EQUALITY, DIVERSITY AND HUMAN RIGHTS COMMITTEE

PROGRESS REPORT ON EDHR ACTIVITIES
INCLUDES GENERAL INITIATIVES AND ACTIONS BUT ALSO:

WRES ACTIONS
AND WDES ACTIONS

Introduction

Annual Patient and Workforce Equality Data, Gender Pay Gap and Workforce Race and Disability Equality Standard Reports are shared with and approved by the Trust Executive Team and Board.

Some of the key EDHR Work Areas in 2018- 2019 for progress:

- **Accessible Information Standards and new interpretation policy, service specification and contract.**
- **Advancing Trust Values along-side EDHR for the Workforce and Patients**
- **Advancing WRES and WDES reporting and benchmarking**
- **Declaration Initiatives** – to improve the value of data and analysis by handling the high levels of non-declaration in the sensitive areas of sexual orientation, disability and belief. A workforce and patient phenomenon nationally and locally.
- **Conduct Initiatives** – WRES indicators for conduct in the staff survey showed a small gap in experience between BME and White and that actually the level of poor experience was high for all staff. This is proving difficult to alter nationally and locally despite a number of concerted initiatives. It has become a national focus for solutions.
- **Representation, career progression, belief in Equal Opportunities e.g. access to roles and training**
- **Gender Pay Gap Reporting and actions for improvement**

This progress report and next actions

The table that follows this narrative charts the key work areas, the actions taken and the progress made, and what we have planned next.

Managing Change from 2019 - Aside from this progress and action plan, this year also marks the 5th year of comprehensive reporting on Equality data for Patients and the Workforce with key observations and recommendations for action. This is timely for use in some very key activities by means of equality information and analysis: **e**.g. consideration of different needs, future planning, scoping health inequalities, forecasting and making informed decisions etc. This is needed to inform and support the new and proposed;

- **NHS Service/ Business Plan** with focus on prevention and health inequalities
- **NHS Interim People Plan**
- **Trust Workforce Committee**
- **Staff Networks** (initially for Ethnicity and for Disability)
- High level **redevelopment projects** now that the Trust has secured funding
- **Leadership and strategic direction**

1	Declaration Improvement Initiatives	Actions	What Next?
	Disability WDES - Religion or Belief and Sexual Orientation – Areas of low declaration - **In all instances -** more confidence and understanding is required in the reasons, benefits, value of knowing this data and the positive use, application or impacts it can have. **Workforce Non-declaration** in 2019 is: Disability – 29% Religion and Belief – 34.2% Sexual Orientation - 31.5% **Patient Non-Declaration in 2019 is;** 	Division	Disability	Belief	Sexual Orientation
Emergency Department	0	52%	0
Inpatients	0	42%	0
Outpatients	0	36%	0
Maternity	0	4%*	0 | *For maternity 36% state religion none - Healthy Births are 99.2% not specified	**Workforce Disability Equality Standard WDES metrics** were included in the staff survey 2018 and Trust year end reports at March 31st 2019. Trust data is taken from the NHS Electronic Staff Record **ESR** system via self-declaration, on recruitment application and appointment forms. In Trust data 2.2% have declared a disability which is much lower than the general national level. Better declaration is needed to be able to measure progress and benchmark. Non declaration is 29% (improved 15% from 51% in 2016 mainly due to ESR self-declaration). **ESR** has improved e.g. having internet access/ smart phone app for access. ESR user training sessions were held / training handout for staff. Starters are allocated an account. **Initiatives / Communications** at staff events e.g. our EDHR week and Event in the Tent in May 2018 and 2019 "what's it got to do with you?" initiative about organisational / personal benefits and value of declaratio**n.**	**(1) Continued encouragement / promotion** with different tactics - of ESR use - of "what's it got to do with you" initiative for more confidence and understanding. **(2) Continued utilisation of data** results - staff survey 2019 - annual at March 31st 2020 – measuring progress and impact. **(3) WDES Disability – Promotion of the new WDES and metrics to include value of data** **(4) Staff Networks –** it is planned that staff networks will be launched for this data year for Ethnicity (WRES) and for Disability (WDES). Data will be integral. **(5) Patients and Declaration / recording systems -** Disability, Sexual Orientation and Religion and Belief are also low declaration areas for patients. EDHR committee and Patient Experience to create initiatives to improve on this – COSQ to monitor.
2	Improving Conduct Initiatives	Actions	What Next?
	WRES/ WDES all staff - The level of experience of poor conduct (abuse, harassment or discrimination) in the work	**Management of abuse / poor conduct initiatives -** **(1) Trust Board EDHR Seminar 2017 –**	**(1) Agenda - New Workforce Committee – New Staff Networks -** These conduct areas will be added to the Workforce

place - The WRES was designed to measure the gap in experience between Black and White Ethnicities. **WRES Indicators 5 and 6** in the NHS Staff Survey cover the level of this for BME and White Staff. The gap is small and the **results are not good for all staff**. This is a local and national phenomenon and key concern is the difficulty making a change to this.

Harassment, bullying or abuse from patients, relatives, or public
WRES Indicator 5 - experience in 12 months

BENCHMARKING RESULTS 2019			
WRES	TRUST	ACUTE	Varies
BME	33.5%	29.9%	3.6%
White	32.1%	28.2%	3.9%
Gap	1.4%	1.7%	

WDES Metric 4 - BME experience was 33.5%, for White / non-disabled it is 32%. **Disabled staff are reporting a 40% experience**.

Harassment, bullying or abuse from staff
WRES Indicator 6 -

BENCHMARKING RESULTS 2019			
	TRUST	ACUTE	Varies
BME	27.6%	28.6%	-1.0%
White	26.7%	26.4%	0.3%
Gap	0.9%	2.2%	

WDES Metric 4a and 4B (reporting it)

Category	Managers	staff
Disabled	24.4%	28.6%
Non-Disabled	10.4%	20.4%

covered in depth WRES and Staff Survey Results. Annually reports are shared. This year the WRES WDES results of the **Staff Survey 2018 -** Patient and Workforce Equality Reports at March 2019

(2) **Benchmarking -** The Trust benchmarks against Acute Trusts, and nationally between 2017 and 2019.

(3) **Anti-abuse Policy / notice 2017 -** work to implement policy, notices and communications re: not tolerating such conduct from staff or the public

(4) **Trust Board –Social Partnership Pledge 2017** as a commitment to help eradicate poor conduct –

(5) **Promotion of Speaking up –** staff speaking up mainly in the staff survey. **Freedom to Speak up Guardians, Employee Assistance Programme, Occupational Health, Datix reporting** systems and other support such as HR and Trade Unions have been promoted.

(6) **Increasing Freedom to Speak up Champions** in 2019 to 4 in total

(7) **Promotion of Relevant Learning and Development and Wellbeing** such as Mental Health First Aid, Resilience, Management of Conflict, Handling Difficult Conversations, Management of stress

(8) **EDHR Equality and Diversity Week May 2018** and **2019** the above were promoted or launched at EDHR

Committee and Staff Networks agendas as they affect all staff and patients and Trust / NHS Values are not just an EDHR matter. It will be key to the success of the Interim People and NHS Business plans

(2) **Impact of promotion and encouragement of speaking up** Encouraging more speaking up results. Grievances were 15 in year end March 2019 compared to 15 in total over the previous 4 years. The Freedom to Speak up supported this and more may have been anticipated.
Next – to look at and evaluate the reasons for raising issues, process used and outcomes.
HR to consider potentially more constructive outcomes / solutions such as use of mediation, neutral facilitated discussions / guided conversations

(3) **Health & Safety, Wellbeing, Datix leads** to better scope speaking up in terms of use of Datix reporting, Freedom to Speak up Champions, Occupational Health, and the Employee Assistance Programme, etc.

(4) **Staff "Event in the Grotto" December 2019** Looking to add new dimensions to this in the Decembers staff event agenda

(5) **Scoping Opportunities for further initiatives and communications across the year ahead** - in terms of for instance:
  - Chief Executive and staff briefing
  - Events and communications strategy

(6) **Continued Strategy plans – NHS New**

Gap	14.0%	8.2%

Category	Reported
Disabled	40.0%
Non-Disabled	31.4%
Gap	8.6%

Personally experienced discrimination from a manager, team leader or colleagues
WRES INDICATOR 8

BENCHMARKING RESULTS 2019			
	TRUST	ACUTE	Varies
BME	10.7%	14.6%	-3.9%
White	5.0%	6.6%	-1.6%
Gap	5.7%	8.0%	

Indicates that 10.7% BME staff and 5% White staff have had a poor experience in relation to discrimination. BME staff have more likelihood of poor experience. (NB when the type of discrimination experienced is looked at in the staff survey it is across protected characteristics and so a BME member of staff experiencing this may be reporting an instance of age or disability discrimination for instance).

NB – you can see the results for these areas for the last 5 years in our WRES Report for 2019 on the Trust website

WDES results are in their first year of submission – the first WDES report can be seen on the Trust website.

equality weeks with active participation - 250 participated in **staff pledges** – a main pledge being to treat others as they would like to be treated.

(9) EDHR week 2019 included launch of Staff networks - the first will be for an Ethnicity Staff Network

Culture/ Values for improved conduct:

(10) Chief Executive Staff Briefings – since 2017 well attended open forums where openness and transparency are encouraged and staff feel included and valued – this includes Trust wide staff briefing leaflets.

(11) Corporate Values – since 2018 staff / stakeholders have participated in creating new shared corporate values that will help engender a culture that encourages and assesses considerate conduct and fair treatment

(12) "Event in the Tent" Summer 2018 Values initiatives started at the Event in 2017 and continued in 2018. This included values ideas and sharing results. Also interactive learning and development role playing events were held for conduct and behaviour awareness and improvements.
Summer 2019 - continued behavioural themes with a presentation on the importance of **Civility – saving lives and to our values**

(13) "Event in the Grotto" December 2018 continued behavioural themes

(14) Monthly Staff Awards from

Service Plan – Interim People Strategy - future corporate, people or patient strategies will embed shared values and expected conduct for all and also address the link between patient and workforce experience, with values and conduct being 2 way. EDHR will be embedded in these strategies and values

(7) An Engagement and Communication strategy to achieve the above and raise the profile of EDHR – fair treatment, access, inclusion and respect.

		September 2018 - nominations from staff to recognise / value notable staff contribution by teams and individuals **Management** - Sharing conduct results relevant to their departments from the staff survey re discrimination, bullying, harassment, abuse etc. for consideration and action.	
	Notation – A key priority for the TRUST and EDHR Task and Finish Group was to deal with areas 1 and 2 above first. In particular the conduct areas were a key priority to address as they impact all performance areas. It is hoped and expected that the actions under 1 and 2 will have had a positive impact on section 4 – as detailed below.		
3	**Representation, career progression, belief in Equal Opportunities e.g. access to roles and training –**	**Actions**	**What Next?**
(A)	**Belief in Equal Opportunities for career development, promotion and training** **WRES - Indicator 7 staff survey** **BENCHMARKING RESULTS 2019** 	Category	TRUST	ACUTE	Varies
BME	83.5%	72.1%	11.5%
White	89.5%	86.5%	3.0%
Gap	-6.0%	-14.5%	| **WDES metric 5 - The level of belief for disabled staff is 74.1% which is much lower than the 83.5% for BME and for non-disabled staff at 89% with a gap of 14.9%.**	**WRES –** The Trust consistently performs better than Acute Trust averages. At 2019 BME level is 11.5% better than Acute average (White 3%). The Trust gap is 6% and Acute average gap 14.5%. **WDES –** shows much less confidence/belief from disabled staff. In the Trust's first WRES in 2015 BME belief was 73.9% but increased by 9.6% by 2019. It is an aim to achieve improvements in WDES initiatives	**Initiatives to maintain progress / equal belief for the WRES and WDES** include Staff Networks, data declaration confidence and levels. Representation and career opportunity initiatives.
(B)	**Board level representation** **WRES Indicator 9 – Board level BME**	**(1) BME, the Board and Recruitment –** WRES - Prime consideration is that the work force BME at 43.2% is an	**(1) Initiatives currently being evaluated and under consideration.** **(1)** Consider - each Board member to mentor

representation - There is very low BME representation on the Board in 2019 (6.6%) in comparison with the level across patients (28%) and the workforce (43.2%).

WDES Metric 10 – Board level Disability representation (compares % difference for Disabled and Non-Disabled staff between the organisations' Board voting membership and its overall workforce

Trust Workforce = 2% Disabled / 0% Board voting members out of 15 with a declared disability - **Difference is 2% - 0% = - 2%**

NB: Declaration affects value of data for disability - According to National Statistics the realistic % of disabled within the National workforce could be closer to 13 -17%. The level of declared disability nationally for the NHS staff Survey is closer to 13% with ESR level much lower e.g. for the Trust it is 2%. **Declaration initiatives at 1 above are to address this**

Consideration of National Targets – *in 2019 the WRES team have started to look at potential national measures to address BME under-representation at senior levels across UK Trust's. This may include a 10 year target.*

over-representation compared to BME accessing the service at 28%. Both are increasing but the 14% gap will not close significantly anytime soon. The realistic aim was to increase the 1 BME board representation to initially two, and build upon that.

WDES – prime consideration is that there is high level of non-declaration of disability in the workforce and board. Also there is poor disability data for disabled accessing the service.

(2) Our main initiative - despite HR recruitment initiatives to encourage BME candidates BME Board representation has not altered.

(3) Discussions to Plan Initiatives - This has been under discussion by Board, Executive Team, HR, learning and development and EDHR committee. For ideas generated see the "what next" section opposite.

(4) See also talent initiatives being undertaken in (B) below to increase the BME talent pipe line to senior management and the Trust Board

(5) White Ethnicities data has been addressed in 2019 reporting

in house BME talent

(2) Consider - each Board member to take on an EDHR area to better understand and to champion these areas

(3) Consider – shadowing, opportunities to lead projects etc. for development.

(2) Initiative underway for Senior Nursing and HR Leads along with NHS Improvements to develop leadership skills and learning development for BME talent.

(3) Initiatives to be considered for improving the representation of other protected characteristics on the Board e.g. disability, sexual orientation etc.

(4) Representation clarity - To scope if there is need to improve further on our White ethnicities data within our workforce and patient populations. These are not accounted for in the same way in the WRES as BME black minority ethnicities**.**

(5) WDES initiatives - Declaration affects value of data for disability. Declaration initiatives at 1 above to address this

(6) Staff Network activities – Ethnicity / Disability Staff Networks are being set up in 2019-2020

(B)	**Level of Senior Management representation – Band level Representation** **WRES Indicator 1 BME and WHITE** From the results of the % BME and White representation across all grades clinical and Non Clinical. **WDES metric 1 - % disabled representation across bandings Medical and Non-Medical and at VSM level** **GENDER PAY GAP REPORT data year ending March 2017 published March 2018 can be viewed on the Trust website** E.g. low level of BME / women after Band 8 upwards to VSM especially in non- clinical staff. **ETHNICITY PAY GAP REPORTING – STAGED CONSULTATION -** in 2018, the Government consulted on proposed Ethnicity Pay Gap reporting – In 2019, they are looking at the measures and how data will be collected	**(1)** The Trust has formally captured data across all pay bands from band 1 to the Director level for 5 years as part of the WRES commitment (See our 2019 WRES report on the Trust Website). In 2017 Gender Pay Gap reporting added gender to this and in 2019 the WDES added disabled / non- disabled. **(2) Areas of under and over representation –** are scoped for Gender and Race but Disability needs better data declaration **(3)** As one of the more diverse Trusts in the UK, the Trust in 2017 WRES benchmarked other diverse peer Trusts across the UK to measure performance and look to share good practice. Since this is the first year of the WDES there is no benchmarking data until 2020. **(4) See also initiatives under (A) above**	**(1)** Initiative underway for Senior Nursing and HR Leads along with NHS Improvements to develop leadership skills and learning development paths for BME talent. **(2)** The Trust will benchmark against diverse peer Trusts in 2019-20 to measure performance / check for any progress or good practice or initiatives to be shared. **(3)** The Trust will look at year on year comparison for WRES data to see if this has changed from 2016 - 2019 **(4)** Gender Pay Gap Results for 2017 show gender representation areas to be addressed. An action plan was devised in March 2019 and will considered against Gender Pay Gap results for March 2019. **(5)** Positive recruitment campaign for male nurses QUERY **(6)** When WDES benchmarking data is available in 2020, a comparison of Trust / National Performance will be looked at. **(7)** Work streams to be added to Staff Networks – Workforce Committee and Interim People Plan
(C)	**General recruitment – Short List to Appointment for BME and Disabled WRES Indicator 2 and WDES Metric 2**	**(1)** The Trust actions under section 1 with regard to declaration re EDHR week also included the importance of valuing EDHR, data capture etc. with	**(1)** HR Initiatives to be discussed for these areas **(2)** The Trust will look at the results from the

	Short list to appointment – (where a ratio of 1 is neutral and below is more favourable) **WRES Indicator 1 - BME in 2019** there was more likelihood for BME to be appointed than White at 0.43 **WDES Metric <u>2-</u> Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting -** The Trust's result is 2.06 indicating Non-Disabled Staff are 2x more likely to be appointed after short-listing.	details about facts and myths – fair treatment and opportunity. **(2)** Actions under 2 above also included promoting training and learning and development re the 8 courses in relation to conduct, empathy and resilience.	staff Survey 2018 to ascertain for instance, if: any of the important cultural and value measures undertaken in Section 1 and 2 above have had an impact e.g. on perception, belief, or participation or speaking up or fair treatment **(3)** The Trust will look at the results of Annual Reports for year ending March 2019 to see if any of the EDHR declaration and data results has improved.
(D)	**Access to and uptake of non-mandatory training and continuing professional development CPD** **WRES Indicator 4 - Lower uptake / access for BME for non- mandatory training and continuing professional development** This is not a WDES Metric	Trust data pre 2017 were not counted as they measured a different ratio to that required. In 2017 the result was neutral with BME / White access an equal likelihood. In 2018, the likelihood was 1.12 with more likelihood for White staff. In 2019 it is .98 which is more likelihood for BME staff to access non-mandatory training/ CPD	
4	**NEW Section for WDES initiatives**		
	Metric 3 - Relative likelihood of Disabled staff compared to Non-Disabled Staff entering the formal capability process, as measured by entry into the formal capability procedure. At year end 31st March 2019, we had 15 cases of staff entering a formal capability process. None of them declared a disability. Unable to provide a reply as to the likelihood of disabled / non-disabled staff entering this formal process.	**(1)** The WDES team are questioning if metric 3 will be based on performance or ill health capability? For this year, it is performance.	**(1)** Trust HR to capture / improve disability data declaration on ESR – also capture disability data in Capability, Ill health, discipline and Grievance.

	Metric 6 – the % of Disabled staff compared to non-disabled staff saying felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. This metric is unique to the WDES	Indicates 29.9% of disabled respondents felt pressurised by manager to work when not feeling well enough to perform duties against 21.1% non-disabled – 8.8% gap	**(1)** To be addressed in well-being communications and in supervisory sessions where working when unfit is a concern.
	Metric 7 - % of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work. This metric is unique to the WDES	This category had the least gap with 48.8% disabled indicating that they are satisfied with the extent to which their organisation values their work against 52.3% non-disabled (a 3.5% gap).	(1) To be addressed as an all staff initiative. Steps towards this have been the staff events, monthly awards – what other initiatives would encourage feeling valued such as the Event in Grotto.
	Metric 8 - % Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. - This metric is unique to the WDES - applicable to Disabled staff.	Indicates an encouraging level of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. 53 responded, 70% said adequate. (Against low declaration of having a disability of 2% - Trusts ESR).	(1) Increasing confidence in data declaration means increasing knowledge of who has a disability / may need a reasonable adjustment- A sensitive general question in appraisal as to any work related health or ability challenges can help with this.
	Metric 9 - NHS Staff Survey and the engagement of Disabled staff **A- The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.** **B Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) YES**	**(1) For A the result is disabled ratio 6.9 to non-disabled 7.3. For B the answer is yes and measures are:** **(2) Culture, values, conduct expectations** - to encourage better, more respectful/ inclusive behavior **(3) Board signed Social Partnership Forum pledge** to deal with poor workplace conduct / encouraging speaking up from all staff. **(4) Having a voice and speaking up –** stepped up right to respect / no abuse campaign, increased speak up Champions. Monthly CEO briefing for all staff on activities, concerns etc. **(5) Confident sharing / inclusion.** On-going "what's it got to do with you"	**(1) Staff voice, contribution and staff network -** lead clinical staff member developed a strategy for staff networks including disability. Shared with leaders and promoted pre-launch later this year.

campaign for confident sharing of data / support / respect for individual's characteristics.

(6) Wellbeing and Assistance –on-going well-being program on mental / physical health / promotes speaking up, assistance initiative e.g. Employee Assistance Program etc.

(7) Engagement initiatives –to gain interest and support, staff communications, newsletters. Presentation - power of staff networks Cherron Inko-Tariah / power of inclusion Wendy Irwin RCN Equality Lead. Theme continued at Bi-annual staff "Event in the Tent" in July when a presentation on the power of civility.

The purpose of this plan

To improve results and to provide assurance via the EHDR Committee to the Trust Board of legal compliance to the requirements of the Equality Act 2010 / Public Sector Equality Duty (PSED). To also ensure the meeting of standards set by the Care Quality Commission (CQC), The NHS Constitution, NHS / CCG Assurance Framework and NHS England and WRES requirements.

To provide data for Improved decisions and outcomes - The data will help embed the principles of Equality Analysis into workforce and service development, service redesign, policy development and procurement to ensure that due regard has been given to individual requirements and needs, and those needs of minority groups.

To improve Patient and Workforce Experience - to address areas of workforce experience and issues that clearly need resolving. Whilst addressing workforce experience it also acknowledges the very clear connection between patient and staff experience which in turn affects our purpose in the context of our overarching commitment to patients. The NHS / Trust know that workforce experience is every bit as important as patient experience ethically, morally and legally in terms of fair treatment, dignity, respect, access, inclusion and shared values. There will be impacts to staff and patients and ultimately the Trust if this action is not addressed. This includes impacts on the effective, efficient running of the service and quality of care received by all patients. The link between adverse treatment of staff and poor patient care is particularly well evidenced in the NHS. If patients are at the heart of the NHS, the life blood and functioning rests with the workforce without which the NHS / service will flounder.