

Equality and Diversity Quarterly Assurance Report

For submission to:

**Equality and Diversity Business Partner
GM Shared Services (Oldham CCG)**

November 2016

Progress on implementing:

- **Workforce Race Equality Standards (WRES)**
- **Accessible Information Standards (AIS)**

Introduction

The Equality Act (2010) is the key area of our legal obligation. The Equality Act is about treating everyone in a good and fair way by eliminating discrimination, reduce health inequalities in care. The law protects people from discrimination on the grounds of 'protected characteristics' (age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnic origin, religion or belief, sex and sexual orientation).

To support NHS organisation to perform well on equality, NHS England introduced:

- **Workforce Race Equality Standard (WRES)**
- **Accessible Information Standards (AIS)**

The implementation of WRES and AIS is mandatory and also embedded into our commission contact. This report provides a brief update on the progress and implementation of the WRES and AIS.

Accessible Information Standards (AIS)

People with communication difficulties can have difficulties making appointments or be unclear about diagnosis, treatment options and medication. This means that they may have poorer health outcomes than the population as a whole, and missed diagnosis and poorer treatment for these groups can be costly for the NHS.

Providers of health and adult social care services have new statutory duties to support the communication needs of service users who have sensory impairments and/or learning disabilities. The aim is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and that they receive appropriate support to help them to communicate. For example; information in large print, braille or via email, professional communication support from a British Sign Language interpreter, communicating information via pictures rather than words.

To follow AIS framework, we must:

- **Identify** the communication and information needs of those who use our service;
- **Record** the communication and information needs that we have identified;
- Have a consistent **flagging system** so that if a member of staff opens the individual's record it is immediately brought to our attention if the person has a communication or information need;
- **Share** the identified information and communication needs of the individual when appropriate;
- **Meet** the communication and information needs identified.

Progress

An AIS Working Group has been established with an aim to provide leadership for the development and implementation of action plans. The group is chaired by the Director of Performance and Information with support / representation from Head of Integrated Governance, Clinical Change Lead, Data Flow Mapping Lead, Speech and Language Therapist, Learning Disability Services, Equality and Diversity Team and Records Manager.

An AIS policy (draft) has been developed with an aim to provide support and guidance for staff on the effective implementation of the AIS.

A clinical audit tool has been developed to collect baseline information to assess our current practice against the AIS standards (5 steps).

The Trust is also reviewing the introduction of e-learning resources / modules developed specifically by the NHS England to support the staff training requirement:

<http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions/>

<https://www.cppe.ac.uk/programmes//ais-e-01/>

<https://www.disabilitymatters.org.uk/totara/program/view.php?id=41>

The Trust has also signed an AIS Charter / partnership agreement with the following organisations to work together to ensure a consistent approach in delivering the accessible information standard:

- Pennine Acute Hospitals NHS Trust
- Oldham Council Adult Social Care Services
- Bury Council Adult Social Care Services
- Rochdale Council Adult Social Care Services
- Bury Clinical Commissioning Group
- Oldham Clinical Commissioning Group
- Heywood Middleton & Rochdale Clinical Commissioning Group

The objectives of this Partnership are:

- To develop and deliver joint training for staff across our organisations
- To provide joint communications for staff and the wider public
- To consider and implement joint commissioning options where possible
- To provide a forum for sharing best practice and organisational support in implementing the standard
- To support the introduction of the Communication and Information Needs Passport, through piloting, evaluation and final roll out

Workforce Race Equality Standards (WRES)

The implementation of The Workforce Race Equality Standard has become mandatory from 15th April 2015 and embedded within the NHS Contract. The Workforce Race Equality Standard is a set of metrics, that aim to ensure effective collection, analysis and use of workforce data to address the under-representation of Black and Minority Ethnic staff across the NHS and to support NHS organisations to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff and to improve BME representation at the Board level of the organisation.

Progress

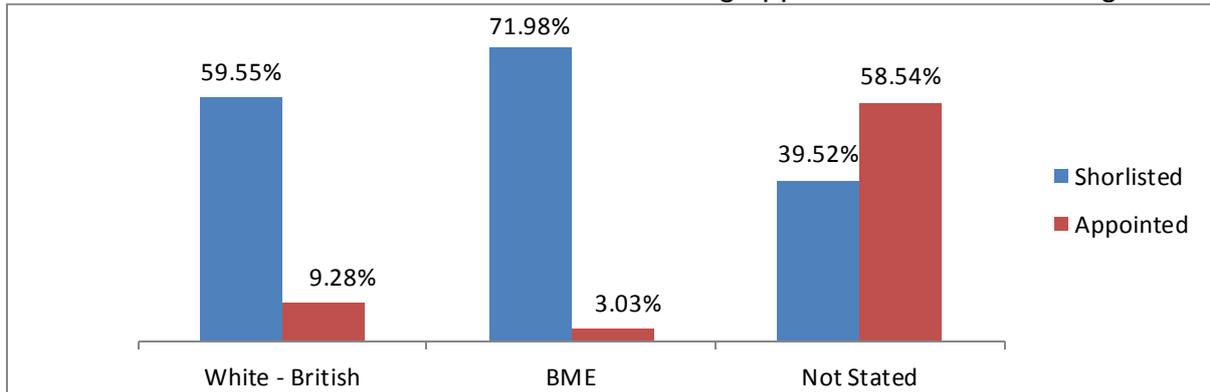
To support and monitor the implementation of WRES, a Workforce Equality and Diversity Working Group has been established with an aim to provide leadership for the development, review and implementation of action plans. The group is chaired by the Deputy Director OD with representation from senior HRBPs, recruitment and Equality and Diversity Team. This group inform appropriate action and intervention to address areas for improvement including identification of data monitoring gaps.

The Trust has started implementing WRES in 2015-16, baseline report is available on our website. Since our baseline report, we have improved our equality data monitoring to make the analysis more reliable. The HRBP's are undertaking an analysis of the DBU workforce diversity data to look at tailoring local actions to address local issues and identify local gaps

WRES indicator 1 Percentage of staff in each of the AfC Bands 1-9 and compared with the percentage of staff in the overall workforce.

Non-Clinical Workforce - White	2015	2016	Draft Action Plan
AfC Band 1 - 4	17.59%	16.21%	
AfC Band 5 - 7	4.89%	4.38%	
AfC Band 8a - 9	2.01%	2.21%	
VSM	0.20%	0.24%	
Non-Clinical Workforce - BME	2015	2016	
AfC Band 1 - 4	1.58%	1.38%	
AfC Band 5 - 7	0.71%	0.52%	
AfC Band 8a - 9	0.08%	0.10%	
VSM	0.02%	0.00%	
Clinical Workforce - White	2015	2016	
AfC Band 1 - 4	15.44%	15.71%	
AfC Band 5 - 7	43.12%	41.96%	
AfC Band 8a - 9	3.52%	3.17%	
Consultants	0.78%	0.76%	
Non-Consultant Career Grade	0.62%	0.56%	
Other / Non AfC	0.00%	0.02%	
VSM	0.02%	0.02%	
Clinical Workforce - BME	2015	2016	
AfC Band 1 - 4	1.69%	1.79%	
AfC Band 5 - 7	3.20%	3.45%	
AfC Band 8a - 9	0.25%	0.20%	
Consultants	0.84%	0.86%	
Non-Consultant Career Grade	0.37%	0.35%	
Trainee Grade	0.02%	0.03%	

WRES indicator 2 Relative likelihood of staff being appointed from shortlisting

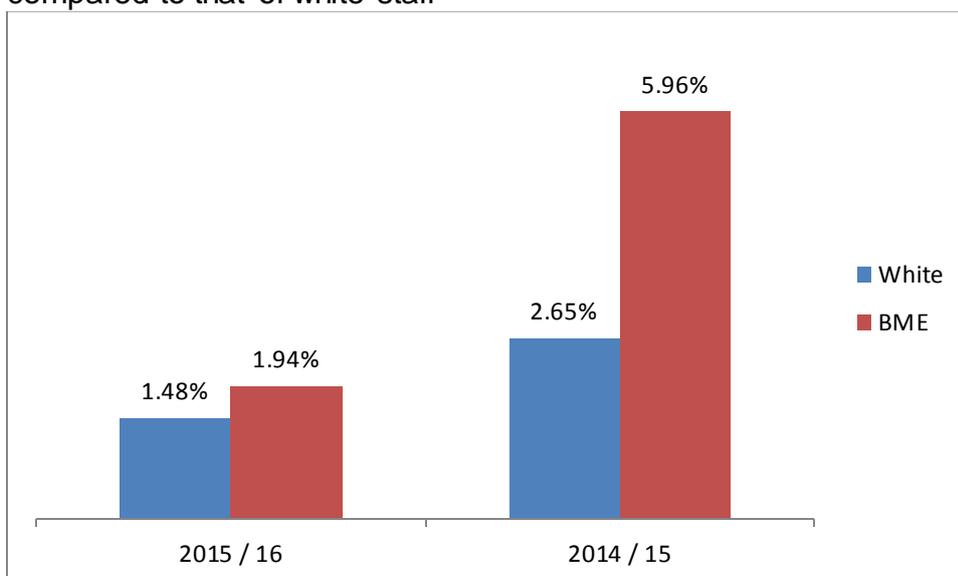


- Likelihood of being appointed from shortlisting 2014-15: 1.73 times > for white Staff
- Likelihood of being appointed from shortlisting 2015-16 : 3.06 times > for White Staff

Draft Action Plan:

- WRES Work Group to over see the analysis of data to identify 'hot spots' and review approaches to recruitment at DBU level.
- HRBPs to support and enable DBUS to address inequities in their local recruitment processes, including establishing a monitoring lead to oversee equalities within recruitment and training.
- Develop training programmes for managers (e.g. unconscious bias training).
- Encouraging staff who have been through the recruitment process to provide qualitative feedback on their experience.

Indicator 3 Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff



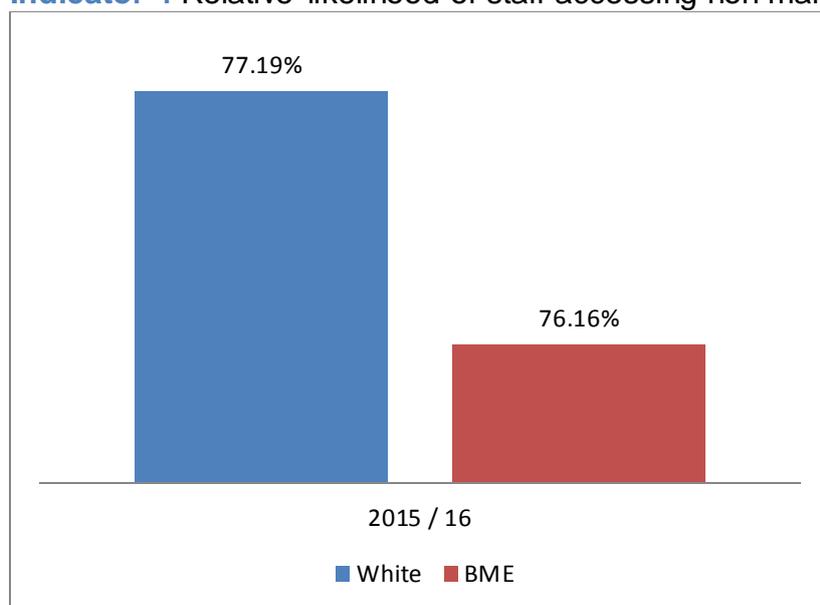
BME staff are 1.31 times more likely to enter the formal disciplinary process. An improvement of 58% has been achieved this year. Last year this was 2.25 times.

Draft Action Plan:

- The Trust EDS2 plan for 2016 – 17 will focus upon goal 3 to address areas for improvement. This will be monitored by the WRES Work Group
- All staff must complete the E&D mandatory training. HR Team has developed an Investigation Skills training session that includes a section on bias and will be reviewed further to look at the equality aspects
- Thematic analysis of disciplinary allegations to inform training, policies, guidelines and supportive actions. Develop E&D data dashboard across 9 PC for DBUs with an aim to analyse trends.

The WRES work Group organised a session with the HRBPs to assess and respond to issues highlighted by each DBU. Work is in progress by HRBPs and the Equality and Diversity Team to analyse causes of BME disciplinary cases to identify trends (thematic analysis) and themes with a view to address key issues regarding higher proportion of disciplinary cases against BME staff. Local action plans will be developed by DBUs which will be overseen by Service Directors.

Indicator 4 Relative likelihood of staff accessing non-mandatory training and CPD.

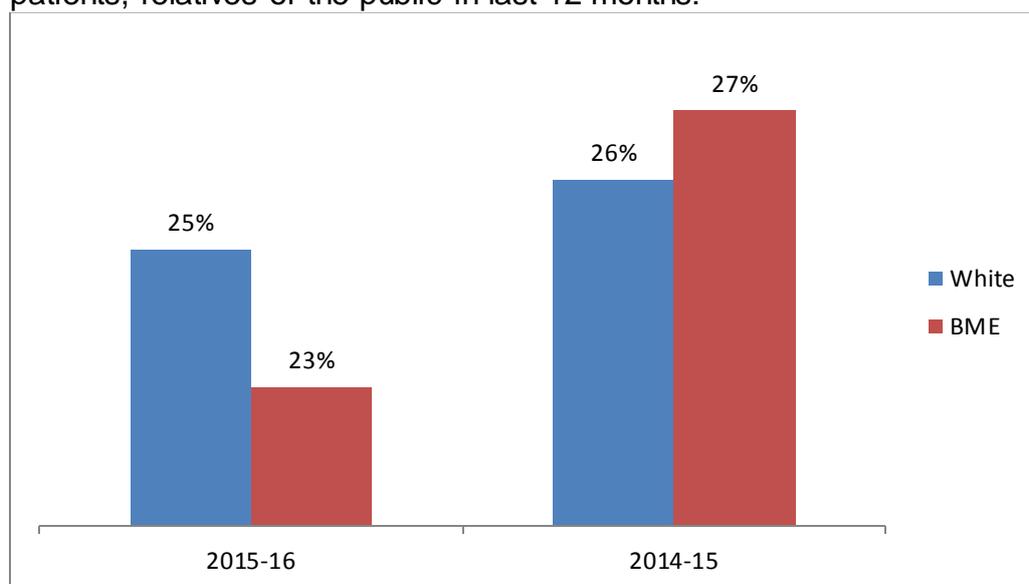


Relative likelihood of White staff accessing non-mandatory training is 1.01 times greater.

Draft Action Plan:

- The Trust aims to ensure that training opportunities will be advertised openly with an aim to provide equal access and higher participation from BME staff.
- There is a clear need to improve data collection on this indicator, this will highlight key themes to improve access for the BME staff.

Indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

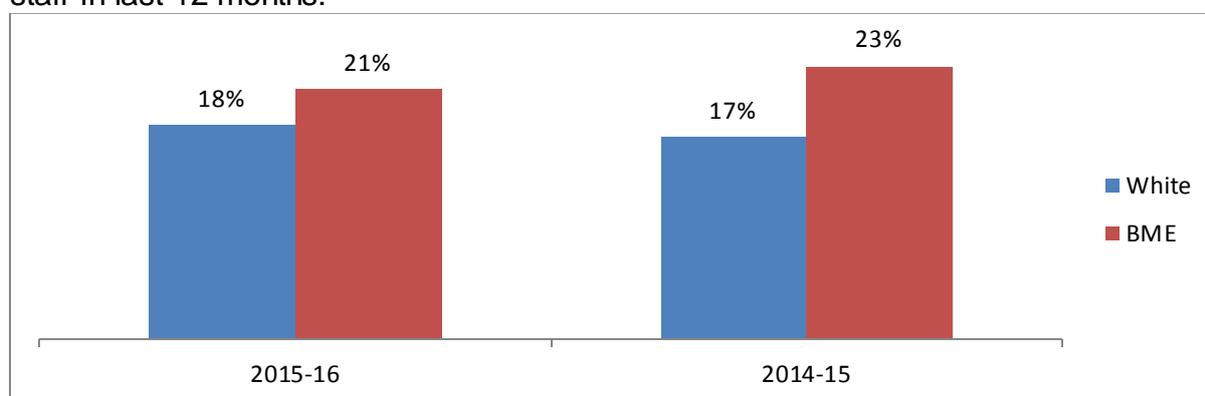


National: White 27%, BME 30%

Draft Action Plan:

- Refreshed communications campaign to service users, staff and visitors regarding the Trusts approach to bullying, harassment, violence and abuse.
- A bullying and Harassment campaign in under development with staff side and Communications.
- Review processes available to staff to report incidents of bullying and harassment and to refresh awareness.
- Equip staff by providing continued access to assertiveness and resilience training so that staff has the tools to deal with situations and reporting behaviours that they are uncomfortable with.

Indicator 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months:



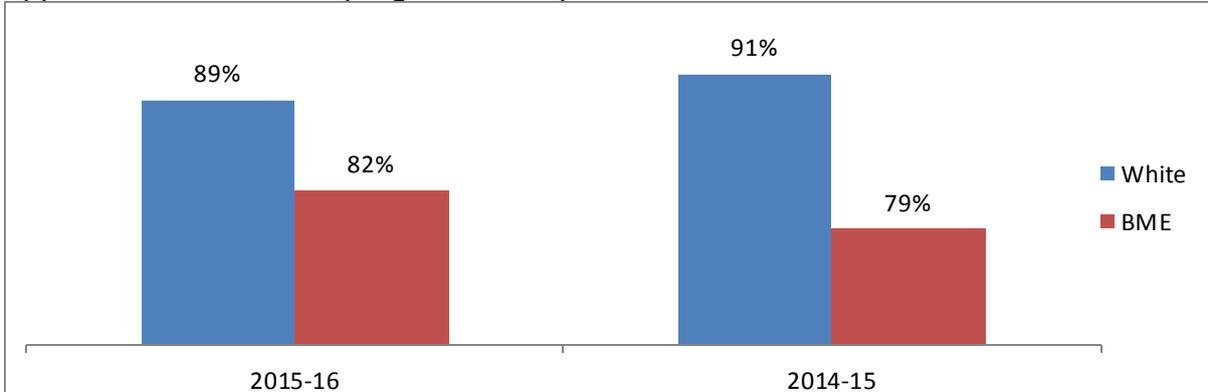
National: White 20%, BME 23%

Draft Action Plan:

- Actions from indicator 5 will support this.

- Equip staff by providing continued access to assertiveness and resilience training so that staff have the tools to deal with situations and reporting behaviours that they are uncomfortable with.

Indicator 7 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion:

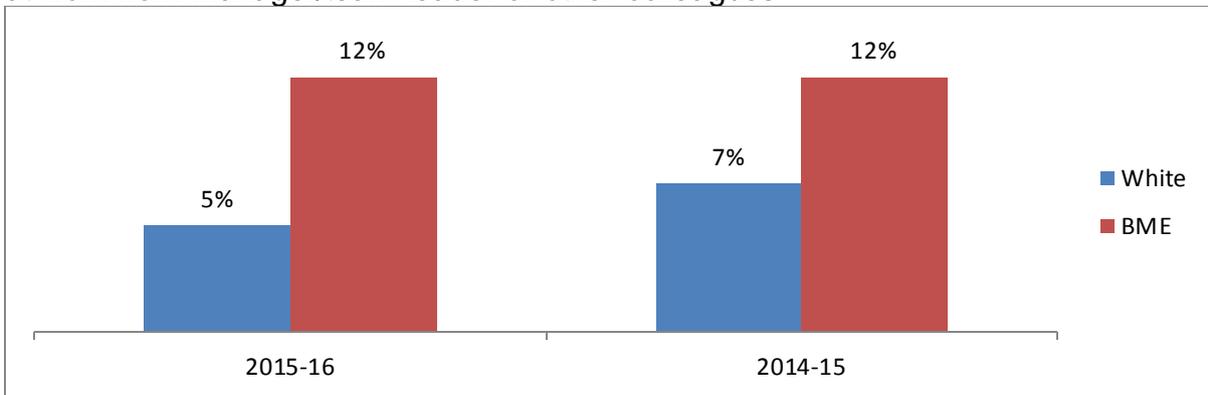


National: White 91%, BME 78%

Draft Action Plan:

- Implementation of EDS2 Goal 3 will complement to address the issues.
- The WRES Workgroup review work required to engage with staff, led by the Equality & Diversity advisor to assess staff perceptions about fairness and equal opportunities in career progression and promotion with an aim to target areas for improvement.

Indicator 8 - In the 12 last months have you personally experienced discrimination at work from manager/team leader or other colleagues



National: White 5%, BME 13%

Draft Action Plan:

- Implementation of EDS2 Goal 3 will further highlight the areas for improvement.
- Unconscious bias training session with HRBPs has been held – we are looking to develop sessions that can be rolled out to managers.

Indicator 9 compare the difference for White and BME staff: Percentage difference between the organisations’ Board voting membership and its overall workforce:

Overall workforce = 5728 Headcount as listed in ESR as at 31 March 2016. Bank staff and secondary assignments are not included– to prevent double counting.

- BME Staff = 9.24% (516)
- White Staff = 90.75% (5064)
- Total board members = 14 (all white)
- **Total difference = - 9.24%**

Draft Action Plan:

The Trust will ensure that the process for appointment of Non-Executive Directors encourages diverse applicants and that those involved in the selection process have received appropriate training in Equality and Diversity.

Conclusion

The outcome of the WRES implementation has provided us very useful information to address any shortcomings between the relative treatment and experience of White, and Black and Minority Ethnic (BME) staff. In addition to the above, the Trust aim to:

- Improve equality data monitoring by protected characteristic to ensure it is relevant and useful for divisions and corporate services
- Align equality objectives to Trust strategic goals
- Embedding division and service actions into People Plans
- Arrange relevant training provision for HRBP's and OD practitioners
- Ensure roll out of new Trust values includes linkage to behaviours support diversity
- Review/analyse reasons for non-appointment of BME shortlisted applicants
- Review training for managers and build in data from the WRES
- Review accountability of appointing manager to explain reasons for non-appointment of BME short listed applicants
- Consider development of guidelines for interviews to support staff
- Embed WRES disciplinary data into investigation skills training, handling difficult situations and performance management training. Include unconscious bias into training.
- Review data provision to ensure that it is relevant and useful for divisions and Corporate services
- Campaign for promotion of bullying and harassment to be developed
- Build data and behaviour into team leader training and roll out of new Trust Values
- Identify and promote support required to respond to inappropriate behaviours