EPUT

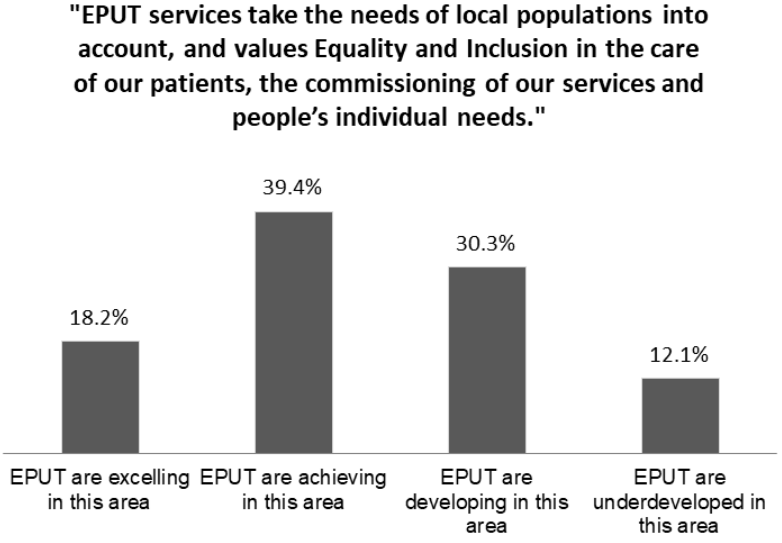
EQUALITY DELIVERY SYSTEM (EDS2) GRADING FROM STAKEHOLDERS APPENDIX B: BREAKDOWN OF REPRESENTATION AND SCORING

1 Representation of Stakeholders 2020/21

- These participants covered all age groups from 20 - 60+ years of age, 17 (51.52%) identified as being between 40 and 50 years of age.
- Out of 33 participants, 12 (36.36%) identified as biologically Male and 20 (60.61%) identified as biologically female.
- Out of 33 participants, 11 Attendees (33.33%) identified as being Black, Asian or from an Ethnic Minority group / groups.
- Out of 33 participants, 11 Attendees (33.33%) identified as having a Disability or Long-Term condition lasting (or expecting to last) at least 12 months. Attendees reported lived experience of ADHD, Depression and Hidden Disabilities.
- 32 Attendees identified as Cisgender, with one choosing not to disclose this information. 12 (37.5%) Identified as part of a sexuality or gender minority group (LGBTQ+) with one attendee identifying as Asexual.
- 15 attendees (46.88%) identified as looking after, or giving help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age.
- Out of 32 attendees, 15 (46.88%) identified as “Christian” followed by 11 (34.38%) attendees identifying as “No Religion, Faith or Belief”. 2 attendees (6.25%) identified as “Hindu”.

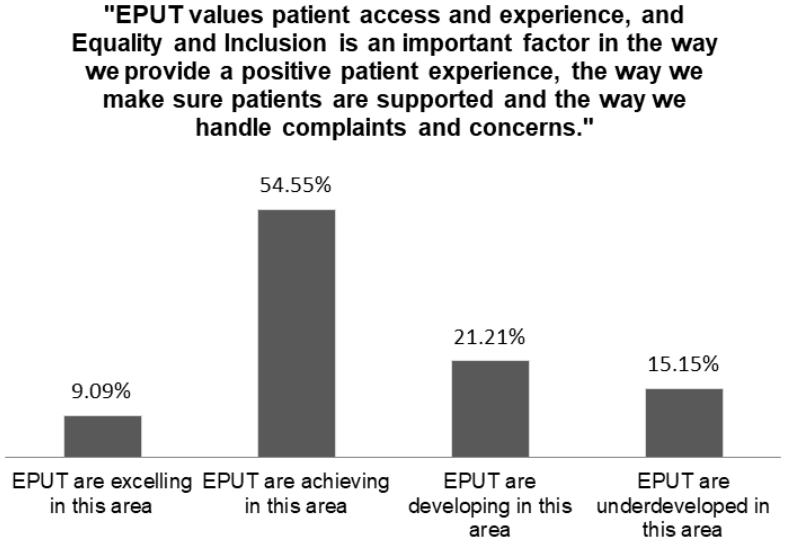
In summary: Whilst this group was representative on many counts, future efforts should better target / include input from Transgender Stakeholders and Stakeholders from marginalised or minority faith and spirituality groups.

2 Breakdown of Grading from Stakeholders on each section

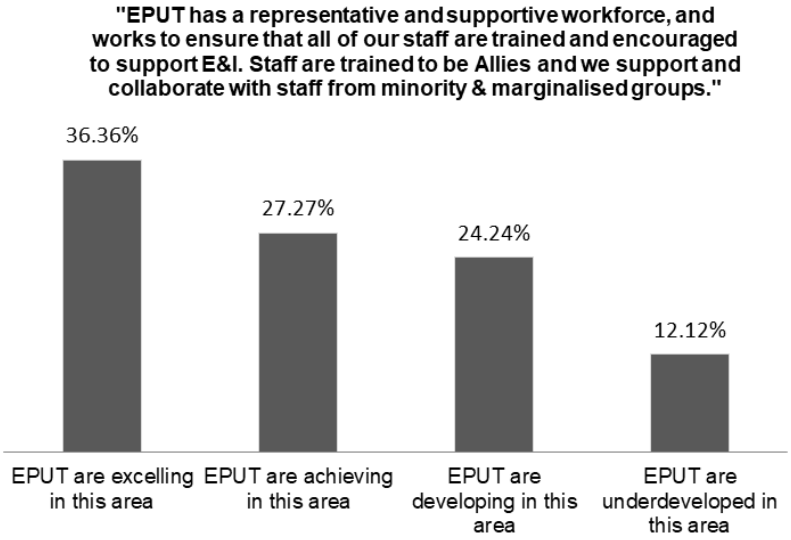


Whilst the majority believed that EPUT were achieving in this area (13), it should be noted that there were significant responses from stakeholders (6) that believed we as a Trust were Excelling at this action. The second most popular response was that we as a Trust were developing in this area (10). One participant felt that there was “always room to develop further” where another expressed they had been involved in “situations where discrimination has been present”.

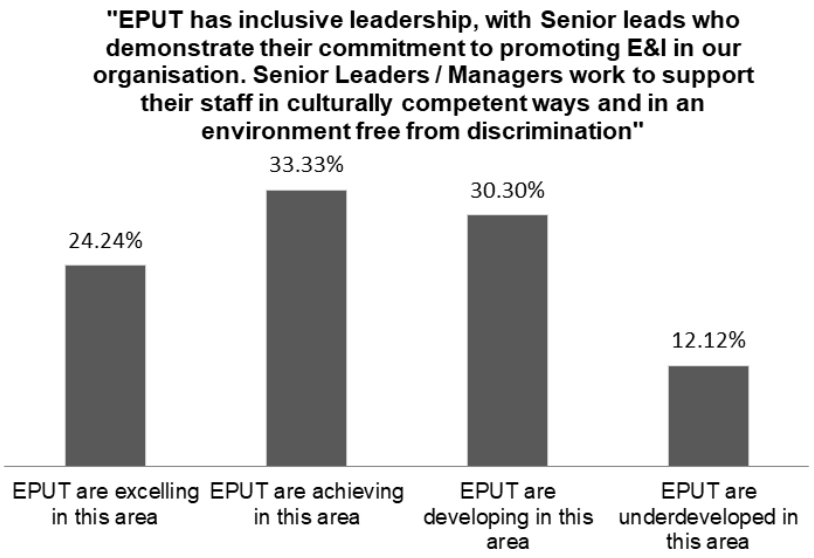
One stakeholder added “Good progress has been made in identifying more person-centred care”, but expressed that a more holistic approach should be provided by all services, working together to deliver a better continuity of care.



A significant majority (18) identified the Trust as achieving in this area, with 3 participants feeling the Trust excelled in this area. One participant (who appears to be a member of EPUT Staff) raised that there was a culture of “box ticking for the commissioners” in the Trust, explaining that care plans on EPUT systems had boxes to tick “just for reporting”. This participant claims that patients were never offered Carer’s Assessments by their team, but that managers would pressure them to tick this box to “meet the target” where managers “hassle staff” for missing information.



Although two participants claimed that they had not been aware of Staff Allies / Champions in their services, The majority of participants felt that EPUT Excelled in this area. One participant raised that “The training and development of staff is moving people to support Equality and Inclusion in a meaningful way” but acknowledged that more work is needed within the Trust based on WRES / WDES / Staff Survey results. This participant praised the “Be You” and Reverse Mentoring programs within the Trust.



These results show a mostly even split across three categories and the comments showed mixed views on inclusive leadership in the Trust. One participant expressed *"I feel the leadership have done a good job highlighting Equality and Inclusion Issues, but in practice many staff member's interpretation of this is often not quite there yet"*. Many of the comments share this mixed interpretation, recognising the contributions of senior leaders but not seeing evidence of this and raising that the Staff Survey, WRES and WDES still show there is discrimination within the Trust. One participant felt that there no people with disabilities being open at a senior level (or comfortable in disclosing this).

3 "Planning for the Future" Findings from Attendee Responses.

The following are the recommendations taken from all responses in **Appendix A.**

- Reverse mentoring should be developed to include patients and carers, sharing their lived experiences of health inequalities to influence our services.
- Equality and Inclusion Training (including existing training sessions covering Race or LGBTQ+ that were discussed in the session) should be mandatory and also targeted at senior leaders and middle managers across the Trust.
- There were comments throughout the data from participants who felt that they had no evidence of E&I actions within the Trust (although all participants were given a summary document and a presentation was available covering this, it could be possible a participant did not use either to make their decisions). Due to comments emphasising the need of "Equal Services for all" or "Supporting White groups", we as a Trust need to better communicate the reason we provide equitable treatment to marginalised and minority communities externally to our service users. These tie in with the concept of "bridging gaps" in the Public Sector Equality Duty.
- Greater emphasis on invisible disabilities, especially neurodiverse staff and patients.
- Visible Senior Leaders in the Trust from marginalised and Minority communities, in particular BAME and LGBTQ+ communities, promoting Equality and Inclusion in the Trust.
- Celebrating and communicating good practice in our organisation, and finding better ways to connect with marginalised and minority groups in our communities.
- We as a Trust should work with partners in organisations providing housing, education and reducing social isolation. A focus on health inequalities caused by social class, especially those who are living in poverty.

- Better communication of Equality and Inclusion events, opportunities and Trust commitment, aimed at frontline services staff. Encouragement to attend from senior leaders.
- Developing actions to facilitate the promotion and continuous professional development of BAME Staff members.
- Improvements aimed at transgender people accessing adult mental health services.

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