

The background of the cover is a photograph of a rural landscape. In the foreground, there's a dirt path and a black metal fence. Beyond the fence are green fields and a small village. In the distance, the sea is visible under a blue sky. Overlaid on the image is a large, stylized graphic of many birds in flight, colored in shades of purple, blue, green, yellow, and red. The birds are arranged in a way that suggests they are flying from the bottom left towards the top right. A solid blue curved shape is at the bottom of the page, containing the title text.

Equality Delivery System Report 2020

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1. INTRODUCTION

This is the trust's Equality Delivery System 2 Report for September 2020. It looks at the evidence across both legacy trusts from the previous year, and provides a blue print for action going forward as a new trust.

Equality drivers

A number of national and local standards, strategies and action plans feed into the inclusion work of the trust and there can be some challenge in creating a coherent picture for driving work forwards. An illustration of the different inputs to the inclusion work and EDS2 report is below.

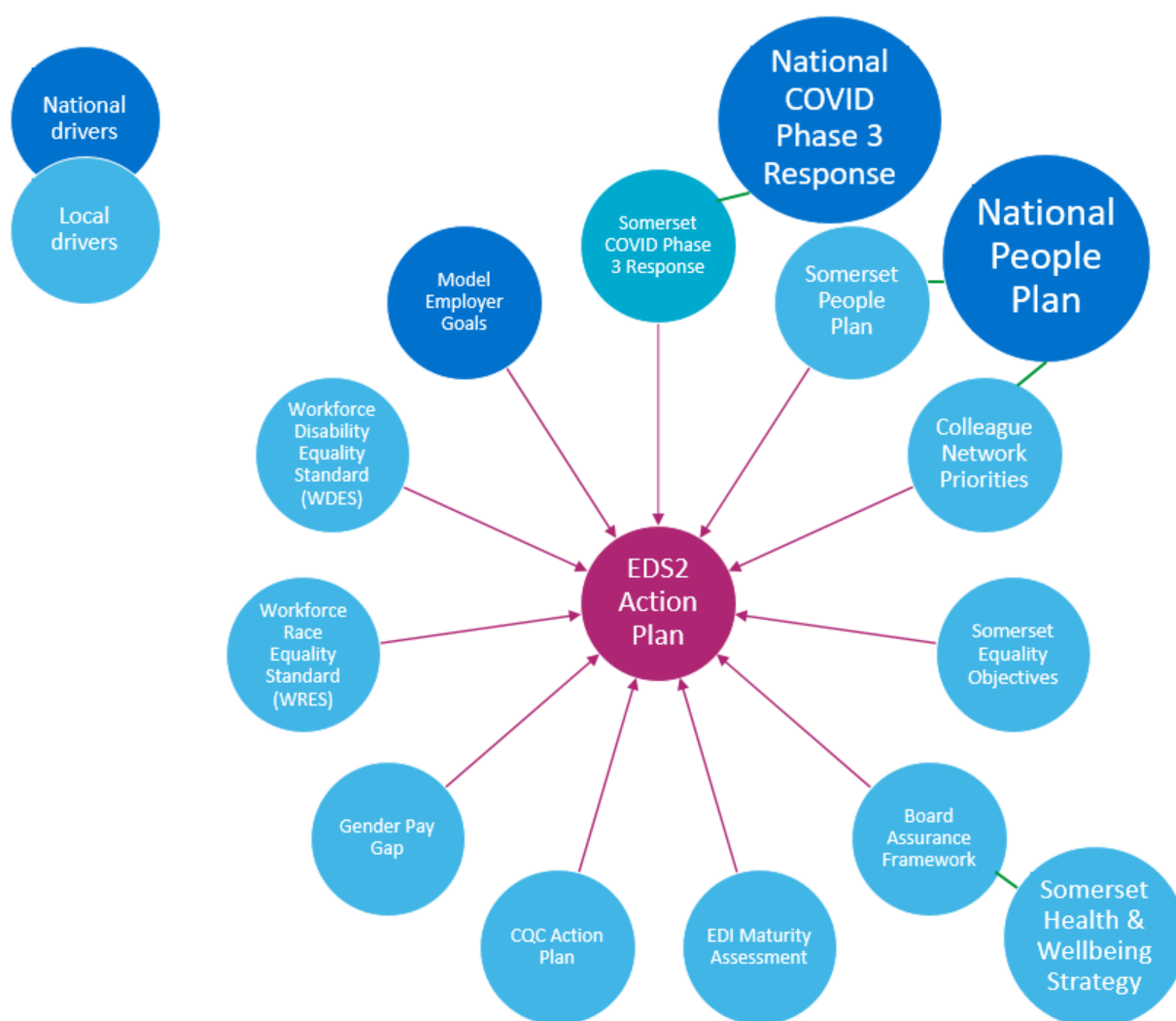


Figure 1: Drivers for the EDS2 Report/trust inclusion plan

THE EQUALITY ACT AND OUR TRUST'S OBJECTIVES

Nine characteristics are protected by the Equality Act. These are known as 'protected characteristics':

- **Age:** including specific ages and age groups;
- **Disability:** including cancer, HIV, multiple sclerosis, and physical or mental impairment where the impairment has a substantial and long-term adverse effect on the ability to carry out day-to-day activities;
- **Gender re-assignment:** where people are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex;
- **Marriage and civil partnership;**
- **Pregnancy and maternity;**
- **Race:** including colour, nationality and ethnic or national origins;
- **Religion or belief:** including a lack of religion or belief, and where belief includes any religious or philosophical belief;
- **Sex:** or gender;
- **Sexual orientation:** a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex.

Additional Protected Characteristics:

In addition, it is not uncommon for local Protected Characteristics from groups who are considered disadvantaged to be added. This is to ensure those groups are paid particular attention during inclusion work and service planning.

The legacy Trusts previously recognised the particular needs of people with learning disabilities as a separate group to disability. The Inclusion Steering Group meeting of 5 March 2020 agreed to propose the adoption of three additional protected characteristics of:

- Homelessness
- carers and
- Military families.

(The latter two are adopted as additional protected characteristics by Somerset County Council and Somerset CCG.)

The Equality Act and Discrimination

The Equality Act outlaws direct and indirect discrimination, harassment and victimisation of people with relevant protected characteristics in relevant circumstances. It requires reasonable adjustments be made for disabled people. The Act applies to providers of services and employers, including NHS bodies and other health providers.

The Public Sector Equality Duty

A public sector Equality Duty, section 149(1) of the Act, applies to the Trust and to most public authorities (and bodies exercising public functions) requiring them in the exercise of their functions to have due regard to the need to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

For the purpose of the Public Sector Equality Duty, the protected characteristics are those listed above with the exception of “marriage and civil partnership”.

Our Trust’s Equality Objectives 2019-2023

The Trust signed up to the Somerset Equality Objectives 2019-2023, which we share with other health and social care organisations across Somerset. These are:

1. Work with communities to improve the opportunities for integration and cohesion.
2. Improve public understanding of mental health.
3. Work with the Gypsy and Traveller community to improve relationships.
4. Create an equality working group for staff in the Public Sector in Somerset.
5. Implement and review the Accessibility Information Standard to create consistency around its implementation.

The trust will develop further local equality objectives with the development of the Inclusion Strategy by January 2021.

Engagement with our Colleague Networks

Colleague Networks have been established across the trust and are being further developed this year.

The networks have indicated the following priorities as being those they consider the trust should take forward, based on both feedback from their members and other sources of data, such as those included in this report. (Note: Not all of these have been formally agreed by the networks at this stage, but this gives an indication of the views of the networks.)

Network:	Network Priorities 2020:
Lived Experience Network	<ol style="list-style-type: none">1. Reasonable Adjustments Passports2. Visibly disability-welcoming recruitment3. Work towards being a Time to Change organisation4. Peer Support for colleagues living with disabilities

Network:	Network Priorities 2020:
	5. Promoting the networks: video or similar
LGBT+ Network	<ol style="list-style-type: none"> 1. Rainbow badges and lanyards 2. Posters: LGBT+ colleagues and allies: You can talk to me 3. Improving LGBT+ awareness training
BAME Network	<ol style="list-style-type: none"> 1. Anti-racist badge 2. BAME ally badge 3. BAME leadership programme 4. Microaggression training
Armed Forces' Network	<ol style="list-style-type: none"> 1. Work towards being a 'Veteran Aware Hospital' 2. Ally Statements formally supporting other colleague networks 3. Restoration of Social Meetings 4. Marking Remembrance Day 2020 5. Celebration of Armed Forces Day 2021
Women's Network	<ol style="list-style-type: none"> 1. Reliable data on gender is routinely collected & reported 2. Increase awareness of gender bias and the negative impact of gender stereotypes 3. Promotion & role modelling of inclusive behaviour & allyship 4. People policies processes and practices support equality of opportunity & are free from bias 5. Female colleagues are inspired and encouraged to pursue their career aspirations 6. We tackle gender bias and inequality in the health care we provide to patients, and tackle taboos around women's health in our workforce (e.g. around menstruation, breastfeeding, menopause)

Equality Diversity and Inclusion Maturity Review

In 2020 the Trust commissioned the internal auditors to carry out an equality, diversity and inclusion (EDI) Maturity Review. The aim of the review was to understand how an effective approach to EDI can become embedded across the Trust by highlighting areas where processes could be improved and recognising existing good practice. The review assessed against 5 key areas set out by the internal auditors in their EDI maturity

model. This reviewed the domains: 'Tone from the Top', governance, compliance and strategy, structure, policies and procedures and continuous improvement.

The maturity was graded as below and the recommendations from this review have been incorporated into the EDS2 Action Plan. Whilst it is only an advisory audit, having reviewed the findings and recommendations it provides a sound baseline to support our focus.

	Tone from the Top	Governance, Compliance, and Strategy	Structure	Policies, procedures	Continuous Improvement
Current	Defined	Aware	Defined	Aware	Aware
Target	Mature	Defined	Mature	Defined	Defined

This provides assurance the Trust does not have any significant areas of concern but is very much on the start of a journey. The report sets out 6 key findings, which are including in a revised single inclusion action plan. Each recommendation has a number of areas of focus so will take some time to complete this effectively. The recommendations are:

- While the Trust has reviewed its vision, consideration of EDI is not yet fully and formally embedded within its strategy, BAF and corporate objectives, with the partial exception of corporate objective 10 which relates to People
- The Trust currently does not have a defined formal strategy for EDI
- The current structure and governance arrangements are heavily reliant on the People function to drive improvements to the EDI framework at the Trust. While this was a conscious and pragmatic decision by the Trust, the Trust will need to ensure that EDI is sufficiently embedded within operational areas in order to fully achieve its vision to be an inclusive Trust
- The Trust has a number of legacy policies and procedures in place. Moving forward, the Trust should maintain a policy schedule of EDI-related policies and ensure relevant policies are regularly reviewed with clear documentation to identify what has changed and what other policies may require review as a result
- Formal and informal processes to resolve EDI-related issues should be defined, with clear distinction between preventative (designed to pre-emptively stop issues arising) and detective (identification and resolution) controls
- The mandatory training in place at the Trust focusses on legislation, with heavy signposting to managers for advice and guidance. However more support and training is required for managers to ensure that concerns are resolved in line with the Trust's expected approach.

Care Quality Commission feedback

Latest feedback from the CQC highlighted the following around inclusion work:

Somerset Partnership CQC Inspection report (Jan 2019)

Community Health Inpatient Services: Positive comment under Effective domain:

'The trust had processes to ensure there was no discrimination, including on the grounds of protected characteristics, under the Equality Act when making care and treatment decisions.'

'The service identified and met the information and communication needs of people with a disability or sensory loss. Services were delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics under the Equality Act and those in vulnerable circumstances.'

Developmental comment under 'Culture' heading of Well-led domain:

'However, there was some disconnect between the equality and diversity agenda and other activity. Although the trust did deliver what was required regarding equality and diversity, they did not capitalise on the benefits of a diverse workforce which could help it deliver the workforce strategy.'

Also under the 'engagement' heading of Well-led domain:

'The trust delivered its responsibility around the equality and diversity agenda, and frontline staff were actively engaged in this, however we felt the trust were not capitalising fully on the benefits of a diverse workforce across the senior leadership team.'

Taunton and Somerset CQC Inspection report (January 2020)

Under summary of findings:

More staff, particularly those from a black, Asian and minority ethnic background, needed to feel safe and valued and to feel confident to report abuse from members of the public, including patients and families.

Should do actions:

Strengthen the action already taken to support the black, Asian and minority ethnic staff who have suffered a disproportionate level of abuse, and demonstrate this will not be tolerated within the organisation. Educate staff to further support their BAME colleagues and encourage everyone who suffers abuse or discrimination or witnesses it to report it.

Produce measurable objectives around career progression for black, Asian and minority ethnic staff as this was highlighted at the people committee but without further action considered. Actions in the Workforce Race Equality Standard plan were not owned by anyone and were not measurable to determine achievements. They were without ambition.

If key reports are not to be published through board papers, publish all those required, including those around equality and diversity and annual reports on patient safety and care on the trust website each time they are produced.

As was required of the trust since August 2016, assess, audit and then improve (if needed from assessment and audit work) provision of care for patients in the described group against the Accessible Information Standards.

COVID-19 AND FUTURE PLANNING

In the plans for phase three of the NHS's pandemic response, and linked implementation guidance, NHSE/I set out new requirements on health inequalities and diversity on 7 August 2020¹. They include:

- Devise five-year action plans of how their boards and senior staffing will, "in percentage terms", at least match the overall BAME composition of their overall workforces or communities;
- Monitor the use of services and outcomes by the most deprived neighbourhoods and communities, with new data published by 31 October;
- To have a named executive board member for tackling inequalities in every organisation by the end of September;
- Proactively "review and ensure" the completeness of their patient ethnicity data before the end of this year;
- Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new online primary, outpatient and mental health services by 31 March;
- Accelerate programmes targeting those at risk, including flu vaccinations, targeted long-term condition prevention and management, such as for obesity, learning disabilities, and continuity of maternity carers;
- Particularly support those who suffer mental ill health; and improve data on ethnicity, especially in general practice

¹ <https://www.england.nhs.uk/wp-content/uploads/2020/08/20200807-Implementing-phase-3-jb.pdf>

These considerations will need to be built into our inclusion work and action plans going forwards. Oversight and governance of this process sits with the People Committee, consideration needs to be given to the structure of governance around inclusion to ensure the patient and service user focus isn't separate from the workforce focus.

PEOPLE PLAN

NHS England and NHS Improvement have developed 'We are the NHS' the NHS People Plan 2020/21. The plan is intended to build on the NHS response to COVID-19, and to set out an NHS workforce strategy for the remainder of the year. As well as signalling a clear intention to support cultural change (belonging) within the NHS.

At the heart of this plan is the NHS People Promise, which captures a vision for an inclusive workforce centring on belonging.



Some key actions from the People Plan relating to inclusion are:

- A local People Plan should be developed with close partnerships between health and social care.
- Support for staff who are home-working.
- Wider work around bullying and harassment (with a national toolkit to be developed by March 2021)
- Measures to address violence against staff.
- Every staff member should have an annual conversation with their manager which includes a discussion around inclusion.
- Supporting people through sickness and helping return to work.
- To offer job roles that have 'flexibility by default'.
- Ensure cross-organisational staff networks are embedded in Governance by December 2021.
- Recruitment and promotion practices to be reviewed in partnership with staff representatives by October 2020, "to make sure that staffing reflects the diversity of their community, and regional and national labour markets".
- Publish progress on leadership diversity against Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce.

2. THE EQUALITY DELIVERY SYSTEM (EDS/2)

The EDS is designed to support the NHS to deliver better outcomes for patients and communities and better working environments for colleagues, which are personal, fair and diverse. The EDS seeks to achieve positive differences to healthy living and working lives. The EDS2 was mandated in the NHS Standard Contract from 2015. The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with the nine characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

The EDS has four goals:

1.	Better health outcomes
2.	Improved patient access and experience
3.	A representative and supported workforce
4.	Inclusive leadership

The EDS has 18 'outcomes' which sit under these four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS colleagues and Boards. Providers and commissioners are asked to grade themselves on how well they are achieving against each outcome, as Undeveloped, Developing, Achieving or Excelling.

Grading:			
Undeveloped	Developing	Achieving	Excelling
People from all protected groups fare poorly compared with people overall OR evidence is not available. (two or fewer groups fare well)	People from only some protected groups fare as well as people overall. (three to five groups fare well)	People from most protected groups fare as well as people overall. (six to eight groups groups fare well)	People from all protected groups fare as well as people overall (all nine groups fare well)

The self-assessment on goals 1 and 2 have been shared with Healthwatch Somerset, and goals 3 and 4 with the colleague networks, asking for feedback on whether they felt the assessment was fair and accurate prior to publishing the report.

An action plan to address the gaps has been developed and will form the basis of the inclusion action plan for 2020/2021. This can be found at Appendix 1.

SOMERSET FOUNDATION TRUST'S GRADING

A review against each of the outcomes has been undertaken for Somerset NHS Foundation Trust on the basis of the evidence available for each protected characteristic. The assessment is set out in the table below. (The evidence used to base the assessment follows.)

EDS2 Grading 2020	
Outcome 1.1: Services are commissioned, procured and delivered to meet the health needs of local communities.	DEVELOPING
Outcome 1.2: Individual people's health needs are assessed and met in appropriate and effective ways.	DEVELOPING
Outcome 1.3: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	DEVELOPING
Outcome 1.4: When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	DEVELOPING
Outcome 1.5: Screening, vaccination and other health promotion service reach and benefit all local communities.	DEVELOPING
Outcome 2.1: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	DEVELOPING
Outcome 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care.	DEVELOPING
Outcome 2.3: People report positive experiences of the NHS.	DEVELOPING
Outcome 2.4: Peoples' complaints about services are handled respectfully and efficiently.	DEVELOPING
Outcome 3.1: Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	UNDEVELOPED
Outcome 3.2: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	DEVELOPING
Outcome 3.3: Training and development opportunities are taken up and positively evaluated by the staff.	DEVELOPING
Outcome 3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source.	UNDEVELOPED
Outcome 3.5: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	DEVELOPING
Outcome 3.6: Staff report positive experiences of their membership of the workforce.	DEVELOPING
Outcome 4.1: Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	DEVELOPING
Outcome 4.2: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	DEVELOPING
Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	DEVELOPING

Outcome 1.1: Services are commissioned, procured and delivered to meet the health needs of local community

How is the Trust doing?

- **Integration:** The integration of services across Somerset as a result of the merger of Somerset Partnership NHSFT and Taunton and Somerset NHSFT has enabled the development of a person centred clinical model for delivery of care
The four aims of the clinical model for the merged trust are:
 - Provide safe, effective, high quality, person-centred care in the most appropriate setting
 - Deliver care closer to home in neighbourhood areas with an emphasis on self-management and prevention
 - Give equal priority to physical and mental health and value all people alike
 - Improve outcomes for people with complex conditions through personalised, co-ordinated care
- **Countywide services:** Trust services are distributed across Somerset and include care in people's homes, so that services are delivered in all areas of the county including the most rural and the most deprived areas.
- **Diverse services:** The Trust works with patients from the very young (babies and young children in the Health Visitors' Service and Maternity services) through the very old and end of life care in people's homes.
- **Care for older people** - On the wards (Eliot, Wordsworth and Triscombe and community hospital wards) and in out-patient clinics, we work closely with colleagues in therapy, mental health services, and EOL services.
Within the Acute Medical Unit we also have a 12 beds where patients are cared for by our Older Persons Assessment Liaison service (OPAL) The Care of the Older People department offers a comprehensive outpatient service across the whole of Somerset enabling greater access to care closer to home.
- Development of transitional care to enable mothers and babies to remain together.
- **Better births – Early adopters** Through a network of support coordinated by the Maternity Transformation Programme, the Early Adopters are taking forward the implementation of the vision in Better Births, going further and faster, and will share the learning from their experiences. The experiences of the Early Adopters will pave the way for national roll-out of initiatives that deliver safer, more personalised care for all women and every baby, improve outcomes, and reduce inequalities.

How is the Trust doing?	<ul style="list-style-type: none"> • Unicef gold standard accreditation for Maternity services: Some of the positive measures put in place as part of the Gold Standard accreditation include: Increasing the number of hours an infant feeding midwife is available from 45 to 95 hours, while improving and knowledge for staff across the whole maternity unit. Every clinical ward area across the maternity unit has a breastfeeding champion. .Additional training for maternity and neonatal unit staff. Development of training and services for strongly related topics such as perinatal mental health • Recovery College and recovery partners: students are people from Somerset interested to learn life skills in order to experience good mental health, people with lived experience of mental health difficulties, their family and friends, and the professionals who support them. • Service user involvement: With the support of the Improvement team we have developed a Framework for participation which includes a framework which can be used by teams and services to simplify and underpin the process of involving patients and the public in improvement projects and service development. Service users have been involved in the development of the framework.
Engagement	<ul style="list-style-type: none"> • Patient feedback has been sought from a wide variety of groups this year, including young people's groups, mental health patient groups and carers groups, Cancer patients, maternity and stroke patients and this feedback has contributed to service development. • Carers transformation project – working with Local authority, third sector organisations and carers to transform the support offered to carers across Somerset • CAMHS patient participation group consulted on new website and app for children and young peoples' services. • Community Hospital forums have been developed across the county to enable local communities to have a voice about health care locally. • ITU/HDU graduates – forum for patients who have experience care in critical care to share their experience. • The patient experience team have attended support groups, local forums and primary care patient participation groups
Improvements & plans	<ul style="list-style-type: none"> • Broaden the scope of engagement with patients and service users. This will include engagement with hard to reach groups including the homeless and traveller groups. • The Accessible Information Standard will continue to be implemented. • Continue to work with the local authority and carers on the Carers transformation program • Embed service user involvement across the organisation
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 1.2: Individual people's health needs are assessed and met in appropriate and effective ways.

<p>How is the Trust doing?</p>	<ul style="list-style-type: none"> • Personalised Care Planning: Patients and service users across all settings are individually assessed and a plan of care is developed with them based on their unique and specific needs. • COVID 19 information: To help with this we have developed a support pack that provides a range of useful and practical information and tips. The pack is primarily designed for care providers and the carers/families of individuals with a learning disability. However it might also be of benefit to other groups, such as those with dementia, autism, or other communication difficulties. • Information: Key leaflets have been translated into the top five languages for Somerset. This includes the PALS and Complaints leaflets and the Carers' Charter. The Trust contracted with two professional language providers to allow access to twenty four hour telephone and face-to-face interpreting for those who have English as a second language. Information from Mencap to support understanding of the COVID situation for people with Learning disabilities has been shared with all departments. All departments have been reminded to exceptions to mandatory mask wearing and the importance of removing mask for those who rely on lip reading. • Learning disabilities Hospital passports: Information in an easy to understand format to help individuals to have choice and control over their health and well-being, particularly when they go into hospital. • Care for a person with Dementia in Hospital: We are currently working across all sites to improve the care and management of patients who are living with dementia. We aim for the hospitals to be 'Dementia friendly' we aim to deliver individualised care through the use of This is me/All about me documents, enabling staff to see the human behind the patient. Enhanced care assessment tool and care diary supports the delivery of effective, safe care • IDSS (Intensive dementia support service): IDSS is a service that provides intensive support to patients with dementia while they are in a period of crisis. The support will be provided in the patient's usual place of residence, or within non-mental health inpatient settings. • End of life care: Individualised care of the dying person is vital to ensure that the wishes and preferences are at the heart of the care delivered. Patients receiving supportive care at the end of life and their families participate in developing a personalised care plan. It is important to review diagnosis and symptom control regularly.
<p>Engagement</p>	<ul style="list-style-type: none"> • The Trust continues to respond to feedback from patients, service users, carers and families through the complaints and concerns process. We continue to meet families who have raised complaints and concerns and use feedback to develop and improve individualised care. Real time patient surveys have taken place in all community hospital wards as part of Ward Accreditation, Stroke services to understand the patients experience of the stroke pathway and in acute, mental health and community hospital wards as part of the real time feedback project.
<p>Improvements & plans</p>	<ul style="list-style-type: none"> • Roll out of real time feedback surveys of patients across the organisation – patients interviewed by senior leadership team and feedback shared with the ward sister • Ward Accreditation programme to be rolled out across all clinical areas • Learning from complaints and feedback improvement project to continue post-lockdown • Embed service user involvement across the organisation, reaching out to groups who are not regularly heard.

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 1.3: Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.

How is the Trust doing?

- **CAMHS Care Planning:** care plan documentation to encourage personalised care planning to support young people who are moving from CAMHS to Adult Mental Health services
- **.Young people transitioning to adult services** - guidelines ensure that Somerset NHS Foundation Trust are effective in making suitable arrangements for the transition of young people with health needs from a paediatric to adult /young person's service.
The aim of this guideline is to ensure that young people and families are fully involved in the process of transition and that all staff are aware of the process. Information is available for young people and parents to support the transition.
 - **End of life pathway** – The Supportive, Palliative and end of life care team support teams to ensure that an end of life care plan is implemented where the multi-professional team believe that patient prognosis is hours-days, irrespective of diagnosis. An end of life care plan should be implemented where the multi-professional team believe that patient prognosis is hours-days, irrespective of diagnosis. Our chaplains are available to support all patients, visitors and staff, whatever your faith or belief system. Where appropriate we can signpost you to groups outside the Trust who share belief system
 - **Clinical integration** – The integration of services across Somerset as a result of the merger of Somerset Partnership NHSFT and Taunton and Somerset NHSFT has enabled the development of a person centred clinical model for delivery of care which minimises the friction at the point of transition in the delivery of services between acute, community and mental health.
 - **Learning disabilities** Hospital passports- a document created by the service user which contains key information about health and wellbeing to enable choice and control for the individual when in hospital.
 - **Training** – Bespoke training has been delivered by Mental Health colleagues for staff in the emergency and paediatric department to support the care of mental health patients when they transition into acute adult and paediatric care
 - **Stroke** – Stroke services have worked together to improve the transition between hyper-acute, acute and rehabilitative care and have sought the views of patients and their families to inform the changes and improvements to the transition between the services

Engagement	<ul style="list-style-type: none"> • Feedback from complaints, concerns and Friends and Family Tests have contributed to these changes. • Serious Incident Review Group • Stroke integration survey • Cancer patient experience surveys
Improvements & plans	<ul style="list-style-type: none"> • Work with other organisations in Somerset to improve the way we work and communicate together including the Somerset Engagement Advisory Group which includes voluntary sector organisations from across Somerset. • Ongoing involvement in the carer's transformation programme to capture the experience of carers during transition. • Increase involvement of young people in service user involvement. • Ward accreditation • Real time feedback • Proactive engagement with patients and families during the transition period • We will work with partner agencies to ensure patients are supported and kept informed before and during transfers between organisations and between Trusts services. • Ongoing clinical integration across acute, community and mental health
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 1.4: When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse.

How is the Trust doing?	<ul style="list-style-type: none"> • Incidents: All incidents are reported through the Trust's incident reporting systems and reviewed, and fully investigated where appropriate, on each occasion to prevent reoccurrence. • Serious incident reviews: All Serious incidents in the Trust are investigated by trained investigators and an action plan is developed to deal with the main issues identified. This plan is monitored closely until it is completed in the 2 weekly serious incident review group and the learning shared across the organisation. Patterns and themes are closely monitored and action taken to address. • Safeguarding: The safeguarding team support frontline staff in protecting a person's right to live in safety, free from abuse and neglect. The team provide clear concise guidance to managers and staff on how to respond appropriately to allegations or concerns that arise that could potentially put the safety and welfare of patients at risk or that could be deemed to constitute abuse of a child or adult. All Trust staff have a responsibility and duty of care to safeguard those, with whom we work, it is fundamental we adhere to this. • Patient safety improvement board: Using improvement methodology to identify opportunities to improve patient safety across the organisation. Incidents, complaints and feedback inform the improvement projects and the learning is shared to promote widespread change. • Unexpected deaths: Mortality reviews and learning from deaths. New learning from deaths lead appointed to ensure that lessons are learned from unexpected deaths and • Duty of Candour: We have continued to roll out training and briefings to staff about the duty and we always look to engage with patients, carers and families when we are undertaking an investigation into a serious incident that has occurred. • Safety huddles and briefings – All clinical areas undertake regular safety huddles and safety briefings to ensure that risks and concerns are shared with the whole team and the risk of harm is minimised
Engagement	<ul style="list-style-type: none"> • All patients are informed of their right to complain or raise concerns about their care and treatment. PALS information is available in a wide range of formats. • Patient partners are represented on all improvement boards. • Patient partners are present on Serious incident review groups and play an active role in reviewing incidents in Acute and mental health services
Improvements & plans	<ul style="list-style-type: none"> • Complaints and serious incidents will continue to be monitored against protected characteristics. • An increase in the diversity of the patient partner group, drawing experience from service users, carers and families. • Learning from feedback patient safety board improvement project completion – ensuring that learning is shared across the organisation.
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 1.5: Screening, vaccination and other health promotion service reach and benefit all local communities.

How is the Trust doing?	<ul style="list-style-type: none"> • The Trust delivers vaccination and screening programmes within its community health services, including in the School Nursing Service and the Somerset-wide Integrated Sexual Health Service (SWISH). • The SWISH service has a Transgender Champion, supporting staff to work better with transgender patients. • The SWISH Service has a website, developed with patient feedback, which is easy to access and contains detailed service information. • The SWISH service maintains a commitment to LGBTQ+ All services offer a free non judgement and confidential service regardless of sexual or gender identity. • The SWISH team provide a signposting service to those who have experienced sexual assault • AAA Screening programme - The NHS abdominal aortic aneurysm (AAA) screening programme is available for all men aged 65 and over in England. The programme aims to reduce AAA related mortality among men aged 65 to 74. • Breast Care - provides a service to both Symptomatic and Screening patients. Patients with poor mobility are screened at the Breast Care Centre itself which has disabled access. • Diabetic eye screening - Diabetic retinopathy is a complication of diabetes affecting the blood vessels of the retina at the back of the eye and is one of the biggest cause of blindness and visual impairment amongst the working age population in the United Kingdom. Screening is available in locations across Somerset FT sites. • Newborn Hearing Screening Programme - helps to identify babies who have permanent hearing loss as early as possible. One to two babies in every 1,000 are born with permanent hearing loss in one or both ears. Finding out early can give these babies a better chance of developing language, speech, and communication skills
Engagement	<ul style="list-style-type: none"> • Feedback from complaints, PALS and Friends and Family Tests have contributed to these changes. • Bespoke friends and family test for SWISH services to capture specific experience of the service. • Community hospital forums offer local communities the opportunities to share feedback about services in their areas. Currently on hold during the Covid-19 Pandemic but planned for all Community Hospitals with support of local League of Friends.
Improvements & plans	<ul style="list-style-type: none"> • Improve patient information and communication to ensure people are aware of these services and are able to access them. • Improve proactive engagement with hard to reach groups to identify unmet needs • Embed service user involvement in developing and improving screening services

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 2.1:: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

<p>How is the Trust doing?</p>	<ul style="list-style-type: none"> • Translation and interpretation services are available in all services. Instant access to video interpreting is now available. • We continue to work with our contractor to provide letters in a format of the individual's needs. Our patient information leaflets can be adapted for individuals communication needs. The new trust website includes the function to view the information in different formats, for example speech or • Our Deaf CAMHS Service works with deaf children and their families providing mental health support. • Chaplains are available to support all patients, visitors and staff, whatever faith or belief system. Where appropriate will signpost to groups outside the hospital who share your belief system. • Special / religious diets: The trust caters patients who need a special diet, for example due to social or religious belief. • Breastfeeding Friendly: The Trust has maintained its breastfeeding friendly status. • Learning Disabilities Service acute trust liaison: Dedicated liaison staff who support people with learning disabilities and their families when accessing acute hospital services. • Hospital environment and design committee: Monitors the physical environment across the trust to ensure that it is accessible, aesthetically pleasant and welcoming. • Dementia strategy group – review the environment for patients with dementia and other cognitive impairment and make recommendations to the HEAD committee for changes and improvements to the environment to improve access and experience • Learning disability: A weekly talking cafe takes place at Musgrove Park in collaboration with the Learning disability team working with staff, carers and patients offering support with communication tools and resources with the aim to improve the experience of our patients with learning disabilities and empowering staff to improve the quality of care and communication. Currently on hold during Covid-19 pandemic
<p>Engagement</p>	<ul style="list-style-type: none"> • Any complaints or PALS enquiries about access problems have been prioritised and actioned. • Learning from PALS and Complaints about access issues are always prioritised and raised with senior staff members. • HEAD committee and PLACE inspections include patient representatives

Improvements & plans	<p>.We will work as an integrated acute, community and mental health organisation to ensure our services are designed and delivered closest to the point of need and continue to support the principle of care closest to home.</p> <ul style="list-style-type: none"> • We aim to improve patient engagement and access and help us achieve our ambitions to more closely involve our patients in the design of services and the recruitment of staff. • We will promote the involvement of service users in developments and improvements.
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 2.2: Outcome 2.2: People are informed and supported to be as involved as they wish to be in decisions about their care.

How is the Trust doing?	<ul style="list-style-type: none"> • Inpatient survey 2019: Over 70% of respondents were involved as much as they wanted to be in decisions about their care and treatment. • National Cancer Patient Experience survey: 80% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment • Personalised Care: A key aim of the integrated clinical model is to improve outcomes for people with complex conditions through personalised, coordinated care • Better births – The trust is an early adopter of initiatives that deliver safer, more personalised care for all women and every baby, improve outcomes, and reduce inequalities. • Triangle of Care: We continue to be an active and leading participant in the Triangle of Care initiatives and plan to roll out the principles of Triangle of Care to the acute hospital • Translation and interpretation services are available in all services. Key documents, including care plans and correspondence, can be translated into a wide range of languages and formats upon request. Video translation is available. • Learning disability passports: Patients with Learning disabilities hold a passport of information and are flagged via an alert added to the system to enable visibility for admitting staff, particularly in the emergency department that patients may have additional support and communication needs. • Capacity and consent: Patients who have been identified as unable to exercise choice due to lack of capacity have support through the legal processes and access to the associated mandatory services i.e. referrals to independent mental capacity advocate (IMCA).
Engagement	<ul style="list-style-type: none"> • Feedback from Healthwatch Somerset, complaints, PALS and Friends and Family Tests have contributed to these changes. • Our Mental Health community survey. • Inpatient survey • Cancer patient experience survey
Improvements & plans	<ul style="list-style-type: none"> • We will continue to provide interpretation and translation support to patients and their families. • The Trust will continue to improve and review the information it gives to patients to ensure it meets their diverse needs. • Provide opportunities for feedback from hard to reach groups.

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 2.3: People report positive experiences of the NHS.

How is the Trust doing?	<ul style="list-style-type: none"> • Friends and Family Tests have reported consistently high rates of 'highly likely' and 'likely' to recommend our services. • Care opinion. The use of Care opinion as a means to provide feedback is encouraged across the organisation. Clinicians are encouraged to directly respond to the correspondent. Feedback is overwhelmingly positive and when feedback is challenging there are clear examples and evidence that this has led to meaningful change. Patients and service users who do not feel confident to speak up or share their views in person are able to report their experience anonymously. • National surveys: The most recent inpatient survey indicates that patients are satisfied, overall with the care they receive from our services. • Equalities awareness: We do not routinely collect information on all protected characteristics from those that provide patient feedback and are aware that we could improve on this, however, any feedback that mentions equality issues is prioritised and raised with senior managers • Real-time feedback: Feedback provided through the realtime feedback pilots have indicated that our patients report positive experience of our care and where they do not the issues can be addressed swiftly.
Engagement	<ul style="list-style-type: none"> • Feedback from Healthwatch Somerset, complaints, PALS and Friends and Family Tests have informed this work.
Improvements & plans	<ul style="list-style-type: none"> • Improve analysis of demographic information for our patient feedback. • Roll out real time feedback • Reach out to groups who don't have a voice to gain feedback
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 2.4: Peoples' complaints about services are handled respectfully and efficiently.

How is the Trust doing?	<ul style="list-style-type: none"> • Patients Association Standards: We follow the Patients Association Standards in handling complaints which enables us to meet its obligations under the law and provide a complaints process that focuses on the patient and how lessons can be learned. • Advocacy: We inform all complainants about the complaints advocacy service and the support that PALS can offer them if they make a complaint. • PALS and complaints information has been translated into the top five languages used in Somerset. • Accessible PALS Service: The PALS service can receive complaints in person, in writing, by telephone, by email and now by text. Complaints and PALS posters and leaflets are made available in all Trust services. • The PALS and Complaints policy was re-written in 2020 to make it more patient-friendly and to incorporate updated guidelines (such as NHS England's Complaints Toolkit) into our processes and policy. • Review of complaints: Governors have been involved in reviewing complaints files from a lay perspective to suggest improvements and to monitor the quality of our processes and learning. This has been on hold for one year and a Patient Partner with a medical background undertook a comprehensive Complaints review using the Patient Association standards.
Engagement	<ul style="list-style-type: none"> • Patients and their families' feedback about the complaints service is always welcomed and listened to. • The 'Patient voice' is heard at board level. A patients story (often in person) is included at every board meeting
Improvements & plans	<ul style="list-style-type: none"> • We will provide a proactive PALS and Complaints service who will actively seek the views of those using our services • We will increase the diversity of those invited to share their story at Trust board. • Plan for Governor led review of complaint repsonses.
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 3.1: Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades

<p>How is the Trust doing?</p>	<p>Overall, the trust workforce comprises 81% women and 19% men, however, women are over-represented at lower bands and under-represented at higher bands.</p> <p>Overall, the trust workforce is 9.6% BAME, however, BAME colleagues are over-represented at lower bands and under-represented at higher bands.</p> <p>Overall, the trust workforce has 3% colleagues who have self-declared disability, however, in Somerset, 18.8% of the population said they had a long-term condition or disability which limited their day-to-day activities a lot or a little.</p> <ul style="list-style-type: none"> • We are committed to ensuring that all job applicants, employees and others who work for the Trust are treated fairly, valued equally and are not discriminated against on any of the protected characteristics. • We adhere to all relevant UK employment legislation relating to its recruitment and selection activities. • We are committed to being an Equal Opportunities Employer and welcome applications from all protected groups; appointment decisions will always be based on merit. • Professional interpreting, including BSL, and adaptive equipment are available as part of the recruitment process for candidates. • The Trust would investigate complaints of discrimination by applicants during the recruitment process; one has been investigated during this year (no evidence of discrimination found in this case).
<p>Engagement</p>	<ul style="list-style-type: none"> • Staff survey • Colleague Networks • Pulse Checks • Executive team and senior managers meet on a monthly basis with the Somerset Operational and Strategic Partnership (the Trusts Joint Management and Staff Side Committee). This provides the opportunity for any anxieties in respect of the Trust Recruitment Policy or process to be raised and reviewed. • We engage with local schools and employers. Examples of this include going into schools and running interview skills workshops for students and exhibiting at local jobs fairs. • An Overseas nurses' forum was established to support overseas nurses and provide an opportunity for information sharing, support and learning.

Improvements & plans	<p>Our main focus for improvements will be:</p> <ul style="list-style-type: none"> • Ensuring we are compliant with Disability Confident Employers standards as a new organisation. • Support for overseas colleagues coming to the Trust: previous support groups are no longer running and work is being undertaken to formalise support going forwards. • Colleague Networks working in partnership with the recruitment team to improve the diversity of applicants we attract, and reduce inequalities in our processes. (For example, improving the diversity of recruitment panels for BAME clinical colleagues at Bands 5 and 6.) Our recruitment team will continue to analyse all recruitment and appointment data to ensure that our policies and practices do not result in any adverse impact being experienced by any candidates on the basis of any of the protected characteristics; this will have a particular focus at Band 7 and above roles. Appropriate action will be taken to address any anomalies that might be identified. • Revised recruitment and selection policy to be launched in 2020 with a focus on processes which create equality in recruitment. • Talent Management Strategy to be written and implemented. • Promotion of trust and wider NHS coaching and mentoring to colleague networks. • Further analysis will be undertaken to deep dive into the Gender Pay Gap statistics, in particular, why the hourly rate of pay is increasing at a steeper rate for men than women. <p>This outcome is UNDEVELOPED because there is evidence that several groups are disadvantaged, which is evident from the lack of representation at all levels of the workforce for women, BAME staff and colleagues with disabilities.</p>
The Trust would grade itself as UNDEVELOPED for this outcome.	

Outcome 3.2: The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.

<p>How is the Trust doing?</p>	<p>The Gender Pay Gap Report and other statistical analysis such as the WDES and the WRES demonstrate that we have not yet achieve parity of pay across the trust for all groups.</p> <p>Gender Pay Gap (reported by legacy trusts):</p> <ul style="list-style-type: none"> • Although women represent 77-78% of TST's workforce overall, they were consistently under-represented in the higher quartile for the last 4 years at around 68-69%. • Women represented 86-87% of SomPar overall, but were consistently under-represented in the higher quartile for the last 4 years at around 78-79%. • The median pay gap for both legacy trusts has worsened over time. The mean pay gap has slightly improved over time but in absolute terms it is 22% for the trust overall in 2019/20. • Median pay gap for medical & dental has worsened in both trusts in the last 3 years for which data is available. The actual median pay (£ paid per hour) for Medical & Dental in TST increased for men by 5%, while for women it fell by 4% over the last 3 years. The actual median pay for Medical & Dental in Sompar increased for men by 11% but increased for women by only 2% in the last 3 years. • The median pay gap in TST for 'other staff' currently favours women and is going in the right direction over time towards zero. However Sompar's median pay gap for 'other staff' favours men and is getting worse. • The actual median pay (£ paid per hour) in TST for 'other staff' increased for men by 11% but increased for women by only 2% in the last 3 years. The actual median pay in Sompar for other staff increased for men by 10% but increased for women by only 2% in the last 3 years. • All jobs are put through the NHS Job Evaluation Scheme to determine their pay band, with the exception of very Senior Managers and Medical posts whose appointments are made in accordance with the applicable National Terms and Conditions. The NHS Job Evaluation Scheme helps ensure we comply with the law and offer equal pay. • Colleagues now have direct access to their Electronic Staff Record with the ability to update their demographic information. This will help us improve the statistics we hold on colleagues and therefore pinpoint any inequalities or areas of concern.
<p>Engagement</p>	<ul style="list-style-type: none"> • Executive team and senior managers meet on a monthly basis with the Somerset Operational and Strategic Partnership (the Trust's Joint Management and Staff Side Committee). • Colleague networks (in particular the Women's Network) are focusing on issues relating to inequalities in representation of the workforce and driving improvement projects on these.

I	<ul style="list-style-type: none"> • Proportional representation at all levels will be further analysed by different protected characteristic groups, so we are better able to measure and analyse the key gaps. • A working group of the Women's Network will analyse the Gender Pay Gap data and lead the initiation of projects with the Improvement Team.
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 3.3: Training and development opportunities are taken up and positively evaluated by the staff.

How is the Trust doing?

Staff survey:

Equal opportunities for career progression or promotion:					
TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
85.2%	87.4% ↑	84.4%	89.7%	90.2% ↑	85.1%

("Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?")

There were some differences in response rate by groups. Not as many colleagues with disabilities answered positively compared with colleagues without disabilities (81.4% of disabled and 88.6% of non-disabled staff). This discrepancy was even more significant for BME staff (76.2%). Overall, white, non-disabled staff answered this positively (88.7%).

My manager supported me to receive identified training, learning or development:					
TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
53.8%	56.8% ↑	55.0%	53.4%	60.2% ↑	58.9%

This question showed some discrepancies between groups: 68.9% of BME staff answered this question positively, compared with 56.4% of white staff. 54.3% of disabled colleagues answered this positively compared with 58.4% of non-disabled colleagues.

- The Development team support clinical colleagues from overseas with the OSCE process (Objective Structured Clinical Examination) and overseas nurse induction.
- People with lived experience have delivered some elements of training, including suicide prevention and also PMVA (Prevention and Management of Violence and Aggression).
- In summer 2020 the Trust is running a Virtual Anti-Racism Summer School.
- Patient and carer stories are discussed during several training programmes.
- The trust is running a 'Rising Stars' programme, supporting Band 5 nurses who are seeking development opportunities.

Engagement	<ul style="list-style-type: none"> • Colleagues are engaged through supervision and appraisal processes, from feedback given by the NHS Staff Survey and through the Joint Management and Staff Side Committee. • EDI Maturity Review • Recovery College
Improvements & plans	<ul style="list-style-type: none"> • Review and update inclusion training. • Incorporate more patient and carer voices within our training programmes. • Deliver 'train the trainer' programme to the Recovery College Partners to improve presentation skills.
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 3.4: When at work, staff are free from abuse, harassment, bullying and violence from any source.

How is the Trust doing?

Staff survey findings:

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?

TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
10.2%	8.3% ↓	13.1%	10.8%	9.4% ↓	10.5%

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?

TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
19.0%	15.3% ↓	20.3%	14.7%	15.7% ↑	15.9%

Percentage of staff saying they personally experienced physical violence at work from patients / service users, their relatives or other members of the public?

TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
15.1%	15.8% ↑	15.1%	13.3%	12.8% ↓	13.5%

The NHS Staff Survey identifies that colleagues from BME groups are more likely to experience violence and aggression:

- For SomPar BME staff, 23.2% said they had experienced at least one incident of physical violence from patients or the public (compared with 13.1% of white staff).
- For TST BME staff, 23.7% said they had experienced at least one incident of physical violence from patients or the public (compared with 14.7% of white staff).
- For SomPar BME staff, 50.9% said they had experienced at least one incident of harassment or discrimination from patients or the public (compared with 31.8% of white staff).
- For TST BME staff, 32.2% said they had experienced at least one incident of harassment or discrimination from patients or the public (compared with 25.9% of white staff).

How is the Trust doing?	<ul style="list-style-type: none"> For harassment and discrimination from the public, there was also an increase in year-on-year reporting for lesbian staff (9.1% in 2018; 25% in 2019). (This reduced for Sompar lesbian staff from 50% to 30.8% over this period. For both trusts, numbers of staff self-reporting as lesbian are relatively small at less than 20.) We work closely with the local police and the NHS Local Security Management Service wherever this is needed and offenders will be prosecuted where this is indicated. Grievances or incidents related to diversity issues are monitored by the Trust although it is acknowledged these are comparatively low. The organisation operates a Zero Tolerance policy on violence and aggression in all of its premises. A new set of posters promoting zero tolerance around racist language, in partnership with Avon and Somerset Police, has been created by the BAME Network and distributed to services. In support of this commitment we introduced a behaviours framework to support our new values. This sets out our expectations in respect of colleagues and how they might expect to be treated at work. These have been widely communicated and are being utilised to inform appraisal review discussions. We have been working in partnership with Avon and Somerset Police to support training around hate crimes. We provide an employee assistance programme to all colleagues across the organisation. The advice line is accessible 24 hours a day, 7 days a week and employees can remain anonymous. The programme is well promoted across the organisation. We have raised a Pride Flag in the atrium at Musgrove Park Hospital and participated in NHS Virtual Pride 2020.
Engagement	<ul style="list-style-type: none"> Supervision and appraisal process. NHS Staff Survey Joint Management and Staff Side Committee.
Improvements & plans	<ul style="list-style-type: none"> We will continue to celebrate our diversity as a trust and increase the visibility of this diversity across our trust sites and communications. We will review all existing measures / practices in place to protect staff from harassment / bullying or abuse from patients, relatives or the public and ensure that any emerging issues are addressed. We will develop 'Active bystander' training to upskill colleagues in enabling positive conversations and actions that challenge discrimination and negative behaviours. <p>This outcome is UNDEVELOPED because there is evidence that several groups are disadvantaged and are not free from harassment, abuse and bullying, which is evident from the poorer experiences of BAME staff and colleagues with disabilities.</p>
The Trust would grade itself as UNDEVELOPED for this outcome.	

Outcome 3.5: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.

How is the Trust doing?

Staff Survey findings:

Opportunities for flexible working patterns:					
TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
51.8%	55.4%	52.6%	56.8%	60.9%	60.9%

- Our number of part-time workers is around the national average for TST (20.1%) and above the average for SomPar (31.8%).

Number of part-time workers (up to 29 hours a week):					
TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
20.4%	20.1%	20.3%	30.1%	31.8%	21.1%

- In the 2019 National staff survey question about opportunities for flexible working patterns, TST staff were slightly more satisfied than the national comparator average, and SomPar staff satisfaction was the same as the national comparator average. However, both trusts showed a small year-on-year improvement.
- Our work during COVID has necessitated increasing flexibility for colleagues as a result of changed circumstances. We have encouraged all colleagues to work from home where they can and have asked managers to be open to conversations around flexible working and reasonable adjustments for personal reasons. As the year progresses we will be surveying colleagues about their feelings around this and what more we can do to improve their work-life balance.
- We recognise the importance of helping colleagues to balance work and life commitments by offering flexible arrangements. We have a Flexible Working Policy which sets out the formal parameters for staff to request a flexible working arrangement, our commitment to carefully consider such requests, together with identification of the various types of flexible working currently seen within modern day employment settings. The policy ensures a fair and consistent approach is taken when staff request to work flexibly or take employment / career breaks or internal / external secondments whilst ensuring that the service suffers no detriment as a result.
- Prioritised the flexible working policy as one of the first policies launched for SFT with a simple and clear approach to supporting flexible working.

Engagement	<ul style="list-style-type: none"> • Staff supervision and appraisal • NHS Staff Survey • Somerset Operational and Strategic Partnership (the Trusts Joint Management and Staff Side Committee). • Ongoing colleague surveys
Improvements & plans	<ul style="list-style-type: none"> • As part of the COVID Phase 3 work we will review processes for enabling roles to be 'flexible by default'. • Current survey on ways of working following COVID running so review feedback from this to identify actions to further support colleagues.
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 3.6: Staff report positive experiences of their membership of the workforce.

How is the Trust doing?

National staff survey:

The national staff survey shows that overall the themes for Staff Engagement, Health and Wellbeing and Morale scores improved for both trusts, although the question around work-related stress shows a slightly negative increase for SomPar.

Staff Engagement Score:			
TST		SomPar	
2018	2019	2018	2019
7.2	7.4 ↑	7.0	7.2 ↑

Health and Wellbeing score:			
TST		SomPar	
2018	2019	2018	2019
6.0	6.3 ↑	6.2	6.3 ↑

Morale score:			
TST		SomPar	
2018	2019	2018	2019
6.3	6.6 ↑	6.2	6.4 ↑

During the last 12 months have you felt unwell as a result of work related stress?					
TST		Comparator average 2019	SomPar		Comparator average 2019
2018	2019		2018	2019	
39.5%	38.4% ↓	39.8%	39.4%	40.3% ↑	40.3%

- We recognise the importance of our workforce remaining happy and healthy both as a responsible employer and to ensure the continued high standards of its services to patients and carers.
- Staff Occupational Health and Health and Well Being services offers specialist advice to the Trust when making reasonable adjustments to meet the diverse needs of its workforce and in particular for those members of staff with disabilities. Our OH contract was re-tendered during the year with an enhanced focus on enhanced initiatives such as rapid access MSK physio.
- We have contracted with an external occupational health provider to ensure staff are able to access specialist health advice including a confidential Employee Assistance Programme.

How is the Trust doing?	<ul style="list-style-type: none"> • We work to ensure frontline staff receive the seasonal influenza vaccination each year; additional planning will be put in place this year to ensure a high take-up. • We offer health checks to employees over the age of 40 which have been well received. • The BAME Network lead is working with the Freedom to Speak Up Guardians team in order to hear from colleagues and improve reporting of experiences. • The Wellbeing Service is working with the BAME Network lead to develop a more inclusive offering that enables better support for all our colleagues.
Engagement	<ul style="list-style-type: none"> • Staff supervision and appraisal • NHS Staff Survey • Joint Management and Staff Side Committee
Improvements & plans	<ul style="list-style-type: none"> • Our Colleague Networks will be further developed this year which we hope will increase a sense of belonging and peer support. • Our Colleague Wellbeing service has received investment from the national NHS Charities Together fund, to increase availability of telephone wellbeing practitioners. This includes a specific BAME telephone support service staffed by BAME peer psychologists. • The trust will implement an operational sub-group as part of the governance structure to differentiate between representative and executive forums.
The Trust would grade itself as DEVELOPING for this outcome.	

Outcome 4.1: Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

How is the Trust doing?	<ul style="list-style-type: none"> • The Trust Vision is to be an organisation that gets it right for our patients, carers, colleagues and communities through an inclusive culture of partnership, learning and continuous improvement. The Trust developed this vision as part of the merger business case, with a specific commitment to developing an inclusive culture for the new organisation. • Nominated Executive and Non-Executive Director equality leads on the Trust Board. • Board members have attended BAME Network events and meetings to listen to colleagues' experiences. • Appointed a dedicated Inclusion Team (Inclusion Manager and full-time BAME Network Lead). • The Trust Board has undertaken Board Development days and sessions around inclusion and has developed a Board Action Plan. • The Trust commissioned an independent audit of its equality, diversity and inclusion maturity and has agreed the development of an inclusion strategy and an action plan to improve its maturity against all areas. • The Board has reviewed its strategic objectives and identified inclusion as core to delivery of these which will be monitored through the Board Assurance Framework presented in public board meetings. • An informal 'reverse mentoring' process has been piloted between the Board and members of the BAME Colleague Network. This will be evaluated over the next few months. • Our trust was the first in the country to put in place COVID-19 risk assessments for our BAME colleagues. • Our Equality Impact Assessment policy and process is being reviewed and new processes piloted. • The trust is a member of the Somerset Equality Officers' Group and has adopted the Somerset-wide overall equalities objectives in partnership with commissioners, Foundation Trusts and local and district councils.
Engagement	<ul style="list-style-type: none"> • Annual patient surveys and Staff surveys • Ongoing audit and survey work within the organisation. • Tracie Jolliff, Head of Inclusive Leadership Development at NHSE/I lead a trust inclusion workshop with the Board and the BAME Network. • The trust Networks have developed Network Priorities, based on feedback from members, for the trust to take forwards. • Engagement work has been undertaken with voluntary sector partners.
Improvements & plans	<ul style="list-style-type: none"> • The Trust is committed to developing an Inclusion Strategy by Jan 2021. • A 'Cultural Board' will be put in place, comprising members of the colleague Networks and staff side representatives that will provide an inclusive voice to the Board through the Inclusion Steering Group. • The Trust will define the vision for diversity at the Board level. • The trust will develop staff networks and embed these within the trust processes to maximise their effectiveness as voices within the trust.

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 4.2: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.

How is the Trust doing?	<ul style="list-style-type: none"> • Board reports include a section to identify equality-related impacts for all papers. • All significant service changes are subject to equality impact assessments • All risk incidents are reported through the Trust's RADAR incident reporting system and reviewed and fully investigated where appropriate to prevent reoccurrence. The RADAR system was put in place in 2020 and specifically enables risks around inclusion to be flagged and escalated to the Inclusion Team.
Engagement	<ul style="list-style-type: none"> • The Board meetings are held in public and members of the public can view and comment on papers submitted to the Board.
Improvements & plans	<ul style="list-style-type: none"> • The trust will maintain a policy schedule of EDI-related policies that outlines the Trust's expected practices and behaviours. • The trust will develop a formal process for recording, managing and monitoring EDI risks. • A revised Equality Impact Assessment process will be piloted and put in place.

The Trust would grade itself as DEVELOPING for this outcome.

Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

How is the Trust doing?	In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?					
	TST		Comparator average 2019	SomPar		Comparator average 2019
	2018	2019		2018	2019	
	6.2%	6.2%	7.5%	4.5%	4.9%	6.4%
	'Immediate Managers' score:					
	TST		SomPar			
	2018	2019	2018	2019		
	6.8	7.1 ↑	7.1	7.2		
	<ul style="list-style-type: none">The staff survey results show that while reports of discrimination from managers and other colleagues is lower than the average, there was a rise in the number of colleagues reporting this last year.All Trust managers ensure their colleagues receive corporate induction and mandatory e-learning refresher training which in includes their responsibilities under the Equality Act 2010, however, we acknowledge that this is not always the best way of delivering this material and we are exploring alternative options.The BAME Network lead has delivered 'Microaggressions' training to several teams across the trust to increase awareness and understanding.					
Engagement	<ul style="list-style-type: none">Staff supervision and appraisalNHS Staff Survey					
Improvements & plans	<ul style="list-style-type: none">A WRES Working Group will be set up to look at all WRES indicators with a priority of ensuring that progress is made on reducing the disproportionate level of violence and aggression from patients and the public to staff identifying as from a Black and minority ethnic background. (CQC recommendation)Improve inclusion training e-learning packagePlan and implement Cultural Competency training for trust coaches and mentors.Incorporate Cultural Competency/Microaggression training into new Management Essentials training packageThe establishment of a Cultural Board of diverse voices will help inform and direct our inclusion work over the next year.					
The Trust would grade itself as DEVELOPING for this outcome.						

APPENDIX 1: EQUALITY ACTION PLAN 2020

HIGH-LEVEL SUMMARY FOR PUBLICATION (the full Action Plan with progress and responsibilities can be obtained from the trust Inclusion Team. Please email inclusion@somersetft.nhs.uk if you would like more information).

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
1. Better health outcomes for all	1.1 Services are commissioned, procured and delivered to meet the health needs of local communities.	<ul style="list-style-type: none"> • Broaden the scope of engagement with patients and service users. This will include engagement with hard to reach groups including the homeless and traveller groups. • Develop and embed strong stakeholder engagement and clear measures of success.
		<ul style="list-style-type: none"> • Continue to work with the local authority and carers on the Carers transformation program
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	<ul style="list-style-type: none"> • Embed service user involvement across the organisation to enable co-design of services
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	<ul style="list-style-type: none"> • Embed service user involvement across the organisation to enable co-design of services
	1.4 When people use NHS Services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	<ul style="list-style-type: none"> • Complaints and serious incidents will continue to be monitored against protected characteristics. • Patient partner involvement in incident review meetings • Learning from feedback patient safety board improvement project

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
		completion – ensuring that learning is shared across the organisation
		<ul style="list-style-type: none"> An increase in the diversity of the patient partner group, drawing experience from service users, carers and families.
	1.5 Screening, vaccination and other health promotion service reach and benefit all local communities.	<ul style="list-style-type: none"> Ensure that availability of screening and vaccinations are advertised and promoted to all local communities
		<ul style="list-style-type: none"> Ensure that Vaccinations and screening are accessible to all parts of the community
2. Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.	<ul style="list-style-type: none"> Work as an integrated acute, community and mental health organisation to ensure our services are designed and delivered closest to the point of need and continue to support the principle of care closest to home.
		<ul style="list-style-type: none"> We aim to improve patient engagement and access and help us achieve our ambitions to more closely involve our patients in the design of services and the recruitment of staff. We will promote the involvement of service users in developments and improvements.
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	<ul style="list-style-type: none"> We will continue to provide interpretation and translation support to patients and their families and monitor the services effectiveness through a review of concerns/complaints related to the service.
		<ul style="list-style-type: none"> The Trust will continue to improve and review the information it gives to patients to ensure it meets their diverse needs. Provide opportunities for feedback from hard to reach groups.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
	2.3 People report positive experiences of the NHS.	<ul style="list-style-type: none"> • Improve analysis of demographic information for our patient feedback. • Undertake annual Inpatient, Urgent and emergency care, Mental Health and Maternity surveys
		<ul style="list-style-type: none"> • Roll out real time feedback • Support bespoke Patient experience surveys • Review and report FFT
		<ul style="list-style-type: none"> • Reach out to groups who don't have a voice to gain feedback
	2.4 People's complaints about services are handled respectfully and efficiently.	<ul style="list-style-type: none"> • We will provide a proactive PALS and Complaints service who will actively seek the views of those using our services • Commission governor review of Complaint responses
		<ul style="list-style-type: none"> • We will increase the diversity of those invited to share their story at Trust board.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
3. Empowered, engaged and well-supported staff	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	<ul style="list-style-type: none"> • Ensuring we are compliant with Disability Confident Employers standards as a new organisation.
		<ul style="list-style-type: none"> • Support for overseas colleagues coming to the Trust: previous support groups are no longer running and work is being undertaken to formalise support going forwards.
		<ul style="list-style-type: none"> • Revised recruitment and selection policy to be launched in 2020 with a focus on processes which create equality in recruitment.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
		<ul style="list-style-type: none"> Colleague Networks working in partnership with the recruitment team to improve the diversity of applicants we attract, and reduce inequalities in our processes. (For example, improving the diversity of recruitment panels for BAME clinical colleagues at Bands 5 and 6.) Our recruitment team will continue to analyse all recruitment and appointment data to ensure that our policies and practices do not result in any adverse impact being experienced by any candidates on the basis of any of the protected characteristics; this will have a particular focus at Band 7 and above roles. Appropriate action will be taken to address any anomalies that might be identified.
		<ul style="list-style-type: none"> Talent Management Strategy to be written and implemented.
		<ul style="list-style-type: none"> Promotion of trust and wider NHS coaching and mentoring to colleague networks.
		<ul style="list-style-type: none"> Further analysis will be undertaken to deep dive into the Gender Pay Gap statistics, in particular, why the hourly rate of pay is increasing at a steeper rate for men than women.
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.	<ul style="list-style-type: none"> Proportional representation at all levels will be further analysed by different protected characteristic groups, so we are better able to measure and analyse the key gaps. A working group of the Women's Network will analyse the Gender Pay Gap data and lead the initiation of projects with the Improvement Team.
	3.3 Training and development	<ul style="list-style-type: none"> Review and update inclusion training.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
	opportunities are taken up and positively evaluated by the staff.	<ul style="list-style-type: none"> • Incorporate more patient and carer voices within our training programmes. • Deliver 'train the trainer' programme to the Recovery College Partners to improve presentation skills.
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source.	<ul style="list-style-type: none"> • We will continue to celebrate our diversity as a trust and increase the visibility of this diversity across our trust sites and communications.
		<ul style="list-style-type: none"> • We will continue to promote reporting of incidents via the RADAR system.
		<ul style="list-style-type: none"> • We will review all existing measures / practices in place to protect staff from harassment / bullying or abuse from patients, relatives or the public and ensure that any emerging issues are addressed.
		<ul style="list-style-type: none"> • We will develop 'Active bystander' training to upskill colleagues in enabling positive conversations and actions that challenge discrimination and negative behaviours.
	3.5 Flexible working options are available to all staff consistent with	<ul style="list-style-type: none"> • A working group of the Lived Experience Network will take forward improvement projects based on the WDES data.
		<ul style="list-style-type: none"> • As part of the COVID Phase 3 work we will review processes for enabling roles to be 'flexible by default'.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
	the needs of the service and the way people lead their lives.	<ul style="list-style-type: none"> Current survey on ways of working following COVID running so review feedback from this to identify actions to further support colleagues.
	3.6 Staff report positive experiences of membership of the workforce.	<ul style="list-style-type: none"> Our Colleague Networks will be further developed this year which we hope will increase a sense of belonging and peer support.
		<ul style="list-style-type: none"> Our Colleague Wellbeing service has received investment from the national NHS Charities Together fund, to increase availability of telephone wellbeing practitioners. This includes a specific BAME telephone support service staffed by BAME peer psychologists.
		<ul style="list-style-type: none"> The trust will implement an operational sub-group as part of the governance structure to differentiate between representative and executive forums.
4. Inclusive leadership at all levels	4.1 Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	<ul style="list-style-type: none"> The Trust is committed to developing a revised Inclusion Strategy for January 2021.
		<ul style="list-style-type: none"> The Trust will define the vision for diversity at the Board level.
		<ul style="list-style-type: none"> A 'Cultural Board' will be put in place, comprising members of the colleague Networks and staff side representatives that will provide an inclusive voice to the Board through the Inclusion Steering Group.
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these	<ul style="list-style-type: none"> The trust will maintain a policy schedule of EDI-related policies that outlines the Trust's expected practices and behaviours.
		<ul style="list-style-type: none"> The trust will develop a formal process for recording, managing and monitoring EDI risks.

EDS2 Goal:	EDS2 Outcome:	Proposed actions:
	risks are to be managed.	<ul style="list-style-type: none"> A revised Equality Impact Assessment process will be piloted and put in place.
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	<ul style="list-style-type: none"> A WRES Working Group will be set up to look at all WRES indicators with a priority of ensuring that progress is made on reducing the disproportionate level of violence and aggression from patients and the public to staff identifying as from a Black and minority ethnic background. (CQC recommendation)
		<ul style="list-style-type: none"> Improve inclusion training e-learning package
		<ul style="list-style-type: none"> Plan and implement Cultural Competency training for trust coaches and mentors.
		<ul style="list-style-type: none"> Incorporate Cultural Competency/Microaggression training into new Management Essentials training package