

EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT 2019/20

INTRODUCTION

1. Work on the equality, diversity and inclusion (EDI) agenda during the year continued to progressed within the framework of the five strategic equality objectives (EOs) originally set out in the Trust's first Equality, Diversity and Inclusion Strategy 2016- 20
2. The five EOs, which were designed to thread EDI into core business, are:
 - 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.
3. 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. These reports provide ongoing assurance to the Board on delivery against the plans, standards and targets that underpin the EOs.
4. This annual report for 2019/20 provides the overall, end of year position, summarizing all the work that has taken place over the twelve-month period. The full report is attached at Appendix A and below we highlight some of the things achieved and challenges faced during the year.

HIGHLIGHTS

IMPROVING THE WORKPLACE EXPERIENCE FOR BLACK, ASIAN AND MINORITY ETHNIC (BAME) COLLEAGUES

EDI Strategy Objectives 4 (Inclusive Leadership) and 2 (Representative Workforce)

5. NHS Improvement Targets

As part of their national initiative "A Model Employer: Increasing Black and Minority Ethnic Representation at Senior Levels Across the NHS" NHS Improvement set the Trust a number of key performance indicators providing a trajectory for the number of BAME staff that should be employed by the Trust in bands 8a and above.

The table below form the report, highlights NHSI's ambition for the Trust in 2019 compared to its actual position.

Table 4. 2019 staff in post compared to 2019 trajectory ambition for Mid Yorkshire Hospitals NHS Trust

	2018 actual	2019 actual	2019 ambition	Gap
Band 8a	15	21	16	5
Band 8b	4	4	4	0
Band 8c	1	1	1	0
Band 8d	1	1	1	0
Band 9	0	0	0	0
VSM	1	1	1	0

There has been an increase in the number of BME staff in AfC band 8a. The trust is on track to deliver equity by 2028 for all AfC bands 8a to VSM.

NHSI further proposed what the position should be in order to deliver equity across MYHT workforce by 2028.

The following table highlights the performance trajectory set by NHS Improvement.

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	15	16	17	18	19	20	21	22	23	24	25
Band 8b	4	4	5	5	5	6	6	6	7	7	7
Band 8c	1	1	2	2	3	3	4	4	5	5	6
Band 8d	1	1	1	1	1	1	1	1	2	2	2
Band 9	0	0	0	0	0	1	1	1	1	1	1
VSM	1	1	1	1	1	2	2	2	2	2	2

The Trust will report the position against this trajectory on a routine basis to the Resource and Performance Committee.

6. MYHT Strategic Key Performance Indicators - BAME Clinical Staff

As part of the Trust's approach to taking positive action, two strategic key performance indicators were developed to identify the progress made in increasing

the representation of BAME clinical staff in agenda for change bands 3 and band 6. The table below indicates the Trust's last reported performance at December 2019.

KPI	2019/20 Target	End Of Year Position
Increase the Representation of BAME	B3 4.5%	B3 5.95%
	B6 10.0%	B6 11.52%

As can be seen above, at the year end the Trust was ahead of target for both these KPIs.

7. MYHT Strategic Key Performance Indicators - BAME Non-Clinical Staff

A further set of key performance indicators was agreed by the Trust Executive Team to support the development of BAME leaders in non-clinical roles. A significant stretch target has been applied with an ambition that by March 2021 the Trust will have at least 11% of its workforce in bands 7 to 9 from a BAME background. The table below highlights what this means in headcount terms.

	TOTAL (HEADCOUNT)	2019		2020		2021	
		BAME	%	BAME	%	BAME	%
Band 7	62	4	6.1	5	8.1	7	11.3
Band 8a	63	3	4.5	4	6.4	6	9.5
Band 8b	22	1	4.3	2	9.1	3	13.6
Band 8c	26	0	0.0	1	3.9	3	11.5
Band 8d Band 9	22	0	0.0	1	4.6	3	13.6
TOTAL	187	8	4.3	12	6.4	21	11.2

Performance against the 2020 targets as at 31 December 2020 will be reported to the Resource and Performance Committee in the 2020/2021 Q4 EDI update, along with a forecast of performance for 2021 based on the trend observed in 2020. At present, the Trust is exceeding the ambition for Band 8a for 2020. All the other 2020 targets are marginally below ambition.

8. Below we provide headline examples of actions taken during the year to deliver against the above indicators.

BAME IMPROVEMENT PLAN

EDI Strategy Objectives 2 (Representative Workforce) and 4 (Inclusive Leadership)

9. Establishing a BAME Network

At a BAME Reference Group meeting in June, participants asked for a MYHT BAME Network to be established; the Chief Executive agreed this request. The Head Chaplain for the Trust, who had helped establish a similar network at Leeds Teaching Hospitals in his previous role, volunteered to lead this work and involve a number of Reference Group participants, who also volunteered, in the process.

The first meetings of the group took place in late 2019 and early 2020. An initial idea from the Network was to organise a BAME conference to take place in October 2020 but that has now been put on hold due to COVID. Instead, the new plan is to write out to all BAME colleagues in the Trust to asking them to nominate priorities for action in the coming year and to volunteer to be involved in delivering them.

10. Celebration BHM (October 2019)

As part of the MYHT celebrations of Black History Month in October, DIS organized an event to highlight the differing experiences of BAME staff. On the theme of 'walk in my shoes', six MYHT BAME staff took turns to speak to a small audience about their time with MYHT, the challenges they have faced in the workplace and in progressing their careers. The stories were varied and quite moving at times and the event was very well received by those who attended.

11. Executive BAME Mentoring Programme

In autumn 2019 the Executive Team took the decision to offer the opportunity for executive mentoring to BAME colleagues. In order to manage demand, it was decided that in the first instance the scheme would be offered to colleagues who had recently completed leadership development programmes locally and nationally.

Following the offer, six colleagues applied and were accepted. After a short training session on the key aspects of mentoring, the colleagues were each paired with a director and in early January they were invited to book their first session. All six did manage to get one session in before the scheme had to be suspended due to Covid19. The plan is to resume the scheme as soon as we are able to.

In the meantime, one of the participants did secure a promotion to a Team Leader role, which she attributed to the confidence and experience she had gained from being involved in the programme.

12. RCN BAME Leadership Programme

Following an approach from the Trust's Director of Nursing, the Royal College of Nursing (RCN) agreed to run its Developing Leadership Programme specifically for MYHT BAME colleagues. Developing Leadership is a two day programme for

Band 5 BAME staff who aren't currently in a senior role (Band 6 and above) within the Trust but have aspirations to move into one in the near future, or for staff who are new to a senior role.

With support from the Diversity and Inclusion Service, the RCN ran the programme in February 2020 with twenty BAME colleagues attending.

There was some scepticism and reticence from participants initially. This was down to their poor experiences around career progression and development. Enabling the participants to unpack these experiences on the first morning was vital for it to be a productive two days. Sensitive and responsive facilitation gradually won over their trust and confidence.

Participants said that they benefited greatly from the programme. It helped to improve their outlook such that their confidence of progressing into leadership roles was quite significantly improved. All staff that were on the RCN course were offered a place on the SSIP programme which is a programme for developing the skills and competencies of band 6 nurses

13. NHS Workforce Race Equality Standard (WRES) Experts Programme

In October 2019 the Trust was offered a place on the forthcoming WRES Experts programme. The programme comprises six two-day sessions over a six-month period with the aim of creating experts who can then support their organisation and the wider health economy in their area to improve race equality and fairness across patch and in so doing improve patient care, patient satisfaction and patient safety.

Brian Chiyesu, the Trust's Lead Chaplain, was subsequently nominated by the Director of Workforce and OD to be the MYHT candidate and he was subsequently accepted on to the programme, which started in November.

Although Brian is only part way through the programme he is proving to be great resource for DIS and for the wider trust, as described below.

14. Trust Board BAME Seminar

In February the Trust's WRES Expert, together with support from DIS and NHS England led a Board seminar. The main focus of the event was on the experience of BAME colleagues in the MYHT workforce, with four colleagues sharing their lived experience of working for the Trust.

The performance indicators mentioned earlier were also shared with all Board members, as was a summary of the Trust's continuing performance against the WRES metrics.

It proved to be an excellent event, which received very favourable feedback. The write up and actions arising from the seminar were circulated to Board members for further consideration and action planning.

One of the outcomes was that a non-executive Director was identified to champion

Equality matters at Board level. A follow up session took place in May for those who were not able to attend the first session.

The write up and actions arising from the seminars have been circulated to Board members for further consideration and action planning.

15. BAME at the MYHT Leadership Community Forum

The Trust's Leadership Community Forum (LCF) comes together for the morning every two months on the first Wednesday. Over a hundred and forty leaders are invited and attendance is regularly around the hundred mark.

Following the Board BAME seminar in February 2020, Brian Chiyesu led a session at the March LCF with Executive Directors talking about what they had learned from the seminar and what they planned to do going forward. The session was expertly led and proved to be a really impactful event.

16. Wakefield District Moving Forward Programme 2019/20

Following the success of the 2018/19 programme, a second six-month programme of six sessions was launched by the partners in summer 2019. MYHT secured four places on the second cohort. The partners are South West Yorkshire Partnership NHS Foundation Trust, Wakefield CCG and MYHT

The second cohort started in October 2019 and graduation was scheduled to take place in June but the programme had to be suspended when lockdown struck. A date has yet to be set for the restart.

IMPROVING EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH AUTISM, LEARNING DISABILITIES AND MENTAL HEALTH ISSUES

EDI Strategy Objectives 2 (Representative Workforce) and 4 (Inclusive Leadership)

MY Project SEARCH

17. 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.

18. My Project SEARCH Pinderfields

The Trust became involved in Project SEARCH having previously signed the NHS Learning Disabilities pledge in 2016 making a commitment to increase its employment of people with such disabilities. We recognised that people with learning disabilities face significant challenges in securing employment in a large,

very busy Trust like Mid Yorkshire Hospitals. Based on our research, we believed that what we would learn from our involvement in Project SEARCH would support us in doing this by helping us identify exactly what the challenges were and inform how we might address them. We have not been disappointed.

The programme started on the Pinderfields General Hospital (PGH) site in September 2017 with seven Interns. And five of these graduated the following July.

In September 2018 the second cohort of eleven Interns arrived and in July 2019 nine of them graduated at a ceremony led by the Trust Chief Executive, Martin Barclay, with the presentations being made together with the recently elected Mayor, Councillor Charles Keith.

Over the first two years of the programme, a total of fifteen Interns graduated. Nine of these graduates have secured jobs the Trust with a further three getting jobs elsewhere.

In September 2019 eleven Interns were inducted for our third cohort at Pinderfields. Unfortunately the scheme had to be suspended in March due to COVID 19, but we plan to resume the programme as soon as the restrictions are lifted and the pressure on services ease.

19. MY Project SEARCH Dewsbury Hospital

In view of the success of the Pinderfields scheme, in March 2019 North Kirklees Clinical Commissioning Group approached the Trust to ask about the possibility of running a scheme at our Dewsbury Hospital to start in the following September. Although the timescales were tight, after some great partnership working between the Trust, the Council, Kirklees College, a number of other local government agencies and with support from DFN Project SEARCH Europe, we were to launch the scheme on time.

On 4 September 2019, the first cohort of seven students arrived at the Dewsbury Hospital site to be greeted by Trust Chairman, Keith Ramsay and Councilor Shabir Pandor, Leader of Kirklees Council. As with the Pinderfields programme, the Dewsbury programme also had to be suspended due to Coronavirus but we plan to resume it as soon as the circumstances allow.

Work Experience for Patients Recovering from Life Changing Brain Injuries

- 20.** In early 2019 the Trust's Head of Clinical Psychology, Dr. Helen Baker approached the Diversity and Inclusion Service (DIS). She had heard about Project SEARCH and wondered whether we might be able to help with the rehabilitation of a patient who had suffered a life changing brain injury, by identifying work experience opportunities to help rebuild her confidence.

- 21.** Whilst the Project SEARCH scheme is only for people with learning disabilities we were able to apply what we had learnt from running it to respond to this request. A Job Coach from Project SEARCH therefore interviewed the patient to identify the skills and experience she had and to understand the type of work she might be interested in. Whilst the patient had previously worked in media advertising, speed typing was a particular skill.
- 22.** This discovery happened around the time that the DIS was being deluged with applications for the NHS Rainbow Badge (a scheme to show visible support to LGBTQ staff patients and staff), which was launched in May 2019. We were struggling to respond to all the requests and capture all the email address of the applicants to create a virtual LGBT Network so we asked the patient if this was something she would be able to help us with.
- 23.** The patient was very anxious about the office environment at first, however, with our reassurance and support from her psychologist she decided to give a try and so from July onwards she came in to help us for three hours, two mornings a week. After a nervous start by the patient, it was amazing to see how quickly her confidence grew and her efforts soon cleared the backlog and kept pace with the ongoing request for the badge. Just before lockdown started, the patient had decided to enter the job market and with the support of one of the Project SEARCH Job Coaches, she was looking for work.
- 24.** In view of our success with the first patient, another of the psychology team asked to help with a young patient who was looking to rebuild her confidence in the work place following a diagnosis of a type of epilepsy. Following a skills analysis by one of the Job Coaches we were in the process of securing a suitable placement when the lockdown hit.
- 25.** One of the reason for brining Project SEARCH to MYHT was because we saw the potential to use the model and the resources it brings to support our staff with learning disabilities should they require help. However we didn't think at the time that it would enable to provide rehab for patients in the way that it has.

SUPPORT FOR LGBTQ+ PATIENTS AND COLLEAGUES IN OUR WORKFORCE

EDI Strategy 1 (Involving and empowering stakeholders), 2 (Representative Workforce) and Objectives 4 (Inclusive Leadership)

NHS RAINBOW BADGE SCHEME

26. The scheme was launched in MYHT in May 2019 and before COVID-19 intervened, we had received over 800 applications for the scheme. This was a fantastic outcome, bearing in mind the challenges the DIS had previously faced in engaging with staff on this agenda. Most applicants provided an email address that can be used by DIS to contact them about LGBTQ+ related issues.
27. At the turn of the year the Director of Nursing and Quality (David Melia) sent a letter by email to all the applicants on the list at the time. It suggested actions that might be taken to raise the profile of LGBTQ+ issues and colleagues in the Trust. It also mentioned the possibility of forming an LGBTQ+ network for MYHT. Colleagues were invited to email the DIS Project Manager indicating whether they would like to meet to discuss the way forward. Some 20 plus staff responded asking to be included. Unfortunately, before a date could be set for a meeting, COVID-19 struck, this is something that will be progressed imminently.
28. In the meantime David Melia and Brian Chiyesu did a preliminary draft terms of reference as a starting point for discussion. David Melia has also carried out research to understand the approach taken in other NHS organisations to the establishment of a network in order for us to learn from best practice. Initial feedback highlights the need for staff to develop the network themselves with corporate and other support sought as required.

NHS EQUALTY DELIVERY SYSTEM (EDS2)

Equality Objectives 1 (Involving and empowering stakeholders) and Objective 3 (Measuring and monitoring patient experience)

29. As in 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 events in early 2020 in Wakefield and North Kirklees. The events used a 'market place' approach with each NHS organization having a stall with displays profiling their services.
30. Representatives from local community groups were to visit each of the stalls and talk to staff from the various NHS organisations involved about the services being profiled. They were then asked to 'rate' each service based on what they had heard or knew about the service.

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 RAGplus framework, where:

- I. Purple - Excelling (For all protected groups)
- II. Green – Achieving (For most protected groups)
- III. Amber - Developing (For some protected groups)
- IV. Red - Undeveloped (For few or none of the protected groups)

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!

31. Last year we profiled the Diabetic Eye Screening Programme (DESP) service. The service was rated as Achieving (Green) by both the Wakefield and North Kirklees community representatives. This was particularly gratifying as it was the first time we had been awarded the Achieving level.
32. This year the theme chosen by the CCG and provider partners for the 2019/20 reviews was Patient Experience and Complaints. As such, the Matron for Patient Experience and the Head of the Patient Advice and Liaison Service (PALS) accompanied the DIS on the MYHT stall at both events. The Wakefield event took place in early March at Wakefield Wildcats and this was followed by the Kirklees event again in March.
33. The Public events were organised to provide a forum to discuss information with representatives from the Trust and to gain views and feedback on how the organisation was meeting the EDS2 objectives based on the discussions. To ensure effective engagement with local interests, the DIS team worked closely with the Engagement team to recruit representative communities and local people to attend the local events.
34. We were pleased that both events rated the Trust as **Green – Achieving**, which is a significant achievement. The feedback received at the events will be used by the two services involved to provide improved services to patients.
35. Our NHS Equality Delivery System Annual Report 2019/20 is available on the Trust website and provides a more detailed account of our work on this matter over the last twelve months.

CHALLENGES

ACCESSIBLE INFORMATION STANDARD (AIS)

Equality Objectives 1 (Involving and empowering stakeholders), 2 (Understanding local population and patient profiles and needs) and 3 (Measuring and monitoring patient experience)

36. The Standard is a legal requirement for all providers of NHS and social care services. They have to have arrangements in place to provide information in accessible formats for patients, relatives and carers who have a need as a result of disability or long-term condition. The Standard came into effect in April 2016.
37. Applying the standard in MYHT continues to present challenges for a number of reasons, namely;
 - Arrangements are still not in place to ensure GPs inform the Trust on referral, if a patient has an AI need
 - Only a small number of our many patient information systems have the facility to record details of patients' AI needs in a structured way and even then they do not have the functionality to create alerts meaning that the needs often go missed due to work pressures on staff
 - In terms of our main PAS (eCaMIS), AI needs can be recorded but Access Booking and Choice still have to rely on the Trust's Central Alerts management System (CAMS), a system that is now unsupported and that has significant limitations, to produce the alerts for them to work on
 - As services and patient administration systems change and develop, the processes that support delivery of the standard need to be reviewed and revised; this need often gets forgotten.
38. It had been hoped that the 'patient portal', with its facilities for patients to obtain their letters resized to their desired font, or read out loud, would start to resolve some of the challenges. Unfortunately though, implementation of the portal was delayed.
39. In the meantime we have also continued to review and develop the contingency arrangements we had originally put in place as our response to the standard. These included:
 - Posters being displayed in all Access, Booking and Choice (ABC) outpatient areas and a pro forma made available for patients 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 being 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 being provided with advice and support and requested to provide assurance that they had put in place suitable arrangements to obtain, record and respond to AI needs.
40. Unfortunately these contingency arrangements have had limited impact with only a handful of the pro forma being returned. And, although ABC issue approximately 120,000 new appointment leaflets each quarter, the Trust has not received any calls from patients on this matter.
41. More recently then, in our endeavours to improve our performance against the standard we have:
- Reconstituted the AIS Project Steering Group to include as many different services as possible, The Deputy Director of Workforce and OD and representatives from the CQC and Special Needs teams
 - Updated and extended the AIS Action Log to cover the actions agreed by the services involved
 - Started work to develop a communications plan to raise staff awareness about
 - Produced a draft AIS policy for consideration by the Group prior to launching across the Trust.

FURTHER INFORMATION

42. For further information about anything in the report that follows or any other EDI issues you can email the Trusts EDI Lead: gordon.smith9@nhs.net

Equality, Diversity and Inclusion Annual Report

Objective 1 – Improving Stakeholder Engagement		
Work Stream	Aim	Activities
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"> The main report above describes how the Trust used EDS2 in 2019/20 A full report on the 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 on-going 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 ➤ Equalities monitoring of patient complaints ➤ The future of the group Attempts to convene the Kirklees panel continued to be frustrated by a lack of community representation

<p>MYHT Access Group</p>	<p>Quarterly meeting with stakeholders who have disabilities to identify ways of improving access</p>	<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
<p>Engaging with Kirklees Blind and Partially Sighted Group</p>	<p>Engage with the blind and partially sighted community to better understand their service needs and expectations</p>	<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 on-going.

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 (Accessible)	<ul style="list-style-type: none"> • The facility continues to be popular with all types of people who visit the Trust as a way finding tool
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"> ➢ Scrutiny and IAG ➢ Trans Community Engagement ➢ Poverty and Universal Credit ➢ BREXIT ➢ 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 previously we had been looking to organise further session in 2020 but this had to be put on hold, due to the pandemic
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"> • We had planned to offer sessions to managers and staff in spring 2020, once the third Cohort of Project SEARCH Interns had settled in the programme but the virus thwarted these plans.

<p>Wakefield Community Engagement Partnership</p>	<p>Working in partnership with local agencies to improve service access, provision and experience for patients</p>	<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 Safeguarding Update ➢ Local Safeguarding Adults Board (Seldom Heard Voices for Adults) Update ➢ Wakefield Families Together Structure ➢ BREXIT Planning
<p>Patient Experience Working Group</p>	<p>Identify ways to improve the care provided to patients and relatives</p>	<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"> ➢ Family and Friends Test ➢ Focus on End of Life Care ➢ Bedside Handover Audit Tool ➢ National Emergency Care Services ➢ Survey Results
<p>Provide the BrowseAloud accessibility tool on the Trust Internet site</p>	<p>To ensure the content of the Trust’s web pages were accessible to those with sensory impairment and those whose first language is not English</p>	<ul style="list-style-type: none"> • We have continued to monitor the use of this facility, which remains popular with our website users.

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 to 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"> • 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 managers 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 MY guidance was produced, published on the MYHT Intranet and publicised widely across the Trust through the weekly Bulletin • A member of our Chaplaincy Team also promoted it in MY News (Our quarterly internal newsletter).

<p>Embedding the Values and Behaviours</p>	<p>A three day development programme to move our leadership culture towards excellence performance</p>	<ul style="list-style-type: none"> • A major catalyst for the development of this programme was that BAME staff continued to raise issues about the attitudes of local managers and their failure to tackle inappropriate behaviours. • 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 • Unfortunately in the programme had to be suspended in early March due to COVID. <i>(NOTE: Initial attempts at restricting the programme using remote learning began in August 2020)</i>
<p>The NHS Rainbow Badge Scheme</p>	<p>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.</p>	<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 • The main body of this report provides an update on the success of this 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"> An update on how the project is having a significant impact and delivering significant success is provided in the main body of this report.
The DWP 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"> The Trust was reaccredited at Level 2 of the scheme ('Disability Confident Employer') for a further two years to July 2019 Based on the work we have been doing within the Trust around disability (e.g. Project SEARCH, Autism Awareness Training, Deaf Awareness Training, Access to work, etc.) the DWP suggested we might apply for Level 3 (Disability Leader). For this Level Peer Assessment is required Before committing to this process the plan had been to conduct an initial, internal assessment to establish whether we would be able to provide sufficient evidence to meet the Level 3 criteria. This work had to be put on hold when COVID struck, but if it is considered to be worthwhile, this work could be reinstated once circumstances allow.
The NHS Rainbow Badge Scheme	To provide a visual symbol, which identifies staff that choose to sign up as someone an LGBT+, colleague or patient can feel comfortable talking to about issues relating to sexual orientation or gender identity.	<ul style="list-style-type: none"> An update on the success of the scheme is provided in the main body of the report.

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 submitted its first annual WDES return to NHS England in summer 2019• A report containing the data that was submitted and describing the actions to be taken in response to the data is published on the Trust's website.
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<p>Gender Pay Gap Reporting</p>		<ul style="list-style-type: none"> • The Trust submitted its third set of data before the deadline of 31 March 2020. A copy of the report is attached at Appendix B • As the Ordinary Pay Gap is caused by historical gender 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 ➤ 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
<p>Workforce Race Equality Scheme (WRES)</p>	<p>To identify issues for BAME staff in the workplace and devise a set of actions to provide improvements</p>	<ul style="list-style-type: none"> • The Trust submitted its latest annual WRES return to NHS England in summer 2019 • A report containing the data that was submitted and describing the actions to be taken in response to the data is published on the Trust's website.

Mid Yorkshire Hospital Gender Pay Gap Report 2020

Introduction

This report provides the Trust's Gender Pay Gap (GPG) information for the period including the snapshot date of 31 March 2019. We note that there is no formal requirement to publish the information this year due to the COVID-19 pandemic however, in the interests of transparency and with the aim of being a good employer, this paper fulfils our obligations as set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

The gender pay gap is an equality measure that shows the difference in average earnings between women and men. It does not show differences in pay for comparable jobs. Unequal pay for men and women has been illegal for 45 years.

The UK gender pay gap currently stands at just over 18 per cent and the causes for this are complex and overlapping:

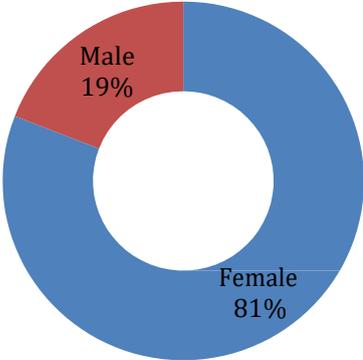
- A higher proportion of women choose occupations that offer less financial reward (e.g. administration). Many high paying sectors are disproportionately made up of male workers (e.g. information and communications technology).
- A much higher proportion of women work part-time, and part-time workers earn less than their full-time counterparts on average.
- Women are still less likely to progress up the career ladder into high paying senior roles.

All organisations with over 250 employees are required to publish six key metrics:

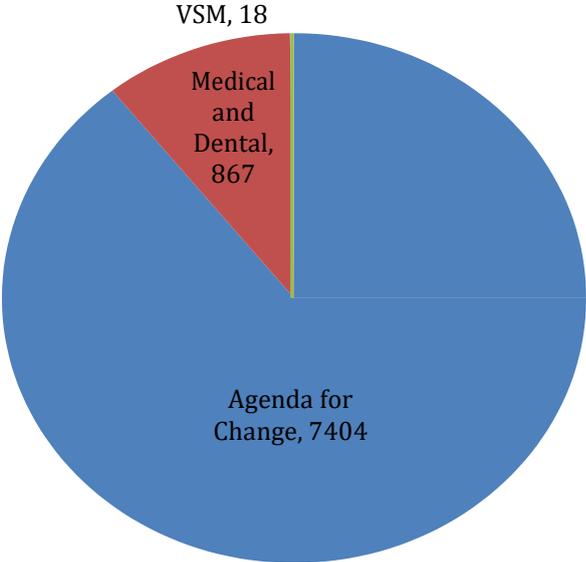
- Mean gender pay gap in hourly pay
- Median gender pay gap in hourly pay
- Mean bonus gender pay gap
- Median bonus gender pay gap
- Proportion of males and females receiving a bonus payment
- Proportion of males and females in each pay quartile

Trust Gender Profile

Mid Yorkshire Hospital employ a higher number of female staff to male with 6704 female staff making up the workforce compared to 1585 male.



As can be seen from the graph below, the majority of staff are paid under Agenda for Change or equivalent Terms and Conditions. We have 867 Medical and Dental staff and we also employ 18 Very Senior Managers (VSM) made up of Executive and Non-Executive Directors.



Out of the 867 Medical and Dental Staff 45% are female, showing a larger number of male staff within this group compared to the 85% female ratio in the rest of the Trust. This is correlated in the figures showing breakdown by gender per quartile of pay as the Medical and Dental workforce are amongst the Trust’s highest earners.

Gender Pay Gap in Hourly Pay

The Charts below show the mean and median hourly rate for all Trust staff as at 31 March 2019:

Mean Hourly Rate



Median Hourly Rate

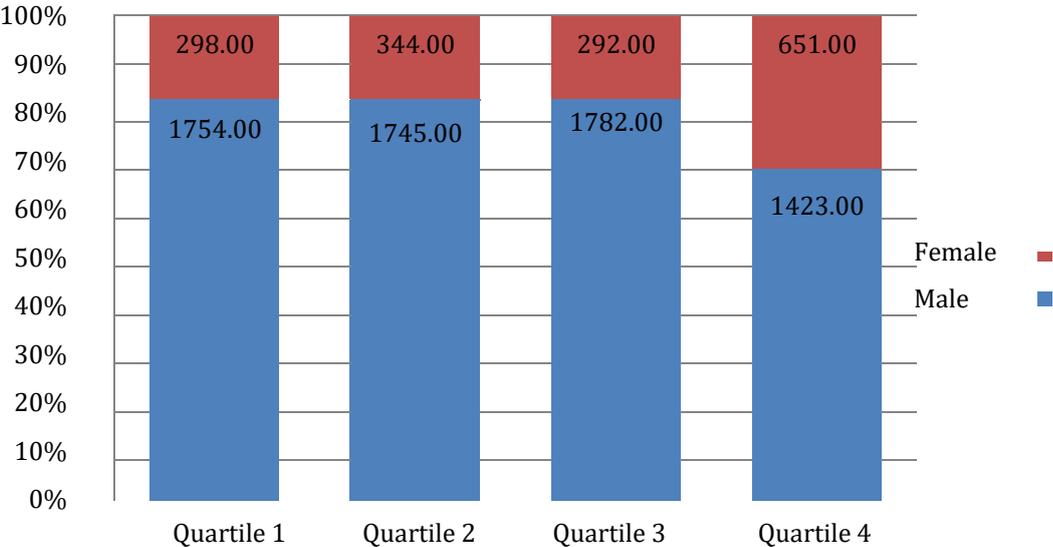


The mean hourly pay rate is £6.60 higher for males than females, giving a gender pay gap of 30.3%. This is a slight increase from the 2018 results of 30.2%

The median hourly pay rate is £2.72 higher for males, equating to a gap of 16.8%. Again this is an increase from the 2018 results of 16.3%.

The graph below shows the proportion of males and females in each quartile of pay (Quartile 1 being the lowest pay and quartile 4 being the highest). Quartile 4 is shown to have the number of males within the Trust and this is influenced by the large proportion of male medical and dental staff as detailed above.

Gender Breakdown per Pay Quartile



The following are amongst the factors to contribute to these gaps:

- The relatively high proportion of women in the workforce
- 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

In addition to this 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.

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

Bonus Payments

The only Bonus payments paid by the Trust are in the form of Clinical Excellence Awards (CEA) of which only Consultants are eligible. Out of the 867 overall Medical and Dental staff, 147 CEA's were awarded, 109 of these were to males and 38 to females.

Bonus Rate Pay Gap

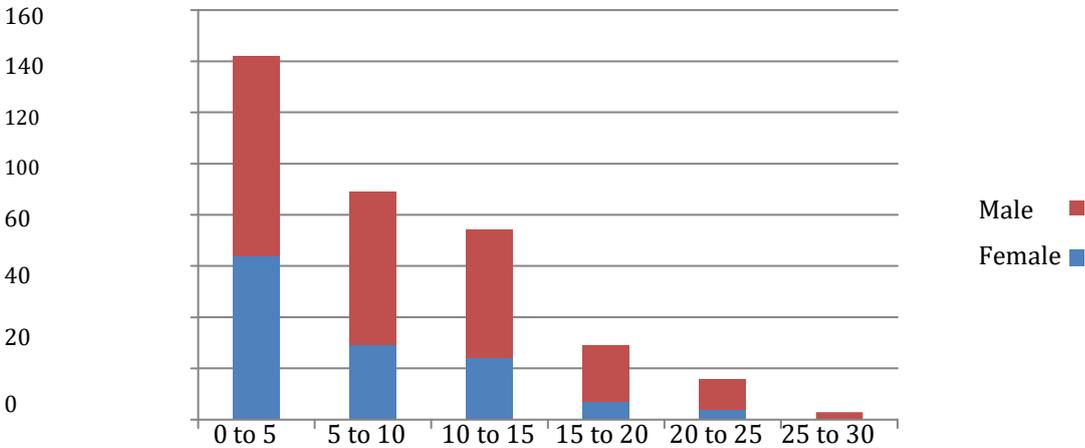


The mean bonus rate is £5324.99 higher for males within the Trust, giving a gender pay gap of 36%. This is a significant decrease from the 2018 results of 37.8%

The median bonus rate is £3015.96 higher for males, equating to a gap of 33.33%. This is equal to results from 2018.

The chart below shows the number of consultants in post by Gender and Length of Service. This indicates that, proportionately, more females have less service with the Trust and are therefore less likely to apply for a CEA.

No of Consultants in Post by Gender and Length of Service



Ongoing Work

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. 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 the 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.

The Trust has just reviewed the Flexible Working Arrangements Policy with a view of creating a workforce that is able to work around caring needs and therefore attracting women who, historically, are the main carers.

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. The Medical Director's Office at MYHT have undertaken 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.

Further Work to Reduce the Gender Pay Gap

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
- 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.