Report to	Date
Board of Directors	28 January 2020

Annual Report

Executive Summary

Each year in January we take the time to reflect on our endeavours to creating an organisation that diverse and inclusive. It is the point at which we carefully look at the activities that have taken place across the organisation and also what impact they have had.

This report fulfils the Trust's statutory requirements under the Equality Act 2010 (Specific Duties) Regulations 2011.

This report relates to the activities spanning the period January 2019 – December 2019.

Recommendation to the Board

Members of the board of directors are asked to note this report

Trust strategic objectives supported by this paper

People and Services

Author	Responsible Executive Director
Director of HR & Corporate Governance	Director of HR & Corporate Governance

Equality, Diversity and Inclusion

Annual Report

1. Introduction

Each year in January we take the time to reflect on our endeavours to creating an organisation that diverse and inclusive. It is the point at which we carefully look at the activities that have taken place across the organisation and also what impact they have had.

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This report relates to the activities spanning the period January 2019 – December 2019.

2. The work of the equality, diversity and inclusion (EDI) committee

The Trust has an established EDI committee which has continued to exist through 2019 and is chaired by Prof Dinesh Bhugra. The committee reports its activities to the board of directors after each meeting takes place.

Throughout the year, the committee has continued to meet and there have been five formal meetings of the committee and two developmental sessions. The development sessions have provided an opportunity to reflect on the committee's achievements and also to start shaping an emerging strategy.

3. Committee changes in year

In the last year we saw a number of changes to the committee in terms of how it manages its business and the membership. The following summarises the changes to date:

- Louise Lyon stepped down from her board level position in the summer, Craig de Sousa, director of human resources and corporate governance has since taken over the role of executive lead for EDI.
- Karen Tanner retired in the year and her successor was confirmed as Paul Dugmore, associate dean for learning and teaching.
- Tim Kent, divisional director for adult and forensic services joined the committee to add a senior clinical representative to the committee.
- Jos Twist was appointed as LGBTQI+ champion in April and joined the committee.
- Geraldine Crehan, diversity lead for the directorate of education and training has withdrawn from attending the committee.
- The agenda and meeting format was changed in September 2019 introducing standing reports and dedicated time to deep dive in to key areas of focus.

The committee noted the considerable contribution that all of the previous members had made the Trust's EDI agenda.

4. Review of effectiveness

The committee continues to run effectively after each meeting it reports its activities to the board of directors. This link keeps the board sighted on the work being undertaken by the committee and maintain oversight of progress on its plans and challenges that are emerging.

Structurally the agenda was redesigned in September 2019 to create a set of standing items and space for each of the divisional and trust wide leads to be able to feedback on their work.

Attendance at each committee meeting has been good with the committee being quorate at each of its meetings.

Going forward sub-groups or task and finish groups will be established to take forward priority work areas and involve staff who across the organisation. The intention of these planned changes is to increase engagement amongst the wider workforce and to provide greater focus to the committee's work and oversight responsibilities.

5. Notable events

In the last year, there have been a number of notable events which the committee has overseen, these include:

- The appointment of an LGBTQI+ champion;
- The publication of the second year of the gender pay gap data;
- A series of very well planned events to mark black history month, with special thanks going to Irene Henderson, BAME diversity champion who led this work;
- Publication of the first workforce disability equality standard and action plan, led by Karen Merchant, head of HR operations; and
- Continuing development of diversity and inclusion initiatives within the directorate of education and training with each portfolio agreeing local action plans.

6. Forward plans

For the coming year, the committee recommends to the board that a comprehensive EDI strategy is developed and implemented. This will enable the organisation to articulate its vision of equality and a number of steps which will ultimately improve the experience of service users, staff and students.

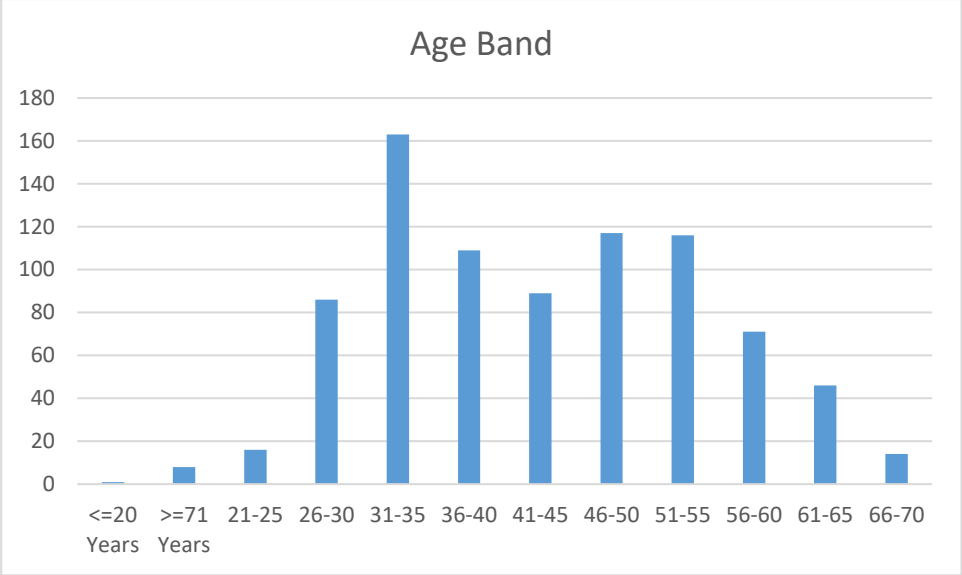
The committee will also place some focus on developing initiatives within our clinical services to better understand areas where health inequalities may exist and how we start to address those. At this stage, it is thought the approach should start small and with locally commissioned services where our patient populations are more clearly known and then scale this up, in due course, to our nationally provided services.

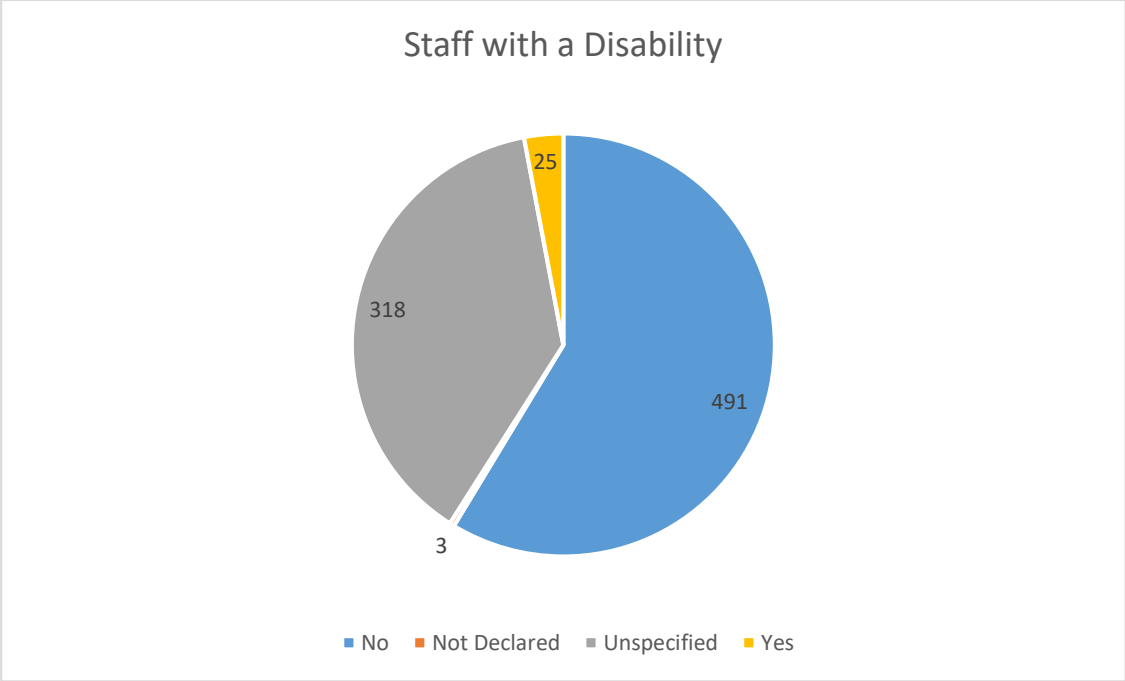
7. Conclusions and recommendations

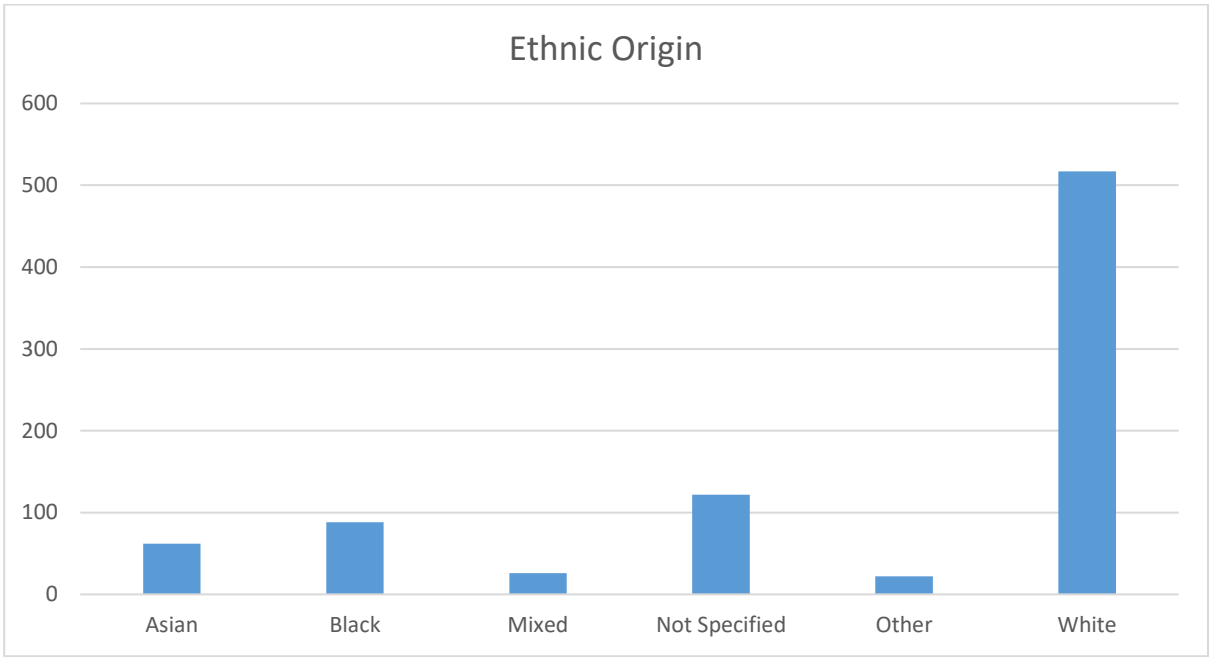
The board of directors is asked to note the contents of this report and provide its endorsement of for the forward plans set out in this paper.

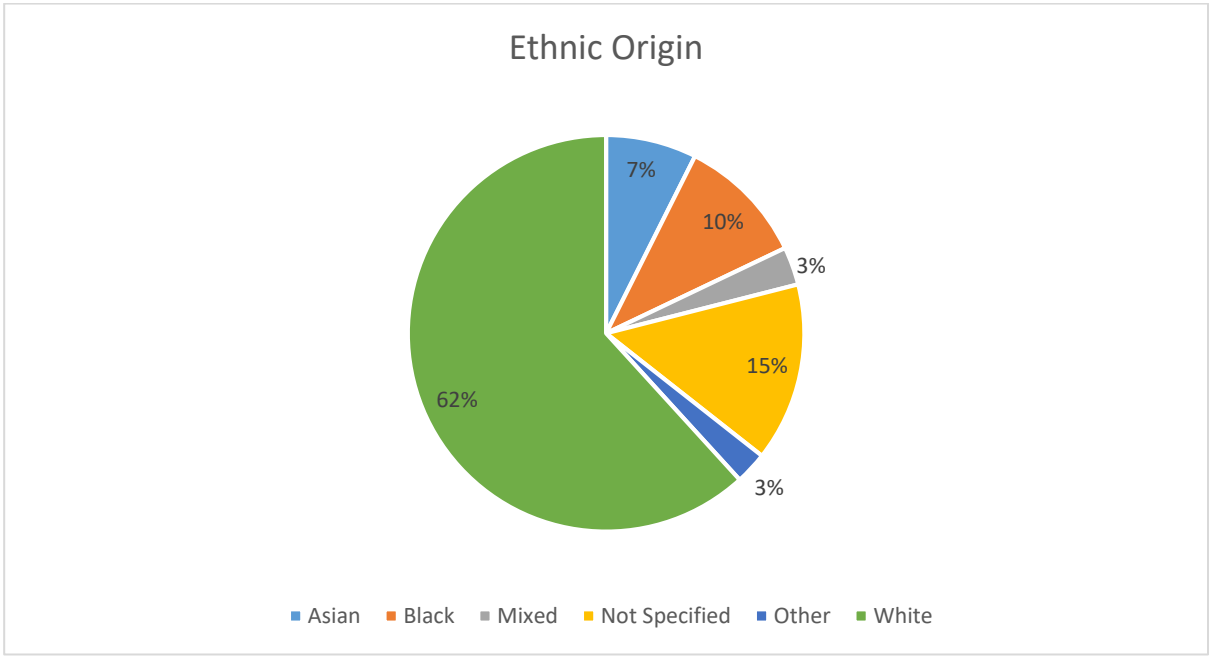
Craig de Sousa
Director of HR & Corporate Governance

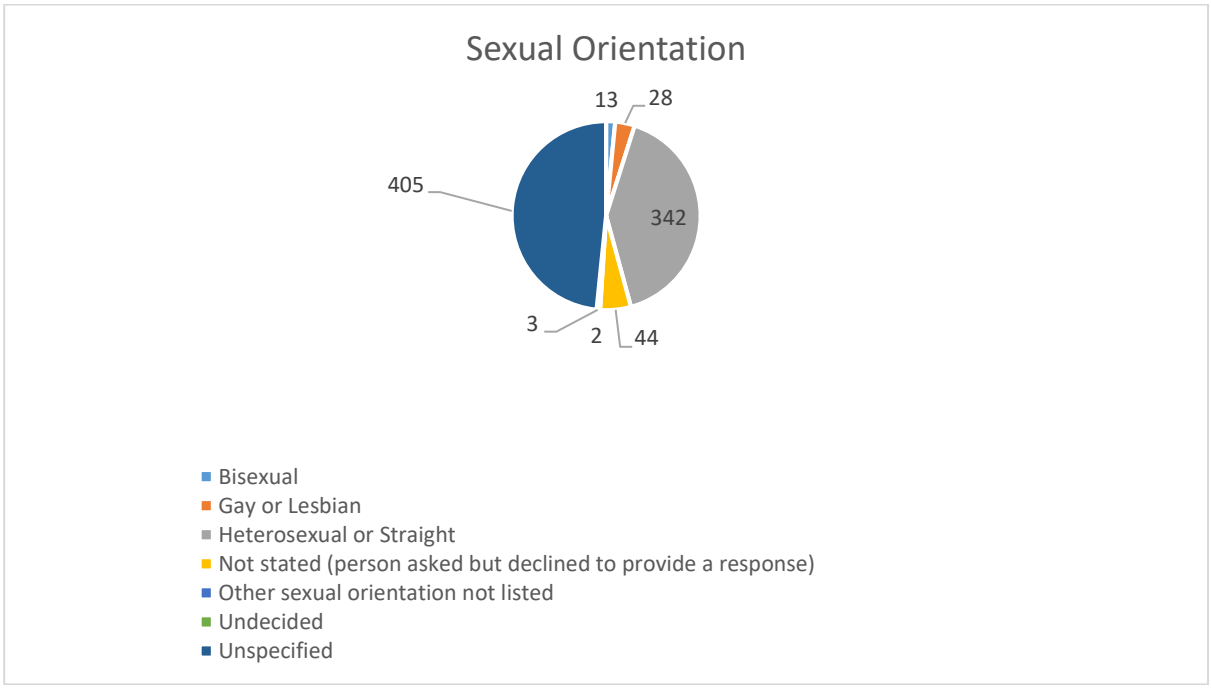
Appendix A – Equality Monitoring Data – Workforce

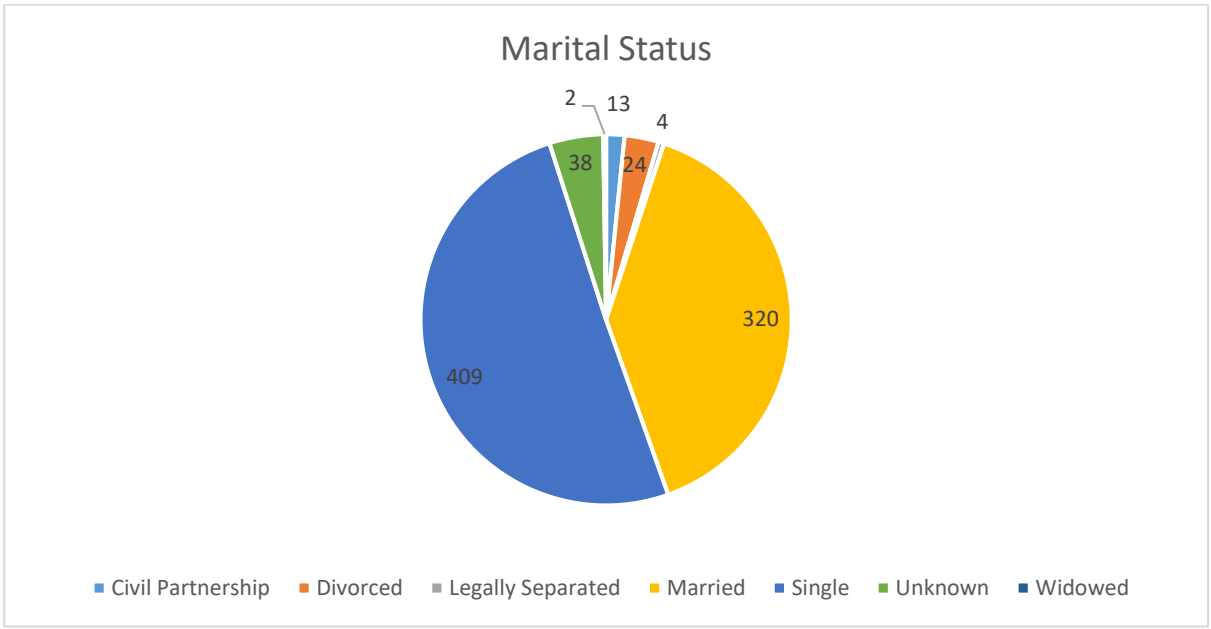


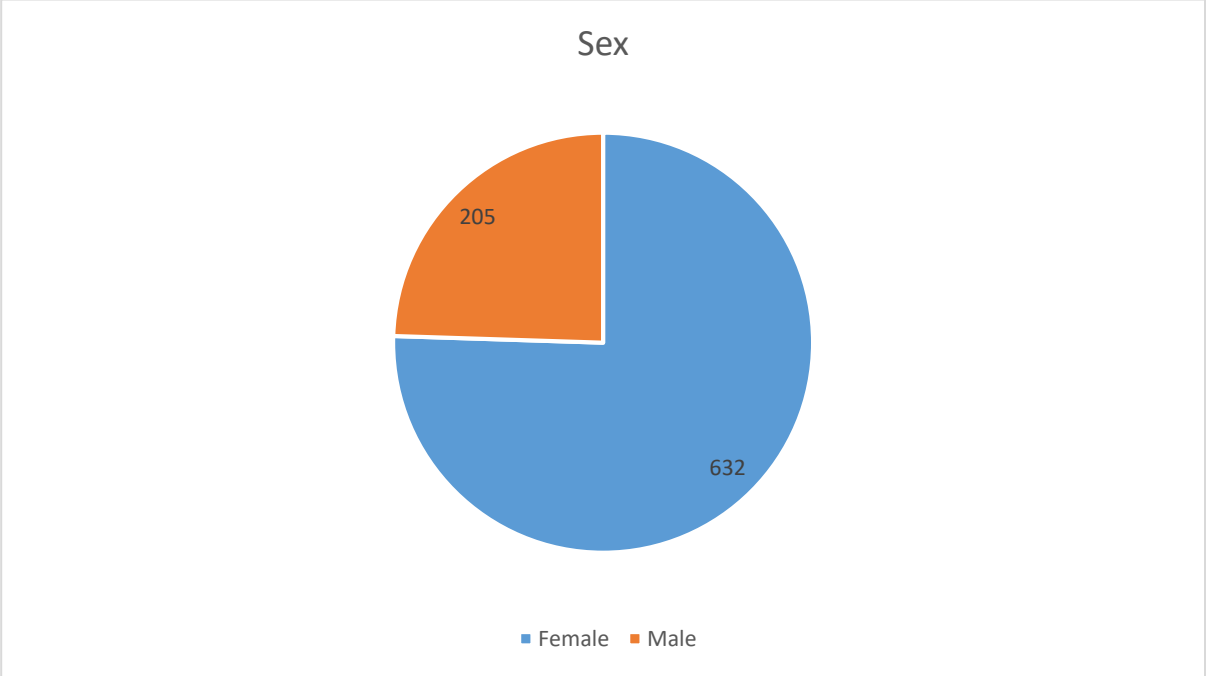



Ethnic Origin
600
500
400
300
200
100
0
Asian
Black
Mixed
Not Specified
Other
White


Ethnic Origin
7%
10%
3%
15%
3%
62%
Asian
Black
Mixed
Not Specified
Other
White


Sexual Orientation
13
28
405
342
3
2
44
Bisexual
Gay or Lesbian
Heterosexual or Straight
Not stated (person asked but declined to provide a response)
Other sexual orientation not listed
Undecided
Unspecified


Marital Status
2
13
4
38
24
320
409
Civil Partnership
Divorced
Legally Separated
Married
Single
Unknown
Widowed


Sex
205
632
Female
Male

Appendix B – Equality Monitoring Data – Clinical Services

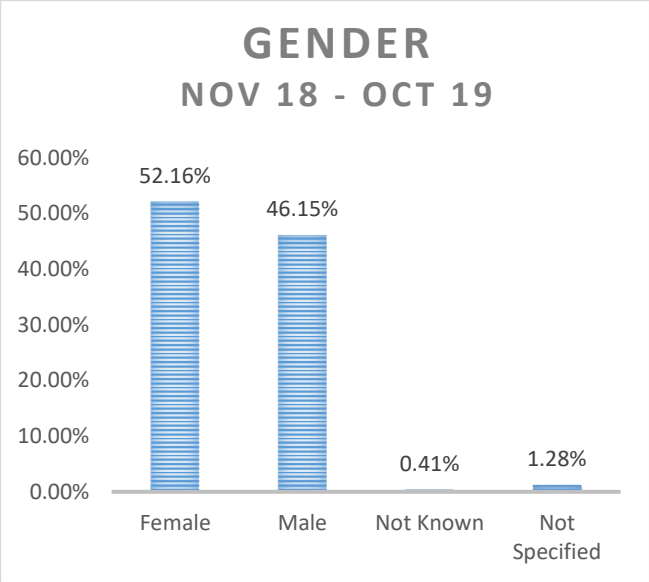
Introduction

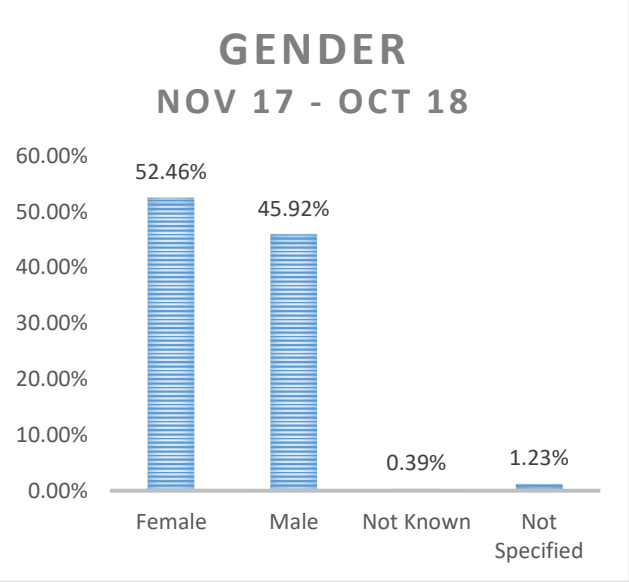
To ensure data is collected in a way that complies with NHS guidance and publication timescales we have run the data for November 2018 to October 2019 and also rerun data for November 2017 to October 2018 for comparison. Trustwide actions were taken following previous reports, in order to improve data collection on equalities metrics. It is recognised that this data will help with improving quality of access and treatment for patients. In addition, we have repeated the measures from 2016/17 and 2017/18 to monitor consistency of data collection across the trust and to allow us to benchmark internally and externally.

The Mental Health Services Data Set (MHSDS) requires for us to have 95% completeness within patient demographics. The demographics analysed in this report relate closely to those of the MHSDS but specifically cover the 9 protected characteristics of equality. This report shows equality data for patients with open non-rejected referrals in the period and have been seen, at any time.

Gender

November 18 to October 19 **November 17 to October 18**
Total Patients: 16185 ***Total Patients: 17442***



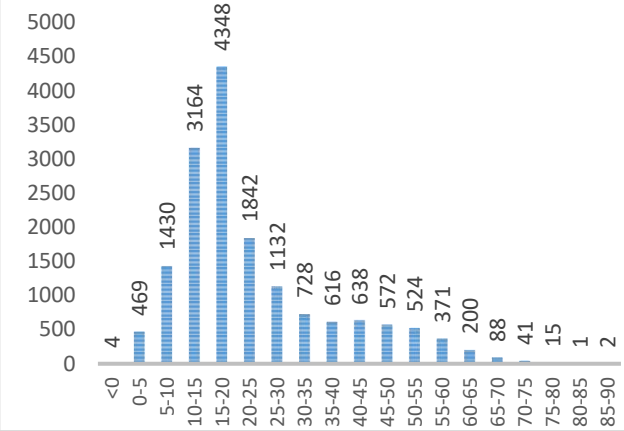


In the period November 18 to October 19 we had 16185 non rejected referrals, 1257 less than from November 17 to October 18, when we had a total of 17442.
In both periods, the percentage of female patients is higher compared to the male representation, but the gap has reduced very slightly. In 18/19, 52.16% of our patients we female, a reduction of 0.3 percent compared to the same period 17/18.
In previous years we have run this report based on financial year rather than October to November, non-the-less when we looked at the data produced for 2016/17, we found a very similar situation where most of the patients seen were female: 56% of patients were female, 44% recorded their gender as male. This corroborates the trend which shows the percentage of male patients increasing.

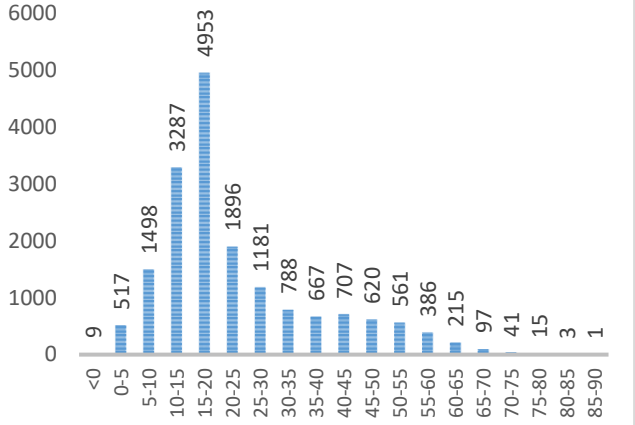
Age

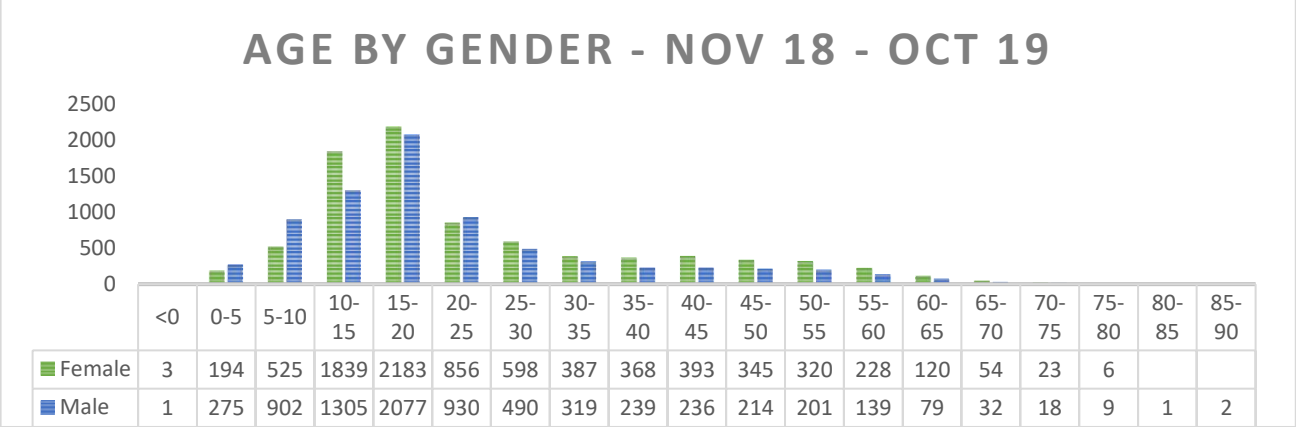
Below we have an age breakdown and a further breakdown by age and gender. The distribution of gender in the age bands are very similar over the two analysed periods. On the other hand, the number of open cases had been reduced by 1257 cases. This would suggest a higher proportion of discharged cases in the last 12 months.

November 18 to October 19

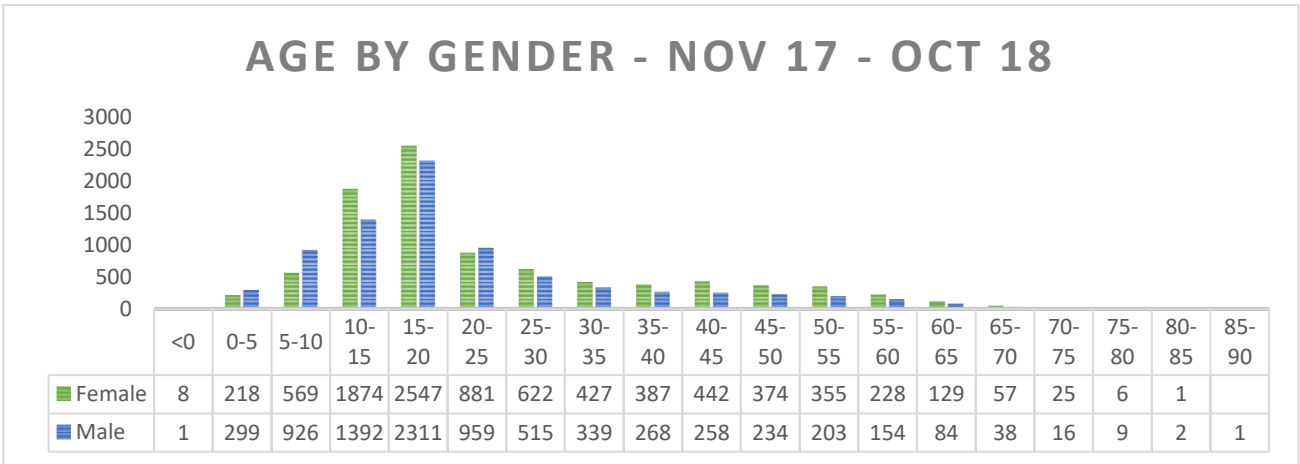


November 17 to October 18





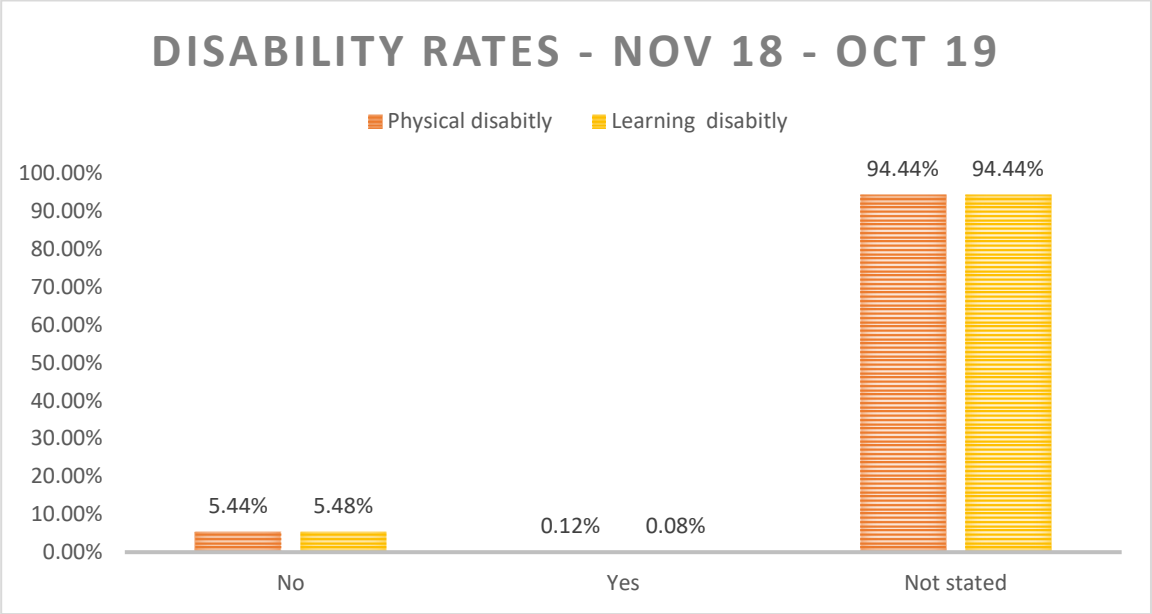
	<0	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-85	85-90
Female	3	194	525	1839	2183	856	598	387	368	393	345	320	228	120	54	23	6		
Male	1	275	902	1305	2077	930	490	319	239	236	214	201	139	79	32	18	9	1	2

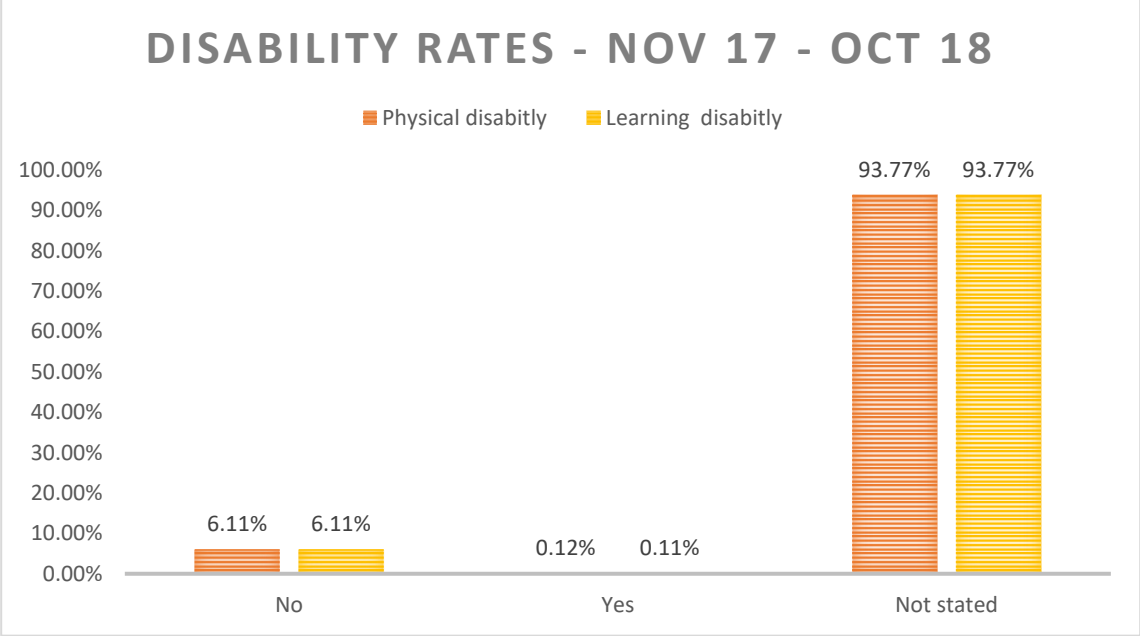


	<0	0-5	5-10	10-15	15-20	20-25	25-30	30-35	35-40	40-45	45-50	50-55	55-60	60-65	65-70	70-75	75-80	80-85	85-90
Female	8	218	569	1874	2547	881	622	427	387	442	374	355	228	129	57	25	6	1	
Male	1	299	926	1392	2311	959	515	339	268	258	234	203	154	84	38	16	9	2	1

Disability

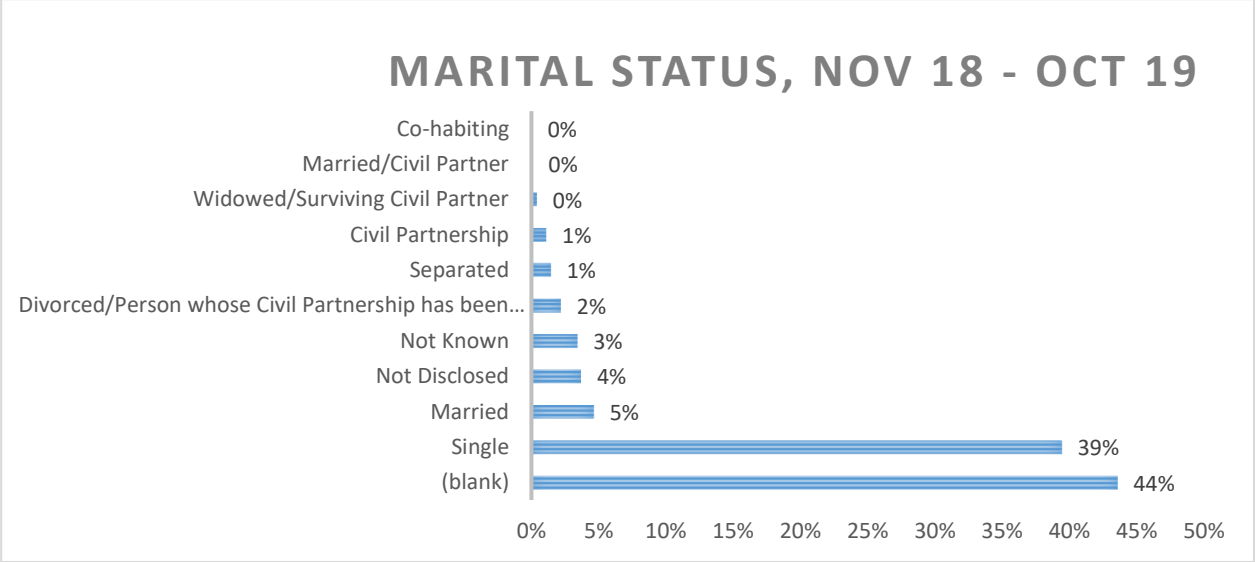
Information on Learning and Physical disability was only stated in 5.44% of patients seen between November 18 - October 19, in the period November 17 – October 18 this was 6.11%. This is a significant fall in collection since 16-17 when we achieved 14.6%. Improving the identification and recording of this data is important to ensure we are providing high quality services for all our patients, including those with learning and physical disabilities.

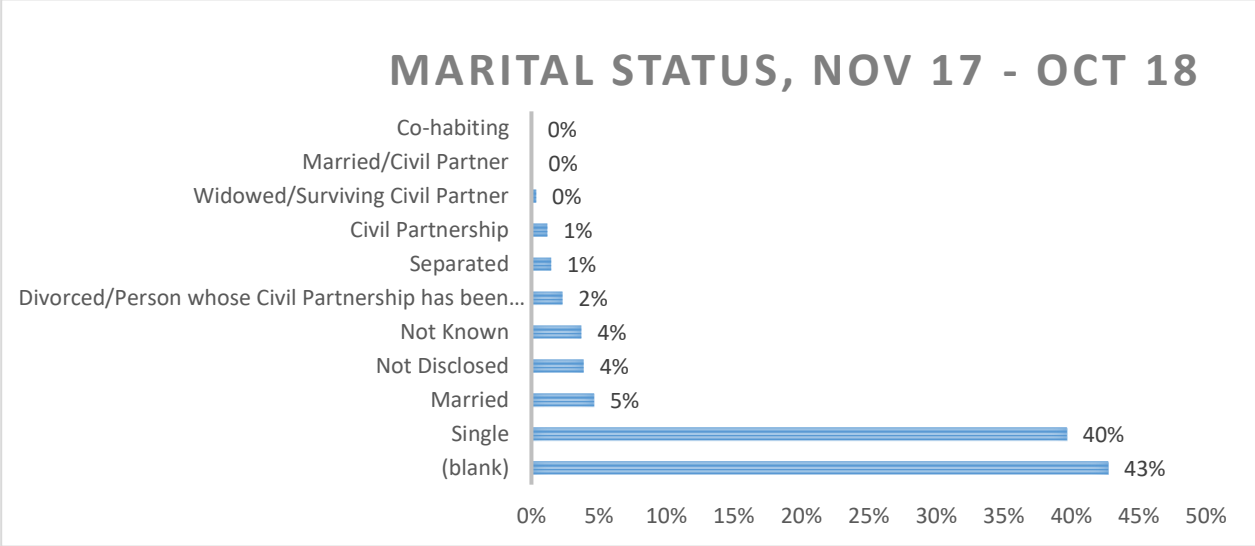




Marital status and civil partnership

The data below depicts marital status recorded data. There has been little change in recording this data with the number of "blank" responses having increased from 43% to 44%.





The Quality Assurance Department have revised the GP referral forms used by all service lines, to support an increase in collection rates. Implementing an action plan to improve the administrative procedures around recording Equalities data is being considered, possibly as a Quality Improvement project.

The Quality Assurance Department is in the process of sharing this data with administration leads and at directorate meetings to ensure all staff are aware of current performance levels.

Religion/Beliefs

Religion is not currently asked of every patient in the trust, however the trust has increased the recordings substantially over the last 3 years.

Looking back at the report produced in 16-17 financial year 81% of patient religion/beliefs data was left black and Christianity was the most commonly recorded religion at 4%.

In the current reporting period from November 18 to October 19 there have been improvements in recording this type of data. Only 50.11% of the fields are left blank Atheists accounted for 11.96% and Christianity 6.6%.

Currently we have record for 97 types of believes/religions; below are listed the 20 options more used and the percentage they represent.

November 18 to October 19

Hindu	0.19%
Spiritualist	0.23%
Free Thinker	0.25%
Catholic Apostolic Church	0.30%
Other Religions	0.37%
Anglican	0.40%
Pagan	0.58%
Buddhist	0.61%
Own Belief System	1.01%
Jewish	1.04%
Roman Catholic	1.14%
Declines to Disclose	1.56%
Agnostic	2.00%
Church of England	2.32%
Muslim	2.64%
Unknown	3.16%
Christian	6.60%
None	11.20%
Atheist	11.96%
(blank)	50.11%

November 17 to October 18

Wicca	0.17%
Spiritualist	0.23%
Free Thinker	0.24%
Other Religions	0.33%
Catholic Apostolic Church	0.33%
Anglican	0.38%
Pagan	0.57%
Buddhist	0.65%
Jewish	0.91%
Own Belief System	0.99%
Roman Catholic	1.13%
Declines to Disclose	1.15%
Agnostic	1.98%
Church of England	2.23%
Muslim	2.63%
Unknown	3.03%
Christian	5.89%
None	11.07%
Atheist	11.80%
(blank)	51.96%

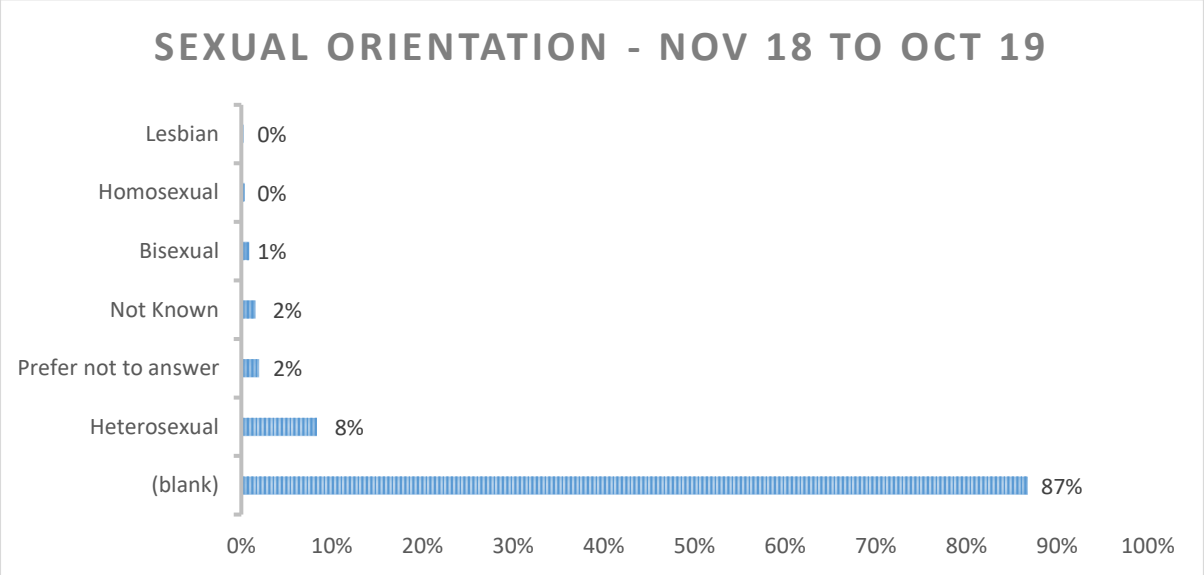
The ten most recorded options for the last two years have remained the same.

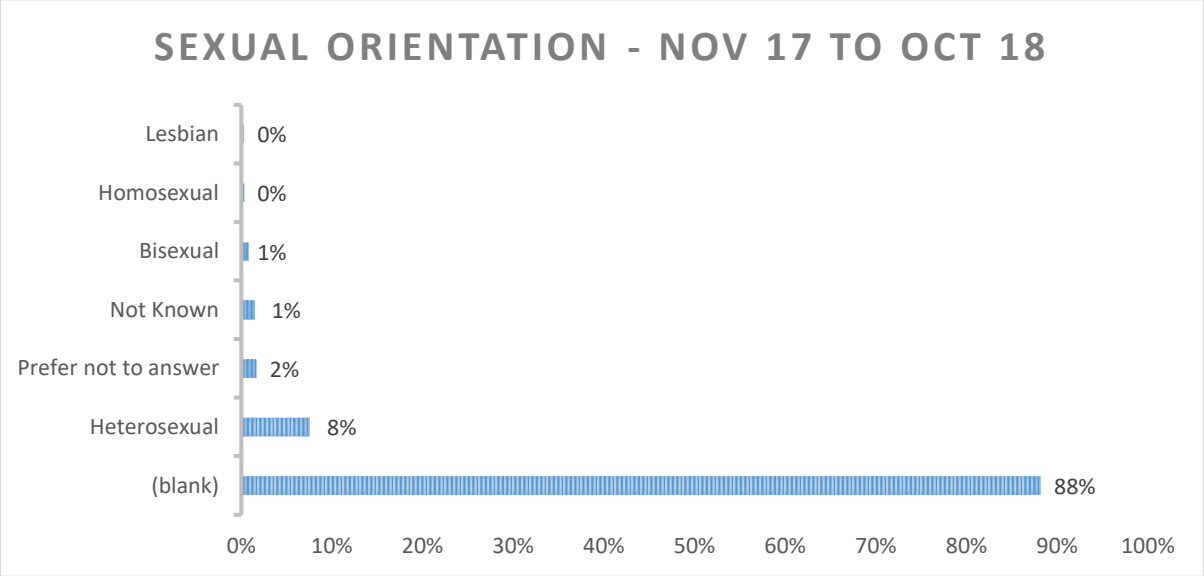
Pregnancy and maternity

We do not collect this data as it is not relevant to service delivery.

Sexual Orientation

We currently collect sexual orientation for those using our services. For some patients in certain services this may be quite an intrusive question however, there is a 'prefer not to answer' option for those who do not wish to disclose on the equalities monitoring form that is currently under development.

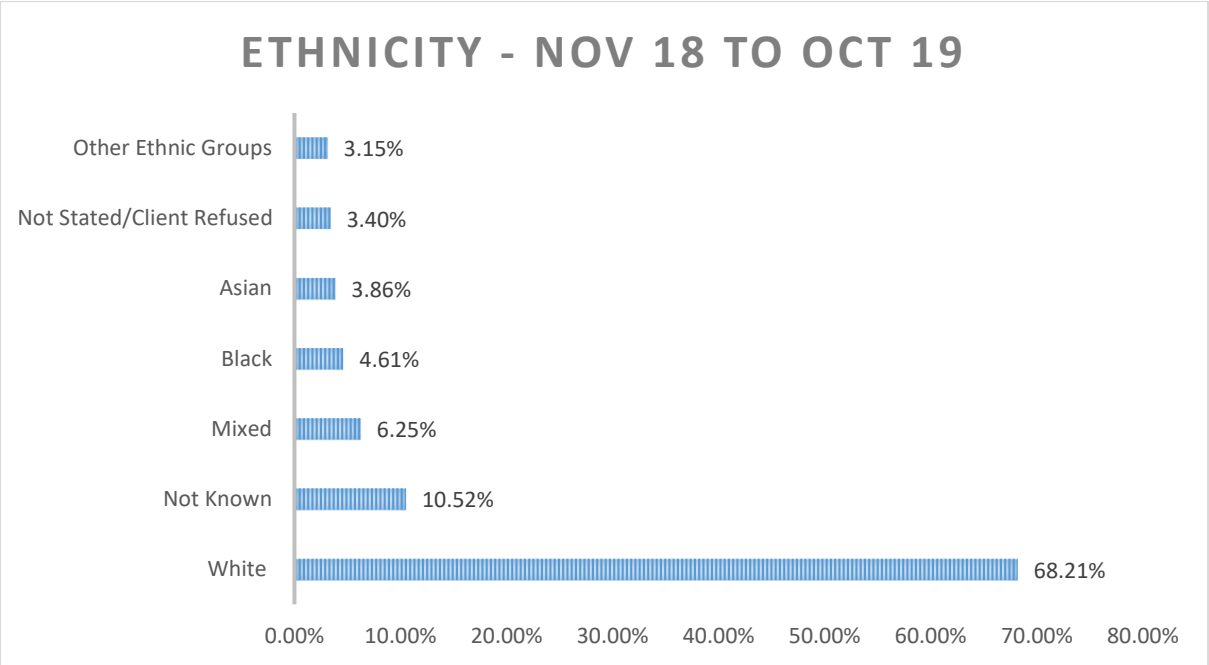


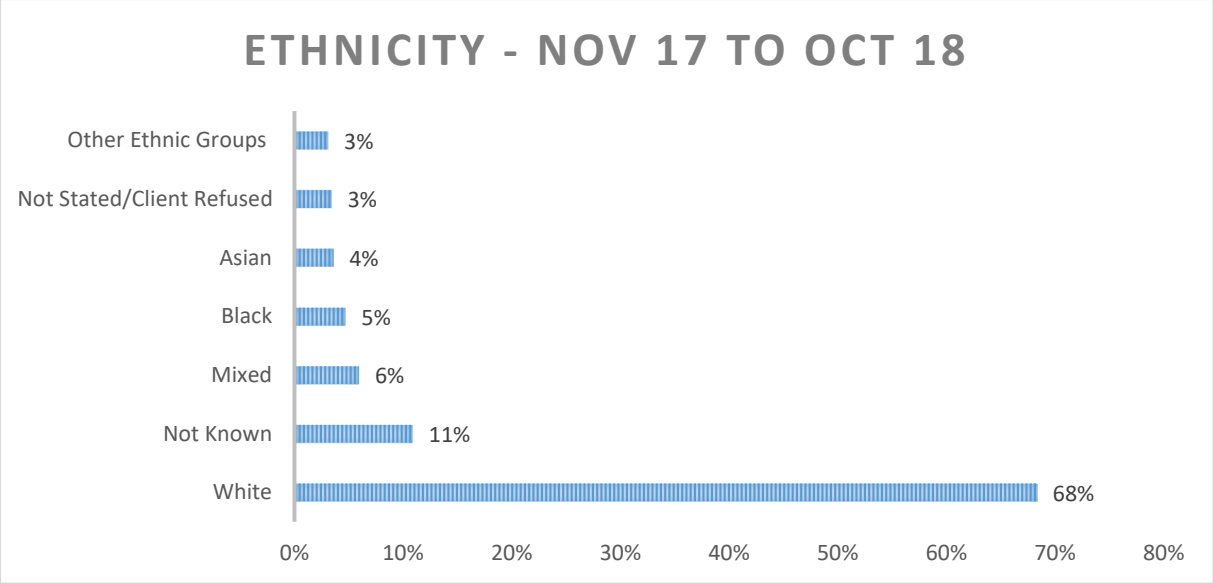


Comparing the last two periods we have reduced the fields left blank by 1%. We expect further improvement over the next year.

Ethnicity

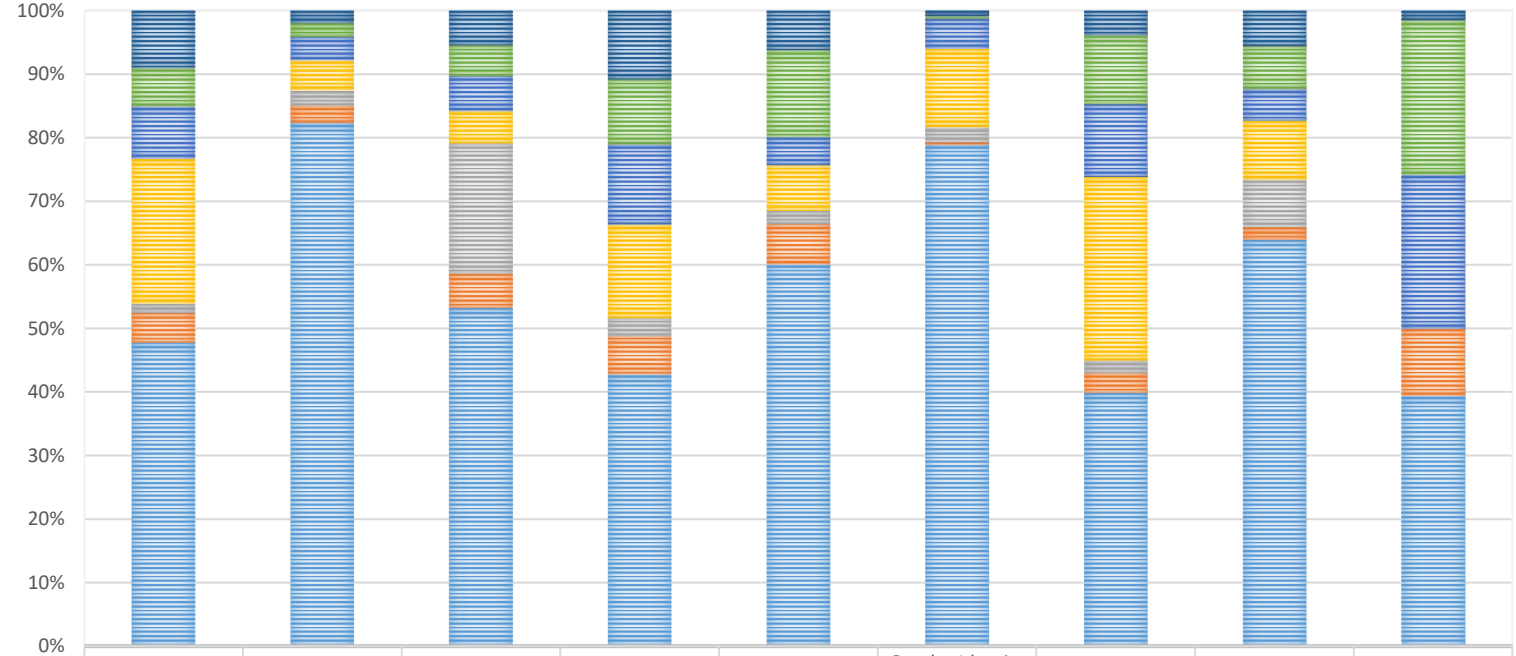
Ethnicity collection rates have remained very similar when comparing November 18 to October 19 and November 17 to October 18. However, the 'not-known' ratio has decreased slightly. The MHSDS ethnicity collections rates has also been increasing over the last two years.





Below is ethnicity breakdown per service line, which should help our understanding of who is accessing our services by ethnicity distribution. Please note that both the Gender Identity Clinic (GIC) and Gender Identity Development Service (GIDS) have a much higher ratio of white ethnicities and a smalled proportion of Asian backgrounds. The Westminster service which works very closely with families, often providing court reports, has the highest representation of patients with mixed and black backgrounds.

Percentage of ethnicity – broken down by year and service level



	Adolescent	Adult Gender Identity Clinic	Adults	Camden CAMHS	City and Hackney	Gender Identity Development Service	Other CAMHS	Portman	Westminster Service
Asian	8.94%	1.98%	5.42%	10.77%	6.19%	0.91%	3.90%	5.57%	1.52%
Black	6.12%	2.15%	4.86%	10.29%	13.70%	0.40%	10.82%	6.74%	24.24%
Mixed	8.24%	3.71%	5.54%	12.59%	4.42%	4.73%	11.46%	4.99%	24.24%
Not Known	22.82%	4.83%	5.08%	14.76%	7.22%	12.33%	28.88%	9.38%	0.00%
Not Stated/Client Refused	1.41%	2.28%	20.45%	2.78%	2.06%	2.35%	1.91%	7.33%	0.00%
Other Ethnic Groups	4.71%	2.74%	5.42%	6.13%	6.33%	0.40%	3.18%	2.05%	10.61%
White	47.76%	82.31%	53.22%	42.68%	60.09%	78.89%	39.86%	63.93%	39.39%