

Meeting Title	Board of Directors		
Date	12 May 2022	Agenda item	Bo.5.22.19

## Strategic Equality and Diversity Council May 2022 Update

Presented by	Mel Pickup – Chief Executive Officer		
Author	Ruth Haigh, EDI Manager and Kez Hayat, Head of Equality, Diversity and Inclusion		
Lead Director			
Purpose of the paper	<p>The purpose of this report is to:</p> <p>Update the Trust Board on the work of the Equality and Diversity Council and provide an overview of the key areas of focus since our last update in March 2022.</p>		
Key control	Identify if the paper is a key control for the Board Assurance Framework		
Action required	To note		
Previously discussed at/ informed by			
Previously approved at:	Academy/Group	Date	

### Key Options, Issues and Risks

The Trust's Equality and Diversity Council (EDC) was developed in January 2021, the first in our Trust history which has a remit for both workforce and wider health inequalities in the district.

Our March 2022 report gave an overview of the last EDC meeting which took place on 1<sup>st</sup> December 2021. Since our last report EDC met on 15<sup>th</sup> March 2022.

As agreed at the May 2021 Trust Board a regular update will be provided on the progress of EDC and any areas for discussion or approval.

### Analysis

Having a strategic Equality and Diversity Council chaired by the CEO, puts the Trust in a strong position of influence and action. We have good infra-structure and strong foundations in place which will enable us to improve our performance and advance equality, diversity and inclusion across the Trust both for our diverse workforce and our diverse patients and communities across the district.

Our staff equality networks who bring a range of knowledge and powerful lived experience are key members of EDC. The Trust has engaged well over the last year with members of our staff equality networks who are now actively influencing the equality agenda at EDC meetings. Specific agenda time has been allocated to all three networks at each meeting and this will remain in going forward. EDC recognises and acknowledges the important work of our staff networks and ensures they have a clear voice at this strategic meeting.

EDC are working closely with the BTHFT Strategy & Integration team in developing a Health Inequalities action plan and are keenly monitoring the progress of key area's of work both within and outside the Trust to measure progress and identify/ share best practice.

EDC are in the early stages of developing a work programme, once agreed this will be shared with relevant colleagues to ensure EDC business is aligned to other key areas of activity.

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<b>Recommendation</b>
It is recommended that the Trust Board: <ul style="list-style-type: none"> <li>1. Note the contents of this report</li> <li>2. Support the proposed areas of work identified in section 3.1</li> </ul>

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)						

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b>
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Well Led</b>
<b>Care Quality Commission Fundamental Standard: Good Governance</b>

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<b>NHS Improvement Effective Use of Resources: People</b>			
<b>Other (please state):</b>			
<b>Relevance to other Board of Director's academies: (please select all that apply)</b>			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b>	<b>PURPOSE/ AIM</b>
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The purpose of this report is to:

- Update the Trust Board on the work of the newly developed Equality and Diversity Council and provide an overview of the key areas of focus since our last update in March 2022.

<b>2</b>	<b>BACKGROUND/CONTEXT</b>
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2.1 There are a number of national levers and drivers that give us a clear direction for delivering equality, diversity and inclusion. These include the legal framework, the NHS constitution, including our contractual obligations namely, on race, disability and gender equality. Furthermore there is significant focus on improving population health inequalities with focus on our role as an acute hospital in reducing these inequalities.

2.2 The Trust has significant policy and practice in place in line with the above legislative requirements and has been reported to the Trust Board previously in terms of the Trust's performance and progress. EDC will also receive regular reports and updates on the Trust's performance on equality, diversity and inclusion.

### 2.3 The Role, Remit and Purpose of EDC

2.4 The overall vision for EDC is 'to advance workforce equality and tackle wider health inequalities with the district.

2.5 The role and purpose of EDC is to enable the Trust Board to identify its responsibilities for the Diversity and Inclusion agenda and provide strategic direction, leadership and support for promoting and maintaining equality, diversity and inclusion across the Trust.

EDC will maintain a strategic overview of the Trust's Diversity and inclusion agenda/objectives ensuring these are fit for purpose and aligned with local, regional & national priorities for EDI, with a view to assessing their adequacy to provide a positive working environment for staff, to enable the provision of high quality care and good clinical outcomes for patients and communities.

### 2.6 EDC Membership

Membership of EDC has been carefully selected to ensure the representation of EDC reflects the wider core-functions of the Trust including external system partners who have a remit in tackling health inequalities. This membership is continually reviewed to ensure we have the right people present at each meeting.

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- 2.7 The chair of EDC shall be the CEO who has also been assigned as the Executive Sponsor for Diversity and Inclusion across the Trust and also is the Trust Lead for health inequalities within the District.
- 2.8 The Trust's three staff equality networks. The Race Equality Staff Inclusion Network (RESIN), Enable and LGBT+ networks are all represented at EDC which ensures that our staff networks have a voice at this strategic meeting but more importantly they are actively influencing the Trust's Diversity and Inclusion agenda.
- 2.9 Jon Prashar and Sughra Nasir are assigned as dedicated Non-Executive Directors who attend EDC on a regular basis.
- 2.9 EDC will work to bring people and organisations together to realise the vision for a personal, fair and diverse health and care system, where everyone counts and NHS values are brought to life. It helps improve the access, experiences and health outcomes for all patients and communities, and to support us to become a more inclusive employer by making full use of the talents of our diverse staff and the communities we serve.

### 3 PROPOSAL

- 3.1 Summary of agenda items and actions arising from EDC since the last Trust Board update provided in March 2022.

A range of areas are currently being explored by EDC and since its inception a range of agenda items and discussions have taken place.

Work is currently under way to agree a workplan for EDC with a schedule of confirmed agenda items to ensure the agenda is representative of the overall aims of EDC in going forward.

The table below captures some of the discussions from the meeting which took place on 15<sup>th</sup> March 2022.

#### Notes of EDC Meeting – 15<sup>th</sup> March 2022

##### Civility in the Workplace

Pat Campbell, HR Director gave an update outlining some of the key highlights relating to the Civility in the Workplace. A Workplace Civility Programme Board and a Civility and Respect Advisory Panel, led by Olivia Joseph (PHD Student), have been set up. A work plan has also been devised for the next 6 months, focusing on 3 key areas:

1. Engagement and education, including a launch and awareness campaign
2. Development of a behaviour framework, linked to organisational values and providing examples of acceptable behaviours (May 2022 launch)
3. Developing manager confidence and capability when challenging poor/ inappropriate behaviours with supportive resources also under development

The Civility Programme Board provides a bi-monthly update to People Academy and works closely with the Civility and Respect Advisory panel and the Patient Safety Working Group.

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The civility and respect panel is providing some valuable insights around civility in the workplace and how this has a wider impact on patient experience. 15 staff are currently sharing their experiences as part of this panel. EDC acknowledged the need to listen to the lived experience of our staff and the importance for individuals to see a clear response to this. EDC also recognised the importance of sharing reflections and experiences, to promote self-awareness, kindness and civility.

Pat highlighted the importance of Strand 3 within the work plan, which involves developing resources and providing managers with the confidence and empowerment to have difficult conversations in order to “nip inappropriate behaviours in the bud” before they escalate. The behavioural framework will also be invaluable as a tool to challenge inappropriate behaviour.

There was a discussion regarding the potential under reporting of incivility incidents in the organisation and agreement that, whilst there was a need to report serious incidents that may cause harm (and in order to understand what is happening in the organisation), there is a real desire to change the culture so that we can reach a point where incivility is no longer an issue that needs reporting formally and can be challenged informally before it reaches that stage. Mel highlighted the importance for staff in sharing and seeking the support provided by e.g. staff networks, advisory panels and 1-1s with managers.

### Gender Pay Gap Update

Kez Hayat provided an overview of the recent report to People Academy which outlines the March 2021 Gender Pay Gap data. This submission is in line with our legal requirement to complete the Gender Pay Gap audit and publish this data on the BTHFT and government website.

Kez explained the 6 calculations required for the Gender Pay Gap submission and shared some improvements highlighted in the report:

- Mean average pay – decrease 2.73%
- Median average pay gap – decrease 2.9%
- Mean average bonus gap – decrease 2.6%
- 1% increase of women in upper quartile (senior leadership roles)
- 2% increase of women in medical and dental roles
- 1% increase of men in admin and clerical roles

Pat Campbell has led a number of Gender Equality focus groups where staff have been able to reflect on the recent data and share their own views and experiences. A Gender Equality Action plan has been developed in response to the data and feedback from the focus groups, and focuses on three key themes:

- Underrepresentation of men in nursing and midwifery (Links being developed with Bradford University to take this forward)
- Talent management
- Flexible Working (particularly for clinical staff) and the promotion and culture movement towards this

Those staff members who were involved in the focus groups have now formed a Gender Equality Reference group. Led by Pat Campbell this group will meet periodically to provide further and more detailed analysis of the available data and to monitor/ review progress of the gender equality action plan.

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Kez provided EDC with his reflections on the BTHFT celebration of International Women's Day.

The BTHFT Women in Senior Leadership panel event took place on 9<sup>th</sup> March and was well received by a variety of staff from across the Trust. Our panel of senior colleagues shared their personal reflections and leadership journeys and there was some lively and positive discussion.

Building on the success of this event we are exploring the idea of holding a series of masterclasses. There was some discussion around the potential barriers for women accessing senior roles where the opportunity for flexible working may be more challenging. It was agreed that job design and flexible culture was key to addressing this and this is being explored by the gender equality reference group.

EDC gave their approval to the report and supported the next steps as outlined.

### **Staff Equality Networks Re-launch**

Kez Hayat gave an update on progress, plans and actions to refresh and relaunch the Staff Equality networks. Kez emphasised the importance of staff networks, as directed by the NHS Chief People Officer, and how these align to the wider EDI agenda.

Kez explained there are national ambitions to ensure networks are focused. This can be achieved through engaging with staff in a positive and sustainable way to ensure staff feel listened to, valued and respected through the sharing of experiences.

The Trust has 3 staff equality networks and the relaunch aims to ensure there is a consistent approach, with each network having a clear role/remit and a voice within the organisation.

Kez gave an outline of progress which involves:

- Engaging with existing network members
- Refreshing the Terms of Reference
- Developing branding and comms/ engagement materials
- Launching of an informal recruitment process – “expressions of Interest” for individuals to take on key roles within the networks

The networks will be relaunched on the 11<sup>th</sup> May – National Day for Staff Networks.

There was discussion about how the networks can be promoted within the Trust and how staff networks can provide the valuable insight necessary to make improvements to the patient experience and patient care.

Sonia Sarah (Equality, Diversity & Inclusion Manager) also gave an update on the Workforce Disability Equality Standard (WDES) Innovation Fund. This fund of 15k has been awarded to the Trust to promote disability awareness (inclusive of visible and invisible disabilities). The fund will go towards a multi-media exhibition (including a video and photography exhibition) featuring ‘a day in the life’ of 6 of our BTHFT staff.

### **Population Health Inequalities**

John Holden, Director of Strategy & Integration introduced himself in his role as executive lead for health inequalities and emphasised that to address Health Inequalities there is a need for everyone in the organisation to support this agenda. He also highlighted the overlap between

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equality, diversity and inclusion and health inequalities work.

John gave a presentation outlining the role of EDC in addressing health inequalities.

At BTHFT our focus is on equity of access to and outcomes of services, with research as a key starting point to identify priorities.

John also gave an outline of health inequalities work taking place amongst our partner organisations and how collaboration and alignment at place/ national level along with the sharing of good practice is key.

BTHFT, as an anchor organisation will focus on the following to address inequalities:

- support local employment opportunities
- procurement for social value (10% weighting)
- tackling digital exclusion

The programme will look to agree an approach / action plan with several realistic but ambitious milestones, including short and long term goals. Following this there will be routine reporting, reviewing and measuring of success and the strategy and innovation team will continue to report to EDC around progress on key areas of work.

John raised questions to EDC, whether this information resonates and welcomed suggestions as to involvement of other organisations and groups.

John confirmed he is in conversation with members of the inequalities alliance to understand how we (EDC/ BTHFT) can connect and work alongside them.

John accepted Simon Kirk's invitation for Stroke Services to become a role model, alongside other forward thinking initiatives such as outstanding maternity, theatres and decision making programmes, and accepted the invitation to link up further with Rukeya Miah around the vaccination programme.

### Staff Equality Network Updates

The RESIN network were keen to work with OD, EDI and Recruitment teams to develop job interview skills workshops to support skills and confidence as a supplement to existing career development resources available to diverse staff. Mel suggested involving some senior leaders who may provide useful experience for aspiring staff.

Updates are to be provided at the June EDC meeting around the development of a degree level apprenticeship programme as a positive action measure for diverse staff and also a BTHFT specific development offer for diverse staff at Bands 5-7

There were no other staff network updates but Kez emphasised that each network was focusing on their relaunch and refresh ahead of the 11<sup>th</sup> May 2022.

### Any other business:

Kez reminded colleagues that Ramadan will start 3<sup>rd</sup> or 4<sup>th</sup> April and an online session to support staff and managers who have any questions was being developed.



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**3.2** Next EDC is due to take place on 9<sup>h</sup> June 2022. Agenda for this is currently being finalised and subsequent meetings have been scheduled on a quarterly basis with further meetings in September and December 2022.

<b>4</b>	<b>RECOMMENDATIONS</b>
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It is recommended that the Trust Board:

1. Note the contents of this report
2. Support the proposed areas of work identified in section 3.1

<b>5</b>	<b>Appendices</b>
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N/A