due September 2010	E & D adviser

Service provision and unlawful discrimination		
The healthcare organisation should have arrangements in place, to ensure it is meeting its duties under the legislation with regard to its provision of services.		
Required Outcome	When	Responsibility
<ul style="list-style-type: none"> Having policies or guidance in place with regards to making reasonable adjustments to enable disabled service users equal access to its services; 	Reviewed December 2009	E&D adviser Head of Workforce Development
<ul style="list-style-type: none"> Procedure for the use of interpreters and translators for service users whose first language is not English. 	To be reviewed July 2010	E & D adviser
<ul style="list-style-type: none"> Review of results of staff survey (E&HR focus) 	Reviewed April 2010	E&D Adviser Head of HR
<ul style="list-style-type: none"> Process for undertaking, consulting on publishing outcomes of, equality impact assessments. 	Ongoing progress monitoring of EIAs Process in place	Service Directorate leads
<ul style="list-style-type: none"> The board should be able to demonstrate an understanding of their accountability for promoting equality. 	Review of E&HR training Due Sept 2010	Trust Board

Employment and unlawful discrimination		
The healthcare organisation should have arrangements in place, to ensure it is complying with equality legislation with regards to employment.		
Required Outcome	When	Responsibility
<ul style="list-style-type: none"> Provision of prayer rooms of private space for staff to practice their religion. Support for staff regarding religion and belief. 	Minimum dataset due July 2010 Quarterly reports to E&HR steering group	Spiritual Care Services
<ul style="list-style-type: none"> Training for line managers to understand 		Learning and development / E&D advisor

the implications of equalities legislation for employment practices.	Reviewed planned Sept 2010 HR E&D training planned June 2010 Review of recruitment planned Aug 2010	
<ul style="list-style-type: none"> Recruitment practices such as guaranteed interview scheme for disabled applicants, proactive outreach work in schools, service users involved in recruitment and selection. 	Charter review May 2010 Review of recruitment training August 2010	HR
<ul style="list-style-type: none"> Systems are in place for the employment of services users and people with physical and sensory impairment, mental health or learning disability. 	Systems are in place.	Social inclusion project worker/ HR

Communication		
Required Outcome	When	Responsibility
<ul style="list-style-type: none"> Teams and individuals have access to information regarding evidence based practice. 	Ongoing addition and review of intranet resources	E&D adviser

Appendix A

Equality Impact Assessments

Equality Impact Assessments have been completed at overall service level in all service directorates.

1. Equality Impact Assessment of Services – Individual teams (April 2010)

Directorate	Number in process	Number completed
Bexley	8	3

2. Equality Impact Assessments of Policies - completed

Policy
Disciplinary Policy, Procedure and Rules
Capability Procedure
Grievance and Collective Disputes Procedure
Equality and Diversity Policy and Procedure
Sickness Absence Policy
Bullying and Harassment Policy and Procedure
Stress Management (Work Related Pressures) Policy
Administering Treatment with or without Consent Part iv
Approved Social Worker Protocols
Guidance in the Event of Death or Dying
Guardianship
Information for Patients and Nearest Relative

Information for Detained Patients of Rights under Section 132
Managers Power of Discharge
Admission for assessment in emergency cases section 3
Admission for assessment in emergency cases section 4
Nearest Relative
Patients' Private Mail
Court of protection procedures part vii
Annual leave
Flexible Working
Mental Capacity Act
Recruitment and Selection
Secondment
Work related Pressure
Section 5(2) Doctors Holding Power
Section 5(4) Nurse Holding Power
S117
Transferring a detained patient
Observation and Engagement of Patients at Risk
Domestic Abuse Policy and Procedures
Child Protection Policy and Procedures

3. Equality Impact Assessments of Corporate Policies: Prioritised (using the flowchart in the policy toolkit)

Policy	deadline
High priority policies	July 2010
Medium priority Policies	Oct 2010
Low Priority Policies	Dec 2010

Oxleas Single Equality Scheme Workplan

Updated April 2010

1: Monitoring, Review and Service Improvement

Current Provision						Planned Actions			Equality Target Group
Core Standard	Outcome	Action	How Measured	Where monitored	Lead Responsibility	Added Actions 2010-2011 Workplan	Lead Responsibility	Target completion date	
All	Equality Impact Assessment, including all target groups and human rights	Toolkit for policies Toolkit for services Training for service and policy EIAs Pilot training programme for service EIAs Support for teams and policy writers in completing EIAs Process and timescales outlined Monthly Progress reports to Formal Executive	Numbers of EIAs completed	Equality and Human Rights Steering Group Formal Executive	All directors and policy leads	Completion of EIAs on all new and existing Trust-wide policies Application for time-limited post to support Trust EIAs	Wilf Bardsley (Director of nursing) Christine Rivers (equality and diversity adviser)	April 2011 July 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights
All	Monitoring systems in place – workforce	Workforce reports (including data on all six strands) Reports of applicants and appointees	Workforce reports Staff survey 2007	Workforce Learning and Development Group Equality	Katy Hoggart h (Workforce Development)	Staff ESR data to be updated Second staff survey 2010	Simon Hart (Director of HR and OD) Christine Rivers (Equality)	Jan 2011 Sept 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age

		Staff survey 2007 (included data on disability, religion, sexual orientation)		and Human Rights Steering Group	Manage r)	Analyse results between 2007 and 2010 surveys	and Diversity Adviser) Christine Rivers (Equality and Diversity Adviser)	Jan 2011	Human Rights
						Monitoring / Tracking System for DDA identified Applicants to be developed	Japleen Kaur SI Project Worker	Jun 2010	
						Annual workforce report	Katy Hoggarth/Ch ristine Rivers	July 2010	
All	Monitoring systems in place - service users	RIO reports MHA (rio) reports Review of Trust equality data Jan 2010	Data reports	MHA Scrutiny Committee Equality and Human Rights Steering Group	Informati on team	Identifying ALD and monitoring of reasonable adjustments	Judy Wolfram (Project Manager for refocusing CPA)/ Lorraine Regan ALD consultant nurse	Apr 2011	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights
						Women's safety incident data to be added to governance data reports	Bryony Robertson (patient safety lead)	Aug 2010	

		Data on sections and ethnicity presented to Clinical Effectiveness Group Feb 2010	Data reports	Clinical Effectiveness Group	Christine Rivers (Equality and diversity Adviser) / Lisa Moylan (head of MHA legislation)	Further sections and ethnicity reports to be presented to CEG	Christine Rivers (Equality and diversity Adviser)/ Lisa Moylan (head of MHA legislation)	July 2010	
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2: Leadership and Corporate Commitment

Current Provision						Planned Actions			
Core Standard	Outcome	Action	How Measured	Where monitored	Lead Responsibility	Added Actions 2010-2011 Workplan	Lead Responsibility	Target completion date	Equality Target Group
All	An organisation that respects and values people from protected groups as employees	Organisational Statement Equality and diversity policy Disability “two ticks” symbol Mindful employer status Partnership agreement Positive statement on band 8 and above posts Board Paper to discuss and review Equality Data	E&HR reports Feedback through Staff partnership forum Analysis of workforce reports Report of data	Equality and Human Rights Steering Group Staff Partnership Forum Workforce Learning and Development Group/Board	All staff Wilf Bardsley (Director of Nursing)	All Board members and Non Execs to complete Equality, Diversity and Human Rights E-learning Paper to discuss use of positive Discrimination in the Trust (especially relation to gender and ethnicity for senior posts)	Wilf Bardsley (Director of Nursing) Christine Rivers (E&D Adviser) / Simon Hart (Director of HR)	Feb 2011 August 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights
All	An organisation that respects and values	Organisational Statement Equality and diversity policy and adviser	E&HR reports	Equality and Human Rights Steering	All Staff	Stonewall healthy lives application	Christine Rivers (E&D Adviser) / Simon Hart	July 2010	Gender Ethnicity Sexual Orientation

	people from protected groups as service users, carers and members of the public	<p>Patient and public involvement strategy</p> <p>Safety, privacy, dignity and Same Sex Accommodation policy</p> <p>Spiritual and Cultural Care co-ordinator</p>		Group			(Director of HR)		<p>Disability</p> <p>Faith/belief</p> <p>Age</p> <p>Human Rights</p>
C7e Discrimination	Provision of prayer rooms or private space for staff to practice their religion	<p>Access to prayer rooms available at all acute sites, Memorial and Bracton. Quiet rooms available on other sites. Staff support available via Spiritual and Cultural Care Services</p>	Number of available sites	Equality and Human Rights Steering Group	Spiritual and Cultural Care Advisor				Faith/belief
C7e Discrimination	Provision of staff networks	<p>BME and LGBT staff networks, regular advertised meetings</p> <p>Black History Month event 2009</p> <p>BME network annual AGM</p>		Equality and Human Rights Steering Group	Christine Rivers (E&D Adviser)	<p>Aim to have representatives for each network on the Equality and Human Rights Steering Group in 2010</p> <p>Increase effectiveness of staff networks</p>	<p>Christine Rivers (E&D Adviser)</p> <p>Christine Rivers (E&D Adviser)</p>	<p>Sept 2010</p> <p>Sept 2010</p>	<p>Ethnicity</p> <p>Sexual Orientation</p> <p>Gender</p>

3: Patient and Public Involvement

Current Provision						Planned Actions			
Core Standard	Outcome	Action	How Measured	Where monitored	Lead Responsibility	Added Actions 2010-2011 Workplan	Lead Responsibility	Target completion date	Equality Target Group
All	An organisation that involves people from equality target groups in decisions about new services, service change, service improvement and future planning	Discussions with service users and user groups – eg: <ul style="list-style-type: none"> • Links • User council • SURGE • Consultation events • Carers group • Bracton user group • Bromley BME Consortium 	Reports to PEG, Complaints data, PALS data, patient survey	Patient Experience Group	Chrissie Strickland (Head of complaints and PPI) Christine Rivers (Equality and Diversity Adviser)	Create ongoing links with voluntary organisations - eg Advocate4health GAD Blind Independence Greenwich	Chrissie Strickland (Head of complaints and PPI) Christine Rivers (E&D Adviser) Directorate leads	Increase links in 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights

All	An organisation that promotes disability awareness in its local area, and promotes social inclusion and community cohesion	<p>Local media campaign to promote awareness of mental ill-health</p> <p>Accessible information and advice on the Trust intranet for staff, service users and carers to encourage social activities and community participation</p> <p>Service-specific good practice guidance available on the intranet including assessment of loneliness, social networks and social participation</p> <p>Social Inclusion Training</p> <p>Health & Wellbeing Festival May 2009</p>	Reports to Social Inclusion Group	Social Inclusion Project Group	Catronia Toms (Head of Social inclusion)	Health festival May 2010	Japleen Kaur (social Inclusion Project manager)	May 2010	<p>Gender</p> <p>Ethnicity</p> <p>Sexual Orientation</p> <p>Disability</p> <p>Faith/belief</p> <p>Age</p> <p>Human Rights</p>
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C7e Discrimination	Involvement of disabled people (staff and service users) in DES action plan	Involvement of disabled people in drawing up an action plan	Statement of involvement (SES)	Equality and Human Rights Steering Group	Christine Rivers (E&D Adviser) Chrissie Strickland (Head of complaints and PPI)	Create ongoing links with local disabled groups	Christine Rivers (Equality and Diversity Adviser) Directorate leads Chrissie Strickland (Head of complaints and PPI)	Increase links in 2010	Disability
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4: Workforce and Employment

Current Provision						Planned Actions			
Core Standard	Outcome	Action	How Measured	Where monitored	Lead Responsibility	Added Actions 2010-2011 Workplan	Lead Responsibility	Target completion date	Equality Target Group
C11a Recruitment and Training and Skill Mix	Policies and processes for recruitment are applied fairly and do not discriminate against people from equality target groups	Recruitment and selection policy	Workforce reports	Workforce Learning and Development Group	Simon Hart (Director of Human Resources)	Policy for contractors	Paul McAuliffe (Finance Manager)	July 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights
		Regular monitoring of Applicants in relation to gender, ethnicity and disability	Applicant/shortlisting/new starter reports	Equality and Human Rights Steering Group		Review of recruitment and selection training		August 2010	
		Lead role on reasonable adjustments							
		Contracting: pre qualification questionnaire							
		Recruitment and selection training					Janna Maxfield (head of workforce development)		

C11a Recruitment Training and Skill Mix	Reasonable adjustments are made under the DDA for disabled applicants and employees	<p>Adjustments put in place for applicants and employees</p> <p>Application forms available in alternative formats if requested or required, venue change if requested or required</p> <p>Reasonable adjustment toolkit in place</p> <p>Training for managers in recruitment includes information on reasonable adjustment</p> <p>Guaranteed Interview Scheme</p>	Reports to WLDG	Workforce Learning and Development Group	Simon Hart (Director of Human Resources)	<p>Pathway and protocol for sharing information between applicants and employees, occupational health, managers and HR to facilitate reasonable adjustments</p> <p>Review of Reasonable adjustment toolkit</p>	<p>Lynda Town (Head of Operational HR)</p> <p>Christine Rivers (E&D Adviser)</p>	<p>Dec 2010</p> <p>March 2011</p>	Disability

C11a Recruitment Training and Skill Mix	Ensure that staff from protected groups have fair access to training	Statement on E-learning website Moodle reports (include gender and ethnicity)	Reports to WLDG Reports to E&HR	Workforce Learning and Development Group E&HR steering group	Phil Bottle (head of learning and development) Phil Bottle (head of Learning and Development)	Link Moodle to ESR for data analysis once ESR records contain more equality information Discuss with Moodle administrator and insert statement. Check wording with E&D	Phil Bottle (head of learning and development) Phil Bottle (head of learning and development)	Jan 2011 April 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights
C8b Personal Development	Ensure that people from protected groups have fair access to career development and promotion	Positive statement on all posts of Band 8 and above for gender and ethnicity Leadership programme BME mentoring and trust-wide mentoring Secondment policy and Statement	Workforce reports	Workforce Learning and Development Group	Simon Hart (Director of Human Resources)	E&D input into Trust-wide secondment, leadership development and mentoring plans Develop a succession planning structure that promotes gender and race equality Paper to discuss the use of positive	Phil Bottle (head of learning and development) Phil Bottle (head of learning and development) Simon Hart (Director of	December 2010 June 2011 August 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights

		Temporary promotion policy Gender pay calculation Flexible working toolkit				action for senior level posts (gender and ethnicity) Training for HR teams on Equality and human rights E&HR Training Review	HR/Christine Rivers Equality and Diversity Adviser) Lynda Town (head of Operational HR) Christine Rivers (E&D Adviser)	June 2010 Sept 2010	
C8b Personal Development	Provide opportunities for disabled volunteers within Oxleas	Social Inclusion volunteer programme Volunteer 2 work policy	Reports to social inclusion group	Social Inclusion group Workforce Learning and Development Group	Catriona Toms (Social Inclusion)	20 substantive service user volunteers in placements within the service	Catriona Toms (lead OT)		Disability
C7e Discrimination	Ensure that staff are aware of their responsibilities in challenging discrimination	DDA, human rights, legislation and challenging assumptions and behaviour included in Trust Classroom based Equality and Diversity training Mandatory Equality and Diversity Trust e-learning includes	Reports on numbers attended Staff survey results and analysis Mandatory learning reports	Equality and Human Rights Steering Group Workforce Learning and Development Group	Christine Rivers (E&D Adviser) Phil Bottle (Head of Learning and	Review of equality and human rights training in the Trust Reporting tool to have data clean Learning from	Christine Rivers (E&D adviser) Phil Bottle (head of learning and development) Bryony	Sept 2010 April 2010 December	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights

		equality legislation Equality and Human Rights presentation at Staff induction and Drs Induction			development)	Incidents Training: review to look at increasing the inclusion of E&HR Training for HR on equality	Robertson (Patient Safety Lead) Lynda Town (head of operational HR)	2010 June 2010	
C7e Discrimination	Delivering a working environment free of discrimination	Bullying and harassment policy and advisers Prejudicial and discriminatory behaviour against staff policy Stress policy Mindful Employer status Disability "two ticks" symbol Partnership agreement with unions Mediation Formal investigation process Employee Assistance Programme	Analysis of disciplinarys and grievances Staff survey Staff Partnership Forum Incident analysis	Equality and Human Rights Steering Group	Simon Hart (Director of Human Resources)	Review Charter New post-incident management policy Security Management	Catriona Toms (Head of Social Inclusion)/ Janna Maxfield (Head of Workforce Development) Christine Rivers (Equality and Diversity Adviser)/ Carlton Brooks (health and safety manager) Michael	Dec 2010 Dec 2010 July 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights

		<p>Poster campaign</p> <p>Review of Trust Incidents in relation to staff Sexual Harassment and Racist abuse</p>				<p>review and report</p> <p>Working group to look at incidents (racist, homophobic, sexual harassment)</p> <p>Guidance for managers and HR staff on trans employment</p> <p>Bullying and Harassment adviser training to include trans awareness</p>	<p>Dorrington (security management specialist)</p> <p>Christine Rivers (E&D Adviser)</p> <p>Christine Rivers (E&D Adviser)</p> <p>Lynda Town (head of operational HR)</p>	<p>December 2010</p> <p>Dec 2010</p> <p>Dec 2010</p>	
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5: Equal Access

Current Provision						Planned Actions			
Core Standard	Outcome	Action	How Measured	Where monitored	Lead Responsibility	Added Actions 2010-2011 Workplan	Lead Responsibility	Target completion date	Equality Target Group
C13a Dignity and Respect	Ensure that buildings are accessible for people with disabilities	<p>Public meetings cater for people with sensory/physical impairments</p> <p>Plan of actions was introduced with the DDA and all actions have been completed</p> <p>The 2007 review of Estates and facilities included a review of facilities in relation to the requirements of the DDA.</p> <p>DDA discussed at User group meeting and development team meeting</p> <p>All New Builds are compliant with the DDA</p>	<p>Estates and Facilities Reviews</p> <p>User group meetings</p>	Estates and facilities Directorate meetings	Rachel Evans (Director estates and facilities)	Review of Estates and Facilities	Rachel Evans (Director of Estates and facilities)	April 2011	Disability

C13a Dignity and Respect	Ensure that provision is in place for groups with specific needs	BSL and Interpreting service Ward environments: single sex toilets, women only spaces - Same sex accommodation delivery plan Guidance/support through spiritual and cultural care service				SSA action plan Report of Female service user incidents to be discussed at Patient Safety Group Women's safety Incident data to be added to Governance data reports	Sarah Burchell (Head of Nursing) Bryony Robertson (patient safety lead) Bryony Robertson (patient safety lead)	April 2010 August 2010 August 2010	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights
C15a Food Provision	Ensure that disabled people have support /assistance to read menus	Picture menus used at Atlas House Promoting Nutrition, hydration and weight management in mental health and learning disability policy Privacy and dignity audit and action plan Easy read materials available on the intranet Intranet guidance and links to information in accessible	Reports to Patient Experience Group	Patient Experience Group	Sarah Burchill (head of nursing) Christine Rivers (E&D Adviser)	Joint ALD/MH working for effective support	Judy Wolfram (Project Manager for refocusing CPA)/ Lorraine Regan ALD consultant nurse	April 2011	Disability

		formats							
C16 Accessibility Information	Provide information on services in accessible formats	<p>Easy read information, including care plans for people with learning disabilities available on the intranet and website</p> <p>New internet site - Website has been assessed by Shaw Trust and is working towards Shaw Trust Accreditation Positive initial report</p> <p>A medicine helpline has been added to all medicine bottles/packets</p> <p>All information can be translated on request, including Braille and large print</p> <p>BSL videos on website</p> <p>Videos and audio on website (eg medication advice)</p> <p>Intranet contains information and links to accessible materials</p>	<p>Feedback from user council, evaluation of complaints and pals data</p> <p>Website usage statistics (what has been accessed)</p>	<p>Equality and Human Rights Steering Group</p> <p>Patient Experience Group</p> <p>Information service users and carer group</p> <p>Editorial group (includes service users and carers)</p>	<p>Christine Rivers (Equality and Diversity Adviser)</p> <p>Russell Cartwright (head of communications)</p>	<p>Gain Shaw Trust accreditation for the website</p> <p>BSL Videos, medication and audio clips</p> <p>Improve functionality of BSL link for videos</p>	<p>Russell Cartwright (Head of communications)</p> <p>Russell Cartwright (head of communications)</p> <p>Russell Cartwright (head of communications)</p>	<p>April 2010</p> <p>Increase in 2010</p> <p>Dec 2011</p>	<p>Disability</p> <p>Ethnicity</p> <p>Age</p> <p>Faith/belief</p> <p>Human rights</p> <p>Gender</p>
C18 Equity,	Ensure that people in	BSL and language interpreting services	Feedback from user	Equality and Human	Rachel Evans	Equality Impact	Christine	Monitoring of	Gender Ethnicity

Choice	protected groups are able to access the service equitably	<p>MHA leaflets available in 28 languages</p> <p>BSL and Interpreting and translation guidance on Trust intranet</p> <p>Translated information available on the intranet in a range of languages on medication and mental health conditions</p> <p>Easy read documents available on the intranet</p> <p>All information can be translated on request</p> <p>Review of service user population against local population (ethnicity) (April 2010)</p>	council, evaluation of complaints and pals data	Rights Steering Group Patient Experience Group	(Director of Estates and facilities) Christine Rivers (Equality and Diversity Adviser)	Assessments of services, corporate policies	Rivers (Equality and diversity adviser)	progress at E&HR	Sexual Orientation Disability Faith/belief Age Human Rights
C13a Dignity and Respect	Providing specific services for protected groups	<p>CDWs (Greenwich/Bromley)</p> <p>OJ drop-in for BME service users (Greenwich)</p> <p>Humrahi service</p> <p>LGBT drop-in at Crayford Day Centre</p>	Greenwich BME strategy and action planning	Equality and Human Rights Steering Group	Jon Cooley (Service Director Greenwich)	Continue service provision for protected groups	Directorate leads	Ongoing	Ethnicity Sexual Orientation Gender Disability

		BME group at Bracton Centre Activities, counselling and therapy groups for women survivors of sexual abuse women (Psychotherapy service Bromley) Bracton Against Drugs group							
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6: Treating Service Users With Dignity and Respect

Current Provision						Planned Actions			Equality Target Group
Core Standard	Outcome	Action	How Measured	Where monitored	Lead Responsibility	Added Actions 2010-2011 Workplan	Lead Responsibility	Target completion date	
C13a Dignity and Respect	Ensure service users are treated with dignity and respect	Privacy and dignity workstream and audit	Analysis of PALS data, complaints	Patient Experience Group	Chrissie Strickland (Head of complaints and PPI)	Family Inclusive Practice training to all clinical staff	Maeve Malley (Consultant Systemic Psychotherapist)	April 2011	Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights
		Mental health awareness library available on the intranet	And User Council feedback	Equality and Human Rights Steering Group					
		Equality and diversity training and e-learning	Patient survey						
		Carers Training	Promise letter and helpline			Same Sex Accommodation Action plan	Sarah Burchell (head of nursing) /Rachel Evans (Head of Estates and facilities)	In place – reviewed at patient safety group	
		Spiritual care service supporting staff to meet the religious and spiritual needs of patients	Dr Foster Patient Experience Tracker						
		Ward environments – same sex zones and rooms, women only lounges and spaces	Privacy and dignity audit data			Guidance for wards and community staff in supporting trans service users	Christine Rivers (E&D Adviser)	Sept 2010	
		Atlas House- choice of foods available, additional requirements on request							
Woodlands unit - have vegetarian options every									

		<p>meal time; Halal, kosher and vegan available on request.</p> <p>Protected meal times are being rolled out throughout the Trust</p>							
C7e Discrimination	<p>Policies or guidelines to ensure patients and staff are not treated in an inhuman or degrading way (for example, physical or mental abuse) or staff not being protected from violent and abusive patients)</p>	<ul style="list-style-type: none"> • Mental Capacity Act policy • PMVA policy • Posters and support policies (staff and Service Users) • Stress policy for staff and stress audit • Lone working policy • Environmental Risk Policy • Harassment and bullying policy and advisers • Post incident support policy • Staff Incident analysis (sexual harassment and racist abuse) • Service User Incident analysis (women's safety) • Observation Policy 	<p>Reports to E&HR Steering group</p> <p>Staff survey</p> <p>Patient survey</p> <p>Incident analysis (service users and staff)</p>	<p>Equality and Human Rights Steering Group</p>		<p>Working group to look at incidents (racist, homophobic, sexual harassment)</p>	<p>Christine Rivers (equality and diversity adviser)</p>	<p>Dec 2010</p>	<p>Gender Ethnicity Sexual Orientation Disability Faith/belief Age Human Rights</p>

Appendix C – Workforce and Service User Data

Workforce Data

The following tables show the workforce data required by the equality duties – by ethnicity, gender and disability (All data tables show April 2008- April 2009, unless otherwise stated)

	Data area	Page
a)	Workforce	68
b)	Workforce by Directorate	72
c)	Recruitment and Selection Data	77
d)	Leavers and Turnover	79
e)	Performance Appraisals	82
f)	Formal Issues: Disciplinary and Grievance	84
g)	Training: attendance at training workshops	87
h)	Training: e-learning participants	88
i)	Service User Data: sample report	91

a) Workforce:

i) Ethnicity

Ethnic Origin	Ethnic Origin Headcount	Ethnic Origin %
0 White	15	0.76
1 Black-Caribbean	47	2.37
2 Black-African	242	12.20
3 Black-Other	12	0.61
4 Indian	40	2.02

5 Pakistani	5	0.25
6 Bangladeshi	1	0.05
A White - British	1009	50.88
B White - Irish	47	2.37
C White - Any other White background	33	1.66
C3 White Unspecified	64	3.23
CA White English	1	0.05
CY White Other European	4	0.20
D Mixed - White & Black Caribbean	10	0.50
E Mixed - White & Black African	8	0.40
F Mixed - White & Asian	2	0.10
G Mixed - Any other mixed background	7	0.35
GF Mixed - Other/Unspecified	11	0.55
H Asian or Asian British - Indian	31	1.56
J Asian or Asian British - Pakistani	6	0.30
K Asian or Asian British - Bangladeshi	3	0.15
L Asian or Asian British - Any other Asian background	67	3.38
LA Asian Mixed	12	0.61
LB Asian Punjabi	1	0.05
M Black or Black British - Caribbean	25	1.26
N Black or Black British - African	121	6.10
P Black or Black British - Any other Black background	4	0.20
PC Black Nigerian	2	0.10
PE Black Unspecified	1	0.05
R Chinese	24	1.21
S Any Other Ethnic Group	10	0.50
SE Other Specified	44	2.22
Undefined	41	2.07
Z Not Stated	33	1.66
Grand Total	1983	100.00

ii) Gender

Gender	Gender Headcount	Gender %
Female	1398	70.50
Male	585	29.50
Grand Total	1983	100.00

iii) Disability (Nov 08-09)

Disabled	Count	%age
No	456	22.20
Undefined	1576	76.73
Yes	22	1.07
Grand Total	2054	100.00

The above table showing the workforce broken down by disability shows that the Trust is failing to capture data in relation to disability, as 77% of employees do not have an entry on their profile detailing whether or not they have a disability. This problem arises as the NHS Jobs – ESR interface does not transfer disability data and would therefore need to be manually inputted by either recruitment or HR. Incidentally, there is a category of “Not Declared” if the individual did not want to provide this information.

22 staff are recorded on ESR as having a disability, this does not include the Mental Health Act Managers.

In 2007 a census was undertaken across the Trust, but unfortunately the data collected was not uploaded onto the ESR system. However, it has still been possible to analyse this data and the results are detailed in the following two tables:

Disability	Count
Do not wish to answer	36
No	757
Yes	81
Grand Count	874

	Physical impairment	Visual impairment	Hearing impairment	Mental health condition	Learning disability	Long-standing illness or health condition	Other	TOTAL
Grand Total	16	2	4	19	8	37	28	114
Grand Total %	14.04	1.75	3.51	16.67	7.02	32.46	24.56	100.00

N.B. - The total in the above table amounts to more than 81, as some people reported having 2 or more disabilities

From the above information it seems that in reality there will be far more than 22 employees with a disability working at Oxleas, particularly as the data in the table at the bottom of page 57 is only for just under half of the workforce.

b) Workforce by Directorate

i) Ethnicity

<u>Workforce by Ethnicity and Directorate</u>	ALD	Bexley	Bromley	CAMHS	Corporate	Forensic & Prison	Greenwich	Other	Grand Total	%age of Total
A White - British	91	159	211	68	176	121	177	21	1024	51.64
B White - Irish	2	11	5	3	3	7	16		47	2.37
C White - Any other White background	1	7	8	5		6	6		33	1.66
C3 White Unspecified	2	12	11	15	5	10	9		64	3.23
CA White English			1						1	0.05
CY White Other European	1		1				2		4	0.20
D Mixed - White & Black Caribbean	1	2	4	1		1	1		10	0.50
E Mixed - White & Black African			4	1		2	1		8	0.40
F Mixed - White & Asian	1		1						2	0.10
G Mixed - Any other mixed background		1	1	1		2	1	1	7	0.35
GF Mixed - Other/Unspecified	2	1	1	2	1	2	2		11	0.55
H Asian or Asian British - Indian	5	9	15	8	6	14	13	1	71	3.58
J Asian or Asian British - Pakistani		2	2	2	1	3	1		11	0.55
K Asian or Asian British - Bangladeshi	1	1	1				1		4	0.20
L Asian or Asian British - Any other Asian background	1	22	19		4	8	12	1	67	3.38
LA Asian Mixed		2	2	1	1	2	4		12	0.61
LB Asian Punjabi					1				1	0.05
M Black or Black British - Caribbean	2	3	17	3	9	8	29	1	72	3.63
N Black or Black British - African	12	31	85	4	15	90	123	3	363	18.31
P Black or Black British - Any other Black background	2	3	4	1		2	4		16	0.81
PC Black Nigerian		1					1		2	0.10
PE Black Unspecified							1		1	0.05

R Chinese	1	12	7	1		1	1	1	24	1.21
S Any Other Ethnic Group		3	1	2		2	1	1	10	0.50
SE Other Specified	4	11	7	2	2	8	10		44	2.22
Undefined			27	5	2	3	4		41	2.07
Z Not Stated	3	2	9	1	2	3	13		33	1.66
Grand Total	132	295	444	126	228	295	433	30	1983	100.00

Senior Managers by Ethnicity

Ethnic Origin	FTE	Headcount	%age of Total (Headcount)
A White - British Total	178.75	204	65.59
B White - Irish Total	12.53	15	4.82
C White - Any other White background Total	5.60	6	1.93
C3 White Unspecified Total	20.07	24	7.72
CY White Other European Total	1.00	1	0.32
D Mixed - White & Black Caribbean Total	1.00	1	0.32
G Mixed - Any other mixed background Total	2.00	2	0.64
GF Mixed - Other/Unspecified Total	3.00	3	0.96
H Asian or Asian British - Indian Total	7.60	8	2.57
J Asian or Asian British - Pakistani	1.00	1	0.32
L Asian or Asian British - Any other Asian background Total	4.00	4	1.29
LA Asian Mixed Total	2.41	3	0.96
LB Asian Punjabi Total	1.00	1	0.32
M Black or Black British - Caribbean Total	5.32	6	1.93

Senior Managers = band 8a plus, consultants and senior managers on spot salaries

N Black or Black British - African Total	13.76	14	4.50
P Black or Black British - Any other Black background Total	2.20	3	0.96
R Chinese Total	2.00	2	0.64
S Any Other Ethnic Group Total	1.00	1	0.32
SE Other Specified Total	4.00	4	1.29
Undefined Total	4.64	5	1.61
Z Not Stated Total	3.00	3	0.96
Grand Total	275.89	311	100.00

Percentage of Workforce by Band and Ethnicity

	1	2	3	4	5	6	7	8a	8b	8c	8d	9
A White - British	33.33	52.94	65.48	71.30	32.95	46.03	56.12	68.85	67.44	73.91	81.25	100.00
B White - Irish	33.33	0.42	1.30	3.48	0.85	2.54	5.10	8.20	4.65	2.17	0.00	0.00
C White - Any other White background	0.00	0.84	2.28	1.74	0.28	1.59	3.06	0.82	0.00	0.00	6.25	0.00
C3 White Unspecified	0.00	2.94	1.63	0.00	1.42	2.54	5.10	3.28	11.63	10.87	12.50	0.00
CA White English	0.00	0.00	0.00	0.00	0.00	0.32	0.00	0.00	0.00	0.00	0.00	0.00
CY White Other European	0.00	0.42	0.00	0.00	0.00	0.00	0.51	0.00	0.00	0.00	0.00	0.00
D Mixed - White & Black Caribbean	0.00	0.84	1.30	0.00	0.00	0.32	1.02	0.82	0.00	0.00	0.00	0.00
E Mixed - White & Black African	0.00	0.42	0.65	0.00	0.85	0.32	0.00	0.00	0.00	0.00	0.00	0.00
F Mixed - White & Asian	0.00	0.42	0.00	0.00	0.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
G Mixed - Any other mixed background	0.00	0.42	0.33	0.87	0.28	0.00	0.51	0.00	2.33	0.00	0.00	0.00
GF Mixed - Other/Unspecified	0.00	0.42	0.98	0.00	0.57	0.00	1.02	1.64	2.33	0.00	0.00	0.00
H Asian or Asian British - Indian	0.00	0.42	3.25	1.74	3.98	3.18	2.55	2.46	0.00	0.00	0.00	0.00
J Asian or Asian British - Pakistani	0.00	0.00	0.66	0.00	0.00	0.00	1.53	0.00	0.00	0.00	0.00	0.00
K Asian or Asian British - Bangladeshi	0.00	0.84	0.33	0.00	0.00	0.32	0.00	0.00	0.00	0.00	0.00	0.00
L Asian or Asian British - Any other Asian background	0.00	3.36	1.30	0.00	5.97	5.40	1.53	2.46	0.00	0.00	0.00	0.00

LA Asian Mixed	0.00	0.00	0.33	2.61	0.28	0.63	0.00	0.82	0.00	2.17	0.00	0.00
LB Asian Punjabi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.33	0.00	0.00	0.00
M Black or Black British - Caribbean	0.00	3.36	3.26	4.35	3.69	4.13	3.57	3.28	2.33	2.17	0.00	0.00
N Black or Black British - African	0.00	23.94	10.09	7.83	39.77	23.81	11.22	2.46	2.33	4.35	0.00	0.00
P Black or Black British - Any other Black background	0.00	0.84	0.98	0.87	1.13	0.95	0.00	1.64	0.00	2.17	0.00	0.00
PC Black Nigerian	0.00	0.00	0.00	0.00	0.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PE Black Unspecified	0.00	0.00	0.00	0.00	0.00	0.32	0.00	0.00	0.00	0.00	0.00	0.00
R Chinese	0.00	0.42	0.33	0.87	1.99	2.54	1.53	0.82	2.33	0.00	0.00	0.00
S Any Other Ethnic Group	0.00	1.26	0.33	0.87	0.28	0.32	0.51	0.00	0.00	0.00	0.00	0.00
SE Other Specified	0.00	2.52	2.28	0.00	3.69	2.22	2.55	0.00	0.00	2.17	0.00	0.00
Undefined	0.00	0.84	0.33	1.74	0.28	0.63	2.04	1.64	0.00	0.00	0.00	0.00
Z Not Stated	33.33	2.10	2.61	1.74	1.14	1.90	0.51	0.82	2.33	0.00	0.00	0.00

	Consultant	Other Medical	Other Senior Management/Non-Execs/Chair	Other
A White - British	41.27	11.11	142.86	50.88
B White - Irish	3.17	0.00	0.00	1.75
C White - Any other White background	6.35	4.44	0.00	0.00
C3 White Unspecified	11.11	5.56	0.00	1.75
CA White English	0.00	0.00	0.00	0.00
CY White Other European	1.59	1.11	0.00	0.00
D Mixed - White & Black Caribbean	0.00	0.00	0.00	0.00
E Mixed - White & Black African	0.00	0.00	0.00	1.75
F Mixed - White & Asian	0.00	0.00	0.00	0.00
G Mixed - Any other mixed background	1.59	0.00	0.00	0.00
GF Mixed - Other/Unspecified	0.00	0.00	0.00	0.00
H Asian or Asian British - Indian	7.93	21.11	0.00	3.51
J Asian or Asian British - Pakistani	1.59	5.55	0.00	0.00
K Asian or Asian British - Bangladeshi	0.00	0.00	0.00	0.00
L Asian or Asian British - Any other Asian background	1.59	7.78	0.00	5.26
LA Asian Mixed	1.59	1.11	0.00	1.75
LB Asian Punjabi	0.00	0.00	0.00	0.00

M Black or Black British - Caribbean	0.00	0.00	0.00	17.54
N Black or Black British - African	11.11	12.22	14.29	7.02
P Black or Black British - Any other Black background	0.00	0.00	0.00	0.00
PC Black Nigerian	0.00	1.11	0.00	0.00
PE Black Unspecified	0.00	0.00	0.00	0.00
R Chinese	0.00	1.11	0.00	0.00
S Any Other Ethnic Group	1.59	1.11	0.00	0.00
SE Other Specified	4.76	0.00	0.00	3.51
Undefined	3.17	23.33	14.29	5.26
Z Not Stated	1.59	3.33	0.00	0.00

ii) Disability (Nov 08-09)

Directorate	Female	Male	Total
277 Bexley	5	2	7
277 Bromley MH	2	2	4
277 Child & Adolescent MHS	2		2
277 Corporate	1	0	1
277 Forensic & Prison	1	2	3
277 Greenwich MH	3	2	5
Grand Total	14	8	22

Band	Total
2	4
3	5
5	6
6	3
7	1
8a	2
8b	1
Grand Total	22

The two tables above show a breakdown by Directorate, Gender and Pay Band of the 22 staff who are recorded as having a disability. Given the profile of the whole workforce, there is a fairly proportional spread across these three dimensions, though it is difficult to make any definitive conclusions from such small figures. There is a higher than expected number of people with disabilities in the Bexley Directorate.

C) Recruitment and Selection Data

i) Ethnicity

Ethnicity	Applicant Headcount	Shortlisted Headcount	New Starter Headcount	Applicant %age of Total	Shortlisted% of Total	New Starter % of Total
WHITE - British	3427	741	186	28.51	36.52	38.51
WHITE - Irish	112	24	6	0.93	1.18	1.24
WHITE - Any other white background	943	129	24	7.85	6.36	4.97
ASIAN or ASIAN BRITISH - Indian	816	94	20	6.79	4.63	4.14
ASIAN or ASIAN BRITISH - Pakistani	196	14	5	1.63	0.69	1.04
ASIAN or ASIAN BRITISH - Bangladeshi	134	15	3	1.11	0.74	0.62
ASIAN or ASIAN BRITISH - Any other Asian background	347	53	11	2.89	2.61	2.28
MIXED - White & Black Caribbean	90	15	2	0.75	0.74	0.41
MIXED - White & Black African	98	17	1	0.82	0.84	0.21
MIXED - White & Asian	44	13	2	0.37	0.64	0.41
MIXED - any other mixed background	109	12	5	0.91	0.59	1.04
BLACK or BLACK BRITISH - Caribbean	466	70	14	3.88	3.45	2.90
BLACK or BLACK BRITISH - African	4551	706	56	37.86	34.80	11.59
BLACK or BLACK BRITISH - Any other black background	169	21	4	1.41	1.03	0.83
OTHER ETHNIC GROUP - Chinese	49	7	4	0.41	0.34	0.83
OTHER ETHNIC GROUP - Any other ethnic group	322	59	10	2.68	2.91	2.07
Undisclosed	147	39	130	1.22	1.92	26.92
Total	12020	2029	483	100.00	100.00	100.00

ii) Disability

The following table details all those who applied for a job at Oxleas through NHS Jobs and response to whether they have a disability .

(Nov 08-09)

	Yes	No	Undisclosed	Total
Total	45	2263	4	2312
Total %	1.95	97.88	0.17	100.00

The above data is more accurate than that on ESR, as it reflects exactly what the applicant themselves has put on their application form. Interestingly a very small proportion of applicants have recorded a disability on their application (1.95%), which is not vastly different from the proportion recorded as having a disability on ESR (1.07%).

iii) Gender

Gender	Applicant Headcount	Shortlisted Headcount	New Starter Headcount	Applicant %age of Total	Shortlisted% of Total	New Starter % of Total
Male	3783	610	138	31.47	30.06	28.57
Female	8225	1417	345	68.43	69.84	71.43
Undisclosed	12	2	0	0.10	0.10	0.00
Total	12020	2029	483	100.00	100.00	100.00

D) Leavers and Turnover

i) Ethnicity

	FTE	Leavers Headcount	Leavers Headcount%	Headcount 01.04.08	Headcount 31.03.09	Average Headcount	Turnover
Ethnic Origin							
0 White	2.36	3	1.19%	16	15	15.50	19.35
1 Black-Caribbean	9.78	10	3.97%	57	47	52.00	19.23
2 Black-African	25.89	30	11.90%	256	242	249.00	12.05
3 Black-Other	1.00	1	0.40%	13	12	12.50	8.00
4 Indian	3.80	4	1.59%	43	40	41.50	9.64
5 Pakistani Count				5	5	5.00	0.00
6 Bangladeshi Count				2	1	1.50	0.00
A White - British	102.88	126	50.00%	979	1009	994.00	12.68
B White - Irish	7.00	7	2.78%	51	47	49.00	14.29
C White - Any other White background	8.00	8	3.17%	23	33	28.00	28.57
C3 White Unspecified	5.89	6	2.38%	71	64	67.50	8.89
CA White English Count				1	1	1.00	0.00
CY White Other European Count				2	4	3.00	0.00
D Mixed - White & Black Caribbean	1.00	1	0.40%	9	10	9.50	10.53
E Mixed - White & Black African	2.00	2	0.79%	11	8	9.50	21.05
F Mixed - White & Asian Count					2	1.00	0.00

G Mixed - Any other mixed background	1.65	2	0.79%	4	7	5.50	36.36
GF Mixed - Other/Unspecified	2.20	3	1.19%	13	11	12.00	25.00
H Asian or Asian British - Indian	1.00	1	0.40%	16	31	23.50	4.26
J Asian or Asian British - Pakistani Count				3	6	4.50	0.00
K Asian or Asian British - Bangladeshi Count				1	3	2.00	0.00
L Asian or Asian British - Any other Asian background	7.00	7	2.78%	68	67	67.50	10.37
				11	12	11.50	0.00
				1	1	1.00	0.00
M Black or Black British - Caribbean	0.50	1	0.40%	8	25	16.50	6.06
N Black or Black British - African	16.40	17	6.75%	87	121	104.00	16.35
P Black or Black British - Any other Black background	1.00	1	0.40%	3	4	3.50	28.57
PC Black Nigerian Count				1	2	1.50	0.00
PE Black Unspecified Count				2	1	1.50	0.00
R Chinese	8.00	8	3.17%	29	24	26.50	30.19
S Any Other Ethnic Group Count				6	10	8.00	0.00
SE Other Specified	3.00	3	1.19%	44	44	44.00	6.82
Undefined	7.89	8	3.17%	76	41	58.50	13.68
Z Not Stated	2.50	3	1.19%	31	33	32.00	9.38
	220.75	252		1943	1983	1963.00	12.84

ii) Disability

Starters (Nov 08-09)

	Disabled	No		Undefined		Yes		Total Headcount
		Headcount	Headcount%	Headcount	Headcount%	Headcount	Headcount%	
Org P1								
277 Oxleas NHS Trust		229	50.44%	217	47.80%	8	1.76%	454

Leavers (Nov 08-09)

			FTE	Headcount	Headcount%
Org P1	Staff Group Summary	Disabled			
277 Oxleas NHS Trust	All	Undefined	212.24	281	100.00%
Total			212.24	281	

iii) Gender

	FTE	Leavers Headcount	Leavers Headcount%	Headcount 01.04.08	Headcount 31.03.09	Average Headcount	Turnover
Gender							
Female	139.58	165.00	65.48%	1350.00	1398.00	1374.00	11.80
Male	81.17	87.00	34.52%	593.00	585.00	589.00	14.87
	220.75	252.00		1943.00	1983.00	1963.00	12.71

E) Performance Appraisals

i) Ethnicity

Ethnic Origin	Performance Appraisal Total	% of Performance Appraisal Total	Ethnic Origin of All Staff %
0 White	2	0.52	0.76
1 Black-Caribbean	17	4.43	2.37
2 Black-African	47	12.24	12.20
3 Black-Other	2	0.52	0.61
4 Indian	10	2.60	2.02
5 Pakistani Count	0	0.00	0.25
6 Bangladeshi Count	0	0.00	0.05
A White - British	210	54.69	50.88
B White - Irish	10	2.60	2.37
C White - Any other White background	2	0.52	1.66
C3 White Unspecified	11	2.86	3.23
CA White English	1	0.26	0.05
CY White Other European Count	0	0.00	0.20
D Mixed - White & Black Caribbean	1	0.26	0.50
E Mixed - White & Black African	3	0.78	0.40
F Mixed - White & Asian	1	0.26	0.10
G Mixed - Any other mixed background	2	0.52	0.35
GF Mixed - Other/Unspecified	1	0.26	0.55
H Asian or Asian British - Indian	4	1.04	1.56
J Asian or Asian British - Pakistani Count	0	0.00	0.30
K Asian or Asian British - Bangladeshi Count	0	0.00	0.15
L Asian or Asian British - Any other Asian background	18	4.69	3.38
LA Asian Mixed	3	0.78	0.61
LB Asian Punjabi Count	0	0.00	0.05
M Black or Black British - Caribbean	2	0.52	1.26
N Black or Black British - African	15	3.91	6.10
P Black or Black British - Any other Black background	1	0.26	0.20
PC Black Nigerian Count	0	0.00	0.10

PE Black Unspecified Count	0	0.00	0.05
R Chinese	6	1.56	1.21
S Any Other Ethnic Group	1	0.26	0.50
SE Other Specified	8	2.08	2.22
Undefined	1	0.26	2.07
Z Not Stated	5	1.30	1.66

ii) Disability

Disabled	Performance Appraisal Total	% of Performance Appraisal Total	Disability Status of All Staff %
No	36	9.38	18.36
Undefined	344	89.58	80.43
Yes	4	1.04	1.21

iii) Gender

Gender	Performance Appraisal Total	% of Performance Appraisal Total	Gender of All Staff %
Female	294	76.56	70.50
Male	90	23.44	29.50

F) Formal Issues – Disciplinary and Grievance

i) Ethnicity and Gender

Type	Race	Age	Gender	Outcome
Disciplinary	Asian or Asian British or other Asian Background	38	Female	No further action
Disciplinary	Asian or Asian British or other Asian Background	53	Female	No further action
Disciplinary	Asian or Asian British or other Asian Background	42	Male	Advisory Discussion
Disciplinary	Black African	32	Male	Advisory Discussion
Disciplinary	Black African	43	Male	Advisory Discussion
Disciplinary	Black African	43	Female	Advisory Discussion
Disciplinary	Black African	48	Male	Dismissed
Disciplinary	Black African	37	Female	Dismissed
Disciplinary	Black African	37	Male	Dismissed
Disciplinary	Black African	45	Male	Final Written Warning
Disciplinary	Black African	54	Male	No further action
Disciplinary	Black African	59	Female	No further action
Disciplinary	Black African	26	Male	No further action
Disciplinary	Black African	42	Female	Not completed
Disciplinary	Black African	52	Male	Outcome Pending
Disciplinary	Black African	54	Female	Outcome Pending
Disciplinary	Black African	23	Female	Outcome Pending
Disciplinary	Black African	46	Female	Outcome Pending
Disciplinary	Black African	34	Male	Resigned
Disciplinary	Black African	38	Female	Resigned
Disciplinary	Black African	45	Male	Written Warning
Disciplinary	Black African	43	Female	Written warning
Disciplinary	Black African	23	Female	Outcome Pending
Disciplinary	Black African	30	Male	No further action
Disciplinary	Black Caribbean	33	Female	Written warning
Disciplinary	Black or Black British -	51	Female	Outcome Pending

	African			
Disciplinary	British	63	Male	Advisory Discussion
Disciplinary	British	46	Female	Dismissed
Disciplinary	British	27	Male	Dismissed
Disciplinary	British	40	Female	First Written Warning
Disciplinary	British	40	Female	Outcome Pending
Disciplinary	Mixed - White & Black African	32	Male	Resigned
Disciplinary	Not known	45	Female	Advisory Discussion
Disciplinary	Not known	31	Male	Advisory Discussion
Disciplinary	Not known	59	Female	No further action
Disciplinary	Not stated	37	Female	Advisory Discussion
Disciplinary	Not Stated	44	Male	Advisory Discussion
Disciplinary	Not Stated	41	Male	Advisory Discussion
Disciplinary	Not Stated	42	Male	No further action
Disciplinary	Not stated	63	Female	Outcome Pending
Disciplinary	Not Stated	59	Male	Outcome Pending
Disciplinary	Not Stated	38	Female	Resigned
Disciplinary	Other	43	Female	Advisory Discussion
Disciplinary	Other	43	Female	Outcome Pending
Disciplinary	Other Specified	24	Male	Advisory Discussion
Disciplinary	Other Specified	27	Female	Advisory Discussion
Disciplinary	Other Specified	56	Female	No further action
Disciplinary	White British	44	Male	Advisory Discussion
Disciplinary	White British	32	Male	Advisory Discussion
Disciplinary	White British	35	Female	Advisory Discussion
Disciplinary	White British	48	Male	Advisory Discussion
Disciplinary	White British	54	Female	Dismissed
Disciplinary	White British	37	Female	Dismissed
Disciplinary	White British	46	Female	Final written warning
Disciplinary	White British	48	Male	Final Written Warning
Disciplinary	White British	60	Female	Final Written Warning

Disciplinary	White British	49	Female	Final Written Warning
Disciplinary	White British	39	Male	First Written Warning
Disciplinary	White British	42	Female	No further action
Disciplinary	White British	51	Female	No further action
Disciplinary	White British	47	Female	Outcome Pending
Disciplinary	White British	47	Female	Outcome Pending
Disciplinary	White British	43	Female	Outcome Pending
Disciplinary	White British	46	Male	Resigned
Disciplinary	White British	26	Male	Resigned
Disciplinary	White British	53	Male	Written Warning
Disciplinary	White British	50	Female	Advisory Discussion
Grievance	Not Stated	41	Female	Not upheld
Grievance	Other	65	Male	Not upheld
Grievance	Other	65	Male	Not upheld
Grievance	Other	40	Female	Outcome Pending
Grievance	Other	43	Female	Outcome Pending
Grievance	White British	51	Female	Not upheld
Grievance	White British	23	Female	Outcome Pending
Grievance	White British	49	Female	Outcome Pending
Grievance	White British	55	Female	Outcome Pending
Grievance	White British	55	Female	Outcome Pending
Grievance	White British	28	Female	Resolved stage 1
Grievance	White British	48	Male	Withdrawn
Grievance	White British	45	Female	Withdrawn

G) Training: Attendance at Training Workshops:

i) Ethnicity

Ethnic Origin	Total	Total %
0 White	29	0.75
1 Black-Caribbean	80	2.07
2 Black-African	658	17.06
3 Black-Other	20	0.52
4 Indian	43	1.11
5 Pakistani	9	0.23
6 Bangladeshi	3	0.08
A White - British	1398	36.24
B White - Irish	87	2.26
C White - Any other White background	107	2.77
C3 White Unspecified	73	1.89
CA White English	1	0.03
CY White Other European	10	0.26
D Mixed - White & Black Caribbean	15	0.39
E Mixed - White & Black African	15	0.39
F Mixed - White & Asian	10	0.26
G Mixed - Any other mixed background	29	0.75
GF Mixed - Other/Unspecified	20	0.52
H Asian or Asian British - Indian	109	2.83
J Asian or Asian British - Pakistani	23	0.60
K Asian or Asian British - Bangladeshi	17	0.44
L Asian or Asian British - Any other Asian background	154	3.99
LA Asian Mixed	6	0.16
M Black or Black British - Caribbean	63	1.63
N Black or Black British - African	505	13.09
P Black or Black British - Any other Black background	36	0.93
PC Black Nigerian	9	0.23
PE Black Unspecified	7	0.18

R Chinese	54	1.40
S Any Other Ethnic Group	30	0.78
SE Other Specified	108	2.80
Undefined	83	2.15
Z Not Stated	47	1.22

ii) Disability

Disabled	Total	Total %
No	1256	32.56
Undefined	2549	66.07
Yes	53	1.37

iii) Gender

Gender	Total	% Total
Female	2634	68.27
Male	1224	31.73

H) E-learning Participants:

i) Ethnicity

Ethnic Origin	Total	Total %
0 White	1	0.18
1 Black-Caribbean	14	2.58
2 Black-African	91	16.79
3 Black-Other	1	0.18
4 Indian	17	3.14
5 Pakistani	1	0.18
6 Bangladeshi	0	0.00
A White - British	229	42.25

B White - Irish	11	2.03
C White - Any other White background	4	0.74
C3 White Unspecified	10	1.85
CA White English	0	0.00
CY White Other European	1	0.18
D Mixed - White & Black Caribbean	5	0.92
E Mixed - White & Black African	4	0.74
F Mixed - White & Asian	2	0.37
G Mixed - Any other mixed background	2	0.37
GF Mixed - Other/Unspecified	6	1.11
H Asian or Asian British - Indian	7	1.29
J Asian or Asian British - Pakistani	6	1.11
K Asian or Asian British - Bangladeshi	1	0.18
L Asian or Asian British - Any other Asian background	24	4.43
LA Asian Mixed	1	0.18
LB Asian Punjabi Count	1	0.18
M Black or Black British - Caribbean	7	1.29
N Black or Black British - African	48	8.86
P Black or Black British - Any other Black background	1	0.18
PC Black Nigerian	0	0.00
PE Black Unspecified	0	0.00
R Chinese	10	1.85
S Any Other Ethnic Group	5	0.92
SE Other Specified	24	4.43
Undefined	3	0.55
Z Not Stated	5	0.92

ii) Disability

Disabled	Total	Total %
No	116	21.40
Undefined	419	77.31
Yes	7	1.29

iii) Gender

Gender	Total	% Total
Female	393	72.51
Male	149	27.49

l) **Service User Data:** A sample report is included below:

Ethnic Code	Sections																		
	Criminal Procedure (Insanity) Act 1964	Informal	Other acts	Section 135	Section 136	Section 2	Section 3	Section 35	Section 37	Section 37 with section 41 restrictions	Section 38	Section 4	Section 47 with section 49 restrictions	Section 48	Section 48 with section 49 restrictions	Section 5(2)	Supervised Discharge	(blank)	Grand Total
Asian or Asian British - Any other background		2%			2%	2%	2%					4%				17%			2%
Asian or Asian British - Bangladeshi		0%			6%														0%
Asian or Asian British - Indian		2%			4%	4%	5%					4%					17%		2%
Asian or Asian British - Pakistani		0%				0%	1%												0%
Black or Black British - African		5%			11%	12%	17%		13%	8%	11%	24%		100%	11%			50%	6%
Black or Black British - Any other background		1%		50%		3%	3%				11%	4%							2%
Black or Black British - Caribbean		3%			2%	6%	9%		13%	8%	11%	12%	17%		22%		17%		4%
Mixed - Any other mixed background		1%				1%	2%	50%			11%								1%
Mixed - White & Asian		0%				1%			13%										0%
Mixed - White & Black African		0%				2%													0%
Mixed - White & Black Caribbean		1%				0%	1%						8%			17%			1%
Not Stated (Client Refused)					2%														0%
Not Stated (Not Requested)		2%			2%	2%	1%				33%		17%		11%				2%
Other Ethnic Groups - Any Other Group		4%			4%	4%	3%			8%	11%		17%						4%
Other Ethnic Groups - Chinese		0%				1%	1%												0%
White - Any other background	50%	7%			9%	10%	5%			8%	11%	8%			11%	17%			7%
White - British	50%	70%	100%	50%	53%	52%	49%	50%	63%	67%		44%	33%		44%	50%	50%	50%	66%
White - Irish		2%			4%	1%	1%						8%				17%		2%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Appendix D – Objectives and Outcomes from Overall Service Equality Impact Assessments

CAMHS

OBJECTIVES	OUTCOMES
1. Better access to services	Improve the referral process to eliminate duplication, to adopt a leaner approach to referrals, removing unnecessary obstacles during the referral and team allocation process.
2. Cultural Competency	<p>Develop a cultural competency training programme for staff which is discipline based.</p> <p>Make cultural competency an integral part of supervision processes.</p> <p>Ensure that all assessment processes have cultural issues embedded in them.</p> <p>Aim to include impact assessments as a core part of processes and systems.</p>
3. Standardisation of systems	Develop a cross CAMHS group which can take issues forward and which includes representation/input from stakeholders and service users.

ALD

UNIT	EIA OBJECTIVES
ATLAS HOUSE	<ul style="list-style-type: none"> • Identify E&D staff Champion • Develop unit resource pack • All staff to attend Trust E&D training • Establish links with local BME community groups • Highlight mixed agenda issues in a secure setting • Identify reasons for lack of BME referrals (none since service opened in 1998) • All staff to attend Trust E&D training • Undertake an audit of mixed gender service • Establish links with local BME groups for staff information sessions & service delivery • Develop unit resource packs for BME, E&D and Gender issues
CENTRAL ALD	<ul style="list-style-type: none"> • To plan a range of services that meets the needs of people with learning disabilities within the framework of Valuing People and statutory obligations. • Look at ways of developing different kinds of services, e.g. non-building based services such as floating respite. This would enable people to access more culturally appropriate support. • We will continue to monitor take-up by ethnic origin. We need to develop ways of increasing the robustness and range of data collected. • All staff to attend Trust E&D training.
BEXLEY LDT	<ul style="list-style-type: none"> • Implement total communication strategy • Inclusion & equality of service users in the employment and recruitment of new staff • Develop suitable assessments and resources for service users from minority ethnic groups • All staff to attend Trust E&D training
GREENWICH CLDT	<ul style="list-style-type: none"> • To ensure all new projects/services reviews & considers E&D issues

	<ul style="list-style-type: none"> • Develop PCP training for staff • Develop and take forward person centred approach to service delivery • All staff to attend Trust E&D training
DAY SERVICES	<ul style="list-style-type: none"> • All staff to attend Trust E&D training • Local BME trainers/advisors are consulted about specific needs of service users from BME communities attending day service • From register identify eligible BME referrals • An analysis of service use indicates that people with learning disabilities from Black and Minority Ethnic groups under use our services. To continue to provide services in the same way would continue this adverse impact • Identify E&D Champion

FORENSIC

OBJECTIVE	OUTCOME
1. Increasing numbers of staff attending E&D training	Review numbers attending and develop action plan to increase
2. Maintain access to culturally appropriate food	Increase user involvement – rep from each clinic
3. Monitor incidents / complaints involving racial abuse / violence	Review of incidents in CG meetings. Training in Bracton development programme
4. Monitor use of interpreters that indicates appropriate use and non use when individuals first language is not English	Review over 12 month period through requests for interpreters from Bexley
5. Confirm need for culturally appropriate Advocacy and establish in Bracton Centre	Set up scoping meeting with potential partners
6. Monitor ethnicity of admissions and length of stay	Ensure that Ethnicity is being recorded onto RiO and that this is consistent with patients' self defining

BROMLEY

OBJECTIVE	OUTCOME
BANBURY HOUSE	<ul style="list-style-type: none"> • The admission criteria relating to age will be reviewed • Clients from Banbury will be involved in vocational social educational and recreational activities available in mainstream services • The audit process will seek to address the individual needs of the client group
ACT TEAM	<ul style="list-style-type: none"> • Undertake a review of ACT service – internal/external to be agreed at Complex Needs Management group • Assess and identify training needs for staff through team discussions and individuals PDR's • Undertake an audit of in-patient stays for underrepresented groups within the ACT caseload
COMMUNITY MENTAL HEALTH TEAMS	<ul style="list-style-type: none"> • Provide more information about transport options • Address the issues of safety and security whilst in the building we could provide notices stating that CCTV is operational for the safety and security of services users, staff and visitors • Provide car and computer magazines in the waiting area and books/toys for children • Ensure that appointment letters reach the correct address in time • Install an electronic system to improve access for wheelchair users
IVY WILLIS HOUSE	<ul style="list-style-type: none"> • To have clear understanding and usage of female only lounge • To make local estate and community as safe as possible for women to walk through • For women in unit to feel they can participate fully in unit processes and that service is delivered supportively
OLDER ADULTS	<ul style="list-style-type: none"> • Maintain and develop plans through the workforce Planning Plus Group • Develop plans to implement Older Adult Strategy with London Borough of Bromley • Develop links with Black and Ethnic Minority Community Groups to gain information on local need and also to signpost appropriate service users and carers to such groups.

GREENWICH

OBJECTIVE	OUTCOME
Reporting quarterly to Directorate Management Board and Trust E&D Steering group on: <ol style="list-style-type: none"> 1. Equality Impact Assessments 2. Ethnicity Recording 3. Training Attendance 4. CDW Roles 5. Women's Safety 	
1. Equality Impact Assessments	Key areas: ethnicity, gender, disability, sexual orientation, age, faith and belief
Carry forward the recommendations arising from the Equality Impact Assessments already carried out within the borough	Service areas to implement established plans and report back to SMT Joint working on common areas to be encouraged
Incorporate EIAs and Trust E&D requirements in Annual Plans and review the EIA's annually	Incorporate EIAs into Annual plans Review effectiveness of EIAs and additional actions required
Ensure that all new policies, procedures and formal reports have an EIA	Routinely integrate EIA into policies and reports. DMB template to be revised
Ensure that Trust Equality Plan requirements are met	Separate task list to be agreed. Incorporates new age, disability and gender discrimination targets as well as DRE requirements. DRE requirements to be dealt with via BME Forum Steering Group
2. Ethnicity Recording	
Ensure comprehensive approach to service user ethnicity recording. Review this data in conjunction with workforce data	Ensure all staff are confident in understanding, collecting and inputting data via RiO Utilise HR comparative data for workforce planning purposes.

3. Training Attendance	
Encourage BME staff to undertake appropriate leadership programmes	Ensure adequate publicity and management support. Audit uptake at SMT
Ensure all teams prioritise staff attendance on the Trust E&D training	Monitor compliance per service area. E-learning is mandatory but is complementary to one-day taught course
4. CDW roles	
Ensure appropriate support for the Greenwich BME forum and steering group. Continue plans to recruit third CDW worker	Promote BME Forum membership, via CDW outreach and publicity campaign. Encourage Forum to monitor Delivering Race Equality requirements, and engage service users and carers in changes.
5. Women's Safety	
Promote culture of awareness and responsiveness to women's safety issues	Contribute to planning for gender-specific in-patient units. Promote Safety / Privacy and Dignity Essence of Care work. Monitor incidents of sexual harassment and assault. Ensure appropriate action taken in compliance with POVA, including police response, develop policy on response to sexual assault allegations
6. Locally identified work streams - workforce	
Review recruitment, retention, promotion and performance management issues regularly within the borough workforce development group.	Ensure accurate database available
To develop and promote a Greenwich anti-discrimination statement.	Draft to be produced, making reference to AOPS and PCT statements to draft and consult for DMB ratification
Hold a series of diversity focus groups and / or a central diversity event in 2007. To attempt to engage clinicians including the consultant group actively in this process.	For further discussion. Include work on draft discrimination statement
7. Locally identified work streams - services	

<p>Improve disability access to sites in conjunction with Estates and Facilities and within available funding.</p>	<p>Audit areas of non-compliance and develop action plan based on feasibility / funding. Ensure new builds comply with requirements.</p>
<p>Ensure appropriate posters that are positive about diversity are on display in all sites and regularly updated.</p>	<p>Ordering stock. Distribution of range of posters to all service areas. Include appropriate publicity re; intolerance of racial harassment. Local responsibility for display and replacement to be agreed within teams.</p>

**BEXLEY
DISABILITY AND GENDER**

OBJECTIVE	OUTCOME
(1) Raising awareness of Issues	More detailed assessments by CMHT's, Rehabilitation Services, day care and in Older Adult Sub Directorate. EIA monitoring group interested in women's issues presented to Crisis Team (e.g. Domestic Violence)
(2) Raising awareness across whole directorate	Workshop on disability or gender issues
(3) Physical access (relates to point 1 above)	Assessment of premises including Crayford and Park Crescent D/C
(4) Mitigation of adverse impact/ways to improve access to and information about the service (DISABILITY)	Review key policies and procedures. Survey information including availability of different formats.
(5) Any complaints (incl. PALS) received in respect of an equality issue	To monitor complaints.
(6) Meeting complex needs and shared cases	To highlight complex needs cases that cut out across disability and mental health to ensure sound practice and management.
(7) User feedback on the issues	Scan user survey
(8) Baby and child facilities	Install nappy changing facilities at two CMHT centres in Bexleyheath and Erith
GENERIC EQUALITY ISSUES: (9) Holistic assessments and care plans	To enhance holistic nature of assessments
(10) Training	a) Attend Trust Diversity Training b) Identify any specific training

(11) a). Ensure involvement of outside agencies/consultation b). of service users	Present action plan to voluntary sector and stakeholders via partnership group. Present to Acute Care Forum
(12) Monitor and review action plan	Regular reviews
RACE EQUALITY	
1) Awareness of ethnicity and accurate recording 2) Data – recording	<ul style="list-style-type: none"> • All Teams will need to address how, when and why they ask about ethnicity • Greater awareness of the interaction of issues of ethnicity, mental illness, poverty, stigma and social inclusion • Mandatory attendance of Trust Diversity and Equality Training • Use most recent version of 'blue card' to help clients choose the appropriate ethnic category. <p>A) Improvement in recording of ethnicity in CATTs B) Continue sending out incomplete data sets</p>
3) Data – practice issues	<ol style="list-style-type: none"> 1. For discussion and action in all teams 2. To be checked by supervisors in supervision 3. To be checked by supervisor and/or manager when closing case 4. Make time to reflect upon the 'ten shared competencies' launched by the DoH*
4) Data – analysis – a) comparing uptake of services by ethnic group with background population for Borough. b) 'Count me in' Survey of 31.03.05	<p>Obtain from Council breakdown, by ethnic groups, of the Borough and compare with current data on open referrals and in-patients.</p> <p>Future work by team about who takes up the service and who does not and why.</p> <p>Use this national census of psychiatric in-patients (self identified ethnicity, languages and faith) to provide a backdrop for qualitative analysis of BME service user experience.</p>
5) Assessment and care	<ul style="list-style-type: none"> • Staff members to take individual responsibility in direct practice/clinical work.

<p>planning – being able to identify ethnic and cultural needs of clients / having an awareness of difference and diversity issues in clients' lives and within teams.</p>	<ul style="list-style-type: none"> • Any actions to be suggested by CATT working party above (2 A) • Have a component on diversity and equality in PDPs, and, where applicable, Knowledge and Skills Framework. • Discussion in team meetings and MDTs/possible workshop • Incorporate in Team Away Days • Uptake of Direct Payments to help deliver more individual and culturally appropriate care provision
<p>6) Practice – Identification of best practice</p>	<ul style="list-style-type: none"> • Staff members to attend Trust Diversity Training • Older Adults to contact policy and research department of Institute on Ageing • Ensuring initiatives from Royal College of Psychiatrists on 'cultural capability' are part of continuing professional development
<p>7) ASW referrals</p>	<p>Analysis of data by ethnicity. Some minor amendments to procedures</p>
<p>8) Knowledge of culturally specific resources</p> <p>9) Knowledge of mainstream services</p> <p>10) Information and Monitoring – complaints/critical incidents</p>	<p>Up to date directory Present EIA to Bexley Equality Forum</p> <p>Continue to maintain links with Bexley Council</p> <p>Need to collate complaints against ethnicity to check out impression that majority of complaints are from white people and that BME service users may have less access to complaints' procedure. Need to check PALS data</p> <p>All Critical Incident Reports to include ethnicity of patient and to show consideration of any possible ethnic and cultural issues</p>
<p>11) Knowledge of relevant legislation and mainstream services – Race Relations (Amendment) Act and</p>	<p>Produce brief practice guidelines on working with Refugees and Asylum Seekers and people with no recourse to public funds alongside information on relevant Council services.</p>

<p>National Assistance Act as relates to asylum seekers and people with no recourse to public funds.</p>	
<p>12) Specific research project – CATT (North)</p>	<p>Monitor action plan and revise as necessary and act as a channel for any new reports or consultation documents.</p>
<p>CPA</p>	<p>Information on CPA in main BME languages.</p>
<p>Data</p>	<p>Clear process for collating data and feeding into service improvement.</p>
<p>Information</p>	<p>Up to date information on BME resources</p>
<p>Dealing with racist abuse</p>	<p>Clarify Trust written policy on dealing with racist and any other abuse/ how it is put into practice and monitored/display policy in all public areas.</p> <p>Clarify Trust policy on how to deal with requests from service users who do not want to be seen by a black member of staff.</p>

Appendix E

The following groups and organisations are consulted by Oxleas:

MIND in Bexley
Age Concern Bexley
Asian Woman's Group
Bexley Association of Disabled People
Bexley Care Trust
Bexley Council
Bracton Against Drugs (BAD)
Bromley SPARKS
Carers Support (Bexley)
First Step Trust
Humrahi
The Metro Centre
Shaw Trust Bexley Centre
London Strategic Health Authority
Queen Mary's NHS Trust
Bromley Refugee Network
Age Concern – Bromley
Alzheimer's Society
Bromley Advocacy Project
Bromley Association of People with Disabilities
Bromley Autistic Trust
Bromley Council
Bromley Gypsy Traveller Project
Bromley Mind
Bromley Primary Care Trust
Bromley Racial Equality Council (BREC)
Bromley Refugee Network
Bromley Somali Community Association
Bromley User Group
Carers Bromley
Community Options Ltd
Princess Royal University Hospital

Horizon House
Samaritans of Bromley and Orpington
Asian Health Project
Bridge 86 Ltd
First Step Trust
Frantz Fanon House Project (Ujima Housing Association)
GAD (Greenwich Association for Disabled People)
Greenwich Carers Centre
Greenwich MIND
Greenwich Vietnam Community
Greenwich Women's Centre
Greenwich Racial Equality Council (BREC)
Queen Elizabeth Hospital
Greenwich Council
Greenwich Teaching Primary Care Trust
Samaritans – Lewisham, Greenwich and Southwark
Vietnamese Mental Health Services
Woolwich Simba Project
University of Greenwich
Spiritual and Cultural Care Team
Bexley Afro-Caribbean Community Association (BACCA)
Bexley Somali Community Association
Blind Independence (Greenwich)
Psychotherapy Bromley
Women's Aid (Greenwich)
BEXLEY TWOFOLD
Advocate4health
Advocacy in Greenwich
Inspire Community Trust
Oxleas User Council
Oxleas Foundation Trust Members
Oxleas Foundation Trust Staff