KEY =		= GENERAL		= WDES DISABILITY		= WRES RACE		= PATIENTS	**2020-2021 ACTION PLAN - WRES WDES AND GENERAL RELEVANT AREAS**

EQUALITY, DIVERSITY AND HUMAN RIGHTS COMMITTEE

WRES WDES ACTION PLANNING

KEY DELIVERY AREAS

Planning, measures, delivery and improvement in addressing the WRES WDES and other relevant areas arising:

1. **Low declaration levels -** to increase workforce declaration levels for disability, sexual orientation and religion and belief.

2. **The level of poor conduct experienced by staff.** This is in relation to **WRES Indicators 5, 6 and 8** and **WDES Metrics** 4a and 4b along with other relevant areas in the NHS National Staff Survey results for the Trust in terms of abuse, harassment or discrimination from the patients, public or other staff members.

3. **The level of BME / Disability representation, progression and belief in fair and equal opportunities compared to White / Non-Disabled** e.g. for career progression, access to roles and training as listed below:

- Board representation (Indicator 9 – Metric 10).
- Senior Management and Band level representation (Indicator 1 - metric 1).
- Appointments after short listing – (Indicator 3 and metric 2)
- Uptake and access to non-mandatory training / continuing professional development (indicator 4)
- Belief in Equal Opportunities for career progression / promotion (Indicator 7 – metric 5)

NEW and KEY CONTRIBUTORY FACTORS TO WORK IN THIS AREA

a. A Non- Executive Director and an Executive Director assigned to champion a protected characteristic on the Board
b. New NHS Business Plan with a focus on Prevention and Health Inequalities and a People Plan to assist in delivery
c. Recently formed Bedfordshire Hospitals NHS Foundation Trust which merged Luton and Dunstable and Bedford Hospitals
d. Recently formed New Workforce Committee and Patient Council with emphasis on Patient and Workforce Experience
e. Recently formed BAME Staff Network with a Network for Disabled staff and allies to follow

1	Declaration Improvement Initiatives	Actions undertaken / Progress	OUR NEXT ACTIONS
	Workforce Disability Equality – WDES - Better declaration is needed to be able to measure progress and benchmark. Non declaration 26% LDH / % BH Declared Disability 2% LDH / % BH Against national workforce data, a lower level of disability is declared than reality. E.g. NHS Staff Survey declaration of a disability is between 13 – 17%.	**GENERAL** **Measures already taken to improve self-reporting –** Declaration of Disability, Religion and Belief and Sexual Orientation have all improved since 2015 and with ESR (from circa 56% non- declaration). We plan to improve on this by further: **Data sources** - NHS Electronic Staff Record **ESR** system via self-declaration, on recruitment application forms and via staff appointment forms. **(1) ESR** has internet / smart phone app for access. Staff user training sessions and a training handout for its use. Staff are encouraged to apply for an account and use it. **(2) Workforce Initiatives –** at EDHR week 2018 – 2019 we promoted "what's it got to do with you?" initiative about the organisational and personal benefits and value of data (declaratio**n).**	**DISABILITY** **(1) Set up a Staff Network for Disability** – for staff with a disability, who are carers for those with a disability, or who have vocational or personal interest and expertise **(2) What is a disability? -** Extend knowledge / confidence in knowing what a disability is and in declaring one – also awareness that disability status can change at any time **(3) Physical and Mental Health - Wellbeing Initiatives –** plan and hold initiatives that support learning or development / promote key areas - Include disability in EDHR sub-committee for Learning and Development review - Use plans for EDHR week on autism and asperger's and menopause impacts **(4) Consider promotion of disability support or care support –** such as looking at the value of demonstrating awareness and support in the Care / Green Ribbon badge etc.
	Workforce Race Equality WRES Declaration is high 98.5% at LDH and % at BH No direct improvement initiatives required at present but the BAME network could help support staff from all cultures to be more confident in declaring disability, belief or sexual orientation		

	Religion or Belief and Sexual Orientation – **Workforce** - Initiatives are required to improve declaration of these areas both of which are at 36% undeclared. **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.		**GENERAL** **(5) ESR use -** Continue to encourage / promote use / capture those who are not using ESR **(6) "What's it got to do with you" initiative** – continue to aim for more confidence / understanding / more varied and engaging approaches e.g. share and explain data more. **(7) Trade Unions support** - Actively have a joint approach for encouraging confidence – How Trade Unions can help with their resources. **(8) Religion and Belief initiatives** on declaration with the Chaplaincy – Chaplaincy coffee and chat events for staff – query on line **(9) Set up a Staff Network for LGBTQ +**
	Patients - Disability, Sexual Orientation and Religion and Belief are also low declaration areas for patients		**Patient Experience Initiatives –**EDHR committee - Patient Council / Experience to help create initiatives to improve the declaration of these areas from Patients

2	Improving Conduct Initiatives	Actions to date	OUR NEXT ACTIONS
	WORKFORCE - The level of experience of poor conduct in terms of abuse, harassment or discrimination in the NHS workplace is a National NHS as well as a local concern. The results are not good for all staff.	**Management of poor conduct initiatives -** **(1) Sharing Survey results with Management –**relevant to conduct / their departments for consideration and action **(2) Trust Board EDHR Seminar 2017 –** Initial 2 years WRES results in depth **(3) Non Tolerance Policy - i**mplemented policy, notices etc. re: non tolerance of poor conduct from staff / public **(4) Trust Board Social Partnership Pledge** – a commitment made to help eradicate poor conduct – **(5) Promoted Speaking up** – Freedom to Speak up Guardians, Occupational Health, Employee Assistance Programme, datix and other forms of reporting/ support e.g. HR and Trade Unions. **(6) Promoted relevant Learning, Development and Wellbeing e.g.**	**(1) Trust Board Leads for protected characteristics -** at least one Executive Director / one Non-Executive Director to champion a / and each characteristic. **WDES Board Champions** **WRES Board Champions** **(2) WDES to be supported** by new Network for staff who are disabled or carers, or who have expertise/interest in supporting disability areas. **(3) WRES supported** – ensuring work to be shared / supported by BAME Staff Network **(4) Trust Values - Culture and organisational development** Reviewed values reinforced, shared with, expected of all, including patients and public Values more prominent through work life cycle and service on documents, correspondence **(5) Workforce Committee / Patient Council** actively support initiatives - on their agenda's.

	PATIENT CONDUCT TO STAFF **Staff experiencing harassment, bullying or abuse from Patients in last 12 months:** **WDES (Metric 4a) disabled / (non-disabled)** Trust Disabled 40% (31%) Gap 11% Acute Average 34% (27%) Gap 7% **WRES (Indicator 5) BME / (White)** Trust BME 34% (33%) gap 1% Acute Average BME 30% (28%) gap 2% **COLLEAGUES** **WRES (Indicator 6) BME / (White)** **MANAGERS / COLLEAGUES** **WDES (Metric 4a) disabled / (non-disabled)** **Managers 24% (10%)** **Colleagues 28% (20%)** The 3 WRES Indicators 5, 6 and 8 and in the Staff Survey cover the level of this for BME and White and the results are not good for all staff. These indicators are: **Indicators 5** - **(**KF 25) Percentage of	**m**ental Health First Aid, Resilience, Handling Difficult Conversations, Management of Conflict or of stress **(7) Equality and Diversity Weeks 2018 / 2019** promoted the above with staff participation in **pledges** – e.g. to treat others as themselves. **(8) Increased Freedom to Speak up Champions in 2019** **Culture /Values for improved conduct** **(1) Chief Executive Staff Briefings -** well attended open forums - transparency and inclusion is encouraged and valued **(2) Trust wide weekly staff briefing newsletter**. **(3) Corporate Values -** Staff / stakeholders created new shared, corporate values to help engender a culture that encourages considerate conduct and fair treatment **(4) Staff "Events in the Tent / Grotto 2018 and 2019 -** Values initiatives and sharing results with interactive learning, role playing events for conduct, behaviour, awareness and improvements. **(5) Monthly Staff Awards from September 2018 -** nominations from	**(6) EDHR values are more prominently shared –** Dignity**,** Respect, Access, Inclusion and Fair Treatment - LOGO **(7) Part of EDHR L&D Subcommittee tasks** When review EDHR training and learning to cover conduct and values – also when look at relevant learning around e.g. **m**ental Health First Aid, Resilience, Management of Conflict, Handling Difficult Conversations, etc. **(8) Patient / Workforce Equality Reports / Surveys and Benchmarking –** to be further analysed for results / improvements and shared more widely to support initiatives. **(9) Health & Safety, Wellbeing and Datix leads** to scope any impact from promotion of values and of speaking up in terms of use of Datix reporting, Freedom to Speak up Champions, Occupational Health, and the Employee Assistance Programme, etc. **(10) Strategy plans –** future corporate, people or patient strategies will embed shared values and expected conduct plus address the 2 way link between patient and workforce experience, EDHR to be embedded in these strategies and values also the WRES and WDES - **(11) An Engagement and Communication strategy** to achieve the above and raise

	staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months **Indicator 6** (KF 26) - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months **Indicator 8** (Q217) - In the last 12 months staff who personally experienced discrimination at work from a Manager or team leader or colleagues **NB – you can see the results for these areas for the last 4 years in our WRES Report for 2018 >>>> LINK**	staff to recognise / value notable staff contribution	the profile of EDHR – fair treatment, access, inclusion and respect **(12) Consider a Values - common purpose approach -** Stand by me – don't stand by? - Are you a perpetrator, a bystander or a victim? Let's be none of these and see none of these ……
	Patient Experience - patients may not always have good experience from staff. The workforce experience needs to be balanced against this. **Colleagues who give a poor experience for Staff may also give a poor experience to patients and vice versa ……..** **Patients and Conduct -** The NHS staff survey does not ask about the perpetrator of the poor experience – it could be due to factors that the Trust and patient cannot easily address such as mental incapacity, mental illness, dementia, The Trust monitors complaints by protected characteristic		- Patient Experience initiative - to look at Patient Experience of poor conduct from staff - Speaking up initiative - How does the Trust start to put a ratio on the number of patients perpetrating poor experience who cannot easily address this?

A key priority for the TRUST has been to deal with areas 1 and 2 above first. In particular conduct areas were a key priority to address as they impact all performance areas. Further actions under 1 and 2 will contribute to a positive impact on section 3			
3	**Representation, career progression and belief in Equal Opportunities**	**Actions**	**OUR NEXT ACTIONS**
(A)	**WRES - Indicator 2 relative likelihood of White to BME being appointed from shortlisting –** BH / LDH for the last 2 years it is less likely for White staff to be appointed. Also in 2020 at LDH BME formed 70% applicants, 65% of shortlist and 80% of new employees. **Continue to Monitor**		
	WRES Indicator 4 – Relative likelihood of staff accessing non-mandatory training and Continued Professional Development – For both BH and LDH in the last 2 years there is less likelihood for White staff to access non-mandatory training and CPD than BME staff - **Continue to Monitor**		
	WRES Indicator 3 – relative likelihood of staff entering formal disciplinary process (by investigation) – BH – 5 out of 6 years BME are more likely to enter a formal disciplinary process - LDH the 6 years to March 2020 show 4 out of 6 years BME are less likely than White to enter a formal disciplinary process		**Continue to monitor LDH results - Bedford and Luton have merged. The systems and data analysis formats will also be reviewed and shared**
	WRES Indicator 7 – Percentage Belief in Equal Opportunities for career progression or promotion – in 2020 for LDH this was 78% BME: 90% - for BH 75% BME: 84% White. A gap of 12% and 9% respectively. Taking into consideration WRES and data details in other areas e.g. that BME are more likely to be shortlisted from appointment and to access continued professional development and non-mandatory training, etc. this needs to be looked at.		**Continue to monitor** **Secure the support of the BAME Staff Network for perspectives etc.** **Share the performance data more widely**
	WRES Indicator 9 - Board level representation **For context - please read the 2020**	**(1) BME, the Board and Recruitment** – **Representing the people we serve** For LDH - Workforce BME at 48% is an over-representation when compared to	**(1) Board Initiative -** a Non- Executive and Executive Director will support and champion the Race characteristic and work to better understand these areas **(2) Workforce Committee to continue to**

	WRES report for Luton Hospital There is very low BME representation on the Board (5%) in comparison with the level across patients (29%) and the workforce (48%).	BME accessing the service at 29%. Both are increasing but the 19% gap will not close significantly anytime soon and will widen. The initial realistic aim was to increase to 2 BME board members and build upon that. Despite recruitment initiatives to encourage BME candidates this remains at 1 BME person. **Representing our workforce –**BME growth in the workforce is fast and constant. BME are overrepresented and very successful in Clinical which forms the majority of the workforce - and underrepresented in the non-clinical which mainly leads to the board. In terms of the pay gap BME are higher paid and form a large proportion of the highest paid quartile. A board role may mean a change in vocation and lower remuneration. **(2) Talent initiatives -** See also the talent initiatives being undertaken in (B) below to increase the BME talent pipe line to senior management and Trust Board	**support and initiate talent initiatives** such as with NHS Improvements to develop leadership skills and learning development for BME talent. **(3) Determining the Approach to Bedford and Luton Hospitals workforce representation Data –** the demographics are different and will be captured - some actions may be generic - some specific. **(4) BAME Staff Network to support agenda** **(5) Working with Representation clarity and the bigger picture –** - 2020 WRES report details the medical / non- medical career paths and the in balance of White and BME staff respectively. - There is a higher impact on Gender and Ethnicity to be considered - Better capture and use of White ethnicities data within our workforce and patient populations. **(6) Initiatives need to include other characteristics on the board such as LGBTQ+, disability etc.**
(B)	**WRES Indicator 1 - Level of Senior Management representation – Band level Representation**	**(1) WRES -** The Trust has formally captured data across all pay bands from level 1 to Director level for 6 years as part of the WRES commitment.	**(1) Data rationalisation** - Bedford and Luton Hospital data - to be rationalised and analysed.

	For context - please read the : **2020 WRES report for Luton Hospital** **GENDER PAY GAP REPORT**	**(2)** The Trust has previously benchmarked against a sample of diverse peer Trusts to measure performance / see if there has been any significant progress where good practice or initiatives can be shared. **(3) See also initiatives at (A) above**	- Gender Pay Gap – Ethnicity Pay Gap results also to be considered - Details to be shared for action
3	**Representation, career progression and belief in Equal Opportunities**	**Actions**	**OUR NEXT ACTIONS**
B	**WDES - Indicator 2 relative likelihood of Non-disabled to Disabled being appointed from shortlisting –** BH / LDH for the last 2 years it is less likely for Disabled staff to be appointed.		**BH and LDH Systems will become the same, then further monitoring and analysis**
	WDES Indicator 4 – Relative likelihood of disabled staff comparted to non-disabled staff entering the formal capability process (performance)		There is no disability declared to be logged as an action for HR
	WDES Indicator 10 - Board level representation - For context - please read the 2020 WDES report for Luton Hospital – Disability declaration of Executive and non –executive directors is low **WRES indicator 1 - Level of Senior Management representation – Band level Representation**		Workforce and Board declaration of disability status needs to be improved – this cannot be measured properly Data from BH and LDH needs to be evaluated
	WDES Indicator 5 - Percentage Belief in Equal Opportunities for career progression or promotion – in 2020 Disabled to Non-Disabled – for BH 75%: 83% and LDH 87% to 85% - BH have a 7% gap for disabled and LDH have a 2 % gap for non- disabled		**Continue to monitor – other initiatives planned should help to improve this**

	WDES Indicator 6 – Felt Management pressure to attend when ill - in 2020 Disabled : non-disabled – for BH 32%:25% and LDH 36% to 20%	**To be logged as an action for HR - raised with managers and addressed -**
	WDES Indicator 7 - satisfied the Trust values their work disabled / non-disabled – For BH 34%: 52% and LDH 58% : 55%	The general and disabled response in BH needs looking at (BH 18% gap and possible link to the engagement score)
	WDES Indicator 8 – percentage of Disabled staff with adequate reasonable adjustments - for BH 70.8% and for LDH 83% - (the responses were twice the number in BH at 117 to 54).	**Continue to monitor – other initiatives should help to improve this**

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 and the Trust know that workforce experience is every bit as important as patient experience ethically, morally and legally in terms of fair treatment, dignity and 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 and efficient running of the service and the 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.