

Equality, Diversity and Inclusion
Annual Report
2018–19

Equality Diversity and Inclusion Annual Report

2018–19

INTRODUCTION

1. In July 2016 the Trust published its first EDI Strategy for 2016 – 2020. The strategy established five Equality Objectives (EOs) to provide clear focus and a framework to thread EDI into core business:
 - Objective 1: Involving and empowering stakeholders
 - Objective 2: Understanding local population and patient profiles and needs
 - Objective 3: Measuring and monitoring patient experience
 - Objective 4: Building Inclusive leadership
 - Objective 5: Delivering a representative workforce

Throughout the year, updates on delivery against these five strategic objectives have been made to the Board’s Resources and Performance Committee on a regular basis.

This report provides the overall, end of year position for the third year of the strategy and describes the work undertaken to progress delivery against the five Equality Objectives.

2. The full report is attached at Appendix A. Below we highlight some of the achievements during the year as well as identifying a project that continues to prove challenging to progress.

HIGHLIGHTS

3. **Improving the Workplace Experience for Black, Asian and Minority Ethnic (BAME) Colleagues**

January 2017 saw the first series of Focus Groups (FGs) providing an opportunity for Black, Asian and Minority Ethnic (BAME) colleagues to meet with the new Chief Executive and talk to him about their experiences in the Trust.

In July and August 2018 we ran the second series to:

- Share the Trust's results for the Workforce Race Equality Standard (WRES) for 2017/18
- Receive feedback from colleagues on any improvements they may have seen as a result of the actions taken by the trust following the previous series of FGs
- Identify issues where improvements were still required and
- Decide on priorities for action in the year ahead

Improvements reported by colleagues included:

- Appraisals becoming more developmentally focused; previously they were more of a tick box exercise
- More BAME colleagues recruited into the trust over the last 18 months
- Emails and updates from the EDI team were seen as a really positive introduction and were helping to
 - Raise awareness about external development opportunities
 - Create conversations around improved understanding of cultures
- Some managers are showing more flexibility for Muslim staff to fulfil their religious obligations

The issues reported as still requiring improvement were reminiscent of the issues identified in the first series. As a result, the priority issues for action were identified as:

- Improving the understanding of cultural issues by managers and staff
- Providing more personal development opportunities for BAME staff
- Increasing BAME representation in senior roles - there is a lack of visible BAME staff in management roles both divisionally and organisation wide
- Establishing formal BAME support

Over the last year the Trust has continued to work on these issues. In a direct response to those that were raised around culture, inappropriate behaviours in teams and the lack of response by local managers, the Chief Executive commissioned a major in-house organisational development programme. Embedding the Values and Behaviours is mandatory for all the seven hundred or so staff in Bands 7, 8a and 8b and seeks to bring the Trust's values and behaviours to life for this level of management using case studies and role play to re-create real life managerial dilemmas and challenges for participants to respond to.

July 2018 saw the graduation of four clinical colleagues from the Moving Forward Programme specifically for BAME colleagues and led by South West

Yorkshire Partnership Foundation Trust in collaboration with the Trust and Wakefield CCG.

The Diversity and Inclusion Service (D&IS) has continued to circulate information about regional and national development programmes aimed at BAME colleagues via email for all staff who declare as BAME on the Electronic Staff Record. As a result we know that four have attended the national 'Stepping Up' programme, one attended the regional Resilient and Resourceful Change Makers programme and a number expressed an interest in the national 'Ready Now' programme for Band 8a BAME staff. Other colleagues may have enrolled without making us aware.

The D&IS has been invited to a number of different team meetings throughout the year to talk about culture, recognising and responding to difference and 'cultural curiosity' and these sessions have always been well received.

In another response to the lack of BAME representation in senior roles, the Trust has established a target within the Workforce Strategic Scorecard to increase the representation of BAME clinical staff in Band 3 and Band 6 year on year over the next three years. These two Bands were chosen because there continues to be an over representation of BAME clinical staff in Band 5 and the Bands below Band 3. The approach is based on the premise that if the Trust can address the issues that prevent BAME colleagues progressing to the two Bands identified, it will improve the career progression for BAME staff generally.

The improvement targets set for 2018/19 were 3.8% for Band 3 and 9.1% for Band 6. The actual outturn was 5.4% and 9.8% respectively, which provided a sense of optimism for the approach being taken.

In terms of providing improved support for BAME colleagues it was decided to move from the annual programme of FGs and to create a BAME Reference Group which will be held every four months and will rotate across the three main hospital sites. The first of these is planned to be held on 10 June 2019 at Pinderfields. This first meeting will provide an opportunity for:

- The D&IS to share the Trust's WRES results for the 2018/19
- The staff who attend to discuss the results and make suggestions on how to improve them
- Share their ideas and experiences with the Chief Executive who will attend for the last half hour of the meeting

The Reference Group will provide a point of reference for the D&IS to check the appropriateness of proposed interventions and receive feedback on their effectiveness.

4. MY Project SEARCH

Wakefield

The programme is designed to help young people aged 17 to 25 who have special educational needs (SEN) to develop the skills they need to find paid employment. The ten month long supported internship programme provides the students (Interns) with three work placements during the course of the academic year, one in each academic term.

In July 2018 six Interns graduated from Cohort 1 of the programme. A celebration event at Pinderfields was hosted by the Trust Chairman who also presented their certificates and awards. Other senior people from our Education and Supported Employment partners spoke to give testimony to the huge progress the Interns had made in just nine months. By July three of the six had secured roles with the Trust in Pharmacy, HSDU and Housekeeping. Another had decided she did not want to pursue a job at that time and the project job coaches continued to support the other two in their search for work

September 2018 saw the arrival of our second cohort with eleven Interns starting the programme. Two interns subsequently had to withdraw from the programme but the remaining nine have excelled. Indeed, one of the Interns secured a role in the Trust's Recruitment Team towards the end of her first rotation leading her to claim "it was the best Christmas present ever"! A second Intern was set to secure a role on our Infusion Unit and it was looking increasingly likely that a third was to be successful in an application for a post in IT. The project Tutor and Job Coaches have continued to work with the other six to get them Job Ready and applying for vacancies in the wider business community.

In late 2018 we secured the services of a part-time 'Follow Along' or 'Embedded' Job Coach, funded by Access to Work monies. The coach was employed by our Supported Employment partner to provide ongoing support to the three graduates from Cohort 1 of the programme who secured jobs with the Trust. Going forward, we are hopeful that we can secure funds from the Trust to increase the hours of the coach with a view to working with:

- Other colleagues who have learning disabilities who may require additional support from time to time
- Clinical Psychology to support the rehabilitation of brain injury patients by providing suitable short term work experience
- Managers to identify suitable reasonable adjustments for new staff with disabilities or existing staff who acquire them

In January 2019 we started planning for the recruitment of the third cohort with an Open House event for potential Interns and their families. The event was again hosted by the Trust Chairman, with the Chief Executive and the new Director of Workforce and OD attending, together with nearly eighty guests seeking to find out more about the programme with a view to deciding whether to apply. We subsequently received fifteen applications for the twelve places available and all fifteen were shortlisted to attend the 'assessment day' on 6 March 2019. In the event twelve were selected and are due to arrive in September.

Dewsbury

In February 2019 the Trust was approached by a senior manager from North Kirklees CCG to ask if we would be prepared to develop a Project SEARCH on the Dewsbury District Hospital site. The project would involve working in partnership with Kirklees Council, who would provide the Job Coaches, with Kirklees College providing the Tutor and Interns. As much of the planning and infrastructure is in place, there would not be a lot for the Trust to do to implement the project in time for the arrival of the first cohort of Interns in September 2019. A proposal is therefore to be prepared for consideration by Executive Directors. If the proposal was to be agreed Mid Yorkshire would be the first Trust outside of London to run two Projects. It would increase the capacity to change the lives of twenty four young people and their families each year as well as leveraging improvements in care for patients and in organisational culture for the wider workforce.

5. NHS Equality Delivery System (EDS2)

As in the two previous years the Trust has worked in partnership with our two commissioning CCG and other local NHS service providers to use the NHS Equality Delivery System (EDS2). The process involved organising and delivering joint meetings in early 2019 in Wakefield and North Kirklees for local community groups to come and hear the evidence for the services profiled by each NHS organisation involved. A further round of meetings was then held in March, allowing the groups time to consult with their members on the evidence provided.

The performance of each service is assessed by each group based on the evidence presented to them at the meetings and any experiences their members may have had in accessing it. The EDS2 grading system uses a RAG^{plus} framework, where:

- ▲ Purple - Excelling (For all protected groups)
- ▲ Green – Achieving (For most protected groups)
- ▲ Amber - Developing (For some protected groups)
- ▲ Red - Undeveloped (For few or none of the protected groups)

The theme chosen by the CCG and provider partners for the 2018/19 review was service transformation. Mid Yorkshire decided to profile the recently launched Diabetic Eye Screening Programme (DESP) which covers Wakefield, North Kirklees and Leeds. Two colleagues from the service presented their evidence at the first set of events and also attended to hear the feedback.

In previous years the Trust has been rated as Developing (Amber) for the Acute Hospital Reconfiguration programme and the same last year for the work we were doing on 'Engaging patients to Improve Experience'. The most recent result being particularly disappointing in view of the effort that the patient experience team had been put in to it!

In view of our previous experience it was pleasing that this year the DESP service was rated as Achieving (Green) by both the Wakefield and North Kirklees community representatives. There was particular recognition of the work the team had done to target those groups that often do not always engage readily with our services; groups such as the Asian and Black communities, people with mental health issues or learning disabilities, the homeless, people in prison, the Gypsy and Traveller community, etc.

Our NHS Equality Delivery System Annual Report 2018/19, which is available on the Trust website, provides a more detailed account of our work on this matter over the last twelve months.

6. **Community Engagement**

An innovative community engagement and awareness project has been shortlisted for a national award.

The Trust's Diversity and Inclusion Project Manager continued working in collaboration with the BAME Development Officer for the Alzheimer's Society in North Kirklees to support a project to raise awareness about dementia in the local Asian community.

The project uses the power of theatre to get the message across and stimulate conversations. Four staff from the Trust volunteered to be part of the cast.

Funding was initially available to support five performances across the district and by the time the fifth performance took place in October 2018 over 450 people had been reached, which was acknowledged as a fantastic achievement, exceeding expectations.. The performances were all very well received and led to lengthy discussions between the performers and the audience about the issues.

In view of the success of the project, funding was subsequently secured for three further local performances, and there have been conversations about funding with neighbouring local authorities which would expand this successful model into other regions. There's also the possibility of a performance at the Alzheimer's Annual Conference.

In recognition of the innovative approach taken to raising awareness about a subject which can be difficult for some communities to talk about, the project has been shortlisted in the Community Impact section of the Employers' Network for Equality and Inclusion (enie) national awards. The finals are due to held in London on 2 July 2019 at The Law Society and most of our staff that made up the cast were making their plans to attend.

7. Celebrating International Women's Day

During February, ideas for how the Trust might celebrate International Women's Day (IWD) on 8 March began to take shape. Suitable and relevant materials were used to create a display which was taken and set up in the entrance of each of our main hospital sights for a couple of hours throughout the day. Members of staff were invited to have their photograph taken in front of the stand and the pictures were put out on Twitter tagging @MidYorkshireNHS and using #IWD2019.

Project Causing Concern

8. Implementation of the Accessible Information Standard (AIS)

The Standard is a legal requirement for all providers of NHS and social care services who have to have arrangements in place to provide information in accessible formats for patients who have a need as a result of disability or long term condition. The Standard became effective in April 2016.

Full and effective implementation of the Standard across the Trust has continued to be stymied by a number of issues:

- Arrangements had still not been put in place to ensure GPs inform the Trust on referral, if a patient has an AI need
- The AI functionality for our main PAS (eCaMIS) was not finally made available by emis (the provider) until the upgrade in May 2018 and even then it only provides a passive flag rather than an active alert, so our staff will not necessarily access the field to check on the need
- This has left us still reliant on the Trust's Central Alerts management System (CAMS) that has significant limitations which will not be resolved until the project to determine how 'Alerts' are managed within the Trust is completed.

In the meantime we have continued to review and develop the contingency arrangements we had put in place to respond to the standard which included:

- Posters being displayed in all Access, Booking and Choice (ABC) outpatient areas and a pro forma made available for patient to complete to inform the Trust of their AI needs.
- Reference to AIS being made in the leaflet included with the letter for first time appointments in ABC Clinics. A telephone number has been provided for patients to call to inform the Trust if they have an AI need we need to be aware of
- Areas that do not use ABC have been required to ensure they have suitable arrangements in place to obtain, record and respond to AI needs

Despite these interim arrangements only a handful of the pro forma from ABC clinic areas have been returned. Also, although we issued approximately 120,000 new appointment leaflets each quarter, the Trust did not receive calls from patients on this matter.

One project which due to start in 2019/20 might resolve some accessibility issues. A 'Digital Portal' is to be made available to those attending Outpatients so they can opt to access their appointment letter and related information on line, rather than receiving it in the post. The portal will have the 'BrowseAloud' functionality which means that, when accessing the correspondence, the patient can choose to increase the font size if they have visual impairment or have it read out loud if they are blind.

Not relevant to the Standard but patients whose first language is not English and who use the portal will be able to choose to have the text converted or read out loud in their own language which will be an excellent facility.

FURTHER INFORMATION

9. For further information about anything in the report that follows or any other EDI issues you can email the Trusts EDI Lead: gordon.smith@midyorks.nhs.uk

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Objective 1 – Improving Stakeholder Engagement		
Work Stream	Aim	Progress
NHS Equality Delivery System (EDS2)	Engage with diverse communities and use the EDS2 framework to assess our performance against the Goals and Outcomes and use the feedback to inform improvement	<ul style="list-style-type: none"> Section 5 in the main body of this report describes how the Trust used EDS2 in 2018/19 A full report on the 2017/18 EDS2 process is available separately on the Trust's website
Engaging with Wakefield District Sight Aid (WDSA)	Engage with the blind and partially sighted community to better understand their service needs and expectations	<ul style="list-style-type: none"> Officers of the charity continued to attend the Trust's Access Group. This regular input from representatives of this community have proved extremely useful in improving our understanding of their needs and experiences The D&IS used the charity as a reference source on a number of occasions over the year on both patient and workforce issues
Local Equality Health Panels (EHPs)	Provide a framework for ongoing engagement with patient and community groups	<ul style="list-style-type: none"> Meetings of the Wakefield Panel continued to be well supported. Examples of the issues covered include <ul style="list-style-type: none"> ➤ Regular updates from providers on work to address the issue identified in the EDS grading process ➤ Diabetes Prevention and Education ➤ Equalities monitoring of patient complaints Attempts to convene the Kirklees panel continued to be frustrated by a lack of community representation

Engaging with Kirklees Deaf and Hard of Hearing Group	Engage with the Deaf and hard of hearing community to better understand their service needs and expectations	<ul style="list-style-type: none"> Unfortunately, due to cuts in Council budgets and falling attendance by the deaf community it was agreed at the start of the year that the group would be closed
MYHT Access Group	Quarterly meeting with stakeholders who have disabilities to identify ways of improving access	<ul style="list-style-type: none"> The Group covered a range of issues throughout the year. Examples include <ul style="list-style-type: none"> ➤ Regular updates and subsequent discussions on issues raised by patients through the Family and Friends test ➤ Quarterly updates on progress with implementing the Accessible Information Standard, highlighting the ongoing barriers that we faced which are beyond the control of the Trust ➤ Discussions on the issues in resupplying hearing loops to Outpatient reception areas ➤ Charges for Disabled Parking ➤ Foot operated waste bins in Accessible Toilets
Engaging with Kirklees Blind and Partially Sighted Group	Engage with the blind and partially sighted community to better understand their service needs and expectations	<ul style="list-style-type: none"> The Head of D&I continued to attend the Group to provide updates on action being taken by the Trust to improve the experience for patients with visual impairment and to listen to the issues they face in accessing services. Concerns remained about the use of monitors to advise patients when it was their turn in for their appointment in Outpatients. This issue remains ongoing.

Equality Objective 2 – Understanding Local Population, Patient Profiles and Needs		
Work Stream	Aim	Activities
Accessible Information Standard (AIS)	To implement the Standard to provide better communication for patients with disability to improve access and patient experience	<ul style="list-style-type: none"> The challenges in implement the standard effectively and comprehensively across the trust are described in the main body of this report at Section 8 The Introduction of the Digital Portal technology for Outpatients should help overcome some of these challenges
Improving Access	Provide web-based information about accessibility of Trust premises for people with disability (AccessAble)	<ul style="list-style-type: none"> During the year DisabledGo changed its name and rebranded as AccessAble; the new name itself provides clarity on the service they provide The facility continues to be popular with all types of people who visit the Trust as a wayfinding tool
NHS Sexual Orientation Monitoring Standard for patients	Implementing the Standard to enable to collection of data from patients with the aim of improving our understanding of the patient profile for these characteristics across services	<ul style="list-style-type: none"> The SOM Standard was launched in October 2016 but is not mandatory at this stage As known of patient administration systems do not yet have the functionality to record this information the Trust is unlikely to be in a position to implement this standard in the foreseeable future.
Analysis of Access to Services by Ethnicity	To establish if access to services by ethnic groups matched with representation of these groups in the local communities	<ul style="list-style-type: none"> Unfortunately, the usefulness of the data we collect continued to be undermined by the high levels of 'Unknown' or 'Not Known' which accounted for 10% to 12% of episodes in some services One area where this wasn't the case was Maternity where there was high levels of disclosure. The data for this services indicated an over representation of the South Asian community possibly as a result of the rising proportion of people in the 20 – 25 year old group in this community

Equality Objective 3 - Improving Patient Experience		
Work Stream	Aim	Activities
Wakefield Equality and Cohesion Partnership	Working in partnership with local agencies to improve service access, provision and experience for patients	<ul style="list-style-type: none"> • The Partnership is led by Wakefield Council and involves, amongst others, West Yorkshire Police, Wakefield Healthwatch, the local CCG, Wakefield District Safeguarding Children’s Board and Wakefield District Housing. • The Trust has continued to participate in the Partnership which meets quarterly to share information about the approaches members are taking to equality and cohesion issues • Issues addressed across 2018/18 included: <ul style="list-style-type: none"> ➢ No Recourse to Public Funds ➢ Poverty and Universal Credit ➢ BREXIT ➢ Trans community engagement ➢ Community Tensions and Hate Crime
Deaf Awareness Training Sessions Trail	Provide deaf awareness training to front of house staff (Volunteers; Receptionists; etc.) to enable them to interact more confidently with patients with hearing loss	<ul style="list-style-type: none"> • Following the success of these sessions last, year we ran a further five sessions during the year • Feedback from the sessions was again extremely positive and a significant number of staff expressed an interest in training sessions on basic BSL. Once we have costings for such sessions we will submit a business case to secure the funding
Wakefield Community Engagement Partnership	Working in partnership with local agencies to improve service access, provision and experience for patients	<ul style="list-style-type: none"> • We have continued to participate in the Partnership which meets quarterly to share details of the engagement activities each partner organisation is planning • Issues addressed across the year included <ul style="list-style-type: none"> ➢ Children’s Services Update/Voice of the Child Update ➢ Local Safeguarding Adults Board (Seldom Heard Voices for Adults) Update ➢ Waste Programme Update ➢ Brexit Planning

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End of Life Steering Group	Identify ways to improve the quality of care provided to patients and relatives	<ul style="list-style-type: none"> • A member of the Diversity and Inclusion Service attends the meetings to provide advice from a diversity perspective • During the year we have contributed on a range of issues but were more actively involved in a number of the work streams, including: <ul style="list-style-type: none"> ➢ Developing a policy and guidance on Oral Hygiene and mouth care ➢ Reviewing the signage for Mortuaries on our three hospital sites to identify if improvements were needed to assist relatives attending for viewings
Providing Autism Awareness Training for staff	To enable staff to have a better understanding of how they might respond more appropriately to people with Autism	<ul style="list-style-type: none"> • Although organising the provision of this training was prompted by several of the Project SEARCH Interns being on the Autistic Spectrum, the sessions were offered widely through the Weekly Staff Bulletin and proved to be very popular, leading to further sessions being organised to accommodate the demand. • An unexpected spin-off was an approach by the Head of Audiology who asked if we could accommodate all members of the team • It transpired that the service had a high proportion of referrals for young people being assessed for autism and a hearing test was part of that assessment. It was felt that the team would benefit from attending the training and the service to patients would be improved • As a result of discussions with the tutor during the session it was recognised that the team could make simple changes to the way they provided services to young people with autism that would be of benefit to the patients and they undertook to follow this up after the sessions
Interpreting and Translation Service	Provide the facility for BSL Interpreting out of hours and in emergency cases to address the current gap in our service provision for Deaf and Hard of Hearing patients.	<ul style="list-style-type: none"> • Work is continuing to establish how we might best be able to utilise an on-line platform which has been developed by our BSL supplier to enable us to provide access to a BSL interpreter in emergency cases • Unfortunately efforts to get the system to work on the Pinderfields site have been frustrated with the NHS firewall preventing connectivity

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Patient Experience Working Group	Identify ways to improve the care provided to patients and relatives	<ul style="list-style-type: none"> • The Head of Diversity and Inclusion attended meetings to provide advice from a diversity perspective • Issues addressed across the year included <ul style="list-style-type: none"> ➤ Cared for with compassion - Compassion Barometer ➤ Pain management ➤ Supporting emotional needs ➤ CQC Inpatient survey 2017 results ➤ DisabledGo 2018 Review ➤ CQC Inpatient survey 2018 ➤ Relatives Overnight Stay Rooms
Develop a Policy with guidance for staff on supporting transgender patients	To improve the experience and outcomes for this group of patients	<ul style="list-style-type: none"> • Following an extensive engagement process and advice from the Trans Lead at Yorkshire MESMAC, the Trust first policy and guidance for supporting Trans patient nearing completion at year end. • Once the Policy is approved by Executive Directors it will be published and the Weekly Staff Bulletin will be use to raise staff awareness • If the funding can secured, the launch will also be supported by awareness sessions for key staff which will be led by a member of the Trans community
Secure the re-provision of BrowseAloud as an accessibility tool on the Trust Internet site	To ensure he content of the Trust's web pages were accessible to those with sensory impairment and those whose first language is not English	<ul style="list-style-type: none"> • This facility had been provided previously but the licence had lapsed without anyone realising • The Trust is required to make reasonable adjustments so that those with sensory impairment have equality of access to information • A three month free trial period was secured and showed a reasonable amount of utilisation. The trail period was subsequently extend until the end of the last financial year • The £3000 cost pressure which would be created by the purchase of the licence was considered as part of the financial planning process for 2018/19 and it was agreed that the licence should be renewed

Equality Objective 4 – Inclusive Leadership		
Work Stream	Aim	Activities
Values and Behaviours (V&B)	Continuing promotion of the of behaviours co-produced with staff to support the programme of culture change in the Trust	<ul style="list-style-type: none"> • The D&IS have continued to reinforce V&B in the D&I session on the Corporate Induction programme • They also reference when they are invited to local team meeting dto talk about D&I issues
Values Based Recruitment (VBR)	Recruit and promote staff who share and promote the values of the Trust	<ul style="list-style-type: none"> • The Recruitment Team and OD have continued to build VBR into recruitment processes as opportunities allow
Promoting Project SEARCH widely to staff, patients & visitors	Demonstrate the Trusts commitment to developing an inclusive culture	<ul style="list-style-type: none"> • Section 4 in the main body of this report provides an update on how the project is having a significant impact and delivering significant success
Developing a policy position and guidance on how to deal with patients who make racist or discriminatory remarks to staff	To support mangers and staff in responding to such incidents	<ul style="list-style-type: none"> • Research was conducted to understand how other NHS Acute providers might be tackling this issue • Guidance for managers and staff was then developed to enable them to respond appropriately • Following an extensive engagement process the guidance was close to being completed at the year end. • Once approved it will be published on the Intranet and publicised through the Staff Weekly Bulletin together with an offer from the D&IS to attend local team meetings to raise awareness

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Embedding the Values and Behaviours	A three day development programme to move our leadership culture towards excellence performance	<ul style="list-style-type: none"> • BAME staff continuing to raise issues about the attitudes of local managers and their failure to tackle inappropriate behaviours was one of the motivations for the introduction of the programme • Although the D&IS has not been directly involved in the delivery of the programme discussion did take place with the leaders of the programme to ensure inclusive leadership was prominent
The NHS Rainbow Badge Scheme	To provide a visual symbol which identifies staff who chose to sign up as someone an LGBT+ individual can feel comfortable talking to about issues relating to sexual orientation or gender identity.	<ul style="list-style-type: none"> • The scheme started at Guy's and St Thomas' NHS Foundation Trust and is spreading across the NHS • NHS organisations who sign up with Guys are sent an implementation pack to support the launch of the scheme • If the funding for the badges can be secured in the next financial year the plan is for the Trust to sign up and launch the scheme

Equality Objective 5 – Developing a Representative Workforce		
Work Stream	Aim	Activities
Project SEARCH	Provide work experience opportunities for young people with Special Educational Needs (SEN) to improve their chances of securing paid employment on leaving education	<ul style="list-style-type: none"> Section 4 in the main body of this report provides an update on how the project is having a significant impact and delivering significant success
Migration from the DWP Two Ticks Scheme to the new Disability Confident (DC) scheme	To increase recruitment of people with disability and provide support in the workplace to improve retention	<ul style="list-style-type: none"> Following a commitment made by the Trust to work on the Activities and Actions set out in Level 2 of the scheme our status as a 'Disability Confident Employer' was extended for a further two years to July 2019 A draft paper, comparing the DC criteria with current provision in the Trust and proposing actions to deliver on the DC commitment, was prepared and circulated for comment to Workforce colleagues In view of the departure of the Director of Workforce at the end of the financial year it was decided to defer submission of the proposals to the Executive Team until after they had been considered by the new Director
The NHS Rainbow Badge Scheme	To provide a visual symbol which identifies staff who chose to sign up as someone an LGBT+ individual can feel comfortable talking to about issues relating to sexual orientation or gender identity.	<ul style="list-style-type: none"> It hoped the badge will aid the retention of LGBT staff as it identifies that the Trust is understanding and supportive of LGBT issues It is also hoped that staff who sign up to the scheme will agree to join an LGBT Reference Group (RG) to act as a reference point for the D&IS on such issues Following participation in the 2018 Stonewall Workplace Index the feedback we received has been used to produce a paper which identifies areas for improvement. The plan is to share this with the (RG) to identify priorities for improvement

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Workforce Disability Equality Scheme (WDES)	Participation in a national group to support the development of the WDES	<ul style="list-style-type: none"> • The Trust continued to participate in the national group and monitor progress by NHS England with developing the Standard and the supporting Technical guidance • The Standard and guidance was finally launched in early 2019 • The Trust will be required to publish its rating for 2108/19 against the ten metrics in August 2019 • An issue in terms of the usefulness of the WDES compared to the WRES is the relatively low number of staff who actually declare a disability on ESR (around 3% which compares with 20% in the NHS Staff Survey)
Gender Pay Gap Reporting		<ul style="list-style-type: none"> • March 2017 saw the introduction of the statutory regulations requiring employers with more than 250 employees, to publish their Gender Pay Gap on an annual basis starting from the first 'snap shot date' of 31 March 2017; the deadline for publishing the 2017 report was 30 March 2018. • As reported last year our first report was published on 8 March (International Women's Day) as agreed by the WYAT HRDs • Our report for 2019 was published in the week before the deadline date of 30 March 2019 and is attached as Annex 1 to this report • Comment on WYATT results • As the Ordinary Pay Gap is caused by historical imbalance in the Medical Consultant body it will take time before we staff to see any real changes • In terms of the Bonus Pay Gap, this is caused by Clinical Excellence Awards to medical consultants. The actions being taken to start to address this include <ul style="list-style-type: none"> ➤ Improved publicity to raise awareness about the awards and to encourage more women to apply ➤ Delivering diversity training and bias awareness training to the local CEA Panel

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Workforce Race Equality Scheme (WRES)	To identify issues for BAME staff in the workplace and devise a set of actions to provide improvements	<ul style="list-style-type: none"> • Results for 2017/18 showed a disappointing downturn • The results were discussed in the BAME FGs in July and August 2018 • The issues raised by the WRES results together with those made in the FGs were incorporated into the BAME Response Plan • An update on progress against each area in the plan is provided in the following section on the BAME Response Plan
BAME Response Plan		
Dealing with: <ul style="list-style-type: none"> • Inappropriate Behaviour • Management Inaction • Unfair and Inconsistent Application of Policies 	1. Continuing the focus on the use of the Values and Behaviours framework to promote and support the development of a more inclusive workplace culture	<ul style="list-style-type: none"> • The D&IS has continued to put the Values and Behaviours at the heart of their session on Corporate Induction and whenever we are invited to attend team meetings to talk about inclusion • In a direct response to issues raised at the second series of BAME Focus Groups around culture, inappropriate behaviours in teams and the lack of response by local managers, the Chief Executive commissioned a major in-house organisational development programme. Embedding the Values and Behaviours is mandatory for all the seven hundred or so staff in Bands 7, 8a and 8b and seeks to bring the Trust's values and behaviours to life for this level of management using case studies and role play to re-create real life managerial dilemmas and challenges for participants to respond to.
	2. Dealing with Patients, Relatives or Carers Who Refuse Care or Services from Staff Based on Prejudice	<ul style="list-style-type: none"> • Research was conducted to understand how other NHS Acute providers might be tackling this issue • There was widespread engagement on an initial draft of the guidance for managers leading to the final version of the guide • After the guidelines were approved by Executive Directors, they were published on the Intranet and publicised through the Weekly Bulletin over a three week period • A black colleague, who experienced such prejudice, agreed to be the focus for a publicity campaign to raise awareness about the guidelines around the Trust

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Networking & Support	Establish a virtual 'network' to maintain contact with BAME colleagues and raise awareness of relevant matters and opportunities	<ul style="list-style-type: none"> • The D&IS continued to use the email addresses of all staff who declared as BAME on our workforce system (ESR) to maintain contact with them all and provide relevant information such as details of regional; or national development programmes that might apply for • The 2018 series of BAME Focus Group, involving the Chief Executive and Chairman took place in July and August 2018 and provided the opportunity to report progress since the last set of meetings, provide feedback on the 2017 NHS Staff Survey and the 2018 WRES results and to listen to issues staff may want to raise • Throughout the year a number of BAME staff used the email contacts from the D&IS to raise issues they had faced in the workplace or concerns they had. In such cases the staff were invited to meet with a member of the team to talk through the issues in more detail to see what support they might be given
Development	Supporting the development of aspiring BAME staff	<ul style="list-style-type: none"> • We were approached by SWYPFT in early 2018 with an offer of free places their first Moving Forward programme which is specifically for BAME colleagues in AfC Bands 4, 5, 6 and 7. • July 2018 saw the graduation of four clinical colleagues who attended the programme and who were very positive about the experience they had
Mentoring	Consider 'reciprocal' ('2-way') mentoring schemes	<ul style="list-style-type: none"> • Two corporate staff attended a 2 day workshop led by NHS Improvement, based on the scheme developed by CHFT, providing a central resource • The model is to be offered to Divisions to support efforts to respond to the targets for BAME progression incorporated in the Workforce Strategic Scorecard 2019 - 2022
Recruitment & Selection	Establish Value Based Recruitment (VBR) to move away from the previous over emphasis on previous NHS experience	<ul style="list-style-type: none"> • The Recruitment Team and OD have continued to build VBR into recruitment processes as opportunities allow

Recruitment Monitoring	We continue to monitor our performance in the recruitment and selection of BAME candidates using the NHS Workforce Race Equality Standard (WRES)	<ul style="list-style-type: none"> • After gradual improvements in the proportion of BAME candidates being appointed from shortlisting (to the point where they were on a par with those of white candidates) over the first three years of the WRES 2018 saw a slight downturn. It is hoped that the 2019 results will show that this was just a blip and our improved performance has continued • We plan to explore the possibility of monitoring recruitment performance at a Divisional level using the WRES metrics
Monitoring BAME Access to Training and Development	We will continue to monitor this using the answer to Q18 in the annual NHS Staff Survey	<ul style="list-style-type: none"> • With Divisions holding the budgets and managing the processes for accessing training external to the Trust it is not possible within existing systems to monitor whose applications are approved and whose are denied. • We therefore continue to use an analysis of the answers to Q18 in the annual NHS Staff Survey as part of the WRES metrics (<i>% receiving access to job relevant training, learning or development in the last 12 months</i>) and compare the responses for White and BAME Staff • The 2018 WRES results continued to indicate that BAME staff were slightly more likely to access non mandatory training than white staff
Lack of awareness arrangements for raising issues such as nepotism, discrimination, etc. outside of line management structure	Continue to publicise existing mechanisms such as the Freedom to Speak Up Guardian (for issues that affect patient care) and My Concerns on the Trust Intranet	<ul style="list-style-type: none"> • Reminders about how to raise concerns are included in Corporate Induction for new staff and are publicised regularly • BAME staff were also prompted to raise issues with D&I Service by the regular update emails we send out

ATTACHMENT 1

Mid Yorkshire Hospital Gender Pay Gap Report 2019

Introduction

1. This report provides the Trust's Gender Pay Gap (GPG) information for the period including the snapshot date of 31 March 2018.
2. This report is published in line with the requirements set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

Gender Pay Gap Information 2017/18

3. Ordinary Pay

- Mean Ordinary Pay Gap = 30.2%
- Median Ordinary Pay Gap = 16.3%
- Quartile Information:

Quartile	% Female	%Male
1 Upper	69.6	30.4
2	86.2	13.8
3	84.2	15.8
4 Lower	85.5	14.5

Appendix A provides an analysis of Ordinary Pay Gap by staff group

4. Bonus Pay

- Mean Bonus Gap = 37.8%
- Median Bonus Gap = 33.2%
- The proportion of women in receipt of bonus = 0.60%
- The proportion of men in receipt of bonus = 8.2%

Comparison with 2018

5. Appendix B provides a comparison between the data above and the data published in March 2018 for the period 2016/17

Commentary

6. The Trust has a job evaluation system which underpins our Agenda for Change pay system. This ensures that men and women receive the same pay for work of equal value (equal pay)
7. However, as the data show, the Trust's has a pay gap. The following are amongst the factors that contribute to these gaps:

Ordinary Pay Gap

- The relatively high proportion of women in the NHS workforce; around 80%
- The predominance of women in the mid-range Agenda for Change Pay Bands 5 and 6 particularly in nursing and therapies
- The relatively higher proportion of men in higher paid Medical and Dental Consultant posts and senior management positions

Bonus Pay Gap

- The relatively high proportion of male Medical and Dental Consultants who receive clinical excellence awards compared to women Consultants

8. A further contributing factor for the Trust relates to the fact that our Pinderfields and Pontefract hospital sites are part of a Private Finance Initiative (PFI). As such the main buildings and grounds for both sites are maintained by staff employed by our PFI partner. The impact of this is that jobs that are more likely to be undertaken by men (i.e. plumbers, painters, joiners, gardeners, etc.) and sit in the lower two quartiles are employed by Engie and not by the Trust, hence contributing to the gender pay gap.
9. This certainly seems to be the case when we benchmarked our 2018 results against other acute trusts locally. Whilst our Ordinary Pay Gap was 34% other trusts figures were around the 26% mark. And when we compared gender analysis by pay quartiles (overleaf) we believe it supports this hypothesis:

	Lower Quartile % Male	Lower Middle Quartile % Male	Upper Middle Quartile % Male
MYHT	14.5	15.8	13.7
Bradford THFT	24.1	19.5	15.4
Leeds THT	24.0	21.0	18.0

10. As the figures above show quite clearly, MYHT has lower proportions of men in the lower three quartiles compared to our acute neighbours, having an adverse impact on our pay gaps.
11. In putting forward these factors, some of which are societal, we are not seeking to talk down the Trust's pay gaps, but rather to provide the context in which they exist. For example, in wider society, roles that have traditionally attracted a higher

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proportion of women (e.g. caring and childcare) are often less valued than male dominated roles.

What Actions Are Being Taken In Response?

12. Due to having a workforce of c8000 and a complex pay system we were reliant on the NHS Electronic Staff Record Team developing a software package to calculate our Gender Pay Gap data. In the event, the package was not delivered until late January 2018 so we did not actually get our 2016/17 results until February 2018. This meant there was no time to act on the initial set of data in order to influence the results being published in this report.

13. Ordinary Pay Gap

As explained above, this is in the main a product of the gender profile of the NHS workforce rather than a reflection of how this Trust pay women compared to men.

In particular, it is driven by the historic gender imbalance in the Medical and Dental Consultant body such that, if this group of staff were not included in the calculation, our Ordinary Pay gap would be 5.4% rather than around 30%. Whilst sex discrimination may have been a cause of the gender imbalance in the past fortunately there has been an increasing recognition across the NHS and within Mid Yorkshire, that part-time working can be accommodated at consultant level so, whilst it will take time, we should start to see the gender imbalance gradually eroded.

As the analysis of pay gaps by staff groups shows, the gender imbalance in Admin and Clerical is also significant. At Director level, there is a good gender balance, with women in the roles of Director of Finance, Director of Operations, Director of Community Services and a women Medical Director. However, the predominance of men in jobs below that level adds to the pay imbalance. This will be something that will need to be considered in the development of the Trust's new Talent Management programme.

14. Bonus Pay Gap

The only bonuses paid by the Trust are Clinical Excellence Awards (CEAs) to Medical and Dental Consultants and the current Bonus Pay Gap arises from the gender imbalance in those receiving CEAs.

Whilst the evidence in Mid Yorkshire shows that women who apply are more likely to be awarded a CEA than their male counterparts, the fact is that they are less likely to apply. A number of factors contribute to this phenomenon:

- A misconception that they will not be successful if they apply
- They do not believe the work they are doing would qualify as excellence
- Part-time staff will not be recognized

In the 2018 CEA round the Medical Director's Office at MYHT undertook an engagement and information exercise to encourage more of our female doctors to apply for awards, and commissioned diversity and unconscious-bias training for the assessment panel.

Whilst the full data analysis is not yet available we can report that as a result of the actions taken by the Trust, the most recent round of CEA awards saw

- A preponderance of women amongst the highest scoring applicants
- An increase in the number of part-time consultants receiving an award
- All but one of the women who applied receiving an award

15. A more detailed analysis of the pay gap issues for Doctors is provided in Appendix C attached.

Reducing Our Gender Pay Gap

16. The Trust is committed to ensuring equity in the workforce and a range of actions which aim to achieve this, including:

- Ensure gender equity is considered in the development of the Trust's new Talent Management programme
- Continuing to promote and be more responsive to requests for flexible working opportunities and shared parental leave entitlements
- Promote national programmes that focus on the development of female leaders
- Consider the outcomes of the national review being conducted under chair-ship of Professor Jane Dacre on the Gender Pay Gap for doctors and initiate proposals locally, as appropriate.
- Rerun the engagement and information exercise to encourage more of our female doctors to apply for CEAs and provide diversity and unconscious-bias training for the CEA assessment panel as required.

APPENDIX A

MYHT Gender Pay Gap 2019 by Staff Group

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Add Prof S&T	Male	18.8258	17.3354	62
	Female	17.9783	16.2097	168
	Difference	0.8475	1.1257	
	Pay Gap %	4.5018	6.4936	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Add Clinical Services	Male	10.2687	10.1523	170
	Female	10.4969	10.1526	1606
	Difference	-0.2282	-0.0003	
	Pay Gap %	-2.2223	-0.0030	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
A&C	Male	16.2566	11.6001	219
	Female	11.7403	10.1523	1342
	Difference	4.5163	1.4478	
	Pay Gap %	27.7813	12.4809	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Allied Health Prof	Male	17.5424	17.4668	105
	Female	17.2094	18.1238	475
	Difference	0.3330	-0.6570	
	Pay Gap %	1.8983	-3.7614	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Estates & Ancillary	Male	10.7718	10.1711	288
	Female	9.9972	9.2855	534
	Difference	0.7746	0.8856	
	Pay Gap %	7.1910	8.7070	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Healthcare Scientists	Male	19.8308	18.1942	67
	Female	18.0490	18.1942	77
	Difference	1.7818	0.0000	
	Pay Gap %	8.9850	0.0000	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
M&D	Male	36.0525	40.2130	439
	Female	29.7744	26.5826	333
	Difference	6.2781	13.6304	
	Pay Gap %	17.4138	33.8955	

Quartile	Female	Male	Female %	Male %
1	0.00	1.00	0.00	100.00
2	4.00	4.00	50.00	50.00
3	64.00	41.00	60.95	39.05
4	264.00	393.00	40.18	59.82

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
N&M	Male	18.0287	17.0394	143
	Female	17.4450	17.0946	1962
	Difference	0.5837	-0.0552	
	Pay Gap %	3.2376	-0.3240	

Staff Group	Gender	Avg. Hourly Rate	Median Hourly Rate	No. of Staff
Students	Male	0.0000	0.0000	0
	Female	9.4550	9.4550	1
	Difference	-9.4550	-9.4550	
	Pay Gap %	0.0000	0.0000	

APPENDIX B

Comparison of Trust Pay Gap Data for 2018 and 2019

1. Ordinary Pay

	2018 %	2019 %	DIF %
Mean Ordinary Pay Gap	34.0	30.2	- 3.8
Median Ordinary Pay Gap	21.8	16.3	- 5.5

Quartile Information:

Quartile	Female %			Male %		
	2018	2019	DIF	2018	2019	DIF
1 Upper	69.3	69.6	+ 0.3	30.7	30.4	- 0.3
2	87.7	86.2	- 1.5	12.3	13.8	+ 1.5
3	87.3	84.2	- 3.1	12.7	15.8	+ 3.1
4 Lower	87.1	85.5	- 1.6	12.9	14.5	+ 1.6

2. Bonuses

	2018 %	2019 %	DIF %
Mean Bonus Pay Gap	37.4	37.8	+ 0.4
Median Bonus Pay Gap	33.3	33.3	0.0

Bonus Pay Gender Split

	2018 %	2019 %	DIF %
Male	8.5	8.2	- 0.3
Female	0.7	0.6	- 0.1

3. Commentary

The Ordinary Pay Gap does show a slight reduction, which is to be welcomed. However, this is more a consequence of natural changes in the workforce profile than as a result of action taken by the Trust. This is because we did not actually get our 2016/17 results until February 2018. This meant there was no time to act on the initial set of data in order to influence the results being published in this report for the 'snapshot' date of 31 March 2018.