

Equality and Diversity Objectives 2016 – 2020

Introduction

Public Sector organisations with more than 150 staff are required to publish a set of Equality Objectives every four years to be compliant with the Public Sector Duties of the Equality Act 2010. The Equality Objectives are the priorities the organisation has identified to focus on improving over that four year period.

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

Across the local health economy, the four NHS trusts, NHS Airedale Bradford and Leeds, Airedale NHS Foundation Trust, Bradford District Care Trust Foundation Trust and Bradford Teaching Hospitals Foundation Trust, started to address how the Equality Delivery System could be implemented on a joint basis.

The Equality and Diversity leads assessed the number of external stakeholders, who in some form or another were addressing the needs of equality groups. To have been working with local interests through the Bradford and Airedale NHS Equality Group to consider and develop evidence of the health inequalities affecting people from the Equality Act “protected groups” and to assess the four trusts’ equalities performance using the Equality Delivery System (EDS).

The Equality Objectives have been developed using the NHS Equality Delivery System Framework (2) (EDS2). The EDS2 is the national NHS framework for assessing equality performance and priorities. The system includes a set of 18 equality outcomes that fall within the following categories, these being:

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

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

Background

In 2012 the Trust in partnership with, Bradford Teaching Hospitals NHS Foundation Trust, Bradford District Care Trust and the Bradford and Airedale Primary Care Trust (PCT) agreed the following set of Equality Objectives following significant stake holder events.

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

Towards the end of December 2105, all Trust provided a position statement as to their achievements and on-going work. Within the confines of the broader headlines of the work being carried out with the Trust, stakeholders also wanted to see what extra initiatives the Trusts would be undertaking under the auspices of the broader EDS2 Objectives. From the engagement exercises carried out the table below identifies the following equality objectives which we will mostly work on jointly.

The work to meet these objectives will build on partnership projects that we have already begun and that will continue, for example, Lesbian Gay and Bisexual (LGB) equality work with Equity Partnership, the implementation of our district's Health Violence against Women and Girls Strategy, the Innov8 BME leadership initiative and our district's NHS Race Equality in Employment group.

	Objective	Rationale
1.	<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>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.</p>
2.	<p>Implement the Accessible Information Standard.</p>	<p>This incorporates the priorities identified to improve access and experience for visual and sensory impaired service users and people with learning disabilities.</p> <p>The standard is a requirement for Trusts to implement by July 2016 and monitor beyond.</p>
3.	<p>To improve BME service users access and experience of services.</p> <p>Identify as a minimum 4 projects to be progressed over the next 4 years through the panel process and evidence collected as part of the review of the 2012 – 2016.</p> <p>Suggestions from the panel were for Trusts to address Gypsy and Traveller health inequalities in terms of experiences of maternity services and general access to community hospitals. (local action plan to agree)</p>	<p>There needs to be a narrower focus on delivering SMART projects in partnership. These will be defined during the delivery plan development.</p>

	Objective	Rationale
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.	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, including 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. Proposed that a similar adaptation for AGH be undertaken.

Following a Board Development session in November 2015, a decision was made to develop an Inclusion Strategy with the aim of embedding Inclusion into the core business activities undertaken within the Trust. This Strategy has now been signed off and a draft implementation plan has been written.

Whilst the above objectives are potentially seen as ways forward, other objectives linked to specific areas of work within the Trust as potential priorities that will be assessed will link to the following:

- Maternity Services – specific focus groups to address how fuller engagement can take place with the local communities – this would impact upon both the BME aspects and as indicated above and the Travelling communities.
- LD – access to services
- HR specific action plans around – WRES, Disability Standard, Apprentices, specific recruitment and traineeships in respect of LD.
- Additional work priorities would need to be developed arising on the back of the approved inclusion strategy (brief objectives are attached in Appendix B). Once agreed these objectives would be integrated into the action plan in Appendix B.

APPENDIX A

EDS Goals and Outcomes

GOAL		DESCRIPTION OF OUTCOME
Patient Focused	Better Health Outcomes	<ul style="list-style-type: none">1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities1.2 Individual people's health needs are assessed and met in appropriate and effective ways1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

	Improved Patient Access and Experience	<p>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</p> <p>2.2 People are informed and supported to be as involved as they wish to be in decisions about their care</p> <p>2.3 People report positive experiences of the NHS</p> <p>2.4 People’s complaints about services are handled respectfully and efficiently</p>
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Workforce Focused	A Representative and Supported Workforce	<p>3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p> <p>3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p> <p>3.3 Training and development opportunities are taken up and positively evaluated by all staff</p> <p>3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source</p> <p>3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <p>3.6 Staff report positive experiences of their membership of the workforce</p>
	Inclusive Leadership	<p>4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p> <p>4.2 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</p> <p>4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>

APPENDIX B

Airedale NHS Equality & Diversity Priority areas - Work plan 2016 – 2020 (Provisional)

Work Area	Objective	Milestones	Progress and achievements
Violence Against Women and Girls including Female Genital Mutilation	Raise awareness of national guidelines and share good practice in implementing them	Briefing on NICE Domestic Violence guidelines and DH FGM reporting guidelines Assess our own good practice guidelines on reporting FGM and follow through	
Accessible Information Standard	Work together to overcome barriers in implementing this standard	Briefing on proposed standard Discussion on preparations for implementation and establishment / progression of work via email or via the way finding group	
Workforce Race Equality Standard	HR to gather together all appropriate data - ensure that this new standard address how the Trust will reduce inequalities experienced by BME applicants and staff	Discussion with HR around workforce race equality as a whole Explore possibilities for benchmarking amongst other Trusts June 2016 - Discuss results of benchmarking and agree way forward	
Using commissioning levers to improve equality	Work together to make better use of commissioning and contracting levers for equality Auditing how Patient data	Assess the potential of holding a seminar / working session in Sept / Oct 2016 aimed at commissioning and contracting and the inclusion agenda, especially in respect meeting the Public	

	meets the needs of patients in respect of the protected characteristics	Sector Equality Duty	
Staff Friends and Family Test	Establish local equalities benchmarking data	Assess results of benchmarking – links to Right Care	
Equality Delivery System 2	Across all areas of the Trust, work together to ensure this tool is used to ensure real improvements in equality	Agree implementation of the EDS2 following the Stakeholders meetings (cross reference to the joint objectives)	
Equality Impact Assessment	Share good practice	Set up a sub group to assess the EqIA and how it can be implemented in respect of the EDS	
Unconscious bias	Share good practice in highlighting unconscious bias and reducing its effects	Assess how other Trusts are addressing this within the scope of service provision Learn lessons – in terms of practical outcomes	
Interpreting and Translation		Discuss protocol on effective use of interpreters and translators. Draw up appropriate KPI's	
LGBT	Highlight Health Inequalities	Promote information from Stonewall and Health Inequalities Impact upon Service provision. Cross reference to the Joint Action Plan Point 7	