Airedale NHS
NHS Foundation Trust

Report to:	Board of Directors				
Date of Meeting:	24th September 2014				
Report Title:	Equality and Diversity Annual report				
Status:	**For information**	**Discussion**	**Assurance**	**Approval**	**Regulatory requirement**
Mark relevant box with X	X		X		Equality and Human Rights Commission
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Executive Sponsor (presenting):	Director of Nursing – Rob Dearden				
Appendices (list if applicable):	Appendix 1 - Definitions of protected characteristics Appendix 2 - Equality Delivery System 2				

Purpose of the Report

The Equality Act became law in October 2010. As an employer, the Trust's obligations remain largely the same. These being; Elimination of discrimination, harassment and victimisation; Advancing equality of opportunity between individuals and Fostering of good relations.

The Equality Act has harmonised and replaced previous legislation but still offers the same protection to groups that were protected by previous equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called 'protected characteristics.

This Annual report outlines how the Trust continues to meet the Public Sector Equality Duty, (cross referenced to the Equality Delivery System and the protected characteristics) in terms of Service Delivery and Employment. Positive examples in respect of inclusive behaviour can be seen within Maternity services, Chaplaincy, Palliative Care and Care of patients who are living with Dementia, to name but a few.

The Annual report has been produced to showcase how the hospital is working to mainstream elements pertaining to the protected characteristics in both Employment and Service Delivery.

Key points for discussion

Public sector bodies must address the General Duties of the Equality Act 2010. The hospital must have an inclusive culture and there is a need for greater transparency in provision of services.

Key areas of work and actions taken to date

- Highest number of staff trained in Equality and Diversity compared with other Trusts (70% staff trained)
- E and D principles are integrated into patient care
- Equality Impact Assessments continue to be used.
- The PAS system collects data with an alert system flagging Learning Disability (LD).
- Improved disabled access
- The FFT collects data in respect of Gender, Age, Disability and Ethnicity.
- Interpreting services provided show an increase in usage
- Patient Experience continues to be measured via, Patient Satisfaction surveys.
- Dementia audits undertaken, any aspects pertinent to BME groups picked up for appropriate action.
- Head of Chaplaincy appointed.
- Planned sessions with the local faith communities towards the end of this year and into 2015 to address faith and cultural issues in respect of service delivery.

Areas of work that need addressing

- The size and diversity of the minority ethnic population makes it a priority to develop appropriate transition services. Anecdotal information indicates that BME patients sometimes find it difficult to access services at hospitals. The Trust needs to ascertain if this is the issue for Airedale, as well as

undertaking research and / or specific work around engaging with BME communities to understand if there is a mono centric view point in respect of factors linked to the early onset of diseases.

- Exploring the viability of undertaking a research / audit project around assessing lack of engagement with BME communities, to be initiated by Feb 2015.
- Ongoing engagement work with the LGB and T groups. Stonewall's Health Care Equality Index placed the Hospital at 33rd out of 44. Engagement work with Stonewall has commenced to address this.
- Continue the analysis of patient data collected (for in-patients, Outpatients and A and E), cross referencing this information with specialism offered and take-up of services in respect of all protected characteristics.

Employment

The profile of the workforce reflects shows that BME staff make up **11.2%** of staff (not including Medical and Dental staff). This figure is more reflective of the Yorkshire and Humber region, which stands at **10.8%,** than the Airedale Wharfdale and Craven figures, which equate to approximately **28.9%.** A more reflective workforce would make services more sensitive.

Actions needed:

- Drill further into data already collected to ascertain why there are discrepancies in respect of BME groups served and employed by the Trust (National figures compared with Airedale Wharfdale and Craven figures).
- In the reporting year 2013 – 2104, there were 290 appointments of which **13.6%** were from the BME group. This information however needs to be drilled down further in respect of:
  - the nature of jobs advertised,
  - level of jobs being recruited to,
  - application received (via postcodes),
  - numbers shortlisted, and
  - appointments.
  - Analysis will help in assessing potential blockages and agree appropriate actions.

It is proposed that this exercise should reflect the analysis in respect of all the other protected characteristics. Detailed analysis of all information will be discussed at the Equality Act Delivery Group.

Compared internally BME groups at Band 8 represent only (0.2%) of the workforce, compared to their White counterparts (3.3%). The process around recruitment described above needs to be undertaken in respect of this area as well to ascertain what factors contribute to this low level. The Hospital must ensure that it gets the mix right, in middle management which is often where BME staff experience barriers to progression.

EDS

The Trust continues to work alongside other NHS partners and external stakeholders in progressing the EDS objectives. Further deliberations with stakeholders towards the end of the year will help in ascertaining which areas in respect of the protected characteristics are deemed to be a priority and need to be actioned. The EDS Core outcome 4.2 impacting upon the work of Trust needs to be actioned.

Actions Needed

Ensure that all papers that come before the Board identify any risks associated with Equality and Diversity and how these risks will be managed.

Recommendation

It is recommended that the Board receive and note the current achievements and approve the on- going work.

Airedale NHS
NHS Foundation Trust

Equality and Diversity

Annual Report 2013/14

Contents

EQUALITY AND DIVERSITY ANNUAL REPORT 2013/14

1. INTRODUCTION

This is Airedale NHS Foundation Trust's annual report on Equality and Diversity. It summarises the work conducted by the Trust in meeting the legal requirements within the Equality Act 2010 and compliance with the Public Sector Equality Duty.

1.1 PUBLIC SECTOR EQUALITY DUTY

The Public Sector Equality Duty consists of a **General Equality Duty**, which is set out in Section 149 of the Equality Act 2010 and **Specific Duties** which are imposed by secondary legislation (The Equality Act gives ministers the power to impose specific duties on public bodies to enable them to perform the Equality Duty more effectively).

a) General Equality Duty:

The General Duty came into effect on the 6th April 2011. The 3 aims of the equality duty are to have due regard to the need to:

1. *Eliminate unlawful discrimination, harassment, and victimisation and any other conduct that is prohibited by the Act.*
2. *Advance equality of opportunity between people who share a protected characteristic (***Appendix 1***) and those who do not.*
3. *Foster good relations between people who share a protected characteristic and those who do not.*

The General Equality Duty impacts upon all public bodies to consider how they could positively contribute to the advancement of equality and good relations as well as reflecting equality considerations into the design and implementation of policies and the delivery of services, and for these issues to be kept under review.

b) Specific Duties:

The Specific Duties came into force on 10 September 2011. The specific duties have been written to ensure public bodies are transparent about how they are responding to the Equality Duty overall. This means that organisations are required to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives.

During 2011/12, the Trust's key aims and objectives in respect of equality and diversity were set out in its *Equality Action Plan* (2011/13) and were agreed by Trust Board. On-going work is being captured via the Equality Delivery System (EDS)[1] (**Appendix2**). This annual report sets out key achievements against this plan and highlights areas for further work and improvement.

2. IMPROVING SERVICE ACCESS AND PROVISION

2.1 Governance - Trust Equality Act Delivery Group (EqADG)

The Trusts Equality Act Delivery Group has taken cognisance of the Equality Agenda and acts as a forum for Managers across each/ all Directorates to work together on the equality agenda as a whole. It was established in 2012 in order to ensure that the Trust meets both, its legal duties and also its moral obligations as well as ensuring that specific actions outlined in the Equality Action Plan are undertaken.

On-going equalities work is underpinned by the **Equality Action Plan** with a cross reference to the EDS2 outcomes, these being:

- *Ensuring Better Health Outcomes for all*
- *Improved Patient access and experience*
- *Empowered, engaged and well-supported staff*
- *Inclusive leadership at all levels*

[1] The Equality Delivery System 2 (EDS2), is the national framework which NHS Trusts can use to improve the equality performance of their organisation, making it part of mainstream business for the Board and all staff. It helps NHS organisations to meet the evidential requirements of the Equality Act (2010) especially the public sector equality duty and the statutory duty to consult and involve patients, communities and other local interests (NHS Act 2006 and Equality Act).

At the heart of addressing inequalities the Trust continues to work towards ensuring that the care of the patient is prioritised, ensuring each patient is treated as an individual, and taking into consideration the protected characteristics. In order to achieve this, the Trust continues to:

- Provide mandatory training for all members of staff in Equality and Diversity;
- Provide guidance around faith and religious beliefs relevant to patient care;
- Carry out Equality Impact Analysis to ensure all functions, policies and procedures have no detrimental impact upon patient care;
- Progress the EDS.

2.2 Equality Impact Assessments / Analysis (EqIA)

All Policy / Guidelines have a completed EqIA prior to the policy / guideline being ratified at the Procedural Documents Ratification Group. To ensure that the EqIA is a functional document, monitoring of actions has also been added into the template to ensure appropriate actions listed are undertaken. For example Medicine management have used the EqIA to better meet individual patient needs, as for some patients, medicines containing animal derived products are not acceptable on the grounds of faith, ethics or dietary restrictions [E.g. gelatine is commonly used in medicines and is an essential ingredient in the manufacture of many medicines and vaccines derived from animal collagen (mainly porcine or bovine)]. To meet the needs of the diverse patient base, the Trust's Pharmacy Medicines Information Service have responded in a proactive way to determine whether particular medicines contain animal-derived ingredients and upon request suggested alternatives where available.

2.3 Monitoring Data

The Trust collects fairly robust data in respect of service provision cross referenced to protected characteristics. To further assess and analyse this data and address (the potential) gaps in respect of protected characteristics, and take into consideration the impact upon patient care requires further analysis, especially to ascertain if there is any form of perceived inequalities that might have a detrimental impact upon certain groups. Analysis of this information should also give us a clearer picture around what needs to be undertaken further to ensure patients feel included in their treatment irrespective of their protected characteristics. As a simple example, correlating information around a specific service and ethnicity may not provide enough information. As such we need to drill down the data collected to further understand the reasons (inference or fact, in respect of provision of service), cross referenced to protected characteristics such as speciality, age, ethnicity to see if there are any inequalities.

2.4 Real Time Inpatient Survey

The Foundation Trust continues to implement its own real time inpatient survey as a means of helping staff make improvements to the care and services that are provided to patients. The survey is currently undertaken daily (Monday to Friday) by several Trust volunteers who assist patients to complete the survey on the day of discharge. The survey covers inpatient medical and surgical wards, maternity services, physiotherapy and paediatric services.

The project is overseen by a Steering Group which includes volunteer representatives, whose members continually monitor progress. Usually twice a year volunteer events take place, to provide volunteers with the opportunity to put forward suggestions for improving how the survey operates and for Trust staff to feed back what actions have taken as a result.

One of the items covered at a volunteer event was how specific questions around two protected characteristics (sexual orientation and faith/religious belief) could be asked, as this is an identified gap. As a result of this, training was provided on ways to ask sensitive questions. Implementation around this area is still being resisted and further developmental work is needed.

2.5 Interpreting and Translation Services

Dedicated members of the Interpreting and Translating team continue to provide a service for users where English is not the first language. The Trust also continues to utilise the services of an external agency – 'The Big Word' - when additional out of hours and emergency telephone Interpreting is required. A single provider service model ensures consistency, value for money, and good quality service to service users for whom English is not their first language, especially where communication difficulties arise in respect of health needs.

From the start of September 2013 until the end of March 2014, a total of 3,158 'episodes' of Interpreting were provided. Bearing in mind that the largest south Asian BME community served by the Trust are of Pakistani heritage, the greatest degree of language usage is primarily Urdu /Punjabi closely followed by Bengali. The breakdown for the languages is a follows:

- 65.6 % of these episodes were for Urdu / Punjabi and Bengali. Urdu and Punjabi constituted the highest figure at 65.4% compared with 27.9% across Eastern European languages.
- In the reporting year, there has been an increase of interpreting services across all of the spoken languages, with Eastern European languages up by 7%.

2.6 (a) Training / Information provision

The Trust continues to meet the Public Sector Equality Duty by ensuring members of staff are aware of equality legislation per se, the implications of unequal treatment and the impact non inclusive behaviour has upon patient care. The Trust continues to provide mandatory Equality and Diversity Training for all members of staff. At the end Q4 (2013 – 2014) 70% of staff had undertaken Equality & Diversity training. Compared with other Trusts, nationally, we have the highest numbers of trained staff. Attendance figures in respect of current delivery and take up of training is monitored by the Education and Training team, and managers informed of staff that have either not attended or are not compliant. Bespoke Equality and Diversity sessions have also been provided for some services to aid them in addressing particular needs of patients.

Example of how Equality and Diversity principles are integrated into existing areas of work;

- maternity services take cognisance of ensuring that appropriate cultural / faith nuances pertinent to faith groups are observed. For example, having an elder (female person) present at delivery; ensuring that no male doctors are present (as far as practicable).
- Palliative care takes cognisance of faith needs, with links being established with appropriate faith leaders to ensure they can be accessed if requested.
- Access to surgical services for individuals with learning disabilities, taking cognisance of the disability and appropriate actions (e.g. de - sensitising the patient, in respect of place/ time/ area, prior to any surgery taking place).

(b) E-Learning

Equality and Diversity training is mandatory for all members of staff. Whilst these sessions are offered on a face to face basis, alternative methods of providing information have been actively pursued. The Trust has engaged the services of an external company to produce a comprehensive e-learning Equality and Diversity package. This will be made available before the end of 2014 and will have the capability to be refreshed (in terms of content) as and when required.

2.7 Improving Access and patient experience - User and carer groups

The Trust continues to implement the Patient and Public Engagement and Experience Strategy (PPEE) building upon consultation with community groups and patients. Putting patients at the centre of everything we do it builds upon current good practice setting an ambitious framework for changing the way that the hospital functions. The PPEE Strategy sets out the approach the Trust will be taking over the next three years.

The Trust has continued to encourage service specific user and carer groups to exercise self-governance, maintaining a degree of independence in monitoring and advising the Trusts services. The Patient and Carer Panel, continues to help the Trust in a variety of ways. Their annual work programme has involved engagement around communication; discharge information; discharge medication delays and end of life.

There is also a group of patient care panel members who give consideration to Trust policies. Many Panel members also sit on Trust groups/committees to represent the patient perspective. The full Panel meets on a monthly basis except in August and the Task Groups meet as and when required.

Currently the following has being undertaken.

- Patient satisfaction survey being undertaken in respect of miscarriage management
- Setting up of a Parent Support Group for children with allergies
- Orthotic event reporting previously feedback on results
- Celebrating 12 months of HealthWatch with a 'cake cutting' in outpatients where HealthWatch Bradford and District has been holding regular outreach sessions

- Dying Matters – As part of Dying Matters Awareness Week, Airedale Hospital hosted an event to prompt people to talk, plan and make arrangements for the end of life – before it's too late. The theme this year was - 'You only die once'. Representatives from the Trust's palliative care team and health information service, Age UK, Manorlands Hospice, Carers' Resource, Cruse, different faith groups, organ donation, solicitor firms, learning disability health support team, plus several others were present. Overall evaluation shows that the event was seen in a positive light and it was requested that it be repeated.

Information collected by panel members task groups continues to be presented within the Patient Carer Panels monthly meetings and is fully updated within the Patient and Carer Panel's own annual report.
As part of ensuring the requirements of the Equality Act are met, the Trust undertook a consultation exercise with school leavers. A variety of issues were raised and are being assessed. One of the recommendations resulted in the Trusts website being refreshed and revised in terms of style and content. The school leaver's views, as well as views ascertained from disabled groups were incorporated in the layout / design of the current webpages.

2.8 Dementia information

The aim of our current Dementia work streams is to continue to further understand and improve the hospital experience of those patients with dementia and memory impairment and their carers. This is currently achieved by a monthly audit which is conducted by The Senior Nursing Team. This includes the Assistant Director of Patient Safety, Matrons, Senior Sisters, Senior Nurses and the Head of Equality and Diversity.

This team carry out a close examination of the care delivered to our patients and produce a minimum of five completed audit forms each month. Following the audit there is immediate feedback given to the ward sister and any concerns raised by the family/carer are addressed at this point. The audit team also reassure the carer that any concerns raised will not interfere with the relative's care in any way and any information provided will be treated with strictest confidence if they so wish and anonymity is assured. In the reporting period of May 2013 through till August 2014 a total of 94 patients living with dementia were seen. The information gathered is not broken down by ethnic origin. Whilst the elements of care provided are in no way different for any patient (White or BME), for the relatively few BME patients cognisance has been paid as follows: providing culturally sensitive meals (a hallal option is available), offering a side room (to ensure that a family member can stay overnight), and accessing interpreters to aid any communication issues.

2.9 Privacy and Dignity

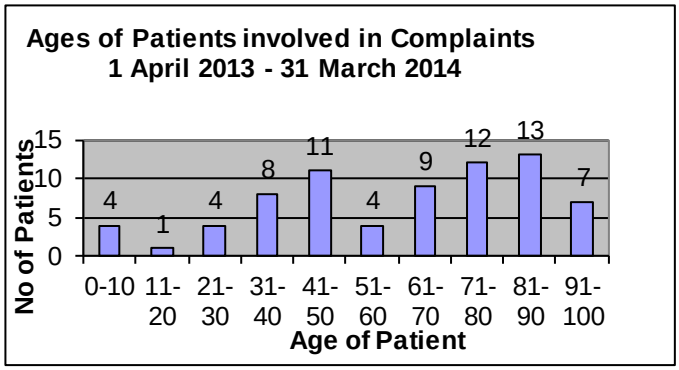
The Dignity Room, (run by volunteers) was established in 2009 and continues to go from strength to strength. Whilst individual donations help in running the dignity room, the volunteers raise money to stock a range of essential items which are all provided free of charge, enabling patients who have been admitted to hospital in their nightwear and without toiletries to access day to day essential items. This allows the patient to go home or be transferred to other places of care wearing appropriate clothing.

The Dignity Room has been successful because of its potential to effectively reach every patient in need within the hospital and to treat patients with compassion, kindness, dignity and respect, thereby enhancing the patient experience

2.10 Maternity Services

The Midwifery led unit was refurbished last year and has individual rooms providing care. 17% of the patients seen were from the BME community. For those whose first language is not English the Trusts translators provide translation services. Individualised care plans are put into place, for example the appropriate matron in respect of Learning disabilities takes cognisance of the care of mothers with Learning Disabilities.

Data is collected in respect of all the children born at the hospital. Between April 2013 and March 2014, there were 2,296 births. This figure is reflective of all patients who delivered at Airedale hospital. Registration of individuals is across the Airedale, Wharfedale and Craven area. From all of the data collected 20.03% of all births were recorded as BME and 79.87% were White. Drilling down the BME information and specifically looking at the patients from the South Asian Heritage equates to 15.9%, of which 14.9% were



from the Bengali and Pakistani community.

2.11 PALS and Complaints[2]

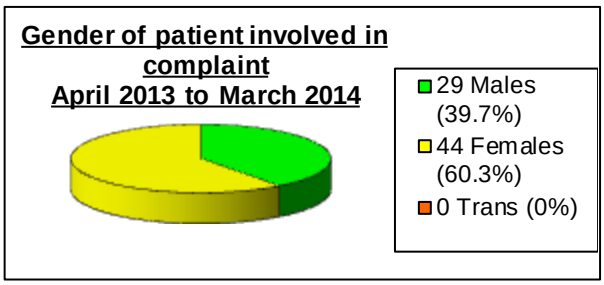
The Foundation Trust continues to deal with complaints in accordance with the legislation for complaints handling, (effective April 2009). The Patient Liaison Service (PALS) and complaints team have done a great deal of work to respond to individual concerns at the point of care. The number of formal complaints during the year has increased from **67** formal complaints in 2011/12 to **73** in 2013/14.

During 2013/14 there were 2,566 issues raised, from 1,910 contacts with the Patient Advice and Liaison Service (PALS), of which 2,408 issues were specifically related to Airedale General Hospital: 490 (20.3%) were compliments, 384 (15.9%) were requests for information and 1,534 (63.7%) were expressions of concern, dissatisfaction and requests for action to be taken. The remaining 158 issues were related to other organisations.

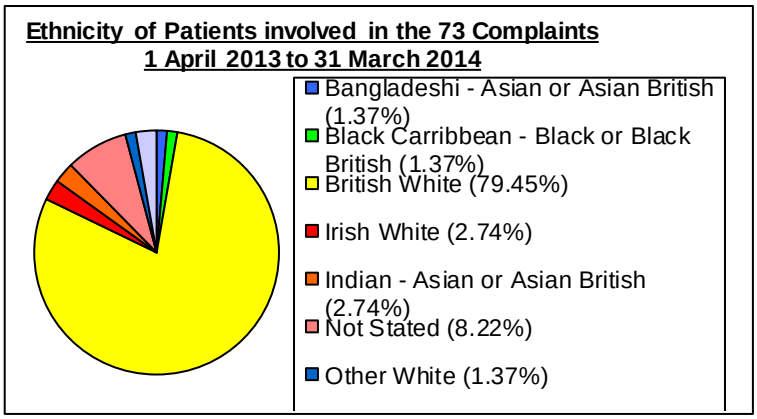
Breaking down the data collected in respect of the protected characteristics, it is interesting to note that:

- Of the 73 complaints received, 40 (54.7%) concerned care and treatment of patients over the age of 65 years, compared to 29 during 2012/13.
- Of these, on 20 occasions, a family member wrote on the patient's behalf and appropriate consent was obtained (including two waived). The remaining 20 patients wrote on their own behalf and received the response.
- The Trust received no requests for a response in large print or brail and again, as in the previous five years, all formal complaints were received in the English language with no requests made by a complainant (or enquirers) for the use of the Trust's Interpreting Service. Only on one occasion was this service identified as perhaps being appropriate and was therefore offered, however, this was declined by the complainant.
- From information gathered in respect of complaints there were none where individuals stated they had a learning disability.

Information captured by PALS and Complaints is monitored by 8 protected characteristics. This graph identifies the age of the patient not the complainant. Where a young person is under the age of 16 years, consent is not obtained, as long as the complaint is submitted by a parent/legal guardian.



This data reflects a similar gender ratio as 2011/12, 2012/13. On closer scrutiny there remains a tendency for the mother / wife /daughter to write the letter of complaint regarding a family member. The data reflects the gender of the patient which is not necessarily the complainant.



The data reflects a patient's ethnic origin, taken from the PAS System and is not directly data collected at the time when the complaint was originally raised.

Each complaint receives an Equality Monitoring questionnaire and of the 73 distributed, 20 were returned completed, a return of 27%. Of these 13 were female and married. In response to the question regarding sexual orientation, 11 stated they were heterosexual, 1 bisexual, 4 preferred not to state. 2 returns were from complainants of 80 years of age, of which both stated they had 3 disabilities. All of the responders stated they could read and write in English and described themselves as White British.

[2] Information collected from the Complaints and Concerns Annual Report - 2014

Whilst the public sector equality duty makes a reliance on capturing all information pertinent to the protected characteristics, one has to recognise that apart from the "traditional" areas of capturing data (mentioned above) there is a great deal of resistance in members of public supplying information which they deem to be 'personal' (faith/religious observance / sexual orientation). The Trust is assessing how the notion of capturing this data can be highlighted.

3. PROGRESS ON THE EQUALITY DELIVERY SYSTEM

3.1 Equality Delivery System 2 (EDS2)

The EDS2 has been streamlined and is the NHS's response to the Public Sector Equality Duty. This framework is aimed at Trusts to analyse, assess and prioritise areas of work in respect of Equality and Diversity. The process of delivering EDS2 regionally across Bradford and Airedale continues to be facilitated by the Bradford and Airedale NHS Equality Group, comprising of the 3 lead Equality Managers and the Head of Equality from the local CCG. Stakeholder representatives of protected characteristic helped analyse and graded each of the NHS trusts performances in the form of Red, Amber, Green and Gold Star rating against the four objectives (as per point 2.1 above) [3]

Meeting with stakeholders took place earlier in the year and the previously agreed equality priorities were readdressed. Following on from this meeting, the CCG, Airedale hospital, Bradford Teaching hospital and Bradford District Care Trust are collecting their own evidence to address the revised equality priorities. This information is currently being mapped and cross referenced as to how the EDS2 agreed priorities are being progressed. This information will then be presented to stakeholders towards the end of November 2014. Specific work around the protected characteristics – cross referenced to the EDS2 objectives is detailed below.

In order to assess the progress made in addressing the Equality Action Plan, including the EDS2 outcomes, a consultation event led by the Deputy Director of Nursing and Head of Equality and Diversity was undertaken. Senior Managers and senior staff were invited to present good practice evidence in respect of Equality and Diversity within their specific areas of work. The information provided has been interwoven in this report. The Trust will use the EDS process to assist services to demonstrate that they meet and where possible exceed the basic standards of diversity governance and leadership, patient access and experience, with staff who are empowered and aware through equality assessment and action planning, and actively progress monitoring against the outcome standards.

3.2 Achievements and on-going work

Outcomes to date:

- A Non-Executive Director champions the Equalities agenda at Board level.
- Soundings from the youth panel and Disability groups have been reflected in the revised webpages.
- Diversity and faith calendars were purchased and passed on to all wards. All Trust staff can log on the Diversiton Learning academy (an external diversity firm), where Equality and Diversity resources can be accessed.
- The Employment requirements of the Public Sector Equality Duty were updated and published.
- On-going mandatory training for both Clinical and Non Clinical members of staff around Equality and Diversity continues. There is also a rolling programme for Nursing staff where Learning Disabilities is integrated into existing provision. This area of work is also addressed in the mandatory Equality and Diversity training.
- The PAS system can now capture equalities data and has an alert in respect of Learning Disabilities.
- Faith training for front line staff was undertaken and another session for CNS staff will be rolled out later this year.
- 3 Information Boards now reflect Diversity issues around the hospital.
- Data pertinent to the protected characteristics is collected in PALS, Safeguarding and the Friends and Family Test.
- Local schools and the college have been engaged in respect of a Health Mela and a Healthy Me event. The FT membership has 1800 young members.

Other areas of on-going work include:

- Capturing all relevant data in relation to pay gaps between men and women, and assessing if there are any inequalities.

[3] Evidence pertaining to the four objectives and 18 outcomes was presented to the various stakeholders and RAG rated. From the information provided some of the outcomes were "green", and some were "amber". Comparatively with other Trusts we were on equal par. However like a majority of Trusts we are "red" in respect of sexual orientation.

- Improving information leaflets for people with a disability and learning disabilities. There is on-going work around this area. Some of our patient leaflets are being assessed by an external company, so as to reflect easy read versions
- The recruitment process is continually monitored to ensure it is equitable across all groups, especially for disabled individuals, and ensuring reasonable adjustments are put into place.
- Improving access for staff and service users with a disability, which is being undertaken in a variety of ways;
  -Disabled wheel chairs are available for users across the Trust.
  - Nearly all paths have now been tarmacked to ensure there is no hindrance for disabled users.
  - The Diabetes Entrance now has Automatic opening doors.
  - Wards 4,6,7,9 and 18 have been refurbished and are dementia friendly.

  There is planned work around signage into and around the hospital and the existing main reception.
- Equality and Diversity considerations are picked up within:
  - The Mental Capacity Act meeting
  - The Quality Account Steering Group meetings
  - The Operational Group for Vulnerable Adults
  - The Gold line standards
  - Procedural Documents Ratification Group
- The Hospital continues to utilise the Picker Institutes services in respect of national surveys. The Family and Friend Test (FFT), continues to be rolled out across the hospital. The response from our provider Direct Data Analysis (DDA) in addressing aspects pertaining to protected characteristics (Gender, Age, Disability and Ethnicity as well as easy read) have been very positive. The Trust has not as yet undertaken any in depth analysis, due to the short period that DDA have been in operation. From a very quick overview it has been noted that easy ready cards and language cards are been utilised. A further investigation and fuller analysis of the data collected will be undertaken later in the year and reported on next year.

3.3 How the Trust is meeting the Public Sector Equality Duty in addressing the Protected Characteristics

a) Lesbian Gay Bisexual and Trans

The Equality Agenda also needs us to address the specific needs of individuals who may be in same sex relationships – be it male or female. Addressing the Lesbian, Gay, Bi-sexual and Transgender (LGB and T) agenda poses its own challenges. Members of the LGB communities want the same as everyone else - good quality care and to be treated with respect. Gay patients want to be able to talk openly with professionals without being judged and our staff need to be well informed in order to give the best advice possible. The Trust like the majority of NHS Trust's were rag rated as "red" when it came to aspects pertaining to sexual orientation. To raise the profile and understanding of LGB and T an exhibition around Trans gender individuals was on display for nearly 6 weeks and generated debate in its own right. The Head of Equality and Diversity has approached the LGB and T charity – Stonewall to assess how progress can be made as a result of this exhibition. Positive reinforcement in respect of imagery, and role models will help individuals feel included. To address the issue impacting upon the health of LGB and T and assess how well the services are provided, the hospital undertook Stonewall Health Care Equality Index. The submissions to Equality Index were assessed against the following criteria:

- **Policy and practice**
- **Training**
- **Engagement and communication**
- **Health promotion**
- **Data collection**
- **Workplace equality**

There were 44 Trusts that took part in this process and the hospital was placed as 33rd out of 44, with a total score of 40 out of a potential 100. Comments from Stonewall indicated that whilst there were pockets of good practice described in the hospitals submission, there were areas where the hospital lacked information / evidence across all of the 6 bullet points above e.g:

- No robust data in respect of this protected characteristic;
- How patients sexual orientation has been used to develop specific action plans;
- Not explicitly addressing sexual orientation in the complaints policy.

It is important that this area of work is highlighted as there is a potential of unconscious / conscious bias leading to direct and in some cases indirect discrimination resulting in a detrimental impact upon the LGB and T community. As such the hospital needs to highlight the aspects in respect of sexual orientation – collection of anonymised data is just a start.

From external stakeholders of this protected characteristic, there is evidence that there is within the NHS, a lack of understanding and misinformation pertaining to sexual orientation, Trans and LGB issues. To address overall issues of non-inclusion the Trust has worked in partnership with other NHS organisations in West Yorkshire on Trans equality and produced a protocol entitled 'Providing Hospital services to Trans patients'. This document has been to the patient carer panel and their views have been incorporated into the document. The document will be presented to the appropriate bodies for sign off in 2014.

Apart from capturing the traditional monitoring information, nursing records also captures information around civil partnership. Whilst the hospital has not had many patients who have either fully or partly transitioned, the nursing staff have received compliments in respect of the care provided by those individuals who have indicated they are LGB or T. There have been 2 patients who have had full surgery and there has been positive feedback in respect of their care. To date there has only been 1 PALS concern raised in respect of sexual orientation.

b) Spirituality and Religion/Belief

The Chapel provides a positive spiritual / religious area for quiet contemplation and prayer. To ensure a positive experience for all is maintained, work around painting / decorating and ensuring appropriate lighting has been undertaken. The Trust has appointed a full time Head of Chaplaincy and the Chaplaincy's Spiritual/religious advocates continue to be available for the Christian and Muslim faiths. (The Trust does have two Muslim pastoral male and female carers visiting patients once a week). Following conversations with Muslim members of staff have resulted in a positive outcome with a local Imam coming into the hospital and leading Friday prayers. Access to other faiths is also available upon request for patients as links exist with local faith groups, although as mentioned in previous reports gaining access is not always easy. Palliative care has also incorporated equality aspects in terms of providing appropriate faith based care.

Currently Chaplaincy has 16 trained volunteer chaplaincy assistants representing the following faith groups:

- 4 represent the Roman Catholic faith
- 2 represent the Free Church
- 1 represents the Buddhist faith
- 9 represent the Anglican faith

The assistants visit inpatient wards, A&E, day-case Ward 20, theatres, outpatients and HODU on a regular basis. The Head of Voluntary services has tried to engage with the local Muslim community to recruit volunteers, but so far no one has taken up this opportunity. The Voluntary Services Manager and the Head of Equality and Diversity are assessing how this issue can be addressed.

Whilst the chaplaincy service has provided staff with knowledge of different faiths, beliefs and cultures, we have not as yet undertaken any proactive work with external faith groups to disseminate health promotion information. This however is being addressed and at least one session has been planned to be undertaken within the local mosque before the end of the year. Due to the low numbers of paid fulltime members of chaplaincy, training for staff on meeting the religious and spiritual needs of service users as part of their care plan has not been progressed, but is however is being looked at.

As part of the Death and Dying event in May 2014, faith leaders present in the chapel offered faith information around death and dying to all interested. This was seen as very positive by those who attended. (Tweet from one of the faith leaders around the Trusts prayer facilities, after the event)

@AiredaleNHSFT Keep it up with community cohesion my friends pic.twitter.

As in previous years, diversity and faith calendars were purchased and distributed to all ward sisters and departments. This information has also been migrated on to the Trusts intra-net site highlighting specific links addressing faith and important days of the month in respect of faith communities.

The Head of Equality and Diversity has developed a training programme addressing aspects of faith within a clinical setting and as a starter these sessions will be delivered to the CNS staff before the end of the year. Basic guidance documentation for staff around different faiths, belief and cultures has been completed and the information booklets are being printed and will be made available to all ward staff.

In terms of clinical services, aspects pertaining to faith are captured prior to a pre opp. E.g. Jewish patients faith is taken into consideration where blood transfusion may be required. As already mentioned pharmacy takes cognisance of an individual's faith in respect of appropriate medicines.

c) Disability

On-going debate takes place with disabled groups via voluntary groups, face to face engagement and with members of the Bradford Wide Strategic Disability Partnership group (SDP).

Significant achievements made by the Trust in relation to service delivery are:

- improved signs around the hospital e.g. makaton signs around pharmacy
- improved accessibility to the hospital at the main entrance points
- providing ramps used to aid mobility and lifts to access public areas
- ensuring bathing and toilet areas are disability compliant

The Trust continues to monitor applications by Disability. Further details of this are listed at point 3 below under the Employment heading.

d) Learning Disabilities (LD)

Learning disabilities are identified on admission and are recorded in the nursing documentation for all inpatients within the Trust. An alert system is in place which flags up a LD patient and as such an individualised care plan is put into place e.g. LD patients arriving for a dental appointment are assigned a carer prior to them being admitted. The same process is undertaken for individuals attending a MRI/ CT scan. This has proven to be successful – providing individualised personal care. This good practice is also undertaken where English is not the mother tongue and interpreters are used.

Reasonable adjustments undertaken for LD patients are as follows:

- For elderly patients, using appropriate cutlery and spending more time when feeding
- Cultural and faith considerations are in place for BME groups
- A pilot tour of hospital and departments was undertaken for people with LD, to ensure LD patients have an understanding of the environment. Following the success of this exercise, it was agreed that this exercise will be undertaken on a quarterly basis with 'Freddie's story' being shown. Following the success of the initial pilot tour led by our Matrons resulted in SystmOne being more responsive for LD Patients. There are also more links that have been established with the Bradford LD Team.
- To aid individuals presenting at hospital, a healthcare assistant is undertaking British Sign Language (BSL) training.

To assess and evaluate real engagement, paper based Patient Satisfaction surveys have been devised to be used within radiology and urology. These surveys will also address the 'protected characteristics' and will be undertaken by end of 2014.

Whilst the appointment letters and times are not currently sent out in easy read format, a copy of all information is sent to the next of kin/carer of all patients identified as having a learning disability. The Head of Equality is working with Medical secretaries to assess how some of the current appointment letters can be reformatted into easy read.

As indicated above, a Learning Disability video - *Freddie's Story* continues to be used, aimed at medical students, professionals and all front line staff. The information contained within the video is based upon the recommendations of Sir Jonathan Michael's Inquiry into *'Healthcare for All'* and addresses many different aspects of the hospital environment through an engaging narrative based on real experiences.

Nursing documentation records learning disabilities which can be accessed via the PAS system. The Trust continues to use the existing LD flowchart used for escalation processes, enabling nursing teams to make reasonable adjustments.

Good practice continues in terms of inclusive behaviour and is listed below;

- PLACE inspections address signage issues.
- Nursing staff attend mandatory training on the Mental Capacity Act and Vulnerable Adult training
- LD training is covered in two formats. 'Freddie's story' suitable for all disciplines within an acute Trust highlighting the difficulties faced during the patient journey is used on the rolling programme and LD is addressed on the mandatory training session on equality and diversity. Additionally matrons take an operational lead in working with clinical staff to ensure reasonable adjustments are put into place for patients with LD
- Matrons for Medicine and Surgery continue to be represented at The Craven Health Task Group (which includes representation from patients with LD).
- The PAS IT alert flagging system now picks up any individuals declaring their disability.
- Trust Policy for Patient and Public Engagement and Experience continues to be implemented

There is still work to be carried out to ensure all appointment letters and times are sent out to the next of kin/carer of all patients identified as having a learning disability in easy read format.

e) Gender

The Foundation Trust continues to be compliant with the Department of Health's requirements to provide same-sex accommodation. The hospital provides same-sex accommodation by having separate male and female wings on all wards.

f) Age

The Trust continues to assess how well older people are treated during their stay, and ensure their nutritional needs are being met and the extent to which they are treated with dignity and respect. For those patients who may be diagnosed with Dementia or living with Dementia, The Butterfly Scheme gives staff practical advice to enable them to meet individual needs.

The Trusts PALS service continues to examine and address any complaints (formal / informal) associated with age. The Trust has also taken into consideration that view of younger patients need to be incorporated into service redesign. Members of a youth panel made a number of comments in respect of signage and information provision, which helped as part of the redesign of the Website / layout.

In addressing the age protected criteria, specifically in terms of clinical interventions, there are dedicated clinics for paediatrics (children up to the age of 16). Similar arrangements exist for patients over the age of 65. In terms of children services, the transition to adult services is very important with the child's needs being paramount. With this in mind there is always a positive engagement with families and children, checking out the appropriacy of information that needs to be passed on to the family, and also making the family aware as to why their involvement might change due to the transition from children to adults.

The Trust continues to run a week long placement in respect of medical work experience. The programme is run as four week – long sessions during the summer months which include talks by medical staff (on medical degrees, UCAS application skills and careers in medicine), a medical library skills session and a clinical skills session. The remaining time is made up of rotations around different departments each morning and afternoon, giving a broad experience of medical specialities. The programme is aimed at applicants who must be 16 years old and live within the catchment area of the Foundation Trust.

There were 3 placements on offer during 2013. Each cohort had 8 individuals. The breakdown of students that attended are as follows:

Total number of students	32
Gender breakdown	10 male and 22 Female
Ethnic origin	5, collectively from the South Asian Heritage 20, self-defined as White 7 either did not answer or preferred not to state

g) Ethnicity

To address the public sector equality duty and progress the EDS, a number of engagement sessions were proposed around raising the profile of particular diseases and the impact this has upon BME communities. Suggestions have been made around raising the health profile by holding sessions around Diabetes, Diet, Blood Pressure and Coronary Heart Disease at local community venues in the area. Unfortunately these sessions did not materialise , as there was a lack of individuals turning up and the sessions had to be cancelled. The Head of Equality and Diversity exploring undertaking a research project to assess the lack of engagement with the BME community. The hospital in conjunction with one of the local nursing care homes (Norwood House) arranged a Health fair, which addressed the above issues in September 2014. The event was publicised in the local press and community centres and attracted over 100 individuals who commented positively in respect of information provided.

As mentioned previously, to understand the aspects pertaining to patient care specifically around ethnicity, the Trust undertakes a monthly carer's audits on carers of people with dementia. Bearing in mind that the BME communities have a different understanding of Dementia, the Trust has initiated an on-going audit of any BME patient who are living with Dementia to check if they are receiving equal treatment[4]. (Elements around positive ways forward have been mentioned at point 2.8)

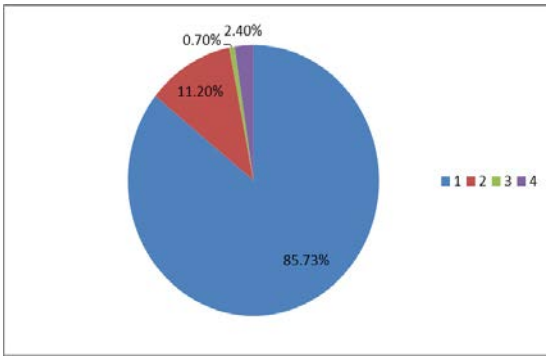
[In terms of employment the Trust continues to analysing the number of jobs advertised to ascertain if there are any discrepancies / detriment in either gaining employment or promotion on the grounds of ethnicity across all pay bands. (Please see the Employment section below)]

4. EMPLOYMENT

The annual staff survey picks up information around the makeup of staff. However it is important to note our data does not reflect a 100% response rate across all protected characteristics. From analysis of our employee records and from conversations with members of staff it is very clear that there is still unwillingness to provide information perceived to be personal (sexual orientation / faith). This is an on-going action identified within the EDS Action plan.

4.1 Introduction

The Trust monitors employment data across all protected characteristics including sexual orientation and religion. There are **specific legal requirements** for monitoring employment within legislation. The information sources used are the Electronic Staff Record (ESR), Human Resources and payroll system, the electronic recruitment system and the Annual Staff Survey. The Trust also collects data on disciplinary, grievance and harassment cases (see 4.2.1 below).



All data collected is anonymised and is only used for the purpose of equality monitoring. From the information collected via ESR, for the period ending March 2014 the breakdown of staff[5] monitored by all protected groups is as follow:

a) Ethnicity;

- White members of staff – 85.7%
- BME members of staff – 11.2%
- Mixed members of staff – 0.7%
- Members of staff who have not stated their Ethnicity – 2.4%

The 2011 census data[6] indicates that the BME population across the Airedale Wharfedale and Craven equates to 28.9%. Significantly the South Asian Heritage community of the 5 Keighley Wards (Central, North, South, East and West) has increased to just over 25.6% (20,751). This is a closer proportion to the BME population across the whole of Bradford

[4] Dementia Audit biannual Report 2013 - 2014

[5] All percentages have been rounded up for ease of information. These figures do not represent medical and dental staff

[6] Office for National Statistics 2001. Not all 2011 data is fully available

which currently stands at 31.7%. This is significantly greater than the BME figure across the wider Yorkshire and Humber region which stands at 10.8%.

The Public Sector Equality Duty states that any employing organisation should as far as practicable reflect the BME population served. Given this context, the Trust as an employer is currently on par with the regional percentage, but less than the local proportion of BME communities within Airedale Wharfedale and Craven. Further detailed interrogation of the figures will be undertaken to ascertain and understand the BME make up of staff and if the figures are representative of the South Asian Heritage communities served by the Trust.

b) Gender;

Out of the overall members of staff employed;

- 82.1% of our members of staff are female, with 17.9% male.

c) Disability;

Internally in respect of employment, the Trust continues to honour the five commitments in meeting the two ticks status awarded by Job Centre Plus in:

- shortlisting all disabled candidates meeting the essential criteria
- interviewing all disabled applicants who meet the minimum criteria for a job vacancy and considering them on their abilities
- making reasonable adjustments in respect of disability for both new and existing members of staff
- training employees to having an understanding of disability issues
- reviewing these commitments to assess achievements, linked to progress and future plans

Out of the overall members of staff employed;

- 1.7% of our staff declared themselves as having a disability
- 60.2 % stated that they were not disabled
- 5.7 % did not declare the if they had a disability
- 24.3 % were not defined[7]

d) Age;

Out of the overall members of staff employed;

- Across the age spectrum 7.6% of staff are within the 21 – 25 age bracket
- The highest numbers of staff at 44.7% are in the 41 - 55 age bracket, followed by 22.8 % as the second highest, collectively within the 26 – 30 and 36 – 40 age bracket.
- There is virtually equal parity between the 31 - 35 and 55 – 60 age brackets with approximately 9.7% of staff employed
- The Trust has noted and is fully implementing the ban on age discrimination as enshrined in the Equality Act 2010 and it is interesting to note that 4.4% of our workforce falls within the 61 – 71+ age bracket.

e) Religion/faith;

Out of the overall members of staff employed;

- 47.6% declared themselves as Christians
- 2.4% opted out of declaring/ or did not wish to disclose their faith
- 6.6% of the workforce declared themselves as Atheists
- 5.4% of the workforce are from one or more of the BME faith communities
- 12.1% of staff are still undefined (please see footnote 8)

f) Sexual Orientation;

Out of the overall members of staff employed;

- 63% stated they were heterosexual
- Just over 0.9% of staff stated they were either LGB.
- 23% of staff did not wish to declare their Sexual Orientation

[7] Historical information prior to the data routinely being collected. The process of individuals not defining themselves across other protected characteristics is also an issue, and further work around staff engagement in respect of these issues need to be re looked at)

- 12.2% remain as undefined (please see footnote 7)

Stonewall[8] has estimated that approximately 8% - 10% of the national population consider themselves to be LGB or T. However the capturing of data around this strand is contentious and is an area that has been identified for action with HR as one of the EDS objectives. The Head of Equality and Diversity is in discussions with Stonewall to ascertain what process / methodologies can be utilised in raising this profile.

4.2 Employment monitoring data and analysis

Whilst data captured as indicated above gives a breakdown of the composition of workforce in respect of the protected characteristics, further detailed on-going work will be undertaken to assess and analyse variations between different groups in respect of:

- The workforce reflecting the local population and the users of the service
- The Trust perception as an employer by all sections of the local community, translated across employment opportunities from applicants across the diverse communities
- Ensuring the diversity of applicants is maintained amongst new employees who are hired or who have left, whilst maintaining the principles of the "best person for the job"
- Checking that there aren't discrepancies in individuals accessing training
- Checking that there is equity of career progression across all groups
- Checking the numbers of disciplinary/dismissals, grievances or harassment claims so as to note and action if there is a disproportionate use of formal procedures across any of the protected characteristics
- Checking that appropriate action is undertaken / implemented if there are any gender pay gaps.

Bullet points above are listed as actions within the EDS action plan.

4.2.1 Grievances, Disciplinary and Harassment cases

Within the reporting year April 2013 – April 2014:

- There were 5 formal grievances recorded. Reflecting the overall employment profile more females than males made a grievance - (3 females, 1 male, 1 other was from a collective gender group).
- Of the 5 grievances, 2 were from White and 2 from Asian members of staff. There is no breakdown of the 1 collective ethnicity.
- In respect of the age group; 3 cases were within the age group 36 – 55.
- There has been an increase from previous years in respect of disciplinaries – up from 27 to 37. Of these, 36 involved people from White and 1 Asian heritage.
- There were more female (27) than male (10) employees disciplined.
- In respect of age, the highest number of staff being disciplined were in the 41 – 45 age bracket, the rest being reasonably equally distributed across the wider age range.
- The protected characteristics around Disability, Sexual Orientation, Religion / faith were not captured across either Grievance or Disciplinary cases.

As a result of the disciplinaries, no member of staff has left the Trust.

4.3 Applications for employment and appointees for the year between July 2013 and June 2014

From a total of **10,316** applications across all pay bands, equality analysis shows the following:

a) Sex and Sexual Orientation

- 37.7% (3,371) applicants were male and 67.2% (6,931) were female and 0.1% (14) did not disclose their gender.
- 90.3% of applications were from hetero-sexual people. 8% of the applicants chose not to disclose their sexual orientation.
- Of the candidates appointed, 92.4% identified themselves as hetero-sexual whilst 2.4% identified themselves as LGB. 5.2% did not disclose their sexual orientation.

Of the 290 candidates appointed, 46 (15.9%) were male and 244 (84%) were female.

[8] Stonewall is a lesbian, gay and bisexual rights charity in the United Kingdom working on Equality and Inclusion rights on behalf of the LGB and T communities

b) Disability

- Of the total number of applications received, 369 applicants indicated that they had a disability and 83 chose not to disclose if they were disabled or not.

Of the 290 individuals appointed, 10 (3.4%) had a disability.

c) Race and Ethnicity

- Just over 57.4% of applicants identified themselves as White British and 41.2 % were from a BME background.
- 1.4% applicants did not disclose an ethnicity.

Of the 290 candidates appointed, 248 (85.5%) were White British and 40 (13.6%) were BME. 2 appointees did not disclose an ethnicity.

d) Age

No of Applications Received 10,316	***Number of appointments 290***	
Age band	**Total Numbers**	**% breakdown**
Under 20	317	3.1%
20 – 39	7,052	68.4%
40 – 59	2,791	27.1%
60+	145	1.4%
Age not declared	11	0.1%

- 68.4% (7,052) of applicants were aged between 20 and 39
- 27.1% (2,791) of applicants were aged between 40 and 59 age bracket
- Less than 1.5% of applicants were aged 60 and over.
- 0.1% (11) applicants did not disclose their age.

Of the 290 candidates appointed, the highest number were aged between 20 and 39 (64.8%), with the second largest age group aged 40 – 59 (27.1%)

e) Faith

- 44.2% (4,557) of **applicants** identified themselves as Christian, with 25.1% (2,593) **applicants** from the second largest BME group (Muslim)
- Almost 8.6% (886) applicants chose not to disclose a faith.
- 8.8% (911) of applicants identified themselves as atheists.
- Other applicants identified were: Buddhist 1.1% (109), Hindu 3.7% (381), Jewish 0.1% (10), Sikh 0.7% (40), Other 6.2% (378)
- Of the 1,159 candidates shortlisted, 57% (658) were Christian and 13.9% (161) were Muslim.
- A combined total of 16.2% of candidates shortlisted were categorised as either other or undisclosed.
- 9.1% (106) candidates shortlisted identified themselves as atheists.
- Other candidates shortlisted identified were: Buddhist 8 (0.7%); Hindu 34 (2.9%); Jewish 1 (0.1%); Sikh 2 (0.2%); Other 801 (7.7%)
- Out of the 290 appointments, 65.5% (190) were Christian; 13.9% (9) were from the Muslim faith; 2.9% (6) were Hindus; collectively 16.2% (188) either chose not to disclose their faith or fall under the category of 'other'

In respect of Employment in the hospital, BME staff are spread across all pay bands. However in comparing Bands 2, 5 and Medical and Dental (these bands have the highest percentage of staff employed across both White and BME staff) figures compare as follows:

	Band 2	Band 5	Medical and Dental
BME Staff	2.2%	2.4%	2.7%
White Staff	17.4%	17%	5.1%

There is greater disparity between the bands identified above. Collectively across Bands 6, 7 and 8 the BME figures equate to 1.56% compared with 22% of White staff

Within the Medical and Dental staff there was a reasonably equal split last year, this however has changed with BME staff now comprising of 2.65 % and White members of staff comprising double the figure (5.16%)

It is interestingly there are very few BME individuals at Band 8 (0.2%) compared with their White counterparts (3.3%). Further work is needed in analysing the data collected and comparing the Band 8 jobs as to the differential. In terms of organisational, management and leadership roles, positive pro action around personal development plans linked into formal systems need to be looked at. Coaching and mentoring roles within the Trust and in partner organisations, would aid in understanding and developing skills to achieve promotion. These sessions could also aid in BME staff understanding of professional or technical skills and knowledge. This was part of the ongoing developmental work with HR and will be resurrected.

4.4 Training

From all of the information collected there is no evidence to suggest that there are any barriers across any of the protected characteristics for any member of staff applying for external training. However there is insufficient data collected to show it there is any detriment across any of the protected characteristics. Until this data is collected, the Trust cannot show whether access to training is being restricted to specific groups or that there are marked differences in employee's experience. Again this is an on-going target within the Equality Action Plan.

4.5 Sexuality and Religion.

Collecting data in respect of Sexual orientation and to some degree faith/religion is still deemed by both staff as well as patients as an invasion of privacy. Having undertaken a data cleanse of our staff across the Trust, there has been a change in our monitoring statistics and we can report a more positive response than previous years.

- Compared with last year we have had an increase of 46.5% of staff choosing either to disclose or define their faith. Only 14.5% of staff choose not to provide this information.
- Similarly there has been an increase of 46.5% of staff electing to disclose or define their sexuality

However staff monitoring information identifies there is still more work that needs to be undertaken. Given that staff need to take cognisance of an individual's sexuality / faith when formulating care plans and providing care to patients, it is possible that Staff monitoring returns will show further improvement. To ensure the Trust provides equitable care, the Head of Equality and Diversity has consulted a number of external providers to assess provision of training around the two protected characteristics for members of staff which should also have an impact.

4.6 Gender pay

There is no difference in part time pay progression nor is performance pay used, both of which can distort earnings. Any residual significant differences would be due to two factors; higher numbers of one gender in more senior bands or to greater incremental progression based on more years of service in a pay band.

4.7 Maternity and Childcare and the Nursery

The Trust employs a full time childcare co-ordinator and actively encourages staff absent on maternity leave to return on a flexible basis, with childcare support through the tax exempt voucher scheme, and to keep in touch or even attend training during their break. No further practical action has been identified.

5. Looking ahead

This report demonstrates an overview of Airedale NHS foundation Trust's commitment to comply with the Equality Act. It showcases current good practice around how we are embedding the principles of inclusion for all protected characteristics and identifies areas for development.

6. <u>Conclusion</u>

The purpose of this report has been to identify the Trust's progress in respect of Equality and Diversity and provide an account of this in relation to:

- Improving service access and provision
- The Equality Delivery System and
- Employment

To embed effective delivery of Equality and Diversity the Equality Working Group continues to meet. To capture good practice around implementing equality issues a meeting of senior managers was undertaken. Each senior manager provided information around good practice in respect of Equality and Diversity. Comments received have been threaded within the report.

Key Achievements

- Nationally the Trust has the highest numbers of trained staff in Equality and Diversity (70%).
- An interactive E-learning package for Equality and Diversity has been developed.
- The Trust continues to promote an inclusive culture by engaging with service users. User and Carer groups monitor the Trusts policies and provide advice from a patient's perspective, and continue to implement the real time inpatient surveys across the Trust.
- Interpreting and Translating continue to be provided for an equitable service for both Eastern European and South Asian clients. Figures indicate that demand is on the increase, especially for South Asian languages. Whilst positive contributions continue to be made by the Trusts Chaplaincy team, it is still largely a mono-centric service.
- In respect of Disability, Matrons take an operational lead in working with clinical staff to ensure reasonable adjustments are put into place for patients with Learning disabilities. Staff attend mandatory training on the Mental Capacity Act and appropriate reasonable adjustments are put into place as and when required both in employment and operational areas. The Butterfly Scheme continues to ensure all patients irrespective of their characteristics are treated with compassion. Monthly Dementia audits pick up any issues which are addressed at Matrons meetings.
- Stonewalls evidence base shows LGB and T and are not often treated with the same equity as hetero-sexual communities. The last annual staff survey indicates that not all members of staff answered questions pertinent to protected characteristics. This gap needs to be addressed by:

    - Proactively work towards ensuring staff respond so that we have a higher response rate, and
    - Proactively engage with staff to ensure that there is a secure knowledge and understanding around collection of data in respect of protected characteristics.

- To further assess and disaggregate current data in respect of patients accessing hospital services from across Airedale, Wharfedale and Craven.
- In terms of employment the Trust continues to analysing the number of jobs advertised to ascertain if there are any discrepancies / detriment in either gaining employment or promotion on the grounds of ethnicity across all pay bands. The EDS2 framework is being utilised, using the prescribed 4 objectives and 18 outcomes with the equality objectives and monitoring progress collectively being undertaken by the Heads of Equality and Diversity across Bradford and Airedale and internally being picked up by the Equality Act Working Group.
- A new EDS Objective indicates that Boards and Committee presented with reports should identify Equality related impact and associated risks and how they are to be managed.
- The ban on age discrimination became fully functional as of the 1st of October 2012 and the Trust continues to ensure that no individual is discriminated, victimised, or harassed due to their age, in either service delivery or employment.
- Whilst the Trust may be seen to be proactive in terms of access and service provision further work is needed in analysing all data collected

Actions required and further work

- There is a need for greater proactivity in data capture of all protected characteristics but with specific focus on sexual orientation and faith, both where data is currently captured and in any other capacity.
- Detailed analysis is needed, referenced to the protected characteristics in respect of languages provided and take up of languages by groups concerned.

- There is a lack of volunteers from the Muslim communities. Head of Voluntary Services to address how profile of volunteering could be raised within the Pakistani community.
- Following on from focus group meetings with disabled users, signage and access across identified areas have been improved, however there is still work needed in signage across the whole of the hospital site.
- Detailed analysis of the job profiles broken down via protected characteristics, level and nature of job, applications received, and appointments made is critical in understanding the make-up of BME staff and whether the figures are reflective in respect of the communities served. Additionally further work is needed to ascertain the blockages encountered in respect of BME Staff at Middle Management.
- Assess patient data collected, cross reference to all protected characteristics and service specialties across Inpatients, Outpatients and A and E to ascertain if there are specific areas that need to be looked at.
- Cultural competencies need to be addressed in respect of patient care so that staff are aware of any unconscious bias that could potentially lead to negative outcomes

To achieve real and meaningful change we continue to address the way in which principles of equality and inclusion are integrated into patient care using the EDS as a vehicle for progressing and mainstreaming equality and diversity. The Trust will continue to monitor, develop and implement the EDS action plan and ensure that the equality objectives and identified gaps continue to be addressed.

Appendix 1

Under the auspices of the Equality Act 2010 there are now nine protected characteristics:

AGE

This characteristic refers to people specifically in terms of a specific age (e.g. 25ys olds). This characteristic however also covers age groups across the whole of the age spectrum (e.g. 18 - 30; 40 – 50; 70+).

DISABILITY

Physical conditions (seen and unseen), visual impairment, hard of hearing, speech impediments, Learning disabilities, as well as metal health or any condition which has a detrimental impact upon an individual's health as well as a substantial and long term adverse effect on an individual's capacity to work, would construe a disability.

GENDER REASSIGNMENT

Gender reassignment is the term to describe transitioning from one gender to the other (EHRC, 2011). The Equality Act 2010 defines a person as having the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person´s sex by changing physiological or other attributes of sex.

MARRIAGE and CIVIL PARTNERSHIP

Marriage is defined as a "union between a man and woman". Same sex couples are also covered previously recognised as "civil partnerships". As such Civil partners must be treated in exactly the same way on a wide range of legal matters.

PREGNANCY AND MATERNITY

Pregnancy is the condition of expecting a child. Maternity refers to the period after the birth and is linked to maternity leave within the employment context. In the non - work context, protection against maternity discrimination is for 26 weeks after the birth of the baby and this also includes treating a woman unfavourably because she is breastfeeding.

RACE

Race as a protected characteristic, refers to individuals defined by their race, colour, nationality, ethnicity or national origins.

RELIGION and BELIEF

This is the protected characteristic of religion or religious or philosophical belief, which is stated to include for this purpose a lack of religion or belief. It is a broad definition in line with the freedom of thought, conscience and religion guaranteed by Article 9 of the European Convention on Human Rights. The main limitation for the purposes of Article 9 is that the religion must have a clear structure and belief system. Denominations or sects within a religion can be considered to be a religion or belief, such as Protestants and Catholics within Christianity. The criteria for determining what is a 'philosophical belief' are that it must be genuinely held; be a belief and not an opinion or viewpoint based on the present state of information available; be a belief as to a weighty and substantial aspect of human life and behaviour; attain a certain level of cogency, seriousness, cohesion and importance; and be worthy of respect in a democratic society, compatible with human dignity and not in conflict with the fundamental rights of others. So, for example, any cult involved in illegal activities would not satisfy these criteria.

SEX

Pertaining to male or female

SEXUAL ORIENTATION

The protected characteristic of sexual orientation is defined as being a person's sexual orientation towards: people of the same sex as him or her (in other words the person is a gay man or a lesbian), people of the opposite sex from him or her (the person is heterosexual), or people of both sexes (the person is bisexual).

Appendix 2

Equality Delivery System 2

The refreshed EDS will be known as "EDS2" and the transition is relatively straightforward. Based on the Shared Intelligence evaluation and NHS England's consultation, the refreshed EDS2 is more streamlined and simpler to use compared with the original EDS.

The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS2, NHS organisations can be helped to deliver on the Public Sector Equality Duty (PSED).

EDS2 should be applied to people whose characteristics are protected by the Equality Act 2010 which are as follows:

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnic origin
- Religion or belief
- Sex
- Sexual orientation

NHS Organisations are encouraged to utilise the EDS2 and adapt its processes and content to suit their local needs and circumstances. It encouraged organisations to use it flexibly and to embrace key local health inequalities. The refreshed EDS2 has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all.

EDS2 has been designed in collaboration with the NHS and in light of evidence of how the EDS were implemented and with what result. Building on the success and insight of EDS, the refreshed EDS2 retains much of the original design, but it encourages local adaptation with a focus on local issues and problems. It also prompts learning from, and embedding good practice. EDS2 is applicable to all commissioner and provider organisations and should also be used to provide robust evidence of how NHS organisation are meeting the PSED (public sector equality duties). If an NHS organisation does not embed the EDS framework then it needs to clearly evidence an alternative and equivalent framework, in terms of showing how it meets its PSED.

The EDS2 performance goals are:

1. Better Health Outcomes for all
2. Improved patient access & experience
3. Empowered, engaged & well supported staff
4. Inclusive leadership at all levels.

At the heart of the EDS are 18 outcomes grouped into the four goals. The outcomes are aligned with key mainstream levers for the NHS – including the NHS Outcomes Framework, the NHS Constitution and the Care Quality Commission's key inspection questions

Two of the original EDS outcomes have been dropped and two new outcomes have been replaced which are:

- EDS2 Outcome 3.6 focuses on how staff experiences their membership of the NHS workforce. It mirrors the 2013/14 business objectives of NHS England.
- EDS2 Core Outcome 4.2 looks at papers that come before the Board and other major Committees, and the extent to which they identify equality-related impacts including risks, and say how these risks are to be managed. This outcome provides an easy-to-measure check on senior leaders' routine grasp of, and commitment, to equality.

The nine steps that NHS organisations should consider taking when implementing EDS2 are as follows:

1. Confirm governance arrangements and leadership commitment
2. Identify local stakeholders
3. Assemble evidence

4. Agree roles with the local authority
5. Analyse performance
6. Agree grades
7. Prepare equality objectives and more immediate plans
8. Integrate equality work into mainstream business planning
9. Publish grades, equality objectives and plans

The steps are inter-related and, by and large, sequential and are important but good governance linked to mainstream business, inclusive engagement with a wide range of stakeholders, and the use of a range of evidence and insight provide solid foundations for successful EDS2 implementation.

The grading system is more streamlined. National and local sources of evidence can be used to help with the grading. There are four grades – **undeveloped**, **developing**, **achieving** and **excelling**. The key question is: *how well do people from protected groups fare compared with people overall?*
In response to the question, the answer is:

- **Undeveloped**, if there is no evidence one way or another for any protected group of how people fare or if evidence shows that the majority of people in only two or less protected groups fare well
- **Developing,** if evidence shows that the majority of people in three to five protected groups fare well
- **Achieving,** if evidence shows that the majority of people in six to eight protected groups fare well
- **Excelling,** if evidence shows that the majority of people in all nine protected groups fare well.

EDS2 relies on genuine local engagement with patients, the public and other local stakeholders including staff.

EDS2 OBECTIVES AND OUTCOMES

The analysis of the outcomes must cover each protected group, and be based on comprehensive engagement, using reliable evidence.

Objective	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, procured and designed to meet the health needs of local communities. 1.2 Individual people's health needs are assessed and met in appropriate and effective way. 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed. 1.4 When people use NHS service their safety is prioritised and they are free from mistakes, mistreatment and abuse. 1.5 Screening, vaccination and other health promotion services reach and benefits all local communities.
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds. 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care. 2.3 People report positive experiences of the NHS. 2.4 People complaints about services are handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels. 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfill their legal obligations. 3.3 Training and development opportunities are taken up and positively evaluated by all staff. 3.4 When at work, staff are free from abuse, harassment, bullying, and violence from any source. 3.5 Flexible working options are available to all staff, consistent with the needs of the service and the way that people lead their lives 3.6 Staff report positive experiences of their membership of the workforce.
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders routinely demonstrate their commitments to promoting equality within and beyond their organisations. 4.2 Middle managers and other line managers support their staff to work culturally competent ways within a work environment free from discrimination. 4.3 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.