Recommendation ☑ DECISION ☑ NOTE	**The Board is asked to RECEIVE the Annual Equality and Diversity Report for 2018, APPROVE the Objectives and Action plan relating to Workforce (page 9) and NOTE that a further Update Report will be made in February 2019 to include Service Delivery Objectives and Action Plan.**
Reporting to:	**Trust Board**
Date	29th November 2018
Paper Title	Equality and Diversity – Annual Report 2018 (Workforce)
Brief Description	The paper provides an Annual Report for Workforce aspects of Equality and Diversity. A separate report will be made for Service Delivery once the Stakeholder consultation has concluded. A Stakeholder Consultation day is being held on 6th December 2018 and outstanding objectives on page 6 of the report will be concluded after this event. As this paper is in itself a high level Equality Impact Assessment (EIA) identifying positive and negative impacts and an Action Plan, a separate EIA is not required. It is proposed that, on approval, this report will be expanded to include the visual presentation of data to make the report more accessible for publication.
Sponsoring Director	Victoria Maher, Workforce Director
Author(s)	Mary Beales, Head of Education (Workforce) and Ruth Smith, Acting Associate Director of Patient Experience (Service Delivery
Recommended / escalated by	**Workforce Committee on 19th November 2018**
Previously considered by	**Workforce Committee on 19th November 2018**
Link to strategic objectives	SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm 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 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**

CONTENTS

1. Legal Requirements

As a public sector organisation, SaTH is required to publish an annual report that demonstrates its compliance with the Public Sector Duty as defined by the Equality Act 2010. The Equality Act 2010 contains measures which have direct implications for our functions and underpins the legal framework in which we operate. It informs our approach as an employer and a provider of public services.

The Equality Act 2010 identified nine Protected Characteristics: These are:
- Age
- Disability
- Sex (gender)
- Race (ethnicity)
- Religion, belief and non-belief
- Sexual orientation
- Marital status
- Pregnancy, maternity & paternity
- Transgender

In respect of the nine Protected Characteristics, section 149 of the Equality Act 2010 requires us to have due regard to:
- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a Protected Characteristic and people who do not share it.
- Foster good relations between people who share a Protected Characteristic and who do not share it.

The General Equality Duty focuses on advancing equality and involves:
- Removing or minimising disadvantages suffered by people due to their Protected Characteristics
- Taking steps to meet the needs of people from the protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Trust is also required to demonstrate that it has considered how the decisions that we make, the services we deliver and our employment practices affect people who share different Protected Characteristics.

The Gender Pay Gap Information Regulations require the publication of standardised data on an annual basis.

In addition, NHS organisations are required to demonstrate compliance with legal requirements and continuous improvement in Equality and Diversity practice through the Equality Delivery System (EDS2), the Workforce Race Equality Scheme (WRES), and the Workforce Disability Equality Scheme (WDES).

2. Governance and Reporting

In SaTH responsibility for Equality and Diversity is split between the Workforce Director for Workforce E&D matters and the Director of Safety and Quality for patient services matters. There is no single reporting point for combined oversight and scrutiny until papers get to the Trust Board as some papers go to Workforce Committee and others to Quality and Safety Committee.

In previous reports, we have acknowledged that the Trust is not fulfilling its obligations to consult with service users to inform completion of the patient services aspects of EDS2.

Whilst a provisional EDS2 was approved by Trust Board in November 2017, patient and service user consultation is required for a complete scoring (JNCC were only able to comment on Workforce matters).

In a paper to the Workforce Committee in September 2018, it was proposed to establish a Committee to provide a focus for proper scrutiny, monitoring and direction of this area of work in the Trust.

SaTH is almost unique in the NHS in not having such a single oversight Committee for E&D and the Workforce Committee agreed the establishment of an Equality and Diversity Committee to be chaired by the Non-Executive Director responsible for Equality and Diversity.

During the past 12 months, the following E&D reports have been made to the Workforce Committee:

EDS2 Annual Report	November 2017
Gender Equality Pay Gap Report	March 2018
Workforce Race Equality Scheme	September 2018
Equality and Diversity Paper	September 2018

3. Equality Delivery System (ESD2)

NHS organisations are required to complete the Equality Delivery System (NHS2) framework and assessment and to review it annually. This provides a comprehensive approach to demonstrating commitment to, and compliance with, legal requirements and continuing improvement in genuine involvement and participation of our service users and staff in the equality and diversity agenda.

SaTH completed an annual review of its EDS2 assessment in November 2017 and this was approved by Workforce Committee and Trust Board and published on the Trust website.

The standards are identified below.

1.0	Better health outcomes for all	Lead Director - Director of Quality and Safety
	Standard	**Assessment Grading 2017**
1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Undeveloped
1.4	When people use the NHS services their safety is prioritised and they	Developing

	are free from mistakes, mistreatment and abuse	
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing

2.0	**Improved patient access and experience**	**Lead Director - Director of Quality and Safety**
Standard		**Assessment Grading 2017**
2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Developing
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Undeveloped
2.3	People report positive experiences of the NHS	Undeveloped
2.4	People's complaints about services are handled respectfully and efficiently	Undeveloped/Developing

3.0	**Empowered, Engaged and Well-Supported Staff**	**Lead Director - Workforce Director**
Standard		**Assessment Grading 2017**
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
3.2	The NHS is committed to equal pay for work of equal values and expects employers to use equal pay audits to help fulfil their legal obligations	Achieving
3.3	Training and development opportunities are taken up and positively evaluation by all staff	Developing
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Undeveloped
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people live their lives	Developing
3.6	Staff report positive experiences of their membership of the workforce	Developing

4.0	**Inclusive Leadership at All Levels**	**Lead Director - Workforce Director**
Standard		**Assessment Grading 2017**
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation	Undeveloped
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	Developing
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

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. The 2017 EDS2 Report, therefore, represented an honest and transparent assessment of where SaTH was against the standards required and proposed an Action Plan to address some of the key findings.

In late 2017, to avoid delaying our EDS2 publication, we took the step of publishing our EDS2 assessment showing that we had not had external ratings of our performance indicators. Patient Access and Experience Indicators 1.1 to 2.4 were given preliminary ratings by Corporate Nursing before going to Trust Board for ratification. Those preliminary ratings were based upon an internal assessment of our progress informed by feedback from a range of patient experience groups and contacts including Volunteering and Patient Engagement.

Workforce Indicators 3.1 to 4.3 were given preliminary ratings by the Workforce team after analysis of Staff Survey, WRES and a range of other staff data related to the protected characteristics. The Workforce Director and her team had also already taken specialist advice from NHS Employers on our WRES results and this was also fed into the process. These preliminary ratings were then consulted on and amended/ratified formally through the Trust's Workforce Committee and in consultation with Staff Side in the Joint Negotiating and Consultation Committee (JNCC) before going to Trust Board for discussion and ratification.

The Board approved the preliminary ratings, recognising that these were transparent and honest and to be used as a starting point for improvement.

4. **Action Plan - Equality Objectives 2017-19**

The following Equality Objectives were approved by Trust Board in November 2017.

Objective	Responsibility	By When	Status
Objective			
Identify data sets that need to be collected for 2017-18 for evaluation and monitoring.	Associate Director of Nursing	March 2018	Outstanding - to be included in February 2019 update
Complete EDS2 self-assessment and external assessments related to patient experience, identifying 3 priority areas for action	Associate Director of Nursing	Sept 2018	Outstanding - to be included in February 2019 update
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	Outstanding - to be included in February 2019 update
A Representative and Supported Workforce			
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	Complete – although this will be reviewed again in Nov 2018 after BME staff listening event with a view to establishing a Shropshire BME forum.

Objective	Responsibility	By When	Status
Revise Equality and Diversity Policy and Guidance through Trust consultation and approval process	Head of Education	Mar 2018	Outstanding - In progress to be completed January 2019 after first meeting of EDI Committee
Complete EDS2 related to workforce experience, identifying 3 priority areas for action	Head of Education	Sept 2018	Complete. Disability, Age (older workers) and BME identified as priority areas from Staff Survey and other feedback.
Equality and Diversity training compliance to reach 90%	Head of Education	Nov 2018	Outstanding – has risen to 85% from 80% in November 2017. 90% expected by March 2019
Complete Gender Equality Pay Audit	Head of Education	May 2018	Complete – published March 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	Complete - Paper approved by Workforce Committee September 2018. Executive Directors to agree implementation.
Secure appointment of Executive Director (NED) Equality and Diversity lead	Director of Workforce	immediate	Complete - Chris Weiner appointed.
Trust Board to undertake Equality, Diversity and Inclusivity training	Director of Workforce	April 2019	Outstanding
Monitor take-up of Equality, Diversity and Inclusivity for Managers and Leaders training	Head of Education	September 2018	Complete - will be reported in Trust Annual Education Report

5. **Workforce Equality and Diversity Profile**

The Trust's Equality and Diversity profile for Workforce can be found at Appendix 1.

Key Areas of Note

Specific areas of note for the Trust profile are:

- The relatively high proportion of staff in older age groups
- The low number of staff declaring themselves to have a disability (2.21%) and the high non-disclosure rate (19.71%)

A key action for the 2018-20 plan will be the establishment of Equality and Diversity monitoring throughout the recruitment process and a review of the recruitment strategy to ensure we are attracting applications from under-represented groups.

6. <u>Gender Pay Gap</u>

The Trust published its first Gender Pay Gap Report in March 2018 in accordance with the legal requirements as well as demonstrating SaTH's commitment to providing equal opportunities for all staff and ensuring transparent pay arrangements. The data set legally required showed both average and median rates of pay and bonus pay for men and women (see below).

The Report identified significant discrepancies in the pay gap between female and male staff and, in common with most other NHS Trusts, the results reflect the historical patterns of employment in the medical workforce.

Group	Average Hourly Rate of Pay	Average Bonus Pay	Median Hourly Rate of Pay	Median Bonus Pay
Male	£20.56	£11,056.17	£14.34	£8,950.75
Female	£14.29	£6,378.65	£12.56	£5,967.20
Percentage Variance / Pay Gap %	30.52%	42.31%	12.45%	33.33%

It should be noted that, if medical staff were removed from the calculations, our female staff members (who represent around 80% of the workforce) have a 3.98% higher average rate of pay than male staff.

In addition, our results related to the payment of bonuses can be accounted for in the allocation of Clinical Excellence (CEA) awards (and historically Discretionary Points) to medical staff members that are permanent additions to remuneration. Medical staff members are the only category of staff that are eligible for bonus payments.

In this category, bonuses paid to male medical staff are higher on average than those paid to female medical staff and as at 31st March 2017, 111 male medical staff benefitted from Clinical Excellence bonus payments (or Discretionary Points Awards) as opposed to 29 female medical staff.

As a Trust we have been taking action to encourage and support CEA applications from female Medical Consultants and we expect to see a reduction in the bonus pay gap between new awards made to males and females in 2017-18.

The results of the Gender Pay Gap analysis in this report were considered by the Workforce Committee and Trust Board and actions added to the Trust Equality Delivery System Action Plan to further the Trust's work in reducing inequalities between staff groups.

7. **Workforce Disability Equality Scheme (WDES)**

The NHS Workforce Disability Scheme comes into effect during 2018-19 with a first report required in 2019.

Similar to the WRES, it will require the Trust to analyse a number of key Workforce indicators in relation to staff with Disabilities. The exact elements have not yet been notified.

The Trust has been taking some proactive steps in relation to the experience of Staff with Disabilities, including signing up to the national Disability Confident scheme as an organisation committed to meeting the standards. This will be a key element for the Equality and Diversity Committee to oversee.

In addition we have held a series of Listening Events related to the experience of staff with disabilities that will feed into the rating process as this was identified as a priority area in our EDS2 Action Plan. This will also feed into the Workforce Disability Equality System which will give some good evidence of areas of good practice and areas for action.

8. **Workforce Race Equality Scheme (WRES)**

This WRES report in September 2018 was produced from the SaTH data return from the Trust ESR data in mid- August 2018 and from the 2017 Staff Survey. It is produced in a nationally mandated format and following approval at Workforce Committee and Trust Board, it was published on the Trust's Website. It covered data and reported experience from 2017-18.

The Trust's overall BME representation has fallen slightly from 12.07% to 11.91%. This is due to an overall increase in staff. The majority of BME staff members remain in clinical grades as non-clinical grades remain unchanged at 6.67% from 2017. Indeed progression for BME staff is not observable in non-clinical grades.

Areas of especial concern identified relating to the experience of BME colleagues include bullying and harassment by patients and staff and access to non-mandatory training and development.

Actions identified are included in the draft Action Plan below.

9. **Draft Workforce Equality Objectives 2018-2010**

Objective	Responsibility	By When	Status
A Representative and Supported Workforce			
Support Development of Diversity Forums – especially amongst BME staff, older staff and staff with disabilities and support as required.	Head of Education	January 2019	
Revise Equality and Diversity Policy and Guidance through Trust consultation and approval process	Head of Education	January 2019	
Undertake review of EDS2 related to workforce experience, identifying	Head of Education	Sept 2019	

Objective	Responsibility	By When	Status
priority areas for action			
Equality and Diversity training compliance to reach 90%	Head of Education	March 2019	
Complete annual Gender Equality Pay Audit	Head of Education	September 2019	
Report on 2017-18 Clinical Excellence Awards	Head of Education and Medical Quality Manager	February 2019	
Conduct confidential survey and Listening Events of BME staff in conjunction with Trust Values (FTSU) Guardians.	Workforce Equality Lead& Values Guardians	January 2019	
Review attendance by ethnicity at large key non-mandatory training events, such as conferences and Transforming Care Institute training	Workforce Equality Lead	April 2019	
Measurably increase clinical and non-mandatory training recording on ESR/OLM	Workforce Equality Lead	April 2019	
Establish ability to establish medical staff non-mandatory training data and analyse by Protected Characteristic on Equiniti	Medical Quality Manager & Workforce Equality Lead	December 2019	
Review Recruitment Diversity strategy, including full implementation of Trac data monitoring and actions to attract applicants from under-represented groups – particularly for non-clinical roles.	Head of Workforce Information and Assurance	April 2019	
Inclusive Leadership			
Embed Diversity and Inclusivity responsibilities and reporting arrangements to the Board including implementation of new arrangements as required, including consultation and membership.	Director of Workforce and Director of Safety & Quality	May 2019	
Trust Board to undertake Equality, Diversity and Inclusivity training on Board Responsibilities	Director of Workforce/Chair	Mar 2019	
Review recruitment process for Board Members to attract suitably qualified and experienced applicants from under-represented groups.	Workforce Director and Chair	April 2019	
Conduct confidential survey and Listening Events of BME staff in conjunction with Trust Values (FTSU)	Workforce Equality Lead& Values Guardians	January 2019	

Objective	Responsibility	By When	Status
Guardians.			
Review attendance by ethnicity at large key non-mandatory training events, such as conferences and Transforming Care Institute training	Workforce Equality Lead	April 2019	

10. Service Delivery Statement

The requirement to report annually on Equality and Diversity covers both Workforce and Service Delivery. A key objective relating to Service Delivery in 2018 was to hold our first Equality and Diversity Stakeholder Consultation Event with a wide range of organisations and community groups taking part, including Commissioners, Social Care partners, Healthwatch and partner healthcare organisations. This is to facilitate community feedback on our services and to build Equality Objectives for Service Delivery that our stakeholders identify as important to them in accessing high quality healthcare. It is also an important element of the step-change in the way we involve our service users in the design and delivery of our services.

The Equality and Diversity Stakeholder Consultation Event is being held on Thursday 6th December 2018. As a result, it was proposed to delay the Service Delivery part of this report so that the feedback of our service users and partners can be fully incorporated and our Service Delivery Equality Objectives fully worked up. This will be submitted for approval as an Update to Trust Board in February 2019.

11. Service Delivery - Items to be Included in February 2019 Update

Items to be Included in the February 2019 Update

- Update on 2017-19 Service Delivery Equality Objectives
- Service User Equality and Diversity Profile
- Community Equality and Diversity Profile
- Available Health Inequalities Data
- Summary of Stakeholder Consultation Event
- EDS2 Update following Stakeholder Consultation Event
- Key Developments in Service Delivery Equality and Diversity
- Complaints and PALS
- Translation Services
- Draft 2018-20 Service Delivery Equality Objectives

Workforce E&D Profile (not including Bank Staff) 2017-18 - as at 31st March 2018

Age Band	Headcount	Percentage
16 - 20	59	0.99%
21 - 30	1101	18.56%
31 - 40	1240	20.91%
41 - 50	1551	26.15%
51 - 60	1594	26.88%
60+	386	6.51%
Grand Total	**5931**	100.00%

Sexual Orientation	Headcount	Percentage
Bisexual	27	0.46%
Gay	24	0.40%
Heterosexual	4192	70.68%
Not Disclosed	1676	28.26%
Lesbian	12	0.20%
Grand Total	**5931**	100.00%

Disabled	Headcount	Percentage
No	4631	78.08%
Not Disclosed	1169	19.71%
Yes	131	2.21%
Grand Total	**5931**	100.00%

Gender	Headcount	Percentage
Female	4749	80.07%
Male	1182	19.93%
Grand Total	**5931**	**100.00%**

Religious Belief	Headcount	Percentage
Atheism	615	10.37%
Buddhism	23	0.39%
Christianity	3055	51.51%
Hinduism	97	1.64%
Not Disclosed	1774	29.91%
Islam	106	1.79%
Judaism	2	0.03%
Other	223	3.76%
Sikhism	36	0.61%
Grand Total	**5931**	100.00%

Marital Status	Headcount	Percentage
Civil Partnership	13	0.22%
Divorced	381	6.42%
Legally Separated	72	1.21%
Married	3302	55.67%
Single	1930	32.54%
Not Disclosed	190	3.20%
Widowed	43	0.73%
Grand Total	**5931**	**100.00%**

Ethnicity	Headcount	Percentage
Asian or Asian British	346	5.83%
Black or Black British	92	1.55%
Chinese or Other Ethnic Group	159	2.68%
Mixed	51	0.86%
Not Disclosed	70	1.18%
White	5213	87.89%
Grand Total	**5931**	100.00%