



Bradford District Care
NHS Foundation Trust

Equality, Diversity and Inclusion Annual Report

Bradford District Care NHS Foundation Trust
January 2018

Introduction

This report provides a summary of the work undertaken, the equality position and performance in the last year at Bradford District Care Foundation Trust. The report supports compliance with the Equality Act 2010's Public Sector Duties. In addition to this report the Trust has a number of governance procedures for equality to ensure progress and prioritisation of the work. These include six monthly reports to the Quality and Safety and FBI Committees, annual reports to the Trust Board, 6 monthly reports to service quality and safety groups and the NHS Equality Delivery System panels. All of this information is available to the reader for more information if required. Please contact the Head of Equality lisa.wright@bdct.nhs.uk

BDCFT Equality Objectives 2016 -2020

The Trust has a set of equality objectives that run from 2016 – 2020. These are shared objectives with our NHS partners Bradford Teaching Hospitals Foundation Trust, Airedale General Hospital Foundation Trust, Bradford and City Clinical Commissioning Groups and Airedale Clinical Commissioning Group. They were developed using the NHS Equality Delivery System (EDS) processes to identify the inequalities for patients and staff and in services. Patients, staff members, voluntary sector organisations and public sector partners were invited to highlight priorities for improvement in a series of EDS panels and an electronic survey. This was added workforce and patient data to develop the following priorities:

	Objective	Rationale
1.	Carry out a Gender Pay Gap Audit using a recognised audit framework. Develop an action plan to address the findings of the audit.	This is a requirement from April 2016. There has been no focus on sex equality in the past 4 years and staff survey results highlight differences in male and female responses.
2	To implement the Accessible Information Standard.	This incorporates the priorities identified to improve access and experience for visual and sensory impaired service users and people with learning disabilities. The standard is a requirement for Trusts to implement by July 2016 and monitor beyond.
3.	To improve BME service users access and experience of services. <ul style="list-style-type: none">• BDCFT to identify 4 projects over the 4 years through the panel process and evidence collected as part of the review of the 2012 – 2016 Equality Objectives For example – Gypsy and Traveller health	There needs to be a narrower focus on delivering SMART projects in partnership. These will be defined during the delivery plan development.

	Objective	Rationale
	inequalities, experiences of maternity services, access to community hospitals.	
4.	To increase awareness of mental health and to improve access and experience of mental health service users across the health economy.	This is a shared objective and will focus on the specific groups identified in the consultation – perinatal mental health, tackling stigma, women’s mental health, particularly BME women, physical health, young people and mental health awareness.
5.	Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified.	The NHS Workforce Disability Equality Standard will be introduced in April 2017. Staff Survey results show differences in disabled staffs responses to key equality related questions.
6.	To implement the Workforce Race Equality Standard (WRES).	The standard includes all of the key work streams required including a representative workforce.
7.	To implement the recommendations in the Healthy Attitudes Stonewall Study and Equity partnership LGB&T Local Health Needs Assessment. <ul style="list-style-type: none"> Including for BDCFT the LGBT Workplace Culture Study findings. 	This national and local studies include recommendations for Trusts to improve their services for LGB and T service users and staff.
8.	To improve the access and experience of older people and people facing rural isolation	This was adopted as a priority for BDCFT at the Quality and Safety Committee in 2015 and was identified by respondents as a priority.

Governance and Monitoring

The Trust has an action plan setting out how these objectives are being addressed. Progress is reported to the Quality and Safety Committee which is a sub group of the Trust Board every 6 month with additional reporting directly to the Trust Board on the WRES.

Equality and Diversity is on the Business Units and their Services’ Quality and Safety Group agenda every 6 months.

There are key metrics in place to measure and monitor progress for each of the objectives which are looked at in the meetings. Data and intelligence is triangulated from the Risk

Management reporting systems, Freedom to Speak Up system, HR solutions information, staff survey and workforce information. Detailed reports on the following are available on the BDCFT website and can be accessed here <http://www.bdct.nhs.uk/about-us/key-information/equality-and-diversity/>

- Annual Workforce Race Equality Standard (WRES) Data and action planning
- The Gender Pay Gap Report
- The Trusts Equality Workforce Information
- The Equality, Diversity and Inclusion Workforce Strategy which includes the most up to date data on the WRES, Workforce Disability Equality Data, Gender Pay Gap and Sexual Orientation Equality.
- The Current Equality Delivery System Grades.

Engagement

The Equality Delivery System panel process is run annually. Voluntary sector organisations, public sector partners, patients and staff are invited to be involved in assessing the organisations progress and inputting into the priorities for the next year. In addition throughout the year staff are involved in shaping the action plan and inputting through focus groups.

Progress Report

A number of detailed reports are available here as part of the Trusts Board reporting <http://www.bdct.nhs.uk/about-us/our-board/board-papers/>

Key highlights

Objective	Activity and Progress
<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>In 2017 new Equality Act regulations were published. The Regulations instruct organisations with 250 or more employees, to publish information relating to the gender pay gap in their organisation. In particular, public authorities are required to publish the difference between the average hourly rate of pay paid to male and female employees; the difference between the average bonus paid to male and female employees; the proportions of male and of female employees who receive bonuses; and the relative proportions of male and female employees in each quartile pay band of the workforce.</p> <p>BDCFT has analysed this information previously and produced information in December 2016 in preparation for the requirement to publish by 31st March 2018, the information will be refreshed prior to publication. The current gender pay gap calculated using the specified mean calculation is 6.86% in favour of males. This has decreased by 1.68% since the previous report in March 2016. The average hourly rates of pay are £14.88 for females and £15.99 for males. This calculation is based on full time employees only. This information was refreshed in January 2018 using the newly launched reporting module in the Electronic</p>

Objective	Activity and Progress
	<p>Staff Record. The data is being analysed to understand the impact of salary sacrifices like childcare and bonuses like the Clinical Excellence Award. A report on the findings will go the Trusts Executive Team ready for publication of the data and action plan on 31st March 2018.</p>
<p>To implement the Accessible Information Standard.</p>	<p>The standard was implemented by the 1st August 2016 deadline. Training was provided to clinical staff and is still available through e-learning. Data is now being collected on compliance rates. The data shows that although staff are often providing information accessibly to service users it is not yet recorded in the patient record as standard.</p>
<p>To improve BME service users access and experience of services.</p>	<p>Interpreting provision is being reviewed to ensure access is straightforward, varied to meet the service users need and the quality of that provision is good. A cost improvement plan is in place and 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. Services have identified what they are spending which has identified services that are underusing.</p> <p>A Gypsy and Traveller Engagement Review have been carried out following two community engagement events. The results need to be implemented to the access and experience of the community to NHS Health Services.</p> <p>Services have all identified actions that support this objectives, A full list of service level activities is included in appendix 1.</p>
<p>To increase awareness of mental health and to improve access and experience of mental health service users across the health economy.</p>	<p>A Mental Wellbeing Strategy in Bradford and Craven was launched in 2016. This strategy sets out the vision for the mental wellbeing of residents through improved awareness and experience of mental health and mental health services. The strategy can be read here http://www.bradfordcityccg.nhs.uk/seecmsfile/?id=1131</p> <p>In addition BDCFT services have been leading projects to improve access and experience of their mental health services. A full list of these can be found in appendix 1; they include:</p> <ul style="list-style-type: none"> • Review of BME Young People’s access into CAMHS and activities to promote the services and increase uptake. • Development and launch of a Perinatal Mental Health Service. • Development and launch of a specialist mental health service for service users with autism.
<p>Prepare for the implementation of the Workforce Disability Equality Standard by preparing data and developing and delivering plans to tackle the issues identified.</p>	<p>Although the metrics are not yet finalised analysis of the likely metrics has been carried out. The WDES will come into force in April 2018 with a deadline for publication on Summer 2019. The data is as follows:</p> <ul style="list-style-type: none"> • 4% of staff disclose a disability within their ESR record. • 26% are ‘undefined’ so do not answer the question – nationally this has been proven to be a marker of staff feeling able to disclose. When work is done to support the Disability equality agenda the percentage of undefined records reduces.

Objective	Activity and Progress
	<ul style="list-style-type: none"> • As the figures are so low it is difficult to take meaningful learning from the breakdown of that data at band and staff group level. It is however a requirement to publish that information. • The staff survey questions do not directly correlate with the draft WDES metrics. However there are comparable questions that can be used. Presumably (and hopefully) when the final metrics are released there will be a direct comparison. • More staff disclose their Disability in the confidential staff survey than through ESR. • 72% of Disabled staff compared with 52% of non-Disabled staff reported feeling pressure to attend work despite feeling unwell in the last 3 months. • 74% of Disabled staff compared with 84% of non-Disabled staff believe the organisation provides equal opportunities for career progression / promotion. • Less Disabled staff (2.95) than non-Disabled staff (3.11) report being satisfied with their appraisal. • 30% of Disabled staff report experiencing abuse, harassment or discrimination from staff in comparison with 18% of non-Disabled staff. <p>Detailed workforce reporting for Disability can be found here http://www.bdct.nhs.uk/about-us/key-information/equality-and-diversity/</p>
<p>To implement the Workforce Race Equality Standard (WRES).</p>	<p>The WRES has been in place since 2014 and BDCFT has been analysing data on staff experiences during that time. The data has been analysed to see what trends it is showing over time and the impact of the key activities carried out. A summary of this analysis can be found in appendix 2.</p> <p>The following activities have been undertaken:</p> <ul style="list-style-type: none"> • Unconscious Bias Training has been embedded into the Recruitment and Selection Training offered by the Trust. • Theory and activities outlining the importance of developing and maintaining a diverse workforce and inclusive leadership have been embedded into the Engaging Leaders Leadership Programme. • A review of the staff networks has been carried out. • A Board Development Day has been delivered, the Board have mentored BME graduates of the Moving Forward Programme. • A Development Programme called Moving Forward for BME staff in bands 5 and 6 has been designed and delivered four times since 2015. 33 graduates have come from the programme with one third progressing into higher banded posts. • Cultural Conversations Programme is in development aimed at developing a workforce that is able to discuss challenging and difficult issues productively and effectively. • Harassment Officers are being identified and the Freedom to Speak Up Programme has been launched. • A BME Diversity in the Workforce Strategy has been delivered from 2014 – 2017 and a new version developed to incorporate all of the workforce equality strands.

Objective	Activity and Progress
	All of the detailed WRES reports and the Trusts workforce reporting can be found here http://www.bdct.nhs.uk/about-us/key-information/equality-and-diversity/
<p>To implement the recommendations in the Healthy Attitudes Stonewall Study and Equity partnership LGB&T Local Health Needs Assessment.</p> <ul style="list-style-type: none"> Including for BDCFT the LGBT Workplace Culture Study findings. 	<p>There has been little progress on this objective. Data that is available has been collected and analysed as far as it can be as the numbers are low. That information can be found here http://www.bdct.nhs.uk/about-us/key-information/equality-and-diversity/</p> <p>In 2014 the Trust commissioned an LGBT workplace culture survey. The results of that need to be acted upon. Over the next three years the Equality and Diversity Workforce Strategy outlines how this work will be taken forward. A full copy of that is available on the BDCFT website.</p> <p>The disclosure rate is currently low. The 2017 staff survey results have been provided with analysis on the responses of LGB Staff in comparison with non-LGB staff. This will provide an opportunity to benchmark the staff feeling at the beginning of this work and monitor progress.</p>
To improve the access and experience of older people and people facing rural isolation	A number of services are focussing on analysing and enhancing their rural offer. This work needs to continue over the next two year period of the objectives.

Future Priorities

The focus for 2018/19 will be on meeting statutory requirements and on continued delivery of the Trust's Equality Objectives and associated strategies.

- Support the ongoing implementation of the **Accessible Information Standard**. Provide data to Governance Groups by service of their implementation performance.
- Deliver the **Equality, Diversity and Inclusion Workforce Strategy 2018 – 2021** including the WRES actions of ongoing improvements to recruitment and selection processes and training for managers, culture change and engagement with staff about meeting the strategies aims; the WDES actions to increase disability disclosure rates, review the way that policies that are relevant to disability are implemented by managers; benchmark the Gender Pay Gap Data and research the take up of clinical excellence awards further and finally to implement the Rainbow Campaign across the Trust and increase disclosure rates and awareness of the LGBT Equality Agenda. Develop training that supports the implementation of the Zero Tolerance to abuse Policy for staff.
- **Work in partnership** with Bradford Teaching Hospitals Foundation Trust and Airedale Hospitals Foundation Trust and the local CCG's to identify further opportunities to collaborate in tackling health inequalities that cut across organisational boundaries.
- Continue to develop **business unit / corporate directorate specific equality and inclusion** objectives to respond to Service specific inequalities that relate to the Trust wide

Equality Objectives. Develop a dashboard for equality data. Establish a governance process for monitoring and reporting progress on the Equality Objectives at service level. It is proposed that a strategy for Equality, Diversity and Human Rights for patient care be developed to bring all of this together along with intentions for delivering the care related Equality Objectives.

- Support the implementation of the actions resulting from the **Gypsy and Traveller engagement events**. The focus will be on identifying key champions who can help drive forward the Gypsy and Traveller Health Strategy and ensure that there is greater consistency across Services in the delivery of services to these communities.
- Continue to deliver the **Interpreting Cost Improvement Plan** delivering on key actions such as; developing a new policy that covers the diversified methods of accessing interpreting, the streamlined admin systems and the longer term plan to enhance the patient data collected and analysed on interpreter requirements.

For further information on any of the information in this report or for paper copies of the detailed reports signposted to on our website please contact lisa.wright@bdct.nhs.uk