Equality, Diversity & Inclusion
Annual Report
2016/17

Creating an personal, fair, diverse and inclusive NHS
If you would like this Report in another format that would better suit your needs, or in another language, then please just let us know by contacting Paul Singh, Equality & Diversity Lead on: 01384 366517, or email gurwinderpaul.singh@dwmh.nhs.uk

If you have any comments about the contents of this report or would like to get involved, please contact us on the same details above.
1. Forward

There is clear evidence that people’s health, their access to health services and experiences of health services are affected by their age, gender, race, sex, sexual orientation, disability, religion/belief, transgender, marital/civil partnership status and pregnancy/maternity status. Dudley & Walsall Mental Health Partnership NHS Trust strive to provide services that meet the needs of our communities; improving access and outcomes for residents and communities within Boroughs of Dudley and Walsall.

In this report we provide information relating to the Act’s nine ‘protected characteristics’ and demonstrate how the Trust has performed in meeting its legal duties set in the Equality Act 2010. However, our diversity and inclusion commitment goes beyond meeting our statutory obligations, so we have also included details of our wider programme to celebrate our commitment to Equality, Diversity, Inclusion and Human Rights.

Mark Axcell
Chief Executive

Ben Reid
Chair
2. Introduction

This has been a year of consolidating our previous good work, delivering support differently, and facing up to new challenges, including the NHS Workforce Race Equality Standard (WRES) and the Workface Disability Equality Standard (WDES). The Trust continues to value equality, diversity and inclusion and ensure there will be no barriers for any group or individual receiving a good health outcome.

The main purpose of this report is to provide assurance that the Trust is compliant with its responsibilities under the Equality Act 2010 and, in particular, the public sector equality duty. The report highlights the progress made towards achieving the Trust’s equality, diversity and inclusion objectives and key priorities for 2016/17.

In addition, the Trust’s commitment to equality, diversity and inclusion continues to be recognised by NHS Employers with whom we meet regularly to report on our work and to learn from the successes of other NHS organisations. We also continued to try new ways of engaging and supporting diverse communities, particularly through the Community Development Worker service.

During 2016/17 the Trust has continued to fulfil its mission to embed equality and inclusivity throughout the organisation to enable the Trust to excel in equality, dignity and diversity practice. Tackling inequality and removing barriers in respect of equality, diversity and human rights through employment and the services provided remains a key strategic focus for the Trust.

In relation to the workforce the focus has been on monitoring equality practices in terms of allegations of discrimination, bullying and harassment as well as removing any barriers that would prevent an individual from being able to fulfil their role. Further development on this agenda together with the continued progression of the Equality Delivery System 2 framework (EDS2) the continued implementation of the NHS Workforce Race Equality Standard (WRES), and the implementation of the Accessible Information Standard (AIS) will form key priorities for 2017/18.

2.1 Trust’s Key Achievements 2016/17

Key achievements during the course of the last twelve months involve the following:

- Achieved progress and compliance with Trust Equality Objectives 2016/17;
- Publication of equalities data by 31st January 2017;
- Leading on the Equality, Diversity, Inclusion MERIT Vanguard Work-Stream (Achieved NHS Employers Partnership Status 16/17 and 17/18);
- Worked with stakeholders, staff, service users and communities of interest to provide continuous assessment of progress through the EDS 2 grading system;
- Delivered 4 public and staff engagement activities during NHS Equality & Diversity Week 2017;
- Increased E&D mandatory compliance targets to exceed over 90%;
- Updated Human Resources and clinical policies to incorporate the Equality Act requirements;
- Developed a new Equality Impact Assessment and carried out Equality Impact Analysis (Assessments) for policies, procedures and Trust service transformation areas;
- Roll out of cultural competency training series as part of nurse revalidation programme, which includes LGBT awareness, Migration Awareness and Cultural Awareness toolkit;
- Improved communications for staff and service users regarding access to translation and interpretation services;
- Increased support and engagement with marginalised groups, particularly those with a learning disability, with dementia, carers and transgender patients;
- Delivered on numerous equality and well-being projects through the Community Development Workers team;
- Implemented the requirements of the Workforce Race Equality (WRES) Standard and a robust action plan developed;
- Implemented the requirements of the Accessible Information Standard (AIS);
- Further developed equality engagement with staff and service users. Identifying local and national organisations, groups and bodies as part of our consultation and involvement strategy;
- Progression with Community Development Worker (CDW’s) work programme 2016/17.
- Reviewed and refreshed the Trust’s equality and diversity objectives, by means of the establishment of EDS communities of interest grading focus groups.

3. About the Trust

The Trust is a multi-site provider (26 sites) serving the Black Country boroughs of Dudley and Walsall within the West Midlands. The Trust’s headquarters are situated in Dudley, approximately 10 miles north-west of Birmingham.

The Black Country region demonstrates cultural, economic and educational diversity. Walsall, along with Sandwell and Wolverhampton, experience high levels of multiple deprivation.

Since formation, the Trust has made significant progress in the development of the organisation, engaging with its communities and taking stock of service quality and performance.

We are proud of:

- Small and flexible organisation, respond to change and challenge, quickly and effectively
- Openness and transparency
- Robust relationships with commissioners and excellent local health economy knowledge
- Reputation for good service quality and governance
- Good engagement with service users, carers, agencies and community groups
- Consistent high performance
- Successful integration of two culturally and operationally different services

3.1 Our Vision

Better Together - delivering flexible, high-quality, evidence-based services to enable people to achieve recovery.

The Trust’s vision is one of a recovery oriented service. The vision, encapsulating the concept of the benefits arising from a single mental health trust for the populations of Dudley and Walsall, is shown below:

The Trust’s vision has been guided by national, regional and local intelligence and strategies where there is a growing emphasis on the well-being of the population and a focus on prevention, together with early detection and intervention.

3.2 Our Values

Our values are the essence of our identity. They describe what we are and what we stand for. They support our vision, shape the culture and more importantly represent the behaviours that staff value as employees.

In 2015/16 we refreshed our values in close partnership with staff. This was a process that engaged all staff in revisiting what they felt were important values for us and that would shape our guiding principles and underpin the way we work.

After extensive discussion and review, we chose the following new values:

These new values also reflect the NHS Constitution and are significant in that they inform attitudes and therefore behaviours of staff. Underpinning our new values is a
behavioural framework that supports recruitment, personal development, performance and organisational culture.

### 3.3 Our Strategy

The Trust has a clear, focused strategy that underpins the delivery of mental health services for the populations of Dudley and Walsall. In protecting its long term viability, the Trust explores opportunities that support the delivery of mental health services across the wider health economy, building on the skills of the Trust and meeting unmet or emerging needs.

In developing its strategy, the Board stated its commitment to be flexible in its on-going consideration of the scope of services it provides in order to reflect the genuine needs of service users and carers and delivery of the Five Year Forward View (5YFV).

**Strategic aims**

The Trust’s strategy has three overarching domains that together, achieve the Trust’s vision:

| 1. Transform services to improve the patient experience and the quality of services | 2. Become the preferred provider of prevention and recovery services for mental health and wellbeing within the Black Country and beyond | 3. Develop the organisational culture and capabilities to support high quality service delivery |

### 3.4 Our Services

Mental health conditions are very common with 1 in 4 people experiencing some kind of mental health problem in the course of a year. These are split into two categories; “common mental health problems”, which include conditions such as depression and anxiety, and “severe and enduring mental health problems” such as schizophrenia and bipolar disorder.

The Trust provides a full range of mental health treatment and rehabilitation services that manage both categories of mental health conditions. The Trust’s range of services spans GP based primary care counselling and psychological therapies for common mental health problems through to the treatment and care of people detained under the Mental Health Act.

Core services are provided predominately to Dudley and Walsall, but also to neighbouring Trusts in Worcestershire, Staffordshire, Birmingham and Warwickshire. We provide:

- Community mental health services for children, adults & older people
- Inpatient services for adults and older people
- Primary Care Mental Health services (including IAPT)
• Mental Health Social Care Services (via local authority partnerships)
• Psychological Therapies
• Employment, education and training support for people with mental health problems
• Specialist Deaf CAMHS (national hub)

In 2009, the Trust was selected by the National Commissioning Group to be one of four centres in England to deliver a national Deaf Service for children up to the age of 18 and their families.

4. Equality Governance

This section describes the current equality related work and governance infrastructure across the Trust.

4.1 Trust Board

The Trust Board has ultimate overall responsibility for ensuring that the organisation is progressing against equality and diversity priorities and is compliant with all relevant legislation.

4.2 Mental Health Scrutiny Committee

The Mental Health Act Scrutiny Committee is a sub group of the Trust Board and is responsible for discharging all requirements of the Mental Health Act. The Trust Equality & Diversity Lead is a member of this committee and gauges information on BME statistics relating to Mental Health Act admissions. The role of the E&D Lead is also to review and monitor the use of the Act within the Trust, noting and ensuring investigation of any emerging trends with respect to service, age, gender, ethnicity, cultural background and other protected characteristics within the Equality Act 2010.

4.3 Quality and Safety Committee

This formal sub-committee oversees equality and diversity on behalf of the Trust Board and receives regular reports from the Equality and Diversity Steering Group.

4.4 Equality and Diversity Steering Group (EDSG)

The Equality and Diversity Steering group consists of staff from across the Trust. This includes senior managers, staff from Workforce Development, Human Resources, Communications, community development workers and expert by experience service users. The group is chaired by the Executive Director of People and Corporate Development.

The Equality and Diversity Lead reports on progress to the Steering group and also utilises the group’s expertise in many areas of the Trust to mainstream equality into all business areas. The group also monitors and oversees the implementation of the
EDS, WRES and key equality projects. The EDSG is a sub group of the Trust’s Quality and Safety Committee.

Our Equality and Diversity Steering Group takes responsibility for monitoring and developing the EDS - and each year reviews the Equality priorities to ensure they are focused on advancing equality between equality groups - for service users, staff and anyone who comes into contact with our services. The EDSG meets quarterly and its actions are reported upwards to the Executive Team and to the Board of Directors. The Board of Directors are actively engaged with promoting equality and inclusion and its non-executive directors, all of whom have a keen interest in progressing equality and diversity for public, patients and staff alike.

5. Meeting the Public Sector Equality Duty — Trust continued commitment to Equality, Diversity, Inclusion and Human Rights.

This section of the report demonstrates all key activities and processes the Trust has in place to demonstrate compliance with the Public Sector Equality Duty (PSED).

5.1 The Trust is committed to:

- Developing policies, processes, procedures, practices and behaviours which challenges all forms of discrimination and promotes equality of opportunity at all levels
- Creating an organisation that harnesses the different perspectives and skills of all staff and provides a working environment free from discrimination, harassment or victimisation

The Equality Duty consists of a General Duty with three main aims. It requires the Trust to have due regard to the need to:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct which is unlawful under the Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

Having due regard means that the Trust must take account of these three aims as part of our decision making processes; in how we act as an employer, how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

The general duty is also underpinned by a number of specific duties which include the need for the Trust to:
Set specific, measurable equality objectives;
Analyse the effect of our policies and practices on equality and consider how they further the equality aims (EIA’s);
Publish sufficient information to demonstrate we have complied with the general equality duty on an annual basis.

5.2 The Equality Delivery System 2 (EDS): Engagement and Grading Evaluation.

The EDS2 requires the Trust in collaboration with local interests to analyse and grade their performance, and set defined equality objectives, supported by an action plan. Performance against the selected objectives will be annually reviewed and these processes will be integrated within mainstream business planning. By focusing efforts and making better informed changes to service delivery the Trust can improve both cost effectiveness and quality.

Engagement is an intrinsic part of the NHS Equality Delivery System. The Trust encourages genuine qualitative and quantitative engagement with patients, volunteers, staff, public members, governors and local interest groups which are protected under the Equality Act. The Trust recognises that people have a right to be actively involved in decisions that affect their lives and wellbeing. Involving people encourages and empowers them as individuals and as communities.
The Trust has assembled evidence for analysing its equality performance and setting future priorities. The Trust carries out grading evaluation every two years to ensure this is a meaningful and transparent process involving communities of interests, stakeholder, service users, carers and staff. Engagement with service users on equality issues is proactive and multi-faceted.

The Trust has a well-established dialogue with service users through the Mental Health Forum, and further feedback from service users with protected characteristics is obtained through patient stories, patient surveys and through engagement with our Community Development Worker Team and Expert by Experience Service Users and Carers.

The Trust has held key engagement events and has worked with Engaging Communities, which is a leading voluntary sector organisation linked with Health Watch bodies. Engaging Communities is primarily concerned with engagement with the local community surrounding the provision of healthcare within the West Midlands region and beyond. Engaging Communities provides a subscription service for partner organisations.

Through carrying out several focus groups over the course of the last 15/16, Engaging Communities have develop practical recommendations to improve services and replicate good practice, based on robust evidence collected from the voice and experience of service users and staff.

Engagement activities have been specifically aimed at identifying needs around: equality of access; further learning from both positive and negative patient experience, with an emphasis on understanding what sustainable engagement looks like for local community groups; and identifying any key learning’s around dignity and respect for patients and communities, staff and future governors.

The Trust’s EDS2 grading system enables patients to see the Trust’s performance against the criteria and also as a method for patients to feedback on their experiences. Throughout the focus groups participants were provided with copies of the 2015/16 grading table and were asked for their opinions on it.

As a result of the analyses, an overall grade for each outcome has been agreed, taking into account any variations between protected groups and any variations in performance across the Trust. The evidence/grading that has been assembled will be shared with the Trust’s wider local interests via the Trust’s Community Development Worker Team in accessible formats.
The table below confirms the final EDS2 grading results for 2015/16

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<tr>
<th>RAG Rating</th>
<th>Final Grades 2016/17</th>
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<tr>
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<tr>
<td>Number of Outcomes rated <strong>GREEN</strong></td>
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<tr>
<td>Number of Outcomes rated <strong>AMBER</strong></td>
<td>10</td>
</tr>
<tr>
<td>Number of Outcomes rated <strong>RED</strong></td>
<td>0</td>
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</tbody>
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The final EDS2 grading summary report can be accessed via the Trust website [www.dwmh.nhs.uk](http://www.dwmh.nhs.uk)

The full Engaging Communities EDS2 Evaluation and Engagement report can be accessed upon request.

### 5.3 Equality Objectives 2016/17

As a direct result of EDS2 evaluation and grading panel the Trust has developed four specific long term Equality Objectives and Action Plan, which will enable the Trust to address barriers through mainstream plans including- changes to specifications, business plans and strategies, improving procurement activity and processes, enabling improved information and intelligence exchange with key partners including NHS England, the Local Authority and Community Voluntary and Faith Sector.

Below is a summary of the Trust’s actions and consequent progress against the EDS2 action plan and Equality Objectives.

**Objective One:** Behaviour and discipline policies, processes and outcomes should be reviewed for their effectiveness at addressing issues of discrimination, harassment, bullying, victimisation and dignity at work and in the Hospital environment, and promoting good relations across all Trust services. Outcomes will be monitored for trends or patterns
- Reviewed Bullying & Harassment Policy and procedure
- Review and Revised Equality & Diversity Policy, to include an inclusion strategy and Respect at Work procedure.
- Further promoted support mechanisms available to staff and service users whom report bullying, harassment and discrimination, such as Cultural Ambassadors Programme and Work Place Advisors
- Establishment of joint Staff Networks to offer support to address the impact of experiencing racism/discrimination in employment.
- Encouraged an inclusive environment of Equality and Diversity at the Trust and all Trust sites, (Audit of Hospital Wards carried out in May 17 and Updated all Hospital Wards with Religious items
- Provided further LGBT and Migration Awareness Training across Dudley and Walsall sites.

**Objective Two:** Provide more accessible communication to patients who have specific communication needs with a focus on implementing the Accessible Information Standards and reviewing patient information

| - Updated electronic patient record system (OASIS) to include new dataset to flag, record, share and meet needs |
| - Created an AIS Dashboard to ensure accessible information needs are recorded and monitored |
| - Developed an Accessible Information Standard policy. |
| - Created a Patients Needs Form to identify needs, record needs. This is to form part of patient care pathways |
| - Carried out Equality Impact Assessments on patient information including leaflets, self-help guides and Trust website resources. |
| - Continued to manage and monitor Trust interpretation and translation service contract. |

**Objective Three:** To introduce a range of interventions to mainstream mechanisms for staff to raise concerns at work, including any concerns of harassment or bullying

| - Further promoted support mechanisms available to staff and service users whom report bullying, harassment and discrimination, such as Cultural Ambassadors Programme and Work Place Advisors |
| - Ensured that all managers and staff undertaking disciplinary investigations, hearings and appeals undertake: Equality and Diversity training, Unconscious Bias training and Cultural Competence training |
| - Revised and developed Bullying and Harassment Policy |
Objective Four: To demonstrate progress against indicators within the NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES)

- Developed robust WRES Action Plan
- Quarterly WRES Action Plan reports to Trust Workforce Committee, Trust Board and Equality & Diversity Steering Group.
- Developed a draft WDES Action Plan.
- Achieved Disability Confident Employer Accreditation.
- Continued to promote Positive action campaigns to embrace applications/volunteers from people with disabilities and learning disabilities

The full Equality Objectives progress report can be accessed via the Trust website www.dwmh.nhs.uk

5.4 Workforce Race Equality Standard (WRES)

The WRES has been implemented by the Trust to track what progress they are making to identify and help eliminate discrimination in the treatment of BME staff.

The standard has nine metrics which will focus upon bullying and harassment, access to promotion and career development, and experience of discrimination, as well as local workforce measures including the likelihood of being recruited from shortlisting. It will use a number of workforce indicators, including a board membership metric to gauge the current state of workforce race equality within provider organisations.

The standard has been introduced which aims to support improvement work to enhance the service we provide by creating a more reflective workforce which will:

- Attract new talent,
- Retain productive, committed and motivated staff,
- Create a culture that harmonises with the local community,
- Help improve access to services

The metrics used in the WRES focuses on Race Equality in particular; however this standard will also assist the Trust in implementing the EDS2

Since the publication of WRES baseline data in July 2015 some significant progress has been made to address the inequalities relating to BME staff. These actions were formally monitored by the Trust’s Workforce Committee and progress has been reported as part of our corporate plans. Progress for 16/17 has been published in a separate report which can be accessed via the Trust website www.dwmh.nhs.uk

The Trust is in the process of submitting a comparison report looking at the baseline data and how this compares with this year’s reporting data, highlighting any short
comings or improvements for BME staff. WRES data will also be uploaded as recommended by NHS England on the UNIFY2 system and be published on the 1st August 2017. The Trust recognises the challenge and importance of this particular standard and has therefore established an equality objective to further meet the needs of the WRES.

5.5 Accessible Information Standard

The Accessible Information Standard (AIS) was developed in response to the requirements of the Equality Act 2010 to take steps or make “reasonable adjustments” in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled, and specific duties under the Care Act 2014 with regard to the provision of information - “Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided.”

The AIS was introduced in 2015 and is particularly relevant to individuals who are blind, people who are deaf, the Deaf community (whose first or preferred language is British Sign Language), individuals who are deafblind and/or who have a learning disability, although it should support anyone with information or communication needs relating to a disability, impairment or sensory loss.

The Trust has in place an AIS policy which outlines that the Trust will:

- Ensure systems and processes are in place to consistently and routinely identify, register, flag and share patients’, carers’ and parents’ information and communication needs, where they relate to a disability, impairment or sensory loss, as part of service user records.

- Through training and communication, ensure that staff are aware of the Implications of the Accessible Information Standard (AIS) and are aware of and able to follow local processes and procedures which have been put in place to ensure:
  - A consistent approach to identification of information/communication needs of service at first registration or interaction with the Trust.
  - A consistent and routine recording of information/communication needs as part of patient records.
  - Inclusion of any recorded data about individuals’ information and/or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.
  - Establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and/or communication need, and prompt staff to take appropriate action and/or trigger automatic generation of information in an accessible format/other actions such that those needs can be met.
  - Steps are taken to ensure that individuals receive information in an alternative, accessible format and any communication support which they need.
The E&D Lead, Patient Experience Lead and Communications Team manage all AIS requests via the Trust’s corporate AIS dashboard and have produced a number of communication tools to ensure all information requests are identified, flagged, recorded, shared and that all requests are met. As part of the implementation of the AIS, The Walsall Deaf People’s Centre has provided additional Deaf awareness training to frontline staff.

The Trust through a Service Level Agreement with a well-established interpretation and translation service provider has reiterated its commitment to ensuring that people using services have access to high quality, accessible information. In order to ensure that patients receive high quality, accurate and reliable interpretation and translation, it is important that the Trust is assured that professionally qualified interpreters and translators are used at all times. The Equality & Diversity Lead manages and coordinates the service internally in terms of access and facilitating any concerns or issues raised by staff or service users.

5.6 Equality Impact Assessments/ Equality Analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this. First, to consider if there are any unintended consequences for some groups, and second, to consider if the policy, service or procedures will be fully effective for all target groups. It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of Trust functions, policies or decisions.

The Trust has made further progress on undertaking equality impact assessments. During 2015/16 we provided further Equality Impact Assessment Training for managers and staff involved in assessments. During the last twelve months we...
have completed equality analysis on 38 policies and 1 Service Transformation impact assessment.

The Trust revised its Equality Impact Assessment Tool and guidance in 2016, adopting the MERIT vanguard bespoke single Tool as best practice.

All Equality Impact Analysis are available on our website: www.dwmh.nhs.uk

5.7 Equality & Diversity Training

The Trust is embedding equality and diversity into our generic training programme by reviewing this and identifying where equality and diversity may be relevant. This is as well as delivering a programme of specific Equality and Diversity training which covers unconscious bias.

Our mandatory equality training e-Learning package has been reviewed and the way in which we monitor compliance has also been improved. We have seen a significant improvement in the compliance rate within a very short time and anticipate further improvement. The E&D training compliance rate as of May 2017 was at 91% compared to 80% last year. Bespoke training is provided for individuals, groups or departments that require specific training or have concerns/issues that require addressing. All recruitment managers are provided with training to raise awareness of best practice.

5.8 Community Development Workers (CDWs)

Community Development Workers (CDWs) have provided a wide range of support across Dudley and Walsall during the last 12 months. The Team have worked with community groups, statutory and voluntary organisations, with individuals and other Trust teams. Numerous projects, initiatives, training and awareness sessions were undertaken during the year, making a difference in tackling stigma and mental health inequalities.

The CDW Role is based on the following four building blocks:
Below are two case study examples of the recovery star model which is utilised by the CDW’s when working with individual service users.

**Example 1 – Dudley**

**Red – After CDW Intervention**

**Blue – Before CDW Intervention**

A CDW held a stand at an event at Dudley College to raise awareness of mental health. Client X approached the stand and informed the CDW that she was an asylum seeker from Sri Lanka who was studying at the college to learn English. She continued to explain that her overall mental health was poor and that she suffered from depression. She felt very isolated where she lived and had no friends. The client asked for help as she wanted to develop a better understanding of her illness, and although she had previously visited her GP she did not find the appointment very useful. The CDW explained that she would stay in contact with her to help signpost appropriate services that could help to support her.

In the meanwhile, the CDW posted out a Trust self-help guide on Depression and some Wellbeing resources to the client. The CDW also provided the client with details for the Centre for Equality and Diversity to receive further help and advice. And additionally, the CDW also signposted the client to the Welcome Group, which is a support group in Halesowen that welcomes new arrivals from the migrant and refugee community. The client attends the Welcome Group on a weekly basis and has now formulated new friendships. She particularly enjoys engaging with staff. The CDW noticed a huge improvement in the client’s self-confidence and self-esteem over the period of time she had been supported. Although the client recognises that she is on a journey to full recovery, having a support network in place has helped to improve her overall mental health. Client X is extremely grateful for the support she received as she feels CDW intervention has made a positive difference to her life.
When working on a one-to-one basis with clients, where appropriate, a Mental Health Recovery Star is completed to ascertain what improvements have been made, before, during and following an intervention. The following is an example of this from a client who the team worked with in Walsall.

The CDW Team attend a number of events throughout the year to promote both the CDW service and to raise awareness of mental health. During an event at the Aaina Community Hub (a community centre for women that provides training, support and advice), Client X approached a member of the team to find out about our service. She requested a one to one meeting. During the initial meeting Client X disclosed that she had been diagnosed with social anxiety and OCD (Obsessive Compulsive Disorder), and had previously received Trust outpatient care and support. Whilst secondary care intervention helped, Client X felt that she still struggled to overcome her fears of social anxiety which inhibited her lifestyle to the extent that she would not leave the house unless absolute necessary. Furthermore, she disclosed that she developed addictive behaviours when purchasing goods as she would do this in particular number patterns causing her to spend more money than she could afford, and also accumulate possessions in quantities that she did not need. Over a period of 6 months the CDW arranged monthly one to one sessions with Client X where she provided her with an opportunity to talk and receive information about local appropriate services and obtain useful wellbeing resources within a safe and confidential space.

During this time the CDW sign posted the following services; GP, Lifestyle Serves Wellbeing Team, Leisure Services activities, Walk On Weekly, WHG (Walsall Housing Group) Wellbeing Service, Home Start, Walsall Adult Community College and Pyari Sangat (Asian Women’s Mental Health Support Group).

Empowered with the information provided and the regular one to one sessions, Client X began to take ownership of her wellbeing and lifestyle choices through making informed decisions with the support of the CDW. Client X started to leave the house more regularly to go for unplanned walks and also enrolled on a volunteer course through
WHG Wellbeing Services. After a period of 6 weeks Client X developed the courage to attend a local support group founded by the CDW to support and empower South Asian women affected by mental illness. After her first initial visit Client X informed the CDW that she wished she had plucked up the courage much sooner to make bold steps like these as she felt she had missed out on so much and was determined to not to allow the illness that had governed her behaviour previously to prevent her from engaging outside of the home environment again. Client X is a regular and valued member of Pyari Sangat. During a trip to the Birmingham Bullring and Art Museum, Client X felt particularly proud of herself as she overcame an obstacle using public transport for the first time in a long while as the group received a donation of free West Midlands Day Passes. The overall wellbeing of Client X has dramatically improved over a period of one year as demonstrated in the Recovery Star model below showcasing an average 66% increase in overall wellbeing since CDW intervention.

A detailed CDW Annual Report is available on our website, please follow link: www.dwmh.nhs.uk

5.9 NHS Equality & Diversity Week 2017

Equality, Diversity and Human Rights Week is an annual event which is now in its 6th year. It encourages NHS Trusts across the UK to highlight the work they have done to create an inclusive, fair and equal service.

The week allows Trusts to raise their profile, and to show their commitment to equality, diversity and human rights. The theme of 2017 was Diverse, Inclusive Together #EQW2017

This year The Trust organised Equality and Diversity drop-ins to promote the resources, services and facilities we have across Trust sites to cater to staff and patient’s cultural and religious needs. The E&D Lead and the CDW Team worked in collaboration with the Trust’s Chaplaincy team and library services and the drop-ins were supported by the Trust’s EBE’s (Expert by Experience) who use their experiences of mental health services as patients or carers to inform and influence the delivery, planning and quality of services within the Trust.
The lunch time drop-in allowed staff and patients to participate in thought provoking activities to challenge perceptions around the 9 characteristics protected by the Equality Act 2010. Activities included:

- **Sensory Awareness Activity** (Participants were tasked to thread a piece of wool through the holes of a plate blind folded. This gave participants a chance to reflect on what it could be like to lose a sense.)
- **Celebrity Wall** (Participants received a treat if they were able to identify celebrity protected characteristics.)
- **Equality & Diversity Pledge** Event goers had the opportunity to declare a pledge, declaring how they would promote equality and diversity in their roles.)
- **Common Sayings in Various Languages** (participants were taught how to say common sentences in Punjabi, Urdu and Hindi.)

5.10 Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council (EDC) has taken another pivotal step to advance equality within the NHS. The Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. NHS England has agreed to do so. The EDC considered the report published by Middlesex and Bedfordshire Universities on the ‘Experience of Disabled Staff in the NHS’, alongside findings from research carried out by Disability Rights UK and NHS Employers ‘Different Choices, Different Voices’, which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

The Trust is in the process of developing a WDES reference group to support this work and develop a WDERS implementation plan. The Trust’s E&D Lead is a member of the national EDC WRES Special Advisory Group.

Please see below draft Metrics which are to be finalised and published in the autumn 2017.

<table>
<thead>
<tr>
<th>Draft WDES Metrics</th>
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<tbody>
<tr>
<td>1. Percentage of disabled staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.</td>
</tr>
<tr>
<td>2. Q15 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months</td>
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</tbody>
</table>
| 3. Q9d In the last 3 months have you ever come to work despite not feeling well enough to perform your duties?  
  e) have you felt pressure from your manager to come to work? |
| 4. Q16 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion |
| 5. Q5f: How satisfied are you with each of the following aspects of your job:  
  f) the extent to which my organisation values my work |
| 6. Q20f (Appraisal): Were any training, learning or development needs identified? |
7. Q20g(Appraisal): Did your manager support you to receive this learning and development?

8. Q20a Did your appraisal help you improve how you did your job?

9. Q27b (Reasonable adjustment): Has your employer made adequate adjustments to enable you to carry out your work? (For reporting year)

10. Does the board meet the requirement on Board membership (referred to in the Race Equality Standard) that ‘Boards are expected to be broadly representative of the staff and population they serve’?

**Analysis of disabled staff response only**

11. Q17 % saying they had experienced discrimination on the grounds of: c) disability

---

### 5.11 Disability Confident Scheme

The Disability Confident scheme aims to help employers make the most of the opportunities provided by employing disabled people. It is voluntary and has been developed by employers and disabled people’s representatives.

The Disability Confident scheme has 3 levels:

- **Disability Confident Committed**
- **Disability Confident Employer**
- **Disability Confident Leader**

The Trust is an Accredited Disability Confident Employer and is committed to:

- Challenging attitudes towards disability
- Increasing understanding of disability
- Removing barriers to disabled people and those with long-term health conditions
- Ensuring that disabled people have the opportunities to fulfil their potential and realise their aspirations
- Engage and encourage employers to become more confident so they employ and retain disabled people
- Increase understanding of disability and the benefits of employing or retaining disabled people
- Increase the number of employers taking action to be Disability Confident
- Make a substantial contribution towards halving the disability employment gap

### 5.12 Positive about Mental Health - Mindful Employer Charter

The Trust is in its second year of being a signatory of the Mindful Employers Charter. The Trust recognises that:
People who have mental health issues may have experienced discrimination in recruitment and selection procedure. This may discourage them from seeking employment.

Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.

Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with on-going issues.

As an employer the Trust aims to:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010, and given appropriate interview skills.
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
- Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgemental and proactive support to individual staff who experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace.

5.13 Mental Health Alliance for Excellence, Resilience, Innovation and Training (MERIT) Vanguard – Embedding Equality, Diversity and Inclusion.

The aim of the EDI Workstream is to pool resources across the MERIT footprint to coordinate work plans, best practice and Equality Impact Assessments leading to greater engagement with mental health services from our communities to support the clinical emphasis on prevention and improved recovery outcomes. The EDI Workstream will work jointly on responses to emerging issues.

The EDI Workstream membership consists of: Equality & Diversity Leads / Head of Community Engagement & Inclusion, Expert by Experience and Project Management.
Key outputs for the Workstream include:

- A standardised and systematic process for carrying out Equality Analysis and engagement
- Shared strategic objectives and action plans to address compliance with the Equality Act 2010 (Public Sector Equality Duty) i.e. requirements of Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and to address health inequalities
- Share best practice case studies on the issues of workplace discrimination, bullying and harassment across the MERIT footprint
- Consistent Equality, Diversity and Inclusion standards

Workstream progress:

- Equality Impact Assessments (EqIA’s)

A universal MERIT Equality Impact Assessment Tool and guidance is being used across the MERIT programme and all workstreams are obliged to complete this Tool. The EDI workstream support with the completion of all EqIA’s and provides advice / support / scrutiny.

Recent EqIA’s have been completed for the Bed Management Policy (Crisis Care workstream), Crisis Website and the Reqol Recovery Model (Recovery Workstream).

The completed EqIA’s have been graded at a low/neutral impact and no adverse negative impacts have been identified. Thorough scrutiny has been carried out by the workstream and discussions around the Protected Characteristics including, Race, Disability, sex, religion & Belief, pregnancy & Maternity, gender reassignment and sexual orientation.

Within the bed management policy some issues regarding Transgender and BME patients were highlighted were there may be potential negative impact. (Minutes of the meeting can be shared for more detailed analysis).

- NHS Employers Equality, Diversity, & Inclusion Partners Programme 16/17

The Equality and Diversity Partners programme supports participating trusts to progress and develop their equality performance and to build capacity in this area. At the same time the programme provides an opportunity for partners to offer advice, guidance and demonstrations of good practice in equality and diversity management to the wider NHS.

The programme has provided the MERIT EDI workstream with valuable networking opportunities and sharing best practice within the field of equality and diversity. Over the last 12 months of the programme key topics, including the pilot of WDES, the WRES, Inclusive Leadership, Gender Pay Gap and workforce / community
engagement have been discussed and explored, providing the EDI workstream with resources, early implementation opportunities.

In April 2017, MERIT was awarded for completing the NHS Employers partners programme 16/17. Each Trust was presented with a Trophy.

- Sharing Strategic Objectives and EDS2 / WRES Action Plans

The EDS2 and WRES are key standing agenda items for each workstream meeting, current practice is shared and discussed. In January 2017 the workstream in partnership with NHS England and NHS Employers hosted and facilitated a West Midlands EDS2 Roadshow as part of NHSE’s national evaluation of the EDS2. This is was a well-attended event with constructive feedback being shared across the West Midlands. Dave Stocks EBE, shared his story and how this links with the EDS2 goals around patient experience and access.

The Workstream recently provided a peer support review on CWPT’s EDS2 patient/service users goals as part of CWPT’s recent CQC inspection recommendations.

Each Trust has to report on the 9 indicators within the WRES which is mandated by NHS Standard contract. The workstream has been working on a joint WRES indicators dashboard and Action Plan. Analysis of each indicator is being carried out and will form 3 key priorities across MERIT i.e. Recruitment & Retention of BME staff, Bullying and Harassment and BME Board Representation.

Proactively Working with MERIT wide workstreams and other Key stakeholders/partners including:

- Recovery / Community connections sub group: Working together on Mental Health First Aid Training resources
- Crisis Care: Currently providing EDI analysis on the SOP
- CQC Well Led Domain: WRES regulatory inspection model workshop
- Supported and facilitated West Midlands Leadership Academy “Forward Thinking Inclusive Leadership” Conference

Future Actions and Activity of the workstream include:

- Joint Equality & Diversity Human Rights Week activities (15th -19th May)
- Gypsy Traveller History Month (June)
- MERIT wide Equality Impact Assessment workshop (June/July)
- Joint Recovery / Crisis care service user event (Aug/Sept)
- Development of a Talent management / Reverse Mentoring programme for BME Staff -In partnership with Workforce workstream ( Sept/Oct)
- Launch of Mental Health Fist Aid training resources (Oct)
- Steering Group / Exec Leads Inclusion Masterclass (Sept/Oct)
6. Equality Profiles and Data

This section of the report outlines equality profiles of the local population, Trust workforce and service users. The data released by the Office for National Statistics (ONS) reflects the results of 2011 census that is continued to be used as a comparison of the protected characteristics of our work force, service users and local and national populations.

6.1 Gender

Gender Profile of DWMH Mar 2017 All Staff:

<table>
<thead>
<tr>
<th>Gender</th>
<th>FTE</th>
<th>Headcount</th>
<th>Headcount %</th>
<th>Local Population*</th>
<th>FTE/HC Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>742.8</td>
<td>835</td>
<td>76.5%</td>
<td>50.9%</td>
<td>0.89</td>
</tr>
<tr>
<td>Male</td>
<td>249.3</td>
<td>257</td>
<td>23.5%</td>
<td>49.1%</td>
<td>0.97</td>
</tr>
<tr>
<td>Grand Total</td>
<td>992.2</td>
<td>1092</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grouped pay scale headcount

<table>
<thead>
<tr>
<th>Gender</th>
<th>Apprentice</th>
<th>Band 1-4</th>
<th>Band 5-7</th>
<th>Band 8-9</th>
<th>VSM</th>
<th>Medics</th>
<th>DWMH %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>18</td>
<td>319</td>
<td>418</td>
<td>46</td>
<td>4</td>
<td>30</td>
<td>90%</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>53</td>
<td>125</td>
<td>25</td>
<td>2</td>
<td>50</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>372</td>
<td>543</td>
<td>71</td>
<td>6</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

As of the 31st March 2017, Trust workforce consists of 1,092 members of staff, women are over-represented when compared to both the local population. This trend is mirrored across the NHS as a whole and reflects the gender make-up of the wider health care system. Figures provided by the Office for National Statistic (ONS)
indicate there is a higher female population both nationally and locally. Statistics show that women have been increasing in numbers of employment within the NHS over the last 10 years and the trend is still moving upwards.

In line with the overall gender profile of the Trust, women are more predominant in each pay-band. Overall the Trust workforce is roughly representative of the national NHS workforce. The gender split for service users is relatively even, although there are slightly more female service users accessing trust services than males.

### 6.2 Ethnicity

**Ethnicity Profile of DWMH Mar 2017 All Staff**

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>FTE</th>
<th>Headcount</th>
<th>Headcount %</th>
<th>Local Population*</th>
<th>FTE/HC Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>738.5</td>
<td>822</td>
<td>75.3%</td>
<td>84.9%</td>
<td>0.90</td>
</tr>
<tr>
<td>Mixed</td>
<td>18.3</td>
<td>19</td>
<td>1.7%</td>
<td>2.2%</td>
<td>0.96</td>
</tr>
<tr>
<td>Asian</td>
<td>106.6</td>
<td>115</td>
<td>10.5%</td>
<td>10.3%</td>
<td>0.93</td>
</tr>
<tr>
<td>Black</td>
<td>93.0</td>
<td>97</td>
<td>8.9%</td>
<td>1.9%</td>
<td>0.96</td>
</tr>
<tr>
<td>Other Ethnic Group</td>
<td>11.0</td>
<td>11</td>
<td>1.0%</td>
<td>0.7%</td>
<td>1.00</td>
</tr>
<tr>
<td>Not known/stated</td>
<td>24.8</td>
<td>28</td>
<td>2.6%</td>
<td>0.0%</td>
<td>0.89</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>992.2</td>
<td>1092</td>
<td></td>
<td>0.91</td>
<td></td>
</tr>
</tbody>
</table>

**Grouped payscale headcount**

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>Apprentice</th>
<th>Band 1-4</th>
<th>Band 5-7</th>
<th>Band 8-9</th>
<th>VSM</th>
<th>Medics</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>16</td>
<td>299</td>
<td>422</td>
<td>62</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Mixed</td>
<td>0</td>
<td>6</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>22</td>
<td>41</td>
<td>4</td>
<td>1</td>
<td>47</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
<td>30</td>
<td>57</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Other Ethnic Group</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Not known</td>
<td>3</td>
<td>14</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>372</td>
<td>543</td>
<td>71</td>
<td>6</td>
<td>80</td>
</tr>
</tbody>
</table>

**Grouped payscale headcount %**

<table>
<thead>
<tr>
<th>Ethnic Background</th>
<th>Apprentice</th>
<th>Band 1-4</th>
<th>Band 5-7</th>
<th>Band 8-9</th>
<th>VSM</th>
<th>Medics</th>
<th>DWMH %</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>80.0%</td>
<td>80.4%</td>
<td>77.7%</td>
<td>87.3%</td>
<td>83.3%</td>
<td>22.5%</td>
<td>75.3%</td>
</tr>
<tr>
<td>Mixed</td>
<td>0.0%</td>
<td>1.6%</td>
<td>1.7%</td>
<td>4.2%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.0%</td>
<td>5.9%</td>
<td>7.6%</td>
<td>5.6%</td>
<td>16.7%</td>
<td>58.8%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Black</td>
<td>5.0%</td>
<td>8.1%</td>
<td>10.5%</td>
<td>2.8%</td>
<td>0.0%</td>
<td>8.8%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Other Ethnic Group</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.5%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Not known</td>
<td>15.0%</td>
<td>3.8%</td>
<td>1.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.3%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
Generally there has been no significant change in the ethnicity of Trust employees over time. The largest representation of employees is from White backgrounds, which is 75.3%. The next largest ethnic group is Asian (includes Asian British, Indian, Pakistani and Hindu), which is 10.5% followed Black Caribbean, which is 8.9%. There are very small proportions of mixed, (including Asian mixed and Black mixed). The other category includes ethnic groups such as Chinese, Polish and Irish 1%.

The Trust has a majority white British Service User profile. Over 1300 SU data regarding ethnicity is missing (7%) suggesting some work needs to be done with Staff to improve this. This is also highlighted as a Trust equality objective to work on improving disclosure and data completion for all protected characteristics.

The regional and national data provided by the Office for National Statistics reflect the pattern of our workforce. The data available also indicates that BME individuals may be slightly over-represented within services in comparison to local population. However, based on more detailed work undertaken, it is difficult to draw any firm conclusions as so many service users are shown as not stated. The ethnicity profile of Trust staff shows that BME people are slightly over-represented relative to the local population.
6.3 Religion

Religion and Belief Prolife of staff

<table>
<thead>
<tr>
<th>Declaration</th>
<th>WTE</th>
<th>Headcount</th>
<th>WTE %</th>
<th>Headcount %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atheism</td>
<td>49.4</td>
<td>53</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Christianity</td>
<td>307.8</td>
<td>333</td>
<td>31.0%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Hinduism</td>
<td>8.5</td>
<td>9</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>I do not wish to disclose my religion/belief</td>
<td>546.3</td>
<td>612</td>
<td>55.1%</td>
<td>56.0%</td>
</tr>
<tr>
<td>Islam</td>
<td>14.7</td>
<td>15</td>
<td>1.5%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Judaism</td>
<td>1.0</td>
<td>1</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>43.9</td>
<td>46</td>
<td>4.4%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Sikhism</td>
<td>18.7</td>
<td>21</td>
<td>1.9%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Undefined</td>
<td>2.0</td>
<td>2</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>992</td>
<td>1,092</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Majority of Trust workforce did not wish to disclose their religion, this being 56% however Christianity is the highest reported religion (30.5%). Nationally the census figures for 2011 show that the percentage of the population who stated their religion as Christianity fell by 13% from 72% to 59% from 2001 to 2011.

It is difficult to draw comparisons in relation to service user and staff religion demographics as there are large numbers of service users who assert to having no religion or this data is missing and large numbers of staff who do not define their religion. However, the highest religious category for both service users and staff is Christianity. Muslim and Sikhism is the highest non-white religion for both staff and service users, this is also in line with the Trust local populations. There was an increase number of staff who identified themselves as being Atheist or belonging to another religion which has not been specified.
6.4 Disability

<table>
<thead>
<tr>
<th>Declaration</th>
<th>WTE</th>
<th>Headcount</th>
<th>WTE %</th>
<th>Headcount %</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>414.6</td>
<td>451</td>
<td>41.8%</td>
<td>41.3%</td>
</tr>
<tr>
<td>Not Declared</td>
<td>70.9</td>
<td>79</td>
<td>7.1%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Undefined</td>
<td>479.0</td>
<td>532</td>
<td>48.3%</td>
<td>48.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>27.6</td>
<td>30</td>
<td>2.8%</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>992.2</strong></td>
<td><strong>1,092</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The table above highlights that a large percentage of our workforce disability status is 'undefined' (48.7%). Only 2.7% of staff state they have a disability and 41.3% of staff confirm they do not have a disability. Although this figure has declined slightly from previous years the issue of incomplete data continues, this is currently being addressed with new starters and an ESR campaign; ensuring staff complete or disclose this protected characteristic. It is to be noted that there has been a decrease of none disclosure of a disability since the last annual report.

6.5 Age

**Age Profile of DWMH Mar 2017**

<table>
<thead>
<tr>
<th>Age Band</th>
<th>FTE</th>
<th>Headcount</th>
<th>FTE %</th>
<th>Headcount %</th>
<th>Cumulative FTE %</th>
<th>FTE/HC Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>20.0</td>
<td>20</td>
<td>2.0%</td>
<td>1.8%</td>
<td>2.0%</td>
<td>1.00</td>
</tr>
<tr>
<td>20-24</td>
<td>31.0</td>
<td>32</td>
<td>3.1%</td>
<td>2.9%</td>
<td>5.1%</td>
<td>0.97</td>
</tr>
<tr>
<td>25-29</td>
<td>68.2</td>
<td>73</td>
<td>6.9%</td>
<td>6.7%</td>
<td>12.0%</td>
<td>0.93</td>
</tr>
<tr>
<td>30-34</td>
<td>113.2</td>
<td>127</td>
<td>11.4%</td>
<td>11.6%</td>
<td>23.4%</td>
<td>0.89</td>
</tr>
<tr>
<td>35-39</td>
<td>122.1</td>
<td>131</td>
<td>12.3%</td>
<td>12.0%</td>
<td>35.7%</td>
<td>0.93</td>
</tr>
<tr>
<td>40-44</td>
<td>128.9</td>
<td>139</td>
<td>13.0%</td>
<td>12.7%</td>
<td>48.7%</td>
<td>0.93</td>
</tr>
<tr>
<td>45-49</td>
<td>168.7</td>
<td>184</td>
<td>17.0%</td>
<td>16.8%</td>
<td>65.7%</td>
<td>0.92</td>
</tr>
<tr>
<td>50-54</td>
<td>182.8</td>
<td>202</td>
<td>18.4%</td>
<td>18.5%</td>
<td>84.1%</td>
<td>0.90</td>
</tr>
<tr>
<td>55-59</td>
<td>105.1</td>
<td>119</td>
<td>10.6%</td>
<td>10.9%</td>
<td>94.7%</td>
<td>0.88</td>
</tr>
<tr>
<td>60-64</td>
<td>37.0</td>
<td>45</td>
<td>3.7%</td>
<td>4.1%</td>
<td>98.5%</td>
<td>0.82</td>
</tr>
<tr>
<td>&gt;65</td>
<td>15.3</td>
<td>20</td>
<td>1.5%</td>
<td>1.8%</td>
<td>100.0%</td>
<td>0.76</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>992.2</strong></td>
<td><strong>1,092</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td></td>
<td><strong>0.91</strong></td>
</tr>
</tbody>
</table>
It is difficult to draw many conclusions here given that staff are drawn only from the population of working age and that the service user age profile is based on specific patterns of service delivery. However, the age profile of the Trust workforce is broadly reflective of that of the working population of the region. This year’s service user data highlights a slight over-representation of younger people within services compared to older people.

6.6 Sexual Orientation

<table>
<thead>
<tr>
<th>Declaration</th>
<th>WTE</th>
<th>Headcount</th>
<th>WTE %</th>
<th>Headcount %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>3.8</td>
<td>4</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Gay</td>
<td>4.0</td>
<td>4</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>467.2</td>
<td>504</td>
<td>47.1%</td>
<td>46.2%</td>
</tr>
<tr>
<td>I do not wish to disclose my sexual orientation</td>
<td>514.1</td>
<td>577</td>
<td>51.8%</td>
<td>52.8%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>1.0</td>
<td>1</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Undefined</td>
<td>2.0</td>
<td>2</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>992</strong></td>
<td><strong>1,092</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Sexual orientation stands heavily undisclosed within Trust workforce data with 52.8% of staff grouping themselves under this category. There is very small total population of staff identifying themselves as gay and lesbian. 46.2% of staff identify themselves as being heterosexual. Service user data also highlights that majority of Trust service users identify themselves as heterosexual. Most SU data regarding sexual orientation is missing therefore it is difficult to action or draw information from.

The 2011 census did not ask about sexual orientation, therefore we are unable to make comparisons with the national and regional profiles

7. Conclusion

This annual report provides a brief yet important overview of the various activities related to equality, diversity and inclusion. Given the great amount of change undertaken in the last few years, it is great testament to the people working at the Trust that have developed initiatives, services, training and undertaken many other activities to make the Trust a more aware, inclusive and provider of services that meet the needs of a very diverse region.

The Trust has made good progress in addressing equality and diversity in its workforce and for patients, service users, carers and the public. This has been recognised by NHS Employers who welcomed the Trust into its national network set up to promote an Personal, Fair and Diverse NHS Agenda. This report evidences that the Trust has continued to strengthen its monitoring and reporting mechanisms in line with its statutory employment duties under the Equality Act 2010

Work around the requirements of the EDS2 and the WRES is allowing the Trust to develop strong foundations that support the progression and implementation of equality and diversity principles into mainstream processes. As with all the protected characteristics, monitoring is key in employment to enable and provide an inclusive and diverse working environment, while understanding patient/service users can help us to provide an even better service.
The Trust has developed initiatives, services, training and undertaken many other activities to make the Trust more inclusive and continue to provider effective services that meet the needs of two very diverse boroughs.

We recommend that our work to address inequality and to promote diversity continues as a high priority to the Board of Directors. This is, not only because it is a legal requirement, but also because it is the right thing to do. In this way we can continue to ensure our services are accessible to people with protected characteristics, no matter where they live within our geographical footprint.