

# **EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2015/16**

An EDI Action Plan covering service and workforce issues was agreed by the Trust's Workforce and Quality Committees at the start of 2015/16. In developing the action plan consideration was given to requirements:

- Requirements placed on the Trust by the Equality Act 2010, including the Public Sector Equality Duty set out in Section 149
- The need to implement the Workforce Race Equality Standard (WRES) and the NHS Equality Delivery System (EDS) in line with requirements first introduced in the NHS Standard Contract for 2105/16
- The need to implement the health and social care Accessible Information Standard (AIS) for people with disabilities, by August 2016

Reports on progress against the EDI Action Plan were provided to the Workforce and Quality Committees on a regular basis during the course of the year.

The attached now provides an EDI Annual Report 2015/16 summarising the progress achieved over the course of the year.

## Equality, Diversity and Inclusion Annual Report 2015/16

<b>MEETING THE PUBLIC DUTY IN POLICY AND DECISION-MAKING (EQUALITY ANALYSIS)</b>		
<b>Requirement</b>	<b>Trust Status (April 2015)</b>	<b>Action Taken</b>
<p><i>Public authorities are required to have 'due regard' to the aims of the general equality duty when making decisions and setting policies.</i></p> <p><i>To do this, it is necessary for decision-makers to understand the potential impact of their decisions on people with different protected characteristics and identify potential mitigating steps to reduce or remove adverse impacts.</i></p> <p><i>This should help to ensure that the policy is fully effective for different groups of people.</i></p> <p><i>The general equality duty does not set out a particular process for assessing impact on equality that public authorities are expected to follow.</i> (EHRC 2012)</p>	<p>The existing Equality Impact Assessment (EIA) framework was cumbersome; was not used on regular basis and seldom completed correctly.</p> <p>The Board and its subcommittees had not been checking to ensure that properly completed EIAs were provided in support of relevant policies, plans or proposals.</p> <p>EIAs for protected characteristics within the workforce are not systematically carried out on service change proposals.</p>	<p>As EIAs are an effective way of ensuring we identify and respond to the needs of patients and staff within the context of the protected characteristics it was decided to continue to use them within the Trust.</p> <p>The plan to develop a new framework was therefore included as part of the EDI Work Plan for 2015/16. The development process involved drafting a new framework and circulating to key staff and groups for comment before developing a version for submission to the Workforce and Quality Committees for comment. Unfortunately, obtaining feedback took longer than anticipated and this delayed the approval process; however the new framework was finally launched in March 2016.</p> <p>The JCNC Policy Group is now ensuring that all new/revised workforce policies are accompanied by a robust EIA. It has also identified the need to capture and monitor demographic data for HR policies so that the impact on protected characteristics can be monitored going forward. Appropriate monitoring arrangements are to be developed by the group in conjunction with HR.</p> <p>Whilst EIAs are now being used consistently to support the development of new workforce policies and procedures, the same cannot be said when services are being developed or changed or when policies are being developed in other areas. Going forward the main decision making bodies within the Trust have been urged to ensure that relevant decisions are not taken unless they are supported by a meaningful EIA.</p>

**PUBLISHING INFORMATION (Workforce)**

Requirement	Trust Status (April 2015)	Action Taken
<p>Publish demographic information about our workforce and service users annually</p>	<p>Information providing a demographic analysis of the Trust's workforce had not been published since January 2012, representing a compliance risk to the Trust. An analysis of workforce data for 2013/14 had been delayed pending completion of the ESR data cleansing exercise.</p> <p>In April 2015 NHS England introduced a requirement for providers to use the Workforce Race Equality Standard (WRES)</p>	<p>A report providing a full demographic analysis of the MYH workforce profile and HR processes for 2014/15 was published on MYT website in July 2015.</p> <p>The Trust also published its WRES data for the first time in July 2015, together with a WRES improvement plan which identified a number of issues requiring action.</p> <p>As the WRES data for recruitment indicated that white candidates were slightly more likely to be appointed from shortlisting than their BME counterparts, an audit of a sample number of appointments was undertaken. This audit identified that recruiting managers did not always return the selection paperwork and when they did, they did not always provide clear narrative to explain their selections decisions. This meant that, in the majority of cases it was not possible to validate the recruitment decisions made in the sample recruitment files examined. The findings from the audit have been used to inform the design of a new web-based recruitment process which is due to be introduced in mid-2016.</p> <p>The WRES indicator for disciplinary cases identified that BME staff were slightly more likely to enter formal disciplinary process than white staff. An examination of the actual cases involving BME staff was undertaken but did not identify any particular patterns or anything untoward. It was therefore decided not to take further action at that time but to review this indicator in the light of the data in 2016.</p> <p>The WRES indicators based on the national staff survey, identified that over the last three years our BME staff had reported markedly more negative experiences in terms of bullying and harassment by colleagues, discrimination by their line manager and seeing the trust as an equal opportunities employer. We have also looked at these indicators in relation to our staff with disability and a similar, yet slightly worse picture emerged. In seeking to improve the experience at work for all our staff we have applied Listening into Action methodology to engage staff across the Trust holding a series of Big</p>

		Conversations which identified key improvements that staff considered important and implemented changes. We also relaunched the Trust Values with a comprehensive campaign to encourage all managers and staff to understand and apply them in their behaviours at work. The values have also been integrated into all relevant training sessions, especially Induction. In the coming year there will be further work on the behaviour statements that support the values and an emphasis on developing an inclusive leadership culture to improve staff engagement and empowerment
<b>PUBLISHING INFORMATION (Service Users)</b>		
<b>Requirement</b>	<b>Trust Status (April 2015)</b>	<b>Action Taken</b>
Publish demographic information about our workforce and service users annually	<p>Our patient systems do not have the functionality to capture data on all 9 Protected Characteristics (PCs). As a result we only routinely collect Gender, Age and Ethnicity.</p> <p>Other than submitting these data to the Health and Social Care Information Centre for validation, only limited use appears to be made of them within the Trust to understand our service user profiles. As such limited data are available to published, representing a risk to the Trust in terms of compliance with the PSED</p> <p>To mitigate this risk, examples of where service user data have been used within the Trust (such as in the MTC Integrated Impact Assessment) are signposted on the Trust Website</p>	<p>As previously mentioned, EIAs are an effective way of ensuring we identify and respond to the needs of patients. We have continued to promote the use of EIAs when services are being developed or reviewed. These efforts have had limited success, however patient profiles have used within the Equality Impact Assessment process in support of:</p> <ul style="list-style-type: none"> <li>• The South Kirby Vacation plan for Podiatry and Dentistry</li> <li>• The re-provision of Interpreting services</li> <li>• Improving performance on dementia screening</li> <li>• The VIP Inpatient Checklist for LD patients</li> <li>• Implementation of the new carer passport for dementia patients</li> </ul> <p>Patient data has been used to support engagement activities within the DESMOND (diabetes education) programme.</p>

EQUALITY OBJECTIVES		
Requirement	Trust Status (April 2015)	Action Taken
<p><i>“Public Authorities covered by the specific duty are required to:</i></p> <ul style="list-style-type: none"> <li>➤ <i>Prepare and publish one or more objectives they think they should achieve in relation to the aims of the general equality duty, by 6 April 2012, and at least every four years thereafter.</i></li> <li>➤ <i>Ensure that those objectives are specific and measurable.</i></li> <li>➤ <i>Publish objectives in such a manner that they are accessible to the public.”</i></li> </ul>	<p>The Equality Objectives (EOs) initially set by the Trust in 2012 were mainly workforce related and operationally and inwardly focused. The Workforce and Organisational Wellbeing Committee agreed that a line be drawn under the original objectives and new Objectives be established in 2014.</p>	<p>The vision for stakeholder engagement set out in the Trust’s Communications and Engagement Strategy was adopted by the Quality Committee as a service related Equality Objective, as follows:</p> <p><i>“Develop and implement an infrastructure that enables all stakeholders irrespective of age, social class, gender, disability, sexual orientation, ethnicity, marital status or religion/belief to be involved in developing the Trust’s services.”</i></p> <p>The new EO was published on Trust Website in line with PSED in 2015. Actions being taken in support of achieving the EO are described in the section below on Patient and Public Engagement.</p> <p>The Workforce Committee decided that the Trust should also publish an EO relating to workforce and that this should be based on the issues identified by the WRES. The following Objective was agreed:</p> <p><i>“We will look to recruit staff from the widest range of applicants to achieve a workforce which reflects the diversity of our local communities.”</i></p> <p>A summary of actions taken in 2015/16 in support of achieving this objective is provided in the Publishing Information (Workforce) section above.</p>

## STAFF TRAINING AND AWARENESS

Requirement	Trust Status (April 2015)	Action Taken
<p><i>"If your workers are to understand what equality law means for them, they will need to be told about it. This is what is meant by 'equality training'.</i></p> <p><i>Equality training can be an important part of showing that you are preventing discrimination, harassment and victimisation in your organisation."</i> (EHRC 2012)</p>	<p><b>Corporate Induction</b> A section on EDI was re-introduced to the morning lecture session in 2013. This has been well received and sits well with the other materials on customer service and corporate values.</p> <p>An initial re-draft of the EDI Written Materials used to assess the understanding of new staff was introduced on a trial basis in Spring 2014. A six month review of the new materials is planned.</p> <p><b>Refresher Training</b> In view of the challenges in achieving MAST targets, there is reluctance to add EDI to the list. The update sessions that staff could book on to have been cancelled due to lack of interest.</p> <p>Going forward EDI is to be included in corporate training programmes, where appropriate.</p>	<p>The EDI Corporate Induction session continues to be well received. The EDI Written Materials training package was updated and re-launched in January 2016</p> <p>Other awareness raising activities during the year included:</p> <ul style="list-style-type: none"> <li>• A programme of events in celebration of Black History Month</li> <li>• An EDI presentation to Service Manager Development Programme</li> <li>• An EDI development session for the Trust Board</li> <li>• A series of monthly displays providing information and advice to staff were organised in the main entrances of our hospital sites starting in January 2016. Topics covered have included improving access for patients with disability, LGBT history month and health and wellbeing.</li> </ul>

## PUBLIC & PATIENT ENGAGEMENT

Requirement	Trust Status (April 2015)	Action Taken
<p><i>“Having due regard to the aims of the general equality duty requires public authorities to have an adequate evidence base for their decision-making. Engagement with people with different protected characteristics can help you to develop this evidence base.</i></p> <p><i>Case law from the previous equality duties has stressed the importance of engagement (with staff and service users) in ensuring public authorities understand the impact of their decisions on different people.” (EHRC 2012)</i></p>	<p>Previously the Trust has not had a consistent and coordinated approach to patient and public engagement.</p> <p>The Trust adopted a new Communications and Engagement strategy in 2013 but progress in developing an effective framework has been slow and needs to be progressed.</p> <p>In the meantime engagement work undertaken as part of the development of the CSS Full Business Case has been signposted on the Trust Website as an example of good practice in response to the PSEDs.</p>	<p>During 2015/16 MYH has been involved in a range of engagement activities such as:</p> <ul style="list-style-type: none"> <li>• Wakefield Community Engagement Partnership: sharing information and ideas about engagement activity and events.</li> <li>• North Kirklees Deaf and Hard of Hearing Group: involving benchmarking, sharing and picking up patient experience issues and responding</li> <li>• Wakefield Equalities and Cohesion Partnership: benchmarking and sharing information &amp; ideas on equalities issues</li> <li>• Employability Workshop (BME): providing skills training for the BME community interested in securing employment with MYH</li> <li>• Wakefield Deaf Users Partnership: listening and responding to concerns about the Trust’s plans to use Pearl Linguistics to provide sign language support to patients.</li> <li>• Celebrating Black History Month: providing information to visitors and staff on black culture and role models</li> <li>• Older people who used the REACT service and people who used the Connecting Care services in Wakefield were involved in a formal evaluation</li> <li>• Workshop style events were used to enable people to input into plans for the Dewsbury Hospital site development. Update and discussion sessions were also organised for patient groups, including the Trust’s stakeholder forum.</li> <li>• Input was obtained from parents and children before the Children’s Assessment at DDH unit opened and to get views on how well the service was working after it was launched</li> </ul> <p>The Trust already has examples of services that have been developed to address the specific needs of particular communities. These are examples from a growing list:</p> <p><b>The Chandni Clinic</b> The Chandni Clinic was established to enable women from communities who</p>

		<p>are sometimes reluctant to engage with the service to talk confidently about sexual health with a female doctor in their own language. Chandni (which means “moonlight” in Urdu) saw the light of day following a survey of local Asian women which revealed that 70 per cent had no concept of sexual health.</p> <p><b>The Early Learning Disability Champions</b> Staff from across the Trust are trained to become department-based champions for patients with learning disabilities (LD). The role is to promote best practice around the care and treatment of patients with learning disabilities during their time within a particular department.</p> <p><b>Improving pre-operative assessment for adult patients with LD</b> A specialist team develops an adjusted surgical pathway for each LD patient and supports this vulnerable group in accessing surgery in a timely manner.</p> <p><b>Forget-me-not scheme</b> The Trust’s Forget-Me-Not scheme aims to provide better hospital services for people with dementia and reassure their loved ones they are receiving the best possible care.</p> <p><b>Rainbow Clinic for gay/bisexual men</b> This clinic provided a service tailored to the needs of this community in an environment which provided dignity and respect.</p> <p>The NHS <b>Equality Delivery System</b> (EDS) became mandatory for providers of NHS services as part of the 2015/16 NHS Standard Contract. The EDS requires that the performance of NHS providers is assessed on an annual basis against selected Outcomes within the four EDS Goals. Two of the Goals relate to service issues, with the other two relating to workforce issues. A key principle of the EDS is that local communities are engaged in the assessment of a provider’s performance against the service Goals. In 2015 the CCGs agreed that we should take a health economy approach to assessing performance against the EDS Goals. It was therefore agreed that the CSU would organise a series of events across West Yorkshire to engage patient and community representatives in assessing the performance of the various service providers against the EDS Goals. An EDS Report 2015/16 providing a summary of the process and the outcomes has been made available separately.</p>
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		<p>Every day the majority of our 8,000 employees are involved in talking and listening to patients, carers, family and visitors. During the course of the year this represents a million opportunities to develop our understanding of the needs of different groups and communities. To this end we promote 'Cultural Curiosity'; asking in a sensitive manner to improve our understanding of different cultures, values and beliefs so we can deliver care accordingly.</p> <p>In the year ahead the Trust will be implementing its Acute Hospital Reconfiguration (AHR) programme. As our AHR programme progresses we will use the opportunities it presents to engage and involve local communities in shaping the new services. We also intend to use this opportunity to devise an engagement framework we can use for ongoing involvement of communities in local decision making about services changes and developments.</p>
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THE ACCESSIBLE INFORMATION STANDARD (AIS)		
Requirement	Trust Status (April 2015)	Action Taken
<p><i>The Standard requires all providers of health and social care services to put in place systems and process to ensure that patient who have a need arising as a result of a disability (e.g. hearing impairment/deaf; sight impairment/blind; learning disabilities) can be provided with information can be made in accessible format should they require it.</i></p> <p><i>The AIS Technical Guidance that supports the Standard identifies a number of key dates, as follows:</i></p> <ul style="list-style-type: none"> <li>• Organisations <b>MUST</b> have begun to prepare for implementation of the standard, including assessing their current systems and processes, and developing and commencing roll out of a local implementation plan by 01/09/2015</li> <li>• Organisations <b>MUST</b> identify and record information and</li> </ul>	<p>Implementation of AIS within the Trust began in December 2014 with an initial ‘Scoping Meeting’. This meeting was convened by the Director of Engagement and brought together managers and staff from IT, Access Booking and Choice, Safeguarding, etc. who were considered key to effective implementation. In early 2015 the membership was extended to form a small Project Steering Group.</p> <p>Early stages of the project focused on identifying the key issues that would be faced during implementation, such as:</p> <ul style="list-style-type: none"> <li>• Establishing the number of patients likely to make a request under the standard</li> <li>• Securing the engagement of GPs so that they inform the Trust about patients’ AI needs on referral</li> <li>• The Trusts ability to provide the full range of AI responses for patients, as identified by the Standard</li> </ul>	<p>Initial efforts focused on scoping a trust-wide response to the Standard but as the project progressed and its complexity became clearer (i.e. the range of IT systems, the number of services it related to and the different types of information involved) it was recognised that such an approach would not be feasible. A revised approach was therefore considered This involved:</p> <ul style="list-style-type: none"> <li>• Identifying a specific service area as a pilot site</li> <li>• Establishing a plan to develop a workable solution</li> <li>• Testing the solution on implementation in the pilot area</li> <li>• Sharing the learning from the pilot with all service areas</li> <li>• Supporting services across the Trust to implement the solution</li> </ul> <p>An MYH AIS Implementation Plan was subsequently developed and circulated in August 2015 in line with national requirements. The plan set out the range actions required to achieve implementation of the Standard. Ophthalmology Department was subsequently identified as the initial pilot site and planning started in November 2015.</p> <p>As this pilot approach was implemented it quickly became apparent that compliance with the two key implementation dates in the Standard may not be achieved so a contingency plan was developed which involved:</p> <ul style="list-style-type: none"> <li>• Targeting all Outpatient clinics in the Trust that used CaMIS for patient administration and Access Booking and Choice (ABC) to book their clinics, to maximise the number of patients covered in the first instance</li> <li>• Designing a suitable leaflet for patients with details of the range of AI options the Trust could provide and a return slip so that patients could indicate their needs</li> </ul>

<p><i>communication needs when service users first interact or register with their service by 01/04/2016</i></p> <ul style="list-style-type: none"> <li>• <i>Organisations MUST identify and record information and communication needs as part of ongoing / routine interaction with the service by existing service users from 01/08/2016</i></li> </ul>	<ul style="list-style-type: none"> <li>• The lack of facility on the majority of our main patient IT systems to record the needs of patients</li> </ul>	<ul style="list-style-type: none"> <li>• Making the leaflets available in the identified clinics and on our website</li> <li>• Ensuring Receptionists in the clinics are made aware of the Standard and how to respond to patients who want to make a request</li> <li>• Using the Central Alerts Management System (CAMS) as the vehicle to record AI needs so that alerts could be raised</li> <li>• Identifying ABC as a single point within the Trust where the information about patients AI needs could be collected and input to CAMS</li> <li>• Putting the necessary processes in place within ABC to respond to the AI needs identified by 01 April 2016 in order to comply with the Standard</li> </ul> <p>Whilst these arrangements were being put in place:</p> <ul style="list-style-type: none"> <li>• Other services within the Trust were being made aware of the requirements of the Standard, asked to provide assurance that AIS was being progressed and offered support with implementation</li> <li>• We have continued to lobby the supplier of our main Patient Administration System (CaMIS) requesting the addition of an AIS alert facility to enable us to develop a more comprehensive delivery model</li> </ul>
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