Board of Directors' Meeting
7 October 2021

Agenda item	257/21				
Report	Equality Diversity & Inclusion Reports				
Executive Lead	Director of People and OD				
	Link to strategic pillar:			**Link to CQC domain:**	
	Our patients and community	√		Safe	
	Our people	√		Effective	
	Our service delivery	√		Caring	
	Our partners			Responsive	
	Our governance	√		Well Led	√
	Report recommendations:			**Link to BAF / risk:**	
	For assurance				
	For decision / approval	√		**Link to risk register:**	
	For review / discussion	√			
	For noting				
	For information				
	For consent				
Presented to:	Operational People Committee				
Dependent upon (if applicable)**:**					
Executive summary:	The Public Sector Equality Duty requires the Trust to publish an annual EDI report and Workforce and Patient EDI data. The report is a review from Jan 2020-Dec 2020 and provides an update on key activity in relation to EDI. The annual report presented is deferred from the April Trust Board, along with the Gender Pay Gap Report 2020. The WRES and WDES Reports for 2021 are based on our ESR Data and our NHS Staff Survey results. Our Staff Networks have worked alongside the EDI Lead to develop the action plans. The Board is asked to approve the reports for publication and agree Executive Sponsor's for our three staff networks to advocate and progress the priorities, and demonstrate active Allyship.				
Appendices	Appendix 1 EDI Reports Summary Appendix 2 & 3 Annual EDI Report 2020 and data Appendix 4 Gender Pay Gap Report 2020 Appendix 5 Annual Workforce Disability Equality Standard Report Appendix 6 Annual Work Workforce Race Equality Standard Report				
Executive Director					

Equality Diversity & Inclusion Report Summaries

1. Annual Report 2020

1.1 The annual report is to report the Equality, Diversity and Inclusion activity within the Trust to demonstrate how we are aligning and progressing our commitment against the wider NHS, People Plan and in line with our People Strategy. The Trust's commitment to Equality and Diversity and Inclusion underpins all our activities, within service delivery, employment and our involvement with the wider community. For us, it is respect for the individual person, which is our key belief. We recognised that individuals have a range of needs and identities and we aim to take a broad and inclusive approach. We are committed to eliminating discrimination and promoting equality of opportunity in all we do.

1.2 Our priorities and Equality Objectives in our 2020 EDI Strategy were to Engage our staff, Engender staff to achieve and Embed and celebrate. We have made good progress in establishing our staff networks and now we must ensure that they are enabled to thrive and become fully effective in providing reassurance, scrutiny, challenge and specialist support.

1.3 The Trust recognises the importance of embedding Equality, Diversity and Inclusion principles and practices throughout the organisation and this is clearly demonstrated by the various events and training/learning being offered across the Trust

1.4 The Trust wants our service users, the local population and our workforce to be confident about our commitment to eliminating discrimination, bullying, harassment, victimisation and promoting equality, whether they are service users or part of the workforce providing those services. Our new EDI Advocates group is working with our EDI Lead and Head of Patient experience to identify continuous improvement opportunities by sharing lived experience case studies and providing specialist advice and support on improving access to services and information for all.

1.5 The Trust is committed to creating a culture of openness and transparency. As a requirement of the Public Sector Equality Duty, the Trust must capture a range of equality related information and report on it.

1.6 We will bring together the actions from the attached reports as well as the wider work we are undertaking across the ICS on delivering fair and accessible service and employment. With the ICS we have started to look at how we attract, recruit and retain a representative workforce, how we together provide support and care for our international nurses and how we adopt a 'Zero Tolerance' approach to abuse and discrimination. These initiatives will be reported upon to Board in 2022.

2. Gender Pay Gap Report 2020

2.1 The gender pay gap is the average earnings difference between all male employees and all female employees in an organisation, regardless of the nature of their work. It is important to distinguish between the gender pay gap and equal pay. Equal pay concerns differences between the actual earnings of male and female employees doing like work, or work of equal value.

2.2 There is a gender pay gap within the Trust, with median women's pay 10.23% lower than men's pay respectively. Our Mean Gender Pay Gap has reduced to 27.68% (a reduction of 1.59% since reporting in 2019).Our Median Gender Pay Gap has decreased by 2.41% which is positive as it had increased in by 0.37% in 2019.

2.3 We will be reviewing existing development and talent management process's and opportunities and implementing target actions to support women move from Band 5 into more senior roles and once the Clinical Excellence Award process is re-opened, ensure effective publicity and targeted actions to increase nominations an awards.

3.   Workforce Race Equality Standard 2021

3.1 The WRES is a set of specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Black Asian & Minority Ethnic staff and White staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of race equality.

3.2 The Workforce Race Equality Standard (WRES) programme has now been collecting data on race inequality for five years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to their white colleagues. The findings of the national 2020 report do not make for a comfortable read, and nor should they. The evidence from each WRES report over the years has shown that our black and minority ethnic staff members are less well represented at senior levels, have measurably worse day-to-day experiences of life in NHS organisations, and have more obstacles to progressing in their careers. The persistence of outcomes like these is not something that any of us should accept. It is in recognition of these realities that the People Plan 2020/21 has 'belonging' as one of its four pillars.

3.3 Representation at SaTH is increasing year on year, but this is largely due to our international recruitment and we are not seeing any progress with regard to representation in senior roles. In response to this, we have agreed 6 high impact recruitment actions, including setting our BAME representation target - 13% to 19% over 3 years.

3.4 We will also be looking at targeted development opportunities and including better targeting and promotion of the regional and national leadership development programmes. We are proud of the fact that our staff have been selected to join the Chief Nursing Officers, BAME Aspirant Leaders Programme, which is a new development programme for BAME Nursing staff.

3.5 The Royal College of Nursing's Cultural Ambassadors Programme launched in September 2012. Our Cultural Ambassadors will support our Employee Relations Team and Recruitment Teams to understand and design out potential bias's in our process and raise cultural competence within these to very important functions at the Trust. This is also a development opportunity and we will be providing coaching/mentoring support for all. Participants

3.6 Our Civility and Respect working group are developing a 'Zero Tolerance', guidance and toolkit for managers and staff. This will include ensuring our staff are safe, free from harm and abuse from patients as a well as colleagues. This guidance will include how managers deal with abusive patients and better support their front line staff.

4.   Workforce Disability Equality Standard 2021

4.1 The WDES is a set of specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of staff with a disability or long-term health conditions and those who do not have a disability or long-term health condition. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of disability and quality

4.2 It also helps to identify areas where we need to do more to ensure our staff feel supported at work and have a sense of belong, where they are treated fairly in the workplace and have equal access to career progression and development.

4.3 Members of our staff network have provided some honest feedback of their experiences. They highlighted how they feel that they often overcompensate for their disability or long term conditions and have experienced pressure to return too soon after illness, take on too much to prove themselves and suffer further illness as a result.

4.4 Staff also shared experiences of having to apologise for attending medical appointments, undergoing treatments and managers stating they are disappointed / let down when members cannot attend meetings/ complete work/ undertake some aspects of role because of illness.

4.5 The low proportion of SaTH staff who identify as having a disability is still very low but it is encouraging that 20% of our staff stated that they have a long-term health condition in the staff survey. Feedback from the staff network members focuses on the definitions used and the culture and fear of being different "less than, less able" and of discrimination re career progression and issues such as sickness leave stages turning into capability procedures. We will work with them to develop mandatory training to raise awareness and knowledge. Staff at Band 2 and 9 have the highest declaration rates.

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NHS

The Shrewsbury and
Telford Hospital
NHS Trust

Equality, Diversity & Inclusion Annual Report 2020

Shrewsbury and Telford Hospital NHS Trust

PACT
Partnering · Ambitious
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Our Vision: To provide excellent care for the communities we serve

Executive Summary

Our Annual Equality, Diversity & Inclusion report provides assurance and an account of how at SaTH we are progressing this very important agenda to our Trust Board. This repost provided an overview of the EDI activity during 2020.

The report highlights our activity against the general equality duty as outlined in the Equality Act 2010, to have due regard for the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a protected characteristic and those who do not.

Promoting and supporting diversity in the workplace contributes towards employee wellbeing and engagement and a diverse workforce can drive an organisation's effectiveness through enabling people to reach their full potential, in turn improving innovation and decision-making, as well as meeting the needs of a diverse population.

The Trust is committed to creating a culture of openness and transparency. As a requirement of the Public Sector Equality Duty, the Trust must capture a range of equality related information and report on it.

Covid-19 Response

In March 2020 the COVID-19 pandemic started to affect the UK. As a result changes were made to services and policies to support and protect SaTH's most vulnerable staff and patient groups.
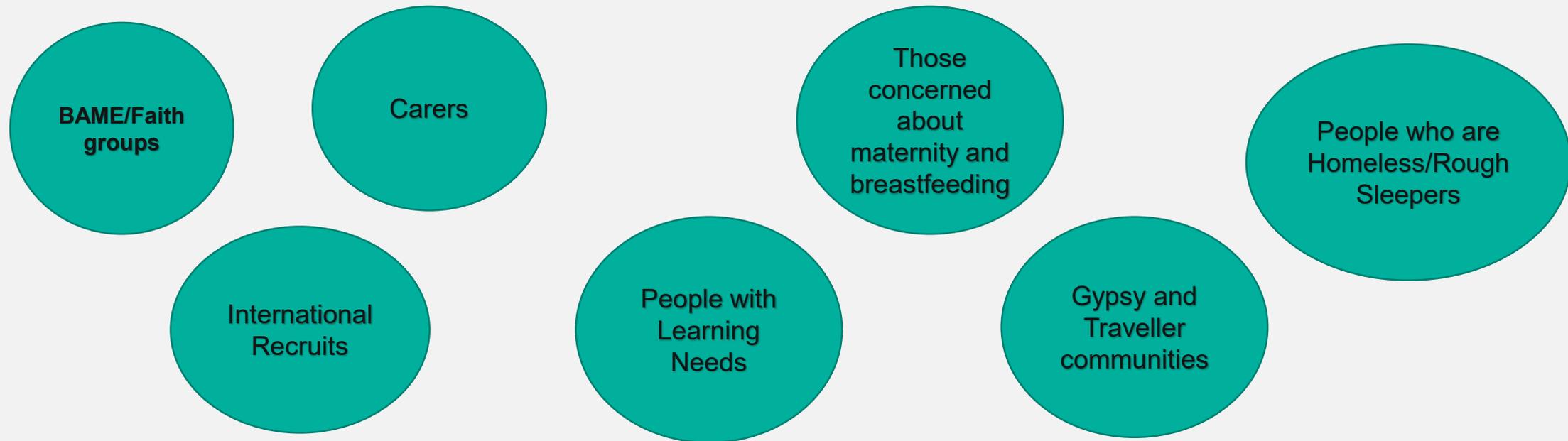
We established our Staff Networks to help us to better understand, and respond to the concerns and anxieties of our staff. Together we developed our Risk Assessment toolkit and guidance for managers and these are being continually updated and reviewed.

Our International recruitment was suspended in May 2020 due the global travel restriction and increasing spread of the virus. The nurses that did manage to join us in March/April 2020 were provided with dedicated pastoral care and support to enable them to adjust to their new work and living environments

There has been a focus on staff health and wellbeing and supporting staff through the change in physical work environment and shift in job role in response to urgent priorities throughout the NHS and local authorities

Vaccinating vulnerable, marginalised and hesitant groups

As part of the roll out of the COVID-19 vaccination, a number of groups of people have been identified as either being especially vulnerable to serious illness, hospitalisation or death should they contract COVID-19. There are also communities and individuals who are marginalised and may not wish or be able to engage with mainstream provision. Local insight identified the following groups to develop a specific and targeted engagement approach. Information has been available in alternative formats and languages other than English so that everyone has access to the information that they need

- BAME/Faith groups
- Carers
- Those concerned about maternity and breastfeeding
- People who are Homeless/Rough Sleepers
- International Recruits
- People with Learning Needs
- Gypsy and Traveller communities

Legal Requirements

The Equality Act 2010:

This places key duties on statutory organisations that provide public services. It protects people from unfavourable treatment and discrimination, and this refers particularly to people with the following protected characteristics:

- Age

- Disability

- Sex (gender)

- Sexual orientation

- Gender reassignment

- Race (including national identity and ethnicity)

- Religion or belief

- Pregnancy and maternity

- Marriage and civil partnership.

Equality Objectives

Workforce Data:

80% of our staff are Female

Same as 2019

13% of our staff are Black, Asian Ethnic, Minority

11.3% in 2019

3% of our staff have informed us of a disability

2.6% in 2019

2.5% of our staff have informed us that they identify as LGBTQ+

2% in 2019

Workforce Initiatives

In line with our Equality Objectives – **Engage, Empower and Embed**, we have been focussing our work on our Cultural journey and our commitment to engender a sense of belonging for all staff.

SaTH is now a member of Employer Network for Equality & Inclusion (ENEI) www.enei.org.uk , which is the UK's leading employer network covering all aspects of equality and inclusion issues in the workplace. They work with our Members to achieve and promote best practice in equality and inclusion in the workplace. We focus on delivering high quality practical advice, products and services.

Our greatest asset is our staff and we have now established our 3 staff networks who will work with our EDI Lead to enhance our work further and help shape our priorities for 2021-2022.

We have celebrated a number EDI events during 2020-21:

- Black History Month in 2020 with national, regional and local speakers, sharing their lived experiences of racism and encourage Allyship to support the priorities.

- Installed Rainbow Crossings at each site as part of LGBT History Month

- As part of Interfaith Week we organised learning about the Eid and other religions and faiths from across the world

- We have refreshing the Rainbow Badge Scheme and seeking Allyship to support our LGBTQ+ colleagues

- Our Staff Network Chai shared their personal stories as part of the 'National Day to raise awareness of Rare Diseases

- We delivered workshop raising awareness on Neurodiversity and how we can better support colleagues and managers

- We celebrated South Asian History Month with food, Asian sweets ad Bhangra dancing

The Unconscious bias workshops have been very well received – 150 staff have attended so and found them excellent and recommend that they are more widely available and mandatory for managers.
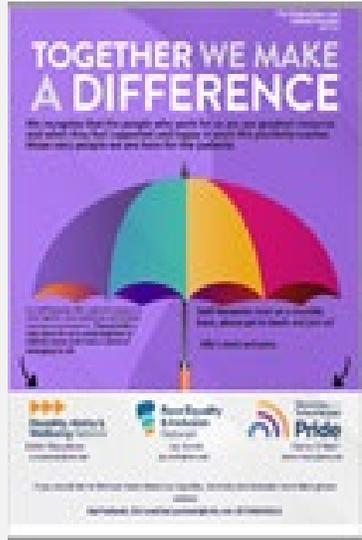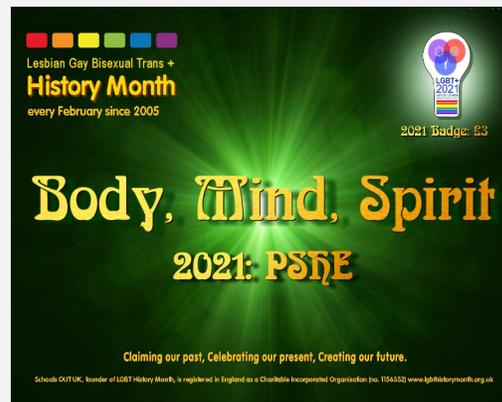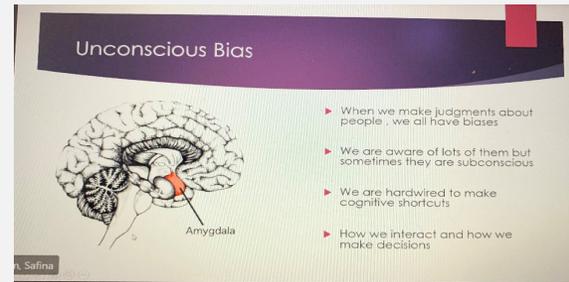
Patient and Community initiatives:

The Trust Equality, Diversity and Inclusion Advocate Group:

The EDI Advocates Group are members of the community who work with the Trust to promote equality, diversity and inclusivity and work to challenge and resolve inequalities on behalf of patients, staff, visitors and all other SaTH communities.

Examples of work the EDI group have been involved in are:

-Involvement in the new Trust Equality Impact Assessment template

- Development of a demographic data capture sheet to capture demographic data of people accessing services within the Trust

- Reviewing action plans developed by services in response to feedback gathered at the EDI stakeholder event

- Reviewing the Trust recruitment process to ensure it is accessible for applicants and supports the Disability Confident Scheme

Access to translation and interpretation:

Access to translation services is available on the Trust intranet, translation can be booked at any time of the day or night improving accessibility: https://intranet.sath.nhs.uk/patients/interpretation.asp

A page on translation has been posted on the Trust website to highlight to members of the public that translation and interpretation support is available within the Trust: https://www.sath.nhs.uk/patients-visitors/advice-support/communication/

The Trust website uses Browsealoud to support accessibility and this translates information from text to speech in 99 languages, large text and highlighted backgrounds, however this does not replace the need for written translation of patient information.

The Trust Interpretation and Translation Policy incorporates a language identification card to support areas in identifying the language required for an interpreter.

Patient and Community initiatives:

Within ITU communication boards are available to support ventilated patients in communicating, boards are available with pictures, the alphabet and plain for patients to write on. The Wards have communication books with images and basic phrases in a range of languages to support basic communication.

Supporting and signposting carers:

- Hospital Carer Link Workers are available to provide signposting, information and support for carers.
- Unpaid carers awareness sessions are available to increase awareness of the role of carers and support available within the community
- Carers pages have been published on the Trust website to provide information and signpost carers to both local and national support. The pages were developed in partnership with the Shropshire and Telford and Wrekin Carers Leads and Hospital Carer Link Workers: https://www.sath.nhs.uk/patients-visitors/advice-support/information-for-carers/

Supporting patients with mental health:

- The Trust has two Mental Health Matron / Leads to provide support across adult and children and young people services
- A Mental Health Liaison Team is a service provided by Midland Partnership Foundation Trust to help improve staff awareness and skills in dealing with mental illness, reduce readmission and support patients return to their own home

Conclusion:

In the past year we have made significant progress with our equality and inclusion work and have seen a significant amount of activity, which has helped to raise confidence and trust within our workforce.

Throughout the last year there has been considerable pressure on the NHS and staff due to the COVID-19 pandemic. There have been changes for both patients and workforce, but equality and ensuring wellbeing have been at the core of decision making. We can learn from some of the changes made due to COVID-19 and ensure they work for staff and patients in the future.

We recognise that we still have work to do to address the issues identified with the staff survey and our Workforce Race Equality Standard data relating to bullying and harassment. Our Cultural Change platform will enable us to be have a deeper understanding of the issues face by our colleagues and enable us to be more responsive.

End of Report If you would like any more information on our Equality, Diversity and Inclusion work or this report in a different format please get in touch with David.Cousins@nhs.net

Equality Data 2020

Age Profile of Workforce

	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years
2018	0.85%	6.59%	11.87%	10.40%	10.62%	11.35%	14.16%	14.94%	12.20%	5.48%	1.15%	0.38%
2019	0.89%	6.92%	11.37%	11.26%	10.91%	10.75%	13.30%	14.49%	12.28%	6.20%	1.19%	0.41%
2020	0.76%	7.39%	11.82%	13.45%	10.04%	10.88%	12.48%	13.69%	11.91%	6.06%	1.15%	0.37%
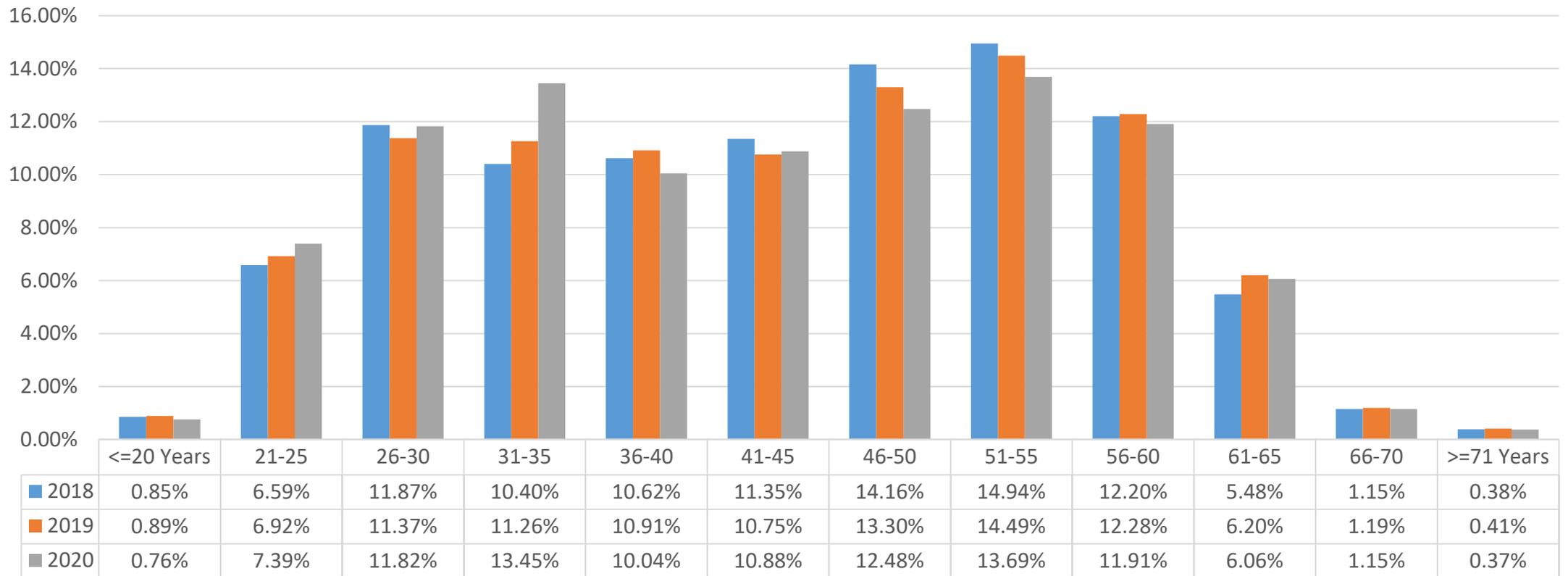
Disability Declared – Workforce
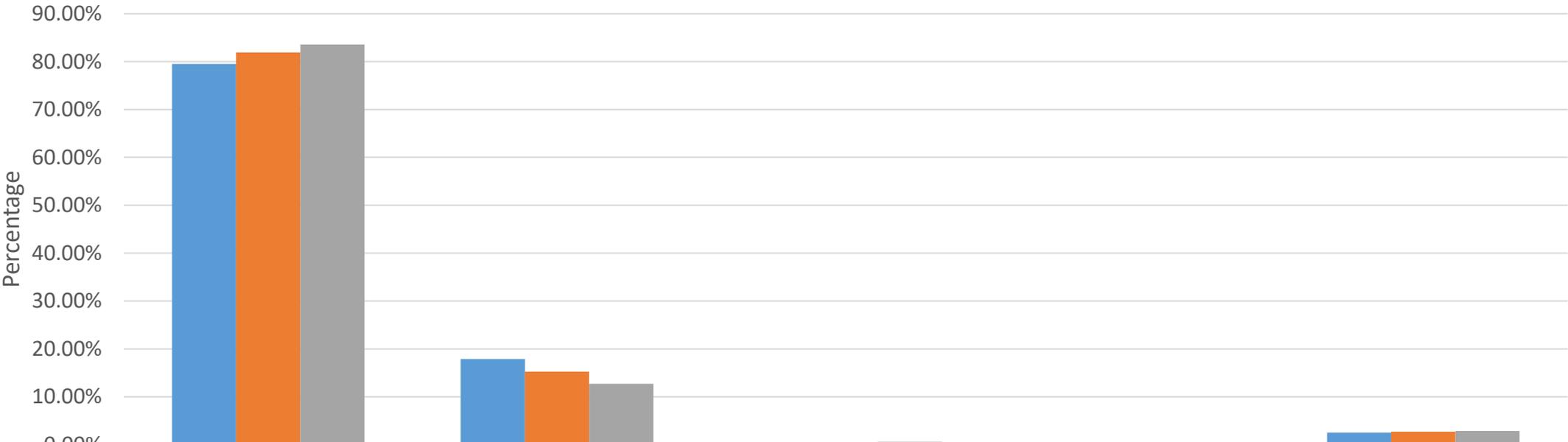
	No	Not Declared	Not Known	Prefer Not To Answer	Yes
2018	79.51%	17.89%	0.00%	0.08%	2.52%
2019	81.90%	15.26%	0.00%	0.14%	2.70%
2020	83.54%	12.73%	0.60%	0.30%	2.84%

Workforce Religious Belief

	Atheism	Buddhism	Christianity	Hinduism	I do not wish to disclose my religion/belief	Islam	Jainism	Judaism	Not Known	Other	Sikhism
2018	11.27%	0.43%	51.86%	1.72%	27.42%	1.97%	0.02%	0.03%	0.00%	4.68%	0.60%
2019	12.33%	0.38%	51.94%	1.80%	25.44%	2.37%	0.02%	0.03%	0.00%	5.11%	0.59%
2020	13.18%	0.42%	52.07%	2.61%	22.67%	2.70%	0.01%	0.04%	0.33%	5.31%	0.64%

Workforce Ethnicity

	Asian or Asian British	Black or Black British	Mixed	Not Known	Not Stated	Other Ethnic Groups	White
2018	5.87%	1.91%	0.95%	0.00%	1.14%	2.76%	87.38%
2019	6.17%	2.27%	0.97%	0.00%	1.02%	2.80%	86.76%
2020	8.78%	2.33%	1.10%	0.31%	1.03%	3.21%	83.24%

Workforce Sexual Orientation

	Bisexual	Gay	Heterosexual	Not Known	Not Stated	Other sexual orientation not listed	Undecided
2018	0.48%	0.79%	73.60%	0.00%	25.09%	0.02%	0.02%
2019	0.54%	0.84%	75.58%	0.00%	23.00%	0.03%	0.00%
2020	0.49%	0.96%	78.22%	0.34%	19.82%	0.15%	0.01%

Workforce Gender

	Female	Male
2018	79.84%	20.16%
2019	80.37%	19.63%
2020	80.24%	19.76%
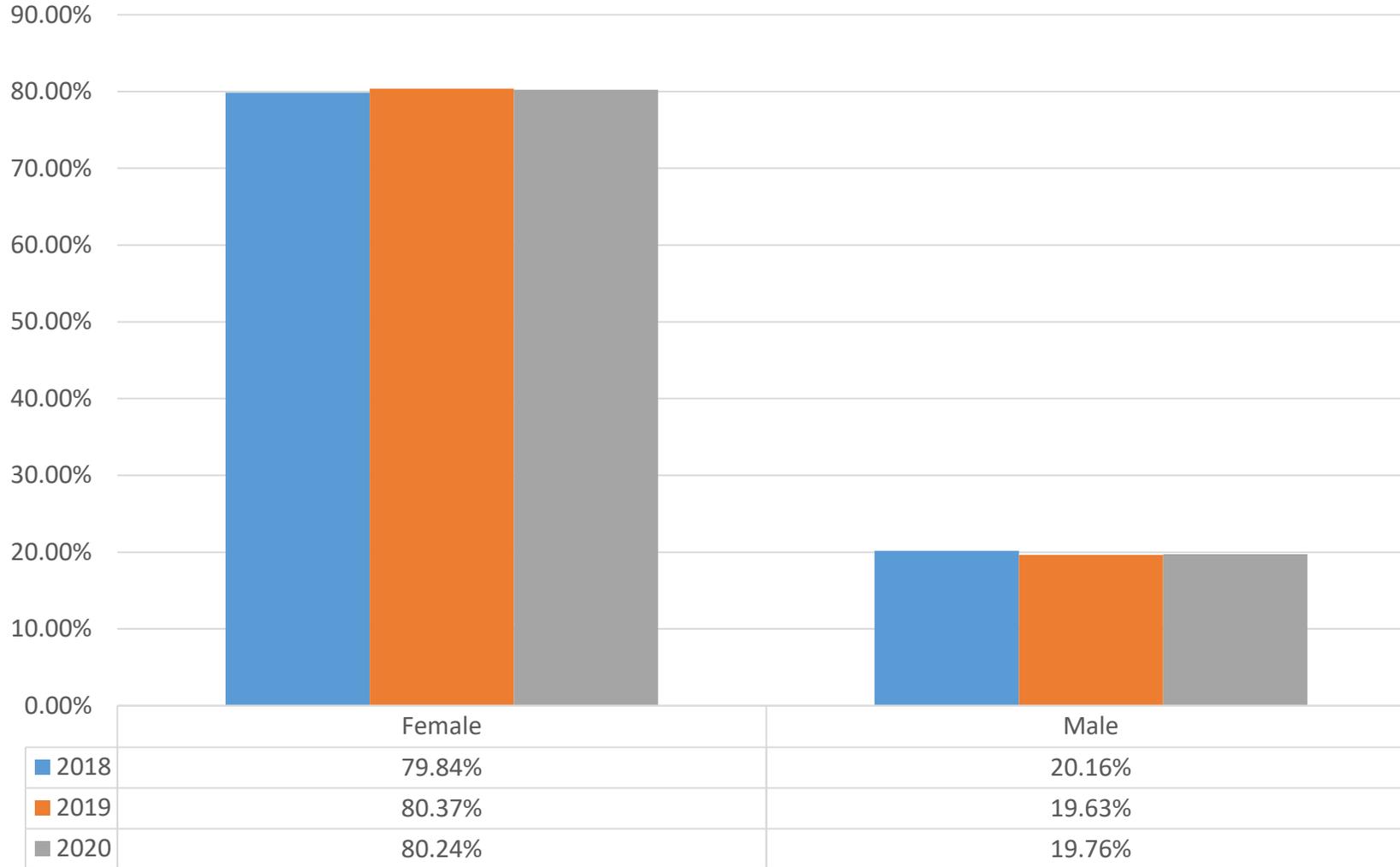
Workforce Marital Status
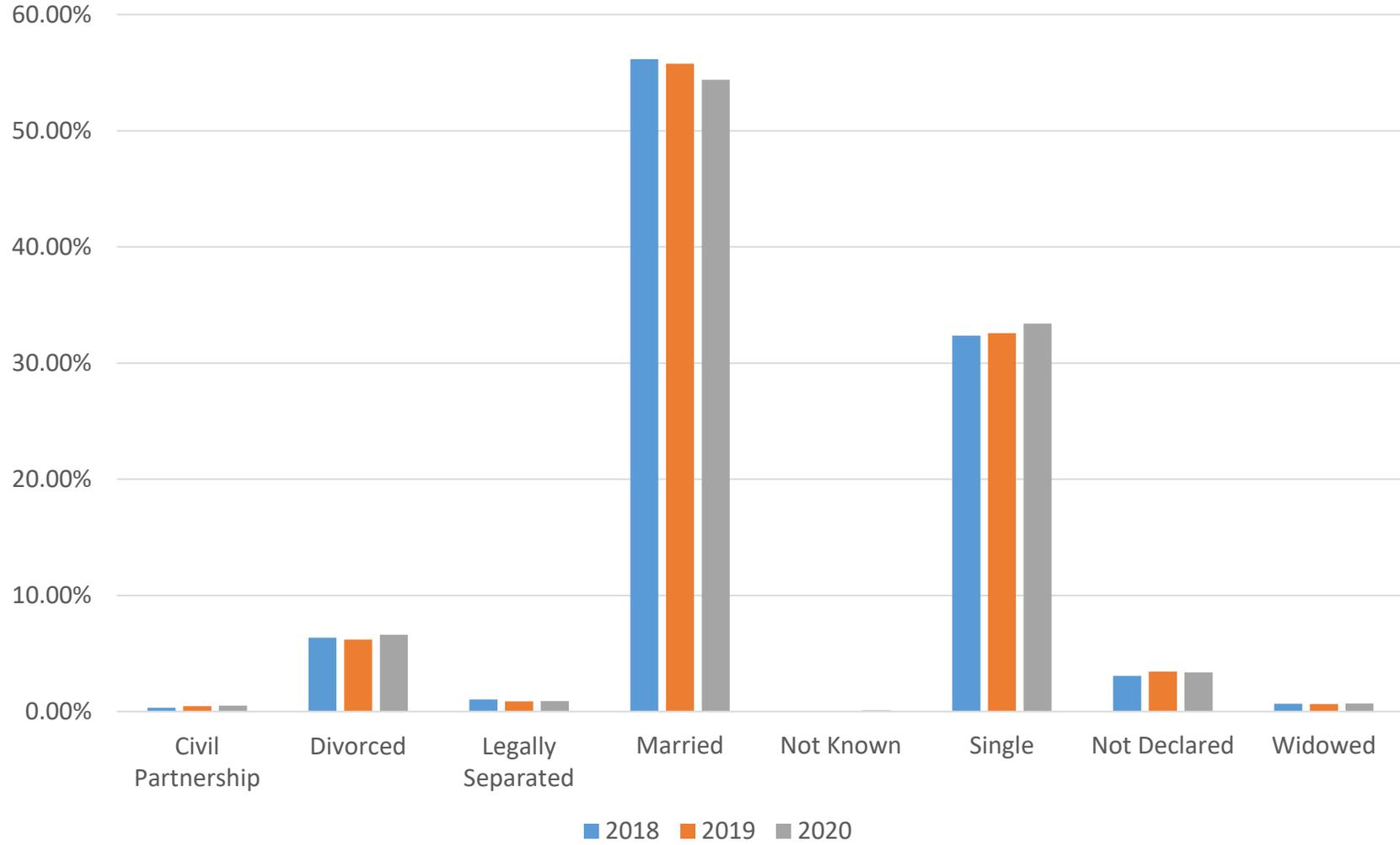
AfC Band By Ethnic Group - December 2020
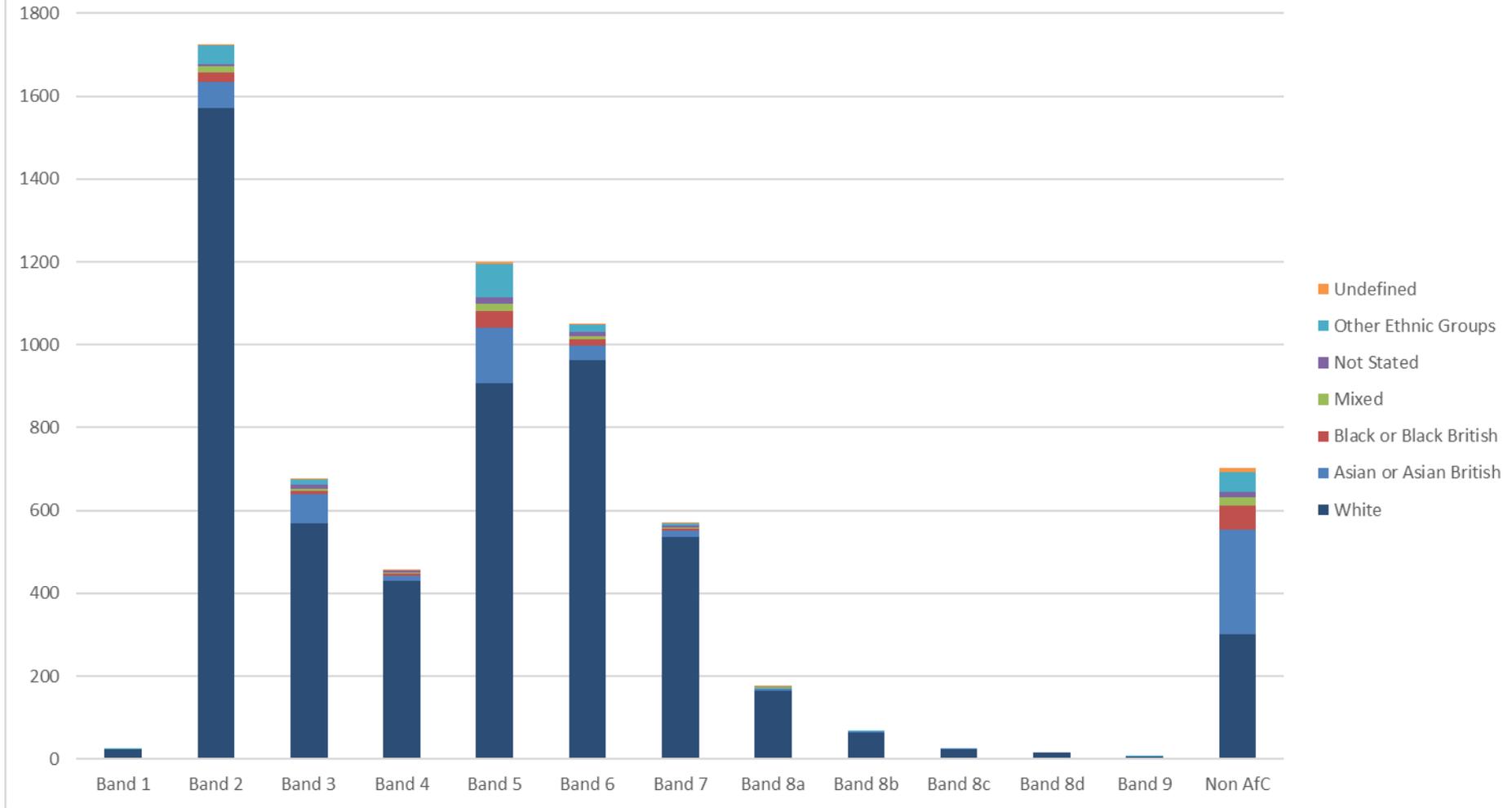
Workforce Age by Banding
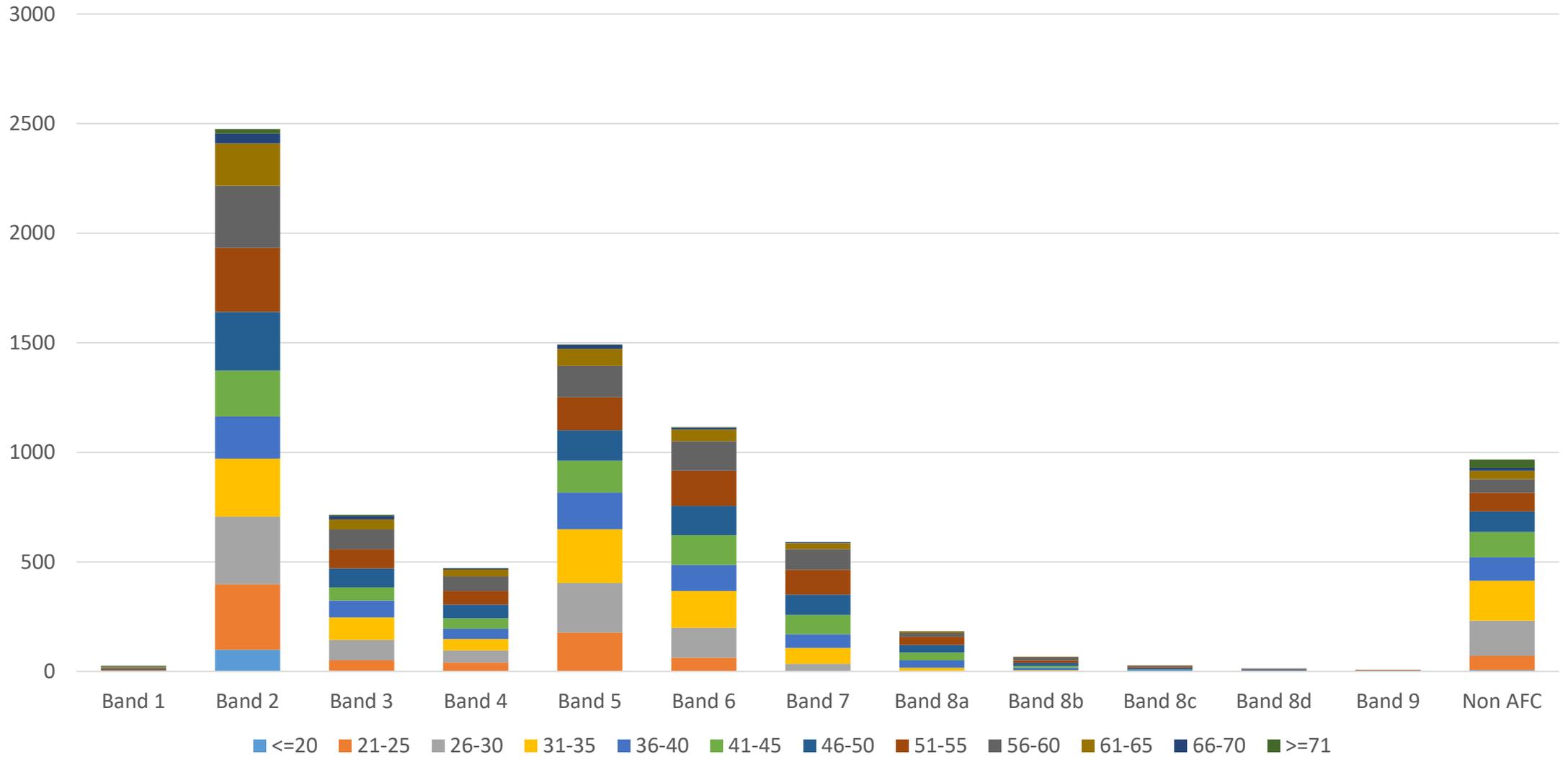
Workforce Ethnicity by Banding
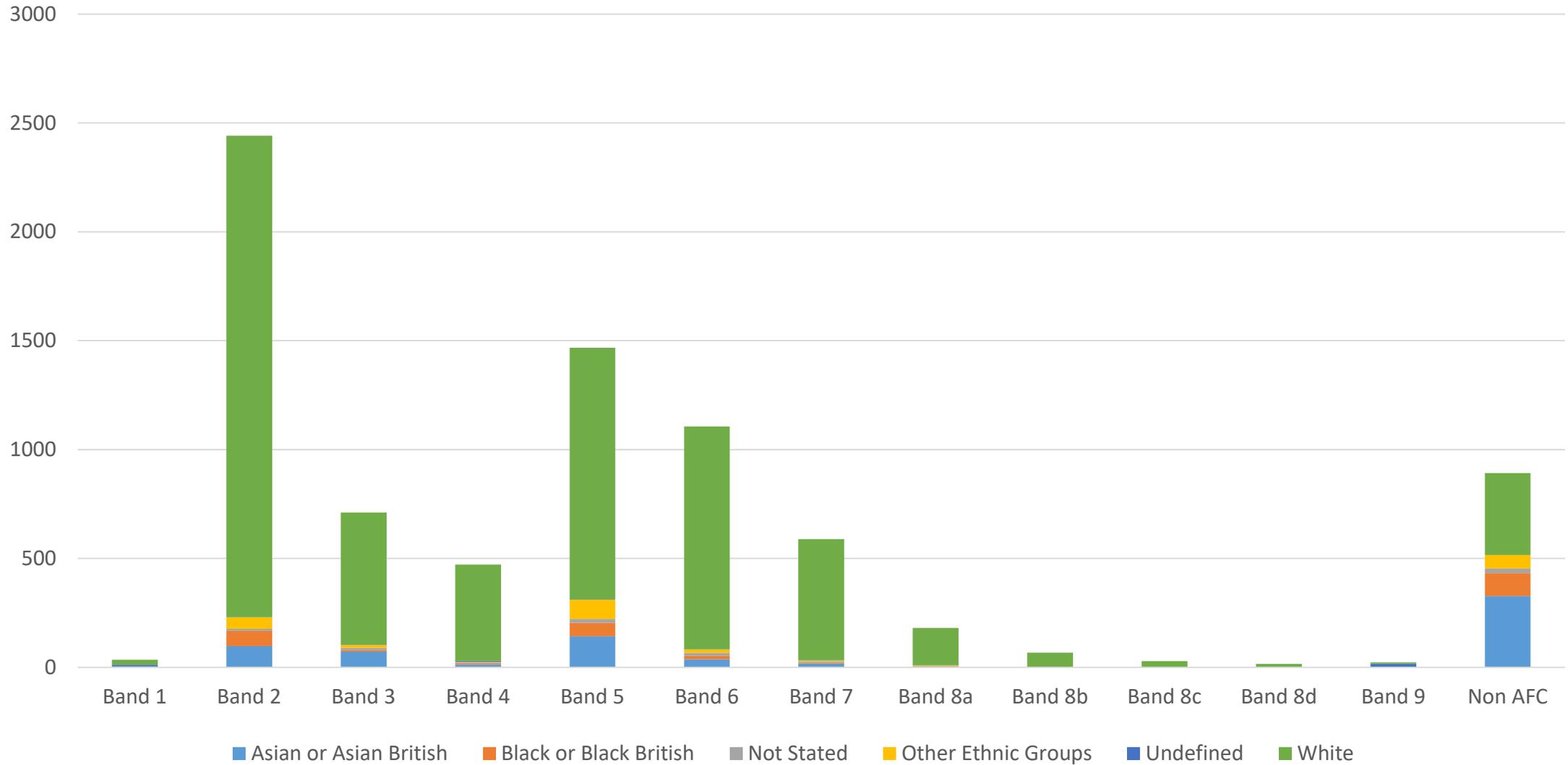
Legend: Asian or Asian British, Black or Black British, Not Stated, Other Ethnic Groups, Undefined, White

Workforce Disability Declared by Banding

Band 1 · Band 2 · Band 3 · Band 4 · Band 5 · Band 6 · Band 7 · Band 8a · Band 8b · Band 8c · Band 8d · Band 9 · Non AfC

Workforce Disability Declared by Banding

Legend: Band 1, Band 2, Band 3, Band 4, Band 5, Band 6, Band 7, Band 8a, Band 8b, Band 8c, Band 8d, Band 9, Non AfC

Workforce Gender by Banding

Workforce Sexual Orientation by Banding

Legend: Band 1, Band 2, Band 3, Band 4, Band 5, Band 6, Band 7, Band 8a, Band 8b, Band 8c, Band 8d, Band 9, Non AfC

Categories: Bisexual, Gay or Lesbian, Heterosexual or Straight, Not stated (person asked but declined to provide a response), Other sexual orientation not listed, Undecided, (blank) Total

Workforce Sexual Orientation by Banding

Band 1 | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 | Non AfC

Workforce Religious Belief by Banding

Legend: Atheism, Buddhism, Christianity, Hinduism, I do not wish to disclose my religion/belief, Islam, Jainism, Judaism, Other, Sikhism, (blank)

Bands: Band 1, Band 2, Band 3, Band 4, Band 5, Band 6, Band 7, Band 8a, Band 8b, Band 8c, Band 8d, Band 9, Non AfC
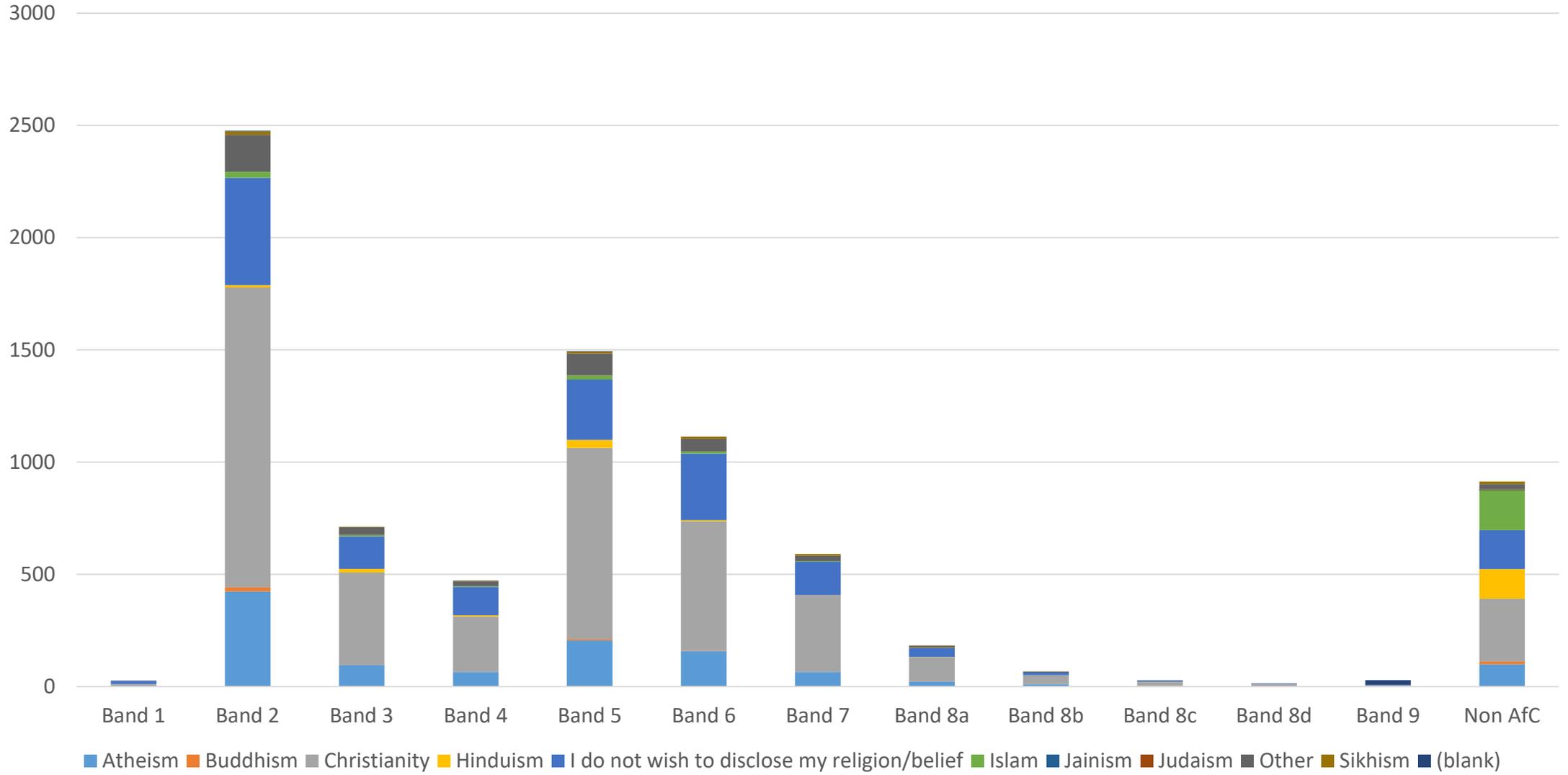
Population Breakdown by Age
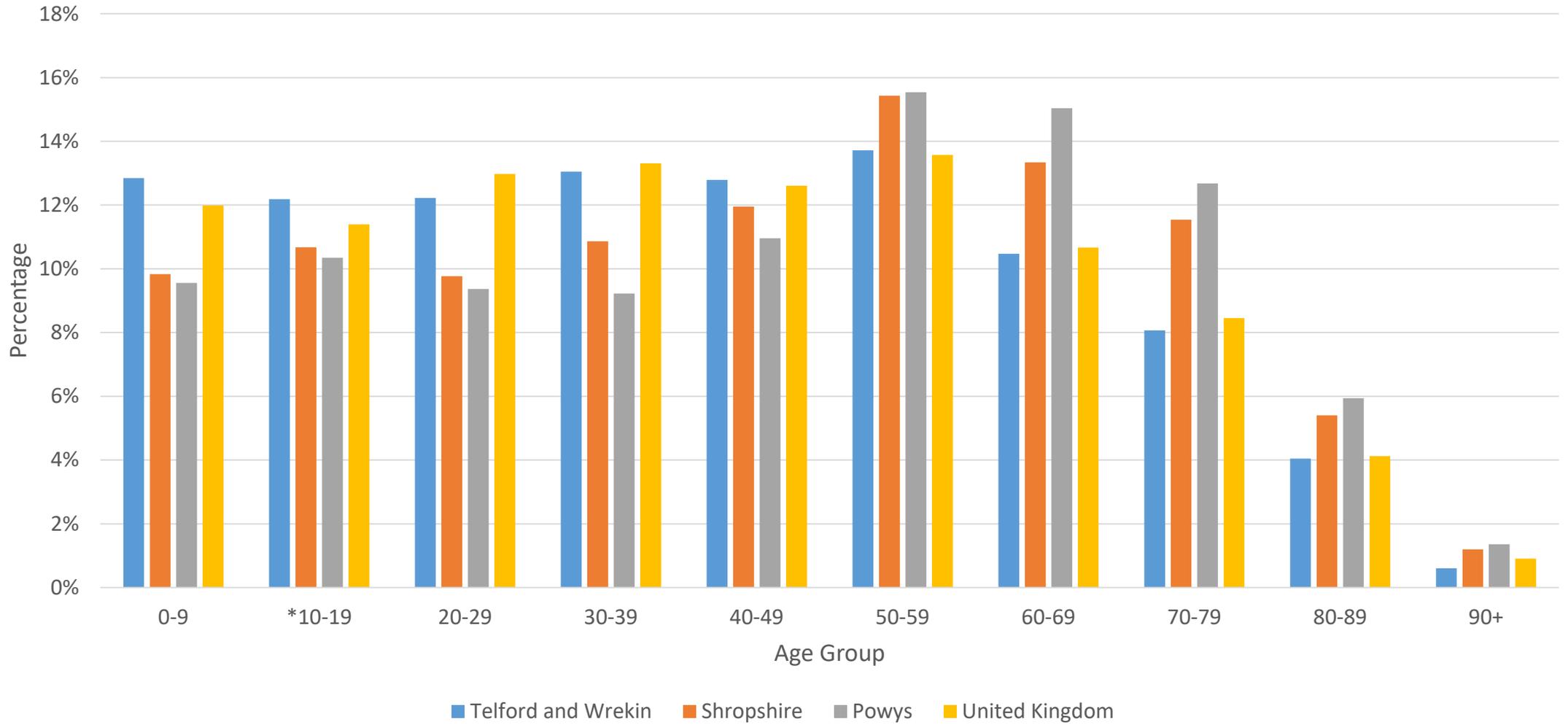
Admission by Age Vs % of Population 2020
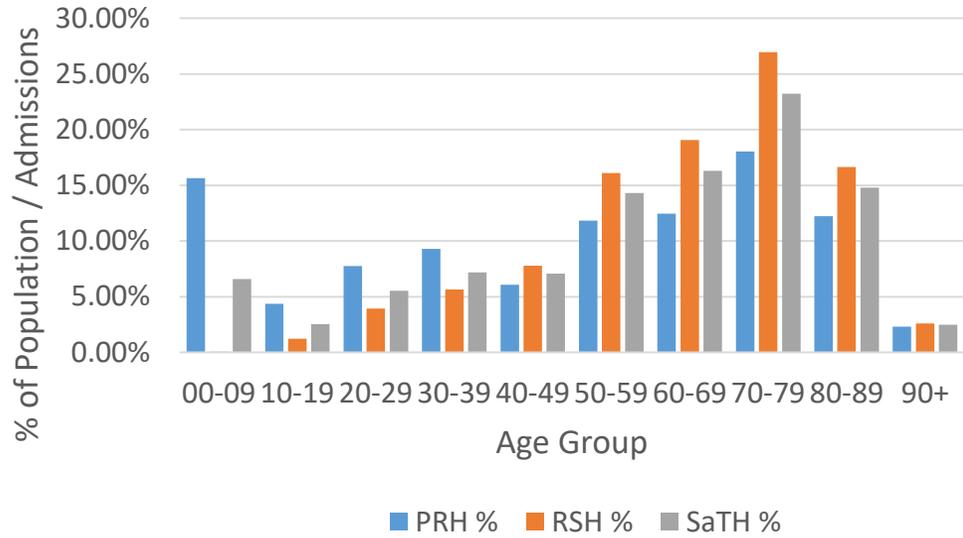
Admission by Age Vs % of Population 2019
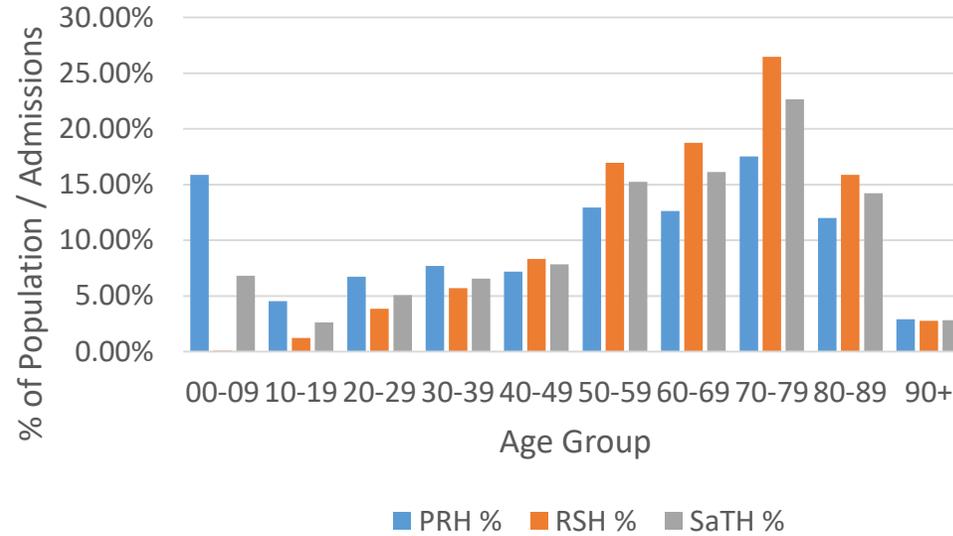
Missed Outpatients Appointments By Age

	0-9	*10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
PRH %	11.94%	11.22%	15.04%	14.62%	12.13%	13.03%	8.98%	7.58%	4.56%	0.89%
RSH %	9.52%	7.38%	11.33%	12.10%	11.18%	14.85%	11.80%	10.94%	8.73%	2.18%
SaTH%	10.65%	9.17%	13.05%	13.27%	11.62%	14.00%	10.49%	9.37%	6.79%	1.58%
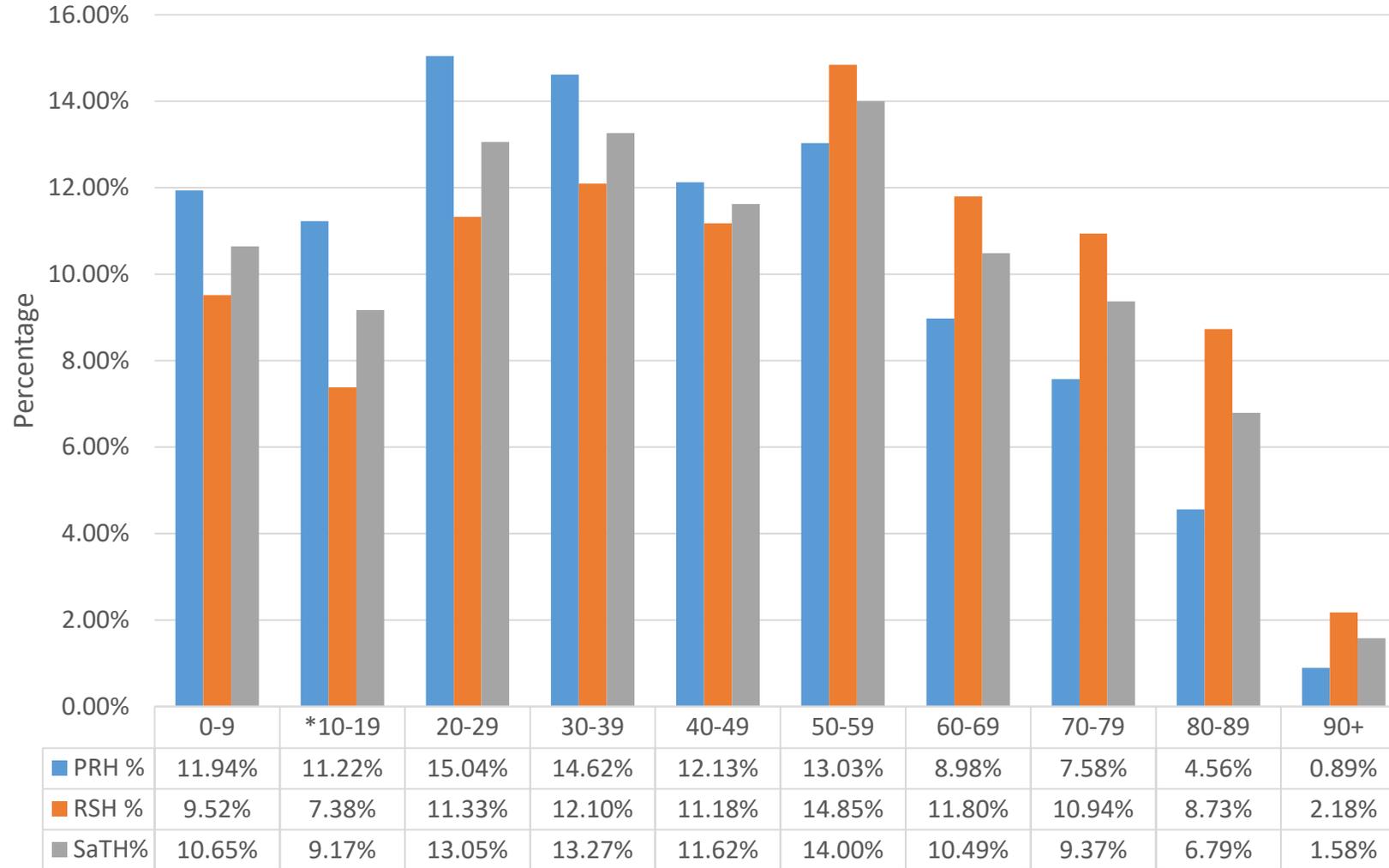
Patient Profile by Gender

	PRH Inpatients %	RSH Inpatients	SaTH Inpatients	PRH Outpatients	RSH Outpatients	SaTH Outpatients	PRH A&E Attendance	RSH A&E Attendance	SaTH A&E Attendance
■ Female	51.97%	45.80%	50.78%	58.98%	48.83%	53.13%	51.36%	50.50%	50.93%
■ Male	48.03%	54.20%	49.22%	41.02%	51.17%	46.87%	48.64%	49.50%	49.07%
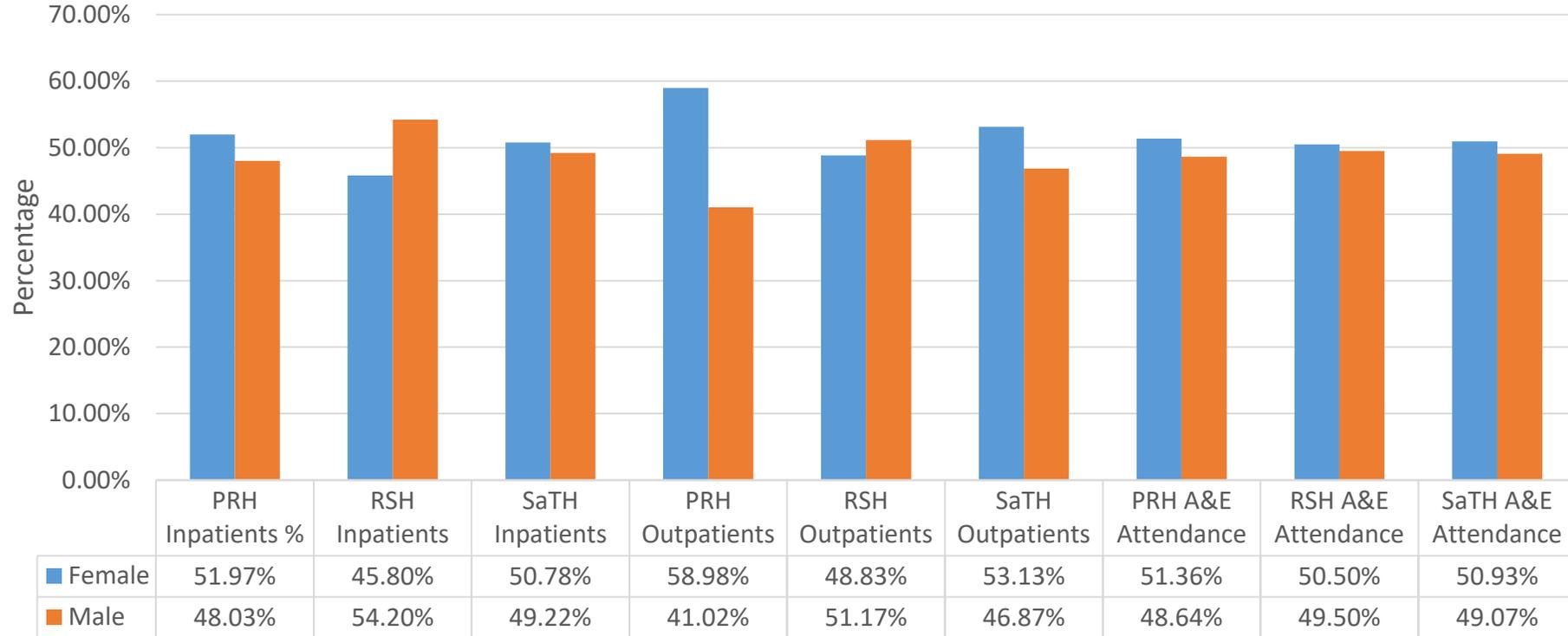
Ethnicity in England & Wales

- White
- Mixed / Multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group

White: 85%
Mixed / Multiple ethnic groups: 2%
Asian / Asian British: 8%
Black / African / Caribbean / Black British: 4%
Other ethnic group: 1%
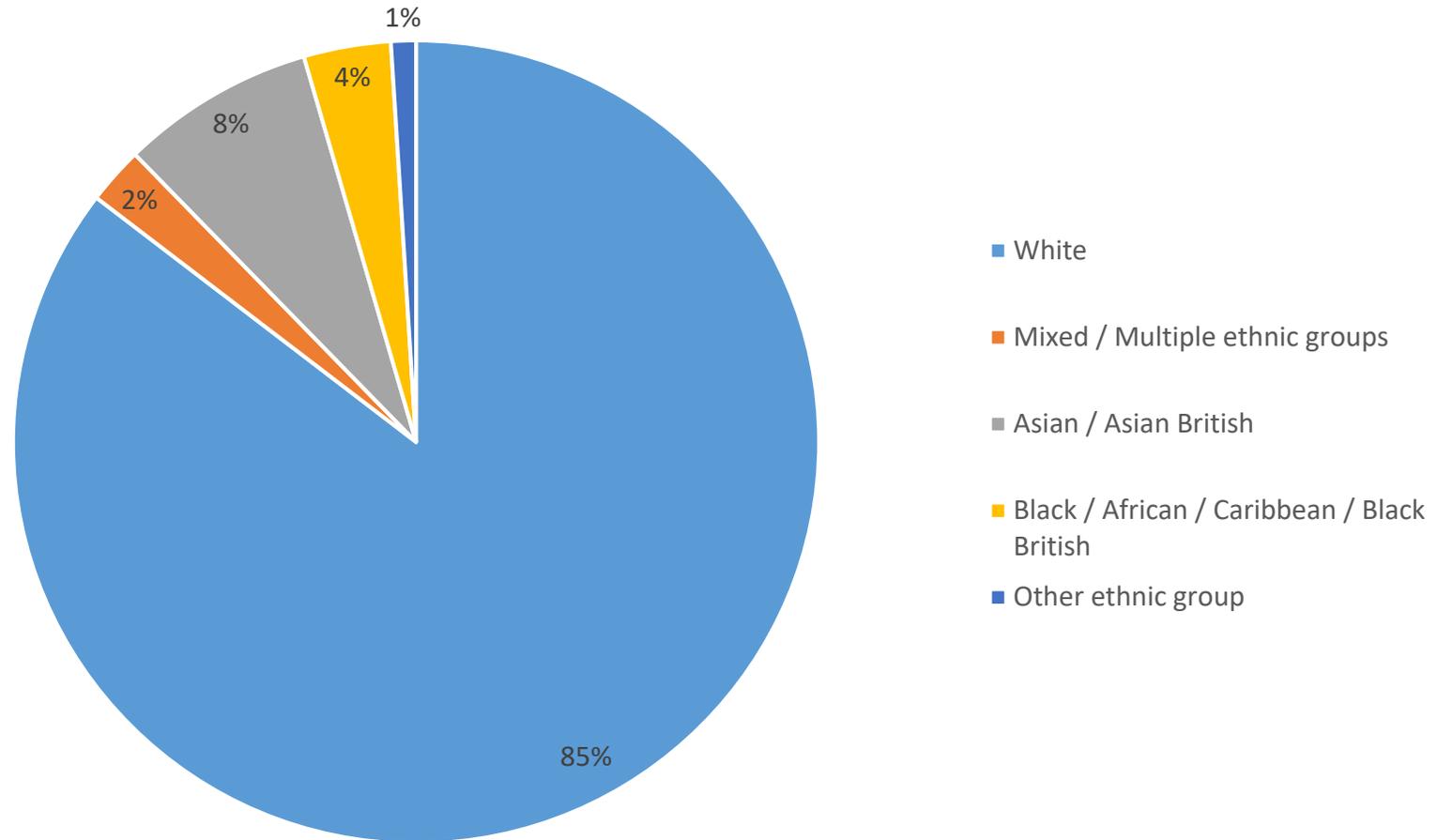
Proportion of Inpatient Admissions by Ethnicity

	Black/African/ Caribbean/Black British	White	Asian/Asian British	Mixed/Multiple Ethnic Groups	Other Ethnic Group	Not given/Not known
RSH	0.24%	92.29%	1.26%	1.03%	0.27%	4.92%
PRH	1.44%	87.35%	3.12%	2.07%	1.03%	4.98%
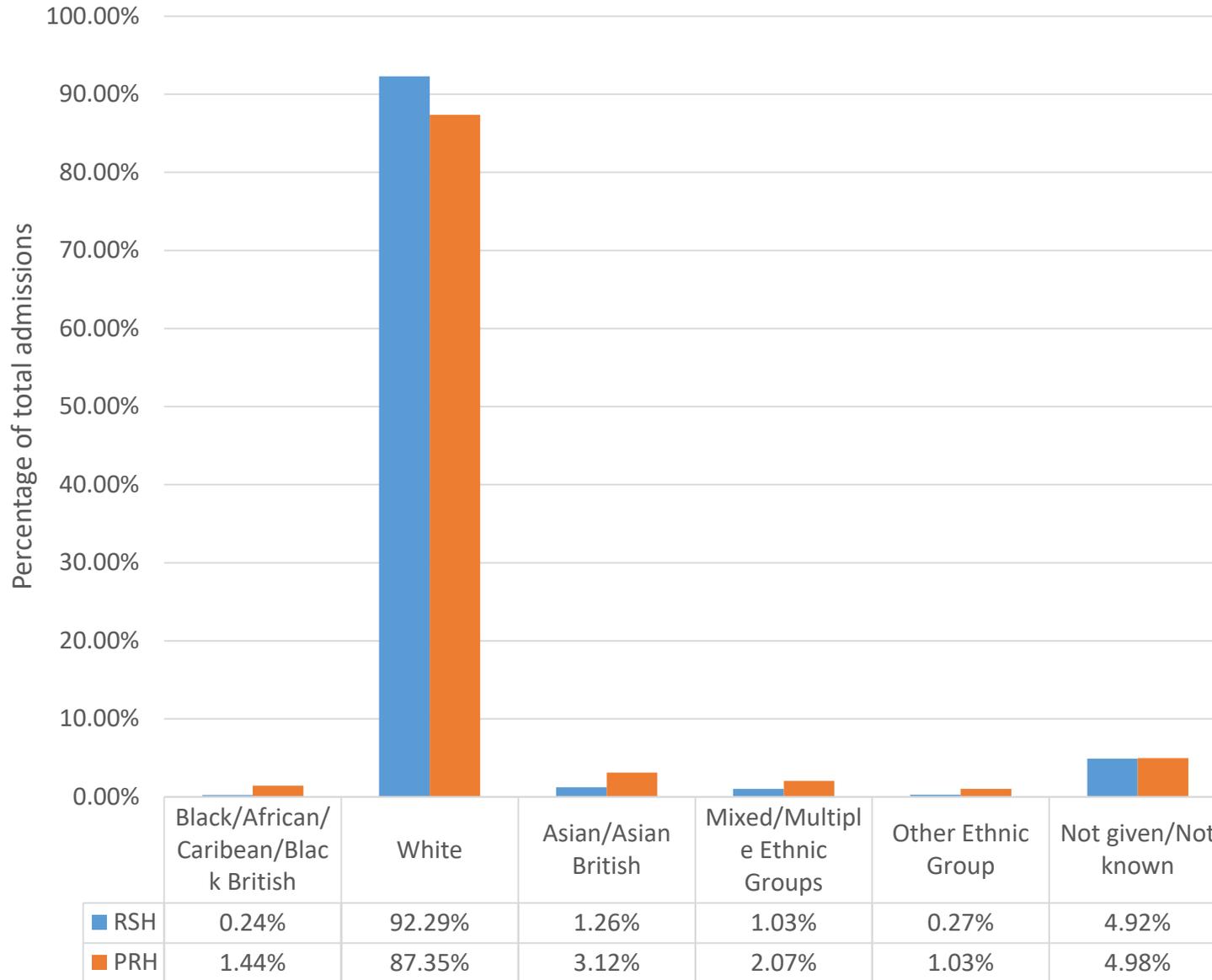
Proportion of Inpatient Admissions by Religion

	Muslim	Hindu	Buddhist	Sikh	Jewish	Church of England	Roman Catholic	None	Not known/not given	Other
PRH	0.96%	0.09%	0.48%	0.66%	0.03%	41.12%	3.18%	13.85%	33.21%	6.41%
RSH	0.48%	0.08%	0.08%	0.19%	0.00%	50.55%	4.52%	15.05%	23.61%	5.44%
Average	0.68%	0.08%	0.25%	0.39%	0.02%	46.60%	3.96%	14.55%	27.63%	5.85%

Proportion of Inpatient Admissions by Marital Status

	Divorced/Person whose Civil Partnership has been dissolved	Married/Civil Partner	Seperated	Not applicable	Single	Not known/Not disclosed	Widowed/Surviving Civil Partner
RSH	6.32%	52.68%	0.78%	0.13%	18.74%	14.20%	7.16%
PRH	5.05%	36.20%	0.74%	6.42%	32.74%	12.18%	6.66%
Average	5.79%	45.80%	0.76%	2.76%	24.59%	13.35%	6.95%

Chaplaincy Services at The Shrewsbury and Telford Hospital NHS Trust
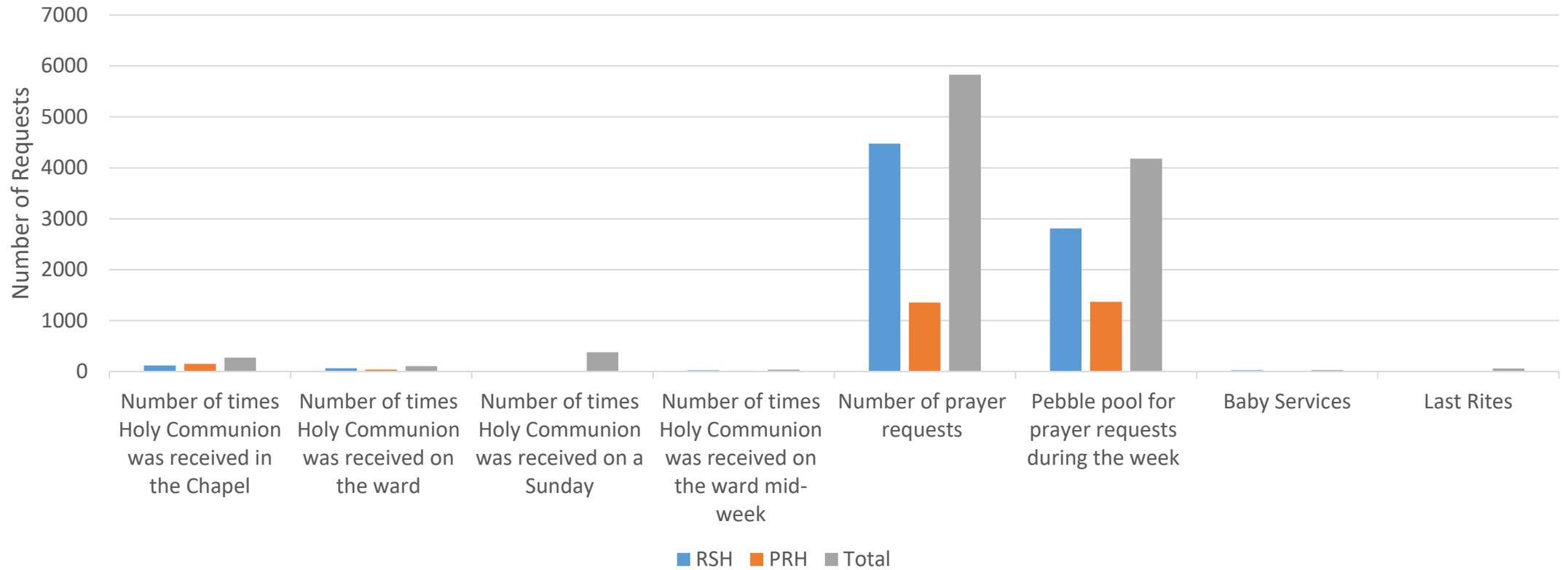
Complaints
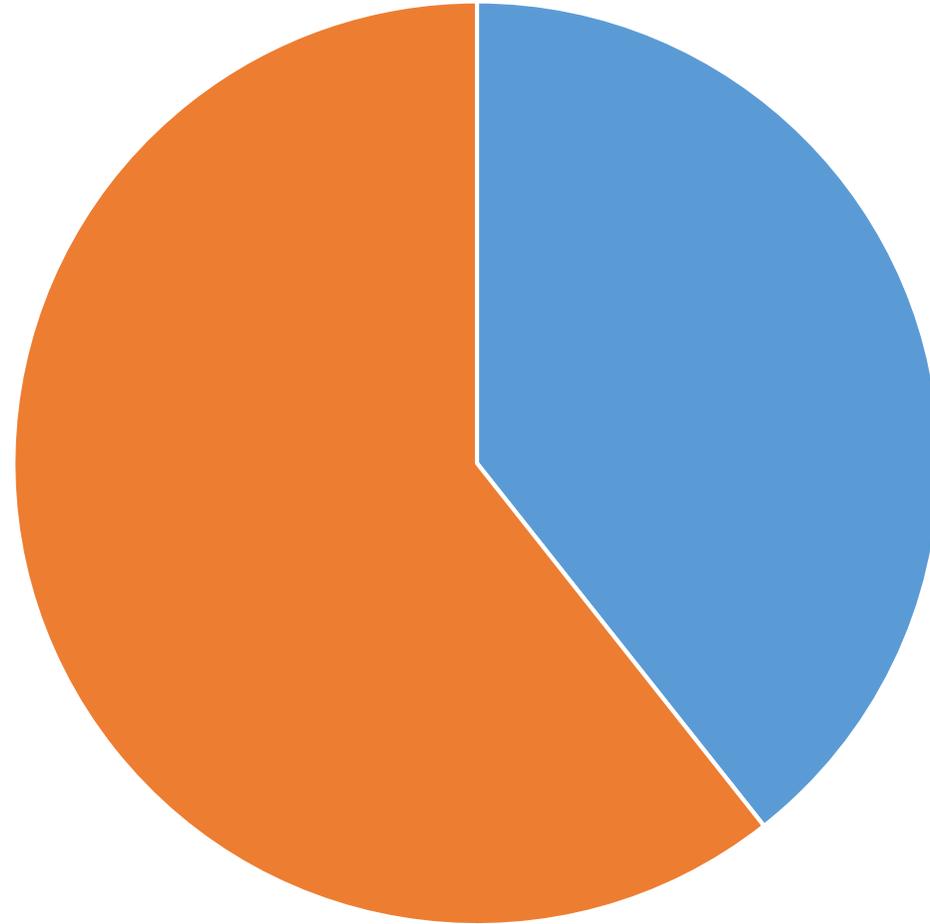
■ Complaints relating to male patients   ■ Complaints relating to female patients

Complaints by patients ethnicity
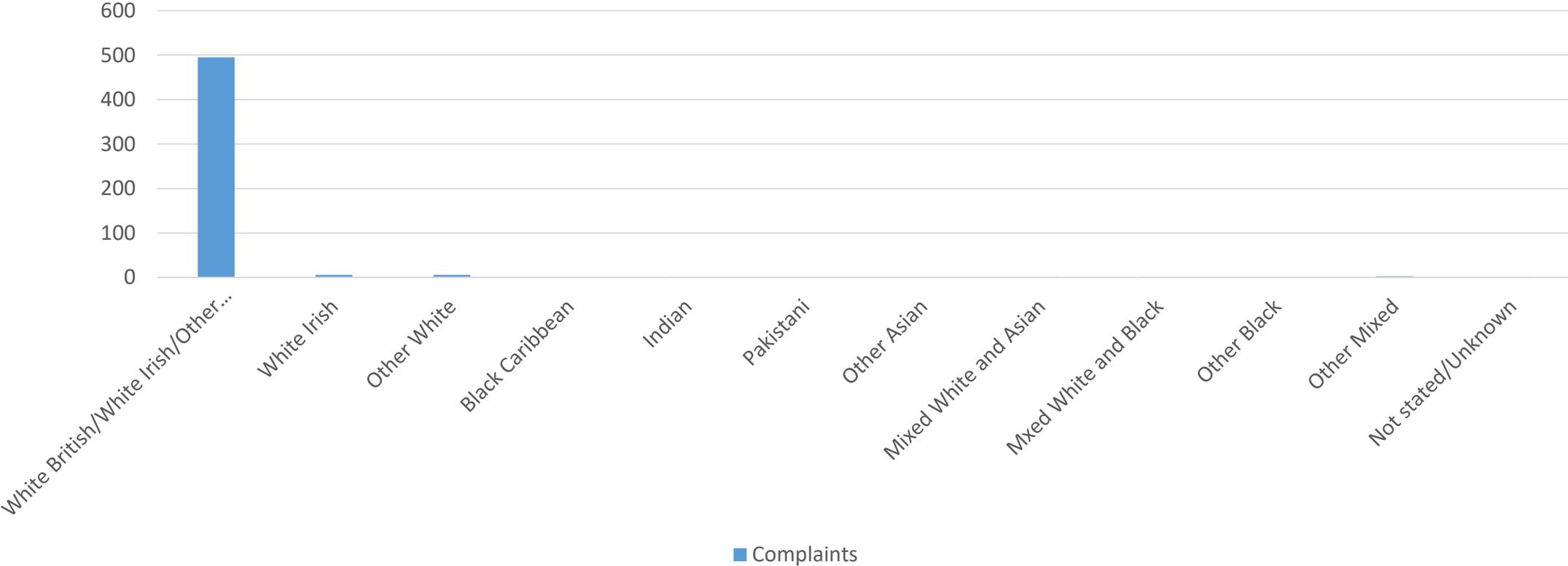
Number of complaints by patient age
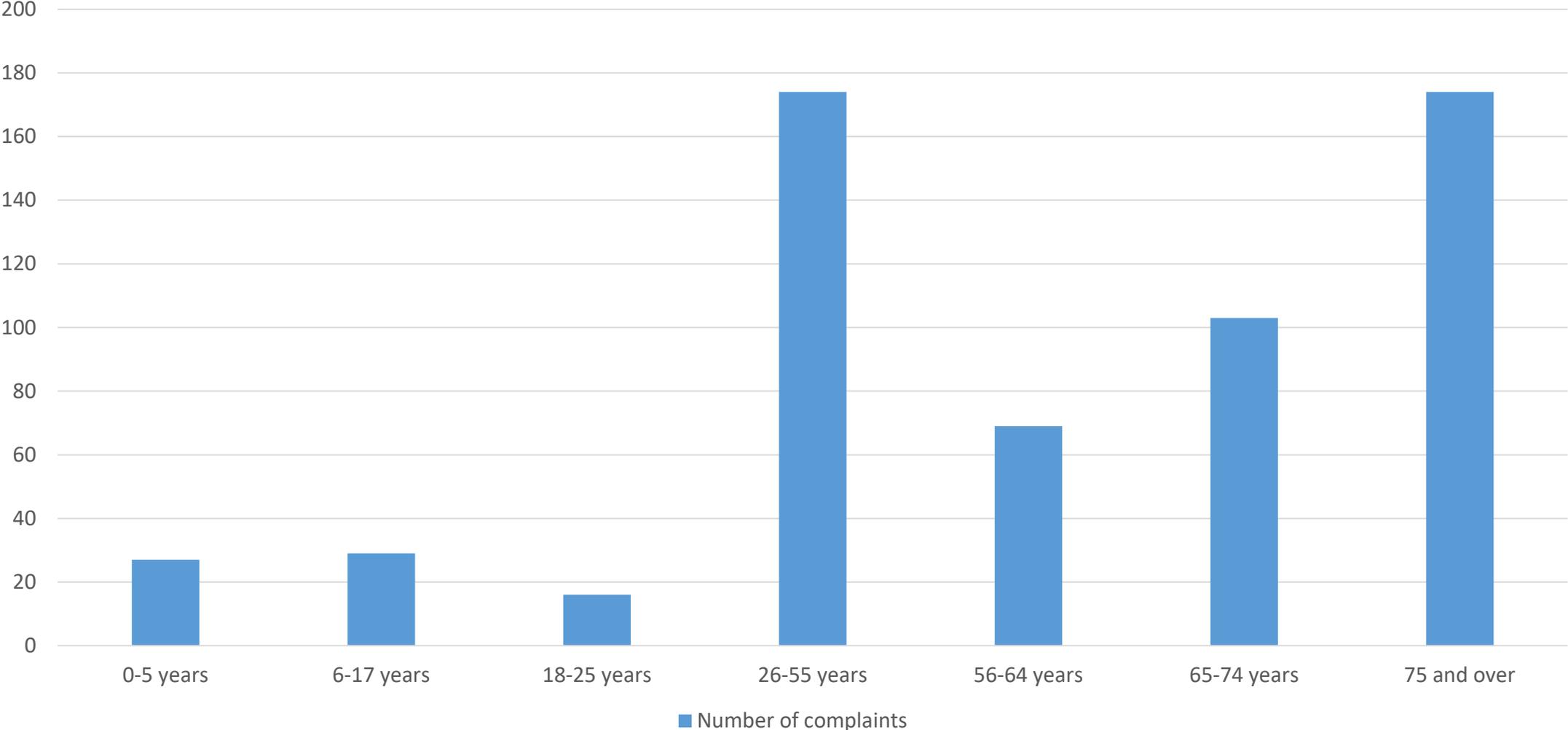
Number of Complaints by patients disability

Wheelchair user	Dementia	Hearing impaired	Visually impaired	Learning disability

■ Number of complaints
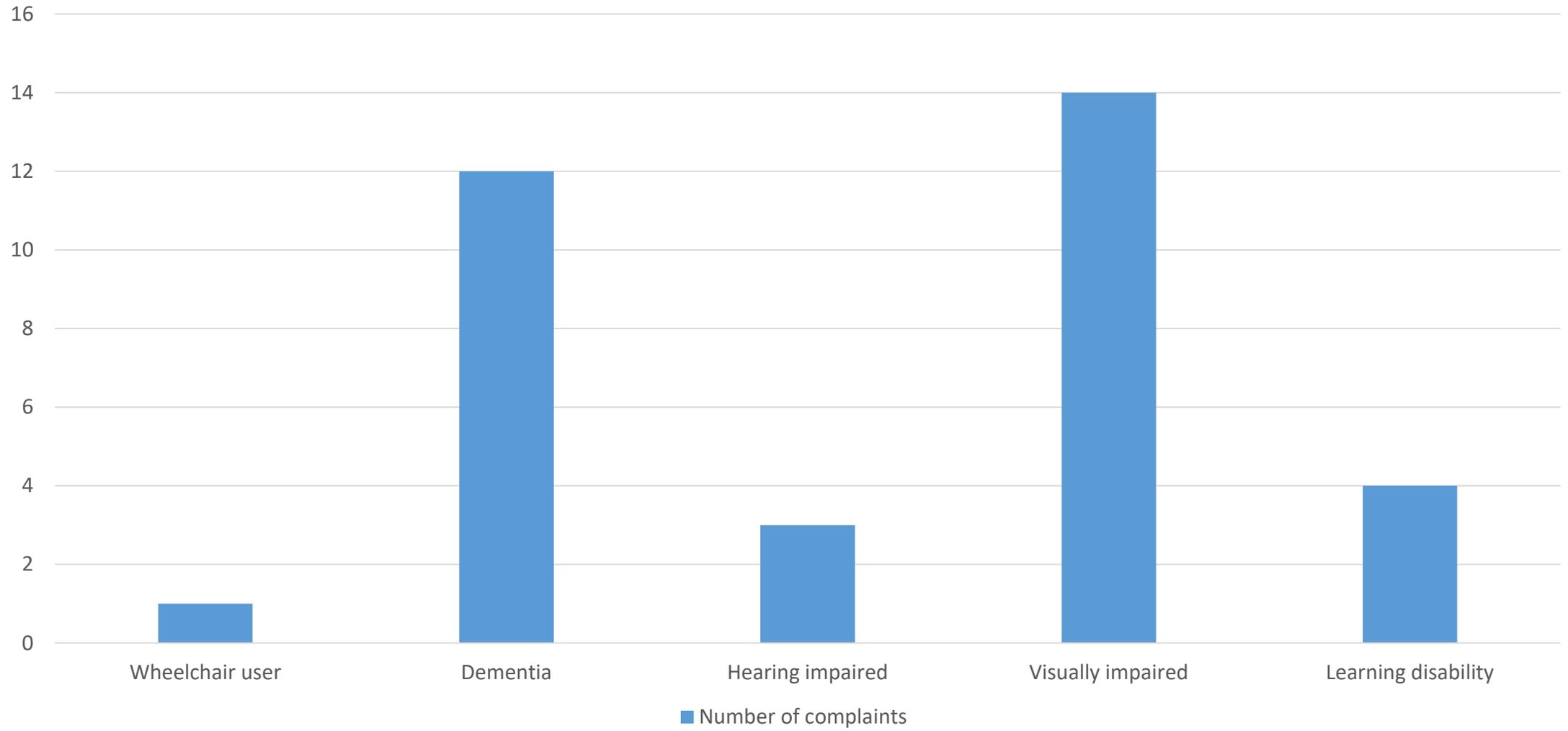
Number of interpretation requests
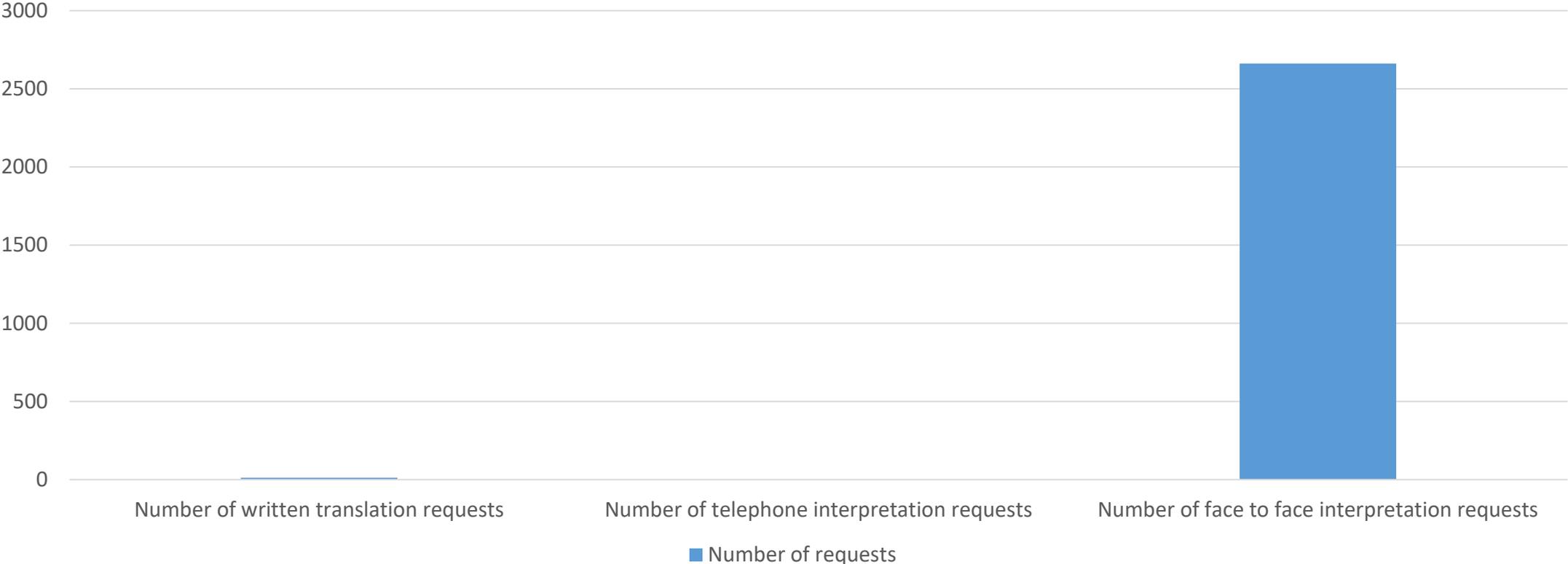
A breakdown of the number of interpreter requests by language

- Albanian
- Arabic
- Bengali
- BSL
- Bulgarian
- Cantonese
- Czech
- Dari
- Farsi
- French
- Gujarati
- Hindi
- Hungarian
- Italian
- Kurdish
- Latvian
- Lithuanian

- Mandarin
- Nepalese
- Polish
- Portuguese
- Punjabi
- Pushto
- Romanian
- Russian
- Slovak
- Spanish
- Sylheti
- Tamil
- Turkish
- Urdu
- Vietnamese
- Greek
- Thai

- Twi
- Ukrainian
- Filipino
- German
- Serbian
- Japanese
- Malayalam
- All Languages
- Burmese
- Akan
- Punjabi
- Mirpuri
- Pahari
- Pidgin
- Yoruba
- Hausa

Number of BSL Translation Requests

Bar chart showing Number of BSL Translation Requests by location with two series: Inpatient BSL translation requests (blue) and Out Patient BSL translation requests (orange). Y-axis ranges from 0 to 180.

- Princess Royal Hospital: Inpatient ≈ 41, Out Patient ≈ 169
- Royal Shrewsbury Hospital: Inpatient ≈ 15, Out Patient ≈ 81
- Severn Fields (Fertility): 0
- Integrated Clinical Assessment and Treatment Services (ICAT): 0
- Ludlow (SaTH beds): 0

■ Inpatient BSL translation requests   ■ Out Patient BSL translation requests

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NHS
The Shrewsbury and
Telford Hospital
NHS Trust

Gender Pay Gap

REPORT 2020

What is the Gender Pay Gap

The gender pay gap is the average earnings difference between all male employees and all female employees in an organisation, regardless of the nature of their work. It is important to distinguish between the gender pay gap and equal pay. Equal pay concerns differences between the actual earnings of male and female employees doing like work, or work of equal value.

An organisation may be an equal pay employer, paying male and female staff equally for doing equal work, and it may still have a gender pay gap. This is because, while male and female employees doing like work or work of equal value are paid equally, there are different numbers of male and female employees doing different work for which they are paid differently.

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 set out a public authority's gender pay gap reporting duties, which form part of its public sector equality duty under the Equality Act.

These duties mean that we are obliged to publish information about:

- The gender split of our workforce
- The differences in mean and median hourly pay rates between genders
- The gender profile of the organisation split into quartiles
- The differences in bonus pay between genders

Key points from our Gender Pay Gap Report

- The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 set out a public authority's gender pay gap reporting duties, which form part of its public sector equality duty under the Equality Act

- Our gender profile has remained static at 80% women and 20% men

- There is a gender pay gap within the Trust, with median women's pay 10.23% lower than men's pay respectively

- Our Mean Gender Pay Gap has reduced to 27.68% (a reduction of 1.59% since reporting in 2019)

- Our Median Gender Pay Gap has decreased by 2.41% which is positive as it had increased in by 0.37% in 2019

- The percentage variance (pay gap percentage), decreased 11% (40.33% in 2019 to 33.33% in 2020)

- The 2020 variance between female and males median bonus pay was £3,015.9630 in favour of males compared to the 2019 variance of £4,011.30)

- In monetary terms, female bonus pay rose by £774.14 (£6,631.33 in 2019 to £7,405.47 in 2020)

- The Mean Bonus Pay Gap has reduced by 5.33% and the Median Bonus Pay Gap has reduced by 11%

- In monetary terms, female median bonus pay increased by £995.34 (£5,036.70 in 2019 to £6,032.04 in 2020)

Key Priorities to address our gender pay gap 2020-21

The results of the Gender Pay Gap analysis in this report (which includes the data required under the Gender Pay Gap Information Regulations) has been prepared for the Operational Workforce Committee and Trust Board and appropriate actions will be added to the Equality Delivery System Action Plan to further our work in reducing inequalities between staff groups

- Review existing development and talent management process's and opportunities and implement target actions to support women move form Band 5 into more senior roles

- Once the Clinical Excellence Award process is re-opened in 2022 at the earliest, ensure effective publicity and targeted actions to increase nominations and awards

- With effect from 1st April 2021, our Recruitment team will establish a register to record all instances whereby a non-compliance form has been used for recruitment purposes, to evidence where there has been a higher starting salary agreed. This will enable us to identify any disproportionality between male and female starting pay

Calculating the gender pay gap

The date for this report is 31 March 2020, with data based on the relevant pay periods of March 2020 for ordinary pay and the 12 months to 31 March 2020 for bonus pay.

For gender pay gap reporting, employees are those employed under a contract of employment, a contract of apprenticeship or a contract personally to do work. This includes those under NHS terms and conditions, Medical staff and Very Senior Managers (VSM).

Therefore, this report:

- Summarises the data submitted for Gender Pay Gap Reporting, based on 2020 data compared with the same data for, 2018-2019; With commentary relative to the numerical data.

Figures for bonuses relate to the Clinical Excellence Awards made to Medical staff. This was a permanent addition to pay (not a one-off payment) for Medical staff who are only category of staff eligible for bonus payments. However, in 2018 these Awards were changed and are now only paid for 2 years and are non-pensionable. They are not awarded automatically, but must be applied for and are given for quality and excellence, acknowledging exceptional personal contributions. There is a review pending but due to the Covid-19 pandemic, this review has been delayed until April 2022 at the earliest. Equality Impact Assessments have been undertaken for the last 3 years of Awards made our Medical staff.

As a Trust, we have been taking action to encourage and support Clinical Excellence Awards applications from female Medical Consultants. The 2019 and 2020 rounds were changed due to the pandemic which was a national directive and the collective monies were shared out equally between all our eligible Consultants. The equal distribution of the Awards has resulted in a levelling of bonus allocation and therefore does not on this occasion highlight gaps attributed to gender which has reported on in the previous year.

Gender Breakdown:
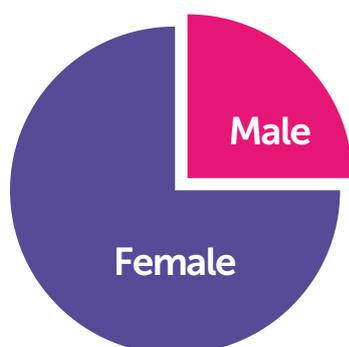
Gender	Headcount	Percentage
Female	5190	80.33%
Male	1271	19.67%
Total	6461	

AfC Band Name	Female	Male	Total
Band 1	20	8	28
Band 2	1396	295	1691
Band 3	569	97	666
Band 4	379	51	430
Band 5	967	148	1115
Band 6	906	105	1011
Band 7	450	100	550
Band 8a	134	29	163
Band 8b	49	17	66
Band 8c	20	9	29
Band 8d	10	4	14
Band 9	3	5	5
Non AfC	287	406	693
Grand Total	5190	1271	6461

Table 1: Average Rates of Pay - all staff (Snapshot date 31/03/2020)
Average hourly rates of pay are calculated at specific pay point – 31 March 2020.
The hourly rate is calculated based on "ordinary pay": Basic pay, Allowances and Shift premium.

Group/Year	Average Hourly Rate of Pay (all staff)			Average Bonus Pay		
	2018	2019	2020	2018	2019	2020
Male	£20.48	£21.32	£21.46	£10,721.37	£11,143.60	£11,420.94
Female	£14.42	£15.08	£15.52	£6,658.89	£6,631.33	£7,405.47
Percentage Variance/Pay Gap %	29.60%	29.27%	27.68%	37.89%	40.49%	36.5%

Table 2. Median Rates of Pay - all staff

Median hourly rates of pay are calculated at specific pay point - 31 March 2020.
The median hourly rate is calculated by selecting the mid-point for each gender group and conveys the difference between the median hourly rate of pay of male full-pay relevant employees and female full-pay relevant employees.

Group/Year	Median Hourly Rate of Pay			Mean Bonus Pay		
	2018	2019	2020	2018	2019	2020
Male	£14.52	£15.14	£15.24	£9,040	£9,048	£9,048
Female	£12.47	£13.23	£13.68	£6,027	£5,036	£6,032
Percentage Variance/Pay Gap %	12.27%	12.64%	10.23%	33.33%	44.33%	33.33%

Gender Pay Gap Differential %
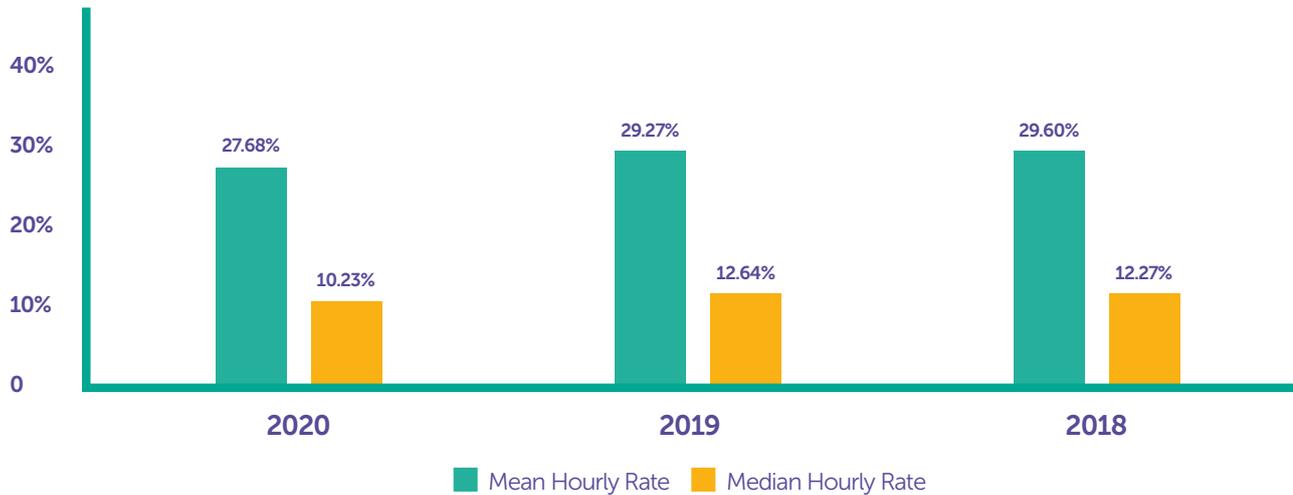
The percentage variance (the pay gap) fell by 1.59% but still favoured men.
The figures for all staff remained heavily skewed by Medical – by excluding Medical, the picture differs.

Table 3. Average hourly rate of pay - excluding Medical

Group/Year	2019 Av. Hourly Rate of Pay	2020 Av. Hourly Rate of Pay
Male	£14.25	£14.25
Female	£14.33	£14.73
Percentage Variance/Pay Gap %	-0.49%	3.25%

Excluding Medical, the percentage variance (the pay gap) favoured female staff (representing approximately 80% of the workforce) by 3.25%.

Table 4: Median hourly rate of pay - excluding Medical

Group/Year	Median Hourly Rate of Pay 2019 (excl. Medical	Median Hourly Rate of Pay 2020 (excl. Medical)
Male	£11.80	£11.95
Female	£12.72	£13.41
Percentage Variance/Pay Gap %	-7.79%	10.87%

Table 5: Male and female employees paid a bonus as % of the entire workforce.

Gender	Staff Paid Bonus			Total Relevant Staff			% Staff Paid Bonus		
	2018	2019	2020	2018	2019	2020	201	2019	2020
Male	109	105	102	1426	1480	1487	7.64	7.09	6.86
Female	31	36	34	5672	5772	5926	0.55	0.62	0.57

Median Bonus Pay (only applicable to certain Medical staff) The median Bonus Pay (only applicable to certain Medical staff) is based on the mid-point for all staff receiving bonus pay and demonstrates the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees.

Gender % who were paid a bonus
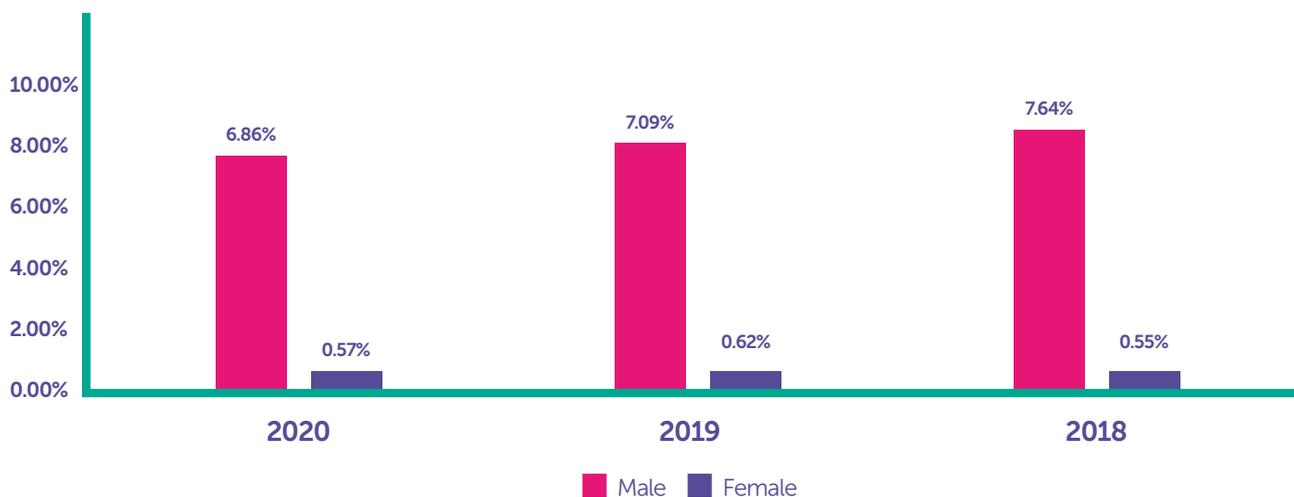
Staff split by Quartiles (Snapshot Date: 31/03/2020)

This method splits the proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands (Quartiles 1, 2, 3 and 4).

Male and female employees in each quartile - including medical staff
Note: 1st Quartile = lowest. 4th Quartile = highest.

Quartile	Female (number)			Male (number)			Female %			Male %		
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
1	1253	1280	1327	295	296	325	80.94%	81.22%	80.33%	19.06%	18.78%	19.67%
2	1295	1319	1369	253	257	287	83.66%	83.69%	82.67%	16.34%	16.31%	17.33%
3	1313	1340	1435	231	234	213	85.04%	85.13%	87.08%	14.96%	14.87%	12.92%
4	1088	1087	1160	465	491	502	70.06%	68.88%	69.80%	29.94%	31.12%	30.20%

Quartile	Female (number)			Male (number)			Female %			Male %		
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
1	1145	1167	1174	266	262	293	81.15%	81.67%	80.03%	18.85%	18.33%	19.97%
2	1171	1191	1264	239	233	257	83.05%	83.64%	83.10%	16.95%	16.36%	16.90%
3	1219	1230	1298	191	194	196	86.45%	86.38%	86.88%	13.55%	13.62%	13.12%
4	1217	1219	1293	194	206	201	86.25%	85.54%	86.55%	13.75%	14.46%	13.45%

Male and female employees - excluding medical staff

Conclusion

We remain confident that we have identified two key drivers of our pay gap: the uneven distribution of men in our overall workforce, and the higher number of male consultants than female consultants in the upper quartile of our pay distribution - removing Consultants from the data set alters the median pay gap in favour of female staff at 7.79%

The NHS provides great careers with opportunity at all levels and favourable terms and conditions, including generous annual leave entitlement and pension provision; fair, inclusive and family-friendly policies supportive of work-life balance, flexibility and job security; underpinned by nationally negotiated pay rates which, at lower levels, are higher than the national living wage rate typically paid for equivalent private sector jobs.

We are proud to be the employer of choice for people at all levels of our workforce. We are committed to attracting and retaining employees from all the communities we serve by promoting the benefits of working at the Trust and highlighting the many career opportunities available to them across all professional groups, and at all levels.

NHS **Workforce Disability Equality Standard** (WDES)

A N N U A L   R E P O R T 2 0 2 1

Introduction

The WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables Trusts to demonstrate progress against the indicators of disability equality.

This report is produced from the SaTH data returns submitted from the Trust ESR data in March 2021 and from the 2020 Staff Survey. It is produced in a nationally mandated format as submitted to NHS England and covers data and reported experience from the financial year 2020-21.

The WDES demonstrates our clear commitment in developing SaTH to be an exemplar employer and in supporting the UK Government's aims of increasing the number of Disabled people in employment.

Attached to this report as appendices, is data and on-line report we have submitted.

1

Executive summary

We are committed to developing our Equality, Diversity and Inclusion, (EDI) work programme and have seen a positive impact of introducing a dedicated EDI Lead role into the Trust since March 2020. We recognise that there has been much to do, and we have a clear focus on embedding EDI across the Trust by improving our staff engagement, confidence and trust.

Our EDI Strategy outlines our Equality Objectives and priorities and has enabled the Trust to develop a robust work programme.

We want SaTH to be a workplace where staff feel a sense of belonging and feel able to bring their whole self to work, without fear or feeling unsafe or unsupported. This is in line with our People Strategy and the NHS People Plan. Our commitment to a 'Just Culture', will ensure a better and more positive experience for our patients and public.

We have introduced Unconscious Bias Workshops for all staff to attend. These workshops have provided a 'safe space' for staff to learn, share and self-reflect, in order to gain a better understanding of personal bias's and how to ensure that they do not impact colleagues and patients. Greater self-awareness will enable staff to ensure they are role modelling the SaTH values and behaviours – **"Partnering, Ambitious, Caring, and Trusted."**

At SaTH, we do not tolerate any form of discrimination or harassment from colleagues, patients or the public and will ensure that our staff feel confident and have appropriate support to report any issues. We have also invested in our 'Freedom to Speak Up' support, and we have seen an increase in staff raising their concerns and a more robust response from management to address these.

We have established our staff network, Disability, Ability, Wellbeing Network (DAWN) and will work with members to increase engagement and participation and to also provide a place for staff to share, learn and influence our EDI work programme.

It is reassuring to see that our workforce demographic is changing. We appreciate that sharing information about a disability, seen or hidden, or any health condition can be difficult but we want to encourage more staff to do so. As a responsible employer, we want to support and enable our staff to be the best they can be at work and have a great work experience.

We are encouraged to see that in the last staff survey 20% of staff shared that they have a long term health condition or illness.

Summary of our progress against WDES Metrics 2021

Metric 1 Workforce Representation 3%

Our workforce demographic is changing. We appreciate that sharing information about a disability, seen or hidden, or any health condition can be difficult but we want to encourage more staff to do so. As a responsible employer, we want to support and enable our staff to be the best they can be at work. **Currently 3% of our workforce have shared their details about their disability with us.**

Metric 2 Relative likelihood of Disabled staff compared to non-Disabled staff being appointed from shortlisting across all posts

We are working to improve on this metric, which shows that Non-Disabled staff are now, 1.17 time more likely to be shortlisted compared to Disabled applicants.

Our recruitment manager is undertaking a review of our recruitment process from the perspective of individuals who have long-term health conditions/disabilities that impact on their recruitment process. We have engaged with applicants who have shared their experiences with us, on how we can improve our TRAC recruitment process to improve accessibility.

We have engaged with the SaTH EDI Advocates Group, which are representatives of our communities to support attaining Level 2 of the Disability Confident Scheme.

We have rolled out our revised Safer Recruitment training for all recruitment managers and this includes Unconscious Bias awareness.We have launched our Cultural Ambassadors programme, where our trained Ambassadors will be supporting with recruitment and selection, including sitting on selection panels for Band 8 and above.

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

This is only the second year we have collected this data and we have seen an improvement on this metric from 1.95 to 1.45.

We have strengthened our guidance and training for managers and supervisors and our support for staff. Our HR Business Partners are now working more closely with Divisions and are able to provide better support and information.

Summary of our progress against WDES Metrics 2021 Cont.

- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has **decreased from 29.2% to 23.3%**

- Percentage of staff experiencing harassment, bullying or abuse from their line Manager in last 12 months has **increased from 12.6% to 13.6%**

- Percentage of staff that the last time they faced harassment, bullying or abuse, that they or a colleague reported it has **decreased from 41.4% to 40.8%**

- Percentage of staff experiencing harassment, bullying or abuse from their colleague in last 12 months has **increased 18.6% to 19.9%**

- Percentage of staff who believe the organisations offers equal opportunities for career progression and promotion has **decreased from 85.4% to 81%**

- Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties has **decreased from to 22.4% 21.8%**

- Percentage of staff satisfied with the extent to which their organisation values their work decreased **from 49.6% to 39.3%**

- Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment to enable them to carry out their work has **increased from 70.1% to 72%**

Metric 10 Trust Board data

We have reported again that our Board data shows no disability against all members. We have actively sought this data from our Board members and will be working with our Board to review this.

Progress against our 2020 actions:

WDES Action Plan 2020-2021

Objective	Intention	Responsibility	By
Develop the new staff with Disabilities staff network and seek Chair/Co-Chair from within the network. Ensure members feel supported and encouraged to participate. Develop a robust communications and marketing plan for the networks and highlight that not all disabilities are visible.	To increase staff voice and engagement from key staff groups	Equality Diversity & Inclusion Lead	Dec 2020
Conduct confidential survey and Listening Events of Staff with Disabilities in conjunction (FTSU) Guardians.	To increase staff voice and engagement from key staff groups and understand the harassment and bullying figures	Equality Diversity & Inclusion Lead & FTSU Lead	Feb 2021
Embed the new 'Health Passport' and ensure provide guidance for managers	To improve understand and awareness, creating	Head of Employee Relations	Apr 2021
Campaign to raise awareness of Hidden Disabilities: Workforce messages and displays Training for staff	To increase awareness and be more supportive of colleagues	Equality, Diversity & Inclusion Lead & Communications Lead	Dec 2020
Statutory and Mandatory Training to be developed to support staff who have Special Educational Needs	To improve understanding and awareness, creating a more inclusive organisation	Head of Workforce Transformation and OD and Workforce Equality Lead	Apr 2021
To review Level 1 of the Disability Confident Scheme and draft action plan with new Network, to move to Level 2	Demonstrate commitment to inclusive workplace and supporting our workforce	Head of Recruitment & Equality Diversity & Inclusion Lead	Aug 2020
Review Implement Diversity elements of Leadership Academy and Manager Training	To ensure our managers and Leaders are skilled and trained in diversity management	Head of Workforce Transformation and OD and Workforce Equality Lead	Apr 2021

The 2 purple actions have not been completed due to capacity of the ODU and Communications team, during the pandemic, when resources and work has been targeted on addressing Covid-19 requirements. These actions will be carried forward.

During 2020 and 2021, we have established our new Disability, Ability, Wellbeing Network (DAWN), and have been encouraging all staff to engage and support the network. The importance of 'Allyship' is a key message of this network.

Our HR Business Partners and wider HR teams are supporting managers to ensure the Heath passport is being fully adopted and that where necessary, sensitive conversations concerning reasonable adjustments are taking place.

Our 'Making A Difference' - Cultural Assessment platform has really helped with engagement and identifying the challenges and barriers faced by our staff, which in turn has enabled targeted intervention, support and guidance.

Conclusion and next steps

Having a dedicated lead has allowed us to identify key priorities and make some genuine progress at SaTH, our new staff network being a great example.

During Covid-19 pandemic, our staff have had to adopt new ways of working, meeting and delivering our services and the health and wellbeing of our staff is at the fore front of our minds. We are very conscious that staff have been feeling vulnerable, unsettled and concerned for themselves, their family and friends. Staff engagement is a priority and communicating clearly and in ensuring messages are accessible for all staff has been a real focus.

Working with our staff, and in line with our new People Strategy, we have developed a new behaviours framework linked to our new vision and values. We will continue to listen to our staff and address the issues concerning bullying and harassment and review our recruitment selection processes to identify and implement improvements.

We have launched our Health Passport as part of our Wellbeing agenda and will be monitoring feedback form staff and managers to understand if there any additional actions to ensure staff feel supported and continue to have the adjustments they need to enable them to carry out their duties

The draft action plan (Appendix 2), has been developed in partnership with our network. Upon approval, the progress and performance will be measured and monitored via our Operational People Group, chaired by our Director of People and OD

Appendix 1 WDES metrics report

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce. (Data source: ESR).

Clinical/ Non-Clinical	WRES Band Name	Disabled	Non Disabled	Unknown	Grand Total	% Disabled	Non % Disabled
Non-Clinical	Band 1	2	9	13	24	8%	38%
	Band 2	18	481	3%	594	3%	81%
	Band 3	9	263	3%	304	3%	87%
	Band 4	7	266	3%	327	2%	81%
	Band 5	7	123	3%	149	5%	83%
	Band 6	3	71	3%	90	3%	79%
	Band 7	2	73	3%	89	2%	82%
	Band 8a	2	49	3%	58	3%	84%
	Band 8b	1	25	3%	28	4%	89%
	Band 8c		15	3%	16	0%	94%
	Band 8d		9	3%	10	0%	90%
	Band 9	1	3	3%	5	20%	60%
	VSM		19	3%	19	0%	100%
Non-Clinical Total		52	1406	255	1713	3%	82%
Clinical	Band 1	0	0		0	0%	0%
	Band 2	39	1008	132	1179	3%	85%
	Band 3	14	274	53	341	4%	80%
	Band 4	4	148	14	166	2%	89%
	Band 5	46	990	89	1125	4%	88%
	Band 6	28	780	150	958	3%	81%
	Band 7	7	411	86	504	1%	82%
	Band 8a	2	105	19	126	2%	83%
	Band 8b		31	9	40	0%	78%
	Band 8c		12	2	14	0%	86%
	Band 8d		2	1	3	0%	67%
	Band 9		2	1	3	0%	67%
	VSM		2		2	0%	100%
	Medical & Dental Staff, Consultants		250	37	287	0%	87%
	Medical & Dental Staff, Non-Consultants career grade	3	180	6	189	2%	95%
	Medical & Dental Staff, Medical and dental trainee grades	4	154	37	195	2%	79%
Clinical Total		147	4349	636	5132	3%	85%
Grand Total		199	5755	891	6845	3%	84%

Metric 2 Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

Data source: Trust's recruitment data

	Disabled	Non-disabled	Disability Unknown
Number of shortlisted applicants	232	4331	262
Number of appointed from shortlisting	54	1177	166
Likelihood of shortlisting/ appointed	0.23	0.27	0.63

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts	1.17

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. This metric applies to capability on the grounds of performance and not ill health

Data source: Trust's HR data

	Disabled	Non-disabled	Disability Unknown
Number of staff in workforce	199	5755	891
Number of staff entering the formal capability process	0.5	10	0.5
Likelihood of staff entering the formal capability process	0.00	0.00	0.00

Relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff	1.45

Please note, metrics 4 to 9 are sourced from the NHS Staff Survey.

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

NHS England

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

	2018	2019	2020
Staff with a LTC or illness: Your org	37.3%	29.2%	33.0%
Staff without a LTC or illness: Your org	26.7%	24.8%	23.3%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%
Staff with a LTC or illness: Responses	461	469	531
Staff without a LTC or illness: Responses	2,052	1,917	2,119

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

NHS England

Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

	2018	2019	2020
Staff with a LTC or illness: Your org	24.6%	24.8%	24.0%
Staff without a LTC or illness: Your org	11.9%	12.6%	13.6%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%
Staff with a LTC or illness: Responses	452	467	524
Staff without a LTC or illness: Responses	2,037	1,909	2,108

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

NHS England
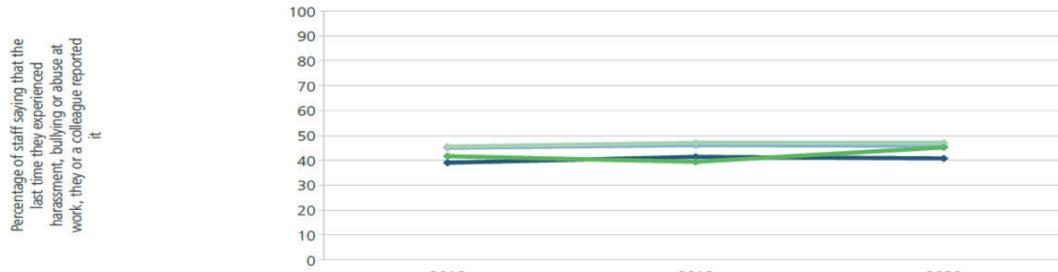
	2018	2019	2020
Staff with a LTC or illness: Your org	41.6%	39.4%	45.2%
Staff without a LTC or illness: Your org	39.0%	41.4%	40.8%
Staff with a LTC or illness: Average	45.5%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%
Staff with a LTC or illness: Responses	209	241	259
Staff without a LTC or illness: Responses	638	643	746

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

NHS England
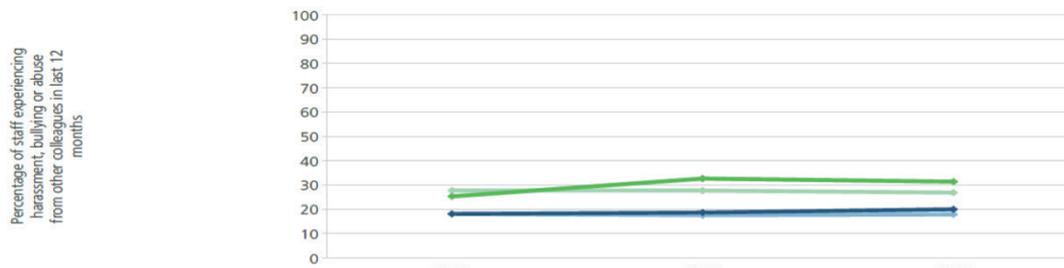
	2018	2019	2020
Staff with a LTC or illness: Your org	25.3%	32.6%	31.4%
Staff without a LTC or illness: Your org	18.0%	18.6%	19.9%
Staff with a LTC or illness: Average	27.7%	27.7%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%
Staff with a LTC or illness: Responses	454	469	523
Staff without a LTC or illness: Responses	2,021	1,901	2,092

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

NHS England

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion
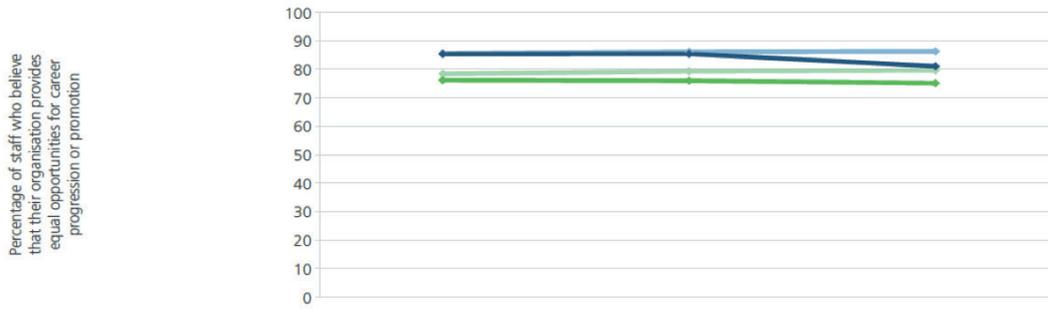
	2018	2019	2020
Staff with a LTC or illness: Your org	76.2%	75.9%	75.1%
Staff without a LTC or illness: Your org	85.4%	85.4%	81.0%
Staff with a LTC or illness: Average	78.4%	79.3%	79.6%
Staff without a LTC or illness: Average	85.5%	86.1%	86.3%
Staff with a LTC or illness: Responses	281	291	313
Staff without a LTC or illness: Responses	1,325	1,226	1,364

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

NHS England

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
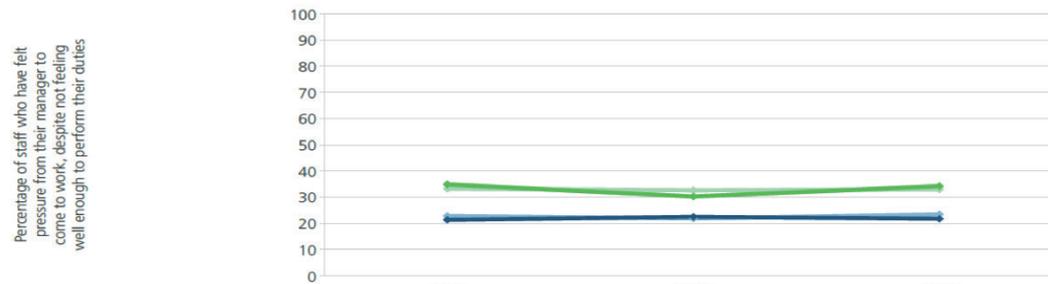
	2018	2019	2020
Staff with a LTC or illness: Your org	34.8%	30.2%	34.2%
Staff without a LTC or illness: Your org	21.3%	22.4%	21.8%
Staff with a LTC or illness: Average	33.2%	32.6%	33.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%
Staff with a LTC or illness: Responses	359	354	392
Staff without a LTC or illness: Responses	1,149	1,029	956

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff satisfied with the extent to which their organisation values their work

NHS England
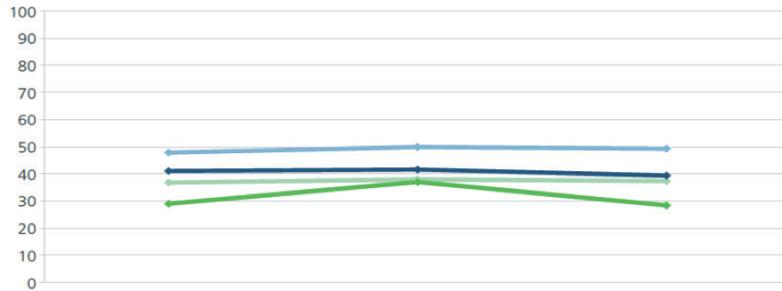
	2018	2019	2020
Staff with a LTC or illness: Your org	29.0%	37.0%	28.4%
Staff without a LTC or illness: Your org	41.0%	41.6%	39.3%
Staff with a LTC or illness: Average	36.8%	37.9%	37.4%
Staff without a LTC or illness: Average	47.8%	49.9%	49.3%
Staff with a LTC or illness: Responses	466	473	529
Staff without a LTC or illness: Responses	2,040	1,924	2,121

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

NHS England
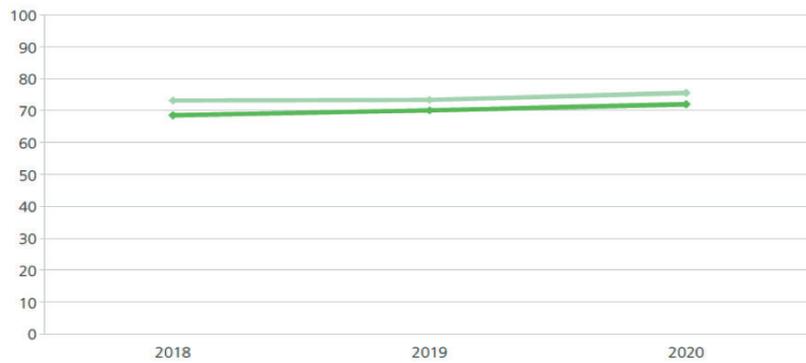
	2018	2019	2020
Staff with a LTC or illness: Your org	68.5%	70.1%	72.0%
Staff with a LTC or illness: Average	73.1%	73.4%	75.5%
Staff with a LTC or illness: Responses	270	294	332

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Staff engagement score (0-10)

NHS England

Staff engagement score (0-10)

	2018	2019	2020
Organisation average	6.6	6.6	6.5
Staff with a LTC or illness: Your org	6.1	6.2	6.1
Staff without a LTC or illness: Your org	6.7	6.7	6.7
Staff with a LTC or illness: Average	6.6	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.1	7.1
Organisation Responses	2,556	2,437	2,701
Staff with a LTC or illness: Responses	467	476	533
Staff without a LTC or illness: Responses	2,056	1,930	2,135

Average calculated as the median for the benchmark group

APPENDIX 2 WDES action plan 2020/21

WDES Action Plan 2020-2021

Outcome	Responsibility/Action	Measure	By
To increase staff voice and engagement from key staff groups	Director of People to agree protected time for Chair and budget to support the network to thrive Communications team to work with Network Chair and develop a robust communications and marketing plan and encourage Active Allies.	Dedicated staff network time will enable to Chair to develop and communicate a detailed programme of work Increased membership and engagement leading to higher staff survey satisfaction EDI scores	**Nov 2022**
Visible leadership and engagement from Trust Board Champion	Trust Board to select Disability Champion to support the Network and provide Exec support	6 monthly briefing to Trust Board by Network Chair and Exec Champion	**Dec 2021**
Improve from 3% to 6 % of staff and Trust Board who have shared information about long term health conditions/Disability	Business Intelligence Lead/ESR Team to work with Hd EDI and Communications Team on dedicated messaging	Improve 2022 data from 3% to 6%	**March 2022**
Progress to Level 2 of Disability Confident Scheme, to improve the experiences of applicants with a disability or long term health condition	Head of Recruitment/Resourcing & On-Boarding to develop action plan using the national template to progress to level 2 and plan to move to level 3 in 2023. To include, working with DAWN to undertake and end to end review of recruitment process	Increase representation and confidence	**April 2022**
To improve understanding and awareness of Neurodiversity and Hidden Disabilities, creating a more inclusive and responsive organisation	Head of Educational Projects to develop/commission Statutory and Mandatory Training for all staff to raise levels of understanding	Take up of training to be monitored by ODU and progressed Increased % of staff who believe the organisations offers equal opportunities for career progression and promotion from 81% to 85%	**April 2022**

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The Shrewsbury and
Telford Hospital
NHS Trust

NHS **Workforce Race Equality Standard** (WRES)

ANNUAL REPORT 2021

Introduction

The WRES is a set of specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of our black, Asian and minority ethnic (BAME) and White staff. NHS trusts use the metrics data to develop and publish an action plan. Year on year comparison enables trusts to demonstrate progress against the indicators of race equality.

This report is produced from the SaTH data returns submitted from the Trust ESR data in March 2021 and from the 2020 Staff Survey. It is produced in a nationally mandated format as submitted to NHS England and covers data and reported experience from 2020-21.

The WRES demonstrates our clear commitment in developing the SaTH to be an exemplar employer and in supporting the UK Government's aims of increasing representation in the workplace to ensure employees from Black, Asian and minority ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Executive summary

We are committed to developing our Equality, Diversity and Inclusion, (EDI) work programme and have seen a positive impact of introducing a dedicated EDI Lead role into the Trust in March 2020. We recognise that there has been much to, and we have a clear focus on embedding EDI across the Trust by improving our staff engagement, confidence and trust. Our EDI Strategy outlines our Equality Objectives and priorities and has enabled the Trust to develop a robust work programme.

The disproportionate impact of Covid-19 on front line workers and patients nationally, has focussed our commitment to ensure we improve our understanding of, and response to, addressing racial disparity within our organisation. We are working across the Integrated Care System (ICS), to develop a more cohesive and collaborative approach to the broader EDI agenda, with a priority on addressing racial inequalities across Shropshire, Telford & Wrekin and Powys.

This disproportionate death rate is also reflected in the general population in the UK where it has been found that after taking into account age, measures of self-reported health and disability, and other socio-demographic characteristics, black and people of Bangladeshi and Pakistani origin were still almost twice as likely as white people to die a Covid-19-related death.

We are also aware of the impact of international and national issues on our Workforce. The murder of George Floyd in America and the Black Lives Matter Movement have exposed the racial tensions that exist globally. We at SaTH, stand firmly against racism and will continue to show our commitment to addressing all forms of discrimination.

We want SaTH to be a workplace where staff feel a sense of belonging and are encouraged to bring their whole self to work, without fear or feeling unsafe or unsupported. This is in line with our People Strategy and the NHS People Plan. Our commitment to a 'Just Culture', will ensure a better and more positive experience for our patients and public.

We have introduced Unconscious Bias Workshops for all staff to attend. These workshops have provided a 'safe space' for staff to learn, share and self-reflect, in order to gain a better understanding of personal bias's and how to ensure that they do not impact colleagues and patients. Greater self-awareness will enable staff to ensure they are role modelling the SaTH values and behaviours - **"Partnering, Ambitious, Caring, and Trusted."**

At SaTH, we do not tolerate any form of discrimination or harassment from colleagues, patients or the public and will ensure that our staff feel confident and have appropriate support to report any issues. We have also invested in our 'Freedom To Speak Up' support, and we have seen an increase of staff raising their concerns and a more robust response from management to address these.

Summary of our performance against the WRES Metrics

Metric 1 Workforce Representation

Our workforce demographic is changing year on year. Our workforce representation is now at 16% (13% in 2020, 11% in 2019).

Metric 2 Relative likelihood of BAME staff compared to White staff being appointed from shortlisting across all posts

We have seen an improvement in our shortlisting and final offer for BAME applicants. When shortlisting the recruiting manager does not see any personal identifiable data to stop unintentional bias. We have rolled out our revised Safer Recruitment training for all recruitment managers and this includes Unconscious Bias awareness.

Metric 3 Relative likelihood of BAME staff compared to White staff entering the formal disciplinary process, as measured by entry into the formal procedure.

These figures show a consistent reduction from the 2016 data of BAME staff being over 4 times more likely to enter the formal disciplinary process than white staff The Trust has taken steps to avoid formal processes wherever possible and is committed to a restorative approach.

Summary of our performance against the WRES Metrics Cont.

Metric 4 Relative likelihood of staff accessing non-mandatory training and CPD

Almost all non-statutory training was paused for 2020/21 due to Covis-19, and some training that did take place, may not have been recorded as we prioritised mandatory training recording. We will now work to restore this training and develop targeted communication to encourage take up.

Metric 5 Staff Survey feedback: Summary

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has decreased from 30.6% to 23.5%

Percentage of staff experiencing harassment and bullying or abuse from staff in the last 12 months has decreased from 35.5 %to 31.9%

Percentage of staff who believe the organisations offers equal opportunities for career progression and promotion has decreased from 70.6% to 67.1%

Percentage of staff who faced discrimination from manager/team leader and other colleagues in the last 12 months has gone up from 15.5% to 20.2%

Progress on our 2020 commitment

The action plan was developed and monitored by our Race Equality & Inclusion Network. The network offers a place for staff to come together, share experiences and facilitate learning and development. This is very much a network for 'Allyship' were all staff are encouraged to support and help progress our work on race equality.

We are proud to have launched our Cultural Ambassadors programme in September 2021, with a focus on improving workforce representation further. They will support our Recruitment and On-Boarding teams to review our processes and attraction work, which is Amber currently in the table below, as well as being involved in recruitment panels for Band 8 and above roles at SaTH.

Objective	Intention	Responsibility	By
Develop the new BAME staff network and seek Chair/Co-Chair from within the network Ensuring members feel supported and encouraged to participate Develop a robust communications and marketing plan for the networks andencourage Active Allies	To increase staff voice and engagement from key staff groups	Equality Diversity & Inclusion Lead	**Dec 2020**
Review Staff survey findings for Harrassment and bullying by staff colleagues	Improve on figures 2019 35% 2018 25.3%	Equality Diversity & Inclusion Lead & FTSU Lead	**Jan 2021**
Conduct confidential survey and Listening Events of BAME staff in conjunction with (FTSU) Guardians	To increase staff voice and engagement from key staff groups	Head of Employee Relations	**Mar 2021**
Embed the Cultural Calendar develop a programme of events to mark: • Holocaust Memorial Day • South Asian History Month • Gypsy and Traveller Month • Black History Month	To create an inclusiveworkplace, valuing diversity and creating a sense of belonging	Equality, Diversity & Inclusion Lead & Communications Lead	**Mar 2021**
Introduce a BAME Development Programme Cultural Ambassador Programme	To support career development and progression and develop organisational learning	Head of Workforce Transformation and OD and Workforce Equality Lead	**Oct 2021**
Develop Positive Action recruitment activity such as: • Targeted media and publicity campaigns • Improve representation in publicity and marketing materials • Develop positive case studies of existing employees	To increase representation in the Trust of underrepresented groups	Head of Recruitment & Equality Diversity & Inclusion Lead	**Mar 2021**
Review Implement Diversity elements of Leadership Academy and Manager Training and include Unconscious Training and Cultural Competence	To ensure our managers and Leaders are skilled and trained in diversity management	Head of Workforce Transformation and OD and Workforce Equality Lead	**Mar 2021**

Conclusion and next steps

We recognise that the WRES is just one of the tools we have to progress our Equality Duty and to demonstrate our commitment to address racial disparity and discrimination.

We are developing support and guidance for managers to enable them to better support staff and to give them the appropriate skills and tools to challenge poor behaviour and become and active bystanders. We have introduce Masterclasses on Inclusive and compassionate leadership and are working with Show Racism the Red Card, to develop learning for all staff.

To improve our representation further and within the senior appointment, we have drafted high impact recruitment actions in response to the recent West Midlands Regional Race Equality and Inclusion strategy.

The draft action plan, (Appendix 2), has been developed in partnership with our Race Equality & Inclusion staff network. Upon approval, the progress and performance will be measured and monitored via our Operational People Group, chaired by our Director of People and OD.

Appendix 1 WRES metrics report

Metric 1 Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.

Indicator	Data Item		Measure	2020			2021		
				White	BME	Ethnicity Unknown	White	BME	Ethnicity Unknown
		1a) Non Clinical workforce		Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures
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	1	0	0	0	0	0	0	0	0
	2	Band 1	Headcount	25	3	0	22	2	0
	3	Band 2	Headcount	532	39	0	543	50	1
	4	Band 3	Headcount	257	12	1	289	13	2
	5	Band 4	Headcount	297	8	3	314	9	4
	6	Band 5	Headcount	135	2	0	147	1	1
	7	Band 6	Headcount	80	1	0	87	3	0
	8	Band 7	Headcount	75	3	0	85	4	0
	9	Band 8a	Headcount	44	4	0	53	4	1
	10	Band 8b	Headcount	26	0	0	28	0	0
	11	Band 8c	Headcount	14	2	0	14	2	0
	12	Band 8d	Headcount	10	0	0	10	0	0
	13	Band 8d	Headcount	2	1	0	4	1	0
	14	VSM	Headcount	17	2	1	17	1	1
		1b) Clinical workforce of which Non-medical							
	15	Under Band 1	Headcount	0	0	0	0	0	0
	16	Band 1	Headcount	0	0	0	0	0	0
	17	Band 2	Headcount	1032	94	6	1072	98	1
	18	Band 3	Headcount	304	88	10	305	27	2
	19	Band 4	Headcount	112	11	0	147	18	4
	20	Band 5	Headcount	784	175	18	763	345	1
	21	Band 6	Headcount	855	57	15	870	74	0
	22	Band 7	Headcount	446	22	5	467	29	0
	23	Band 8a	Headcount	113	4	2	120	5	1
	24	Band 8b	Headcount	36	3	0	37	3	0
	25	Band 8c	Headcount	12	0	1	14	0	0
	26	Band 8d	Headcount	5	0	0	3	0	0
	27	Band 8d	Headcount	1	1	0	2	1	0
	28	VSM	Headcount	3	0	0	2	0	1
		Of which Medical & Dental							
	29	Consultants	Headcount	166	102	5	168	117	2
	30	of which Senior medical manager							
	31	Non-consultant career grade	Headcount	43	130	5	42	141	6
	32	Trainee grades	Headcount	71	126	2	64	121	10
	33	Other	Headcount	0	0	0	0	0	0

Metric 2 Relative likelihood of BAME staff compared to White staff being appointed from shortlisting across all posts.

Data source: Trust's recruitment data

	Relative likelihood in 2020	Relative likelihood in 2021
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff	1.61	0.82

Metric 3 Relative likelihood of BAME staff compared to White staff entering the formal disciplinary process, as measured by entry into the formal procedure.

	Relative likelihood in 2020	Relative likelihood in 2021
Relative likelihood of BAME staff entering formal capability process compared to White staff	1.07	0.67

Metric 4 Relative likelihood of staff accessing non-mandatory training and CPD

	Relative likelihood in 2020	Relative likelihood in 2021
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BAME staff	1.74	2.62

Metrics 5 - 8

(**Data source:** Questions 14, 11, 5, 28b, NHS Staff Survey)

Survey Coordination Centre — 2020 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months — NHS England

	2017	2018	2019	2020
White: Your org	23.8%	28.3%	25.6%	25.4%
BME: Your org	22.5%	32.4%	30.6%	23.5%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%
White: Responses	2,087	2,323	2,202	2,392
BME: Responses	187	182	170	247

Average calculated as the median for the benchmark group

Survey Coordination Centre — 2020 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months — NHS England

	2017	2018	2019	2020
White: Your org	25.2%	26.8%	28.0%	28.7%
BME: Your org	26.6%	25.3%	35.5%	31.9%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%
White: Responses	2,090	2,319	2,207	2,397
BME: Responses	188	182	169	248

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

NHS England

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

	2017	2018	2019	2020
White: Your org	86.7%	84.5%	84.5%	81.3%
BME: Your org	84.3%	72.7%	70.6%	67.1%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	1,378	1,486	1,409	1,508
BME: Responses	108	121	102	164

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WRES > Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

NHS England

Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

	2017	2018	2019	2020
White: Your org	5.6%	6.2%	6.8%	6.5%
BME: Your org	8.6%	14.1%	15.5%	20.2%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%
White: Responses	2,091	2,314	2,207	2,387
BME: Responses	187	177	168	248

Average calculated as the median for the benchmark group

Metric 9 Percentage difference between the organisations' Board voting membership and its overall workforce.

Data source: NHS ESR and/or trust's local data)

Percentage difference between the organisations' Board voting membership and it's overall workforce. Note: Only voting members of the Board should be included when considering this indicator.	46	Total Board members	Headcount	15	2	1	14	1	1
	47	of which: Voting Board	Headcount	14	1	1	11	0	1
	48	Non Voting Board members	Auto calculated	1	1	0	3	1	0
	49	Total Board members	Auto	15	2	1	14	1	1
	50	of which: Exec Board members	Auto calculated	7	2	0	8	1	0
	51	Non Executive Board members	Auto calculated	8	0	1	6	0	1
	52	Number of staff in overall workforce	Auto calculated	5497	890	74	5689	1069	87
	53	Total Board members - % by Ethnicity	Auto calculated	83.3%	11.1%	5.6%	87.5%	6.3%	6.3%
	54	Voting Board member - % by Ethnicity	Auto calculated	87.5%	6.3%	6.3%	91.7%	0.0%	8.3%
	55	Non Voting Board member - % by Ethnicity	Auto calculated	50.0%	50.0%	0.0%	75.0%	25.0%	0.0%
	56	Executive Board members - % by Ethnicity	Auto calculated	77.8%	22.2%	0.0%	88.9%	11.1%	0.0%
	57	Non Executive Board member - % by Ethnicity	Auto calculated	88.9%	0.0%	11.1%	85.7%	0.0%	14.3%
	58	Overall workforce - % by	Auto	85.1%	13.8%	1.1%	83.1%	15.6%	1.3%
	59	Difference (Total Board - Overall workforce)	Auto calculated	-1.7%	-2.7%	-4.4%	-4.4%	-9.4%	5.0%

figures are automatically calculated on the WRES template and show a decline in BAME Board representation.

APPENDIX 2 WRES action plan 2020/21

WRES Action Plan 2020-2021

Outcome	Responsibility/Action	Measure	By
To create an inclusive workplace, valuing diversity and creating a sense of belonging	Director of People and OD to agree a 'Pledge' of Zero Tolerance' to be signed off at Trust Board Hd EDI and Hd Patient Experience to review and refresh existing policy HRBPs and Divisional/Corporate Leads to develop local plans based on staff survey feedback to address discrimination and prejudicial behaviours - supported by Hd OD, Leadership and Culture Communications Teams to develop materials for circulation Health and Wellbeing team to incorporate this into Wednesday Walkabout programme	Decreased % of staff who faced discrimination from manager/team leader and other colleagues 2020 20.2% 2019 15.5% **2022 15%**	**Nov 2021**
Visible leadership and engagement from Trust Board Champion	Trust Board to select Disability Champion to support the Network and provide Exec support	6 monthly briefing to Trust Board by Network Chair and Exec Champion	**Dec 2021**
To increase staff voice and engagement from key staff groups	Director of People to agree protected time for Chair and budget to support the network to thrive Communications team to work with Network Chair and develop a robust communications and marketing plan and encourage Active Allies	Dedicated staff network time will enable to Chair to develop and communicate a detailed programme of work Increased membership and engagement leading to higher staff survey satisfaction EDI scores	**Dec 2021-Feb 2022**
Race Equality & Inclusion Network to establish an integrated plan with ICS BAME Staff Network	HD EDI to working with ICS BAME network to strengthen resource and support to promote racial equality by sharing good practice and developing a programme of events and activity.	Increased resource across the ICS Quarterly events to promote racial equality	**Feb 2022**
Improved staff survey response of % of staff who believe the organisations offers equal opportunities for career progression and promotion	Assistant Director Education, Learning to: develop/commission targeted programmes such as Reverse/Reciprocal mentoring increase uptake of national /regional BAME leadership programmes	Improve on figures 2020 67.1% 2019 70.6% **2021 72%**	**Mar 2022**
Improved Cultural Competence	Hd EDI to evaluate the Cultural Ambassadors Programme and continue to expand the programme' Hd Recruitment, Resourcing and On-Barding to develop Positive Action recruitment activity, including; • targeted media and publicity campaigns • Improve representation in publicity and marketing materials • develop positive case studies of existing employees		**Mar 2022**