

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

## Equality and Diversity Update – November 2019

Presented by	Pat Campbell, Director of Human Resources		
Author	Ruth Haigh, Staff Experience Manager		
Lead Director	Pat Campbell, Director of Human Resources		
Purpose of the paper	To provide an update on our progress against the Workforce Disability Equality Standard and the Workforce Race Equality Standard. To report on our performance against our Equality Objectives (those that focus on patient care) and to seek approval on our proposed approach to the 2020-2024 Equality Objectives. To also provide an update on our progress against our BAME Recruitment Targets.		
Key control	No		
Action required	To note updates		
Previously discussed at/ informed by	Senior Leadership Team		
Previously approved at:	Committee/Group	Date	
	Senior Leadership Team	10/12/2019	
	Workforce Committee	18/12/2019	
Key Options, Issues and Risks			
<p>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 full equality update in May. We finalised our action plans for the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES) and can update on our progress. A paper from NHSI/ NHS England is attached, setting out aspirational targets (and support to achieve these) which should help with our target to have a BAME workforce, including senior management, representative of the local population by 2025. The paper recommends that diverse shortlisting and interview panels should be institutionalised.</p> <p>NHS England are still finalising changes to the Equality Delivery System (EDS3), but we need to be working on a review of our Equality Objectives for 2020/2024. This paper includes an update on how we have performed against our 2016-2020 Equality Objectives (those that focus on patient care) and proposals, generated from the system wide network meeting (local health partners), of an approach for our 2020-2024 Equality Objectives. Our proposal should help provide a more consistent approach and better partnership working for the next four years.</p> <p>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 these equality targets. This report provides the April 2019 to September 2019 progress report. It also seeks to evaluate the effectiveness of the Band 8/9 BAME panellist requirement and highlights the need to carry out a more detailed review of the Band 6/7 BAME data and produce an action plan.</p>			
Analysis			
<p>With regard to BAME recruitment targets; we continue to exceed our projected target for all staff we have seen a small improvement in Band 8+ at Band 8+ recruitment and will continue the initiative to have independent BAME panellists on all Band 8/9 recruitment panels becoming business as usual.</p>			

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

We have made good progress against our eight equality objectives rating Amber (along with other local health partners) for our patient focussed objectives. A Final review of the workforce focussed objectives is to take place in January 2020. We plan to retain all our objectives in some form, but change the way we approach these, and would like approval for our approach to setting Equality Objectives for 2020-2024 in partnership with our health partners across the system.

#### Recommendation

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

- Update on progress against the WDES Action Plan
- Update on progress against the WRES Action Plan
- Guidance from NHSI/ NHS England around improving our performance against the WRES.
- Our performance between March 2019 and September 2019 against targets for achieving a workforce that reflects the local population
- Update on Gender Pay Gap
- Review of our 2016/2020 Equality Objectives and proposal for setting our 2020-2024 Equality Objectives in line with EDS.

The Workforce Committee is asked to note that the Senior Leadership Team has approved our approach to setting our 2020-2024 Equality Objectives and making mandatory Band 8/9 BAME panel representation business as usual.

#### 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.	Low		Moderate	High	Significant	
	Risk (*)					
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	

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

### Regulation, Legislation and Compliance relevance

**NHS Improvement:** (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)

**Care Quality Commission Domain:** *Well Led*

**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					

## 1 PURPOSE/ AIM

To provide an update on our progress against the Workforce Disability Equality Standard and the Workforce Race Equality Standard Action Plans that were approved in August 2019.

To report on our performance against our Equality Objectives (those that focus on patient care), and to seek approval on our proposed approach to setting the 2020-2024 Equality Objectives. Approval on this will facilitate our collaborative work with health colleagues across Bradford, Airedale, Wharfedale and Craven.

To also provide an update on our progress against our BAME Recruitment Targets which aim to help us achieve a workforce more reflective of the local BAME population, with a report on aspirational targets and support/ guidance on how to achieve these from NHSI/ NHS England that should help to increase our success against these targets. We also review the success of the Band 8/9 BAME panel work.

## 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. The objectives will be due for renewal in April 2020.

2.2 The 2019/20 Standard Contract places a Service Condition (13.) - Equity of Access, Equality and Non-Discrimination – that requires we show evidence of how we:

2.2.1 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.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

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- 2.2.2 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 obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.
  - 2.2.3 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.
  - 2.2.4 In consultation with the Coordinating Commissioner, and on reasonable request, we must provide a plan setting out how we will comply with our obligations.
  - 2.2.5 We must implement EDS2 (pending the release of EDS3).
  - 2.2.6 In accordance with the timescale and guidance to be published by NHS England, we must: implement the National Workforce Race Equality Standard and the Workforce Disability Equality Standard, and submit annual reports to the Coordinating Commissioner on our progress in implementing those standards.
  - 2.2.7 In performing our obligations under this Contract, we must use all reasonable endeavors 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 **WDES Update:** 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. Our first submission was made in July 2019 and our WDES action plan was approved by the board in August 2019 and published on the Trust Website in September 2019. As a result of the work completed we have received recognition from NHS Improvement and NHS England and are to be included in the WDES Annual Report 2019 as an example of good practice for the region (with a hyperlink to our published WDES action plan).

Appendix 1 provides an update on progress against the WDES action plan. Key successes since September 2019 include;

- Introduction of a Disability Equality and Disability Leave Policy (approved 26<sup>th</sup> November 2019)
- Training provided to Staff Advocates around disability/ reasonable adjustments so they are better able to support managers and staff.
- Attainment of level two of the Disability Confident Employer standard (August 2019) and aspiring to Level Three (Disability Confident Lead).
- Introduction of a Hate Crime reporting functionality on Datix and training provided for Staff Advocates about Hate Crime (pending progress on the anticipated Hate Crime Reporting Centre).

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

Activity over the coming months will be updated in the May 2020 Equality Update and will include;

- Development of training for managers and staff around the Disability Equality and Disability Leave Policy and promotion of the use of Wellbeing Action Plans, which are appended to the policy.
- “Not every disability is visible” (campaign) – encouraging sympathy and compassion, fairness and equity.
- Awareness training around Mental Health Conditions
- Review of/ better promotion of staff access to facilities (e.g. disabled parking, toilet facilities)
- Implementation of a Reciprocal Mentorship Scheme aimed at BAME staff and those with a disability or long term health condition in the first instance.
- Continue to work with the Disability Focus Group and Enable Staff Network and gain feedback on the effectiveness of the action plan.

**2.4 WRES Update:** 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 an update of our progress against the WRES action plan that was published on our website in September 2019. Key successes since September 2019 include;

- Targeted promotion of the NHS leadership academy “Stepping Up” and “Ready Now” programmes to BAME staff within the Trust (and monitoring uptake).
- There continues to be an independent BAME panellist on the shortlisting/ interview panel for every Band 8+ post

Activity over the coming months will be updated in the May 2020 Equality Update and will include;

- Further training for Band 8/9 BAME staff to become independent panellists for Band 8/9 posts scheduled for January 2020.
- The first BAME Conference organised by the BAME Staff Network in October 2019 was well attended.
- Director of HR met with BAME Network to review activity and discuss any concerns or ideas.
- Approval of the Reciprocal mentoring scheme
- HR to triage/review all requests for investigation under the Trust Disciplinary Policy from Corporate Departments.
- Publication of case studies demonstrating success stories for BAME staff in the Trust highlighting examples of mentorship and development. To be published in Let’s Talk to generate greater confidence in our BAME staff that they can progress in the Trust.
- Implementation of a Reciprocal Mentorship Scheme aimed at BAME staff and those with a disability or long term health condition in the first instance.
- Full review of Band 6/7 recruitment and progression within the Trust.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

- 2.5 **“A Model Employer: Increasing black and minority ethnic representation at senior levels across Bradford Teaching Hospitals NHS Foundation Trust”** Appendix 3: This paper has been drafted by NHS Improvement/ NHS England in response to and utilising data from the 2018 and 2019 WRES data submissions. The paper sets out goals and aspirational targets to attain equity in relation to BAME representation in the Trust, particularly at Senior Management level. It also outlines our responsibilities, as a Trust, to build a sustainable talent pipeline for the future for BAME staff and offers support from the WRES Implementation team to achieve outcomes around:

- Leadership and cultural transformation
- Positive action and practical support
- Accountability and assurance
- Monitoring progress and benchmarking

The goals identified are actually lower than those already set by the Trust and the paper suggests that we are performing well against these aspirational goals and are currently ahead of their trajectory, which is positive.

Whilst this paper is positive for the Trust and the actions within it will prove useful in moving forward with this agenda; we do not recognise some of the data and will be discussing this with the WRES Implementation Team to identify whether this is correct. If there are to be any amendments we will need to identify whether this has an impact on the aspirational targets identified in the paper, but any changes are unlikely to have a significant impact on the target figures.

Once we have confirmation that the data and targets are correct we will provide an update.

- 2.6 **Gender Pay Gap:** 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. Our performance in 2019/2020a and a further update will be included in the May 2020 Equality Update.

NHS Employers has released a new guide for employers “Addressing your Gender Pay Gap”, which incorporates a useful self-assessment checklist and a tool for action planning. This has been discussed at the Diversity Workstream meeting and a sub group will be meeting to go through the checklist and propose actions.

- 2.7 **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 WDES, WRES, and EDS2 are complementary but distinct. The indicators used in the WDES and WRES, and the progress made in closing the gap (GPG), assist us in implementing the EDS.

Our current Equality Objectives (2016-2020) are aligned with EDS2 and the Workforce Committee have received regular 6 monthly updates on our progress against EDS2/ Equality Objectives. Our last update was in May 2019. The Equality Delivery System is



<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

currently being reviewed. Its introduction has been delayed but is expected sometime during 2020. Our Equality Objectives are due for renewal in April 2020 and will need to be approved prior to this. The introduction of EDS3 is unlikely to be in time to align with our revised objectives. However, it is not anticipated that there will be significant differences in terms of content (positive action against the 9 protected characteristics), but we are assured that it will be a more useful tool than its predecessor, allowing for a more flexible approach and enabling us to tailor it to organisation/ system wide needs, and focus on specific priorities for bigger impact. We are confident that the approach described in 2.8 (below) and appendix 4 will meet the needs of both EDS2 and EDS3.

- 2.8 Review of Equality Objectives and approach to Objective Setting for 2020-2024:** In November 2019 Equality & Diversity leads from BTHFT, along with Airedale Hospitals NHS Foundation Trust, Bradford District Care Trust and the CCG met with colleagues from community partnership organisations for a final review of our progress against those Equality Objectives (and subsequently EDS2) that specifically relate to patient experience, and to gain feedback from them for our next steps. An overview of this review is attached at Appendix 4. BTHFT assigned an amber rating to all 4 of these objectives, which means that “we’ve got actions to improve each aspect of equality embedded in our day to day activities, we’ve got evidence that it’s having a positive aspect”, but there is still work to do to achieve either a Green (Achieving) or Purple (excelling) rating. The other Trusts were also rated Amber for the four objectives. For this reason; when we reviewed the feedback we agreed that we needed to keep all of these actions on the agenda but in a more streamlined format, and involving better partnership working with NHS Trusts across the system. It is proposed that 3 of the original objectives be incorporated into one “See the Person” Campaign. This will incorporate the three equality strands that were previously covered by our objectives but also include the remaining 6 protected characteristics.

To keep this work focussed, it is proposed that a Steering Group will be set up, comprising partnership organisations and representatives with “lived experience”, where we will produce more specific district wide actions/ objectives, each of which may require its own tailored focus group to ensure achievement of the objectives. We will focus on each action one at a time together, which seems to be working really well for the Rainbow Badge work. Using the experiences of those with “lived experience”, specific actions may include such examples as; poster campaigns, district wide training, incorporation into Corporate Induction and case studies. These will link in with existing work ongoing in the Trust around “Incivility”, “Trust Values” and other ongoing work/ training programmes such as the “Accessible Information Standard” (AIS).

We have agreed as a system to continue with the current patient focussed objectives, but to change our approach to ensure this is inclusive of all the equality strands and that we apply a consistent approach (see table below). We anticipate that our overall workforce objectives will be as follows, but we will work to have SMART objectives within these and will work through these with the Diversity Workstream and Staff Networks before finalising.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

### Patient Focussed Objectives

2016/2020 Objectives	2020/2024 Objectives
To implement the Accessible Information Standard (AIS).	<p>“See The Person” campaign:</p> <p>Objectives to include (although we will expand on these and may make them more specific/ achievable);</p> <ul style="list-style-type: none"> <li>To implement the Accessible Information Standard (AIS)</li> <li>To improve access and experience of services for all service users with a protected characteristic.</li> <li>To increase the awareness, across the health economy, of the issues experienced by service users with a protected characteristic.</li> </ul> <p>Overview</p> <p>We will work with local people with different Equality Act protected characteristics to co-produce a “See the Person” programme. We will link with the VCS Assembly’s Equalities Forum to recruit local people to this programme. This will build on a project currently being developed by Airedale Hospital – it began with a focus on “see the person, not the disability” and we propose to extend it to include all protected characteristics (of course many patients and service users have several protected characteristics). Its aims are to improve patient experience, especially for people with protected characteristics, by helping staff to see beyond stereotypes, to be aware that we are all more than our protected characteristics and medical conditions and to learn how to adapt communication styles to meet the needs of different groups of people. A range of learning and development resources (course, videos, information sheets etc.) will be developed along with patient communication aids (such as those produced in the development of the AIS. Managers will be supported to introduce and embed the programme into their teams. At the start of the project we will explore and agree how to measure improvement in this area and then make sure that we do this.</p>
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.	



<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

<p>To implement the recommendations in the Unhealthy Attitudes Stonewall Study and Equity partnership LGB&amp;T Local Health Needs Assessment.</p>	<p>To implement the recommendations in the Unhealthy Attitudes Stonewall Study and Equity partnership LGB&amp;T Local Health Needs Assessment:</p> <p>Overview:</p> <p>We will build a strong team of NHS Rainbow Badge wearers across our NHS system who gradually increase our understanding of LGBT+ equality and contribute to creating a more inclusive NHS culture and interventions to improve the patient experience of LGBT+ people locally. We hope to work with voluntary sector partners to gather feedback from local LGBT+ people about their experiences of local NHS services and how they could be improved. This engagement activity will be repeated after a year or so to measure the impact of our NHS Rainbow Badge work.</p>
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**Workforce Focussed Objectives:** Those objectives specifically relating to the workforce will be reviewed at a focus group in January 2020, at which point we will finalise our 2020/2024 objectives. Our focus for 2020/2024 is not expected to change greatly, as the current objectives continue to meet the needs of the organisation and the requirements for EDS. However, the difference for the coming four years will be greater partnership working where possible. We anticipate that our overall workforce objectives will be as follows, but we will work to create SMART objectives within these and will work through these with the Diversity Workstream and Staff Networks before finalising.

<b>2016/2020 Objectives</b>	<b>2020/2024 Proposed Objectives</b>
<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>Reduce the Gender Pay Gap:</p> <p>Objectives to include:</p> <p>Complete our Gender Pay Gap data return.</p> <p>Develop an action plan to address the findings of the audit using the NHS Employers Guide "Addressing your Gender Pay Gap".</p>
<p>To implement the Workforce Race Equality Standard.</p>	<p>Improve Workforce Race Equality by:</p> <p>Implementation of the Workforce Disability Equality Standard (data submission and action plan)</p>

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified.	Improve Workforce Race Equality by:
To commit to employing at least a third of Project SEARCH Interns who have graduated from the programme.	Implementation of the Workforce Disability Equality Standard (data submission and action plan) Our commitment to Project SEARCH objective to remain the same, but will form part of our objective to Improve Workforce Disability Equality.

## 2.9 BAME Recruitment Targets

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. Updates on progress are provided to the Board on a six monthly basis. The September 2019 update is attached at [Appendix 5](#).

The April to September 2019 data is positive in relation to the overall numbers of BAME staff, promotion, and leavers. In summary the data shows:

### Staff in Post

- 31.61% of the workforce are BAME and this is an increase of 0.86% since March 2019. This is positive. If this continues we will exceed our target for the overall workforce by around 4%
- In the past 6 months there has been an increase of 0.23% in the number of BAME staff at Bands 8/9 (from 15.33% to 15.56%). Based on the trajectory, we will fail this target by around 9%. However, there continues to be an upward trend, which is positive and the gap has reduced from the projected 13% shortfall that was reported in March 2018.

### Promotions

- 17% of all staff who were promoted were BAME. This is a 6% decrease since March 2019, and is lower than the proportion of BAME staff employed by the Trust (31.61%).
- However, promotions for BAME staff at Bands 8/9 have risen to 22% which is an increase of 2% since March 2019, and is higher than the figure for the overall percentage of BAME promotions (17%) and higher than the proportion of BAME at Bands 8/9 employed by the Trust (15.61%). This is positive.
- The majority of BAME promotions are still at Bands 1-5 (26%), although this has decreased since March 2019 (when the figure was 35%).
- There is more work to claim understanding the picture at Bands 6/7. Whilst the proportion of BAME staff in post at Bands 6/7 has risen the number of promotions has reduced. As these bands form the pipeline of staff ready to progress to more senior roles in the Trust there is scope for targeted improvement here.

Promotions	Bands 1-5		Bands 6-7		Band 8+	
	Sept 19	Mar 19	Sept 19	Mar 19	Sept 19	Mar 19
<b>White</b>	74%	65%	87%	85%	78%	80%
<b>BAME</b>	26%	35%	<b>13%</b>	15%	<b>22%</b>	20%

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

#### Leavers

- In March 2019 – September 2019 29.7% of all leavers were BAME. Although this is a slight increase from the March 2019 figure, this is still lower than the proportion of BAME staff in the workforce. It would be expected that the number of leavers would be around 30%.

## 2.10 Evaluation of BAME Recruitment Targets

In November 2018 the Trust instigated a new process whereby a senior BAME member will sit on all interview panels for recruitment to Band 8/9 posts. We evaluate the success of this after almost 12 months.

Although the evidence is not conclusive the number of Staff in Post and Promotions suggests this action is having a positive effect.

- In September 2018 the proportion of BAME staff at Bands 8/9 was 14.73%. This has risen by 0.83% in the last 12 months to 15.56%. This is a slower rate of increase than in previous years (March 2017 to March 2018 = +2.45% and March 2018 to March 2019 = +2.92%) but is still positive and is an upward trend.
- Promotions at Band 8/9 have increased by 2% for BAME staff since March 2019. Bands 8/9 were the only group to show an increase in BAME promotions during this period.

#### Conclusion

- The goal setting by the national WRES team suggests we are on track to deliver equity by 2028 for 8a+ bands.
- The guidance from NHSI/ NHS England is to ensure that diverse recruitment panels are institutionalised ([Appendix 3, section 5.2](#)) and we are advised to follow their guidance and continue to take action in this respect. On this basis, and bearing in mind the increase in the proportion of staff in post at Bands 8/9 and the increase in BAME promotions at Bands 8/9; we recommend continuing the BAME panellist initiative for Bands 8/9, and for this to become business as usual.
- The figures for promotions at Bands 6/7 is a concern. We need to review the data further and look, for example, at the impact that development programmes such as “Stepping up” and our internal development programmes are having.

## 3 PROPOSAL

**Update on Workforce Disability Equality Standard:** To note

**Update on Workforce Race Equality Standard:** To note

**Update on Gender Pay Gap:** To note

**Equality Objectives:** To note review of 2016-2020 Objectives and approve approach re; 2020-2024 Equality Objectives

**BAME Recruitment Targets:** In view of the improvement in BAME senior numbers/ promotions at Band 8/9, and in the light of guidance from NHSI/ NHS England; to continue the Band 8/9 BAME panellist initiative and for this to become business as usual. To complete a full review of Band 6/7 BAME and to develop and action plan.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

#### **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 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 mitigated risk associated with the full implementation of the Accessible Information Standard, as this is a requirement of the Standard Contract (Service Condition 12.3). 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:

- To approve the approach to Equality Objective setting for 2020-2024 Equality Objectives as agreed in partnership with local health partners.
- Agreement to continue the Band 8/9 BAME panellist initiative and make this business as usual, as it is confirmed good practice.
- Agreement to carry out a full review of the Bands 6/7 data and for the Diversity Workstream to develop an action plan.

#### **6 Appendices**

**Appendix 1 - Workforce Disability Equality Standard – Update on Progress**

**Appendix 2 - Workforce Race Equality Standard - Update on Progress**

**Appendix 3 – NHS/ NHS England Paper – “A Model Employer: Increasing black and minority ethnic representation at senior levels across Bradford Teaching Hospitals NHS Foundation Trust”**

**Appendix 4 –Equality Objectives for 2016-2020 - Update on Progress and proposal for 2020-2024 Equality Objectives**

**Appendix 5 - BAME Recruitment and Experience Targets** provides details of our performance against our targets.

Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

## Appendix 1

### Workforce Disability Equality Standard Action Plan 2019-2020

**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 60 stating they wanted to be involved in this work. At the meetings, participants came up with a large number of recommendations for making improvements which were considered by the Diversity Workstream in June 2019 and to be included in this action plan.

#### Key Actions to address all WDES Indicators:

Action	Who	When	Progress at November 2019
<b>Implement a Disability Equality &amp; Disability Leave Policy</b> with clear guidance for managers and staff around providing Reasonable Adjustments that we, as a disability confident employer can make.	HED	Nov 2019	Final version of the policy was approved in November 2019 and includes detailed guidance around providing Reasonable Adjustments. To be publicised in Let's Talk with guidance, particularly around the use of Disability Leave and Wellbeing Action Plans.
<b>Develop training for managers and staff about the new Disability Equality &amp; Leave Policy</b>	HED	Mar 2020	Update to be provided in the May 2020 Equality Update
<b>Work with Occupational Health, Recruitment and Procurement to provide support to managers and staff around implementing reasonable adjustments.</b>	HED	Nov 2019	Working group being set up to ensure that appropriate support and training is available to managers and staff. Further update in March 2020.

Action taken/planned		Who	When	Progress at November 2019
1	Meeting level two of the Disability Confident Employer standard and aspiring to Level Three – Disability Confident Lead	HED	Sep 2019	Level 2 has been achieved and we are now displaying the appropriate logos.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

Action taken/planned		Who	When	Progress at November 2019
	<p>Make information available to potential job applicants about the Trust commitment to considering Reasonable Adjustments and demonstrate that we encourage applications from disabled people.</p> <p>Engage with Job Centre Plus, Work Health Programme providers or local disabled people's user led organisations and access support from them when required.</p> <p>Continue to support the Project Search Initiative in the Trust</p>	<p>HED/ RCMgr</p> <p>HED/ RCMgr</p> <p>HED</p>	<p>Dec 2019</p> <p>Mar 2020</p> <p>Ongoing</p>	<p>The Recruitment Guidance for Applicants has been updated by the Recruitment &amp; Contracts manager to fully reflect our commitment. To be updated further to include mention of the newly approved Disability Equality &amp; Disability Leave policy.</p> <p>This is ongoing.</p>
2	Review content of Recruitment & Selection training to include clear information about providing reasonable adjustments and what support is available.	HED/ RCM	Mar 2020	
3	Working with the Disability Focus Group to improve the declaration rate for disability on ESR	HED/ PC	May 2020	A further meeting with the Disability Focus Group to be arranged early in 2020 to progress so far and how we can make further improvements.
4	<p>Introduction of Hate Crime reporting functionality on Datix and training for Staff Advocates about Hate Crime.</p> <p>"Not every disability is visible" (campaign) –</p>	<p>HED</p> <p>HED</p>	<p>Sept 2019</p> <p>Jan/</p>	<p>Training took place in August and the article for Let's Talk was published in September 2019.</p>



<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

Action taken/planned		Who	When	Progress at November 2019
	encouraging sympathy and compassion, fairness and equity		Feb 2020	Work will commence on this over the next few weeks in partnership with the Enable Staff Network.
5	Take positive action to support and highlight opportunities to Disabled staff.	HED	Ongoing to May 2020	The proposal for a Reciprocal Mentorship Scheme was approved by Workforce Committee and Trust Board. The OD department are leading on the introduction of a Reciprocal Mentorship Programme within the Trust with support from the Deputy Director of HR. Information has been obtained from Airedale (who have successfully implemented Reciprocal Mentoring) and we will follow a similar plan. Training for Trust Board is planned to take place in January 2020 with the scheme commencing shortly after. To be aimed at BAME staff and those with a disability or long term health condition in the first instance.
6	Review of Attendance Management Policy in line with feedback from focus group and introduction of Disability Equality & Disability Leave Policy.	PC	April 2020	
	Awareness training around Mental Health Conditions	WHWM	Mar 2020	
7	Introduction of Wellbeing Action Plans as part of the Disability Equality & Disability Leave Policy.	HED	Nov 2019	The policy has been approved and a Let's Talk article will highlight the use of Wellbeing Action Plans, pending the offer of training by March 2020.
8	Training for Staff Advocates around disability/ reasonable adjustments so they are better able to support managers and staff.	HED	Sep 2019	This has been completed

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

Action taken/planned		Who	When	Progress at November 2019
	Review staff access to facilities (e.g. disabled parking, toilet facilities)	DOE	Dec 2020	Estates have forwarded a draft document to the Staff Experience Manager to review and publicise as appropriate.
9	Continue to work with the Disability Focus Group and Enable Staff Network and gain feedback on the effectiveness of the action plan.	HED/ PC	March 2020	A further meeting with the Disability Focus Group to be arranged early in 2020 to progress so far and how we can make further improvements.
10	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.	PC	August 2020	

Initials	Meaning	Initials	Meaning	Initials	Meaning
RCM	Recruitment & Contracts Manager	HED	Head of Equality and Diversity	WHWM	Workplace Health & Wellbeing Manager
HR	Human Resources	PC	Pat Campbell, Director of Human Resources	DOE	Director of Estates

September 2019

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

**Appendix 2**

**Workforce Race Equality Standard Action Plan  
2019-2020**

Action taken/planned		Who	When	Progress at November 2019
1.	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.	HED	Ongoing	Targeted promotion of development programmes Development of score card at CBU level to monitor equality indicators Intervention will increase with Head of Equality, Diversity and Inclusion in post.
2.	Continue to work with BAME senior staff and BAME Staff Networks to ensure that recruitment practices are fair. Ensuring there is an Independent BAME panellist participating in each recruitment exercise at Band 8a and above.	PC/ HED	Ongoing	There continues to be an independent BAME panellist on the shortlisting/ interview panel for every Band 8+ post, although the number of panellist are spread thinly with the recent volume of recruitment (hence an attempt to increase the number of trained panellists).
3.	Human Resource Department to prioritise review of Core Departments to determine why there is the disparity and review the	HR	Mar 2020	Following the identification that there appeared to be a high instance of disciplinary hearings with BAME staff in Corporate Departments; the HR Department completed a detailed review. They found that investigation and referral to hearing was fairly consistent for white and


<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

Action taken/planned		Who	When	Progress at November 2019
	outcomes of disciplinary process to determine outcomes (with a view to determining why there is a disparity).			BAME staff, but there was a higher percentage of investigations involving BAME staff resulting in “no case to answer” (BAME 30%, White 17%), which could indicate there may be a likelihood of jumping into investigations more easily with BAME staff rather than dealing with matters informally. HR to triage/review all requests for investigation from corporate departments.
4.	Work with the education department and care groups to ensure that staff are supported to undertake training, learning and development.	HED	Mar 2020	Targeted promotion of the NHS leadership academy “stepping up” and “ready now” programmes to BAME staff within the Trust (and monitoring uptake).
	Work to ensure that care groups are aware of the disparity with BAME staff and the need to release staff equitably for CPD opportunities.	HED	Mar 2020	
	Encourage uptake of the Equality & Diversity Training for Managers (which covers unconscious bias in relation to development opportunities).	HED	Dec 2019	
	Review data from the 2019 Staff Survey to identify whether there are area’s that require targeted action.	HED/ PC	May 2020	

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

Action taken/planned		Who	When	Progress at November 2019
5.	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.	HED	Ongoing	Issues around inequality and potential for unconscious bias are highlighted on the Managers Equality & Diversity training and this data has recently been updated.
6.				Work under way to gather case studies demonstrating success stories for BAME staff in the Trust highlighting examples of mentorship and development. To be published in Let's Talk to generate greater confidence in our BAME staff that they can progress in the Trust.
7.				
8.	Introduce a Reciprocal Mentorship Scheme.	PC/HED	March 2020	The proposal for a Reciprocal Mentorship Scheme was approved by Workforce Committee and Trust Board. The OD department are leading on the introduction of a Reciprocal Mentorship Programme within the Trust with support from the Deputy Director of HR. Information has been obtained from Airedale (who have successfully implemented Reciprocal Mentoring) and we will follow a similar plan. Training for Trust Board is planned to take place in January 2020 with the scheme commencing shortly after. To be aimed at BAME staff and those with a disability or long term health condition in the first instance.
9.	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.	PC	Ongoing	

Initials	Meaning	Initials	Meaning
BAME	Black Asian and Minority Ethnic Network	HED	Head of Equality and Diversity
HR	Human Resources	PC	Pat Campbell, Director of Human Resources

Meeting Title	<div style="display: flex; justify-content: space-between; align-items: center;"> <span>Board of Directors</span> <div style="text-align: right;">  <b>Bradford Teaching Hospitals</b>  <small>NHS Foundation Trust</small> </div> </div>		
Date	09 January 2020	Agenda item	Bo.1.20.42

## Appendix 3

NHS/ NHS England Paper – “A Model Employer: Increasing black and minority ethnic representation at senior levels across Bradford Teaching Hospitals NHS Foundation Trust”



**Improvement**



**England**

# A Model Employer: Increasing black and minority ethnic representation at senior levels across Bradford Teaching Hospitals NHS Foundation Trust

Implementing the NHS Workforce Race  
Equality Standard (WRES) leadership strategy



Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

## Background

There exists a huge reservoir of talent which is not being tapped into by the barriers that are often placed in the way of staff development and opportunities. Greater diversity and inclusion improves opportunities to tap into that diverse talent pool. The NHS is at its best when it reflects the diversity of the country and where the leadership of organisations reflects its workforce.

Research shows that organisations that have diverse leadership are more successful and innovative than those that do not. Employees who feel valued are more likely to be engaged with their work, and diversity at senior levels increases productivity and efficiency in the workplace. Such organisations are better placed to reduce health inequalities of our diverse communities and leads to better patient care, satisfaction and outcomes.

This document sets out the ambitious challenge of ensuring black and minority ethnic (BME) representation at all levels of the workforce. This includes leadership being representative of the overall BME workforce by 2028. The document outlines both the aspirational goals for your organisations as well as a comprehensive and holistic set of objectives to support the NHS, as part of the existing Workforce Race Equality Standard (WRES) programme of work.

This content of this document presents an example of a commitment to meet the aspirations on improving BME representation across the workforce and at leadership positions in the NHS, as set-out in the in both the NHS Long Term Plan<sup>1</sup> and within the WRES 'Model Employer' leadership representation strategy<sup>2</sup>.

NHS trusts are encouraged to work with the national WRES Implementation team to agree and finalise the detail of the aspirational goals and action plans.

### 1. The need for accelerated improvement

Since its introduction in 2015, NHS England's WRES programme has been providing direction and tailored support to the NHS, enabling organisations to continuously improve their performance in this area.

The WRES has required NHS trusts to annually self-assess against nine indicators of workplace experience and opportunity, and to develop and implement robust action planning for improvement.

WRES data for the last three years shows year-on-year improvement for BME staff on a range of indicators. Increasing the representation of BME staff at senior and leadership levels across the NHS is an area that requires further accelerated support.

The overall BME workforce in the NHS is increasing, however this is not reflected at senior positions where there is an acute under-representation of BME staff. Aspirational goals to increase BME representation at leadership levels, and across the pipeline, will reinforce the existing WRES programme of work.

<sup>1</sup> <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2019/01/wres-leadership-strategy.pdf>

Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

## 2. The 10-year ambition modelling

Table 1. Bradford Teaching Hospitals NHS Foundation Trust workforce by ethnicity: March 2018

	Total headcount	Overall %	% known ethnicity
BME workforce	1695	28.5%	29.3%
White workforce	4097	68.8%	70.7%
Unknown workforce	159	2.7%	
Total	5951		

The table above shows organisation staff breakdown by ethnicity for Bradford Teaching Hospitals NHS Foundation Trust as at 31 March 2018. The staff are split into three broad ethnic categories: 'BME' (Black and Minority Ethnic), 'white' and 'unknown'. The ethnic categorisation follows the national reporting requirements of Ethnic Category as outlined in the NHS Data Model and Dictionary, and as used in NHS Digital data.

Table 2. Goal setting for bands 8a-VSM BME recruitment for Bradford Teaching Hospitals NHS Foundation Trust

	Proportion of BME workforce (n)	Additional BME recruitment over the next 10 years to reach equity <sup>1</sup>	Total BME staff in AfC band by 2028 to reach equity <sup>1</sup>
Band 8a	12.5% (14)	8	22
Band 8b	0.0% (0)	7	7
Band 8c	8.3% (1)	1	2
Band 8d	11.1% (1)	1	2
Band 9	0.0% (0)	0	0
VSM	0.0% (0)	1	1

<sup>1</sup> Reaching the value in column "Proportion of BME workforce" (note: by 2028 this may have changed)

The table above shows the additional recruitment of BME staff required, in Agenda for Change (AfC) bands 8a to VSM, to achieve equity of representation at Bradford Teaching Hospitals NHS Foundation Trust by 2028.

<b>Meeting Title</b>		<b>Board of Directors</b>		<b>Bradford Teaching Hospitals NHS Foundation Trust</b>	
<b>Date</b>		<b>09 January 2020</b>		<b>Agenda item</b>	<b>Bo.1.20.42</b>

**Table 3. Goal setting trajectory for bands 8a-VSM BME recruitment for Bradford Teaching Hospitals NHS Foundation Trust**

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
<b>Band 8a</b>	23	26	29	31	34	37	40	42	45	48	51
<b>Band 8b</b>	4	5	7	8	9	10	12	13	14	16	17
<b>Band 8c</b>	1	2	3	4	4	5	6	7	8	9	10
<b>Band 8d</b>	1	1	1	2	2	2	2	2	3	3	3
<b>Band 9</b>	0	0	0	0	0	1	1	1	1	1	1
<b>VSM</b>	1	1	1	2	2	2	2	2	3	3	3

The table above shows the 10-year trajectory to reach equality by 2028 for AfC bands 8a to VSM. The numbers show the required staff in post for each year. Progress against the data in the above table will be looked at by the WRES team and national regulators, and therefore should also be focussed upon by the respective organisation, on an annual basis.

### 3. Current performance: 2019 update

**Table 4. 2019 staff in post compared to 2019 trajectory ambition for Bradford Teaching Hospitals NHS Foundation Trust**

	2018 actual	2019 actual	2019 ambition	Gap
<b>Band 8a</b>	23	35	26	9
<b>Band 8b</b>	4	6	5	1
<b>Band 8c</b>	1	4	2	2
<b>Band 8d</b>	1	1	1	0
<b>Band 9</b>	0	0	0	0
<b>VSM</b>	1	1	1	0

There has been an increase in the number of BME staff in AfC bands 8a, 8b, and 8c. The trust is on track to deliver equity by 2028 for all AfC bands.

As the proportion of BME staff in the trust changes, the 10-year trajectory will change as well. It is strongly recommended that the trust regularly monitors its progress against its respective aspirational targets. The WRES team will work with the trust to review the aspirational targets and trajectories every three years.

Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

#### 4. Key points of consideration

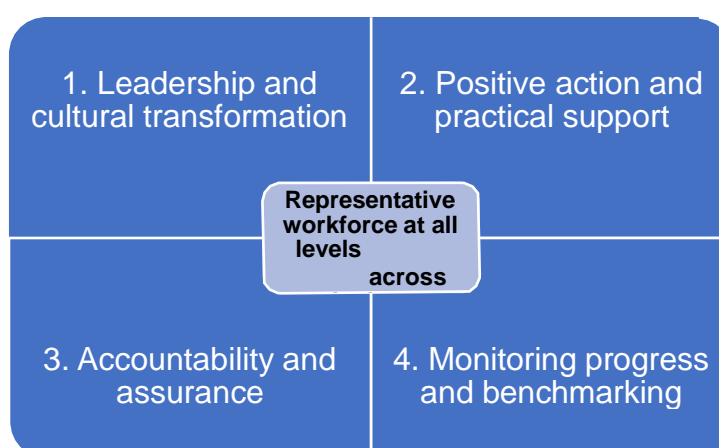
- The data source for the above modelling is the trust workforce data 2018 WRES submission.
- Modelling assumptions:
  - Assumes no change in the number of staff in the organisation over the next ten years.
  - Assumes constant number of employees and leavers per year based on data between March 2017 and March 2018.
  - The model considers the number of BME recruits to replace leavers and increase representation up to equality by 2028.
  - BME proportions are recorded as a total of known ethnicities.
- The above model presents the aspirational goals relating to managerial staff on the agenda for change pay scale. The trust will need to replicate this approach for its **medical** workforce.
- Staff and staff-side within the trust, and other key stakeholders, should be engaged in a meaningful way regarding the strategic direction of travel.
- Commitment and accountability regarding the aspirational goals and supporting plans should lay with the trust board.

#### 5. Supporting delivery of the ambition

The WRES team will support the wider system to focus on driving improvements in BME representation at senior levels across the NHS – building a sustainable talent pipeline for the future. A clear focus will be upon both growing and supporting existing BME talent from within the NHS, as well as attracting talent from outside of the NHS.

To help meet the aspirations set-out above, dedicated support to individual organisations, and parts of the NHS, will be provide by the WRES Implementation team. This support is presented under four broad headings, as outlined below.

Figure: WRES model of support for improving BME representation across the NHS workforce



Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

### 5.1 Leadership and cultural transformation

- Demonstrate commitment to becoming an inclusive and representative employer - role modelling on race equality – **work will be carried out to transform deep-rooted cultures of workforce inequality via organisational leadership strategies** – a focus here will be upon NHS Improvement's Culture and Leadership Programme; engage supporters and including stakeholders in the planning process and in helping to share messaging, rationale and process.
- Require VSMs and board members to mentor/reverse mentor and sponsor at least one talented ethnic minority staff at AfC band 8d or below – coaching skills and structured support will be made available to senior staff to carry this out. **Mentoring, reverse mentoring and sponsoring will be part of the senior leader's performance objectives** that will be monitored and appraised against.
- Recruitment drive on BME non-executive directors (NEDs) – as a starting point, **a drive to appoint BME NEDs will be encouraged**. Existing NEDs will be encouraged to play an active role in mentoring and sponsoring BME staff that have the potential to get to an executive role within three years.

### 5.2 Positive action and practical support

- Talent management – to meet set aspiration, concrete measures to remove barriers to our most talented ethnic minority staff succeeding, will be put in place. To enable this to happen, there needs to be a consistent narrative within organisations, based on a **fit-for-purpose national approach to effective talent management across the NHS**.
- Diverse shortlisting and interviewing panels – **recruiting managers will be held accountable for institutionalising diverse shortlisting and interview panels**. There would seldom, if ever, be acceptable exceptions for not having a BME member on shortlisting and interview panels; this is firmly within the organisation's control. Where BME interviewees are not appointed, justification should be sent to the organisation's chair setting out, clearly, the process followed and the reasons for not appointing the BME candidate.
- Batch interviews should be considered where appropriate – panel interviews of single applicants may not always provide the optimum assessment of a candidate's skills and capabilities, and can contribute towards creating conditions for bias. **Organisations will be encouraged to examine the merits of interviewing a batch of candidates** for a number of different roles/positions.
- Technical WRES expertise at regional levels – the WRES Experts Programme aims to develop cohorts of race equality experts from across the NHS to support the implementation of the WRES within their organisation. Participants become part of a **network of professionals across the NHS that advocate, oversee and champion the implementation of the WRES** at regional and local level. The work on meeting leadership aspirations at local level will be built into the existing WRES Experts Programme.

Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

- Promote success and share replicable good practice – **identification and dissemination of models of good practice, evidence based interventions** and processes from across the NHS – from the wider public, private, voluntary and charitable sectors – will help support NHS organisations to achieve the required outcomes.

### 5.3 Accountability and assurance

- Build assurance and accountability for progress – NHS organisations across the country will be supported to **develop workforce race equality strategies and robust action plans that are reflective of their WRES data**. These action plans provide an ideal vehicle to continuously improve on the issues that, the data show, are of key concern for the organisation. Progress against the aspirations will form part of an organisation's action planning for the WRES. This work will be included in the Single Oversight Framework; Care Quality Commission (CQC) inspection; and the CCG Assurance and Improvement Framework.
- Senior leaders and board members will have performance objectives on workforce race equality built into their appraisal process – senior leaders should be held accountable for the level of progress on this agenda. Working with national healthcare bodies, **progress on workforce race equality will be embedded within performance reviews of chairs and chief executives** – including emphasis on WRES implementation and on progress in meeting the set goals for their respective organisation.
- Building the capability and capacity of BME staff networks across the NHS – to play a key part of the accountability and transparency approach will play a key role. There will be a concerted effort towards **supporting leaders of BME staff networks and trade union representatives, across the NHS to raise the visibility of their work**, and to provide a source of meaningful and sustained engagement with the WRES programme of work.

### 5.4 Monitoring progress and benchmarking

- Benchmarking progress – **benchmarking and progress will be established and published as part of NHS Improvement's Model Hospital hub and WRES annual data reporting**, through which the monitoring of progress against set aspirations over time will be undertaken, and good practice shared.
- Periodic update – due to the changing nature of BME workforce composition across the NHS, the right approach will be to **periodically update the assessment of the overall progress that has been made on meeting the aspirations** – starting at the end of 2020, and local organisations will be supported via the national WRES team to do the same.
- Oversight – the lack of BME leadership is a system-wide issue that requires a system-wide response. CEOs within a regional healthcare footprint are encouraged to come together on this agenda regularly. **Collaborative working between healthcare organisations at local level, and with key partners, will be essential**. This will require all relevant organisations to focus resource on workforce race equality in a more intentional manner.



<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

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## 6. Further information

Further information and support will be available from the NHS England WRES Implementation team.

Email: [england.wres@nhs.net](mailto:england.wres@nhs.net)

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

## Appendix 4

### Equality Objectives for 2016-2020 - Update on Progress and proposal for 2020-2024 Equality Objectives

#### Progress in meeting NHS equality objectives that focus on patient care (rather than the workforce) 2016-2020, EDS assessment and proposed equality objectives for 2020-2024

*The Equality & Diversity leads for Airedale Hospital NHS Foundation Trust; AWC, Bradford City and Bradford Districts CCGs; Bradford District Care Foundation Trust and Bradford Teaching Hospitals Foundation Trust prepared this update. It was reviewed and discussed on 11<sup>th</sup> November 2019 by Voluntary Sector and Local Authority partners:; Andrea Allez, Jane Britton, Sara Firth, Masira Hans, Matt Henderson, Jo Ingham, Dennis Rowe, Jenny Scott, Kursh Siddique, Victoria Simmons. The Equality & Diversity leads met again on 18<sup>th</sup> November 2019 to pull together feedback and draft proposed equality objectives for the next four year period.*

1. To implement the Accessible Information Standard (AIS).		
<b>What we know</b>	<p>The NHS introduced the <a href="#">Accessible Information Standard</a> in August 2016.</p> <p>Anecdotal evidence suggests that some local people with hearing loss, sight loss and /or learning disabilities are still not receiving NHS information (about appointments, interactions with health professionals and written health information) in appropriate, accessible formats.</p> <p>The 2019 the CQC inspection report for Airedale Hospital stated that the trust was not complying with the Accessible Information Standard and CQC inspections of some GP practices have also highlighted deficiencies in implementing the Accessible Information Standard.</p> <p>Complaints have been received from some patients who have not received information in a format that is accessible to them</p>	
<b>What we've done</b>	<p><b>Airedale Hospital NHS Foundation Trust</b> A comprehensive project plan has been developed for the trust to meet the needs of our patients with information or communication needs. Progress so far includes:</p> <ul style="list-style-type: none"> <li>-Developing staff guidance and procedures for recording, sharing and meeting the needs of patients</li> </ul>	<p><b>AWC, Bradford City and Bradford Districts CCGs</b> The GP patient record system (SystemOne) has been updated so that accessible information needs can be recorded and flagged. We are currently offering training (delivered by Bradford Talking Media) to GP Practice staff to help them understand the importance of identifying accessible information needs and how to communicate with</p>

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

	<ul style="list-style-type: none"><li>-Including reference to the standard in mandatory training</li><li>-An intranet of resources developed by the patient information team</li><li>-A newly devised communication support toolkit</li><li>-Improvements to outpatient letters and appointments systems</li></ul>		/ provide information to people with accessible information needs.	
	<p><b>Bradford District Care Foundation Trust</b> SystmOne has been updated so that accessible information needs can be recorded and flagged.</p> <p>Staff have been trained on the changes and to help them understand the importance of identifying accessible information needs and how to communicate with / provide information to people with accessible information needs. However, regular reports show that only small numbers of patients / service users have their accessible information needs recorded</p>		<p><b>Bradford Teaching Hospitals Foundation Trust</b> A working group has been established to focus on completing implementation of AIS. Our patient record system has been reviewed and changes have been identified to increase the number of options for alternative communication formats in line with AIS. We have increased the number of “easy read” leaflets available to patients and are working to provide more.</p>	
	<b>EDS Outcome and protected characteristics: 2.1, 2.2, 2.3 Disability</b>			
	<b>Airedale Hospital NHS FT</b>	<b>CCGs</b>	<b>Bradford District Care FT</b>	<b>Bradford Teaching Hospitals FT</b>
<b>Feedback from partners</b>	People who need accessible information often don’t know about the Standard. Everybody’s information and communication needs are different – not all Deaf people use BSL, for example. There could be more sharing of accessible information across NHS organisations. Information about the Accessible Information Standard needs to be included in the “Welcome to Bradford” project for new arrivals (Lynne will action this). There are many small actions that patient-facing staff can take that will significantly improve the experience of disabled staff – awareness training is needed and could be extended to other groups of patients, for example, people who speak community languages and older people who may have recently acquired impairments and / or health conditions.			
<b>What we plan to do next</b>	I.T leads and teams in our organisations are working with the electronic patient record system and appointment letter suppliers to make the necessary technological improvements to provide a wider (and expanding) range of accessible formats e.g. electronic letters/ letters in braille. We will work jointly on ensuring that NHS staff understand the importance of accessible information. We will continue to be aware of our responsibilities and to make information available more routinely in an accessible format, along with making services more accessible to all disabled people.			

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

<b>Proposed equality objective for 2020-2024</b>	<p>We will work with local people with different Equality Act protected characteristics to co-produce a “See the Person” programme. We will link with the VCS Assembly’s Equalities Forum to recruit local people to this programme. This will build on a project currently being developed by Airedale Hospital – it began with a focus on “see the person, not the disability” and we propose to extend it to include all protected characteristics (of course many patients and service users have several protected characteristics). Its aims are to improve patient experience, especially for people with protected characteristics, by helping staff to see beyond stereotypes, to be aware that we are all more than our protected characteristics and medical conditions and to learn how to adapt communication styles to meet the needs of different groups of people. A range of learning and development resources (course, videos, information sheets etc) will be developed along with patient communication aids. Managers will be supported to introduce and embed the programme into their teams. At the start of the project we will explore and agree how to measure improvement in this area and then make sure that we do this.</p>
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## 2. To improve BAME service users access and experience of services.

<b>What we know</b>	<p>BAME people, especially South Asian people, are more likely to have diabetes. BAME people are less likely to get an early diagnosis of cancer (which impacts negatively on outcomes). Gypsy and Traveller people have a low life expectancy and have reported very poor experiences when trying to access health services. Some BAME patients have described negative attitudes and comments made by some NHS staff.</p>	
<b>What we’ve done</b>	<p><b>Airedale Hospital NHS Foundation Trust</b> In 2018 our Dietetics Team worked on a specific project with BAME patients and carers with funding from NHS England about how to increase the uptake of structured education by BAME people diagnosed with diabetes.</p> <p>Recommendations from feedback included:</p> <ol style="list-style-type: none"> <li>1. Develop a short course in addition to X-PERT with choice of locations and times, including out of hours provision</li> <li>2. When developing courses, consider needs of attendees who do not need to lose weight</li> <li>3. Develop and pilot courses tailored to South Asian population with content including:               <ul style="list-style-type: none"> <li>- use of ethnic foods</li> </ul> </li> </ol>	<p><b>AWC, Bradford City and Bradford Districts CCGs</b> Various projects have aimed to increase the uptake of cancer screening amongst local BAME people:</p> <ul style="list-style-type: none"> <li>• Yorkshire Cancer Research’s Wise Up to Cancer project offered a range of interventions to South Asian women with the aim of increasing the uptake of cancer screening. These included texts and phone calls in English or in other community languages from GP practices and a chat about health in community and pharmacy settings. An independent evaluation was carried out by Bradford University which provides useful information about barriers to screening and states that 3303 women were reached by this project and 403 women who were previously overdue cancer screening, completed screening during the project (290 cervical screening, 32 breast screening and 81 bowel screening).</li> </ul>

Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

	<ul style="list-style-type: none"> <li>- advice regarding fasting</li> <li>- simplified content with high visual element</li> <li>- South Asian language materials</li> <li>- consider practical ideas such as bringing in chapattis and weighing out rice</li> <li>- social element with refreshments (fruit, tea/coffee)</li> <li>- appropriate timings and locations</li> </ul> <ol style="list-style-type: none"> <li>Recruit bilingual / bicultural Language Support Worker(s) to support delivery in Urdu/Punjabi</li> <li>Personalise recruitment methods for South Asian courses; consider asking GP practices to send appointment letters as an alternative to traditional referral route</li> <li>Link with existing South Asian groups</li> <li>Run South Asian courses in familiar environments</li> <li>Provide single gender groups for South Asian courses</li> </ol>	<ul style="list-style-type: none"> <li><a href="#">Talk Cancer</a> provides training to local NHS and community sector staff to help them talk to people about cancer and how to reduce your risk of getting cancer by spotting early signs and having screening.</li> <li>Yorkshire Cancer Research is also working with Enable2 to have a phone conversation in their mother tongue with BAME people who have missed bowel cancer screening. This project should be completed and evaluated by the end of March 2020.</li> </ul>
	<p><b>Bradford District Care Foundation Trust</b></p> <p>Interpreting provision is being reviewed to ensure access is straightforward, varied to meet the service user's need and the quality of that provision is good. Services have identified what they are spending which has identified services that are underusing.</p> <p>A cost improvement plan is in place to ensure services receive a quality service that delivers value for money. We have a programme of work to set a common approach for using interpreting across the Trust with a range of high quality, cost effective, easily accessible providers. In addition the booking system has been improved.</p>	<p><b>Bradford Teaching Hospitals Foundation Trust</b> We have established an initial planning meeting to look at implementing training and awareness for staff around workplace incivility and the impact of this on patients.</p> <p>We are working in partnership with local services to develop a Hate Crime reporting centre within the Trust and training has taken place on this issue for staff advocates and volunteers.</p> <p>Awareness sessions held for staff around Ramadan.</p> <p>Neonatal Unit have marked both Eid celebrations and the babies in the unit are given gifts at this time.</p> <p>Our Maternity Unit now facilitates a prayer being said after delivery of babies and allows flexible visiting for families whose faith places particular significance on this.</p> <p>MAMA wallets have been introduced within maternity services to</p>

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

	Two community engagement events (with a funding contribution from BTHFT) provided useful insight into the experience of local people from the Gypsy and Traveller communities. At the second event people were able to find out about and access a range of health services.		provide mums with information about reduced foetal movements and when to seek help. This has shown a step change in presentation for women from our South Asian Community. We have developed a tool called “SketchNotes”, which is a way to give patients information using pictures rather than words and has been utilised well with patients whose first language is not English. The Sketch Notes initiative has won a national HSJ award.	
	EDS Outcome and protected characteristics: 2.1, 2.2, 2.3 Race			
	Airedale Hospital NHS FT	CCGs	Bradford District Care FT	Bradford Teaching Hospitals FT
Feedback from partners	There is an under-representation of BAME people in NHS staff groups (especially at senior level) and in patient engagement groups. We need to move away from engaging with static patient groups with a narrow focus. Community Asset approaches (like the Talk Cancer project and the Roma strategy which is currently being developed) and Community Readiness work (already part of Born in Bradford projects and local work on integration) help with this. The Women’s Health Network involves smaller existing groups. Various relevant training packages are being developed / offered: Unconscious Bias training, Unlearning Racism (from the Racial Justice Network), Anti-Rumour and Critical Thinking Training firstly with migrants and then LGBT communities, Islamophobia and white working class people.			
What we plan to do next	We may be able to work together on projects to reduce workplace incivility and on interpreting services. We may be able to identify one or two services where we can make particular interventions.			
Proposed equality objective for 2020-2024	Much of the poor experience of BAME patients is caused by stereotyped views of staff and examples of workplace incivility. Improving this will form part of our “See the Person” programme which is described in more detail at the bottom of page 2.			

**3. To increase awareness of mental health issues and to improve access and experience of mental health service users across the health economy.**



<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

<b>What we know</b>	Experiences of discrimination and negative attitudes are a contributing factor to mental distress and illness. Nationally we know that LGBT+ people are more likely to have mental health problems. Nationally and locally BAME people are less likely to access IAPT (psychological therapies for people with depression and / or anxiety) and their recovery rates are lower than those for White British people. BAME people with dementia are less likely to be diagnosed than White British people.	
<b>What we've done</b>	<p><b>Airedale Hospital NHS Foundation Trust</b> Airedale works in partnership with providers of mental health services, particularly in relation to urgent care services. We will be undertaking specific, localised pieces of work with our ward teams to support them to care for patients who have a mental health illness or condition.</p> <p>The trust has also trained up 4 staff mental health first aiders and is looking to secure funding for additional places to extend the offer to out of hours and community staff.</p>	<p><b>AWC, Bradford City and Bradford Districts CCGs.</b> Our district's Mental Wellbeing Strategy commits us to helping local people to stay mentally well, improving the physical health of people with mental health problems as well as ensuring that mental health care is available and of high quality. The strategy recognises that discrimination and poverty lead to an increased risk of mental health problems and stresses the importance of ensuring that mental wellbeing services meet the needs of everyone and contribute to a reduction in health inequalities.</p> <p>A Youth in Mind Buddies Scheme is being developed to improve access to CAMHS services for BAME young people.</p> <p>Bradford MESMAC provides counselling services for LGBT+ people.</p>
	<p><b>Bradford District Care Foundation Trust</b> The My Wellbeing College Access Project made recommendations about how to improve access to psychological therapies for Black, Asian and Minority Ethnic people. The implementation of some of these recommendations have led to improved uptake of IAPT (Improving Access to Psychological Therapies) Services by BAME people with depression and anxiety but there are still not the numbers of people using the service that would be expected given prevalence rates and recovery rates are lower for BAME service users than White service users.</p>	<p><b>Bradford Teaching Hospitals Foundation Trust</b> The Trust does not specifically have Mental Health services but A&amp;E have assigned BDCT psychiatric liaison nurses to support patients (following attempted suicide). A Band 7 Senior Sister has been seconded to work on enhanced care to improve the experiences of patients who require constant supervision. In particular, patients who have mental health problems, dementia or delirium. We have a number of strategies that clearly define how we support people living with dementia, how we encourage family and carers to be actively involved in the care of their loved ones (e.g. John's Campaign).</p> <p>We have introduced a number of initiatives to increase staff</p>

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

	<p>awareness about Mental Health Issues and to improve their own Mental Health which impacts on patient care. Our Head of Psychology has introduced Schwarz rounds – to encourage staff to share their experiences (led by a Consultant Psychologist and a Lead Obstetrician).</p> <p>We have introduced a Staff Advocacy Service. Our Occupational Health Department has been working closely with Mind and Remploy around increasing staff awareness. Both of these initiatives improve staff awareness which in turn has a knock on positive effect for patients.</p>			
	<b>EDS Outcome and protected characteristics: 2.1, 2.2, 2.3 All protected characteristics</b>			
	<b>Airedale Hospital NHS FT</b>	<b>CCGs</b>	<b>Bradford District Care FT</b>	<b>Bradford Teaching Hospitals FT</b>
<b>Feedback from partners</b>	It is sometimes necessary to adapt services and support to meet the needs of different groups of people – one size does not fit all. There is a real need to focus on improving the physical health of people with serious mental illness – this is one of the three main objectives of the district’s mental wellbeing strategy and a project to include voluntary sector organisations in this work is just beginning.			
<b>What we plan to do next</b>	In 2019 a project began to offer Culturally Adapted Behavioural Activation to Muslim people with depression – both as part of Bradford City’s <a href="#">IAPT</a> offer and in community settings delivered by community sector staff. We’re working in partnership with Leeds University to evaluate this project and will explore how useful this approach might be in better meeting the needs of people of other faiths who have depression.			
<b>Proposed equality objective for 2020-2024</b>	The project described above has already begun and Sharing Voices Bradford will shortly be working on a project to explore and develop faith based approaches to mental wellbeing with people of different religions. In terms of ensuring that NHS staff communicate appropriately and respectfully with people with mental health problems, this will form a key part of our “See the Person” programme which is described in more detail at the bottom of page 2.			

<b>4. To implement the recommendations in the Unhealthy Attitudes Stonewall Study and Equity partnership LGB&amp;T Local Health Needs Assessment.</b>	
<b>What we know</b>	LGBT+ people still experience significant health inequalities and continue to report poor experience when using NHS services. For example, in the UK, one in seven LGBT+ people avoid seeking healthcare for fear of discrimination from healthcare staff (Stonewall

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

	2019). 23% of LGBT people have witnessed discriminatory or negative remarks against LGBT people by healthcare staff (Stonewall, 2018). 52% of LGBT people experienced depression in the last year (Stonewall, 2018).		
<b>What we've done</b>	<p><b>Airedale Hospital NHS Foundation Trust</b> The trust is working alongside Stonewall to develop LGBT+ inclusive policies and practice across the organisation. So far, Stonewall has identified some of the following actions:</p> <p><b>Policy Review</b></p> <ul style="list-style-type: none"> <li>a. Family Leave Policies</li> <li>b. Transitioning at Work/Trans Inclusion Policies</li> <li>c. Bullying, Harassment and Discrimination Policies</li> </ul> <p><b>Communications Plan</b>– A plan to deliver messages both internally and externally to communicate our commitment to LGBT+ inclusion</p> <p><b>LGBT Network Development</b></p> <p><b>Workplace Equality Index</b></p>	<p><b>AWC, Bradford City and Bradford Districts CCGs</b> In 2019 the CCGs funded the LGBT Foundation to support 10 local GP Practices to gain <a href="#">Pride in Practice</a> accreditation. The work should be finished by the end of 2019.</p> <p>We provided NHS Rainbow Badge training to Governing Body and SMT members on 8<sup>th</sup> October and began training sessions for all staff the week after that. Governing Body and staff members who want to wear a badge needs to do the training before they are given a badge.</p>	
	<p><b>Bradford District Care Foundation Trust</b> Our LGBT staff network has been relaunched and we are partners in the NHS system wide NHS Rainbow Badge campaign. Initially we have provided NHS Rainbow Badge training to our Board members and members of our Senior Leadership Team. Training for other staff members starts on 31<sup>st</sup> October. The training should ensure that all staff who choose to wear an NHS Rainbow Badge have an understanding of LGBT+ equality and contribute to creating a more inclusive NHS culture.</p>	<p><b>Bradford Teaching Hospitals Foundation Trust</b> We have an LGBT staff network and have ensured that our staff survey includes a report on LGBT staff experience. We are in the process of introducing the NHS Rainbow Badge Scheme</p> <p>We updated our Trans Equality Policy in 2017 and are in the process of updating this again and have worked with Trans colleagues to produce some basic training for staff around Trans equality when accessing health services.</p> <p>We are working in partnership with local services to develop a Hate Crime reporting centre within the Trust and training has taken place on this issue for staff advocates and volunteers.</p> <p>We have single sex accommodation guidance that specifically refers to transgender people and gender variant people.</p>	

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

	<b>EDS Outcome and protected characteristics: 2.1, 2.2, 2.3 Sexual orientation and Gender Reassignment</b>			
	<b>Airedale Hospital NHS FT</b>	<b>CCGs</b>	<b>Bradford District Care FT</b>	<b>Bradford Teaching Hospitals FT</b>
<b>Feedback from partners</b>	Leeds is often seen and experienced as more inclusive and LGBT friendly than Bradford. However, there are a range of support groups in Bradford, including support for LGBT refugees and asylum seekers. A dementia nurse has shared the experience of a trans person whose dementia caused them to “revert back to their former gender identity” which was difficult for them and staff working with them.			
<b>What we plan to do next</b>	In October 2019, all six local NHS organisations jointly launched the <a href="#">NHS Rainbow Badge initiative</a> . Beginning with training for Trust Board / Governing Body members, staff are offered the opportunity to wear an NHS Rainbow Badge to show that they are aware of the health inequalities experienced by LGBT+ people and will provide a listening ear and signposting to support for anyone who asks for it.			
<b>Proposed equality objective for 2020-2024</b>	We will build a strong team of NHS Rainbow Badge wearers across our NHS system who gradually increase our understanding of LGBT+ equality and contribute to creating a more inclusive NHS culture and to interventions to improve the patient experience of LGBT+ people locally. We hope to work with voluntary sector partners to gather feedback from local LGBT+ people about their experiences of local NHS services and how they could be improved. This engagement activity will be repeated after a year or so to measure the impact of our NHS Rainbow Badge work.			

**NHS Equality Delivery System Grades:**

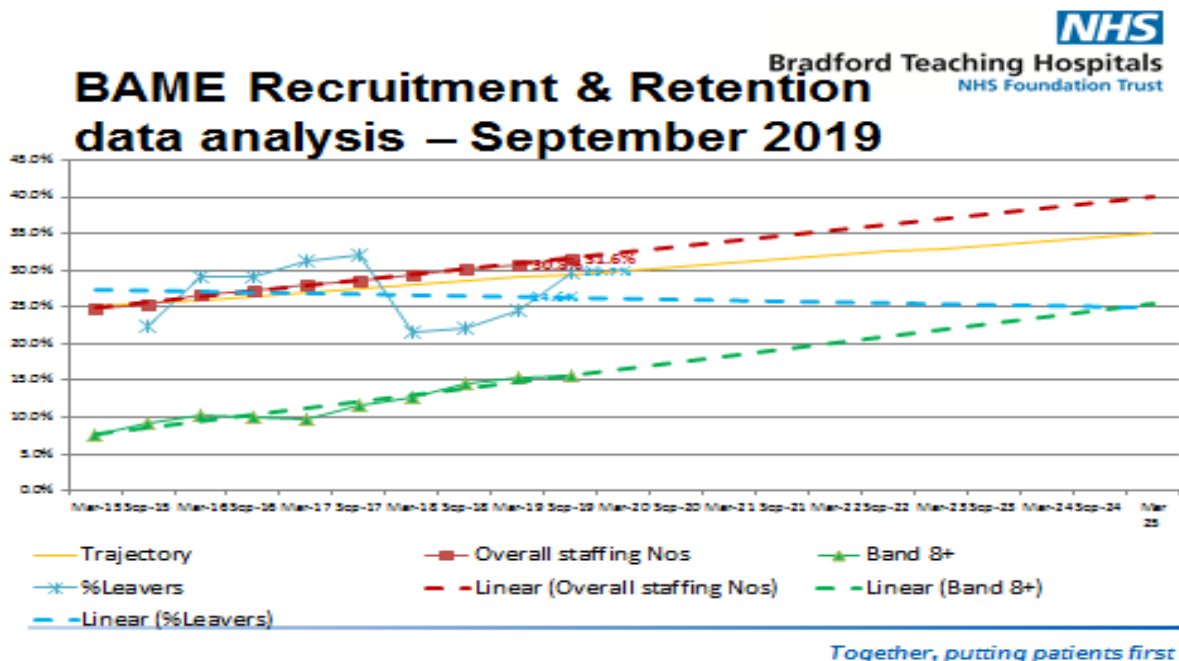
**Red – Undeveloped**  
**Amber – Developing**  
**Green – Achieving**  
**Purple – Excelling**

Meeting Title	Board of Directors		
Date	09 January 2020	Agenda item	Bo.1.20.42

## Appendix 5

### BAME RECRUITMENT AND EXPERIENCE TARGETS (PROGRESS REPORT FOR ANNUAL TARGET)

- 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 an update on the data against targets for September 2019.
- The Board agreed that when looking at BAME recruitment and retention data, the following indicators are included:
  - Overall % of staff
  - Overall % staff at Band 8+ /Senior Managers
  - % recruited
  - % recruited at Band 8+
  - % promoted
  - % BAME of all staff leavers
- The graphs below show the current status of all the above indicators, including our trajectory progress:



- Overall Workforce:** There were 6304 staff in the trust (as 30<sup>th</sup> September 2019) of whom 6172 declared their ethnicity. The overall proportion of BAME staff has increased slightly over the last 6 months to 31.61% (an increase of 0.86%, see table below). Our trajectory figure for March 2025 for the BAME workforce continues to rest at 39%, which will still take us ahead of our overall BAME workforce target for 2025 by around 4%.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

	Sept 2019		March 2019		March 2018		March 2017		March 2016	
	No	%	No	%	No	%	No	%	No	%
White	4221	68.39	4195	69.25	4097	70.73	4115	71.95	4100	73.19
BAME	1951	31.61	1863	30.75	1695	29.26	1612	28.05	1502	26.81

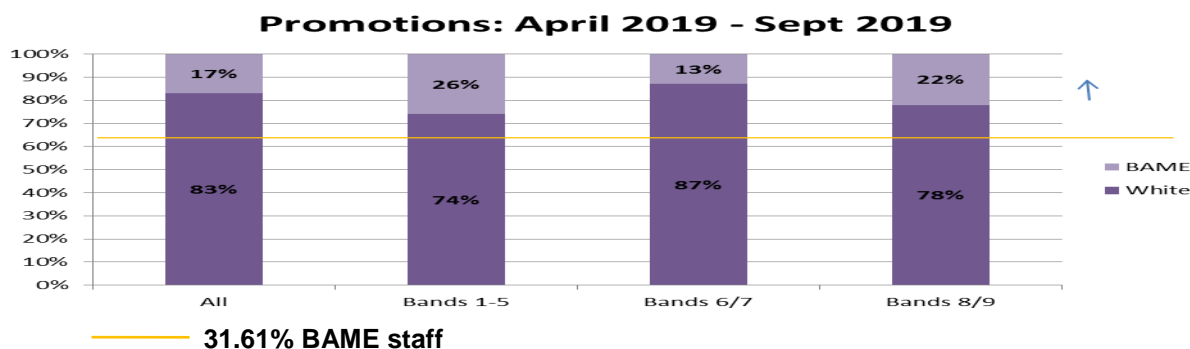
5. **Overall Band 8+ Senior Managers:** There were 307 Band 8/9 staff in post as at 30<sup>th</sup> September 2019, of whom 302 declared their ethnicity. There has been an increase in the number of BAME staff at Band 8/9 since March 2018 (10 staff which equates to an increase of 2.92%), and there has been a further increase of 0.23% since March 2019. Based on these figures, and assuming a similar progression each twelve months, we would fall short of our 35% target of having a senior management workforce reflective of the local community by 9%. However, this is an improvement in the 13% gap we reported in March 2018, and there is a definite upward trend in the data. This can be seen in the promotions data (below) and also in the aspirational target figures produced by NHSI/ NHS England ([Appendix 5, p4 \(Table 4\)](#) which shows we are ahead of their expected target.

	Sept 2019		March 2019		March 2018		March 2017		March 2016	
	No	%	No	%	No	%	No	%	No	%
White	255	84.44	254	84.66	254	87.59	244	90.04	247	89.82
BAME	47	15.56	46	15.33	36	12.41	27	9.96	28	10.18

6. **Staff Promotions:** Between April 2019 and September 2019, 95 staff were promoted, all of whom had declared their ethnicity. Of those staff promoted 17% were from BAME backgrounds, which is lower in proportion than the 31.61% of BAME staff who are employed by the Trust. This percentage is also down from the October 2018 to March 2019 figure which was 23% over all for BAME promotions.

The graph below shows that; the highest number of BAME staff being promoted are within Bands 1-5 (26%) but this is followed closely by Bands 8/9. Of concern is the level of promotions at Bands 6/7 (13% compared to the proportion of BAME staff at Bands 6/7 which was 18.67% in September 2019). The level of promotions at Bands 6/7 has also decreased since March 2019 (when it was 15%, with the overall proportion of staff at this level being 17.54%). These figures would suggest that specific action is required for Bands 6/7

At Bands 8/9 promotions have increased by 2%, which is positive for representation at senior management level and suggests that the implementation of independent BAME panellists is having a positive effect.



<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09 January 2020</b>	<b>Agenda item</b>	<b>Bo.1.20.42</b>

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7. **Staff Leavers** (shown in the graph at 3 above): 369 staff left the Trust between 1 April 2019 and 30 September 2019 of whom we know the ethnicity of 360. 107 of those who left were BAME which represents 29.7% of the total. We would expect this figure to be around 30% (as this is the proportion of BAME staff employed by the Trust). We therefore have no cause for concern here.
8. **Conclusion:** The data is positive in respect of the overall numbers of BAME staff joining and being retained in the workplace. More work needs to be undertaken to understand the B6/7 position. The new Head of Equality, Diversity and Inclusion commences in post 24.02.2020.