Paper 21

Recommendation ☑ DECISION ☐ NOTE	**The Board is asked to approve the Equality Delivery System (EDS2) report and Action Plan for 2017-19.**
Reporting to:	**Trust Board**
Date	20th November 2017
Paper Title	Equality & Delivery System (EDS2)
Brief Description	The Trust is required to complete the EDS2 and Workforce Race Equality System (WRES) assessments to demonstrate how it is identifying and addressing issues related to equality, diversity and inclusion for patients, communities and staff. It is a step change in the way public bodies are required to work with staff and communities regarding services, identifying inequalities and taking steps to understand and mitigate them. This paper is in itself an Equality Impact Assessment (EIA) and as such identifies positive and negative impacts and proposes an Action Plan, so a separate EIA is not attached. The Trust has identified that it needs a more systematic way of consulting with service users and listening to both patient and staff experiences to be able to provide more culturally competent services. As a result, work is ongoing to identify the most appropriate way of moving this work forward over the next 12-18 months. This report, therefore, represents an honest and transparent assessment of where we are against the standards required and proposes an Action Plan to address some of the key findings.
Sponsoring Directors	Workforce Director and Director of Quality and Safety
Author(s)	Head of Education and Associate Director of Nursing
Recommended / escalated by	Workforce Committee
Previously considered by	TNCC Patient Experience Group Workforce Committee
Link to strategic objectives	PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach HEALTHIEST HALF MILLION ON THE PLANET – Build resilience and social capital so our communities live healthier and happier lives and become the healthiest 0.5 million on the planet through distributed models of health VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work

	with an appropriately skilled fully staffed workforce
Link to Board Assurance Framework	If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186) If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423)

Equality Impact Assessment	○ **Stage 1 only (no negative impacts identified)**
	◉ **Stage 2 recommended (negative impacts identified)**
	   ○ negative impacts have been mitigated
	   ○ negative impacts balanced against overall positive impacts

Freedom of Information Act (2000) status	◉ **This document is for full publication** ○ **This document includes FOIA exempt information** ○ **This whole document is exempt under the FOIA**

Equality Delivery System2 (EDS2) (incorporating WRES)

1.0 Introduction

1.1 This paper reports on progress on the EDS2 and the other inclusivity aspects that relate to it. The EDS2 assessment is attached at Appendix A

1.2 EDS2 is a mandatory NHS system for ensuring both legal compliance and improvements in the way we run our organisations and provide services to the public.

2.0 Existing Position

2.1 There are 4 EDS2 aims with 18 standards sitting below. In SaTH, the Director of Quality and Safety has responsibility for the assessment and delivery of the first 2 aims related to service delivery and the Workforce Director has responsibility for the other 2 which are related to workforce and leadership.

2.2 Assessment is underway for all 18 standards, which involves data collation and analysis, scrutiny of available information sources (Staff Survey, patient feedback, anonymised ESR statistics etc)

2.3 As part of the EDS2, the Trust completed its Workforce Race Equality Scheme (WRES) annual return in July 2017 and this forms part of the Trust's EDS2 report.

2.4 The Board has strengthened its requirement for Board papers to have completed an Equality Impact Assessment (EIA) prior to submission and training continues in the Equality and Inclusivity training programme on this. In addition, revised EIA guidance will be issued with the revised Equality and Diversity Policy.

3.0 Summary of WRES Findings

3.1 The WRES showed positive progress in areas previously highlighted as anomalies – that is the proportion of BME staff entering disciplinary investigations compared with white staff. This has reduced from BME staff being 4 times more likely to enter disciplinary investigations to twice as likely, although this is still anomalous.

3.2 The WRES indicated anomalies still existing in a couple of areas that deal with the reported experience of BME staff in the workplace, including how they are led, and a significant negative experience of reported discrimination at work.

3.3 Positive areas identified include access to and experience of training and development and the progression of BME applicants through the new centralised and Values-Based recruitment process.

3.4 It is clear that we need to understand the experience of BME staff more thoroughly, so it is proposed that we establish a staff experience group and ask staff if they would welcome support for a BME networking forum.

4.0 Summary of EDS Findings

4.1 **Patient Services** - EDS2 covers both patient and staff experience as well as the Trust organisation. For patients, the Trust has identified that it needs a more systematic way of consulting with service users and listening to both patient and staff experiences to be able to provide more culturally competent services. As a result, work is ongoing to identify the most appropriate way of moving this work forward over the next 12-18 months and this is identified on the proposed Equality Objectives.

4.2   Positive impacts of the Trust's patient services related to protected characteristics have been identified, particularly in:

- End of Life Care

- Services for people with Learning Disabilities

- Service for older people including dementia and frailty pathways

- Screening services, including breast, bowel and diabetes eye screening

- The involvement of patients helping us to provide appropriate services, such as the transgender training video for staff

4.3   As with many areas of the NHS, the Trust is undeveloped in identifying and assessing how well we are meeting the service needs of users related to some protected characteristics that are difficult to monitor, either because of the local demography, or because we do not routinely monitor for these characteristics. These are:

- Religion and belief

- Marriage and civil partnership

- Race and ethnicity

- Sexual orientation

The proposed development of a patient experience forum will prioritise inclusion of hard to reach groups.

4.4   **Workforce** - The EDS shows that for the majority of staff, their experience related to protected characteristics is as positive as other staff. Areas of positive impact identified include

- the experience of staff aged 16-30 as compared with older staff

- flexible working arrangements, including flexible retirement

- the employment experience of women as compared with men

- the impact of centralised recruitment on equality of access for applicants irrespective of protected characteristic

4.5   Areas of specific concern that will be included in the 2017-19 Equality Objectives included the experience of BME staff (identified in Section 3 above) and particularly older and disabled staff who routinely report less positively on a range of employment factors. It should also be noted that the profile of staff completing the annual staff survey is roughly comparable to the overall Trust profile with the significant exception of people with disabilities (around 2% on Electronic Staff Record, but around 16% of Staff Survey respondents report themselves as having long term health conditions or disabilities). Areas of note include:

- Decreasing satisfaction with the quality of appraisals with age

- Reducing confidence and security in reporting unsafe practice over 50

- Staff with disabilities are the least satisfied with appraisal, have the highest reporting rate of harassment and bullying from service users as well as colleagues and feeling unwell due to work related stress, have the highest % of feeling pressure to attend when feeling unwell, report the least satisfaction with resourcing and support, the least job satisfaction and feel least able to contribute to improvements at work.

5.0 Progress Against 2016-17 Board Approved Equality Objectives

Objective	Progress
Secure appointment of Executive Director (NED) Equality and Diversity lead	Outstanding
Complete EDS2 assessment	Initially completed November 2017 – to be fully completed by November 2018
Identify and agree Trust Equality Objectives arising from completed EDS2 in the 4 Objective areas	See Equality Objectives proposed in Section 6
Continue to seek and respond to service user and stakeholder feedback	Ongoing via Healthwatch and CHC, PALS and complaints, Rapid Review Meetings, PEIP,
Facilitate stakeholder events to assist in the development of EDS2 objectives for 2016/17 and 2017/18	Ongoing via PEIP and involvement in Equalities Day with ShropComm Achieving Together (2 events)
Membership of the local Carers Partnership Board and LHSE Dementia Implementation Group	Ongoing
Review opportunities with FRESh and the Shropshire Equalities Forum to design actions in support of the Trust meeting its ESD2 objectives for 2016/17 and 2017/18	Ongoing
Achieve 80% minimum Equality and Diversity training target	Achieved as at 1st November 2017
Implement the EDS2 report in 2016/17 Annual Report	The 16-17 Annual Report was completed prior to the EDS2 assesment in Nov 17 – this will be rolled forward to ensure inclusion in the 2017-18 Annual Report.

6.0 **Proposed 2017-19 Equality Objectives**

Objective	Responsibility	By When
Better Health Outcomes		
Identify data sets that need to be collected for 2017-18 for evaluation and monitoring.	Associate Director of Nursing	March 2018
Complete EDS2 self-assessment and external assessments related to patient experience, identifying 3 priority areas for action	Associate Director of Nursing	Sept 2018
Improved Patient Access and Experience		
Form appropriate forums for patient engagement with focus groups to identify issues and record experiences and implement priority actions, including consideration of the needs of hard to reach groups.	Associate Director of Nursing/Director of Assurance and Governance	July 2018
A Representative and Supported Workforce		

Objective	Responsibility	By When
Review staff appetite for Diversity Forum – especially amongst BME staff, older staff and staff with disabilities and support as required.	Head of Education	Jan 2018
Revise Equality and Diversity Policy and Guidance through Trust consultation and approval process	Head of Education	Mar 2018
Complete EDS2 related to workforce experience, identifying 3 priority areas for action	Head of Education	Sept 2018
Equality and Diversity training compliance to reach 90%	Head of Education	Nov 2018
Complete Gender Equality Pay Audit	Head of Education	May 2018
Inclusive Leadership		
Review Diversity and Inclusivity responsibilities and reporting arrangements to the Board and implement new arrangements as required, including consultation and membership.	Director of Workforce and Director of Safety & Quality	September 2018
Secure appointment of Executive Director (NED) Equality and Diversity lead	Director of Workforce	immediate
Trust Board to undertake Equality, Diversity and Inclusivity training	Director of Workforce	May 2018
Monitor take-up of Equality, Diversity and Inclusivity for Managers and Leaders training and include in EDS2 report.	Head of Education	September 2018

Mary Beales
Head of Education
(Equality and Diversity Lead for Workforce Directorate)

and

Graeme Mitchell
Associate Director of Nursing (Quality and Patient Experience)

Equality Delivery System for the NHS - *EDS2 Summary Report*

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 steps for EDS2 Implementation' as outlines in the 2013 EDS2 guidance document. The document can be found at: **http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf** The *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:	**Organisation's Equality Objectives (including duration period):**
The Shrewsbury and Telford Hospital NHS Trust	Trust Objectives 2016-17 (2017-19 objectives are identified separately in the Board Report)
	• Secure appointment of Executive Director (NED) Equality and Diversity lead
	• Complete EDS2 assessment
Organisation's Board lead for EDS2:	• Identify and agree Trust Equality Objectives arising from completed EDS2 in the 4 Objective areas
<u>Executive Directors</u> Victoria Maher, Workforce Director & Deirdre Fowler, Director of Quality and Safety <u>Operational Leads</u> Mary Beales Mary.beales@sath.nhs.uk & Graeme Mitchell graeme.mitchell@sath.nhs.uk	• Continue to seek and respond to service user and stakeholder feedback • Facilitate stakeholder events to assist in the development of EDS2 objectives for 2016/17 and 2017/18 • Membership of the local Carers Partnership Board • Membership of the LHSE Dementia Implementation Group • Review opportunities with FRESh and the Shropshire Equalities Forum to design actions in support of the Trust meeting its ESD2 objectives for 2016/17 and 2017/18 • Achieve 80% minimum Equality and Diversity training target • Implement the EDS2 reporting format in 2016/17 Annual Report
Level of stakeholder involvement in EDS2 grading and subsequent actions:	**Headline good practice examples of EDS2 outcomes (for patients/community/workforce)**
Staff Joint Negotiating Committee Workforce Committee Discussions with Patient Experience Panel Trust Board	Developments in End of Life Care service Developments in Dementia Service Improvements in Learning Disability pathways Health and Wellbeing initiatives for staff Flexible working and flexible retirement opportunities for staff

Date of EDS2 grading		November	2017		Date of next EDS2 grading		November	2018
Goal	**Outcome**	**Grade and Reasons for rating**						**Outcome links to 17-18 Equality Objective**

Goal	Outcome	Grade and Reasons for rating				Outcome links to 17-18 Equality Objective
Better health outcomes	**1.1**	**Services are commissioned, procured, designed and delivered to meet the health needs of local communities**				☒
		Grade	**Which Protected characteristics fare well**		**Evidence drawn upon for rating**	
		○ **Undeveloped** ● **Developing** ○ **Achieving** ○ **Excelling**	☒Age ☒Disability ☐Gender reassignment ☐Marriage and civil partnership	☐ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☒ Sex ☐ Sexual orientation	LD pathways and transition plans Dementia strategy Carers strategy TW formative Shropshire Frailty programme Telford health champions	
	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways**				☒
		Grade	**Which Protected characteristics fare well**		**Evidence drawn upon for rating**	
		○ **Undeveloped** ● **Developing** ○ **Achieving** ○ **Excelling**	☒Age ☒Disability ☒Gender reassignment ☐Marriage and civil partnership	☐ Pregnancy and Maternity ☐ Race ☒ Religion or belief ☐ Sex ☐ Sexual orientation	Developing collaborative LHE Dementia strategy which reflects the national agenda of 1. Preventing well 2. Diagnosing well 3. Living well 4. Supporting well 5. Dying well Dementia Lead nurse and support workers recruited to support patients and staff Consistent achievement of dementia screening target. Embedding of butterfly scheme on clinical areas Delivery of dementia training to all staff groups LEDER training #STOMP programme stop over medication of patients with LD Screening programme for AAA Breast Diabetic foot clinic Diabetes eye clinic	

		End of Life Care service improvements made in partnership with service users incl Swan Increased training for staff on transgender Chaplaincy service provides support on religious and spiritual needs	

Better health outcomes

1.3 — Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

Grade	Which Protected characteristics fare well		Evidence drawn upon for rating
● **Undeveloped** ○ **Developing** ○ **Achieving** ○ **Excelling**	☐ Age ☒ Disability ☐ Gender reassignment ☐ Marriage and civil partnership	☐ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation	Integrated clinical care agenda Shropshire transforming care partnership Transition protocol LD patients Care pathways for LD for all admission routes , emergency and planned Revised LD staff guidance Significant problems, however, remain with transitions to community and social care that impact primarily on older people and people with disabilities.

☒

1.4 — When people use the NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

Grade	Which Protected characteristics fare well		Evidence drawn upon for rating
○ **Undeveloped** ● **Developing** ○ **Achieving** ● **Excelling**	☒ Age ☒ Disability ☐ Gender reassignment ☐ Marriage and civil partnership	☒ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation	Annual fall and PU review Datix system in place to record and monitor actions following patient safety incidents RCA and SI process in place with training Never events pathways Regular reporting of all patient safety incidents to sub committees of board for assurance purposes Fall review Leder training Duty of Candour training and implementation

☒

		Development of Human Factors training Maternity reviews and Action Plans achievement including Maternity Supervision Induction training for all staff safeguarding , prevent Values Guardian programme to support staff who make mistakes and wish to raise safety issues Patient Representative on Clinical Governance Committee	

Screening, vaccination and other health promotion services reach and benefit all local communities

	Grade	Which Protected characteristics fare well		Evidence drawn upon for rating	
1.5	○ **Undeveloped** ● **Developing** ○ **Achieving** ○ **Excelling**	☒Age ☒Disability ☐Gender reassignment ☐Marriage and civil partnership	☒ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☒ Sex ☐ Sexual orientation	Breast screening AAA screening diabetic eye and foot screening Bowel screening EPA screening and maternity support Flu immunisation programme yearly basis targeted at clinical staff Frailty screening Dementia screening	☒

Goal	Outcome	Grade and Reasons for rating			Outcome links to an Equality Objective
Improve patient access and experience	**2.1**	**People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable group**			
		Grade	Which Protected characteristics fare well	Evidence drawn upon for rating	☒
		○ **Undeveloped** ● **Developing** ○ **Achieving**	☒Age ☒Disability ☐Gender reassignment ☐Marriage and civil ⟶ ☐Pregnancy and Maternity ☒Race ☐Religion or belief ☐Sex	Easy read information provision for both ED and all patients who wish to access services All patient information is available in alternative format Interpreters service available and used	

Goal	Outcome	Grade and Reasons for rating			Outcome links to an Equality Objective
		● **Excelling**	partnership	☐Sexual orientation	Addition of e-mail contact option to patient letters LD pathways for all types of admission SATH is part of both LHE dementia strategy and Frailty programme developing pathway to both support admission avoidance and wrap around services in community and pathways to develop timely, safe and effective discharge Red2Green	
	2.2	**People are informed and supported to be as involved as they wish to be in decisions about their care**			☒
		Grade ● **Undeveloped** ○ **Developing** ○ **Achieving** ○ **Excelling**	**Which Protected characteristics fare well** ☒Age ☒Disability ☐Gender reassignment ☐Marriage and civil partnership	☐ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation	**Evidence drawn upon for rating** Feedback from service users Focus on revised patient information leaflets including user feedback and involvement Trained volunteers providing patient support A range of support services for Cancer Patients including Hamar Centre and electronic information	
	2.3	**People report positive experiences of the NHS**			☒
		Grade ● **Undeveloped** ○ **Developing** ○ **Achieving** ○ **Excelling**	**Which Protected characteristics fare well** ☐Age ☐Disability ☐Gender reassignment ☐Marriage and civil partnership	☐ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation	**Evidence drawn upon for rating** Compliments and complaints monitoring and reporting NHS Choices Friends and Family test Patient surveys PALS	

Goal	Outcome	Grade and Reasons for rating			Outcome links to an Equality Objective
		People's complaints about services are handled respectfully and efficiently			
	2.4	**Grade** ● **Undeveloped** ● **Developing** ○ **Achieving** ○ **Excelling**	**Which Protected characteristics fare well** ☒Age ☒Disability ☐Gender reassignment ☐Marriage and civil partnership ☒ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☐ Sex ☐ Sexual orientation	**Evidence drawn upon for rating** Compliments and complaints monitoring and reporting Patient stories used at Committees and Board	☒
A representative and supported workforce		**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels**			
	3.1	**Grade** ○ **Undeveloped** ○ **Developing** ● **Achieving** ○ **Excelling**	**Which Protected characteristics fare well** ☒ Age ☒ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☒ Pregnancy and Maternity ☒ Race ☐ Religion or belief ☒ Sex ☒ Sexual orientation	**Evidence drawn upon for rating** Centralised and monitored objective recruitment process using NHS jobs. Protocols for selection including interview panels and assessments. Introduction of Values Based Interviews and training for interviewers for all staff groups including medical staff. Service Users included on some interview panels. Staff profile is representative of communities we serve. The Trust remains a two-tick employer meaning any applicant who wishes to declare their disability in their application will be given a guaranteed interview provided they meet the minimum criteria for the role. Analysis of selected population (Band 2) shows no statistically significant disadvantages in progress through from application to appointment for any protected characteristic.	☒

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
	3.2	**The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations**	☐

Grade

○ **Undeveloped**

○ **Developing**

● **Achieving**

○ **Excelling**

Which Protected characteristics fare well

☒ Age
☒ Disability
☐ Gender reassignment
☐ Marriage and civil partnership

☐ Pregnancy and Maternity
☒ Race
☐ Religion or belief
☒ Sex
☒ Sexual orientation

Evidence drawn upon for rating

Agenda for Change Pay system fully complied with. Staff who are not part of AfC include medical staff who are employed and paid according to the national medical and dental terms and conditions, very senior managers who are paid individual remuneration rates according to their role and apprentices who are paid according to national guidelines. The Trust has worked hard to eliminate and harmonise all non-AfC compliant payments such as departmental on-call anomalies. The Trust uses the AfC job evaluation scheme to ensure that all jobs are banded fairly and equally in partnership with staff side.. The Trust is satisfied that all job matching and evaluation is carried out robustly and is documented and recorded to enable consistency monitoring. Specific positive action was taken in respect of the Trust Clinical Excellence Awards and in 2017 a more representative panel was convened in relation to gender and more women applied for awards. The CEA awards made in 2017 will be monitored according to the protected characteristics. The Trust will shortly be completing the Gender Equality Pay Audit using the NHS ESR reporting template to ensure consistency and accuracy in the process. Findings will be fed into the Equality Objectives as appropriate.

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
	3.3	**Training and development opportunities are taken up and positively evaluated by all staff**	⊠

Grade

○ **Undeveloped**

● **Developing**

○ **Achieving**

○ **Excelling**

Which Protected characteristics fare well

⊠ Age
☐ Disability
☐ Gender reassignment
☐ Marriage and civil partnership

☐ Pregnancy and Maternity
⊠ Race
☐ Religion or belief
⊠ Sex
⊠ Sexual orientation

Evidence drawn upon for rating

The Trust has an extensive range of clinical and non-clinical training available for all staff provided by appropriately qualified trainers and educators.

All new employees undergo an induction programme, which aims to ensure that new members of staff are aware of their responsibilities under the Trust Values. All members of staff also undergo further local induction training suited to their role. Checks are done on a monthly basis to ensure all new employees have attended; therefore all protected characteristics fare well and attend this training.

Analysis is carried out through the Trust's ESR/OLM recording system as well as the evidence from the Staff Survey. Both show a high take up of training with BME staff reporting a higher level of uptake and satisfaction with training than white staff. Satisfaction with training decreases with age and this is in line with an apparent overall reducing level of satisfaction by older staff. This will be the subject of further enquiry during 2017-18.

There is also a discrepancy between the experience of individuals with a disability and those without in relation to training and this

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
		will also be considered further during 2017-18. Equality and Diversity training compliance has reached 80% as at 1st Nov 2017.	

When at work, staff are free from abuse, harassment, bullying and violence from any source

Outcome 3.4

Grade	Which Protected characteristics fare well		Evidence drawn upon for rating
● **Undeveloped** ○ **Developing** ○ **Achieving** ○ **Excelling**	☒ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership	☐ Pregnancy and Maternity ☐ Race ☐ Religion or belief ☒ Sex ☐ Sexual orientation	Data in respect of all employee relation cases (grievances, disciplinaries, and dignity at work) is monitored against protected characteristics currently recorded in ESR. Analysis shows a reducing but still very significant anomaly in the experience of BME staff as identified in the Trust's WRES over the last 2 years. The 2015 identified that BME staff and staff with a disability also report higher levels of harassment, bullying and violence from service users and other colleagues than other groups. Trust does offer a high level of support for staff including a skilled security team and access to counselling support. The Trust's Values Guardians provide support for staff and the Leadership Academy is focusing on training to upskill managers in fair and transparent management practices/

Outcome link: ☒

3.5 — **Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives**

Grade	Which Protected characteristics fare well	Evidence drawn upon for rating

Goal	Outcome	Grade and Reasons for rating			Outcome links to an Equality Objective
		○ **Undeveloped** ● **Developing** ○ **Achieving** ○ **Excelling**	☒ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership	☒ Pregnancy and Maternity ☒ Race ☐ Religion or belief ☒ Sex ☐ Sexual orientation	The Trust's Flexible Working Policy applies to all employees from the point at which they join the Trust. All staff within SaTH have the opportunity to apply for flexible working regardless of any protected characteristics. In addition to part-time working, flexible working options also include compressed or adjusted hours, job-sharing, flexi-time, term-time working, home working (where possible) and career breaks. Over the last 12 months, the Trust has reviewed its flexible working policy in conjunction with staff side. The Staff Survey reports a high level of satisfaction with flexible working opportunities particularly for staff between ages 31-50. (which coincides with the number of staff who say they have flexible working arrangements). The Trust also offers flexible retirement options, as detailed in the Trust's Flexible Retirement policy. This aims to support older employees in their retirement plans and demonstrates our commitment to a diverse workforce. The Trust workforce profile has a significant proportion of older workers and 37% of respondents to the Staff Survey were 51 and over. In addition the Trust provides emergency leave for situations where the individual has to make arrangements for the provision of care for a dependant who is suddenly ill or injured, as per the Special Leave policy. Bereavement leave is also	

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
		detailed within this policy, alongside parental leave, both of which are available to all staff members (who meet the criteria) regardless of their protected groups. The Maternity, Paternity and Adoption Leave policy also outlines the provision of paid Keeping in Touch days. Individuals with a disability were less satisfied with this aspect of their employment than other groups, in keeping with their overall experience.	
	3.6	**Staff report positive experiences of their membership of the workforce**	
		Grade ○ **Undeveloped** ● **Developing** ○ **Achieving** ○ **Excelling**	**Which Protected characteristics fare well** ☒ Age ☐ Disability ☐ Gender reassignment ☐ Marriage and civil partnership ☐ Pregnancy and Maternity ☒ Race ☐ Religion or belief ☒ Sex ☐ Sexual orientation	**Evidence drawn upon for rating** A review of the Staff Survey has been taken alongside other evidence such as the data collected from the Trust Friends and Family Tests and Values Guardians, although although these do not currently capture any protected characteristics. Data from the staff survey shows that job satisfaction is slightly higher for BME staff. BME staff also appear more likely to recommend the Trust as a place to work or receive treatment and report higher motivation in work. BME staff also report a much higher percentage for feeling able to contribute towards improvements at work, as do staff aged 41-50. BME staff, those aged 16-30 and those without a disability report higher levels for feeling satisfied with the quality of work and patient care they are able to deliver; with staff	☐

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
		with a disability reporting lowest satisfaction in this area , Key developments to support positive workforce experience have included the introduction of the Values Guardians, the increasing impact of the Transforming Care Institute and methodology, increased training for managers and leaders and a range of supportive health and wellbeing initiatives. It is recognised that the Trust's transformation programme which involves reconfiguration of the services will be very significant in supporting and engaging staff who are working in very difficult circumstances.	
Inclusive Leadership	**4.1**	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations**	⊠

Grade
- ● **Undeveloped**
- ○ **Developing**
- ○ **Achieving**
- ○ **Excelling**

Which Protected characteristics fare well
- ⊠ Age
- ⊠ Disability
- ☐ Gender reassignment
- ☐ Marriage and civil partnership
- ☐ Pregnancy and Maternity
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Sexual orientation

Evidence drawn upon for rating

A number of Board members demonstrate commitment to promoting equality and diversity in a variety of settings including The Prince's Trust (long-term unemployed), young entrants to the workforce, Volunteering, meetings with and talks to a range of community health groups including Healthwatch, and locality meetings. The Workforce Director and Director of Patient Safety and Quality are the Trust leads for Equality and Diversity and are therefore able to ensure the Board members are kept up to date and aware of any development, changes to legislation etc. Equality, Diversity and Human Rights training is being organised for Board members and they receive and approve the EDS2 report which covers all the

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
		protected characteristics. All papers presented to the Trust Board and to other senior committees ask the author to confirm whether an Equality Impact Assessment (EIA) has been completed. Whilst these cover all the protected characteristics it is felt more work is required to strengthen this and additional training sessions is being offered to managers. A Non-Executive Director with a specialist interest in E&D has yet to be identified.	
	4.2	**Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed**	⊠

Grade

- ○ **Undeveloped**
- ● **Developing**
- ○ **Achieving**
- ○ **Excelling**

Which Protected characteristics fare well

- ⊠ Age
- ⊠ Disability
- ☐ Gender reassignment
- ☐ Marriage and civil partnership
- ⊠ Pregnancy and Maternity
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Sexual orientation

Evidence drawn upon for rating

Since September 2017, all papers presented to the Trust Board and to other senior committees require the author to confirm whether an Equality Impact Assessment (EIA) has been completed. EIAs have been routinely completed and reviewed when presented to the Policy Approval Group, but the Trust acknowledges that it has some way to go in developing routine high quality EIAs for service developments. We are also reviewing the process for service user engagement to ensure more robust consultation.

To support the agenda around EIA within the Trust further training is going to be rolled out over the forthcoming year. An internal review of Board papers and minutes in 2016-17 revealed a number of references to developments that can be identified to impact upon specific protected characteristics, age,

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
		disability, pregnancy and maternity. This requires further work and external support will be obtained to assist the Board and its Committees to embed the consideration of equality-related impacts into their day to day work.	
	4.3	**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination**	⊠

Grade
- ○ **Undeveloped**
- ● **Developing**
- ○ **Achieving**
- ○ **Excelling**

Which Protected characteristics fare well
- ⊠ Age
- ☐ Disability
- ☐ Gender reassignment
- ☐ Marriage and civil partnership
- ⊠ Pregnancy and Maternity
- ⊠ Race
- ☐ Religion or belief
- ⊠ Sex
- ☐ Sexual orientation

Evidence drawn upon for rating

The HR, Education and Workforce Transformation departments and Transforming Care Institute deliver various training sessions to support managers in their leadership and staff management. These include a range of bespoke leadership development programmes to support managers in developing their skills. The programmes includes sessions on Appraisal skills, communication skills, equality and diversity (covering the protected characteristics), HR policy and procedures, financial awareness, motivational skills, coaching and personal awareness and leadership style. Regular HR Masterclasses are provided to support managers in the understanding and application of the following policies; Recruitment and Selection, Disciplinary, Grievance, Capability, Sickness Absence, Bullying and Harassment, Stress Management and Organisational Change. In particular, the Leadership Academy has provided Values based Interviewing and Values Based conversations courses and has

Goal	Outcome	Grade and Reasons for rating	Outcome links to an Equality Objective
		rolled out emotional intelligence and resilience courses for leaders. These help managers understand the essentials of effective and unacceptable behaviour and to establish strategies for managing conflict within the workplace. This links into the Trust's Values in our day to day management and all work carried out by the Trust. The Appraisal process includes objectives being set and reviewed against the Trust's Values, which includes We Value Respect. The Appraisal policy, which was developed in collaboration with staff side colleagues provides clear guidance as well as helpful advice on how to get the most out of the process for both reviewers and reviewees to ensure a meaningful and motivating process. Flexible working is recognised as an area of strength particularly benefitting women and older staff. The Staff Survey results show staff aged 16-30 report greater support from immediate line managers than other age groups; this is likely to be in line with preceptorship and increased induction training for new starters. BME staff also report higher levels of support than white staff; BME staff also report a much higher rate for feeling they have a well-structured appraisal and this is consistent with the previous year's findings. Staff aged 51 and above report a lower rate in comparison to other age groups and there is a general	

Goal	Outcome	Grade and Reasons for rating		Outcome links to an Equality Objective
			pattern of decreasing satisfaction with employment and management with age . The percentage of staff experiencing discrimination at work is lower but fairly consistent across all age groups with the exception of higher reporting for staff aged 16-30. There is also a difference between male and females with 13% of male and 8% of female respondents reporting discrimination at work wihin the last 12 months. However, a significantly higher percentage (24%) has been reported by BME this is quite a concerning finding and requires further investigation.	

Unify2 Upload Template

Workforce Race Equality Standards 2017/18 template

Organisation: RXW — Shrewsbury and Telford Hospital NHS Trust

INDICATOR	DATA ITEM		MEASURE	31st MARCH 2016 WHITE Prepopulated figures	Verified figures	BME Prepopulated figures	Verified figures	ETHNICITY UNKNOWN/NULL Prepopulated figures	Verified figures	31st MARCH 2017 WHITE Prepopulated figures	Verified figures	BME Prepopulated figures	Verified figures	ETHNICITY UNKNOWN/NULL Prepopulated figures	Verified figures	Notes
1 — Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	**1a) Non Clinical workforce**															
	Under Band 1	1	Headcount	0		0		0		0		0		0		1382
	Band 1	2	Headcount	226		20		1		228	229	21		1		3807
	Band 2	3	Headcount	310		5		1		323	324	10		1		5189
	Band 3	4	Headcount	228	225	9		4		231	229	12	11	3		
	Band 4	5	Headcount	278	276	8		2		281	279	7		2		61
	Band 5	6	Headcount	112	113	3		0		117		1		0		290
	Band 6	7	Headcount	54		2		0		64		2		0		351
	Band 7	8	Headcount	57	56	3		0		54		2		0		
	Band 8A	9	Headcount	36		3		0		39		5		0		636
	Band 8B	10	Headcount	12		1		0		18		0		0		
	Band 8C	11	Headcount	10		1		0		11		2		0		
	Band 8D	12	Headcount	10		0		0		10		0		0		
	Band 9	13	Headcount	1		0		0		2	1	0		0		
	VSM	14	Headcount	7		0		0		7	7	0		0		
	1b) Clinical workforce *of which Non Medical*															
	Under Band 1	15	Headcount	0		0		0		0		0		0		
	Band 1	16	Headcount	71	72	3		1		72		4		1		
	Band 2	17	Headcount	928	906	71	68	10		960	932	73	70	9		
	Band 3	18	Headcount	205	198	13		8		224	219	15		9		
	Band 4	19	Headcount	97		23		0		100	99	17		0		
	Band 5	20	Headcount	903	891	102	101	22		873	861	125	124	21		
	Band 6	21	Headcount	799	790	37	36	20		799	786	45	44	19		
	Band 7	22	Headcount	405	396	11		2		419	412	11		5		
	Band 8A	23	Headcount	74		2		2		70		2		2		
	Band 8B	24	Headcount	32	33	1		0		32	33	1		0		
	Band 8C	25	Headcount	8		1		0		10		0		0		
	Band 8D	26	Headcount	3		0		0		3		0		0		
	Band 9	27	Headcount	0		1		0		0		1		0		
	VSM	28	Headcount	1		1		0		1		1		0		
	Of which Medical & Dental															
	Consultants	29	Headcount	163	168	79		2		163	169	86		2		
	of which Senior medical manager	30	Headcount		3						5					
	Non-consultant career grade	31	Headcount	31	30	55		1		32	31	58		1		
	Trainee grades	32	Headcount	114		130		3		73	74	126		0		
	Other	33	Headcount	0	7	0		0		28	35	14	15	1		
2 — Relative likelihood of staff being appointed from shortlisting across all posts	Number of shortlisted applicants:	34	Headcount	3345		700		120		3838		739		113		
	Number appointed from shortlisting:	35	Headcount	227		44		5		362		84		15		
	Relative likelihood of shortlisting/appointed:	36	Auto calculated	0.0678624813		0.0628571429		0.0416666667		0.0943199583		0.1136671177		0.1327433628		
	Relative likelihood of White staff being appointed from shortlisting compared to BME staff:	37	Auto calculated	**1.08**						**0.83**						
3 — Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	Number of staff in workforce:	38	Headcount	5124		580		79		5189		636		77		5902
	Number of staff entering the formal disciplinary process:	39	Headcount	20		10		0		43		14		3		60
	Likelihood of staff entering the formal disciplinary process:	40	Auto calculated	0.0039032006		0.0172413793		0.0000000000		0.0082867605		0.0220125786		0.0389610390		
	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff:	41	Auto calculated			**4.42**						**2.66**				

Unify2 Upload Template

Workforce Race Equality Standards 2017/18 template

Organisation: RXW   Shrewsbury and Telford Hospital NHS Trust

INDICATOR		DATA ITEM		MEASURE	31st MARCH 2016			31st MARCH 2017			Notes
					WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL	
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce (White):	Headcount	5124	580	79	5189	636	77	
		43	Number of staff accessing non-mandatory training and CPD (White):	Headcount	1423	201		1801	253	31	
		44	Likelihood of staff accessing non-mandatory training and CPD:	Auto calculated	0.2777127244	0.3465517241	0.0000000000	0.3470803623	0.3977987421	0.4025974026	
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff:	Auto calculated	0.80			0.87			
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	27.65%	32.09%		26.57%	20.92%		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	21.01%	23.88%		22.56%	19.61%		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage	90.65%	81.48%		89.10%	81.00%		
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	4.64%	10.00%		5.49%	11.18%		
9	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board	50	Total Board members	Headcount	13	2		13	2		
		51	of which: Voting Board members	Headcount	11	2		11	2		
		52	: Non Voting Board members	Autocalculated	2	0	0	2	0	0	
		53	Total Board members	Headcount	13	2		13	2		
		54	of which: Exec Board members	Headcount	6	1		6	1		
		55	: Non Executive Board members	Autocalculated	7	1	0	7	1	0	
		56	Number of staff in overall workforce	Headcount	5124	580	79	5189	636	77	
		57	Total Board members - % by Ethnicity	Auto calculated	86.7%	13.3%	0.0%	86.7%	13.3%	0.0%	
		58	Voting Board Member - % by Ethnicity	Auto calculated	84.6%	15.4%	0.0%	84.6%	15.4%	0.0%	
		59	Non Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%	
		60	Executive Board Member - % by Ethnicity	Auto calculated	85.7%	14.3%	0.0%	85.7%	14.3%	0.0%	
		61	Non Executive Board Member - % by Ethnicity	Auto calculated	87.5%	12.5%	0.0%	87.5%	12.5%	0.0%	
		62	Overall workforce - % by Ethnicity	Auto calculated	88.6%	10.0%	1.4%	87.9%	10.8%	1.3%	
		63	Difference (Total Board -Overall workforce)	Auto calculated	-1.9%	3.3%	-1.4%	-1.3%	2.6%	-1.3%	