

Equality Objectives 2016 - 2020

1. Introduction

Public Sector organisations with more than 150 staff are required to publish a set of Equality Objectives every four years to be compliant with the Public Sector Duties of the Equality Act 2010.

The Equality Objectives are the priorities the organisation has identified to focus on improving over that four year period.

To demonstrate compliance with the Equality Act 2010 General Duties organisations must publish information related to the delivery of those objectives.

Within Bradford District Care Foundation Trust (BDCFT) the Equality Objectives are developed using the NHS Equality Delivery System Framework (2) (EDS2). The EDS2 is the national NHS framework for assessing equality performance and priorities. The system includes a set of 18 equality outcomes that fall within the following categories, they are:

- Better health outcomes for all,
- Improved patient access and experience,
- A representative and supported workforce,
- Inclusive leadership

The system is designed to assist NHS organisations in identifying the key inequalities and strengths in partnership with local people and to develop plans to address them that are then monitored externally with community partners.

The report provides a summary of activity, output and outcomes relating to the 2012 – 2016 Equality Objectives and the delivery plan for the 2016 – 2020 Equality Objectives that will launch on 1st April 2016.

2. Background to Developing and Agreeing the Equality Objectives

In 2012 the Trust agreed a set of Equality Objectives following significant:

- Collection and analysis of evidence including workforce data, patient satisfaction surveys, patient and census data.
- Analysis of local health inequalities information.
- Community engagement and consultation with local voluntary, community and faith sector partners, staff and service users from provider NHS Trusts and the Primary Care Trust.

A summary of some of the evidence is published on the BDCFT website <http://www.bdct.nhs.uk/equality-delivery-system>

This process was carried out in partnership with Airedale NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust and the Bradford and Airedale Primary Care Trust (PCT). The Equality Objectives have provided the focus for BDCFT's equality work over the past four years.

3. Summary of Activity, Output and Outcome relating to the 2012 – 2016 Equality Objectives

The table below includes the **headlines** relating to the delivery of each equality objective. The table will be published on the Trust website next to the equality information that was used to produce the objectives and the panel outcomes relating to progress for 2013 and 2014.

	Equality Objective	Summary of outcome, output and impact
1	Improve EDS grades year on year	<p>A summary of the grades awarded via the panel process for 2013 and 2014 is included in appendix 1. The panel involved local Voluntary and Community groups and staff stakeholders analysing the data and evidence produced relating to each outcome relevant to the Equality Objectives. The process is not a benchmark against other organisations as the grading process is implemented differently across the country.</p> <p>Within the Bradford, Airedale and Craven area the expectations of the panel increased over the four years of the Equality Objectives. ‘Achieving’ grades were awarded for Trusts that had evidence or data available and a commitment to improvement. In later years ‘Achieving’ grades were awarded when Trusts were making impact and delivering real health outcomes for service users or outcomes for staff. As a result some grades were reduced as the standard became higher.</p> <p>A full explanation of the changes outlined in appendix 1 is available and has been reported to the Quality and Safety Committee annually after the panel processes.</p> <p>The summary outlines the following:</p> <p>7 grades have moved from developing to achieving as a direct result of projects undertaken and the work outlined within this report.</p> <p>There are a number of outcome areas where the grade has moved from ‘Achieving’ to ‘Developing’ as a result of improved evidence and data, increased expectation and differing involvement in the panels. Appendix 1 includes an exception report that explains the reasons for those changes in 2014.</p>
2	Improve EDS process year on year	<p>The process has been improved considerably. Notably with the introduction of EDS2 guidance which reduced the number of EDS outcomes that Trusts were expected to focus on to a more manageable</p>

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		<p>and realistic level linked to Equality Objectives.</p> <p>This has meant that Trusts can focus on specific areas for improvement making real impact. One outcome of that is that for some protected characteristics progress and change has not been reported within the EDS structure. Those were labelled as n/a in the grading summaries.</p> <p>The process of working with local community and voluntary groups and staff to request data, collect and then analyse it and then set objectives and actions has been very positive. The Trust is in a much better position now in understanding where inequalities are and what actions need to be taken. This is a positive outcome of this work.</p> <p>One issue that has arisen as a result is that expectations have risen as more evidence and data has been provided. Partners involved in the process have moved from looking for data, information and plans to impact, output and outcome. Some of the interventions will take a significant time to realise the outcome.</p>
	Ensure that services better meet the needs of Trans People	<ol style="list-style-type: none"> 1. A community expert associated with the community organisations Bradford Equity Partnership and Trans+ive was commissioned by BDCFT to draft a Trans Equality Policy. This policy is in place and has been used with positive feedback from staff and from service users experiencing services. 2. Within Acute Mental Health services successful admissions have been experienced for staff and service users using the policy and protocol. The Head of Equality is now involved alongside Trans+ive to ensure the policy and legislation is implemented and adhered to. 3. Services that were highlighted by the community as being high priority for Trans Awareness Training have been targeted to access online and face to face training. 212 staff are now trained. 4. There are case studies available on how this knowledge has been used in practice for example in School Nursing relating to administering the HPV Vaccine. 5. Specialist clinical training has been available through the Mental Health TRIPS sessions in addition to the 212 staff enrolled on the formal programmes.
3	Make information more accessible – to	<p>Accessible Information</p> <ol style="list-style-type: none"> 1. The Single Point of Access Admin Hubs have been introduced to provide easy access for all to

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	better meet the needs of visually impaired people, Deaf people and people with language and literacy issues	<p>Trusts services. The service has the facility to cater for people with different access needs set up.</p> <p>Language</p> <ol style="list-style-type: none"> 1. A new interpreting contract has been introduced. The contract includes a primary and secondary provider framework. The contract outlines the quality expected from interpreting providers. This includes a set of challenging KPI's including 100% calls and bookings to be responded to, 100% of out of hours requests to be responded to and 100% of urgent requests to be responded to within the hour. These KPI's are monitored quarterly. 2. A new Interpreting Policy was launched outlining expectations of provider performance and quality and addressing quality issues previously experienced. 3. A lead member of staff has been identified and a system for collecting data and feedback from staff about performance relating to interpreting. An annual review of performance is now in place and is shared with teams. <p>Deaf People and Visually Impaired People</p> <ol style="list-style-type: none"> 1. The Accessible Information Standard which goes live on 1st July 2016 addresses a number of issues for people from these communities. The Trust has a steering group delivering on the implementation requirements of the Standard and has already developed a clinical tool to support staff in asking service users about the information needs. The group is carrying out an audit of the current position and resources available and the IM&T team are working on adapting BDCFT's electronic clinical systems to record patient information for staff to respond to. 2. The Trust trained staff within Acute Mental Health in British Sign Language to support Deaf service users in accessing services and to address the additional waiting times experienced. 3. The First Response Service have carried out an Equality Analysis of the service and identified actions relating to access to BSL interpreters in crisis to support Deaf Service Users. This will be addressed in the equality action plan and embedded into the new Equality Objectives 2016 – 2020 action plan. <p>Literacy Issues See section 4 Gypsy and Traveller Engagement Event.</p>

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4	Improve the access and experience of BME patients and service users	<p><u>Research and studies into improving access and experience of BME Patients and Service Users have taken place over the 4 years</u></p> <p>1. Physical Activity for Ethnically Diverse Service Users with Dementia Recommendations for further research and implementation made and being taken forward.</p> <p>2. Depression in Muslim Communities Evidence based model Behavioural Activation was adapted and piloted and a Therapy Manual was developed along with interventions that can be drawn upon based on service user need. An agreement has been made to implement the therapy within the Trust; this will take place in the proposed second study focussing on implementation. BDCT is the lead Trust in this regional study</p> <p>3. Access to mental health services for people with eating disorders for South Asian communities The purpose of this study is to determine whether there are any discrepancies between the rates of eating disorders and the percentage of people who have sought professional help among South Asian women ages 18 and older who are residing in Bradford, UK. The research will also look to identify some of the factors (barriers and facilitators) influencing access for this population group.</p> <p>4. Spiritual and Cultural Needs: A service user perspective An audit was carried out where Service user's were interviewed to ascertain their perspectives regarding how satisfied they are with their care from a cultural; spiritual and religious stance from BDCT and whether it was recorded within their care record. A set of guidelines have been developed as a result. A follow up audit was undertaken:</p> <ul style="list-style-type: none"> • Of 100 patient records, 14 different religious denominations and beliefs were recorded. 65% included consideration of religion, belief and spirituality. In 64 cases any cultural needs, or needs relating to the ethnicity that patients' held, were considered by staff in the care planning process. • Needs were not recorded as being assessed in 36 cases. As a result of the audit moderate assurance was given. • When comparing the first and second audit findings the recording of religious needs has improved by 56% and the recording of cultural needs has improved by 56%. This work is ongoing with a new action plan having been launched in September 2014. <p>5. Muslim Communities Learning about Second Hand Smoke</p>

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		<p>The MCLASS trial looks at how well ‘Smoke Free Homes’, an educational programme, can be integrated and delivered through mosques’ routine to help reduce the harm caused by second-hand smoke in Bangladeshi and Pakistani-origin Muslim communities. This is a partnership project with York University and Bradford Teaching Hospitals Foundation Trust. The results of the study have been written up and will influence service provision locally.</p> <p>6. Adapting Patient Related Outcome Measures for BME patients Consultation with communities, clinicians, service users and carers around the mandated clusters and care pathways project about how diversity and mental health could be best understood, communicated and expressed from different perspectives. This consultation process made preliminary recommendations to the project steering group.</p> <p>7. Severe Mental Health in South Asians This PhD study is a partnership with University of York. It will enable better understanding and appropriate interventions for this client group. It may also support prevention of diabetes development.</p> <p>8. Engaging with Muslim Communities regarding faith healing 48 participants took part in this study. It was delivered in partnership with 4 randomly selected local Mosques. The results are written up.</p> <p>Gypsy and Traveller Health In addition to this research a Gypsy and Traveller Health Working Group was established. The group has an action plan which included the delivery of a health fair in May 2015. The fair engaged 66 Gypsy and Traveller people from across Bradford. 15 health checks were carried out at the event with referrals made for each individual including 14 to GP’s. A report into the barriers to accessing health and experience of those who attended was written with a set of recommendations which will be delivered as part of the new set of Equality Objectives 2016 – 2020.</p>
5	Reduce inequality experienced by Black and Minority Ethnic Staff (BME) staff and applicants.	<ol style="list-style-type: none"> 1. In 2012 the BME workforce baseline was 18.3% 2. In 2013 the Trust carried out an Innov8 funded Study into the hypothesis that there are barriers to career progression for BME staff. The study was carried out with all BME staff and the same number sample of White staff to allow comparison. It identified a number of issues that were specific and enabled the Trust to agree a strategy to tackling them. 3. In 2014 the Trust published the BME Diversity in Employment Strategy which included

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		<p>objectives to tackle the issues identified in the study and an action plan with key objectives for delivery. A set of Key Performance Measures were set and a framework for reporting progress to the Trust Board every 6 months.</p> <p>4. Since the strategy has been launched the following outputs and outcomes have been delivered:</p> <ol style="list-style-type: none"> a. 20.97% of Trust staff are now from a BME background. That is an increase of 2.67% since the work started. b. 333 band 6 and above leaders have been trained in cultural excellence. c. The Moving Forward Programme – BME Development programme for bands 5 and 6 has been developed and run once with a further programme starting in April. Of the 10 participants 50% have been successful in gaining a promotion with only one of those being outside of the Trust. All have personal development plans. 20% are taking forward commercial ideas and stretch projects in their role. One has had several articles published on their Mary Seacole project and Moving Forward experience. d. Two work experience programmes targeting BME University and college students and voluntary sector organisation members have run with the aim of introducing local BME young people into the organisation. <p>5. The Trust has won an Inclusive Leadership Award via the Regional Leadership Recognition Awards run by the Leadership Academy for this workstream.</p> <p><i>For more information on this work stream visit the BDCFT website where the 6 monthly Board reports and annual workforce reports are available.</i></p>
6	Increase the diversity of Trust / CCG Boards and Governors and their understanding of equality issues	<ol style="list-style-type: none"> 1. Executive Directors have attended the Cultural Excellence programme and are included in the 333 attendance figure reported above. 2. A specific Cultural Competence and Equality session has been run with the Board with two follow up sessions planned for 2016. 3. The Trust was successful in achieving Foundation Trust status and can now develop specific recruitment processes for non-executive Board positions. The Board have developed a person specification, advert and recruitment process aimed to attract more applications from BME people for the non-Executive Director position. A higher proportion of shortlisted applicants were from a BME background and the Trust appointed a new Non-Executive Director in February increasing diversity on the Board from 6% to 12% BME.

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7	Improve the access to mental health services for women (BDCFT)	<ol style="list-style-type: none"> 1. The Trust opened the Intensive Therapy Unit for women in June 2015. This was after a long process of development and design. The female only unit focusses on supporting women intensively with personality disorders. For further information you can access the Trust website - http://www.bdct.nhs.uk/search/text-content/daisy-hill-intensive-therapy-centre-is-open--740 2. A partnership Perinatal Mental Health pathway has been developed and launched. Staff across health visiting, midwifery and community mental health have been trained in mood assessments and perinatal mental health. The First Response Team have developed a protocol for supporting women and families in crisis during pregnancy and early motherhood. 3. In Health Visiting a set of infant cue cards have been produced and piloted for use in non-English speaking households and as a resource for all families.

Please note that this is a summary of the headline activity. The Trust has many smaller scale projects making an impact at service level which are reported as part of the service governance structure. For each element of the above there is a further report and information available. Please contact the Head of Equality for more information.