Annual Equality, Diversity and Inclusion Report: Public Sector Equality Duty

November 2018

Produced by:
Equality, Diversity and Inclusion Team

Data Sources:
Data provided by the Workforce Systems & Information Team, Communications &Engagement Team, Information & Performance Team, Patient Experience Team and 2011 Derbyshire Census.
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Introduction

This report provides an overview of Derbyshire Community Health Service NHS Foundation Trusts’ (DCHS) approach to equality, diversity and inclusion; it’s achievements over the past year, and its plans for the future.

At DCHS we aim to provide a health care service for everyone in Derbyshire, delivering care that is tailored to individuals’ needs, within a culture of inclusion. We aspire to be a Trust that celebrates difference and create an organisational culture where staff can be their full selves, secure in the knowledge that they are accepted and valued for who they are.

DCHS Services and the Population We Serve

DCHS cares for patients across a wide range of health care services delivered from 133 sites, including 12 community hospitals and more than 30 health centres, across Derby and Derbyshire in addition to clinics, GP Practices, Schools, Care Homes and people’s own homes. We touch the lives of more than 3500 patients every day and serve a population of more than one million. We have a workforce of just less than 4500, making us one of the largest providers of specialist community health services in the country.

Derbyshire is a large, diverse county with a number of heavily built up towns alongside large and often sparsely populated rural areas. A large part of the north and west of the county falls within the Peak District National Park. In 2017 the population of the county stood at 792,800 people and is projected to rise to 858,852 people by 2039, a 10% increase (Derbyshire Observatory).

18 areas (4%) within Derbyshire fall within the 10% most deprived across England, and 60 areas (12%) fall within the most deprived 20%. 17% of children and 14% of older people in Derbyshire live within income deprived households (Derbyshire Observatory).

Important demographic points include (2011 Derbyshire Census):

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Derbyshire</th>
<th>Derby City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-school (0 - 4 years)</td>
<td>5.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Primary school (5 - 10 years)</td>
<td>6.3%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Secondary school (11 - 15 years)</td>
<td>6.1%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Working age (16 - 64 years)</td>
<td>63.7%</td>
<td>64.5%</td>
</tr>
<tr>
<td>Pensionable age (65 +)</td>
<td>18.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>95.8%</td>
<td>75.3%</td>
</tr>
<tr>
<td>BME</td>
<td>4.2%</td>
<td>24.7%</td>
</tr>
<tr>
<td>Limiting or Long Term Condition or Disability</td>
<td>20.4%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>63.6%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Buddhist</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hindu</td>
<td>0.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Jewish</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Muslim</td>
<td>0.3%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Sikh</td>
<td>0.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other religions</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>No religion</td>
<td>28.0%</td>
<td>27.6%</td>
</tr>
</tbody>
</table>
DCHS recognises that embedding equality and diversity good practice in all that we do as an organisation is fundamental to us achieving our quality objectives. We are guided by The DCHS WAY, founded on the principles of Quality Business, Quality Service and Quality People.

We want to deliver inclusive and accessible services that meet the needs of all our patients, giving them dignity and respect. We want to attract, recruit and retain a wide range of staff from all sections of society to work with us in a positive, inclusive and nurturing culture. We want staff to enjoy high levels of job satisfaction and to feel motivated in an environment where there are no barriers to them reaching their full potential.

And in 2018, DCHS seeks to go beyond working with protected characteristics to cement an ideology of inclusion and fairness for all staff across the organisation. We aim to go further than compliance to begin an examination of structural and institutional bias at all levels. This task is no longer the remit of the Equality Team alone, or that of EDILF – the role of EDILF is to assure and assess, but to truly become an inclusive, fair organisation, all employees must take ownership, ask the questions that need to be asked, and bring a consciousness of equality to work with them every day.

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### Marital Status

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Not stated</th>
<th>Single</th>
<th>Married</th>
<th>Same-sex civil partnership</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed/ surviving partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.0%</td>
<td>29.3%</td>
<td>50.5%</td>
<td>0.2%</td>
<td>2.4%</td>
<td>9.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td></td>
<td>6.8%</td>
<td>36.5%</td>
<td>44.7%</td>
<td>0.2%</td>
<td>2.7%</td>
<td>9.0%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

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**Our Commitment to Equality, Diversity and Inclusion**

**Equality and Inclusion Strategy 2017-2020**

Our Equality and Inclusion Strategy for 2017 - 2020 has been produced and can be found at [http://www.dchs.nhs.uk/home/about/equalityand_diversity](http://www.dchs.nhs.uk/home/about/equalityand_diversity). This strategy is key to our overarching Clinical strategy which is currently under review.

**Equality Governance**

The Equality, Diversity and Inclusion Leadership Forum (EDILF) discuss all matters relating to the agenda and report directly to the Quality People and Quality Service Committees, which in turn provide assurance to the Trust Board.
Additionally DCHS has a Board Equalities Forum with representation from the Chief Executive and Trust Chair, together with the Lead for Equality, Diversity and Inclusion and the small team, the Chairs of the 3 staff engagement groups together with the identified Director with executive accountability.

For a list of attendees at EDILF meetings in 2017-18, please see Appendix 2.

### Equality Reporting Information

#### Equality Delivery System EDS (2)

The EDS (2) framework assesses the equality performance of NHS organisations. It allows us to see the areas we excel at, the areas we are achieving our targets and identifies areas for improvement. The last comprehensive assessment Trust wide was carried out in 2015 and work has begun in preparing for the next one in 2018. Work is underway with leaders from operational services to develop a schedule for each service to undertake an ‘equality deep dive’ over a two year cycle, so that we can demonstrate our services and employment are working equally well and delivering good outcomes for all groups.

#### Annual Workforce Equality and Diversity Report

As part of the Public Sector Equality Duty (PSED) within the Equality Act 2010, we collect, analyse and publicly publish data from our workforce, in terms of the nine protected characteristics. This report is publicly published annually by 30th March. The latest report was completed and distributed to the group, with the results raising discussion points around staff use of ESR to record a Disability or long term condition, and whether employees feel comfortable disclosing their status. The report was signed off and disseminated on the website and can be found by the following link: [http://www.dchs.nhs.uk/assets/public/Equality/PublicSectorEqualityDuty-AnnualWorkforceEqualityandDiversityReportv.2.pdf](http://www.dchs.nhs.uk/assets/public/Equality/PublicSectorEqualityDuty-AnnualWorkforceEqualityandDiversityReportv.2.pdf)

#### Gender Pay Gap Report (GPG)

Following government consultation, it became mandatory on 31st March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG), as part of the Public Sector Equality Duty under the Equality Act 2010. Commencing in 2018, we collect, analyse and publicly publish this data annually by 30th March. This document was presented at QPC within the target date and the report can be found on this page: [http://www.dchs.nhs.uk/home/about/equalityand_diversity/workforce Equality data and analysis](http://www.dchs.nhs.uk/home/about/equalityand_diversity/workforce Equality data and analysis)

#### Workforce Race Equality Standard (WRES)

Work has begun on the NHS Workforce Race Equality Standard (WRES), with a report produced against nine standards which seek to ascertain how the organisation is progressing and performing on matters of race equality. The organisation assessed and benchmarked annually. The 2017 WRES report was submitted to the NHS by August 2017 and the 2018 report was submitted by 10th August 2018. The full report was shared at the EDILF meeting in September prior to formal approval and publishing on our website week commencing 24th September 2018. The latest submission can be found by following this link for a printer friendly version: [http://www.dchs.nhs.uk/assets/Publications/dchs workforce race equality standard 2018 action plan.pdf](http://www.dchs.nhs.uk/assets/Publications/dchs workforce race equality standard 2018 action plan.pdf)
Workforce Disability Equality Standard (WDES)

Commencing in 2019, the NHS Workforce Disability Equality Standard will look at data across 10 metrics, with the proposed first WDES report to be published by August 2019. Work will commence in October 2018 on gathering information to complete the 10 metrics which form the Standard. These metrics are currently still in the draft stage, which gives us time to ensure that we will be gathering the appropriate data in any future surveys or reports.

Equality Impact Assessments (EIA)

As part of policy, service development and organisational change, we undertake equality analysis in the form of Equality Impact Assessments (EIAs) to identify any potential for discrimination.

The EIA process chosen at DCHS is less about identifying discrimination and more about how to take account of people’s needs. By taking a more positive ‘needs led approach’ we succeed in avoiding discrimination which often comes from ignoring or being ignorant of people’s differences and the needs often associated with that difference.

Our annual EIA analysis as of June 2017 shows a 94.6% compliance rate. Guidance for managers is supplied in the form of EIA training by members of the Equalities team.

Learning Disability Improvement Standards (LDIS)

The newest of the NHS standards, work on the LDIS is just commencing. Currently the Equality and Diversity team are working alongside the Quality team to explore how we can embed these standards in the Trust.

CQC

In 2016 we were rated by the CQC as good overall – the best outcome of any community NHS provider in the East Midlands. The CQC also rated our frontline teams as “outstanding” overall in the ‘caring’ category, a fantastic achievement for colleagues whose compassion and kindness shone through everywhere the inspectors visited. The report can be found at https://www.cqc.org.uk/provider/RY8
Key Achievements

2017 – 2018 Key Achievements

- **EDI Deep Dive**
  On 14th September 2017 an EDI/QPC/QSC Deep Dive was undertaken, with the support of Ernst & Young. This study explored where DCHS is versus where we want to be, and how we ensure QPC/QSC.

- **Launch of ‘Inclusion and Fairness @ DCHS’**
  The new campaign on Inclusion and Fairness as launched on 14th May 2018, with Harinder Dhalwali leading discussion groups with teams to explore what these concepts mean for the patients and staff of DCHS. This new approach to Equality and Diversity will underpin future EDILF and DCHS work, and the campaign will be reviewed regularly.

**Inclusion and Fairness @DCHS Wheel:** The trust introduced this wheel and has been displayed around DCHS sites promoting the campaign.

**Inclusion & Fairness Video:** The campaign includes a short video from members of the executive team outlining the trusts approach to inclusion and fairness and explaining the wheel, which can be seen by following this link: https://youtu.be/tEJA9N5Aa5o
**Inclusion & Fairness Workshop:** The Equality, Diversity & Inclusion Team held an Inclusion and Fairness Workshop on 4th July 2018.

The workshop ‘Putting the ‘I’ into Identity and Inclusion’ welcomed guest speaker Rasheed Ogunlaru, Life and Business Coach and was championed by Amanda Rawlings, Director of People and Organisational Effectiveness.
• **Stonewall Submission**
The 2017 Stonewall submission was submitted 8th September 2017 and the LGBT+ Colleague Network Group began immediately collecting evidence for the 2018 submission such as Board and Senior Management involvement and conducting task groups on policy reviews. The 2018 Stonewall submission was then submitted 7th September 2018.

• **Derbyshire NHS trust leads the way in supporting the Armed Forces Covenant**
On 30th Nov 2017, Derbyshire Community Health Services NHS Foundation Trust has become the first in the county to sign up to the Armed Forces Covenant in support of employing reservist personnel within the NHS. For the full article please click here: [https://www.dchs.nhs.uk/home/news/derbyshire-nhs-trust-leads-the-way-in-supporting-the-armed-forces-covenant/](https://www.dchs.nhs.uk/home/news/derbyshire-nhs-trust-leads-the-way-in-supporting-the-armed-forces-covenant/)

Prem Singh (right), chairman of Derbyshire Community Health Services NHS Foundation Trust, and Lieutenant Colonel Duncan Jenkins, (left) commanding officer from 162 Regiment, The Royal Logistic Corps, put their signatures to the declaration at a special ceremony on 30 November.
Employee Network Group Updates

The Employee Network Groups, under the banner of ‘Myriad Voices’ have continued to meet regularly and provide updates to the EDILF meeting. The BME network group and the Disability and Long Term Condition network group have had a busy year; activities have included staff profiles to increase awareness of working within the Trust whilst having a Disability, and exploring how to reduce inconsistencies in how managers treat staff with a Disability or long term condition.

The annual report of the LGBTQ Network Group is included in Appendix 1, giving an overview of the excellent support, engagement and representation work that our groups are involved in. As members of Stonewall, DCHS feature highly on their index for social care and community Trusts and the Stonewall Index generated a number of actions, particularly around Trust policy and staff engagement groups, that have been implemented this year.

We were featured in the Derby Telegraph in 2018, with this article of LGBTQ+ Champion receiving the DCHS Extra Mile Award for his commitment to promoting equality and inclusion within the trust.

Extra mile' award for Graham

LGBTQ+ champion Graham Smith was honoured for his work in promoting an inclusive NHS culture in the 2018 Extra Mile Awards for staff at Derbyshire Community Health Services NHS Foundation Trust.

Graham was recognised for taking a lead in creating an inclusive culture for NHS staff and patients who identify as lesbian, gay, bisexual, transgender and those questioning their sexual orientation (LGBTQ+).

He was nominated by Jo Hunter, deputy chief nurse for Derbyshire Community Health Services NHS Foundation Trust. Jo said: “Graham is a positive role model to others and is able to challenge stereotypical and discriminatory views in a way which supports inclusion.”

Graham’s 35 year-plus career has been in catering and facilities management. He joined Derbyshire Community Health Services 10 years ago and is now the care environment lead for the trust’s 4,400 staff and chairman of the trust’s LGBTQ+ staff network group.

Graham said: “This award is great recognition for the network group and all the work it does to improve services and the environment for LGBTQ staff. I think this is probably the most accepting and inclusive organisation I’ve ever worked in.”
The below tweet and picture were taken at Chesterfield Pride 2018 with Lucy Bastock, then deputy chair of the LGBTQ+ network, representing the trust and employees celebrating diversity at the event.

Lucy Bastock @LucyBastock · Jul 22
Stall set up in stand rd park for @cfielfpride come and say hello

- **International Day Against Homophobia, Transphobia and Biphobia (IDAHO)**
The Trust supported #IDAHO Day 2018 - International Day Against Homophobia, Transphobia and Biphobia - by raising the rainbow flag at Walton Hospital, Chesterfield. Members of staff were joined by executive directors Amanda Rawlings (director of people services and organisational effectiveness) and William Jones (chief operating officer).
Service User Equalities Data Report
A Steering Group was created in autumn on 2017 following an audit of new patients, to explore our work with Disabled patients and reasonable adjustment. Focus groups on the topic were then planned for April 2018.

Understanding our Patient - Update of Equality & Diversity Audit Improvement Actions
Understanding our patients is core to providing and tailoring our services. A working party has been established to take forward these actions, in partnership with the Clinical Effectiveness Team. Actions include revising the Diversity Monitoring Form and exploring ways to encourage its completion.

Spiritual and Pastoral Care Action Plan
A monthly update was shared with the EDILF group, with activity including a push for sites to have multi-faith and/or quiet rooms.

Reverse Mentoring for Equality, Inclusion and Diversity
DCHS is pioneering reverse mentoring and gRACE theatrical model in partnership with Nottingham University action research study around reverse mentoring, where someone from a protected characteristic group, in a less senior position, mentors a senior member of staff. Professor Stacey Johnson from the University explained how the project would work in DCHS; other Trusts engaged with the programme commenced mentoring with a focus around race and ethnicity, and challenging assumptions about others and the nature and utility of mentoring itself.

EDILF Terms of Reference
The ToR have been updated to include the Stonewall Workforce Index, and work is being undertaken to ensure that the Governors and all the services are represented appropriately at EDILF meetings.

Refugee Week
As part of Refugee Week 2018, the Equality, Diversity & Inclusion Team took part in a Multi-Faith Tour around Derby to celebrate diversity.

Clinical Equality Strategy
Work has begun on reviewing and updating this strategy.
• **World Mental Health Day**
  The trust marked world mental health day 2018 with promotional materials around the trust sites and with the article to the left, which was circulated to all staff in the weekly ‘My Download’ staff newsletter.

  **World Mental Health Day**
  In celebration of World Mental Health Day, Public Health England is launching a new campaign to empower people to take control of their mental health, called Every Mind Matters. The campaign is launching first in the East Midlands. It focuses on the things we can all do to protect and improve our own mental health and how we can look out for others.

  At the heart of the campaign is the Every Mind Matters online guide, an online curated resource that provides expert advice and tips to help people improve their mental wellbeing and develop a personal action plan. Please tell others about Every Mind Matters.

  As a member of DCHS, there is a range of support available to you within the Trust if you are struggling with your mental wellbeing.

  Please take advantage of what’s on offer such as the Resolve staff support, or attend the next Schwartz round which takes place on 18 October, at the Strutts Centre, Belper

  For more information please view the Wellbeing Page on MyDCHS.
Workforce Experience

Workforce Profile Analysis

The following data is accurate as of 31st March 2018 and provided by the Workforce Systems & Information team.

% of Workforce by Age

- 51-55: 18.27%
- 46-50: 16.28%
- 56-60: 13.20%
- 41-45: 12.50%
- 36-40: 10.91%
- 31-35: 9.40%
- 26-30: 7.68%
- 61-65: 6.27%
- < 25 yrs: 3.96%
- > 65: 1.52%

% of Workforce by Disability

- No: 67.82%
- Not Declared: 18.68%
- Undefined: 9.90%
- Yes: 3.60%

% of Workforce by Gender

- Female: 89.22%
- Male: 10.78%

% of Workforce by Ethnicity

- White: 94.07%
- BME: 4.17%
- Not Stated: 1.77%
% of Workforce by Religion or Belief

- Christianity: 51.13%
- I do not wish to disclose: 22.53%
- Athesim: 10.21%
- Undisclosed: 7.25%
- Other: 7.43%
- Judaism: 0.48%
- Islam: 0.38%
- Sikhism: 0.34%
- Buddhism: 0.05%
- Hinduism: 0.02%
- Jainism: 0.18%

% of Workforce by Sexual Orientation

- Heterosexual: 72.40%
- I do not wish to disclose: 18.89%
- Undefined: 7.45%
- Gay: 0.43%
- Lesbian: 0.36%
- Bisexual: 0.08%

% of Workforce by Marital Status

- Married: 59.42%
- Single: 24.59%
- Divorced: 8.22%
- Undisclosed: 1.97%
- Legally Separated: 1.49%
- Widowed: 1.34%
- Civil Partnership: 1.00%
Workforce planning and development

Internal staff training is a high priority with the Trust and mandatory training is carried out yearly for all staff. Employees also have access to external training courses as well as learning beyond development (LBD) training. 233 funding applications were made last year, of which all 233 were successful.

The percentage of female and male employees accessing training was in proportion to the percentage of employees in these groups. The proportion of staff by disability, ethnicity, race and sexuality accessing mandatory and non-mandatory training were broadly in line with the percentage of employees in these groups.

Appraisal

An annual appraisal, during which performance, individual development plans and behaviours linked to ‘The DCHS Way’ are discussed, is expected for all staff. The appraisal rate within DCHS is 92.07%. Appraisal completions are monitored through regular reporting and discussed at monthly performance review meetings, by division, within DCHS.

Compared to the overall equality profile of the Trust, there are no significant differences between those staff with a protected characteristic and those without.

Employee relations

DCHS have launched a board mentoring scheme for any staff with one or more of the protected characteristics. Staff with protected characteristics can ask for mentorship from any member of the Trust board, Executive and Non-Executive. It is planned to roll the scheme out to all staff, once the initial project has been evaluated.

DCHS encourage staff from BME backgrounds to consider the national NHS programme for ethnic minority staff. This is for staff with the potential, skills and desire to progress into senior leadership roles. The programme provides a platform for issues facing BME staff in the NHS, looks at career planning and leadership.

Health and Wellbeing

The staff health and wellbeing lead and team are active in a number of projects and initiatives, from the flu fighter campaign, the live life better challenge, time to talk, Schwartz rounds, mental health awareness and ‘Things I wish my manager knew…’ project.

Flexible working

Employees are encouraged to discuss flexible working opportunities with their line managers and the Trusts advice and guidance teams. There is the additional opportunity to ‘buy back leave’ of up to 2 weeks per annum to help cover children’s school holidays or to support health and wellbeing.
There are three staff network groups within DCHS, under the Myriad Voices Staff Networks umbrella: Black and Minority Ethnic (BME) Group, Disability and Long Term Conditions (DLTC) Group and Lesbian, Gay, Bisexual, Trans and Queer/Questioning (LGBTQ+) Group.

The groups meet bi-monthly, are championed by an Executive member of the trust and are currently looking at ways to increase membership and provide a meaningful, substantial focus for the participants within the groups.

<table>
<thead>
<tr>
<th>Staff Network Group</th>
<th>Executive Champion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black and Minority Ethnic (BME) Group</td>
<td>Chris Sands, Director of Finance, Information and Strategy</td>
</tr>
<tr>
<td>Disability and Long Term Conditions (DLTC) Group</td>
<td>Tracy Allen, Chief Executive</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Trans and Queer/Questioning (LGBTQ+) Group</td>
<td>Amanda Rawlings, Director of People Services and Organisational Effectiveness</td>
</tr>
</tbody>
</table>
Staff Survey Results

The Trust board look closely every year at our Staff Survey results, share the findings and create an action plan around those findings.

The latest staff survey results show us that:

- **81.5% of our staff agrees that there’s a culture of valuing equality, diversity and Human Rights in the workplace and 82.8% believe this true for service.**
- **79.9% of our employees say that they feel valued by their work colleagues.**
- **34.5% of staff said that their individual equality and diversity needs, such as reasonable adjustments and flexible working, have not need met by the Trust.**
- **85.7% of staff say that they know how to raise an equalities related concern or complaint and 81.6% say that they would feel confident to raise such a concern or complaint if they had cause to.**

The results also show us that:

- **20.3% of staff completing the survey said they had a disability or long-term condition; this compares to just 3% of staff.**
- **20.1% of staff don’t feel valued by their work colleagues.**
- **13.6% of staff have experienced discrimination in the workplace because of their ethnicity, age, gender, sexual orientation or religion or belief.**
- **Only 77% of our BME staff believe the Trust provides equal opportunities for career progression or promotion, compared to 91% of our White staff.**
- **20.3% of staff don’t feel confident to disclose information about themselves, such as disability, race, religion or belief, or sexual orientation.**
- **20.1% of staff don’t feel valued by their work colleagues.**

As a result of information gathered from staff surveys the Trust are committed to a number of initiatives, two of which are:
• create shadowing, mentoring, coaching and other personal and professional development opportunities for those employees in under-represented groups. These opportunities will be provided by Board members, managers and external organisations as appropriate. A new concept of 360° mentoring is due to commence Autumn 2017.

• actively participate in the Mindful Employer scheme and reinforce our commitment to the ‘Time to Change’ Charter by implementing our mental health strategy. This seeks to make DCHS a mentally healthy organisation, reduce stigma around mental health and encourage openness for staff to raise and discuss emotional wellbeing issues.

We don’t always meet the needs of our disabled patients and service users or treat them with dignity and respect – we know this from some of our patient stories.

59% of Friends and Family Test cards were received from women who had used our services and 98% of both men and women would recommend DCHS to their family and friends.

Service users over 55 years were more likely than the Trust average to recommend DCHS’ services to their family and friends. The age groups of 16-24, 25-34 and 45-54 years were less likely than the Trust average to do so.

Disability Confident Leader

Disability Confident is a government scheme to recognise employers who employ, support and promote disabled people in the workplace. Attaining the varying levels of this scheme shows the commitment organisations have to recruiting and retaining disabled people and people with health conditions. By building a reputation as a Disability Confident employer that actively seeks out and hires disabled people DCHS will be helping to positively change attitudes, behaviors and cultures not only in its own business but in its network, supply chains and the communities in which it operates.

Partnership working

Members of the Equalities team and the LGBT engagement group attended a cross organisation meeting, instigated by Stonewall. The meeting was primarily LGBT based and representatives were there from Derbyshire emergency services, University of Derbyshire, Derbyshire County Council and DCHS NHS Trust. Working in collaboration aims to discuss best practice and allow new and innovative ideas to be exchanged.
The following data is accurate as of 31\textsuperscript{st} March 2018 and provided by the Information & Performance Team.

### % of Patients by Age Range

- 0-10: 3.15%
- 11-20: 0.08%
- 21-30: 12.27%
- 31-40: 10.90%
- 41-50: 10.34%
- 51-60: 8.96%
- 61-70: 8.04%
- 71-80: 6.82%
- 81-90: 6.76%
- 91-100: 3.15%
- 101+: 0.08%
- Unknown: 0.00%

### % of Patients by Gender

- Female: 46.73%
- Male: 43.48%
- Unknown: 9.79%
- Not Stated/Unknown: 0.02%
- Not Specified: 0.00%
- Indeterminate: 0.00%
- Non-binary: 0.00%

### % of Patients by Ethnicity

- White: 46.73%
- BME: 9.79%
- Not Stated/Unknown: 43.48%

### % of Patients by Disability

During 2017 - 2018, 7000 patients reported they have a disability and the below pie chart demonstrates the percentage of which disability options they selected.

- Limitation of activities due to disability: 28.80%
- Disability: 9.89%
- Physical disability: 59.98%
- Specific learning disability: 1.34%
Top 10 Requested Language Interpreters

The below table, provided the Communication & Engagement Team, shows the top most requested language interpreters for 2017/18 with Polish being the most requested.

<table>
<thead>
<tr>
<th>Top 10 Language Interpreter Requests 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polish</td>
</tr>
<tr>
<td>Punjabi, Eastern (India)</td>
</tr>
<tr>
<td>British Sign</td>
</tr>
<tr>
<td>Slovak</td>
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<tr>
<td>Urdu</td>
</tr>
<tr>
<td>Kurdish (Sorani)</td>
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<tr>
<td>Romanian</td>
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<tr>
<td>Arabic (Modern Standard)</td>
</tr>
<tr>
<td>Russian</td>
</tr>
<tr>
<td>Punjabi, Western (Pakistan)</td>
</tr>
</tbody>
</table>

Charter for British Sign Language

We are signed up to the British Deaf Association charter for British Sign Language. The Charter is designed as a vehicle to remove direct and indirect discrimination, empower local deaf communities and resolve conflicts between service providers and Deaf people. Its aim is to increase awareness of Deaf issues and BSL issues and provide better educational opportunities for Deaf children.

Patient Feedback

The Trust employs a Patient Involvement Officer who works as part of the Patient Experience Team (PET). The PET collates and distributes feedback from patients from all the protected groups, through patient forums and groups. We also use information from our Friends and Family cards, which are collated and distributed out to teams for action on a monthly basis by the PET.

The following patient data over pages 20 – 29 is provided by the Patient Experience Team.

Friends and Family Test Responses

A total of 29142 FFT cards were received from across the Trust during 2017/18. This is a 13% increase on the 25257 FFT cards received in 2016/17.

Age Analysis

In terms of the Derbyshire demographic, the county has an ageing population, with peaks at ages 40-50 years and again at 60-64 years, as opposed to only 9% of the population who are aged 16-25 years (2011 Census).
The age profile of FFT respondents closely matches that of the profile of the Derbyshire demographic. However, we have seen some slight changes to the demographic profile of those completing the FFT test cards this year. There have been increases from the younger age groups compared to last year’s data, and a decrease in the older age groups feedback. Last year the category of people with the most respondents completing the FFT cards was 55+.

In 2017/18 the most significant increase in the number of FFT cards completed is the 25-34 years age group. This can be directly attributed to the increase in the number of FFT returns submitted by the Integrated Sexual Health Services department, with 4059 cards received during 2017/18 compared to 1766 during 2016/17: equating to a 57% increase.

There has been an increase this year in the number of FFT cards returned across each age group with the exception of the 85+ age group. Upon further analysis, there appears to be a number of services who have had not had as many 85+ patients completing the FFT cards. Responses from this age group from the following services were reduced as follows: Hospital Nursing (Rehab) 15%, Diagnostic Treatment Centre (DTC) 68%, OPMH 61%, Inpatient Therapy 93%, and Intermediate Care 70%.

Ethnicity Analysis

22636 patients (78% of overall cards) completed the ethnicity section of their FFT Card, with 4% describing themselves as BME. This is a 13% increase on the 25257 FFT cards received last year (20277 / 80% completed the ethnicity section) and an increase on the ethnicity section, with 3% describing themselves as BME in 2016/17.

As seen in the 2017/18 data the white demographic group is the largest ethnic group to complete the FFT test cards across DCHS. 21720 or 96% of cards have been completed by white participants this year, compared with a figure of 97.28% for 2016/17. This is in line with the overall Derbyshire population demographic (which is 96% white).

4% of respondents were from a Black, Asian or Other ethnic minority group (916 / 22636 completed FFT cards).

Last years' data showed that 30.4% of participants declined to answer the question related to their ethnicity. This year this figure is less (22.3%): this is a welcome increase and we might draw conclusions from this that our staff are asking the question more frequently, and people are more comfortable with disclosing this information. Looking at FFT returns for BME, 417 of the 944 cards related to Sexual Health Services. 26 of the 944 cards indicated that they were unlikely to recommend our services to friends and family if they needed similar care or treatment (94% recommended score).

21 of the 26 negative FFT cards related to Sexual Health Services, 1 of which may have been circled incorrectly because the comments were extremely positive. The overall recommended score for Sexual Health services was also 95%:

- 11 raised concern about being unable to get an appointment when accessing sexual health services.
- 7 raised their concerns about waiting times
- 3 asked for more privacy when checking in at appointments.

Gender Analysis
A total of 20,724 respondents stated their gender and 8418 left that section blank. 39.22% (or 8,130) were male and 60.77% (or 12,594) were female. The 2011 Census shows that 49% of the population of Derbyshire/East Midlands and England are male. Both genders would recommend our services equally at 98%.

**Disability (including Long-Term Conditions) Analysis**

65.4% of respondents stated that they did not have a Disability or long-term condition. 32.26% (34.8% 2016/17) said that they did and that this limited their physical abilities either a little or a lot. 32.26% is high when compared with national Census 2011 data that shows 20.40% of the Derbyshire population and 15% of all working age adults have a Disability or long term condition which affects their daily lives either a little or a lot. DCHS’ figure is higher than the Derbyshire figure and is likely due to the older age profile of our service users. 98% of respondents with a Disability that would recommend our services.

**Summary**

This data provides us with an interesting and valuable overview of the demographics of the people who use our services and their satisfaction or dissatisfaction. A total of 29140 FFT cards and 98% of respondents said they are likely to recommend our services to friends and family if they needed similar care or treatment.

There remains an ongoing challenge to encourage people to complete the equality and diversity monitoring information to provide the Trust with a more robust picture. We know from wider intelligence captured at various engagement opportunities that it is important to have a range of options available, including information in appropriate languages. A particular focus in the year ahead will be to learn more about the experience of the following groups:

- Over 85’s
- Men
- People from BME backgrounds (outside Sexual Health Services)

**Patient Complaints**

Any complaints or concerns that come into the Trust regarding access to services from people with protected characteristics are escalated to members of the equalities team to effectively advise and manage any changes or reasonable adjustments the Trust may need to make in order to facilitate equity of access and care.

**2017/18 Data**

There were 156 Level 2 Complaints during 2017/18.

However, only 45 equality monitoring forms were returned, which were incomplete and therefore deemed insufficient to be included in the patient experience 2017/18 annual report. The most recent report found below, provides details of the 2016/17 data.

**2016/17 Data**

There were 101 Level 2 complaints during 2016/17.
Of this figure, only 29 or 28.71% completed the sexual orientation monitoring section. Of these, 2 or 6.89% said they were Gay.

24 (or 23.76%) complainants completed the religion or belief question. Of these, 10 (41.66%) had no religion or belief, 10 (41.66%) were Christian, 2 (8.33%) were Muslim and 2 (8.33%) were Hindu.

A total of 23 (or 22.77%) gave their ethnicity. Of these, 4 (17.39%) described themselves as Indian and 19 (82.60%) as White.

30 complainants gave their age. This equates to 29.7% of complainants. A total of 7 (or 23.33%) were over 75 years of age, 5 (16.66%) were aged between 60 – 74 years, 5 (16.66%) were aged between 45 - 59, 8 (26.66%) were aged between 30 – 44, 4 (13.33%) were aged between 20 – 29 and 1 (3.33%) was aged between 0 – 19 years.

1 complainant identified as Transgender which equates to 5.26%. 18 (or 94.73%) stated that they were not Transgender. A total of 19 people or 18.81% of all complainants answered this question.

42 (67.74%) complainants said they were female and 22 (35.48%) male. A total of 62 people answered this question which represents 61.38% of the total number of complainants.

A total of 19 complainants declared a Disability or long-term condition. 4 people said that they did not have a Disability or long term condition. This represents 21% of the total number of complainants answering this question.

48% of those answering this question stated that they have a Disability or condition that substantially limits one or more of their physical abilities.
Complaints Equality Monitoring Information 2016 / 17

Sexual Orientation - Gay: 2
Sexual Orientation - Heterosexual: 27
Religion and Belief? - No Religion: 10
Religion and Belief? - Muslim: 2
Religion and Belief? - Hindu: 2
Religion and Belief? - Christianity: 10
Ethnicity - Asian or Asian British - Indian: 4
Ethnicity - White - English/Welsh/Scottish/Northern: 19
Ethnicity - White - Other background: 0
Ethnicity - Mixed White and Asian: 0
Longstanding Condition? - Other, including any long: 2
Longstanding Condition? - A long standing psychological: 4
Longstanding Condition? - A learning difficulty (e.g.): 2
Longstanding Condition? - A condition that substantially: 11
Age Group - 75 PLUS: 7
Age Group - 60-74: 5
Age Group - 45-59: 5
Age Group - 30-44: 8
Age Group - 20-29: 4
Age Group - 0-19: 1
Identify as Transgender? - Yes: 1
Identify as Transgender? - No: 18
Gender - Female: 42
Gender - Male: 22

Complainants were asked if they have any long standing conditions or disability

- No, I do not have a long standing illness (17%)
- A condition that substantially limits one or more basic physical (9%)
- A learning difficulty (e.g. Dyslexia) (17%)
- A long standing psychological or emotional condition (17%)
- Other, including any long standing illness (48%)
Patient Recommendations of DCHS Services

Last year, 95% of BME FFT respondents said they would recommend or highly recommend DCHS services. This year this figure has increased to 99%. This surpasses the average recommendation rate of 98% and 97% for White respondents.

In terms of Disability, 98% of respondents who identified a long term condition that affected their day to day activities would recommend or highly recommend DCHS services.

Patient Stories by Protected Characteristics

The following stories describe experiences of patients and families of DCHS and serve to highlight the lengths employees go to ensure that every service user receives the treatment that they need, regardless of any protected characteristics.

Disability: Patient Story 1

T was a patient with learning disabilities and cancer, who the staff team had not worked with before. He was referred to Valley View for End of Life care, which although is not something we do often, we had done before.

When T was initially admitted to the ward he could still mobilise and liked to talk to the staff and his family often. He was married and his wife, family and carers visited regularly.

T began to deteriorate quickly; losing the ability to mobilise and transfer, even with support. This caused him much frustration and as he began to suffer with pain, we liaised closely with other professionals; doctors, district nurses and staff from Ashgate Hospice for support and to gain an insight into how we could best support T and his family.

T’s communication also deteriorated and this was very hard for him, his family and the staff involved in his care. As a team we all worked together to ensure T was as comfortable as possible during his last few days of life: we made sure he was seen as often as he needed to keep his pain under control and we supported his family through this hard time. We also supported each other, as many of the staff had not dealt with End of Life care before; so we had a lot of clinical supervision and discussions with the MDT to ensure all involved were dealing with the pressures and emotions that arise with End of Life care.

Unfortunately T didn’t have a long stay with us on Valley View but we felt that as a team we had worked well together and supported each other; whilst providing the best care possible for T, his family and carers.

Comments following T’s stay on Valley View:-

Family: “we just wanted to take this opportunity to convey our thanks, gratitude and appreciation for the dedication, love, care and support you all gave to T during his stay at Ashgreen. Your heartfelt care and professional manner was of great comfort to us. Your provision and continued support to us was appreciated beyond words. Thank you all so very much for making T’s passing such a peaceful event. For your support and understanding meant so much, not only for T but the support you all gave to the family and support workers”

Community Nurse: “T’s carers have commented on the superb care he received during his last few days of his life on valley View. On behalf of his family I would also like to say a big thank you for the care and compassion you have shown them at this difficult time”

DCHS Equality, Diversity & Inclusion Report: Public Sector Equality Duty, November 2018
Ashgate Hospice (Consultant): “I would like to express my thanks for the end of life care your team delivered to T. It was very clear from my meeting and assessment with T and from subsequent discussions I had with my junior doctors that he was very comfortable within your unit. The atmosphere and the set-up of the unit was also more appropriate for him and his family’s needs. We, at the hospice pride ourselves on our quality of care and I think that you and your team deserve such an accolade. My experience before of working with yourselves is that combining our strengths improves patients with learning disabilities quality of care, in such circumstances”.

Disability: Patient Story 2

C is a client in his 50’s who’s has been known to learning disability services for 25+ years. He lives at home with his mother, his father passed away around 2 to 3 years ago. C has access Orchard Cottage for short breaks for most of his adult life.

C has Down Syndrome and research has showed that people with Down Syndrome are more prone to early onset dementia.

Staff started to notice and document that C was making comments about looking after his mum and doing the cooking and cleaning. C had never demonstrated cooking skills whilst attending Orchard cottage and the staff started to question whether he was becoming confused.

It was also noticed that C’s mother was phoning the unit more and repeating the same questions or clarifying details more than usual and on some occasions more than once a day. If staff politely reminded C’s mother that she had already phoned that day she would either become upset or defensive or deny the phone call.

C was also starting to come in for his short breaks with insufficient clothing and toiletries. The condition of his feet had started to deteriorate and when we checked it became apparent that he had missed health appointments.

All these concerns were raised during group clinical supervision with the staff so the staff nurse started to look at each element and following some investigation realised that something wasn’t quite right either with the client i.e. possible dementia or within the home environment.

A treatment plan was devised to review his presentation every admission. We recorded what C saying regarding what was happening whilst at home and a log is also being made of the phone call from C’s mother and the responsive from staff.

A referral was made to community learning disability nursing team for support at home and also dementia screening.

C attends day services and we contacted them to see if they had noticed any change there and they reported they had also started to see a decline and saying the same things regarding home whilst there. They were also receiving regular phone call from C’s mother.

Care manager for Derbyshire social care was contacted to make sure client was safe at home and having the support he required. He visited C and mum at home.

On one occasion whilst in orchard cottage C’s sister phoned to enquire about general wellbeing on mothers behalf and a discussion on concerns were shared and sister then reported she had also noticed a decline as only visited occasionally due to distance.

C and mother agreed to a dementia screen for C.
The dementia screen was performed by the MDT team; The OT came to orchard cottage to assess C’s cooking ability. Community Nurse contacted Mother and offered to help with health appointments. C had a check-up with GP and cream and medication prescribed for fungal foot infection, also with podiatry for care of toe nails and annual dental visit and optician’s appointment to review eyesight.

A full MDT was arranged and the findings were that C was not showing signs of dementia but C’s mother was showing signs of short term memory loss which C’s sister had suspected.

C was helping his mother out with more domestic tasks and the care manager had completed her assessment and stated they were safe in their environment at this present time. C was allocated some carer hours to facilitate regular health appointments.

Day services are monitoring C on a daily basis as they have daily contact with C and mother.

Orchard cottage continued to provide short break services and monitoring health and condition of feet.

C’s mother became confused with foot creams and medication. A prompt sheet was devised and photos taken as to where to apply creams. The community nurse took it to C’s mother and explained how to apply creams and how the form worked and was displayed in an appropriate place.

The log of phone calls continue form C’s mother and the advice given by staff was documented then became consistent, staff never made reference to how often C’s mother phoned as it distressed mother.

Day services would call to C’s home if C forgot to bring in any items for his short break this helps reduce the confusion and distress experienced by mum.

Staff nurse asked care manager for carers assessment for C’s mother after discussing with daughter to make sure C’s mother was receiving the support she required in her own right.

By this joint working it has enabled C and his mother to continue to live together retaining their independence and staying safe. Support is going into the home and the situation is being monitored.

The dementia champion for the unit worked alongside the staff nurse and has approached the community learning disability team to shadow them when they next conduct a dementia assessment for a client that has also been referred due to noticeable changes in behaviour. The champion is interested in how the process works and is eager to learn more. She then plans to share her findings with the team and the other dementia champions in the core units.’

**Age: Patient Story**

Win is an 83 year old widow who lives alone in a house. Prior to being admitted to hospital, her physical state and mobility had been declining over the last 2 years.

DCHS Chesterfield community therapy team worked hard to keep her safe in her home environment, organising 2 carers four times a day to assist her with daily activities and equipment to help her transfer as her mobility had reduced significantly resulting in being wheelchair bound over the last 6 months due to progressive leg weakness. She needed a hospital bed downstairs as she could no longer manage the stair lift.
She had also experienced increase in falls over the last 2 years which affected her confidence and she stopped going out of the house.

Win was eventually admitted to hospital for investigations and was found to have severe spinal cord compression with incomplete paraplegia caused by an Intra-Dural tumour.

Win was admitted to Royal Hallamshire Hospital on 14/8/16 for removal of T6/T7 Meningioma. Win explained that the discussion she had with her Surgeon left her unsure if she would every walk again.

Mr Ivanov was the surgeon who carried out Win’s surgery and the tumour was successfully removed. Win expressed her thanks to Mr Ivanov before transfer to Alton Ward for rehabilitation.

Win was only able to transfer with a rotunda plus two on admission to the ward. The Multidisciplinary team on Alton Ward worked with Win to achieve her goals. She participated in an individualised Physiotherapy programme that worked on strengthening her lower limbs, improving her balance in standing and increasing her confidence to walk independently (with the help of a walking aid).

Healthcare Assistants worked with Win to facilitate independence with washing and dressing. The Multidisciplinary team led by the Occupational Therapist organised a home visit with Win, to assess her functional ability and provide recommendations for equipment – most of it to be returned! Win’s confidence increased after the home visit and was so pleased with the progress that she’d made.

A huge array of equipment has been sent from her home back to Medequip warehouse and Win will be sleeping upstairs again in her own bed.

Win’s journey has come full circle and she returned home supported by the community therapy team to further her independence.

Win’s main future goals are to walk into Mr Ivanov’s office on her next appointment, but ultimately to attend her Grandson’s wedding next Easter on her feet.

Win said “The moment I came through the doors there was a wonderful feel about the place. I certainly wouldn’t be walking as I am. It most certainly wouldn’t have happened at home.

**Race/Ethnicity: Patient Story**

Whilst at home a patient was hitting out at family members and had become really unsteady and resistive when his family tried to keep him safe when mobilising. The patient’s wife was his primary carer however the rest of the family (the patients 3 children) were providing 24 hour care for him.

Information was gathered about the patient prior to admission where it was established that although the patient could speak some English, their first language was Urdu, he also ate a Hallal diet.

Having this previous knowledge about the patient we were able to order the relevant food and arrange for an interpreter to attend the ward the following day.
The patient was admitted to Linacre ward Under Section 3 of the Mental Health Act. The patient’s family were exhausted and it was felt that his mental health had deteriorated and now required assessment. The family were extremely upset when they bought the patient to be admitted. The Team comforted and reassured all of the family members and continued to provide support to them all throughout the admission.

The first few days were difficult for both the patient and staff members especially as there was a communication barrier (the patient speaking Urdu). The patient presented as confused and aggressive on any intervention, was really unsteady and did not respond to staff’s attempts to deescalate him when displaying periods of anxiety and distress.

The patient’s family members were asked if they would like to visit the ward out of hours visiting which this alleviated a lot of the family’s anxieties and concerns about their loved one being admitted to the ward due the language and cultural barriers. This open visiting meant that the patient would have familiar family members to spend time with.

As English was not the patient’s first language, interpreters were asked to attend the ward during his admission. Staff also asked one of the family members if they could provide a list of common words and phonetics so that staff could communicate with the Patient. These words gave staff the ability to communicate with the patient; they were able to greet the patient, ask if he would like to eat or drink and provide words of reassurance and support when he was distressed.

During the admission, the patient became more relaxed and settled on the ward and following his period of assessment he was able to return home.

The family were very appreciative for all the care that we had provided here on Linacre including the flexible visiting times and staff proactively learning Urdu key words.

On discharge as the patient was leaving the ward, he informed his family (which they then translated to us) that we had been “very respectful” of him which gave us all a great sense of pride and achievement.’
Equality & Diversity Future

We acknowledge as a Trust that we do well with our Equalities Agenda but we want to be great. This means picking up on the parts of our service delivery and staff engagement that need improvement.

The 2 year plan to increase the recording of patient equalities data has already begun and below is a poster for staff identifying our weak spot and asking our staff to be part of the solution.

We are also embarking on a ‘deep dive’ of our Equalities Strategy and a new Head of Equality was appointed in July 2017.

"God, grant me the serenity to accept the things I cannot change, courage to change the things I can and wisdom, to know the difference” Rudyard Kipling.

Equality Objectives 2017- 2020

Our Equality Objectives were agreed at EDILF, the Board Equalities Forum and the Trust Board and are monitored by EDILF on a bi-monthly basis. The objectives were selected in response to findings from a number of key areas, including: our staff survey, and Friends and Family cards, concerns and complaints, documentation audits, accessible information standards and from our LD Internship programme.

Our priority equalities objectives for the next three years include:
1. Improving capability and leadership

- Board commitment
- Governance structures in place
- Learning, development & training
- Accreditation
- Policies and procedures
- 'Achieving' in EDS2

- Board action - mentors, role models, champions
- High visibility of agenda and Trust accountability
- Culturally competent and knowledgeable staff
- A compassionate culture with zero tolerance of discrimination, bullying and harassment
- 'Equalities Allies' in all areas of the Trust
- 'Excelling' in EDS2

2. Addressing health inequalities

- Diversity Monitoring of service users
- Access to Healthcare Forum / Network
- Signed up to BSL Charter
- Understand demographics / health inequalities of local area
- Complaints and FFT data by Protected Characteristic

- Diversity information for 100% of patients /service users
- Evidence that data is used to improve service delivery
- Implementation of BSL Charter
- Access audits completed on a regular basis
- Equality Impact Assessments undertaken for 100% of key decisions
- Health inequalities lessened/positive out-comes achieved

3. Achieving a diverse workforce

- Understanding of our workforce profile
- Staff Survey data by Protected Characteristic
- Three Employee Network Groups
- Engagement with staff

- Targets to increase diversity of workforce
- Understanding and acceptance of experiences of under-represented groups from Staff Survey
- Action taken to address issues arising from Staff Survey
- Employee Network Groups supported and valued
- Staff engagement that is inclusive
The LGBTQ Staff Network, under the Myriad Voices Staff Networks banner, has had a productive year of engagement and representation. Myriad Voices is part of the Derbyshire LGBT Network Group, which boasts members from Derbyshire Fire and Rescue, Derbyshire Police, Derbyshire County Council, and Derby University.

DCHS celebrated Bi-Visibility Day in September 2017 by encouraging staff to discuss bisexuality within their teams, using a number of prompts to encourage conversation. Mugs with the words “There are more bisexuals than you think” were given out with teabags and Myriad Voices lanyards.

In November 2017, the Trusts’ network group arranged an event to view the film “Boys Don’t Cry”, a biography of a young American trans man and his experience of hate crime, as part of the Transgender Day of Remembrance.

Myriad Voices were pleased to be involved in the organisation and attendance of the LGBT Role Model event held at Derbyshire University, to celebrate LGBT History Month in February 2018.

In May, IDAHOT Day (International Day against Homophobia, Biphobia and Transphobia), was recognised by reviewing the LGBT Myriad Voices posters and raising the awareness of the LGBT staff network group. We also purchased a new rainbow flag, which was raised at Walton Hospital by members of the DCHS executive team, supported by members of DCHS staff. The design for rainbow window stickers were also approved ready for display later in the year.

The network group has been busy completing the Stonewall Index Submission for 2017/18, with support from the Human Resources team, Patient Experience, Supplies and Clinical colleagues within DCHS.

The network group is working to improve the attendance at its meetings and raise the profile of the group. One of the members of the group is from the Communications Department, which has helped move forward the amount of media and communication that have been accomplished. We have reviewed posters, had an article published in The Voice, and seen an increase in activity on Twitter and Facebook. We undertook a survey with the membership of the group to ensure that the timing and location of meetings suited the majority of staff attending, and highlight any barriers that could be faced by new members wishing to join.

The group also participated in research undertaken by York University on NHS LGBTQ staff network groups. The researcher attended a number of our meetings over a 12 month period and undertook a number of interviews with both DCHS executive staff and network members.

A number of members from the network group attended the Derbyshire Mental Health Trust LGBT awareness and role model event, and supported in the delivery of one of the sessions.

The group received training on EDS2 and the EDS2 submission by DCHS. Members of the group also attended a workshop and deep dive, facilitated by Ernst & Young, with senior managers of the Trust to look at the DCHS Equalities Strategy and the branding for Inclusion and Fairness within the Trust.
The Chair of group, Graham Smith, won the Championing & Building Inclusion Award at the Extra Mile Awards. Graham is currently mentored by Chris Bentley, one of the Trusts’ non-executive Directors, which has not only provided him with opportunities to develop his skills for the benefit of the group, but added valuable support for Myriad Voices at the Board Equalities meetings.

This year saw DCHS have a stall at Chesterfield Pride for the first time, resourced by both the network and Sexual Health Services.
## Appendix 2 – Attendance at EDILF Meetings 2017-18

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alvaro Pancisi</td>
<td>Head of Informatics</td>
</tr>
<tr>
<td>Amanda Combellack</td>
<td>Team Leader - Advice and Guidance Employment Relationship Support</td>
</tr>
<tr>
<td>Amanda Rawlings</td>
<td>Director of People and Organisational Effectiveness</td>
</tr>
<tr>
<td>Amy Tempest</td>
<td>Leadership development Lead</td>
</tr>
<tr>
<td>Anne Lane</td>
<td>Dental Nurse</td>
</tr>
<tr>
<td>Catherine Wright</td>
<td>Equality and Diversity Officer</td>
</tr>
<tr>
<td>Claire Scott</td>
<td>Strategy and Planning Manager</td>
</tr>
<tr>
<td>Donna Wright</td>
<td>Interim Workforce Development and Educational Lead</td>
</tr>
<tr>
<td>Foster Lewins</td>
<td>Estates Project Manager</td>
</tr>
<tr>
<td>Gill Linford</td>
<td>Quality and Business Performance Manager; Chair of Disability and Long Term Conditions Staff Network Group</td>
</tr>
<tr>
<td>Graham Smith</td>
<td>Care Environment Lead; Chair of LGBTQ Staff Network Group</td>
</tr>
<tr>
<td>Hannah Wild</td>
<td>Speech and Language Therapy Quality Manager</td>
</tr>
<tr>
<td>Harinder Dhaliwal</td>
<td>Head of Equality, Diversity and Inclusion</td>
</tr>
<tr>
<td>Hazel Walker</td>
<td>People and Organisational Effectiveness Manager</td>
</tr>
<tr>
<td>Jayne Needham</td>
<td>Assistant Director: Health, Wellbeing and Inclusion/Consultant in Public Health</td>
</tr>
<tr>
<td>Jonathan Sanderson</td>
<td>General Manager High Peak and North Dales</td>
</tr>
<tr>
<td>Lisa Brightmore</td>
<td>Patient Involvement Officer</td>
</tr>
<tr>
<td>Lizzie Barratt</td>
<td>Not Recorded</td>
</tr>
<tr>
<td>Lynne Booth</td>
<td>Head of Staff Partnership</td>
</tr>
<tr>
<td>Lynne Shelton</td>
<td>Head of Quality and Business Services</td>
</tr>
<tr>
<td>Mary Heritage</td>
<td>Assistant Director of Quality and Professional Lead for AHPs</td>
</tr>
<tr>
<td>Natasha Wimbledon</td>
<td>Speech and Language</td>
</tr>
<tr>
<td>Pat Arnold</td>
<td>Site Manager - St Oswalds</td>
</tr>
<tr>
<td>Paula Annable</td>
<td>Staff Partnership Administrator/UNISON Representative</td>
</tr>
<tr>
<td>Pippa Short</td>
<td>Staff Well Being Officer</td>
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<tr>
<td>Roger Simpson</td>
<td>Clinical Effectiveness Facilitator</td>
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<tr>
<td>Samantha Pepper</td>
<td>Equality, Diversity and Inclusion Advisor</td>
</tr>
<tr>
<td>Shaun McVeigh</td>
<td>General Manager, Integrated Sexual Health Services</td>
</tr>
<tr>
<td>Tracy Bailey</td>
<td>Clinical Effectiveness Facilitator</td>
</tr>
<tr>
<td>Valerie Broom</td>
<td>Public Governor</td>
</tr>
<tr>
<td><strong>Total: 30</strong></td>
<td></td>
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