EDS2 Summary Report April 2020

NHS organisation name:
South West Yorkshire Partnership NHS Foundation Trust

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A) Organisation's Equality Objectives

Our priorities were set and monitored by the EMT for the period 2017 – 2020. The Trust's priorities are:

- Promote a fair organisation – better health outcomes for all
- Promote person centred care and equal access to pathways of care
- Develop and sustain an equality competent organisation through inclusive leadership at all levels
- Continue to improve equality of opportunity for our staff and volunteers

The Trust's equality objectives are decided by the Equality and Inclusion Committee (formerly the Equality and Inclusion Forum) which was set up by Trust Board in 2015 and is a sub-committee of the Board. The Committee's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity. The Committee will oversee this strategy, including the approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities. Committee membership includes the staff side representative with the lead for equality and diversity, representation from the Trust staff networks and a representative from the Members' Council.

Duties of the Equality and Inclusion Committee:

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members Council.

- To ensure that the Trust embeds diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that as a consequence of promoting the values of inclusivity the Trust's services comply with legal and national guidance, including EDS2, WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard).
- To provide updates to Trust Board following each meeting.

B) Headline good practice examples of EDS2 outcomes

The Trust's 2017 – 2020 Equality strategy can be found at the link below:
https://www.southwestyorkshire.nhs.uk/about-us/performance/workforce-equality/

How we're doing
In 2018 -19 we measured the progress we had made with stakeholders and staff.
We agreed we were **achieving** on Goals 1 and 2 and **developing** on Goals 3 and 4.

Goal 1
Better health outcomes
Our progress:
- The Trust has developed an experience and engagement tool which includes a mandatory equality monitoring form so data can be disaggregated and interrogated by diversity and ethnicity.
- All services have an EIA in place, completion and updates are monitored and reported to the E&I Committee to provide assurance. Training and EIA guides are available to support staff in undertaking EIA's
- We used the Equality Impact Assessment tool to see whether our plans, strategies, policies and services affected some communities or groups of people differently and worked to address the impact of that difference
- In addition the Trust has created a Trust wide COVID EIA and an evidence and research toolkit to support staff to update and completed existing EIAs
- A COVID task force group was set up to address the highlighted inequalities during this time
- A quick decision tool and guidance has also been developed to support the trust wide EIA approach and timely decision making and response to COVID. SWYPFT are looking into ensuring that as a provider we have access to commissioners EIA , engagement findings and ethnicity data to build on. This will ensure the Trust develop services based on existing intelligence as a baseline.
- Key decision making forums are diverse including Trust Board, EMT, OMG and Silver Command – representation is currently being mapped so no exact figures are available as yet
- The Trust has a values led recruitment approach and has over the past year recruited to public panels. This has resulted in a diverse range of service users, carers and volunteers who are now able to attend recruitment of senior roles

(band 7 and above). This means that there is BAME representation on all senior appointments which will be extended to all key appointments

• The Family, Friends and Carers 'commitment' will now be used as the Trust passport with funding now available to support a dedicated post to act on these commitments. Funding to carers networks in Kirklees and Wakefield to support carers is in development.
• We have changed our clinical information system to SystmOne which will gather the necessary equality data
• Gender Identity training has been provided by Barnardo's in Calderdale. We will continue to work with Yorkshire MESMAC to improve trans engagement with our Wakefield based services and deliver better outcomes for our trans community. MESMAC have delivered training for Wakefield based staff and the peer support worker from Sheffield Identity Clinic has provided training for Barnsley based staff.
• Kirklees IAPT have delivered a number of self-help/stress management courses with community groups across Kirklees and Calderdale
• The Trust commissioned a play via our trust charity 'EyUp' in conjunction with the Alzheimer's Society in Kirklees called 'Ami Jaan' (mums' journey), performed in Urdu/Punjabi and had 3 showings to over 300 people in total. The play's objectives were to reduce the stigma of end of life the South Asian population and to start normalising timely access to palliative care services.
• The Trust continues with deaf community engagement in Barnsley and has provided a weekly drop-in session at The Exchange (Recovery College)
• The Trust responded to service users request for more activities on the Dales in Halifax by working with the therapy staff and Creative Minds to open an Arts café. This was achieved in partnership with Square Chapel Arts project.
• The Trust ran focus groups as part of OPS transformation programme with the Afro Caribbean, LGBT and South Asian Elders
• We have trained staff to be more carer aware by developing family and friends and carers course via the Recovery Colleges

Goal 2
Improved patient access and experience
Our Progress:

• Kirklees IAPT have reproduced CD's in 5 community languages as well as English and Polish on relaxation, stress and depression which can be given to service users and carers when required. These will now be audio linked onto YouTube for ease of access
• We helped over 8173 people give their views using the Friends and Family Test by providing survey materials in easy read and child friendly formats. We ask people to share their views about our services using a short postcard, as part of patient experience surveys and text message. We also request equality data when people complete the Friends and Family Test.
• We helped meet people's religious and spiritual needs by providing a multi-faith room at the Dales Unit in Calderdale
• We work closely with our Advocacy partner organisations to gain insight about the experience of those who access our services. The Acute Care Forums in Barnsley and Wakefield have representatives from the Advocacy Services in attendance.

• We produced a staff guide to support teams to help people who identify as lesbian, gay, bisexual, trans, questioning or intersex (LBGTQI) feel safe and welcome in Trust services
• We will be working to improve our offers to carers, linked with carer groups and our ICS partners to gather feedback about carers' current experience across the Trust footprint and how this could be improved.
• We implemented the Accessible Information Standard to ensure that people who have a disability, impairment or sensory loops receive information in a way they can access and understand, and any communication support that they need is identified and provided
• We will continue to work in partnership with Language Empire, our interpreting, translation and transcribing provider, and we hope to train more staff on how to work with interpreters
• Wards at Dewsbury worked with the Physiotherapy service and delivered creative reading and writing sessions for their service users
• The North Kirklees early intervention team delivered mental health awareness sessions from an Islamic perspective at the Soothill Mosque in Batley
• We worked with our carers' in Dewsbury who were frustrated at not having a key worker and developed a carer liaison role to be their first point of contact
• Working with our ICS partners, we now have bereavement support workers in post across the patch
• The Trust has introduced a cultural awareness training session. This has been piloted with staff and as is delivered as part of our preceptorship offer for newly qualified staff and for students on placement.

Goal 3
A represented and supported workforce
Our progress:
• We publish our Equality Workforce Monitoring Report on our website at: https://www.southwestyorkshire.nhs.uk/about-us/performance/workforce-equality/
•The report covers a range of information about staff, mapped to protected characteristics, and a range of indicators including starters, leavers, promotions, pay bandings and update of training. The report concludes that the workforce is broadly representative of the communities it serves, with the exception of South Asian, particularly in Kirklees. Targeted recruitment is being explored to address this, including through an apprenticeship scheme for young people and working with schools and colleges to promote Trust services as a career option. We also consider workforce diversity issues as part of our workforce planning processes.
• We have an established network for staff from Black, Asian and Minority Ethnic (BAME) backgrounds and have set up networks for staff who identify as having a disability and staff who identify as LGBT+. We are in the process of setting up a network for staff who have caring responsibilities.
• We were successfully accredited against national standards for both investing in Volunteers and Customer Service Excellence.
• We continue to support the New Horizons project which works with local schools in North Kirklees to promote the Trust and wider NHS as an employer of choice
• The Trust is holding community engagement events in 4 of our localities to promote entry level health care support worker apprenticeships

• The Trust has established a 'Race Forward' group specifically to look at WRES indicator 5 (staff experiencing harassment, bullying or abuse from patients, relatives or the public). SWYFT has also linked with other Trusts to work on a cross-organisational approach to improving staff experience in this area.
• Workplace health and wellbeing is a key priority for 2020/21. Actions include implementing workplace mental health plan, increasing staff engagement and delivering our wellbeing plans
• The Trust has undertaken a listening exercise and has produced a revised framework for the prevention and management of harassment and bullying. The framework clarifies all staff's rights and responsibilities. The harassment and bullying advisor team has been expanded and there will be ongoing communications with staff around this issue.
• The Trust currently has over 244 volunteers working alongside services, managers and in our communities. This equates to 495 hours per week, 340 hours fortnightly, 37 hours per month, providing the Trust with 35,024 hours per year.
• The service continues to offer a number of roles across the Trust which provides a diverse service offer to service users, staff and the public. Examples of roles include: smoke free champions in wellbeing services, light touch volunteers in service improvement groups and staff recruitment processes, K9 Befrienders and Chaplin service for our services, student volunteers in our IAPs team, catering assistants in our catering departments, Recovery colleges providing community support, Befriends on wards and communities, EPP provides support and courses in the communities, Admin volunteer supporting the mental health museum, befriender volunteers, activity volunteers within Forensic services, Pat Dog volunteers, Library service and Speech therapy buddies for our Aphasia café.
• We have worked closely with our partners such as MIND, NOVA ,CVS Leeds Trinity and Mid Yorks. We have worked on a sub group with Thriving Kirklees to build an overall volunteer offer across Kirklees developed a webpage to share information and volunteers .

Goal 4
Inclusive leadership
Our progress:
• We are continuing to support our BAME network and have provided further development opportunities to staff who were successful applicants and participants in 'Stepping Up' & 'Ready Now', the NHS Leadership Academy inclusive leadership programmes
• We have and are continuing to develop joint programmes with Bradford District Care Trust (BDCT) and Leeds & York Partnership Foundation Trust (LYPFT) as part of the West Yorkshire Mental Health Alliance
• We delivered a further 'Moving Forward' programme in 2019/2020 as a local Wakefield Continuing Care collaborative programme, also with BDCT.
• The Trust is planning a further 'Moving Forward' programme in partnership with Wakefield Continuing Care Partners, BDCT and LYPFT in autumn 2020.
• We further developed the leadership programmes for medical & clinical leaders in 2019/20 including further Masterclasses and a module within our 'Introduction to Leading & Managing' programme, launched in summer 2019.
• A programme of Executive Coaching was provided to Deputies and Trios, including access to the NHS Healthcare Leadership 360 degree feedback tool also provided as part of our levy funded apprenticeship offer.

• Great Place to Work, a senior leader's development forum was delivered from June 2019 to March 2020. The programme will resume following the Covid 19 pandemic.
• The Trust continues to develop a Trust-wide offer to all leaders and managers, reflected in a Leader & Manager Pathway. It spans 'Gateway to Leading & Managing' for first-line managers & supervisors, across 'Leading & Managing Service Teams' for operational managers, to 'Leading & Managing in Healthcare Systems' for senior managers and systems leaders. This is for both new and experienced staff and is underpinned by our Values into Behaviours.
• In partnership with BDCT and LYPFT, we continue to provide a mental health collaborative approach to delivering the 'Mary Seacole Local' programme under license from the NHS Leadership Academy in 2019/20. We are currently licensed to delivery further programmes over the next year on the same basis.
• The Trust has now incorporated the Edward Jenner programme NHS Leadership Academy e-learning on-line modules into our Introduction to Leading & Managing' and 'Moving Forward' programmes.
• The Trust has continued to embed the values based leadership framework launched in 2018, also used in our appraisal process and moving towards an E-System using 'WorkPal' in summer 2020.
• The Trust has further developed a coaching and mentoring framework. This includes the provision of coaching via 'Crucial Conversations', 360-feedback, peer coaching and executive coaching programmes to which we have added medical mentoring and reciprocal mentoring for our BAME staff.
• We completed phase 2 of our 'Building Leadership For Inclusion' action research programme via the NHS Leadership Academy, resulting in the development of a pool of champions for our "Lets talk about…" conversations. Phase 3 is being delivered throughout 2020.
• Working with services, we are targeting team development by supporting teams to develop their collaboration skills and encouraging them to take ownership of managing themselves. We continue to deliver an 'Engaged leader & manager programme' to service team managers in our Wakefield BDU to create local peer coaching and action learning sets across the Directorate. Further local programmes are planned for In-patient services in 2020.
• We continue to provide Apprenticeship programmes in leadership and management at levels 3 and 5 leading to Chartered Management Institute (CMI) qualifications and membership
• We completed the 'Leading for Improvement' Board development programme via NHS Improvement in 2019/20.
• We are continuing to engage in 'place based' systems leader programmes as the emerge and are developed throughout 2020/21.

C) Level of stakeholder involvement in EDS2 grading and subsequent actions

Without engagement with local people and communities, it would not be possible to deliver EDS2 effectively. We engaged with local communities to deliver the EDS2 and worked in partnership with Calderdale, Kirklees and Wakefield CCGs, Acute Hospital sector, and other providers within the health economy to meet this requirement. In addition we are starting to ensure we use existing insight to support our work and to improve on equality monitoring, reporting and data collection.

This year An assessment panel was established with membership drawn from the voluntary, community and social enterprise sector (VCSE) representing a range of protected characteristics. As part of adapting the approach to the process this year, we also invited members of the CCG's public assurance group, PIPEC, to participate in the panel from Wakefield also. We had organised a stand-alone workshop for Barnsley but due to Covid 19 and social distancing we had to cancel this.

Working with our Patient Experience and Complaints colleagues we produced a presentation including the evidence and sent this out to those who had booked to event as well as post out to those who requested a hard copy.

The events to support the delivery of the EDS2 were hosted throughout March 2020. This covered two parts:

- **Briefing** – a briefing to all participants explaining the EDS2 and how the assessment process works.
- **Scoring** – where local healthcare organisations presented their information at a market stall set up for the assessment. Using the EDS2 assessment criteria, participants listened to the NHS organisations, asked questions and scrutinised their evidence and then graded the equality performance of each of the healthcare organisations.

Grades for Goal 1 and 2

	Outcome	Patient Experience and Complaints	
		Self-Assessed	Grading Panel
Goal 1: Better Health Outcomes	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	A	A
Goal 2 Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	A	A

Panel members agreed with the Trust self-assessment and confirmed the grade as **'Achieving'** overall, having given a mixture of **achieving** and **excelling** scores. This means that people from **most** protected groups are considered during the service transformation process.

The Trust received the following feedback from participants when evidence was presented:
- Need to understand and work closely with other communities
- Disability needs more help to prevent suicide
- Perhaps more work making data collected "work" in the terms of service development.

Action - The Marketing, Communication, Engagement and Inclusion Lead has recently developed an Engagement, Equality and Communication check list which is to be complete before the start of a new project or programme or before you make any changes to the way a service is currently provided or delivered. This includes ensuring that patient experience and friends and family date is included and reviewed.

- Services and teams also review comments monthly and act up on any feedback 'quick fixes' where necessary when quality improvement projects are developed. This is demonstrated by staff displaying 'You said. We did.' posters in their areas.
- Crisis care appears to be well embedded and accessible but lower/preventative side needs more investment (customer services related)
- The "core business" i.e. listening to patients is a real advantage when trying to address issues of equality! A head start (patient experience related)

Customer Service Manager was specifically asked the following questions:-

- How we engage with our local communities to promote our functions

Action - Explained that on an individual basis, as a team meet with individuals to discuss their individual concerns in an aim to resolve issues. My main issue, and one I wasn't surprised by, was to try to support people and guide them in the morning workshop regarding the EDS2 and that this exercise was not about concerns relating to their personal care – raising a complaint. I did give out my direct contact details so they can raise issues with me later.

- Also discussed how we identify hard to reach groups and how we analyse the data we receive when collecting information regarding the protected characteristics' in addition to carers groups.

Action - We are monitoring gaps in the data and formulating improvement/work plans on how we engage in the future.

- There were 4 conversations that centred on the same thing – engagement. There was a level of concern around how we (royal we, people were referring to the NHS) engage with local communities. People spoke about it not being convenient to travel to one of our sites between 9 and 5.

Action -Spoke about the work we are doing with local communities and going out to them. Also about the plans we have in terms of analysing the feedback we already have, and then targeting gaps i.e. certain protected characteristic groups and doing further engagement work. People thought this sounded really good and liked the fact we were going to them and not expecting people to travel to us

- Question around what we are doing for carers in particular in the Trust

Action - Spoke about the Carers charter and referring for assessments etc. I was honest and said this is an area that we are developing and a lot of work will be done over the next 12 – 18 months

- The sunflower lanyards for hidden disabilities.

Action - Spoke in length about how we would make adjustments for people with hidden disabilities and that this is core to our business.

- Mosque could be used for signposting. Volunteer/ health professional providing advice on mental health services available and how to access them.
- Website is difficult to navigate so experience was not good for individual and therefore seeking support from VCS organisations, namely Healthwatch
- Translating for counselling. This is a barrier for communities where English is not their first langue's. Sometimes translating does not translate across and can be misleading. Could staff who speak other languages' be requested from a group if arranged prior to meeting?
- Would like to see more evidence of service improvements made as a result of feedback from service user and protected characteristics.

Action - Services and teams review comments monthly and act up on any feedback 'quick fixes' where necessary and quality improvement projects are developed. This is demonstrated by staff displaying 'You said, we did' posters in their areas.

- Good range of materials available. Options for giving / receiving Information from disadvantage groups e.g. deaf / visually impaired / language needs. Good reporting metrics "ward to board".

Action - We will need to review our feedback method and make sure that they are accessible to these groups and discuss how we can make is more accessible for these groups to provide feedback.

- Very good outline of services process. More feedback on what has been learned / improved would help wider audience. Lessons learnt.

Action - Services and teams review comments monthly and act up on any feedback 'quick fixes' where necessary quality improvement projects are developed. This is demonstrated by staff displaying 'You said. We did.' posters in their areas.

- As a Trust we are working on what we can to collate the work being undertaken across the Trust as a result of feedback.
- We are part are part of a project group with NHS England and NHS Improvements looking how to better triangulate feedback to improve our understanding of patient experience.

The Trust is developing an Equality, Engagement, communication and membership strategy which has embedded the people plan and WYH ambition. An annual equality action plan will pick up this work and will; be attached once complete. The Trust engaged with over 700 people on the strategy and received a 45% BAME

response in addition to existing staff survey responses. Specific insight to address inequalities which will be picked up this year are set out below:

- People who do not have English as a first language feel they are not treated equally, often getting the wrong information and not being asked to contribute because people do not support the right access to conversations
- The use of internet and computers as the main source of information is seen as isolating people more and needs to be part of an offer not the whole
- Use large print in posters and 'Talking Newspapers'
- Bilingual speaking staff are needed
- The Trust need to demonstrate they understand the culture of the community before working with it
- People want contact through the local mosque and support for mental health comes through the Imaam whom we should work with
- People who do not have English as a first language do not use social media for local information
- Posters and leaflets need to also be in Urdu and other community languages
- Use community images to reflect the audience in printed material
- Use symbols and images more than the written word as it is easier to understand
- Help break the mental health taboo and barriers in Asian communities so we can help you help us. Working with communities will help to 'reduce fear, ignorance and misunderstanding'

Goal 3:
The Trust asked staff their view on progress regarding Goal 3 by means of a confidential survey which asked 4 questions (the survey response rate showed a more than 50% reduction on the previous year possibly due to the survey being circulated just before the Covid 19 lockdown started):

1) Do you feel the Trust has a fair recruitment and selection process?
Response - Yes 53.80%   No 25.32%   Don't know 20.89% (n = 158)

Feedback from the survey included:
"Having seen and been involved in recruitment and selection and the focus on values I think we have a good and fair process"

"I feel equality is still a problem and often favouritism is still in the process but it is done discreetly"

"I declared I had a specific learning difficulty but I was treated with equal treatment and awareness of/accommodation of my needs if required"

"The NHS application and shortlisting process and scoring system at interview make this fair"

"Recruitment and selection process is fair but it can take lengthy periods of time for people to get into posts"

"I regularly help out at assessment centres and feel the Trust has a very fair approach"

2) Do you feel that the Trust deals effectively with harassment and bullying from other colleagues/managers?
Response – Yes 25.95%   No 39.87%   Don't know 34.18% (n = 158)

Feedback from the survey included:
"*Management of these situations is very difficult but from what I have seen of the process I believe it to be as fair as possible*"

"Bullying and harassment has been reported where I work and as far as I'm aware nothing has been done about it"

"The process is far too long….."

"I have no experience of this, I do note however that there is good publicity within the Trust around access to e.g. Freedom To Speak Up Guardians"

"The Trust just moves the 'problem' to another site or department. They do not deal with it especially if the bully is a manager"

"In the past I have reported bullying and felt supported by my manager who dealt effectively with it"
"As a manager there is little support when a member of staff is harassing you when you are performance managing them but they feel it is bullying"

"*I have witnessed this with colleagues who have reported it but is does not seem to be taken seriously*"

3) Do you feel that the Trust deals effectively with harassment, bullying or abuse from service users/carers?
Response – Yes 26.58%   No 20.25%   Don't know 53.16% (n = 158)

Feedback from the survey included:
"I feel there is good support from the Trust to deal with these situations"

"I appreciate that mental health is a minefield and the Trust has to be careful but I feel the Trust can be too soft in its approach"

"Racially aggravated abuse is high and staff do not want to disclose due the belief that nothing will be done…"

"No experience of this"

"Staff have come to see it as part of their job and are expected to take abuse from service users"

"I have not been a witness to any so cannot comment"

"Abuse is received from service users extremely regularly. It appears that because an individual has a diagnosis they feel it's a free ticket to be abusive…. (this isn't in relation to those who are poorly and do not know what they are doing)"

4) Do you feel that all Trust staff have equal access to career opportunities and skill development in the workplace?
Response – Yes 41.14%   No 45.57%   Don't know 13.29%   (n = 158)

Feedback from the survey included:
"The values and messages from the senior management suggests that diversity is valued"

"Some staff have access to groups/networks that help with career progression/development but they are only open to staff with minority protected characteristics..."

"Opportunities appear to be open to all"

"The number of staff from BAME backgrounds in band 6 and above posts speaks for itself…."

"Study leave, training…..possibly limited by service capacity to release staff for development during busy periods"

"Absolutely not. Where is the management pathway tailored for disabled/older/gay people"

"The opportunities are there but not all are supported to progress"

Survey overall grading for Goal 3 = Developing

Goal 4
The Trust asked staff their view on progress regarding Goal 4 by means of a confidential survey which asked 3 questions (the survey response rate showed a more than 50% reduction on the previous year possibly due to the survey being circulated just before the Covid 19 lockdown started): :

1) The Trust promotes a working environment which is free from discrimination. Are you supported by your manager to work in a way that reflects this?
Response - Yes 72.48%   No 16.78%   Don't know 10.74%   (n = 149)

Feedback from the survey included:

"Good relations with my manager and an open/honest workplace means I feel my working environment is free from discrimination"

"I have not been supported with a disability"

"Flexible working is enabled. I have disabilities and health conditions and am supported to stay at work"

"Lip service but no action to address"

"My manager is very caring and understanding, modelling very positive values and behaviours"

"This is a topic that is brought up at meetings, in supervision, in guidance for clinical practice. It is embedded within the service"

In my service line I am confident, I am not sure about other areas, sometimes I think we are not consistent"

2) Do you think the Trust's Mission and Values help to embed Equality, Diversity and Inclusion in the culture of the organisation?
Response - Yes 67.11%   No 16.78%   Don't know 16.11% (n = 149)

Feedback from the survey included:
"These are promoted at all levels and are visibly role modelled especially by the Chair of the Trust, Chief Exec and Director of HR"

"The mission and values are good but not always put into practice"

"I feel staff are inclusive in their approach"

"Our practices do not show true belief in equality, diversity and inclusion either for staff groups or patients"

"I feel over that over the years the staff now employed are more in keeping with Trust values"

"I think training and visible posters can help"

"The principles seem to be rather tokenistic while working on the front line"

"The networks are fully supported and made a great contribution to the Trust"

3) Do Board members and senior leaders model the values of the organisation in promoting Equality, Diversity and Inclusion?
Response – Yes 48.32%   No 9.40%   Don't know 42.28%   (n = 149)

Feedback from the survey included:

"I think the commitment to this is there as can be demonstrated by the E&I committee"

"I feel the Trust's approach is to offer no more than lip service to this in many aspects"

"I'm pleased that we have women in senior leadership positions and women from BAME backgrounds"

"I have limited knowledge of this but communications from board members etc all seem to support this"

"Never see or hear from them on the front line"

"I feel the Trust leadership try to be very inclusive and demonstrate this with the groups they support e.g. BAME, LGBT and menopause support etc"

Survey overall grading for Goal 4 = Developing

Actions for Goals 3 and 4:
- Continue to monitor recruitment data. Updated recruitment information continues to include use of social media showing a diverse workforce
- Continuing with the 'New Horizons' project, working with schools and colleges in North & South Kirklees. Project includes engaging with the local BME community on the areas of mental health awareness, employability skills and promoting the Trust and wider NHS as an employer of choice
- Continue and enhance the work with Universities to increase the number of students from BME communities on health related degree courses
- Re-introduce the Positive Action Training (PAT) scheme
- Centralised exit interviews for all staff have been approved and the process is now in operation. The feedback will be collated and reviewed by the EMT and Workforce and Remuneration Committee
- Review recruitment process. Look at including BAME representative on all key appointments include 8a and above.
- Re-launch the RACE Forward network with a zero tolerance approach regarding harassment and bullying from service users, carers and visitors
- The Trust will actively promote and support BME staff onto the NHS Leadership Academy 'Stepping Up' and 'Ready Now' programmes. (These offers are incorporated in the Trust's Leaders and Managers development pathway)
- The Trust will continue to deliver the 'Moving Forward' programme in partnership with Bradford District Care, Leeds &York Partnership and Mid Yorkshire NHS Trusts
- Business Delivery Unit's (BDU's) to ensure all areas meet their mandatory training requirements

- Build expertise within the workforce by continuing to develop leadership programmes for both clinical and non-clinical staff.
- Crucial conversations training/coaching to be offered to Trust participants on the Moving Forward Programme
- Continue with Reciprocal Mentoring scheme for BME staff
- Continue to deliver aspiring directors (Shadow Board) programme and executive coaching/ mentoring for senior leaders/managers
- Medical leaders development programmes launched in Spring 2019Engage with the BAME, disability and LGBT+ networks to identify key areas and involve them in leading specific pieces of work which promote the Trust objectives
- Preventing harassment and bullying framework to include communications programme on racially motivated H&B.
- The Trust is planning to hold 'engage and listen' events for BAME staff during the next 12 months.
- Great Place to Work to focus on healthy teams including supporting BAME staff and promoting diversity

Overall Trust Grading = Developing