

Appendix A, Full Results of Stakeholder Survey

This data was taken from WeSurvey.com's analysis of the Stakeholder Survey that took place on 25 March 2021.

1. Section 1) About YouThis section allows us to see how inclusive we have been as an organisation in reaching out to our Stakeholders. Whilst these questions are not mandatory, please note these answers will be anonymously collected and used to help us analyse our results.**1) Please tell us your age group**

			Response Percent	Response Total
1	Younger than 20 years		0.00%	0
2	18-20		0.00%	0
3	20-30		9.09%	3
4	30-40		15.15%	5
5	40-50		51.52%	17
6	50-60		15.15%	5
7	60 or older		9.09%	3
8	I prefer not to say		0.00%	0
			answered	33
			skipped	1

2. What is your Biological sex? (We will be asking about Gender Identity later in this survey)

			Response Percent	Response Total
1	Male		36.36%	12
2	Female		60.61%	20
3	Intersex		0.00%	0
4	I prefer not to say		3.03%	1
			answered	33
			skipped	1

3. What is your ethnic group?

			Response Percent	Response Total
1	British/English		60.61%	20
2	Welsh		6.06%	2
3	Scottish		0.00%	0
4	Northern Irish		0.00%	0
5	Gypsy or Irish Traveller		0.00%	0
6	Other		9.09%	3
7	Indian		3.03%	1
8	Pakistani		0.00%	0
9	Bangladeshi		0.00%	0
10	Chinese		0.00%	0
11	Any other Asian background		3.03%	1
12	White and Black Caribbean		0.00%	0
13	White and black African		0.00%	0
14	White and Asian		3.03%	1
15	Any other mixed background		0.00%	0
16	Caribbean		0.00%	0
17	African		12.12%	4
18	Any other black background		0.00%	0
19	Arab		0.00%	0
20	Any other Ethnic Group		3.03%	1
21	I do not wish to disclose my ethnic origin		0.00%	0
			answered	33
			skipped	1

If you identify as an option not available above, or want to give further information, please use the text box below. (2)

1	07/04/2021 09:29 AM ID: 163777645	greek
2	07/04/2021 10:58 AM ID: 163785525	I am Canadian white background

4. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

			Response Percent	Response Total
1	Yes, limited a little		21.21%	7
2	Yes, limited a lot		12.12%	4
3	No		66.67%	22
4	Prefer not to say		0.00%	0
			answered	33
			skipped	1

5. If you answered Yes to Question Four, please let us know which disability [Tick all that apply]

			Response Percent	Response Total
1	Vision (e.g. due to blindness or partial sight)		18.18%	2
2	Hearing (e.g. due to deafness or partial hearing)		0.00%	0
3	Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects		36.36%	4
4	Learning or concentrating or remembering		27.27%	3
5	Mental Health		36.36%	4
6	Stamina or breathing difficulty		18.18%	2
7	Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism or Attention Deficit Disorder)		0.00%	0
8	Other impairment		18.18%	2
9	Prefer not to say		0.00%	0
			answered	11
			skipped	23

If you identify as an option not available above, or want to give further information, please use the text box below. (2)

1	25/03/2021 14:24 PM ID: 162930289	My four disabilities are all hidden ones for which I take compensatory actions to reduce their effects.
2	07/04/2021 10:58 AM ID: 163785525	I have ADHD and depression

6. Do you identify as the same Gender that you were assigned at birth?

			Response Percent	Response Total
1	Yes		96.97%	32
2	No, I identify as Non-Binary		0.00%	0
3	No, I identify as Transgender		0.00%	0
4	I prefer not to say		3.03%	1
			answered	33
			skipped	1

7. Which of the following options best describes your sexual orientation?

			Response Percent	Response Total
1	Heterosexual (also known as "straight")		62.50%	20
2	Lesbian		0.00%	0
3	Gay		15.63%	5
4	Bisexual / Pansexual		6.25%	2
5	Other		3.13%	1
6	Prefer not to say		12.50%	4
			answered	32
			skipped	2

If you identify as an option not available above, or want to give further information, please use the text box below (1)

1	07/04/2021 10:58 AM ID: 163785525	Asexual
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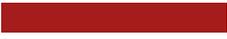
8. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?

			Response Percent	Response Total
1	Yes		46.88%	15
2	No		50.00%	16
3	Prefer not to say		3.13%	1
			answered	32
			skipped	2

If you identify as an option not available above, or want to give further information, please use the text box below. (1)

1	07/04/2021 09:29 AM ID: 163777645	have done in the past
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9. What is your religion / faith / belief

			Response Percent	Response Total
1	No religion / faith / belief		34.38%	11
2	Atheist		9.38%	3
3	Buddhist		0.00%	0
4	Christian		46.88%	15
5	Hindu		6.25%	2
6	Jewish		0.00%	0
7	Muslim		0.00%	0
8	Sikh		0.00%	0
9	Prefer not to say		3.13%	1
			answered	32
			skipped	2

If you identify as an option not available above, or want to give further information, please use the text box below. (2)

1	03/04/2021 08:08 AM ID: 163576550	Spiritualist
2	07/04/2021 09:29 AM ID: 163777645	Greek orthodox Christian

10. Section 2) Grading our performanceBased on the information you have been provided, please give your opinions on the following statements:"EPUT services take the needs of local populations into account, and value Equality and Inclusion in the care of our patients, the commissioning of our services and people's individual needs."

			Response Percent	Response Total
1	a. EPUT are excelling in this area		18.18%	6
2	b. EPUT are achieving in this area		39.39%	13
3	c. EPUT are developing in this area		30.30%	10
4	d. EPUT are underdeveloped in this area		12.12%	4
			answered	33
			skipped	1

If you chose c or d please let us know why you chose this answer. (6)

1	25/03/2021 08:18 AM ID: 162891208	i have been privy to situations where discrimination has been present which i have addressed
2	25/03/2021 10:11 AM ID: 162902131	There has been some notable progress in this area, which is encouraging.
3	25/03/2021 14:24 PM ID: 162930289	Good progress has been made in identifying more person-centred care and delivering care closer to home which improves service user experience, but there is still room for progress in that more is needed in offering more holistic care. We are working to bring mental health services and physical health community services together but people are still being treated in separate clinical silos. I still hear service users commenting that they lack continuity of care. The complication of the wider determinants of health is that we have minimal control over housing, education and work yet they are crucial to health requiring us to increase the existing partnerships.
4	01/04/2021 02:23 AM ID: 163429432	There is always room to develop further.
5	01/04/2021 08:31 AM ID: 163436144	I do not have enough knowledge of what exactly EPUT is doing to be able to answer this question
6	03/04/2021 08:08 AM ID: 163576550	I am not aware of what EPUT do to value equality and inclusion

11. EPUT values patient access and experience, and Equality and Inclusion is an important factor in the way we provide a positive patient experience, the way we make sure patients are supported and the way we handle complaints and concerns.

			Response Percent	Response Total
1	a. EPUT are excelling in this area		9.09%	3
2	b. EPUT are achieving in this area		54.55%	18
3	c. EPUT are developing in this area		21.21%	7
4	d. EPUT are underdeveloped in this area		15.15%	5
			answered	33
			skipped	1

If you chose c or d please let us know why you chose this answer (4)

11. EPUT values patient access and experience, and Equality and Inclusion is an important factor in the way we provide a positive patient experience, the way we make sure patients are supported and the way we handle complaints and concerns.

			Response Percent	Response Total
1	25/03/2021 14:24 PM ID: 162930289	This is complicated. The service users with whom we currently work are mainly positive, we can show they are mostly supported by the assigned clinicians and the complaints process is thorough and careful. We have a current health and safety incident and CQC set of required actions which indicates that from time to time, in certain in-patient units, the service user experience is less positive, they were less supported and there continue to be changes needed. Through the commissioning contracts, there are people who should be our service users but except for one pilot scheme, they cannot be treated because they do not meet the clinical needs set out in the contract. This is a problematic access experience which could be explained as the commissioners' error but we play a part in commissioning, in anticipating people who could fall through the gaps in services and explaining that early intervention reduces future costs so should be commissioned more carefully.		
2	01/04/2021 08:31 AM ID: 163436144	<p>EPUT does not value this, ticking boxes for the commissioners seems to be more of a priority.</p> <p>For example putting on care plans on Paris which are totally meaningless for the patient just to tick the box for reporting and commissioning purposes. The care of the patient has never been further away. On the care plan where you indicate if a patient has been offered a carers assessment, we are told just to tick this box as Yes even when the patient has never been offered this. Managers are constantly making us falsify information for the purposing of reporting and commissioning to make sure we ""meet the target"". Meeting the targets appears to be the main priority, not patient care.</p> <p>When teams get the missing information lists each month from information for details such as ethnicity etc if it is missing, managers hassle staff and often the information is made up.</p> <p>Teams do not have enough staff to fulfil making sure patients are support.</p>		
3	03/04/2021 08:08 AM ID: 163576550	I am not aware of what EPUT do to support this statement		
4	07/04/2021 10:58 AM ID: 163785525	I feel the leadership have done a good job highlighting Equality and Inclusion Issues, but in practice many staff member's interpretation of this is often not quite there yet.		

12. EPUT has a representative and supportive workforce, and works to ensure that all of our staff are trained and encouraged to support Equality and Inclusion. Staff are trained to be Allies and we support and collaborate with staff from minority or marginalised groups.

			Response Percent	Response Total
1	a. EPUT are excelling in this area		36.36%	12
2	b. EPUT are achieving in this area		27.27%	9
3	c. EPUT are developing in this area		24.24%	8
4	d. EPUT are underdeveloped in this area		12.12%	4
			answered	33
			skipped	1

If you chose c or d please let us know why you chose this answer (4)

1	25/03/2021 14:24 PM ID: 162930289	The training and development of staff is moving people to support equality and inclusion in a meaningful way. The Staff Survey, WRES and WDES still have statistics which indicate there is room for improvement. The different experiences indicated by ethnically diverse staff and disabled staff in those surveys shows more work is needed. The "Be You" scheme has the potential to make a difference. Reverse mentoring should also improve understanding and behaviours.
2	01/04/2021 08:31 AM ID: 163436144	I am not aware of any staff allies in my area I have not been encouraged to be trained in equality and inclusion
3	02/04/2021 03:41 AM ID: 163522853	Not heard of training to be allies; not witnessed any particular support or collaboration within practise.
4	03/04/2021 08:08 AM ID: 163576550	I am not aware of what EPUT do to in relation to this

13. EPUT has inclusive leadership, with senior leads who demonstrate their commitment to promoting Equality in our organisation. Senior Leaders and Middle Managers work to support their staff in culturally competent ways and in an environment free from discrimination.

			Response Percent	Response Total
1	a. EPUT are excelling in this area		24.24%	8
2	b. EPUT are achieving in this area		33.33%	11
3	c. EPUT are developing in this area		30.30%	10
4	d. EPUT are underdeveloped in this area		12.12%	4
			answered	33
			skipped	1

If you chose c or d please let us know why you chose this answer. (6)

1	25/03/2021 14:24 PM ID: 162930289	We see the senior commitment very clearly towards equality and inclusion. We see encouragement from senior leaders to support staff in health and wellbeing, development, career progression and being open, all of which can improve whole organisation cultural competence as time passes. The Staff Survey, WRES and WDES do not yet show the environment is free from unfair discrimination.
2	30/03/2021 16:57 PM ID: 163304382	We have lots of talk at the moment, we are seeking for actions
3	01/04/2021 02:23 AM ID: 163429432	Senior leaders have seen a shift to a more diverse group however more needs to be done with regards to seeing more people with Disabilities be open and be at senior level or at least feel comfortable to disclose.
4	01/04/2021 08:31 AM ID: 163436144	I have never seen any evidence of this
5	02/04/2021 03:41 AM ID: 163522853	Not seen this in action
6	03/04/2021 08:08 AM ID: 163576550	I am not aware how this is achieved

14. Planning for the Future Is there anything you'd like to see us develop in 2021 – 22 to help us promote Equality and Inclusion for our Staff, Patients and Carers? Examples include:• How can we better support marginalised and minority groups / specific groups?• What areas of E&I are we missing as a Trust?• What improvements to our Equality and Inclusion work would you like to see in 2021 / 2022?Please share your suggestions below, as this will help us develop our action plan for 2021-22.

			Response Percent	Response Total
1	Open-Ended Question		100.00%	19
1	22/03/2021 16:46 PM ID: 162682803	Accept the fact that although not against some ethnic groups, so me of us prefer not to work with them because of behavioural patterns		
2	23/03/2021 08:57 AM ID: 162712181	Thought should be given to below suggestions. Targeted mandatory training for ALL managers on E & I. More training than that offered to the marginalised groups. More training for conscious/unconscious perpetrators than victims. It should be included in supervision template for any manager line managing others. Ideally each dept should at least have a yearly anonymous survey on E & I which should be fed back to managers within the dept and it should be part of the KPI for the lead for that dept (not yearly staff survey as this does not clearly identify failing depts/teams). When managers are found to have acted inappropriately e.g. discriminated against staff, there should be clear policies in place on how this is managed. It should be open and fair. Outcomes & consequences should also be clear as it is if there was an incident the other way round. There should be very clear guidance on what should happen afterwards, particularly around line management of staff that has been victimised.		
3	23/03/2021 09:02 AM ID: 162714918	Mandatory and improved equality and diversity training FOR ALL. So many middle managers and seniors and leaders have not done the training which is abysmal, especially consultants and doctors.		
4	25/03/2021 10:11 AM ID: 162902131	Continue to ensure that all voices are heard and the views included in development of the various service offers. Mean what you say and say what you mean. It would be good to also see how EPUT assesses success or making impact e.g. how does EPUT assess impact of say cultural awareness training, or unconscious bias...?		
5	25/03/2021 10:48 AM ID: 162907406	There are very few services available specifically for adults experiencing mental health problems but are also a trans person. I would like to see more support in the community to support these extremely marginalised people.		
6	25/03/2021 14:24 PM ID: 162930289	Working with partners to improve access to our services from groups who have been reluctant to engage with mental health services. If those partners are improving housing, education and reducing social isolation that would help the wider determinants of health and reduce the need for our services. Working with service users from all the protected characteristics backgrounds and with lived experience to understand how they like to be consulted, informed, helped to improve mental wellbeing and physical health and wellbeing. Co-production is being carried out in some but not all services. Even though the Government is not including social class in the protected characteristics, it continues to be identified as an issue for service users who struggle to gain the most benefit from services. We might not monitor it but account should be taken of the additional difficulties for people who have lived in poverty, have received less education, have difficult lives. I liked the points about celebrating good practice. It is easy to identify and criticise poor practice. If there are daily case studies of good practice equality and inclusion (for service users, carers and staff) appearing in staff notices/bulletins/e-mails, then the good examples might help staff see the small improvements they can make.		
7	29/03/2021 15:51 PM ID: 163209858	make connections with Marginalised Groups and minority groups to gain there insight to what they need		

14. Planning for the Future Is there anything you'd like to see us develop in 2021 – 22 to help us promote Equality and Inclusion for our Staff, Patients and Carers? Examples include:• How can we better support marginalised and minority groups / specific groups?• What areas of E&I are we missing as a Trust?• What improvements to our Equality and Inclusion work would you like to see in 2021 / 2022?Please share your suggestions below, as this will help us develop our action plan for 2021-22.

			Response Percent	Response Total
8	30/03/2021 16:57 PM ID: 163304382	We want the Trust to consider the needs of their BAME staff. The Trust to be open and honest about their commitment to address issues of discrimination and race equality. We need actions in addressing promotion and continuous professional development of BAME staff.		
9	30/03/2021 20:09 PM ID: 163318145	Some work to be done on identifying whether there is equality in the outcome for service users and carers, it's important that the work that is being done achieves real equitable outcomes for all service users.		
10	01/04/2021 02:23 AM ID: 163429432	More of a working relationship with patients and carers/family/others in looking at equality also not only using the protected characteristics we need to broaden the approach with socially isolated groups including people on low incomes and deprived areas, people with no family or alone individuals an emphasis on age is also a key not only looking at the higher or lower age groups more for the ages between 35-55 who because an element of vulnerability or safeguarding is no so high as in young or older people we need to embrace and look at this age group.		
11	01/04/2021 08:31 AM ID: 163436144	To remember that patients are real people and not just a Paris or Mobius number and should be treated as such and not be just a tick box exercise to meet the demands of the commissioners.		
12	02/04/2021 03:41 AM ID: 163522853	By drawing no attention to any difference.		
13	03/04/2021 08:08 AM ID: 163576550	Drive to actively employ, support and encourage disabled people to work in the trust. Equal information and support to white groups, as everything is focused on other groups. We need to reflect diversity and inclusion, not separation and division by only offering things to specific groups of people.		
14	04/04/2021 10:16 AM ID: 163623337	Some Leaders needs training and Education of how to embrace Equality and Diversity		
15	04/04/2021 13:52 PM ID: 163629708	Having visible leaders from Bame to promote inclusivity		
16	06/04/2021 08:58 AM ID: 163697362	I try to work in as person-centred a way as I can with all clients, though more information on basics would be good. E.g. how to support a transgender client and things to be aware of, or information on different faith & cultural backgrounds and how this might affect their response to mental health intervention. I have learned on the job but do think this would be helpful for staff new to working in mental health, or newly qualified as an additional resource. I will add however that the Trust do deliver an excellent LGBTQ+ training and respond really well to feedback, and also know with these types of training there is a risk of pigeon-holing and taking away the chance for individualised support. Would need to be done delicately.		
17	07/04/2021 09:29 AM ID: 163777645	educate staff , be harsh on people who discriminate . make our presence as equality group known. I think having senior leaders from protected characteristics eg lgbtq		
18	07/04/2021 10:58 AM ID: 163785525	I'd like to see greater emphasis on invisible disabilities, especially Neurodiverse staff and patients. Staff members seem largely unaware of the massive link between ADHD and depression, anxiety, addictions and eating disorders.		
19	07/04/2021 15:58 PM ID: 163815254	Introduction of online course for all staff to participate in - "Diversity and Inclusion" if this is not done already.		
			answered	19
			skipped	15