



The Mid Yorkshire Hospitals
NHS Trust

NHS Equality Delivery System

Annual Report

2018–19

NHS Equality Delivery System (EDS2) Report 2018/19

1. Introduction

This report describes how the Trust used the NHS Equality Delivery System (EDS2) to assess its performance on a number of items within its equality, diversity and inclusion work programme for 2018/19.

2. Background

Use of the NHS Equality Delivery System 2 (EDS2) is a mandatory for providers of NHS services as part of the NHS Standard Contract. EDS2 requires that the performance of NHS providers be assessed on an annual basis against selected Outcomes within the four EDS2 Goals.

Two of the four Goals relate to services and two relate to workforce. Details of the EDS2 Goals and Outcomes are provided at Appendix A. Performance is assessed using a grading system based on a RAG^{plus} framework, which is also summarised in Appendix A

A key principle of EDS2 is that the assessment of the provider's performance against the chosen Outcomes in the two service focused Goals should involve local community groups and patient representatives. EDS2 also requires that the provider services to be assessed are agreed in discussion with commissioners.

It was agreed by the CCGs that performance against the two workforce focused EDS2 Goals should be conducted internally by providers involving relevant internal stakeholders.

3. EDS2 SERVICE GOALS

3.1 The Engagement Process

As last year, all the CCGs and providers across Wakefield, North Kirklees, Calderdale and Greater Huddersfield agreed to work together to design a process to engage with the local community groups and patient representatives to assess performance and gain feedback on the two EDS2 service focused Goals for 2018/19.

During the planning process the NHS partners agreed which community and patient groups should be invited, the process for sending out invites and the structure of the engagement programme. During this process it was also agreed that each provider should focus on Service Improvement or Transformation Programmes.

The Lead for Equality and Diversity in the CCGs set up a series of events in Wakefield, North Kirklees, Greater Huddersfield and Halifax. The format followed in each of these areas was as follows:

- An initial meeting to be led by the CCGs to explain EDS2 to the community and patient groups and the process we were intending to follow.
- A summary of each of the services to be assessed was sent to the invited community groups in advance of the Evidence Panels.
- This was followed by an EDS2 Evidence Panel at which the relevant NHS providers in each area delivered presentations and answered questions about:
 - The service they had identified to be assessed for the current year
 - The EDS2 Outcomes they had chosen and why
 - The provider's own assessment of the score they believe they had achieved (using the EDS2 RAGplus system), with a rationale for their chosen score

The community and patient groups were then tasked with sharing the evidence with their respective communities with a view to agreeing the EDS2 grading that should be allocated for the activity and the selected Outcomes.

- Finally An EDS2 Grading Panel was held where each community group gave their scores and rationale for each provider.

The programme of events started in December with the briefing sessions, with the Evidence and Grading Panels taking place in March 2019.

3.2 Mid Yorkshire's Approach

The Trust chose to focus on 'The Leeds and Mid Yorkshire Diabetic Eye Screening Programme (L&MY DESP)' as the basis for its EDS2 assessment for 2018/19 for both Wakefield and North Kirklees. This was agreed by the CCGs. The reasons for choosing this are explained below.

Mid Yorkshire Hospitals has been commissioned to provide one of the largest diabetic eye screening programmes in England covering the very diverse population of Leeds, Wakefield and North Kirklees. There are currently 80,846 patients registered with the programme and this figure should rise to over 100,000 in the coming years.

The programme covers many areas of high deprivation and includes patients with particular access needs. It was with this in mind that we developed a screening model that strives to remove barriers that in the past had prevented the most vulnerable from accessing screening in order to address health inequalities.

Reducing health inequalities means giving everyone the same opportunities to lead a healthy life, no matter where they live or who they are. People with disability, learning disability or mental health diagnosis often face barriers in accessing and using health services. Under the Equality Act 2010 health services are required to make reasonable adjustments to address the additional needs of these people.

The efforts made by the DESP to respond to this legal duty had so far included:

- Ensuring individuals receive, guidance to help make informed choices and support throughout the screening process.
- Ensuring patient letters are clear, concise and easy-to-read format to simplify access for all individuals and groups.
- Displaying information in pictures on information leaflets, invitation letters and promotional material, wherever possible
- Making reasonable adjustments to venues for screening tests by considering the physical space, access to the venue and layout of the venue.
- Providing clear and concise information on what individuals should expect from their appointment.
- Ensuring someone is available in waiting areas, and where screening is carried out, to answer questions and help individuals who look concerned or confused.
- Collecting information on any individual's special needs, such as the need for a longer appointment slot, if a carer will be in attendance, when a translator is needed or when a telephone call is needed rather than a letter for individuals with a visual impairment.

It was suggested that through such actions the service had greatly improved the prospect of providing accessible screening to everyone in the target group regardless of disability, ethnicity, socio-economic status or other protected characteristics.

We presented this topic because we believed it was a good example of how the DESP was proactively developing its service so that it was fully inclusive and accessible to groups that do not traditionally engage with such programmes across the Leeds and Mid Yorkshire Hospitals Trust footprint.

The EDS2 Outcomes (see Appendix A) it was agreed the Trust would use were:

- **Goal 1**
Outcome 1.1: Services are commissioned, procured, designed and delivered to meet the health needs of local communities
- **Goal 2**
Outcome 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

In terms of our initial self-assessment of our performance, we took account of the range of engagement opportunities and work we had undertaken with different communities and groups especially prison service, homeless, south asian and disability both physical and learning. As such, using the EDS2 Grading System we scored ourselves as 'Green – Achieving (*Doing well for most protected groups*)' against the chosen EDS2 Outcomes for the services at Pinderfields and also those at Dewsbury.

3.3 EDS2 Evidence Panels (Wakefield and North Kirklees)

In preparation for the Evidence Panels we provided summaries of the information we had published and the engagement work we had undertaken and these were shared in advance with the community and patient groups invited to the panels by the CCGs.

The Programme and Assistant Programme Managers of DESP were involved in providing information and evidence in developing the Trust's presentations, together with members of the Diversity and Inclusion Service (DIS).

The Trust made its presentation to the Wakefield EDS2 Evidence Panel on 6th March 2019 at White Rose House in Wakefield. For North Kirklees, the Evidence Panel was held on 12th March 2019 at Dewsbury Health Centre in Dewsbury.

The presentations were delivered jointly by the DESP team and the DIS.

3.4 EDS2 Grading Panel – Wakefield

Information about the community and patient groups who attended the Wakefield Grading Panel on 6th March is provided in appendix B.

At the start of the panel a sheet of flipchart paper was pinned to the wall for each of the services to be graded and the stakeholders were asked to use red, amber, green or purple sticky labels to indicate the grade they thought should be allocated for the EDS2 Outcomes. A plenary session then followed in which the groups were asked to explain their grading's and at the end of the feedback an overall grade was agreed for each of the services profiled.

The grading's achieved by MYHT are summarised below:

Goal & Outcome	Trust Self Assessment	Grading Panel Assessment
Goal 1: Outcome 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	A
Goal 2: Outcome 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	A	A

As can be seen above, the overall level achieved by each service matched from the self-assessment grade of 'Achieving' the Trust had allocated itself. This meant that the community representatives agreed that people from most protected groups fare as well as the general population covered by the programme.

This was excellent news! Furthermore it is worth noting that a couple of the groups commented that we were at the very top end of Achieving and were on the cusp of being awarded an Excelling grade. However the overall score was moderated to 'Achieving' in view of scores allocated by other groups and based on the discussion in the plenary session.

It's also worth acknowledging that the Wakefield Panel was generally very positive about the DESP and the CCG suggested that the approach taken by the service should be featured as a case study by NHS England.

3.4 EDS2 Grading Panel – North Kirklees

Appendix C provides information on all the community and voluntary groups who were invited to attend North Kirklees Evidence Panel. A list of the community and patient groups who actually attended the panel is provided in Appendix D.

The process for grading provider services used at Wakefield event was also used at the North Kirklees event and it produced the following results for MYHT:

Goal & Outcome		
	Trust Self Assessment	Grading Panel Assessment
Goal 1: Outcome 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	A
Goal 2: Outcome 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	A	A

As in Wakefield, the overall level awarded to the service was actually the same as the self-assessment grade of ‘Achieving’ that the Trust had allocated itself, indicating that people from most protected groups fare as well as the general population.

The North Kirklees panel recognised the ongoing determined efforts of the DESP to ensure that the service user profile is reflective of the diversity of the local communities it serves. The panel felt that overall the service was able to demonstrate that most protected groups had been involved. The stakeholders did cite the underrepresentation of a couple of the key protected groups, which for them meant that the service was just short of being awarded the top grade of ‘Excelling’.

After the plenary, the CCG facilitated a series of discussions for each provider with each of the community groups to give further feedback on the grades they had allocated. Appendix E provides a summary of the comments received and also includes recommendations that the stakeholders made.

3.5 Action Taken

The DESP team attended the evidence panels together with the DIS members to present at both the Wakefield and North Kirklees Panels. This enabled them to hear directly from the community representatives that attended the panel discussions. Much of the conversation was positive about the work of DESP and also included suggested recommendations that the service could consider and possibly introduce.

The DESP team have subsequently commenced implementation on a number of useful improvements that were put forward. For instance a recommendation was made around trying to establish any adjustments patients may need prior to their appointment. As a result of this the appointment letter was amended to include this suggestion.

3.6 Next Steps

Previously during the EDS2 planning process, all the NHS partners agreed that they would ask those groups that took part in the events whether they believed there would be benefit in establishing Equality Health Panels (EHPs) in each of the CCG areas. The purpose of such panels would be to:

- Maintain dialogue between the NHS partners and the community groups throughout the year rather than just during the EDS2 process
- Develop relationships and understanding to facilitate the two-way flow of information
- To facilitate joint working on developing the plan for the EDS2 programme for 2017/18 onwards

It is pleasing to report that all the groups that took part were really enthusiastic about this suggestion, seeing it as a mechanism for building stronger links with the CCG and local NHS providers. An initial meeting of the Wakefield EHP took place in the summer 2017 and subsequent meetings have followed in 2018. Whilst it took much longer to set up a Kirklees wide EHP, a meeting took place in April 2018, followed by another in autumn 2018.

4. THE WORKFORCE GOALS

In view of the nature of the Workforce Goals the CCGs agreed that the choice of Outcomes and the assessment of performance should be conducted by the Trust internally.

4.1 Mid Yorkshire's Approach

In the interests of consistency and in order to facilitate tracking of progress year on year, it was decided that we should focus on the same Outcomes this year as we did last year, namely:

- **GOAL 3: A Representative and Supported Workforce**
 - 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
 - 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
 - 3.6 Staff report positive experiences of their membership of the workforce

- **GOAL 4: Inclusive Leadership**
 - 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
 - 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks and how these risks are to be managed

In assessing our performance for 2018/19 we again took account of such things as:

- Results from the annual NHS Staff Survey which identify areas where staff from 'minority groups' report lower levels of satisfaction in relation to such things as equality of opportunity and flexible working
- The Trust's scores against the NHS Workforce Race Equality Standard (WRES) Metrics which show BAME candidates being slightly less likely to be appointed from shortlist than white candidates and lower levels of BAME representation in the higher pay bands
- The Trusts annual workforce demographic report which provides a full workforce profile and analysis of key HR processes and highlights similar issues to the WRES

4.2 Workforce Outcomes

Appendix F sets out the results of the Trust's internal assessment against the selected EDS2 Workforce Outcomes.

It should be noted that there has been some setbacks since last year in areas such as:

- The percentage of BAME staff believing Trust is an equal opportunities employer dropped significantly from 81.48% in 2017 to 68.42% in 2018 to 58.82% in 2019 (Compares to 84.44% for white staff in 2019)
- Percentage of BAME staff reporting that they had suffered discrimination at work in last twelve months increased from 17.74% to 20.69%.
- Percentage of BAME staff reporting experiencing bullying, harassment or abuse from colleagues in last twelve months increased from 30.18% to 31.58%. The level reported by white staff is 8.60%.

In view of this and the fact that some protected groups within the workforce continue to report lower levels of satisfaction with the Trust as an employer and higher levels of discrimination, it was again decided that we should grade ourselves as 'Amber – Developing', recognising that improvements were still required across all five chosen Outcomes.

4.3 Next Steps

Working with HR and OD colleagues, a range of actions has been identified with the aim of securing improvements in the year ahead. These include:

- Promoting the use of two-way mentoring scheme for BAME staff to Divisions
- The possibility of organising Focus Groups for staff with disability to explore the issues they face around employment with the Trust and garnering their ideas for how things could be improved
- Extending the 'virtual network' for BAME staff and continuing to use it to communicate, amongst other things, career and development opportunities
- Establishing Cohort 1 and 2 of Project Search Pinderfields and planning for the commencement of Wakefield Project Search Cohort 3 in September 2019.
- Following interest, commitment and appetite from BAME colleagues, the DIS is to help facilitate a BAME Network Group which will meet every four months

The WRES workforce analysis shows an over representation of BAME staff in Band 5 nursing and midwifery posts at 18.9% compared to 14.2% in the wider workforce. If this group was experiencing equal opportunities in career progression, we would expect to see this reflected in the subsequent pay bands. However we actually see significantly with 6.6% in Band 6, 7.9% Band 7 and 10.8% in Band 8a. Furthermore, there is no BAME representation in the 128 posts above Band 8a.

To understand this matter better the forty seven nursing and midwifery colleagues already working at Band6 were invited to a Career Conversation where they were given the opportunity to talk about their experiences, the issues faced in terms of progressing their careers as well discussing career aspirations going forward. The information gained was to be used to inform what action needed to be taken

In the meantime, the Director of Nursing started initial conversations with the NHS Leadership Academy with a view to the introduction of a local version of The Mary Seacole Programme. Developed and delivered by the Academy, simply put the Mary Seacole programme is a six month leadership development programme to develop knowledge and skills in leadership and management and is specifically for BAME staff.

Following a presentation about Pinderfields' Project SEARCH by the Trust to the North Kirklees and Greater Huddersfield Joint Stakeholder Board last year, we were approached by the Head of Corporate Governance at the North Kirklees CCG to ask if we would establish a project at Dewsbury District Hospital (DDH). A Business Proposal for a Second Project SEARCH for students with Learning Disabilities and Autistic Spectrum Conditions hosted by Mid Yorkshire NHS Trust is to be developed for consideration by the Executive Team. It might be of interest to know that if it was decided to proceed with this recommendation, Mid Yorkshire would be the first NHS Trust outside of London to host more than one Project SEARCH programme. Like Project SEARCH at Pinderfields, it is expected that the project will generate a significant amount of positive publicity in the local press and across social media., promoting MYHT as an improving Trust.

5. CONCLUSIONS

Continuing to use EDS2 within the Trust provided a useful mechanism for engaging and involving a range of stakeholders and staff in considering the Trust's performance on the equality, diversity and inclusion agenda and monitoring our progress. It has also provided invaluable feedback that will be used to inform future planning and engagement activities.

The joint working with the CCGs and other providers across West Yorkshire to engage community and patient groups around the service Outcomes proved particularly successful. In particular, it avoided each organisation having to make separate approaches to the same groups and enabled us to maximise the impact of limited resources.

The Equality Health Panels continued to be a very useful vehicle for maintaining relationships with local community groups and to facilitate improved and ongoing engagement.

Appendix A

The EDS2 Goals and Outcomes

GOAL		OUTCOME DESCRIPTIONS
Patient Focused	Better Health Outcomes	<p>1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <p>1.2 Individual people's health needs are assessed and met in appropriate and effective ways</p> <p>1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <p>1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <p>1.5 Screening, vaccination and other health promotion services reach and benefit all local communities</p>
	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>

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>

The EDS2 Grading System

The system is based on a RAG^{plus} framework as follows:

- ▲ 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)

Appendix B

List of Wakefield EDS2 Panel Organisations

- Wakefield Clinical Commissioning Group
- South West Yorkshire Partnership Foundation Trust
- Wakefield District Sight Aid
- Citizens Advice
- Well Women Wakefield
- Carers Wakefield
- Health Visitor Travelling Community and City of Sanctuary (could not attend but contributed feedback on the evidence submitted)

Appendix C

List of Organisations Invited to Kirklees Panel

<ul style="list-style-type: none">• Age UK• Almondbury Central TRA• Arthritis Care• Better Future for the Blind• The Brunswick Centre• Canal and Rivers trust• Carers Count• Cloverleaf Advocacy• Communities United Project• Community links Ltd• Conscious Youth• DASH• The Denby Dale Centre• Dialwood Carriage Driving for the disabled• Employability solutions• Honeyzz• Huddersfield Mission• Huddersfield Pakistani Community Alliance• Indian Workers Association• Kirklees Local TV• Kirklees and Calderdale Rape and Sexual Abuse Counselling Centre• KVIN• LOCORUM	<ul style="list-style-type: none">• Mencap Kirklees• Men Sheds (YCC)• Moldgreen United Reform Church• Muslim Womens Aid• Nature's Footprints Forest Play and Education CIC• Oasis Care Support Services• PCAN• PRJM Ltd• Q4E• Raabani Matriarch Support• Royal Voluntary Service• Saathi Community Enterprise Ltd• Sky - Positive Minds• Stoneham Home Group• Support to Recovery• Touchstones (Better in Kirklees)• UK Ambassadors• Volunteers Together• Waterloo Practice• Women's Centre• Wroe Street TRA• YCC Yorkshire Children's Centre
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Appendix D

List of North Kirklees EDS2 Panel Organisations:

- North Kirklees Clinical Commissioning Group
- Greater Huddersfield Clinical Commissioning Group
- South West Yorkshire Partnership Foundation Trust
- Royal Voluntary Service
- Women's Centre
- Q4E
- Carers Count
- Patient Participation Group
- CUP – Communities United Project (young people, deprivation, poverty)

Three further community representatives attended the panel event but did not disclose details on the signing in sheet of their respective organisations.

Appendix E

Summary of the comments received and recommendations made by stakeholders at the North Kirklees Evidence Panel

- Featuring work around Ramadan was great and would be more prevalent across North Kirklees than Wakefield because of community size.
- In terms of harder to reach, work with prison service is commendable but would categorise as a vulnerable group than harder to reach
- Gender Re-assignment and issuing of new NHS number. Clearly it is the patient's choice and consent is obtained whether to delete or to keep existing number
- Appointment Letters – could consider adding a sentence that if a patient requires a longer appointment then to let the service know. Use a questionnaire to try to establish information prior to first appointment around access, carer, disability etc.
- Access via GP referral – Pre-diabetic work with GPs around prevention work is something Wakefield is leading on. Challenging as a patient in remission is still a diabetic and needs to come in as otherwise can become a high DNA.
- Pregnancy Diabetes – patients should be having an annual blood test with GP as a higher risk
- The DESP presentation covered a diverse range of approaches to reach out to the different groups. It was great to hear an active and successful approach to engaging with the homeless through a designated GP practice and the outreach work with the gypsy/traveller communities. These groups have significantly greater health inequalities and much shorter life expectancies than others
- The DESP was a really impressive visual presentation that showcased some excellent work around vulnerable groups including gender re-assignment. It was also interesting to hear about the work and subsequent uptake from the Eastern European and Polish communities
- The DESP clearly have a very innovative and outward looking approach to practice and the service has been developed very well to be inclusive of all groups
- Some of the service innovations are really impressive. The focus on working with prisoners through the prison service is great. The good uptake levels being achieved with the gypsy and traveller groups on fixed sites are marvellous. Equally stunning is the work with the homeless group in Leeds through a designated GP practice. The examples of working with such groups through alternative ways of working are splendid with a very pro-active focus on actions and outcomes

- The availability of Saturday morning appointments for all and the evening and term time appointments for paediatrics is also welcomed as an inclusive approach
- A key recommendation from a service user was to consider incorporating a sentence in the appointment letter for patients to contact us should they require any adjustment prior to your appointment. It was felt that it would make patients feel more attended to before they present. The service user went onto say generally the patient experience is very good. It can be confirmed that the DESP service have acted upon this suggestion and implemented this recommendation by inserting a sentence in all their initial appointment letters
- The Wakefield District Sight Aid and Wakefield CCG in particular were very keen to learn more about the service innovations

Appendix F

NHS EDS2 'Workforce Goals'

Mid Yorkshire Hospitals Trust Assessment 2018/19

Introduction

In conjunction with HR, a number of EDS2 Workforce Outcomes were chosen for the performance assessment. The Outcomes were chosen on the basis that they relate to HR work-streams that were currently underway within the Trust.

The following table provides details of:

- The Outcomes chosen
- The HR work-stream it relates to
- The EDS2 Grading with rationale

3. A Representative and Supported Workforce		
Outcome	EDS2 Grading and Rationale	Related Work Streams
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	<p>Developing – Amber (For some protected groups)</p> <p>Trust data for 2018 showed that BAME and Disabled candidates are still less likely to be appointed when compared to white and non-disabled candidates</p>	<p>Last year the Trust set up a Sector Skills Academy in partnership with Jobcentre Plus and Wakefield College. The aims of the Academy are to reduce barriers to employment for individuals in our local communities who want to work but have limited or no experience; and to support individuals into their first healthcare role from other work experience backgrounds. Since last year over 80 people from our local community have been offered a place on the Academy and in total, over 60 individuals are now either permanently employed or are progressing through the Academy.</p> <p>The Trust continued to use Values Based Recruitment across a widening range of job types.</p>

<p>3.4 When at work, staff are free from bullying, harassment and abuse (BHA) from any source</p>	<p>Developing – Amber (For some protected groups)</p> <p>The 2018 staff survey results show that BAME and staff with a disability report higher levels of BHA</p>	<p>The Trust commenced exploratory work to explore the potential for developing a MY Just Culture. A Just Culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution. Originated from Mersey Care, the fair treatment of staff supports a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame.</p> <p>Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated. In organisations and teams where a blame culture is still prevalent, the Just Culture guide will be a powerful tool in promoting cultural change.</p> <p>Evidence shows that the culture change generated by the journey toward a Just Culture reduces reports of BHA in the workplace for all groups.</p>
<p>3.6 Staff report positive experiences of their membership of the workforce</p>	<p>Developing – Amber (For some protected groups)</p> <p>Staff Survey results continue to indicate that staff with some PCs report a more negative experience on some issues</p>	<p>In recognition that some protected groups report less positive experiences, a number of initiatives have been introduced. These include:</p> <p>Project Search Wakefield & DDH - currently at Pinderfields and from September at DDH too, is raising the awareness of staff about the issues faced by people with disability. This is having a positive impact in terms of patient and staff experience.</p> <p>Moving Forward – Four BAME colleagues were successful in securing a place on the first Moving Forward programme delivered by SWYPFT. It is a short, modular three-part programme for BAME staff in Bands 4, 5, 6 & 7 who are not currently in a management role within the Trust, but aspire to such roles within the next 18 months. It provides an insight into the leadership & management principles and practices needed along with the attributes needed to develop further in managing their careers. It is based on the module developed by Calderdale and Huddersfield FT, which evaluated very positively.</p>

		<p>Stepping Up – Following promotion of the programme by the DIS, four MYHT BAME colleagues were successful in gaining places. The programme is designed to bridge the gap between where applicants are and where they need to be, to progress into more senior roles. Successful applicants are empowered to drive forward the inclusion agenda and develop their skills and abilities in order to grow and progress. Developed and delivered by the NHS Leadership Academy, The Stepping Up Programme is a leadership development for BAME colleagues who work within healthcare organisations providing NHS care. There is an iteration of the Stepping Up Programme for Band 5&6 staff and another for Band 7.</p> <p>Band 6 Career Conversations – The WRES workforce analysis continued to show an over representation of BAME staff in Band 5 nursing and midwifery posts at 18.9% compared to 14.2% in the wider workforce. If this group was experiencing equal opportunities in career progression, we would expect to see this reflected in the subsequent pay bands. However we actually see significantly with 6.6% in Band 6, 7.9% Band 7 and 10.8% in Band 8a. Furthermore, there is no BAME representation in the 128 posts above Band 8a. To understand this matter better the forty seven nursing and midwifery colleagues already working at Band6 were invited to a Career Conversation where they were given the opportunity to talk about their experiences, the issues faced in terms of progressing their careers as well discussing career aspirations going forward. The information gained was to be used to inform what action needed to be taken</p> <p>NHS Rainbow Badge – LGBT+ people sometimes face inequalities or unnecessary barriers when they access healthcare services. In fact research shows negative attitudes towards LGBT+ people are still common in the NHS. To respond to this challenge, the Trust is to consider adopting the NHS Rainbow Badge scheme. The Rainbow Badge is a visible symbol and is instantly recognisable and sends out a strong message that it's ok to talk about sexual orientation.</p>
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4. Inclusive Leadership		
Outcome	EDS2 Grading and Rationale	Related Work Streams
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	<p>Developing – Amber</p> <p>Our Equality, Diversity and Inclusion (EDI) Strategy was approved by Board and published in September. The five strategic Equality Objectives the Strategy established have been used as the basis for framing our EDI work plan</p>	<p>The Embedding Values & Behaviour (EVB) programme was introduced as a result of continuing concerns by the Executive that the Trust’s Values and Behaviours were not being adopted locally by some managers and supervisors. It is a mandated 3 day block leadership development programme for Band 7-8C leaders.</p> <p>There was continued support from the Board for MY Project SEARCH Pinderfields with the Chairman hosting the Graduation Event for Cohort 1 last summer. The Chairman also led the Open House event for potential Interns and their parents at the start of the recruitment for Cohort and the Chief Executive and the new Director of Workforce and OD also attended.</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>Developing – Amber</p> <p>The EDI Strategy reinforced this requirement however it does not yet happen on a consistent basis</p>	<p>Reference to EIAs included on the cover sheet for Tier One Committee papers being strengthened.</p> <p>PAs supporting Tier One Committees to be briefed on EIA requirements and supported in challenging lack of or inappropriate submissions.</p>