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Date	11 July 2019	Agenda item	Bo.7.19.51

Equality and Diversity Update – May 2019

Presented by	Pat Campbell, Director of Human Resources		
Author	Lorraine Cameron, Head of Equality and Diversity		
Lead Director	Pat Campbell, Director of Human Resources		
Purpose of the paper	To report on our performance against workforce equality standards, gender pay gap. It includes details of changes to the Equality Delivery System and the proposals to address the changes which change the focus to link in with the long term plan. It provides an update on our progress against our BAME Recruitment Targets and provides details of our progress against our equality objectives.		
Key control	No		
Action required	To note		
Previously discussed at/informed by	Workforce Committee		
Previously approved at:	Committee/Group	Date	
	None		

Key Options, Issues and Risks

The Equality Act 2010 requires us to take action to address inequality experienced by different groups. This report incorporates the action we have taken following the last equality update in November. We have to report on a number of metrics for the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES). Our draft submissions are included in this paper. We also have to report annually on our Gender Pay Gap (GPG). Our performance against other Acute Trusts in Yorkshire is included in this paper.

NHS England are finalising changes to the Equality Delivery System (EDS). This paper includes proposals for implementing those changes in partnership with local health partners. Changes to the EDS link in with the requirement for us to update our Equality Objectives, linking to the Local Term Plan which will help us take more focused action throughout the Trust.

In 2015 the Board of Directors agreed a set of targets for the Trust to reflect the ethnic diversity of the local population by 2025 and receive a six monthly progress against the equality targets. This report provides the September 2019 to March 2019 progress report. It also provides an update on our progress against our 2016-2020 equality objectives.

Analysis

We have compared ourselves against four other acute trusts in Yorkshire to determine our performance against the WDES. We came fourth out of five. We have also compared ourselves for the WRES and came third out of five. This report includes proposed action to improve our performance. Our overall GPG has increased but the bonus pay gap has reduced. With regard to BAME recruitment targets, we continue to exceed our projected target for all staff but continue to have challenges at Band 8+ recruitment and promotion. We have made good progress against five of our eight equality objectives.

Recommendation

The Workforce Committee is asked to note the content of this report:

- The draft WDES and WRES data submission and the action we intend to take to address the findings
- Our relative performance against other Trusts on the Gender Pay Gap and our proposals for narrowing the gap.
- Our performance between April 2018 and March 2019 against targets for achieving a workforce that reflects the local population
- The proposed changes to the Equality Delivery System and to note our progress against our equality objectives

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	<div> <div>Low</div> <div>Moderate</div> <div>High</div> <div>Significant</div> </div>					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	No Variance					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		No
Quality implications	Yes	
Resource implications		No
Legal/regulatory implications	Yes	
Diversity and Inclusion implications	Yes	

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
Care Quality Commission Domain: <i>Well Led</i>
Care Quality Commission Fundamental Standard: N/A
Other (please state): NHS Standard Contract

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
Yes					

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1 PURPOSE/ AIM

The purpose of this paper is to advise the Workforce Committee of our progress on equality and diversity activity and our draft submissions for the first Workforce Disability Equality Standard (WDES) and our fourth submission under the WRES.

It includes information on the proposed changes to the Equality Delivery System and how this links in to the Long Term Plan. These changes will impact on the decisions we need to make about setting our Equality Objectives for 2020-24 and our collaborative work with health colleagues across Bradford, Airedale, Wharfedale and Craven.

The report provides information on our Gender Pay Gap and how we compare with other Acute Trusts across Yorkshire and Humber.

It also includes the annual update on our equality targets, for achieving a workforce more reflective of the local BAME population.

The report also provides an update on our performance against the equality objectives.

2 BACKGROUND/CONTEXT

2.1 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.

2.2 The 2019/20 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, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non-medical characteristics, except as permitted by 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). We must carry out an annual audit of compliance with this

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obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.

- 13.3 comply with the obligations contained in section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties) Regulations and section 6 of the HRA.
 - 13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, we must provide a plan setting out how we will comply with our obligations.
 - 13.5 We must implement EDS2.
 - 13.6 We must implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on our progress in implementing that standard.
 - 13.7 In accordance with the timescale and guidance to be published by NHS England, we must:
 - 13.7.1 implement the National Workforce Disability Equality Standard; and
 - 13.7.2 report to the Co-ordinating Commissioner on progress.
 - 13.8 In performing our obligations under this Contract, we must use all reasonable endeavours to support the Commissioners in carrying out their duties under the 2012 Act in respect of the reduction of inequalities in access to health services and in the outcomes achieved from the delivery of health services.
- 2.3 This is the first time that the Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data based standard that uses a series of measures (metrics) to improve the experience of disabled staff in the NHS. It is comprised of 10 metrics. Appendix 1 provides details of our draft data.
 - 2.4 The WRES seeks to tackle one particular aspect of equality – the consistently less favourable treatment of the BAME workforce - in respect of their treatment and experience. It draws on research about both the scale and persistence of such disadvantage and the evidence of the close links between discrimination against staff and patient care. Appendix 2 provides details of our draft data.
 - 2.5 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 Workforce Committee receive regular updates on our progress against EDS2. There are eighteen goals attached to EDS2. The EDS is currently being reviewed. Details are provided in Appendix 5.

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- 2.6 The WDES, WRES, and EDS2 are complementary but distinct. The indicators used in the WDES, WRES, and the progress made in closing the gap, will assist us in implementing the EDS.
- 2.7 It became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG) by end of March 2018. We published our second Gender Pay Gap on 6 March 2019. Appendix 4 outlines our performance.
- 2.8 Progress on proposed action from the last Equality Update (November 2018)

Proposal	Progress
Devise an action plan to address concerns of staff with long term health conditions or disability.	The most significant concern raised through the survey was concerns about the attendance management policy. It was agreed to devise a disability equality policy to address this. A task and finish group has met three times to draft the policy. It is hoped that the policy can be consulted on in June 2019. We have also contacted all staff in the Trust and asked for involvement in addressing concerns. 85 members of staff responded asking to be involved in this work. Of these, 45 attended two sessions on 21 May to start an ongoing dialogue on this priority area.
Draft equality plan following discussion with staff networks	The equality plan has been published and is being disseminated throughout the Trust.

3 PROPOSAL

Workforce Disability Equality Standard: Devise action plan from the finding and narrative contained in Appendix 1.

Workforce Race Equality Standard: Devise action plan from the finding and narrative contained in Appendix 2.

Gender Pay Gap: Take action to reduce the gap in by overall GPG and bonus pay gap as recommended through the following Government Equalities Office publications:

- “Eight ways to understand your organisation’s gender pay gap”
- “Four steps to developing a gender pay gap action plan”

BAME Recruitment Targets: Identify further action that the Trust can take to reduce the gap at Bands 8+ in conjunction with senior BAME staff.

Equality Objectives: to note progress and specific concerns raised regarding Accessible Information Standard.

4 RISK ASSESSMENT

The proposals contained in this paper will ensure we are taking action to meet our obligations under the Equality Act which includes a general duty to eliminate unlawful

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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.

There is a risk associated with the full implementation of the Accessible Information Standard, as this is a requirement of the Standard Contract (Service Condition 12.3). However, the Chief Nurse has set up a task and finish group to bring together all parties in addressing this.

5 RECOMMENDATIONS

The Workforce Committee is asked to note the content of this report and the proposed action to address findings in the following areas:

- The draft WDES and WRES data submission and the action we intend to take to address the findings
- Our relative performance against other Trusts on the Gender Pay Gap and our proposals for narrowing the gap.
- The proposed changes to the Equality Delivery System
- Our progress against our equality objectives
- Our performance between April 2018 and March 2019 against targets for achieving a workforce that reflects the local population.

6 Appendices

Appendix 1 - Workforce Disability Equality Standard - Draft performance against the 10 metrics

Appendix 1a provides the detail of the 10 metrics

Appendix 2 - Workforce Race Equality Standard - Draft performance against the nine metrics

Appendix 3 - Gender Pay Gap provides an update on our Gender Pay Gap and how we compare to regional partners.

Appendix 4 - BAME Recruitment and Experience Targets (annual target progress report) provides details of our performance against our targets.

Appendix 5 – Update on Equality Objectives and Proposals for EDS

Appendix 5a – Progress report on our Equality Objectives 2016-2020

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Appendix 1

1. WORKFORCE DISABILITY EQUALITY STANDARD (WDES)

1.1 The WDES has been mandated, through the NHS Standard Contract under Service Condition 13.7 (see 1.2 above). The timetable for implementation, in this first year is as follows:

- Between May-June 2019, NHS England will publish the WDES online reporting form on the NHS England website and will send NHS Trusts and Foundation Trusts a pre-populated WDES Spreadsheet.
- Between June-August we need to:
 - Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service.
 - Complete and submit the WDES online reporting form by 1 August 2019.
- Between August-September we need to publish our WDES Metrics and action plan on our website. The Workforce Committee is asked to approve the draft data submitted here, which may be subject to slight amendment following receipt of the WDES spreadsheet.

1.2 Appendix 1a gives the details of the metrics that we must report on. We will not be able to confirm our submission until we receive the pre-populated WDES spreadsheet so below is our draft response to the Metrics. Below is our draft WDES response.

1.3 Metric 1: Percentage Staff in post:

	Clinical		Non-Clinical		Not Declared
	Disabled	Non-Disabled	Disabled	Non-Disabled	
Bands 1-4	31	853	69	1295	285
Bands 5-7	82	1954	18	330	255
Band 8a-8b	4	160	5	71	16
Bands 8c,8d,9 and VSM	0	24	1	25	7
M&D Consultants	4	263	0	1	41
M&D Non-Consultants	0	79			8
M&D trainees	11	329			17

Narrative: 226 staff have identified themselves as disabled which makes 3.6% of the total. This compares to 359 staff who told us in the 2018 staff survey that they are disabled. 630 staff (10.1%) of staff did not declare their disability status by responding: "Prefer not to answer", "Not declared" or "unspecified". 3.5% of clinical staff who declared, stated they were disabled compared to 5.1% of non-clinical staff.

1.4 Metric 2: Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

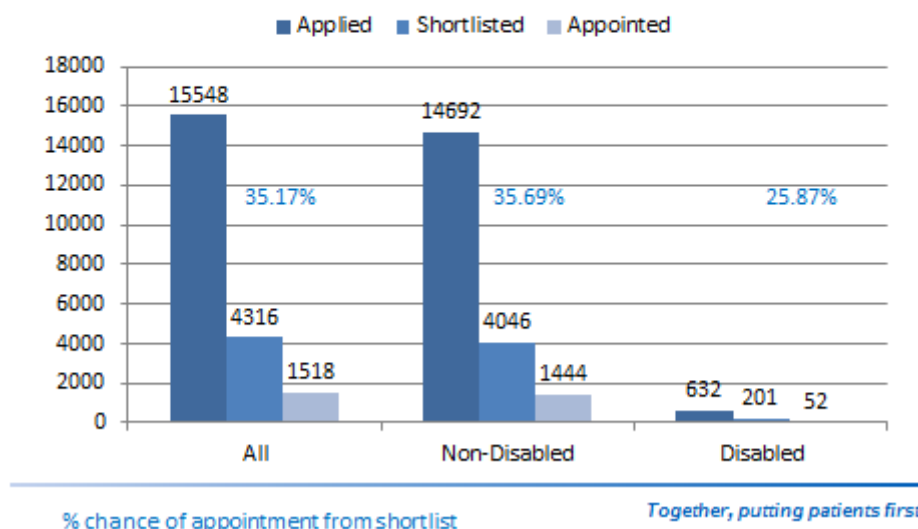
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Recruitment – Disability

All Posts – April 2018-Mar 2019



Bradford Teaching Hospitals
NHS Foundation Trust



Narrative: Whilst the overall number of candidates declaring themselves as disabled is low, there is evidence to suggest that disabled people are less likely to be appointed from shortlist (1 in 3.87 chance) compared to non-disabled people (1 in 2.80 chance).

1.5 Metric 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Narrative: 18 staff entered formal capability from April 2017 to March 2019. Of these, two are disabled people, which represent 11% of the total. As the numbers of staff who have told us they are disabled is extremely low 3.6%, these figures must be treated with caution.

1.6 Metrics 4-9: Staff Survey 2018 results. 353 respondents to our national NHS survey identified as disabled people compared to 1646 who stated they were non-disabled. This means that 17.7% of total respondents identified as disabled.

		Disabled	Non-disabled
Metric 4	Experiencing harassment, bullying or abuse from:		
	a. Patients Service Users	34.3	25.1
	b. Managers	19.4	10.1
	c. Colleagues	21.1	15.7
	The last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	50.7	43.6
Metric 5	Believing that the Trust provides equal	78.8	84.4

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	opportunities for career progression or promotion.		
Metric 6	Felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	33.6	21.7
Metric 7	Satisfied with the extent to which their organisation values their work	41.5	51.9
Metric 8	Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	68.1	
Metric 9	a. Staff engagement score (overall 7.1)	6.8	7.2
	b. Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? Yes. Four practical examples are: <ul style="list-style-type: none"> We carried out an in-house electronic survey among staff with long term health conditions or disability July and August 2018. We received 131 responses and are taking action to address the findings We support Enable, our network for staff with long term health conditions or disability The Chair of Enable, is a key member of our Disability Equality and Disability Leave Policy Task and Finish Group as well as the broader Diversity Workstream The Director of Human Resources held a first consultation exercise to develop the action plan which arises from the findings of this WDES data and our relative position compared to four other Trusts. 45 members of staff attended. 		

Narrative: With the exception of reporting harassment and bullying, disabled staff report worse experience compared to non-disabled staff across all metrics. We carried out a benchmarking exercise across five Yorkshire Trusts, coming fourth out of five against these metrics. Comparing ourselves to the other Trusts we performed **worst** for:

- Experiencing harassment, bullying or abuse from:
 - Patients Service Users
 - Managers
- Believing that the Trust provides equal opportunities for career progression or promotion
- Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

1.7 Metric 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

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	Total Board Membership	i.Voting membership	ii.Executive membership
Total	16	12	8
Non-Disabled	15	11	8
Disabled	1	1	0
Workforce	3.6%		
Disabled +/-	+2.65%		

Narrative: As at March 2019, there was one disabled person on the Board of Directors.

- 1.8 Nothing about us without us:** One of the main tenets of the WDES is that there should be no decisions that affect disabled people, without their involvement. We therefore organised a meeting to start to engage with our staff to address the concerns raised through these metrics and our performance against other acute trusts. 45 members of staff attended two meetings hosted by the Director of HR, with another 40 stating they wanted to be involved in this work.
- 1.9 Action Planning:** At the meetings, participants came up with a large number of recommendations for making improvements which will be considered by the Diversity Workstream at the next meeting in June 2019. We will then produce an action plan that will address the issues raised through these Metrics. The Action Plan will be included in the next equality update in November 2019.

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Appendix 1a

WDES Metrics

Metric 1: Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

Cluster 1: AfC Band 1, 2, 3 and 4

Cluster 2: AfC Band 5, 6 and 7

Cluster 3: AfC Band 8a and 8b

Cluster 4: AfC Band 8c, 8d, 9 and VSM (including Executive Board members)

Cluster 5: Medical and Dental staff, Consultants

Cluster 6: Medical and Dental staff, Non-consultant career grade

Cluster 7: Medical and Dental staff, Medical and dental trainee grades

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

Metric 2: Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

Note:

i) This refers to both external and internal posts.

ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

Metric 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. Note:

i. This Metric will be based on data from a two-year rolling average of the current year and the previous year.

ii. This Metric is voluntary in year one.

Metric 4: a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i. Patients/service users, their relatives or other members of the public

ii. Managers

iii. Other colleagues

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Metric 5: Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

Metric 6: Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Metric 7: Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Metric 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

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Metric 9: a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

Disabled staff engagement score is 6.8, non-disabled staff engagement is 7.2, overall engagement score is 7.1

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Note: For your Trust's response to b)

If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.

If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.

Metric 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

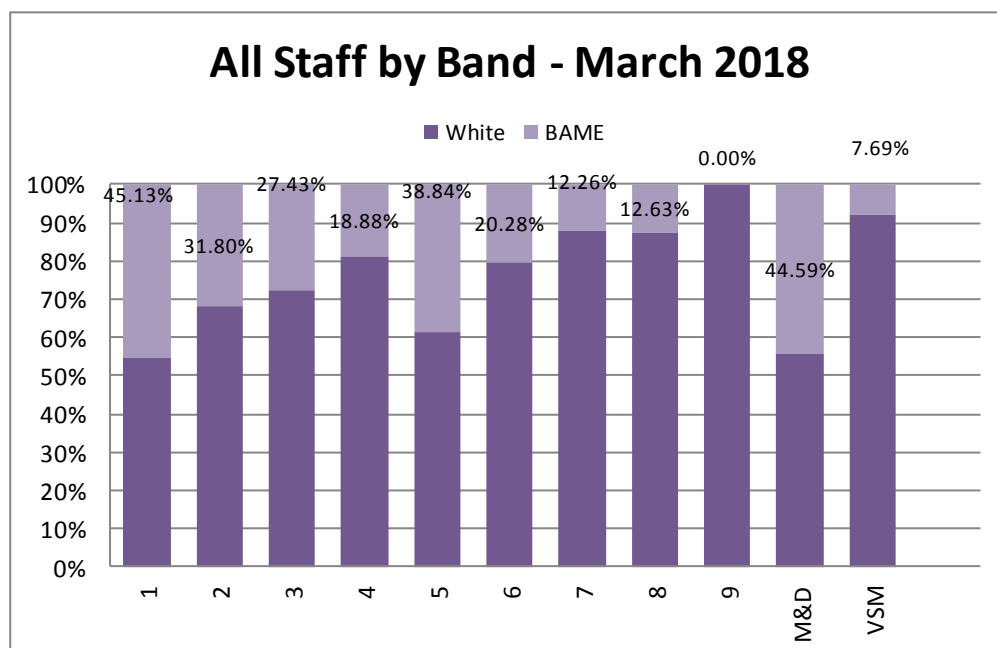
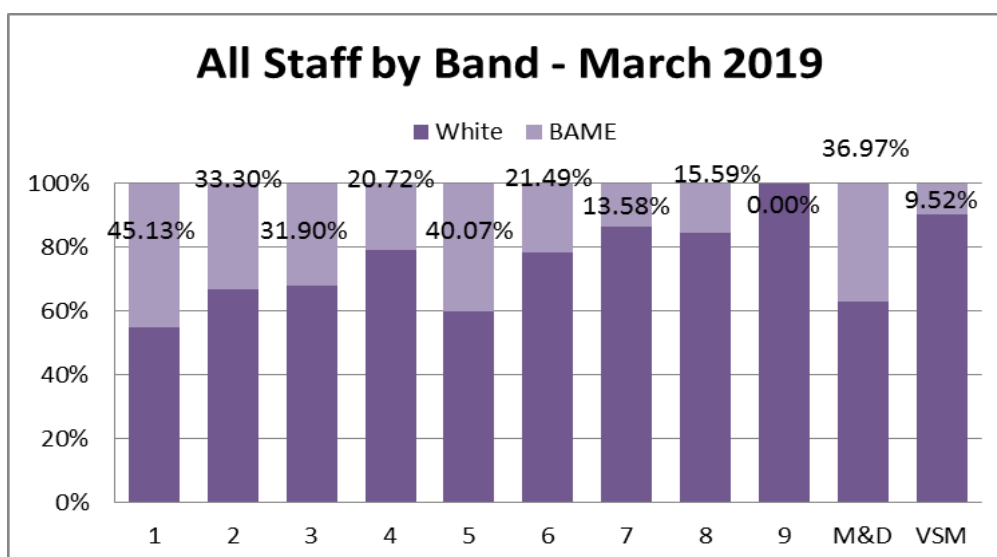
- By voting membership of the Board.
- By Executive membership of the Board.

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Appendix 2

WORKFORCE RACE EQUALITY STANDARD PERFORMANCE 2019

- 1.1 There have been no significant changes in the Indicators since last year. We must submit our data by 30 August 2019 via NHS Digital Strategic Data Collection Service so that progress can be measured at national level. In addition, we will publish our report on our website by 27 September deadline. We will receive the WRES data report in December 2019.
- 1.2 **Indicator 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.**



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Narrative: Our overall percentage of BAME staff is 30.16%. This is an increase of 0.89% since our last WRES report was produced, which puts us ahead of our trajectory employment target of 35% for overall staff numbers reflecting the ethnic diversity of our local population. The graphs above shows the percentage of staff at each of the pay bands and medical and dental staff and the differences across the two years. These show an overall increase in the percentage of BAME staff across bands 3-8 and VSMs and a reduction in Bands 2 and among medical and dental staff (please note the M&D percentages need to be verified as the reduction is significant).

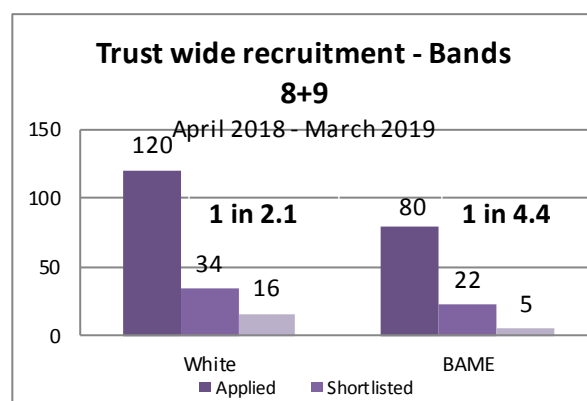
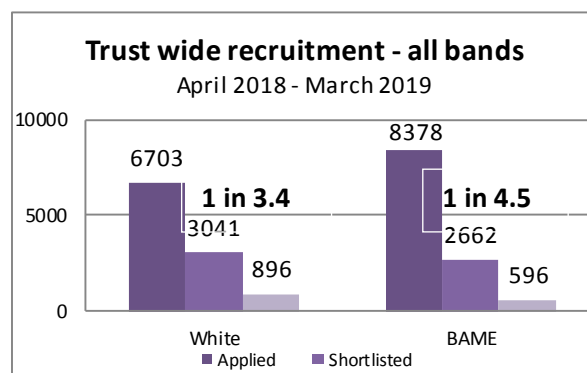
Action: The Head of Equality and Diversity and Director of HR will continue to work with care groups to identify action to continue to increase the percentage of BAME staff, particularly above Band 5.

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

Narrative: Across all bands, white candidates have a 29.5% chance of being appointed to jobs for which they have been shortlisted

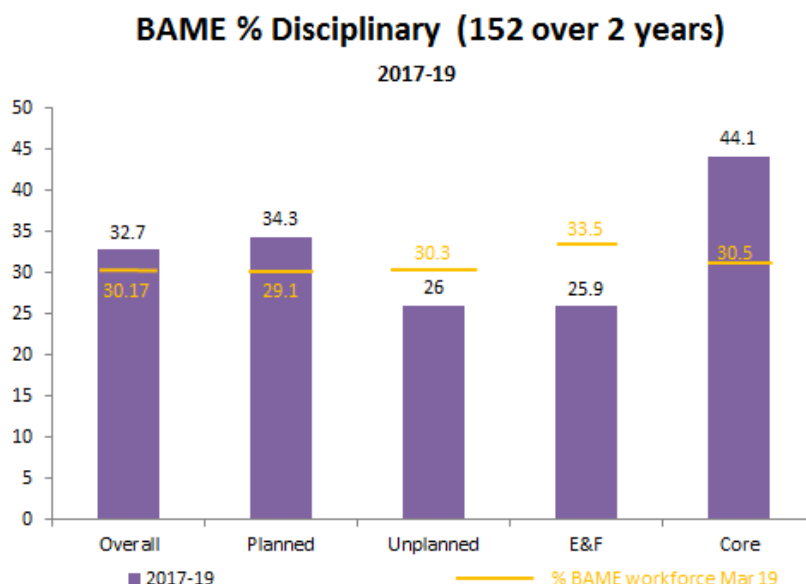
compared to a 22.4% chance for BAME candidates. There has been little change in the chance of appointment from interview compared to last year. For Bands 8+9, white candidates have a 47% of being appointed compared to BAME candidates who have a 22.7% chance. Since November 2018 we have had Senior BAME staff sitting on interview panels.

Action: Work with BAME senior staff to ensure that recruitment practices are fair.



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

Narrative: A total of 152 staff entered the disciplinary process between April 2017 and March 2019, of whom we know the ethnicity of



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147. 99 white and 48 BAME staff entered the process in the past two years. 32.7% were from BAME backgrounds, which indicate that BAME staff are more likely (1.12) to be disciplined than white staff. This is a similar position to last year (1.1). In Core departments (including pharmacy) BAME staff are 1.83 times more likely to enter formal disciplinary processes.

Action: Human Resource Department to prioritise review of Core Departments to determine why there is the disparity and review the outcomes of disciplinary process to determine outcomes (with a view to determining why there is a disparity).

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

Narrative: There were 3,013 in-house non-mandatory training sessions between April 2018 and March 2019. Of those, we know the ethnicity of 2,950 (97.91%) 73.15% of sessions were undertaken by white staff and 26.85% by BAME staff. This means that white staff are 1.18 times more likely to access non-mandatory training and CPD compared to BAME staff. This is the third year that the figures indicate that white staff are more likely to access non-mandatory training.

When comparing this to the 2018 staff survey results, we get the following results:

Staff Survey question	White	BAME
Appraisal, annual review, or development review in the last 12 months	89.5%	88.8%
Training, learning or development needs identified	68.7%	75.5%
Manager support to receive training, learning, development	57.2%	52.2%
Had (non-mandatory) training, learning or development in the last 12 months	68.7%	69.7%

*We are awaiting data for staff being supported through courses at the University of Bradford

Action: Work with the education department care groups to ensure that staff are supported to undertake training, learning and development .

1.6 **Staff Experience Indicators 5-8:** The WRES data compares BAME and white staff experience across four indicators. The table below compares perception of BAME and white staff to the four indicators. The experience of BAME staff has improved since the last staff survey results in three out of four of the indicators, but the overall experience of BAME staff remains worse for all the four indicators.

Staff Survey Indicator	White	BAME	White	BAME	White	BAME
	2018		2017		2016	
KF25: Percentage experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	27%	26%	26%	28%	34%	29%
KF26: Percentage experiencing harassment, bullying or abuse from	22%	24%	22%	27%	24%	28%

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Staff Survey Indicator	White	BAME	White	BAME	White	BAME
	2018		2017		2016	
staff in the last 12 months.						
KF21: Percentage believing that the trust provides equal opportunities for career progression or promotion.	87%	71%	89%	68%	88%	80%
Q27: In the last 12 months, have you personally experienced discrimination at work from any of the following? b) manager/team leader or other colleagues	6%	14%	6%	14%	6%	17%

Narrative: Encouragingly, there is a positive trend against three of the four WRES indicators, with the fourth indicator remaining static. The widest gap in differential experience is the percentage of staff who believe the trust provides equal opportunities for career promotion or promotion. In November 2018 we introduced a new requirement that a senior BAME member of staff sit on all interview panels for posts at Bands 8&9. The gap between staff experiencing harassment, bullying and abuse is narrowing between white and BAME staff. There has been a significant reduction in BAME staff experiencing abuse from other staff and we are well below the national average for such experience.

Action: We need to work on the perception that we are not an equal opportunities employer for career progression or promotion, highlighting the positive action we are taking to address inequality where it exists.

1.7 Indicator 9: Percentage difference between the Trusts' Board i. voting membership and its overall workforce and ii. Executive membership and its overall workforce.

Narrative: As at March 2019, there were 16 members on the Board of Directors.

	Total Board Membership	i.Voting membership	ii.Executive membership
Total	16	12	8
White	81.25% (13)	75% (9)	100% (9)
BAME	18.75% (3)	25% (3)	0% (0)
Workforce		30.16%	
% BAME +/-		-11.4%	

Action: To review every appointment as it arises and seek to ensure that we continue to strive to have a Board of Directors that reflects the diversity of the local population.

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Appendix 3

GENDER PAY GAP (GPG)

- It became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG) by end of March 2018. We published our second Gender Pay Gap on 6 March 2019. [The report is published here for information](#). We have regional comparisons for our performance for 2019.
- Average and Median Pay Rate**

Average and Median Pay Rate						
Name of Trust	Women's Hourly Rate (Pay gap)		Diff +/-	Women's Median Rate (Pay gap)		Diff +/-
	2017	2018		2017	2018	
Airedale	31.2	37.1	+5.9	19.6	22.8	+3.2
Barnsley	30	37.5	+7.5	10.5	22.2	+11.7
BTHFT	27.3	31.3	+4	3.2%	10.1	+6.9
Doncaster Bassetlaw	45.1	37.2	-7.9	28.4	25.7	-2.7
Doncaster Children's	13.1	11.0	-2.1	8.2	8.0	-0.2
Harrogate and District	25.4	31.8	+6.4	0	15.2	+15.2
Hull and East Yorks	32.9	30.7	-2.2	22.9	15.1	-7.8
Leeds Teaching	27.9	27.3	-0.6	9.4	9.1	-0.3
Mid Yorkshire	34	30.2	-3.8	21.8	16.3	-5.5
Rotherham	26.1	24.7	-1.4	13.8	10.6	-3.2
Sheffield Children's	20.2	23.6	+3.4	9.3	15.6	+6.3
Sheffield Teaching	24.1	23.7	-0.4	10.2	9.2	-1.0
York Teaching	28.7	27.7	-1.0	9.5	9.4	-0.1

Narrative: Comparing our performance to our regional neighbours we are 7th for hourly pay gap (out of 15). We have the 2nd lowest median pay gap.

- Bonus Reporting:** The only group of staff who receive a bonus are Consultants, through Clinical Excellence Awards (CEA).

Bonus Reporting						
Name of Trust	Female Gap		Diff +/-	Median Bonus Gap		Diff +/-
	2017	2018		2017	2018	
Airedale	29.8	32.0	+2.2	34.7	33.3	-1.4
Barnsley	80.5	79.3	-1.2	96	95.9	+0.9
BTHFT	45.8	40.4	-4.4	33.3	33.3	=
Doncaster Bassetlaw	+7.9	+7.8	-0.1	+50	+22.4	-27.6

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Bonus Reporting						
Name of Trust	Female Gap		Diff	Median Bonus Gap		Diff
Harrogate and District	23.8	19.1	-4.7	42	8.4	-33.6
Hull and East Yorks	61	67.8	+6.8	99.4	99.5	+0.1
Leeds Teaching	39.6	34.6	-5.0	34.5	35.0	+0.5
Mid Yorkshire	37.4	37.8	+0.4	33.3	33.2	-0.1
Northern Lincs and Goole	93.1	51.7	-41.4	95	49.0	-46.0
Rotherham	16.1	6.8	-9.3	33.3	33.3	=
Sheffield Children's	46.5	46.0	-0.5	14.8	11.0	-3.8
Sheffield Teaching	73.9	76.0	+2.1	94.3	92.0	-2.3
York Teaching	39.6	39.2	-0.4	33.3	50.0	+26.7

Narrative: Comparing our performance to our regional neighbours we are 8th for bonus pay gap and (out of 14). We have the joint 4th lowest median bonus gap.

4. **Quartile Reporting:** Quartile 1 represents the lowest paid staff, quartile 2, lower middle, quartile 3, upper middle and quartile 4 the highest paid staff.

Name of Trust	Q1 -2018 (2017) Diff	Q2 2018 (2017) Diff	Q3 - 2018 (2017) Diff	Q4 - 2018 (2017) Diff	%Female (2017) Diff
Airedale	88.2 (82) +6.2	87.6 (86.9) +0.7	87.2 (86) +1.2	68.4 (67.9) +0.5	83.0 (80.7) +2.3
Barnsley	87.3 (82) +5.3	87.2 (87) +0.2	87.9 (85) +2.9	67.6 (70) -2.4	82.5 (81) +1.5
BTHFT	77.0 (75.9) +1.9	81.1 (80.5) +0.6	82.8(84.6) -1.8	67.0 (66.7) +0.3	77.0 (76.9) +0.1
Doncaster Bassetlaw	86.2 (86.7) -0.5	87.6 (88.5) -0.9	88.6(87.3) +1.3	68.6 (67.6) +1.0	82.8 (82.5) +0.3
Doncaster Children's	90.0 (89.5) +0.5	80.0 (83.7) -3.7	86.0 (83) +3.0	77.0 (78.8) -1.8	83.3 (83.7) -0.4
Harrogate and District	87.8 (78.7) +9.1	87.8 (83.9) +3.0	89.2(90.1) -0.9	72.5 (73) -0.5	84.3 (81.4) +2.9
Hull and East Yorks	81.0 (81.1) -0.1	83.0 (85.8) -2.8	81.7(81.1) +0.6	61.8 (61.1) 0.7	76.9 (77.3) -0.4
Leeds Teaching	77.0 (76) +1.0	79.2 (79) +0.2	82.7 (82) +0.7	63.8 (61) +2.8	75.7 (74.5) +1.2
Mid Yorkshire	85.5 (87.1) -1.6	84.2 (87.3) +3.1	86.2(87.7) +1.5	69.6 (69.3) +0.3	81.4 (82.8) -1.4
Northern Lincs and Goole	84.8 (84.1) +0.7	87.3 (83.8) +3.5	86.6(87.1) -0.5	65.5 (68.3) -2.8	81.0 (80.8) +0.2
Rotherham	83.9 (86.1)	87.1 (85.6)	86.5(87.6)	74.2 (74.5)	82.9 (83.4)

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Name of Trust	Q1 -2018 (2017) Diff	Q2 2018 (2017) Diff	Q3 - 2018 (2017) Diff	Q4 - 2018 (2017) Diff	%Female (2017) Diff
	-2.2	+1.5	-1.1	-0.3	+0.5
Sheffield Children's	84.6 (84.5) +0.1	85.4 (84.7) +0.7	86.4(87.4) -1.0	73.3 (75.5) -1.2	82.4 (83) -0.6
Sheffield Teaching	78.0 (78.3) -0.3	81.0 (80.5) +0.5	83.0(83.3) -0.3	65.0 (64.5) +0.5	76.8 (76.7) +0.1
York Teaching	79.8 (79.6) +0.2	82.2 (82.2) =	84.8(85.8) -1.0	70.0 (68.2) +1.2	79.2 (78.9) +0.3

Narrative: In BTHFT, 77.0% of the workforce is female. There has been an increase in the percentage of women quartile 1, which brings the proportion in this quartile in line with percentage of women employed. For the second year, there is over-represented in quartiles 2&3 and under-represented by just over 10% among the highest paid staff.

5. We are taking action to reduce the gap in by overall GPG and bonus pay gap as recommended through the following Government Equalities Office publications:

- "Eight ways to understand your organisation's gender pay gap"
- "Four steps to developing a gender pay gap action plan"

Clinical Excellence Awards

- Masterclasses
- Encouraging females to apply
- No pro rata payments for consultants on 6PAs
- Review of flexible working policy

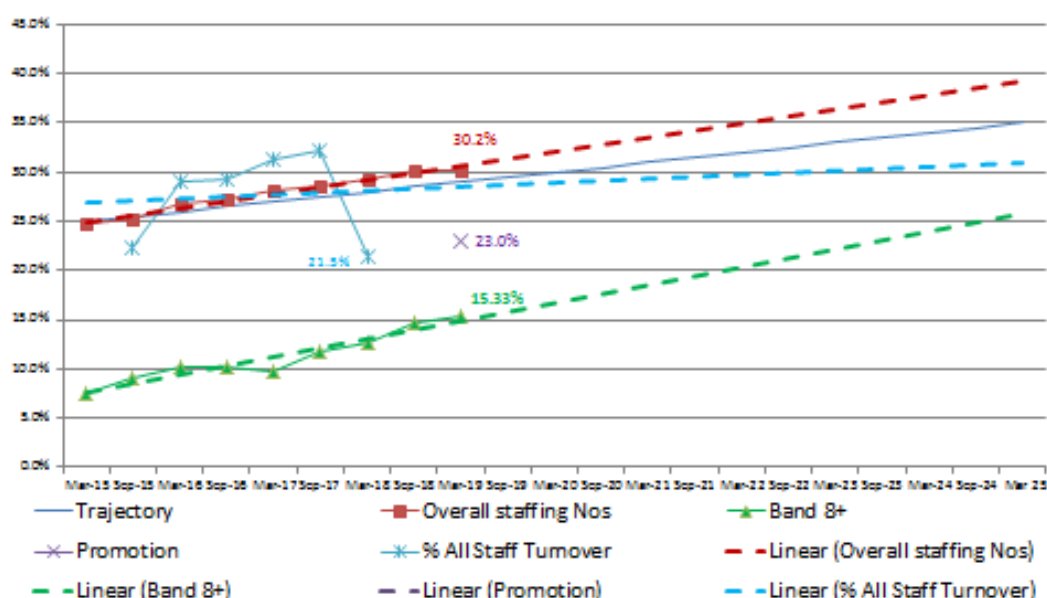
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Appendix 4

BAME RECRUITMENT AND EXPERIENCE TARGETS (ANNUAL TARGET PROGRESS REPORT)

- 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 March 2018. The staff experience targets from the Staff Survey are included.
- 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
 - % BAME of all staff leavers
- The graph below show the current status of all the above indicators:

BAME Recruitment & Retention data analysis – March 2019



- Overall Workforce:** There are 5881 staff in the trust of whom 5757 have declared their ethnicity. There has been an overall increase of 0.9% in the proportion of BAME staff in the last 12 months. Whilst this is below our target of 1% each year, it still puts

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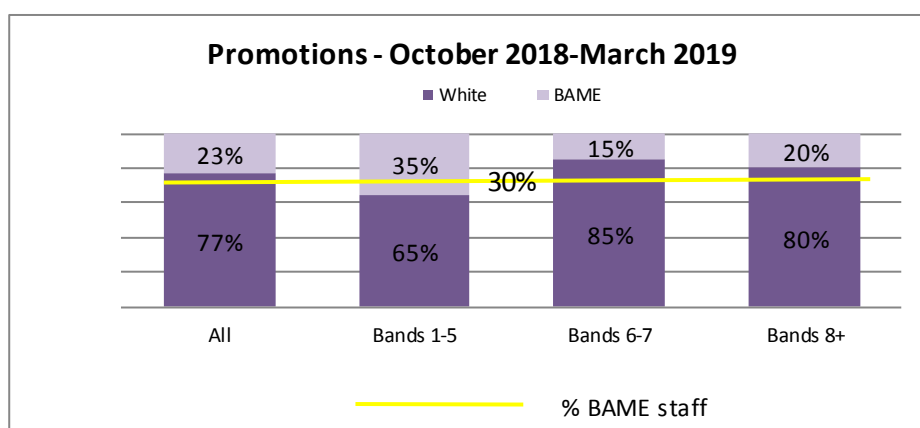
us ahead of trajectory for overall staffing numbers. If the current rate trajectory continues, we will exceed our overall BAME workforce target by around 4%.

	March 2019		March 2018		March 2017		March 2016	
	No	%	No	%	No	%	No	%
White	4020	69.83	4127	70.73	4115	71.95	4100	73.19
BAME	1737	30.17	1708	29.27	1612	28.05	1502	26.81

5. **Overall Band 8+ Senior Managers:** There are 307 Band 8-9 staff of whom 300 have declared their ethnicity. There has been an increase of 2.92% in the overall percentage of BAME staff in these posts compared with the same time last year. The overall number of white staff has remained static over the last 12 months but the number of BAME staff has risen by 10. Based on this percentage increase, and assuming a similar % increase each six months, we would fall short by 9%. Whilst this is an improvement in the 13% gap we reported in March 2018, it would still mean we would fail our target of having a senior management workforce of 35% BAME by 2025.

	March 2019		March 2018		March 2017		March 2016	
	No	%	No	%	No	%	No	%
White	254	84.66	254	87.59	244	90.04	247	89.82
BAME	46	15.33	36	12.41	27	9.96	28	10.18

6. **Staff Promotions:** There has been inconsistency in how we measure promotion. This is now been clarified. Between October 2018 and March 2019, 102 staff were promoted, of whom we know the ethnicity of 100. 23% are from BAME backgrounds, which is under the 30% of BAME staff in the Trust. The graph below shows that there is a concentration of BAME staff being promoted within Bands 1-5 and under-representation at other levels.



7. **Staff Leavers:** 630 staff left the Trust between 1 April 2018 and 31 March 2019 of whom we know the ethnicity of 611. 150 of those who left were BAME which represents 24.55% of the total. It would be expected that just over 30% of those leaving would be from BAME backgrounds. Although the figure is higher than that reported this time last year, it is still positive and is encouraging.

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8. **Trajectory progress:** Below is a graphic illustration of the progress we are making against our BAME employment targets.
9. **BAME staff experience:** It was agreed in February 2015 that we would analyse annually other workforce data to review BAME staff experience rates. The WRES data compares BAME and white staff experience across four indicators and is shown in Appendix 2 above.
10. **Conclusion:** The April 2018 to March 2019 data is positive in relation to the overall numbers of BAME staff, promotion and leavers. However, should the trend shown in the data continue, we will fail our ten year target in relation to BAME staff:
 - Band 8+ Senior Managers

This has been a persistent area of concern. To address this, in November 2018, we instigated a new process whereby a senior BAME member will sit on all interview panels for recruitment to Band 8&9 posts. It is too early to determine whether this will have a positive impact on the numbers of BAME staff at this level. However, BAME staff who are now sitting on interview panels form a cohort of senior staff who will help us identify the action we need to take to reduce the gap.

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Appendix 5

PROPOSALS FOR EDS AND UPDATE ON EQUALITY OBJECTIVES

1. NHS England Equality and Diversity Council are currently leading on developing a new version of the EDS. A workshop of senior leaders to shape the framework took place in Leeds on 29 March 2019. In summary, the parts of the EDS that are staying the same are:
 - Emphasis that the EDS remains an improvement tool
 - Focus on patients, staff and leadership
 - Need to involve
 - patients, the public, community and voluntary organisations in reviewing services outcomes
 - staff networks and unions when reviewing workforce outcomes and primacy of these stakeholder views
 - Rating system from undeveloped to excelling
 - Need to publish results on website
 - Act on the results

It is intended that the EDS (3) will be leaner and more flexible to enable organisations to tailor it to their needs and focus on specific priorities for bigger impact.

The proposals make a clear link between EDS and the NHS Long Term Plan which sets out the direction of travel and priorities for equality work.

2. A separate report is being prepared on how to implement the changes and link these to our Equality Objectives which need to be developed by April 2020.
3. Below is a progress report on our performance against our existing Equality Objectives.

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Appendix 5a

Progress Report on Equality Objectives 2016-2020

Objective		SMART Target	Progress at March 2019	EDS2	PC
1.	<p>Carry out a Gender Pay Gap Audit using a recognised audit framework.</p> <p>Develop an action plan to address the findings of the audit.</p>	<p>Audit to be completed once final guidance issues</p> <p>Action plan (including SMART target to reduce the gap) to be developed by September 2017</p> <p>Reporting becomes mandatory April 2018</p>	<p>We have completed our second audit. We have already undertaken action from the first report regarding Clinical Excellence Awards</p> <ul style="list-style-type: none"> • Masterclasses • Encouraging females to apply • No pro rata payments for consultants on 6PAs <p>We are also reviewing of flexible working policy.</p>	3.2	Gender
2.	To implement the Accessible Information Standard (AIS).	<p>Audit for compliance to be devised but may include:</p> <ul style="list-style-type: none"> • Measurement of staff routinely ask patients about their access requirements. • Reduction in complaints etc 	<p>We have made progress to implement the AIS. The Chief Nurse has set up a task and finish group to bring together all parties to fully implement the AIS.</p>	2.1 2.2 2.3	Disability
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	<p>Year 1 Target:</p> <ul style="list-style-type: none"> • Contribute towards the funding of the Gypsy and Traveller Health Event • Ensure midwifery and equality and diversity presence at the event • Implement the actions that come out of the event, particularly around how to have more regular contact on the Mary Street site. 	<p>Interpreting</p> <ul style="list-style-type: none"> ▪ 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. <p>Gypsy and Traveller health Inequalities Project</p>	2.1 2.2 2.3	Ethnicity

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Objective		SMART Target	Progress at March 2019	EDS2	PC
	community hospitals.	Year 2, 3 and 4 Targets to be identified in consultation with VCS.	<ul style="list-style-type: none"> 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. <p>Due to our concentrating on employment issues, we have not made the progress we would have liked on this objective. However, we aim to ensure that this addressed going forward from 2020 through to proposed approach to implementing the new EDS, linking in to the Long Term Plan (see Section 4. of this report)</p>		
4.	To increase awareness of mental health issues and to improve access and experience of mental health service users across the health economy.	This will focus on the specific groups identified in the consultation – perinatal mental health, tackling stigma, women's mental health, particularly BME women, physical health, young people and mental health awareness.	<p>In additional to working in partnership on the Mental Wellbeing in Bradford District and Craven Strategy</p> <ul style="list-style-type: none"> 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 	2.1 2.2 2.3	Age Disability Ethnicity Gender Pregnancy /maternity Sexual Orientation

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Objective		SMART Target	Progress at March 2019	EDS2	PC
			<p>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.</p> <ul style="list-style-type: none"> ▪ 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 		
5.	Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified.	<p>The NHS Workforce Disability Equality Standard will become part of the standard contract from 2018, with a preparatory year beginning April 2017. BTHFT has undertaken the Disability Standard self-assessment which has resulted in a set of actions to improve disabled patient and staff experience and outcomes.</p> <p>SMART targets will be produced once the Metrics are issued by NHS England</p>	<p>The Head of Equality and Diversity devised a benchmarking tool for Yorkshire Acute Trusts which is being replicated for other NHS sectors across Yorkshire and Humber. The benchmarking data has highlighted that we need to accelerate action to improve the working lives and opportunities for disabled staff.</p> <p>The Director of HR wrote to all staff to seek involvement in a new group to tackle inequality. Over 80 staff have expressed an interest and the first meetings took place on 21 May. Our draft WDES data is shown in Section 2 of the report.</p>	3.1 3.3 3.4 3.5 3.6	Disability
6.	To implement the Workforce Race Equality Standard.	By 2025 to have a workforce that reflects the local population at all levels. BME people have the same likelihood as White staff to enter formal disciplinary.	See section 3 of the report for latest WRES data and Section 6 for progress to 31 March 2019.	3.1 3.3 3.4 3.6 4.1	Ethnicity

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Objective		SMART Target	Progress at March 2019	EDS2	PC
		<p>BME staff have the same access to training and CPD.</p> <p>BME staff have the same likelihood as white staff to experience harassment and bullying from patients, relatives and the public.</p> <p>BME staff have the same likelihood as white staff to experience harassment and bullying from staff.</p> <p>BME staff believe that BTHFT provides equal opportunities for career progression.</p> <p>BME report the same levels as white staff regarding experiencing discrimination at work from managers/team leaders or colleagues.</p> <p>The % make-up of the Board of Directors reflects the make up the overall workforce.</p>			
7.	To implement the recommendations in the Healthy Attitudes Stonewall Study and Equity partnership LGB&T Local Health Needs Assessment.	The Trust will work with the Network to identify actions from the Healthy Attitudes Survey and the LGB&T health needs assessment and agree SMART targets for achievement.	We have not made the progress we would have hoped on this objective due to funding and resource cuts at the Equity Partnership (our main partner to take forward this work). Early discussions are taking place internally to identify funding to launch the Rainbow NHS badge in to BTHFT, which is being rolled out nationally. This badge is given to staff who commit to support LGBT patients using our services and provides a visible indicator to these patients that our staff are LGBT friendly.	2.1 2.2 2.3	Sexual Orientation
8.	To commit to employing at least a third of Project	Amend recruitment practices to remove barriers for people with learning	Eight Project SEARCH Interns graduated in June 2018. Of these, three have been	3.1	Disability

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Objective		SMART Target	Progress at March 2019	EDS2	PC
	SEARCH Interns who have graduated from the programme.	difficulties. 1/3 of Interns who graduate in July each year, to gain employment at BTHFT	employed by the Trust which means we have met our target of employing one third of graduates for 2018-19.		

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Link to EDS2

No	Outcome
Goal 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
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
2.3	People report positive experiences of the NHS
Goal 3: A representative and supported workforce	
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
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
3.3	Training and development opportunities are taken up and positively evaluated by all staff
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
3.6	Staff report positive experiences of their membership of the workforce.
Goal 4: Inclusive Leadership	
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations



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