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## Equality and Diversity Update January 2018

<b>Presented by:</b>	Pat Campbell, Director of Human Resources	<b>Author:</b>	Lorraine Cameron, Head of Equality & Diversity
<b>Previously considered by:</b>	N/A		

Key points	Purpose:
1. This report includes our performance between April and September 2017 against targets for achieving a workforce that reflects the ethnic diversity of the local population.	To discuss and note
2. We have reviewed our performance against our Equality Objectives 2016 and against EDS2 and have started to consult with local community on our performance and priorities going forward.	To discuss and note
3. We have participated in the NHS England Pilot Workforce Disability Equality Standard (WDES).	To discuss and note
4. To provide the Board with our relative performance against other Trusts' against the Workforce Race Equality Standard (WRES) 2017.	To discuss and note
5. The findings from the Nurse and Midwifery Survey and proposals to address the findings.	To discuss and note
6. Other equality activity including proposals for LGBT History Month and the White Ribbon Campaign	To discuss and note

Executive Summary:
<p>The purpose of this paper is to update the Board of Directors on our performance against our 2015-2025 Equality Target to have a workforce reflective of the ethnic diversity of the local population by 2025. We are making good progress against all target indicators except for Band 8a+ BAME staffing levels.</p> <p>We are consulting with key voluntary sector stakeholders on our performance against Equality Objectives 2016-20. The actions going forward will be presented in the July 2018 Equality Update report.</p> <p>We have participated in the Pilot Workforce Disability Equality Standard (WDES) and are working with the Disabled Staff Network to identify action we need to take to improve the working lives of disabled staff.</p> <p>We have assessed our performance against other Trusts' against the Workforce Race Equality Standard 2017.</p> <p>Work is underway to address the findings from the nurse and midwifery survey.</p> <p>We are working jointly with local health economy partners on plans to participate in LGBT History Month 2018 and will be able to analyse our staff survey results to determine whether we need to take action to improve the working lives of LGBT staff.</p> <p>A number of senior male staff pledged support for the White Ribbon Campaign which aims to encourage men to challenge behaviour which leads to violence against women.</p>

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**Financial implications:**

No

**Regulatory relevance:**
**Monitor:**

Quality Governance Framework

**Equality Impact / Implications:**

Improving access for disabled people

Improve the access and experience of BME patients and service users

Improve access to services for people from Gypsy and Traveller Communities

Reduce inequalities experienced by BME staff and job applicants

Reduce inequalities experienced by staff

Increase the diversity of boards and their understanding of equality issues

**Is there likely to be any impact on any of the protected characteristics?** (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

 Yes ☒ No ☐

If yes, what is the mitigation against this?

Positive impact in relation to having a workforce that reflects the local population and ongoing equality activity around the equality objectives.

**Other:**

CQC Registration: Outcomes 1, 2, 4, 6, 12,14, 16, 17,

**Corporate Objective:**
*Reference to Corporate Objective(s) this paper relates to*

Our Patients: Patients choose their care with us and recommend us to family and friends

Our Staff: Staff excel at putting patients first, wherever they work in the FT

Our Services: We provide a range of services that support the current and future needs of our patients

Our Organisation: We are a well-managed organisation that meets our obligations to patients

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## Equality and Diversity Update January 2018

### 1. BACKGROUND AND PURPOSE

- 1.1** As previously reported, the Equality Act 2010 requires that we undertake outcome focused activity in addressing equality and diversity issues as a service provider and employer, across nine protected characteristics. We have a general duty to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not share it. As a public sector organisation, we also have specific duty to prepare and publish specific and measurable equality objectives every four years (which we did in April 2012 and 2016) and publish details of engagement on setting our objectives.
- 1.2** The 2017/18 Standard Contract places a Service Condition (13.) - Equity of Access, Equality and Non-Discrimination - requires that we show evidence of how we:
- 13.1 must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender reassignment, or any other non-medical characteristics, except as permitted by the Law.
  - 13.2 provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.
  - 13.3 comply with the public sector equality duties and section 6 of the Human Rights Act 1998.
  - 13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, provide a plan or plans setting out how we will comply with our obligations. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4.
  - 13.5 must:
    - 13.5.1 implement EDS2; and
    - 13.5.2 implement the national Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard.
- 1.3** This report provides the Board of Directors with our performance against our Standard Contract requirements and our own local targets and objectives.

### 2. BAME<sup>1</sup> RECRUITMENT TARGETS

- 2.1** In February 2015, the Board of Directors decided to set a target of 35% staff from BAME groups to reflect the local population (mirroring the target set by Bradford District Care Foundation Trust). BTHFT gave itself 10 years to achieve the target. The Board agreed to monitor progress every six months. Below is the data regarding overall numbers and recruitment targets for September 2017.

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<sup>1</sup> The BME staff network consulted their members in September 2017 regarding changing its name to the BAME (Black, Asian and Minority Ethnic) Network. This is due to confusion for some Asian staff who do not readily identify with the term BME. The Diversity Workstream was asked to note the name change and adopt the new term. This was agreed. Therefore going forward, the term BAME will be used.

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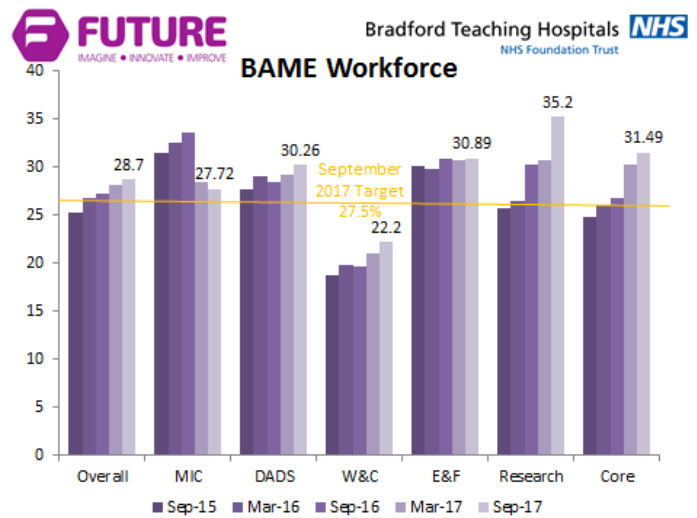
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**2.2** The Board agreed that when looking at BAME recruitment and retention data, the following indicators are included:

- Overall % of staff
- Overall Band 8+ Senior Managers
- % recruited
- % recruited at Band 8+
- % promoted
- % all staff leavers

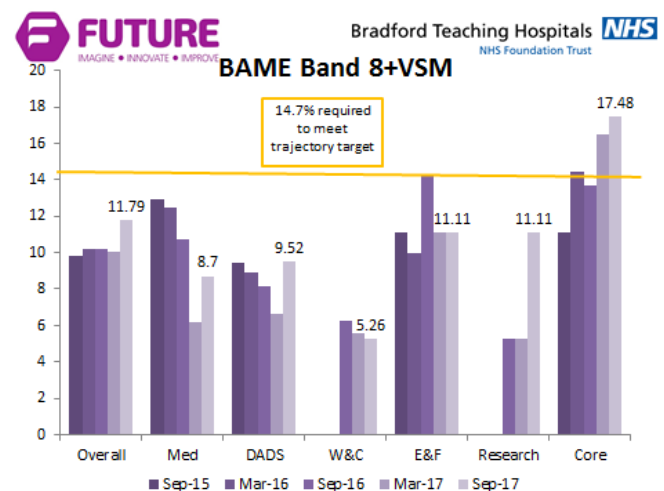
**2.3 Overall Workforce:** Overall numbers of all staff in the Trust. There has been an increase of 0.65% in the proportion of staff who are BAME in the last six months. This is encouraging and puts us ahead of trajectory for overall staffing numbers. If the current rate trajectory continues, we will exceed our overall target by around 6%.

	March 2017		Sept 2017	
	No	%	No	%
White	4115	71.95	4137	71.30
BAME	1612	28.05	1665	28.70



**2.4 Overall Band 8+ Senior Managers:** There has been an increase of 1.78% in the overall percentage of BAME staff in these posts compared to April, which represents an increase of six BAME staff at this level. This is encouraging. However, assuming a similar percentage increase every six months, we will fall short by around 14% on our target to have a BAME senior management workforce of 35% by 2025.

	March 2017		Sept 2017	
	No	%	No	%
White	244	90.04	248	88.26
BAME	27	9.96	33	11.74



**2.5 Staff Promotions:** Between April 2017 and September 2017, 114 staff were promoted. Of the 109 who declared their ethnicity, 41 are from BAME backgrounds representing 37.6% of the promotions for whom we know the ethnicity. This is extremely positive as it should be expected that around 28.7% of those promoted would be from BAME backgrounds (in line with the BAME workforce). Due to problems nationally with Electronic Staff Record, we have been unable to provide a Departmental /Divisional breakdown of staff promoted.

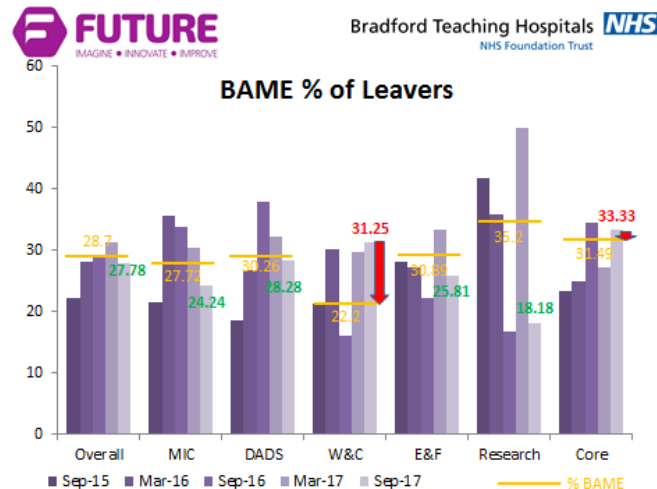
	March 2017		Sept 2017	
	No	%	No	%
White	85	79.28	68	62.39
BAME	23	20.72	41	37.61

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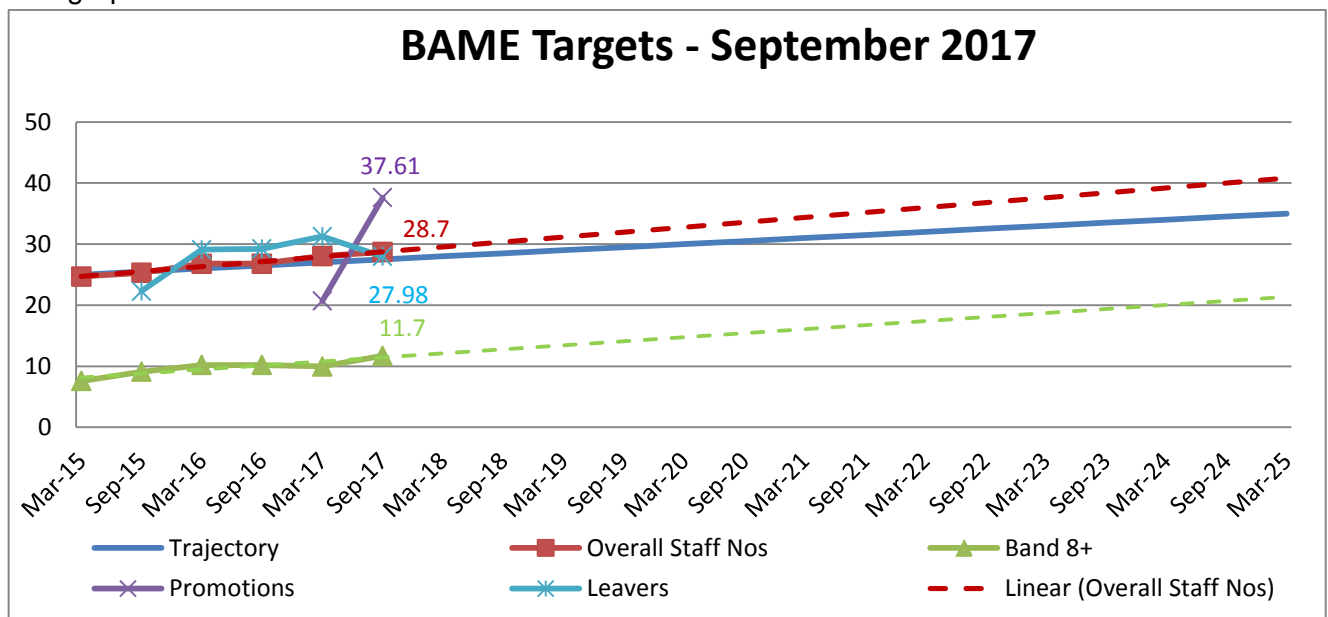
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**2.6 Staff Leavers:** 361 staff left the Trust between April and September 2017. 101 of those who left were from BAME background which represents 27.98% of the total. Again it would be expected that around 28.7% of those leaving would be from BAME backgrounds. This is encouraging as it shows that fewer BAME staff are leaving compared to the overall workforce. However, Women and Children's Division and Core departments have higher percentage leavers compared to overall percentages in those areas.

	March 2017		Sept 2017	
	No	%	No	%
White	297	68.75	260	72.02
BAME	135	31.25	101	27.98



**2.7** The graph below shows the current status of all the above indicators:



**2.8 Recruitment Practice Review in Women and Children's Division:** The data has highlighted that Women and Children's Division is an outlier. As a result of this and a recent concern raised about recruitment practice, the Director of Human Resources asked the Head of Equality and Diversity to undertake a paper review of Band 8a+ recruitment practice in the Division between May and November 2017. Five posts were recruited to in that period. The outcome of the review has led to a number of recommendations for the Division and the wider Trust. An action plan is being devised for the Division to take forward including bespoke training for recruiting staff. The general issues raised will be incorporated in to recruitment training across the Trust and further guidance is being produced regarding acting up and secondment practice.

**2.9 Conclusion:** The April to September 2017 data is extremely positive in relation to the overall BAME staff rates, the percentages of BAME staff recruited, percentages of BAME staff promoted and the percentage of BAME staff leaving the Trust. However, should the current trend shown in the data

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continue, we will fail our ten year target in relation to BAME staff at Band 8a+ Senior Management levels. The review in Women and Children's Division has highlighted issues in appointing staff to Band 8a+ and has helped us to identify issues that we will be emphasising to recruitment managers, with the aim of reducing the shortfall in this target.

### **3. PERFORMANCE AGAINST EQUALITY DELIVERY SYSTEM (EDS2)**

**3.1** The Equality Delivery System (EDS2) is designed to help us, in discussion with local stakeholders, review and improve our performance for patients, communities and staff in respect to all characteristics protected by the Equality Act 2010. The Board of Directors receive regular updates on our progress against EDS2. There are eighteen goals attached to EDS2. Instead of trying to focus on all of these, in 2015, in consultation with local communities, the health economy across Bradford and Airedale agreed to focus on the following eight outcomes from EDS2:

**Goal 2:**

- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access
- People are informed and supported to be as involved as they wish to be in decisions about their care

**Goal 3:**

- Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
- Training and development opportunities are taken up and positively evaluated by all staff
- When at work staff are free from abuse, harassment, bullying and violence from any source
- Staff report positive experiences of their membership of the workforce

**Goal 4:**

- Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
- Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

**3.2** Bradford Teaching Hospitals in conjunction with Bradford District Care Foundation Trust, Airedale NHS Foundation Trust and Bradford, Airedale, Wharfedale and Craven CCGs have been working collaboratively on the equality agenda since 2011. We have held joint consultation events to agree our equality objectives (first set of objectives agreed in 2012 and covering four years). We consulted in late 2015 on objectives and involved stakeholders in agreeing updated objectives for 2016-2020.

**3.3** In 2016, the Board of Directors agreed eight updated set of Equality Objectives, seven of which are shared across the local health economy.

**3.4** The health economy partners agreed that we should reach out again to our stakeholders to share our progress and seek views on what we should prioritise for the remainder of the time left for our current objectives.



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- 3.5** We agreed a series of equality panels to review our performance against our equality objectives and assess our grading against EDS2. The panels paired together two protected characteristics as follows:
- Panel 1: Age and Disability
  - Panel 2: Ethnicity and Religion, Belief
  - Panel 3: Sexual Orientation and Gender Reassignment
  - Panel 4: Gender and Pregnancy, maternity.
- 3.6** Local voluntary sector stakeholders raised concern that due to workload capacity and staffing shortages, reliance on panel meetings alone, would not enable those who wished to comment to have the opportunity to do so. Therefore it was agreed that we would also run an electronic survey to invite a wider pool of people to participate in the analysis, progress and priorities going forward.
- 3.7** Detailed evidence was produced for Panels and 1&2 due to the focus on disability and ethnicity since 2016. The presentations are shown in Appendix 1. Panels 3&4 were round table discussion which helped us to consider barriers to services and actions going forward.
- 3.8** The panels took place in the first and second week of December. Unfortunately the Ethnicity and Religion, Belief panel had to be postponed to 15 January 2018.
- 3.9** We have carried out a self-assessment of our performance in consultation with the Diversity Workstream. Appendix 2 shows grading criteria we have agreed across the district, our equality objectives and our self-assessed RAG rating.
- 3.10** The electronic survey will take place in January following the postponed panel 2 meeting. It is hoped that participants will grade our performance, provide us with comments and contribute to our identifying our priorities going forward. The conclusion of the consultation and priorities going forward will be shared in the next Equality Update report (July 2018).

#### **4. WORKFORCE DISABILITY EQUALITY STANDARD (WDES)**

- 4.1** NHS England's Equality and Diversity Council (EDC) has taken another step to advance equality within the NHS. The Council has recommended that a WDES should be mandated via the NHS Standard Contract in England from April 2019, with a preparatory year from 2018-19 (this was originally due to be in place by April 2018, but been revised by NHS England).
- 4.2** BTHFT was asked to participate in the pilot for the WDES metrics in November 2017 conducted by NHS England. The Head of Equality and Diversity is working working with the Chair of Disabled Staff Network to reinvorate the Network. We are organising two events in January to meet with disabled staff, talk through the findings from the Pilot and agreeing actions to take forward.

#### **5. WRES 2017 DATA ANALYSIS**

- 5.1** The first WRES data return in 2015 showed contrasting experience between BAME staff and their white counterparts, highlighting the challenges of race equality at organisation, sector and regional

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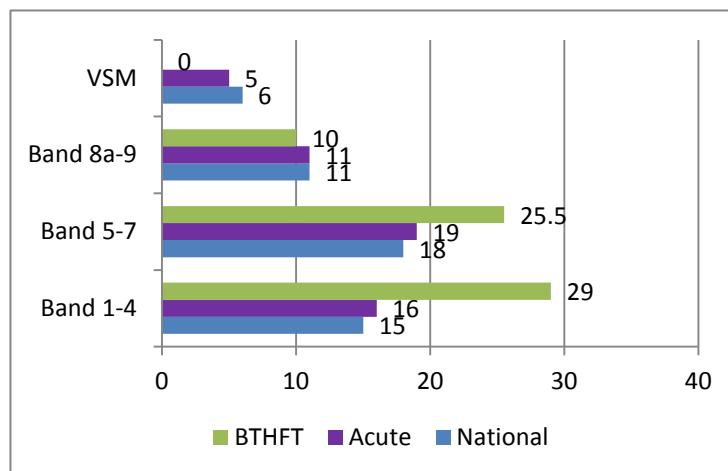
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levels across the NHS. Two years on, NHS England have seen a steady improvement in engaging with provider trusts, data submission against the nine indicators. The latest report shows that the low baseline in 2015 has improved, albeit with room for improvement.

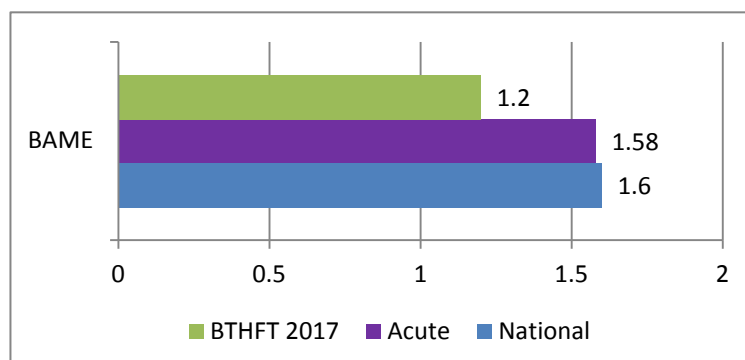
**5.2** There is clear evidence that differences in workforce race equality have a significant adverse impact on the effective and efficient running of the NHS, including on the quality of care received by patients. The link between the adverse treatment of staff and poor patient care is particularly well-evidenced in the NHS<sup>2</sup>.

**5.3** The following narrative and graphs show our comparative performance against other Acute Trusts and the national picture against the WRES data.

**Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSMs compared to the percentage of staff in the overall workforce.** BTHFT has a higher overall percentage of BAME staff at Bands 1-7 but a lower percentage at Bands 8+ than the national and Acute Trust average.



**Indicator 2: Relative likelihood of staff being appointed from shortlisting across all posts.** Only 40 Acute Trusts out of 152 score 1.2 or lower, which puts us in the top 26% for this indicator among Acute Trusts, although we are working to remove this inequity altogether.



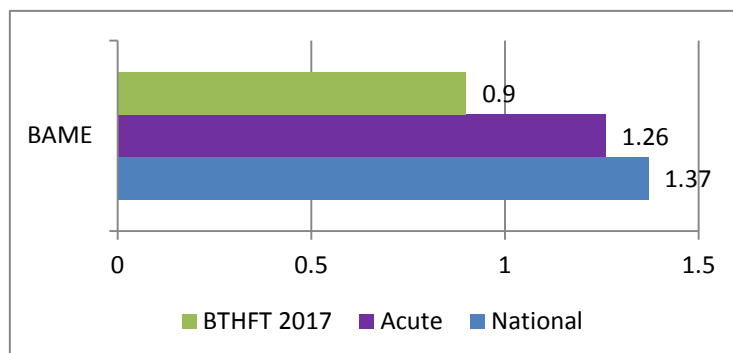
<sup>2</sup> Dawson, J (2009). [Does the experience of staff working in the NHS link to patient experience of Care? An analysis of links between the 2007 acute trust inpatient and NHS staff surveys.](#) Institute for Health Services Effectiveness. Aston Business School



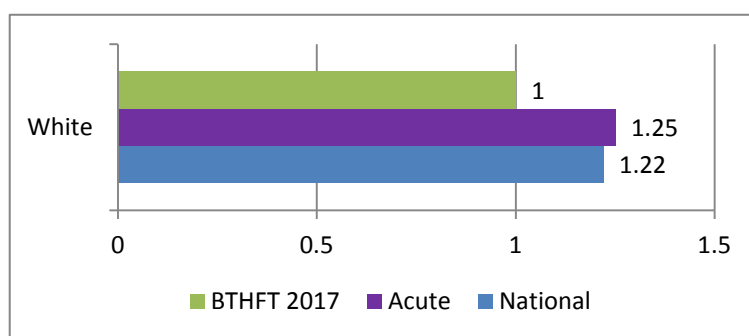
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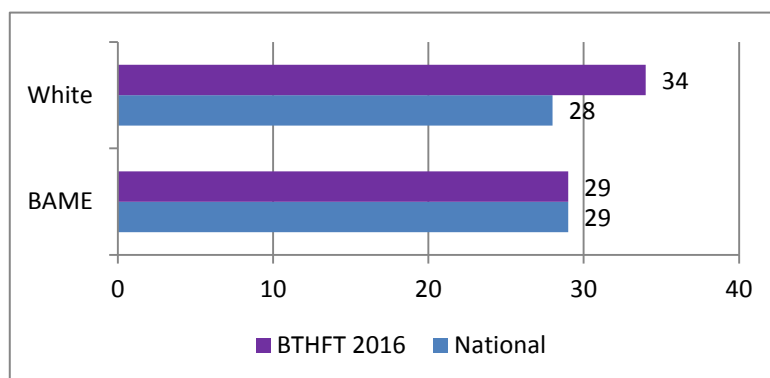
**Indicator 3: Relative likelihood of BAME staff entering formal disciplinary process.** We are among 52 of 153 Acute Trusts for whom BAME staff are less likely to enter formal disciplinary processes. This makes us among the top 34% of Acute Trusts.



**Indicator 4: Relative likelihood of BAME staff accessing non-mandatory training and CPD.** We were among 90 Acute Trusts for whom BAME staff have the same or better likelihood of accessing non-mandatory training and CPD. This makes us among the top 59% of Acute Trusts.



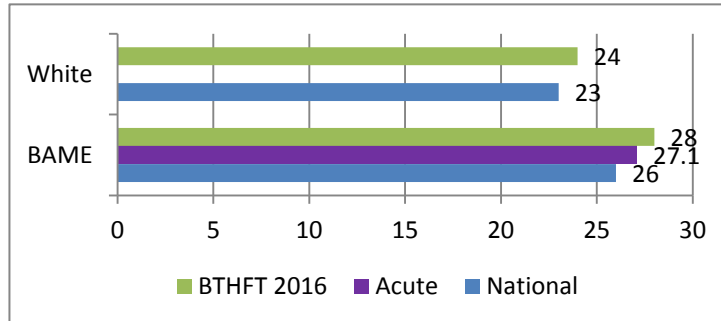
**Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (2016 staff survey).** BAME staff are less likely than white staff to experience harassment, bullying and abuse from the public, although BAME staff in BTHFT reflect the national average of response to this question.



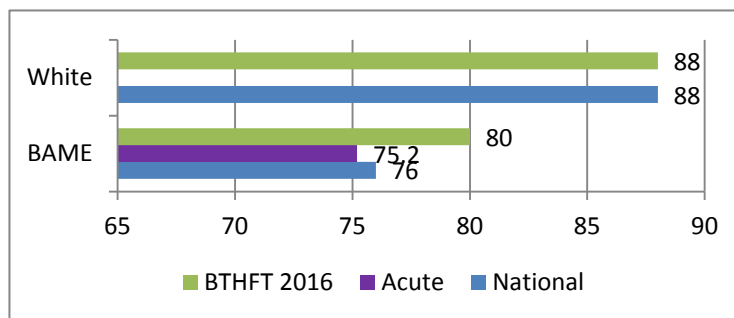
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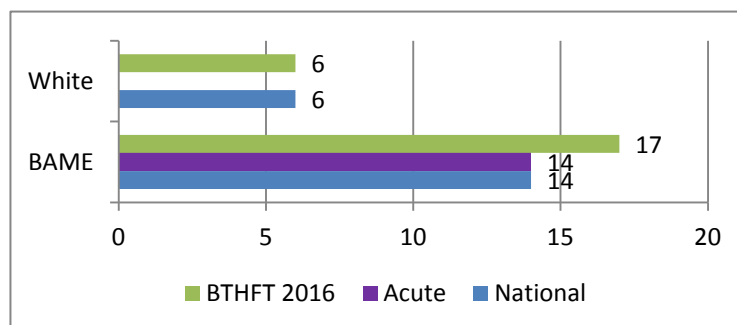
**Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (2016 staff survey).** Both white and BAME staff in BTHFT report higher levels of harassment, bullying or abuse from staff in the last 12 months. BAME staff are 2% more likely than BAME staff nationally and 1% more BAME staff in Acute Trusts (figure for white staff experience in Acute not provided).



**Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion.** We reflect the national average for the percentage of white staff who believe the Trust provides equal opportunities for career progression and promotion. Whilst 8% fewer BAME staff believe the Trust provides equal opportunities, our BAME staff report higher confidence compared to Acute and nationally.



**Indicator 8: Have you personally experienced discrimination from your manager/team leader or other colleagues.** White BTHFT reflect the national average of staff who personally experience discrimination. BAME staff in BTHFT, are 3% more likely than the national and Acute average to experience discrimination.

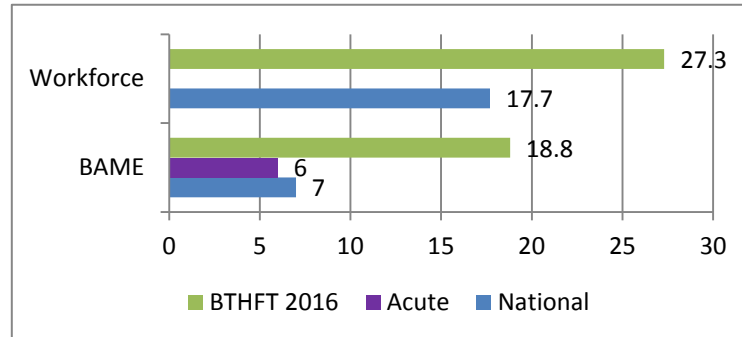


**Indicator 9: Percentage difference between the organisations' board voting membership and its overall workforce.** 18.8% of our Board Membership comprises BAME people. Of the voting members,

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23.1% are from BAME backgrounds, although 0% of executive directors are from BAME backgrounds. We are among 14 Trusts with 18.8% or more BAME members on the Board of Directors, which makes us in the top 9% of Acute Trusts and nationally.



**5.4 Conclusion:** Overall, comparing ourselves to the national results and other Acute Trusts we are performing average or better than average<sup>3</sup> for BAME staff on:

- Being appointed from shortlisting
- Entering formal disciplinary process
- Accessing non-mandatory training and CPD
- Harassment, bullying or abuse from the public
- Believing that the trust provides equal opportunities for career progression or promotion
- Board voting membership

We are performing below average for BAME staff on:

- Percentage in Bands 8a+ VSM
- Experiencing harassment, bullying or abuse from staff
- Discrimination from manager/team leader or other colleagues.

## 6. NURSE AND MIDWIFERY STAFF SURVEY

**6.1** As previously reported, in early 2016, it was decided to carry out a whole nurse and midwifery (N&M) staff survey. We commissioned the Bradford Institute for Health Research in conjunction with the University of Leeds and Yorkshire Quality and Safety Research Group to undertake the survey. We wanted to determine whether there any differences for staff by protected characteristics. We have secured sponsorship from the WRES Team at NHS who will be funding the printing and prize costs for the survey. This survey will have national significance as it tests anecdotal experience of difference between white and BME staff and will hopefully give empirical evidence for the need for change.

**6.2** The paper based survey was undertaken between February and March 2017. A total of 1704 nurses and midwives received surveys, with reminder surveys sent to non-responders. In total 538 surveys were returned, a response rate of 31.6%. 85% of responses were completed by nurses and 15% by midwives. Although we asked for the sexual orientation of respondents, we are unable to show any comparative analysis for lesbian, gay and bisexual nurses and midwives as we had insufficient responses.

<sup>3</sup> Caution is required however, as BAME staff generally still experience inequity compared to white staff in BTHFT

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**6.3** We were able to analyse the experience of BAME and disabled staff. In brief the survey found that:

- BAME staff are ambitious, want to move in to higher banded posts and are prepared to move to get there, but they experience barriers to career progression. They are also slightly less likely to be encouraged to apply for promotion opportunities when these exist.
- For disabled staff too, there is also ambition, a sense that they have not achieved all they want in their career and again experienced barriers to career progression.
- BAME staff do want to work at higher level posts but a third of those who didn't apply for higher graded posts said this was because they didn't think the selection process would be fair.
- Much lower proportions of disabled nurses/midwives were supported through professional development to apply for higher banded posts.
- 45.1% of BAME and 28.8% white staff said they planned to apply for a higher graded post in the next 12 months.
- There is no discernible difference in the qualifications of BAME and white staff.
- BAME staff are much more likely to have fees paid for study and more likely to have day release, with white staff being more likely to have time off for study.
- Disabled staff are less likely to have their fees paid, time off for study or day release.
- 12% fewer BAME staff had undertaken learning, development or training in the past 12 months
- BAME staff were less likely to say that the people they work with are friendly.
- 33% of disabled, 18% of BAME and 12% of white staff had experienced harassment, bullying or abuse in the past 12 months
- 33% of disabled, 22% of BAME and 8% of white staff had experienced discrimination in the last 12 months
- 90% white, 72% disabled and 69% BAME felt the Trust provides equal opportunities for career progression/promotion

**6.4** As a result of these findings, the Chief Nurse asked the Head of Equality and Diversity to set up a task and finish group to look at the findings and make recommendations going forward. The group comprises, staff from the BAME and disabled staff networks, Matrons and staff from Human Resources. Recommendations from the group will be fed through the Diversity Workstream.

## **7. OTHER UPDATES**

**7.1 Lesbian, Gay, Bisexual and Trans (LGBT) Equality:** The Head of Equality and Diversity has been contacted by the LGBT+ Champion of Bradford Council who is organising LGBT history month in February 2018. We have been asked to contribute to the health theme which is part of the programme. Equality leads across the health economy, along with LGBT staff networks will be working together to devise activities to contribute during the month of February.

**7.2** As part of the contract negotiation for the new staff survey, we were keen to ensure that we would be able to analyse results by sexual orientation. An article appeared in "Let's Talk" urging LGBT staff to "tick the box" to ensure we had enough responses to analyse the results. Very initial results suggest that enough staff declared their LGBT status so we will be able to analyse results to compare experience.

**7.3** Early discussions are taking place across the public sector in Bradford to consider a joint initiative to make organisations more LGBT friendly. Initial thoughts include a languard and pin campaign which

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would ask staff to sign a pledge to never be a bystander when witnessing homophobic or transphobic abuse.

**7.4 White Ribbon Campaign:** A number of senior male staff pledged their support to the White Ribbon Campaign which asks men to never commit, condone or remain silent about men's violence towards women during the 16 days of action to end violence against women. Bradford District has become a "White Ribbon District".

## **8. RECOMMENDATIONS**

**8.1** The Board of Directors is asked to note:

- Our performance between April and September 2017 against targets for achieving a workforce that reflects the local population.
- The activity we are undertaking to assess our performance against the EDS2
- The update on WDES
- Our comparative performance on the 2017 WRES report
- The summary of the nurse and midwifery survey we undertook and the proposed action to address the disparity
- Our proposals for taking forward the LGBT agenda in 2018
- Our participation in the White Ribbon Campaign.

Lorraine Cameron  
Head of Equality and Diversity  
January 2018

## Appendix 1

### Age and Disability Equality Panel

Lorraine Cameron  
Head of Equality and Diversity



Together, putting patients first

#### Access and experience of mental health users

In addition to working in partnership on the **Mental Wellbeing in Bradford District and Craven Strategy**

- Worked in partnership with Bradford District Care NHS Foundation Trust and the Cellar Trust, to improve the range of services available to patients with Mental Health issues.
- A new Haven facility has led to a dramatic reduction in repeat and often unnecessary attendances for patients who felt they had no alternative other than to self-present to the Emergency Department. The service aims to support people in distress and work with them to develop their plans to stay well and improve coping strategies to manage distress in the future.
- Taking action following participation in a national clinical audit programme on mental health in acute general hospitals report (NCEPOD)
- An internal audit of the Mental Health Act identified some areas requiring improvement, specifically in relation to the process and knowledge

Together, putting patients first

#### Accessible Information Standard

- Interpreting & Translating Policy and Communication with Patients Policy and Guidelines for the Development of Patient Information both updated and include clear roles and responsibilities for adhering to the Accessible Information Standard
- Awareness sessions and briefings to staff throughout the organisation more planned for 2018, outside the information centre
- Through kind donation from the Friends of BRL items to support the awareness sessions, pens, note pads, bags, key rings etc
- Bespoke Easy Read leaflets for pain management developed in collaboration with local LD service users
- In-house bespoke easy read leaflet to prepare patients to come to the eye clinic
- Easy Read leaflets available

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#### Four Equality Objectives

1. Implement the Accessible Information Standard
  2. Increase awareness of mental health issues and improve access and experience of mental health service users across the health economy.
  3. Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified
- +
1. Employ at least a third of Project SEARCH Interns who have graduated from the programme..

Together, putting patients first

#### Accessible Information Standard

- Revision of terms of reference for Additional Needs group which has broadened to include all local services who support patients with additional needs; AIS is a standard agenda item
- All eye clinic appointment letters are in size 16 font, bold to facilitate those with vision problems being able to read them
- Note pads and pens available at reception to help with communications
- Shared AIS briefing with all admin staff. Large print appointment letters options
- AIS built into the EPR system

Together, putting patients first

#### Preparing for Workforce Disability Equality Standard (WDES)

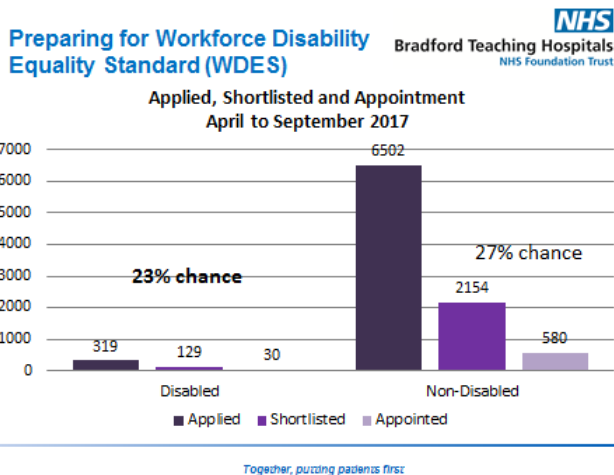
Metric	Disabled	Non-Disabled
% disclosing disability in Electronic Staff Record (ESR)	3%	84%
% disclosing disability in 2016 staff survey	19%	73%
% undisclosed in ESR		13%
% undefined in 2016 staff survey		8%
% feeling pressure in last 3 months to attend work when feeling unwell (lower better)	87%	55%
% believing the trust provides equal opportunities for career progression or promotion	78%	88%
% experiencing harassment, bullying or abuse from staff in last 12 months	35%	22%
% experiencing discrimination at work in last 12 months (lower better)	17%	14%

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Board of Directors: 11.01.2018

Agenda Item: Bo.1.18.19



**Employing 33% Project SEARCH Graduates**

Bradford Teaching Hospitals NHS Foundation Trust

- New Human Resources process for providing work trials to Interns who have been signed off as competent in the work area
- Encouraging Business Advisory Group members to follow suit and amend their recruitment practices
- Overall BTHFT have employed 26% of graduates since the programme began in 2013. In 2015-16 we employed 44% of graduates. This year we have employed one graduate. Six others have gained employment elsewhere, a success rate of 78%.

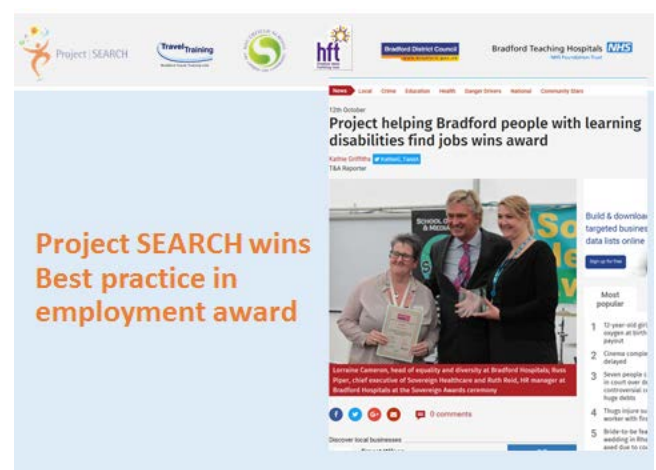
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Board of Directors: 11.01.2018

Agenda Item: Bo.1.18.19

## Race, Religion and Belief Panel

Lorraine Cameron  
Head of Equality and Diversity



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### Improve BAME Assess and Experience

#### Interpreting

- The demand for interpreting services is continuing to increase. The range of languages in which interpreting services are provided is also increasing, and we have now provided interpreting services in over 50 different languages, including Braille and British Sign Language.
- April 2016 – February 2017: Top 10 languages requested:

No	Language	Number of Sessions	No	Language	Number of Sessions
1.	Urdu/Punjabi	16,407	6.	Hungarian	964
2.	Czech/Slovak	4,331	7.	Pushto	785
3.	Polish	3,365	8.	Russian	462
4.	Bengali	1,942	9.	Romanian	462
5.	Arabic	1,501	10.	Gujerati	415

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### Access and experience of mental health users

In addition to working in partnership on the Mental Wellbeing in Bradford District and Craven Strategy

- Worked in partnership with Bradford District Care NHS Foundation Trust and the Cellar Trust, to improve the range of services available to patients with Mental Health issues.
- A new Haven facility has led to a dramatic reduction in repeat and often unnecessary attendances for patients who felt they had no alternative other than to self-present to the Emergency Department. The service aims to support people in distress and work with them to develop their plans to stay well and improve coping strategies to manage distress in the future.
- Taking action following participation in a national clinical audit programme on mental health in acute general hospitals report (NCEPOD)
- An internal audit of the Mental Health Act identified some areas requiring improvement, specifically in relation to the process and knowledge

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### Implement the Workforce Race Equality Standard (WRES)

#### Key findings of survey and workshops

- Harassment, bullying or abuse from patients and the public, there is low reporting due to the perception that nothing happens if it is reported and that the Trust does not take the issues seriously.
- Harassment, bullying or abuse from managers or other staff. Lack of knowledge and awareness of the help and support available to staff. When staff do contact the service, few want to formalise their concerns. BAME staff raised concern that if they did make a complaint, they felt it would be career limiting or they would be accused of "playing the race card". A strong theme in both the survey and the workshop was that BAME staff said they want options to report anonymously.
- Perception that recruitment practices are not open and transparent, jobs are not fairly advertised, not merit based and that people are recruited on the following basis:
  - friends or family
  - it's not what you know
  - if your face fits
  - managers recruit and encourage "people like me"
- BAME staff need more support when they encounter barriers to development and career progression, and avenues to raise concerns.
- In relation to the Culture of Care Barometer, BAME staff had least confidence "that inappropriate behaviour is consistently challenged by managers"
- In relation to other suggestions that would improve BAME staff experience, it was suggested that the Trust should do more to show its diverse workforce that they are valued and need to support a positive work culture where difference and diversity is recognised.

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## Three shared Equality Objectives

- To improve BAME service users access and experience of services.
- To increase awareness of mental health issues and to improve access and experience of mental health service users across the health economy.
- To implement the Workforce Race Equality Standard.

### Improve BAME Access and Experience

#### Gypsy and Traveller health Inequalities Project

- Community engagement events held in partnership. Good attendance.
- Report with recommendations for improving engagement, patient experience and access and staff understanding of the community.
- Needs to be implemented in partnership.
- The Trust is part of the Gypsy and Traveller Working group focusing on perinatal health and wellbeing within the Gypsy and Traveller communities in Bradford District. A specialist midwife attends.

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### Implement the Workforce Race Equality Standard (WRES)

#### Key activities

- Following poor WRES results on BAME staff experience in 2016, the Board wanted to see specific action to address those concerns.
- A whole BAME electronic survey was undertaken and workshops with BME staff were facilitated by members of the BAME staff network.
- We carried out a survey in October 2016 which sought views of BAME staff about the four areas above. We also used eight questions from the "Culture of Care Barometer" to get a sense of culture that BME staff are working in. 310 BAME staff responded to the survey (over 30% of total BAME staff who could respond).
- We also asked staff to tell about other action that the Trust should take. 31 BAME staff participated in the workshops which were facilitated by members of the BAME staff network during December 2016 and January 2017.

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### Implement the Workforce Race Equality Standard (WRES)

#### Actions from key findings of survey and workshops

- Introducing Hate Crime reporting
- Developing Divisional/Department Advocates who will be members of staff who can be approached by those who have concerns which might include:
  - Discrimination
  - Harassment and bullying
  - Barriers to career development
  - Recruitment practices
  - Unhealthy work culture
  - Anything else that makes working life difficult
- Progression: Through the development of the advocate role to identify where particular barriers to career progression exist for staff. If barriers continue and progress is not made, we will look at reviewing the composition of interview panels.
- Targeted intervention with "hotspot" areas.
- Contribution made by diverse staff: There is fear among some BAME staff that as a result of Brexit, a political shift to the political right both in the UK and US and the rise of race based hatred, that the Trust needs to ensure that all staff are supported and valued by the Trust. It is proposed that the leadership team will continue to send messages that we support all our staff.

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Board of Directors: 11.01.2018

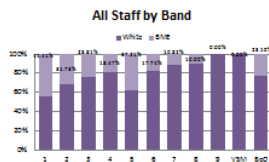
Agenda Item: Bo.1.18.19

## Implement the Workforce Race Equality Standard (WRES)

**NHS**  
Bradford Teaching Hospitals  
NHS Foundation Trust

Indicator 1: Percentage of staff in each of the A/C Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

- Our overall percentage of BME staff is 28.05%. This is an increase of 1.29% since our last WRES report
- Working with Divisions, there were large numbers of BAME who are "stuck" on Bands 5 and 6. We are also focusing on nursing bands, aiming to increase the opportunities for BME nurses to gain experience and progress from Band 5 to 6, 6 to 7 and 7 to 8+.



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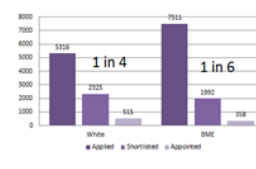
## Implement the Workforce Race Equality Standard (WRES)

**NHS**  
Bradford Teaching Hospitals  
NHS Foundation Trust

Indicator 2: Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts

- White people have a 1 in 4 chance whereas BME people have a 1 in 6 chance. This has worsened from last year when we reported that 1 in 5 BME people were appointed.
- The Director of HR and the Head of Equality and Diversity, will discuss the disparity with Divisions through performance meetings. If the widening trend continues, we will need to consider what further action is required to reduce the disparity.

Trust Wide Recruitment - All Bands  
April 2016 - March 2017



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## Implement the Workforce Race Equality Standard (WRES)

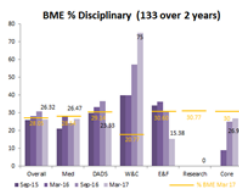
**NHS**  
Bradford Teaching Hospitals  
NHS Foundation Trust

Indicator 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (two year rolling average)

- 26.3% from BAME backgrounds, indicate that BME staff are less likely (0.92) to be disciplined than white staff. This is an improvement on 2016
- Human Resource Department to review the process for initiating formal disciplinary investigations in Women and Children's Division.

Indicator 4: Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff

- 72.38% of sessions were undertaken by white staff and 27.62% by BME staff. This means that white staff are very slightly more likely to access non-mandatory training and CPD than BME staff at 1.02.



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## Implement the Workforce Race Equality Standard (WRES)

**NHS**  
Bradford Teaching Hospitals  
NHS Foundation Trust

### Indicators 5-8 Staff Experience:

Staff survey indicator	White	BAME	White	BAME
	2016	2016	2015	2015
KF25: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	34%	29%	32%	48%
KF26: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	34%	28%	26%	34%
KF 21: Percentage believing that trust provides equal opportunities for career progression or promotion.	88%	80%	84%	78%
Q27: In the last 12 months have you personally experienced discrimination at work from any of the following? a) Manager/team leader or other colleagues	6%	17%	8%	36%

- We have devised an action plan to take forward the recommendations from the survey and workshops. We have an action plan that specifically focuses and responds to issues raised through the staff survey
- Indicator 9: Percentage difference between the Trusts' Board i. voting membership and its overall workforce and ii. Executive membership and its overall workforce: 23% of Board are from BAME backgrounds compared to 28% of the workforce.

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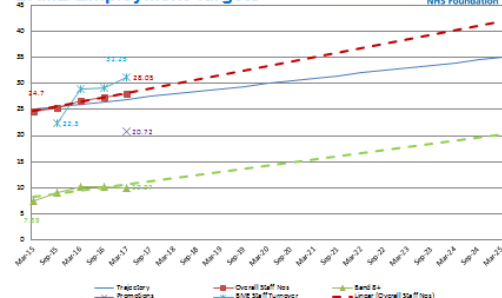
## BAME Employment Targets

**NHS**  
Bradford Teaching Hospitals  
NHS Foundation Trust

- Board of Directors 2015, set a target of 35% staff from BAME groups to reflect the local population (mirroring the target set by Bradford District Care Foundation Trust). BTHFT gave itself 10 years to achieve the target.
- The Board agreed to monitor progress every six months.

## BAME Employment Targets

**NHS**  
Bradford Teaching Hospitals  
NHS Foundation Trust



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## BAME Employment Targets

**NHS**  
Bradford Teaching Hospitals  
NHS Foundation Trust



- "Leading by Example" publication – BTHFT case study
- Workshop at national NHS Providers Conference Autumn 2015

- The enei Awards recognise and celebrate the achievements of organisations that have taken a lead in challenging discrimination and are working inclusively to tap into their talented workforce.



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Board of Directors: 11.01.2018

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Appendix 2

## Equality Objectives 2016-2020

### Performance against EDS2 scoring criteria

<b>Excelling</b>	Excelling if evidence shows that the objective has been completed and the organisation is sharing good practice.
<b>Achieving</b>	Achieving if evidence shows that good progress has been made against the objective
<b>Developing</b>	Developing if evidence shows that some progress has been made. Further action required.
<b>Under-developed</b>	Undeveloped if there is no evidence that any progress has been made against the objective.

Objective		Assessment	
		Self	Stakeholder
1.	Carry out a Gender Pay Gap Audit using a recognised audit framework.  Develop an action plan to address the findings of the audit.		Comment Assessment
2.	To implement the Accessible Information Standard (AIS).		Comment Assessment
3.	To improve BME service users access and experience of services. Identify four projects over the four years. One project will focus on Gypsy and Traveller health inequalities, experiences of maternity services, access to community hospitals.		Comment Assessment
4.	To increase awareness of mental health issues and to improve access and experience of mental health service users across the health economy.		Comment Assessment
5.	Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified.		Comment Assessment
6.	To implement the Workforce Race Equality Standard.		Comment Assessment
7.	To implement the recommendations in the Unhealthy Attitudes Stonewall Study and Equity partnership LGB&T Local Health Needs Assessment.		Comment Assessment
8.	To commit to employing at least a third of Project SEARCH Interns who have graduated from the programme		Comment Assessment