

Bradford and Airedale NHS Equality Objectives – March 2012

Across the local health economy, the four NHS trusts, NHS Airedale Bradford and Leeds, Airedale NHS Foundation Trust, Bradford District Care Trust and Bradford Teaching Hospitals Foundation Trust, have been working with local interests through the Bradford and Airedale NHS Equality Group to consider and develop evidence of the health inequalities affecting people from the Equality Act “protected groups” and to assess the four trusts’ equalities performance using the Equality Delivery System (EDS). Through this work we have identified the following draft equality objectives which we will mostly work on jointly. The work to meet these objectives will build on partnership projects that we have already begun and that will continue, for example, Lesbian Gay and Bisexual (LGB) equality work with Equity Partnership, the implementation of our district’s Health Violence against Women and Girls Strategy, the Innov8 BME leadership initiative and our district’s NHS Race Equality in Employment group.

	Objective - for all four trusts	EDS goal	Why is this a priority?
1.	Improve EDS grades year on year	All four goals	<p>Our assessment panels have effectively involved local interests and provided a useful baseline description of our strengths and weaknesses. All four trusts will work jointly on at least the following:</p> <ul style="list-style-type: none"> • pay gap • better meeting the needs of people from Gypsy, Traveller & Roma communities • carers (including gathering of data) • staff survey • interpreting • improving the gathering & use of equality data (improve monitoring of religion) <p>We have also identified the need for all trusts to focus more on evidence of impact than evidence of activity.</p>
2.	Improve EDS process, year on year	All four goals	<p>We will improve the involvement of protected groups who have been under-represented in the Bradford and Airedale NHS Equality Group. Specifically we will</p> <ul style="list-style-type: none"> • Gather more local evidence on the experiences of older people (including Black and Minority Ethnic (BME) older people) • Involve young people (including BME young people) in a focused project • Develop a coordinated health & race equality infrastructure

	Objective - for all four trusts	EDS goal	Why is this a priority?
3.	Ensure that services better meet the needs of trans people	<p>1. Better health outcomes for all</p> <p>2. Improved patient access and experience</p>	<p>Across all four trusts, and all four goals, the protected group with the lowest Equality Delivery System grades is transgender people. Bradford District Care Trust has developed a policy and 94 staff members have attended five trans awareness seminars. Bradford Teaching Hospitals Foundation Trust has been involved in a regional group developing a protocol for the provision of hospital services to trans people.</p> <p>We recognise that we do not have sufficient information about the health needs and experiences of trans people and that we need to work to make NHS services more welcoming and inclusive of trans service users.</p>
4.	Make information more accessible - to better meet needs of visually impaired people, Deaf people and people with language / literacy issues	<p>1. Better health outcomes for all</p> <p>2. Improved patient access and experience</p>	A strong theme of the additional evidence submitted by EDS panel members has been the inaccessibility of much NHS information to visually impaired people, Deaf people and people from the Gypsy, Traveller & Roma communities and people with literacy / languages issues.
5.	Improve the access and experience of BME patients and service users	2. Improved patient access and experience	Evidence from the GP patient survey, from focus groups and interviews with Muslim people using palliative care services and BME people using maternity services and from the mental health reading of rights audit show poor experiences and lower levels of satisfaction amongst BME people.
6.	Reduce inequality experienced by BME staff and applicants.	3. Empowered, engaged and well-supported staff	Evidence of the significantly lower proportions of BME job applicants who are shortlisted and of BME interviewees who are appointed in all our trusts, the disproportionate representation of BME staff in disciplinary hearings in some of our trusts and the lower levels of BME staff satisfaction in the staff survey for some of our trusts all indicate that this needs to be a priority.

	Objective - for all four trusts	EDS goal	Why is this a priority?
7.	Increase the diversity of trust / CCG boards / boards of governors & their understanding of equality issues.	4. Inclusive leadership at all levels	Evidence gathered at the request of our goal four assessment panel shows that our boards are not representative of local communities.
	Objective – for individual trusts	EDS Goal	Why is this a priority?
8.	Improve access to mental health services for women (BDCT)	1. Better health outcomes for all	Evidence gathered for EDS goal two shows that women are the group with most inequalities in terms of access to mental health services.
9.	Improve experience of LGB patients and women (Airedale Hospital)	2. Improved patient access and experience	EDS evidence shows a lack of data about LGB patients and staff members' experiences at Airedale Hospital and The Challenge for Change (2010) shows some poor service user experience. Maternity service focus groups suggest the need for some improvements.
10.	Ensure continuing senior level commitment to this work. (NHS Airedale, Bradford & Leeds)	4. Inclusive leadership at all levels	Concerns were raised by many panel members that this work and its benefits (meaningful involvement of external stakeholders, partnership working across the health economy, effective use of evidence and focus on outcomes) could be lost within the new NHS commissioning structures.
11.	Determine whether people from protected groups are disadvantaged by the Complaints process (BTHFT)	2. Improved patient access and experience	For most trusts it is not currently possible to disaggregate different groups' experiences of using our complaints systems. Some concerns were raised by panel members that the system is not as accessible to all protected groups. BTHFT will initially lead on this work within our partnership.