

Equality and Diversity Annual Report

1.0 Executive Summary

The report on the Snowy White Peaks of the NHS highlights the fact that there is evidence to say that a diverse workforce where all staff can contribute and feel valued, will be linked to good patient care. (West 2012, Dawson 2009) It also suggests that Trust Boards should be as representative as possible to the communities they serve.

The purpose of this report is to provide the Trust Board and the Risk and Quality Committee with the annual Equality and Diversity update.

The report relates to workforce and captures the equality data collected and monitored in relation to the areas listed below for the period of April 2016 to March 2017. Internal Trust data is set against local population data to give the context for monitoring.

- Recruitment activity data
- Staff in post profiles
- Employee relations activity e.g. disciplinary, grievance
- Access to personal development and leadership training
- Staff survey results

This report also summarises action taken over the last year to provide assurance that the Trust continues to meet the requirements set out below.

2.0 Introduction

Under the Equality Act 2010 the Trust is required to meet three General Duties:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In addition the government approved specific public sector duties. This means the Trust must consider the Equality Act for all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to staff.

It also requires that public bodies have due regard to the need to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

These are sometimes referred to as the three aims or arms of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from 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 Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating some people more favourably than others.

The equality duty covers the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the duty applies to this characteristic but that the other aims (advancing equality and fostering good relations) do not apply.

On the Trust's website, the Workforce Race Equality Standard (WRES) "Statement of Commitment" is published.

3.0 Key Action Undertaken During 2016/2017

Actions undertaken include:

- Review of workforce equality data.
- Monitoring of the EDS action plan.
- Additional classroom Equality and Diversity training delivered, over all sites to raise compliance levels.
- Continued engagement with protected characteristic groups.
- Dedicated Bullying and Harassment pages of Knowledge Centre developed and now live.
- New system "speak in confidence" was launched previously with 10 managers ready to take emails from staff who need to raise issues in a confidential way.
- A Bullying and Harassment workplace day
- Divisional tool kit to improve working practices and behaviours which includes:
 - 'How's your day' audit tool – actions from this include a focus on flexible working patterns and retention strategy
 - Examples of Bullying and Harassment scripts for training delivered which includes ways managers can support staff and link to the Employee relations advisory team (ERAS)
- The Trust's People Strategy (2014-2019) incorporates all workforce related visions. Although Equality and Diversity is not identified as a separate theme within the overall strategy, the principles of compliance with our statutory requirement, fairness and non-discriminatory practice and the need to develop the potential and value of a diverse workforce underpin all themes in order to embed practice and deliver the Trust's Values.
- The Lead has developed an Equality, Diversity and Inclusion Strategy during. This will identify the following:
 - Vision
 - Aims and objectives
 - Key milestones
 - Success measures
- All staff received the 2016 annual NHS staff survey to have a greater representation and level of reliability in the reported data.
- NHS Workforce Race Equality Standard (WRES)
- Data was gathered across our organisation for the 9 metrics for the WRES at 1 April 2015 and this is done annually
- Our workforce findings are displayed on our website for the WRES workforce metrics
- A summary of findings and progress is regularly reported within our Workforce Report, and will be published on our website no later than the 1st September 2017.

4.0 Workforce demographics - key messages from data

We compare our workforce profile with the latest National Census data (2011). Analysis of this data has helped us look at the diversity of our workforce and assess any risks in terms of meeting the General Equality Duty. The figures show the following:

4.1 Recruitment (observations taken from TRAC equality monitoring report) relative likelihood of staff being appointed from shortlisting across all posts.

- Ethnicity: More than half (59.67%) of applicants for come from White British background with other categories widely represented and this reflects a greater diversity than the population served. For medical posts, applications come from a wide range of ethnic origin categories.
- Disability – 563 applicants; 6.71% of applicants recorded that they had a disability compared to 8.11% appointed. Applicants who state they have a disability are automatically short-listed for interview stage if they meet the essential criteria for the post.
- Age: applications were received from across the spectrum of age bands, however only 2.62% of applications were received from the under 20 age group which is comparable to last year. Majority of applications were received from the following age groups: 25-29 (18.02%); 30-34 (15.02%) and 45-49 (11.14%).
- Gender: applications from males continue to remain lower than females.

4.1.1 Conclusion

We continue to improve the accuracy of collection of recruitment data, utilising the TRAC system and will ensure this data is regularly used to provide robust analysis of trends that will enable us to act on any patterns of discrimination or unfairness in recruitment practices. This includes the provision of regular recruitment and selection training.

The data overall shows that we are currently receiving applications, short-listing and appointing across a wide range of protected characteristic groups, however, the number of ethnic origin classifications are now so wide ranging, that numbers are disparate and it is difficult to draw meaningful conclusions as to whether there are any issues with individual ethnic origin groups.

4.2 Staff In post

- Ethnicity: the Trust's workforce continues to be more diverse than the population served; 27.24% of the workforce is from ethnic minority groups in comparison to the local community which is 16.9% in the 2011 Census data.
- Age: In Hertfordshire 41.6% of the population are aged between 30-59. Within the Trust, staff are employed from all age bands across the grades of staff, however the Trust appears to have a lower representation of staff aged 60 years plus across most bands and also at band 7, 8 and 9 for aged 29 years and less. This is reflective and consistent with a typical employment profile.
- Gender: Females continue to make up 77.92% of the workforce with larger representation of females in all staff groups with the exception of Medical and Dental where 44.87% are female and 55.3% are male. There are 36.98% of all Trust employees work part time, the highest percentage of part time workers hold nursing roles. The Trust's gender profile is in line with NHS averages.
- Religion: 58.25%% of the Hertfordshire population state they are Christian and our workforce is 42.19% Christian. Again, as with disability, large numbers of staff do not disclose their religion which makes meaningful conclusions difficult. This said, there are a range of religions other than Christianity recorded where this information is declared.

- Sexual Orientation: 64.95% of our workforce state they are heterosexual. It has not been possible to find any census data to compare these figures with.

4.3 Access to Training and Development (personal development and leadership)

Data shows that attendance on internal leadership and personal development courses is largely representative across gender, religion, ethnicity, age, disability and sexual orientation.

All applications forms for training give the opportunity for staff with a disability to advise of any special arrangements needed. Examples of reasonable adjustments for training include:

- Re-arranging training rooms to accommodate mobility scooter
- Arranging for a British sign language interpreter
- Some training rooms are fitted with Hearing Loop
- The Mary Seacole cross boundary STP leadership programme includes a diverse group of trainees
- NHS Leadership Academy - The Academy has launched its fully-funded programme for BAME leaders. 'Ready Now' is the innovative and inspirational positive action programme from the NHS Leadership Academy. The programme takes senior leaders from a BAME background on a transformational learning journey, helping them to realise their potential and take that next step up to a more senior role, to the boardroom and beyond.

4.4 Employee Relations

In 2016-17, our records indicate relative likelihood of staff entering the formal disciplinary process (measured by a formal disciplinary investigation) is 1.02% of the white population compared to 1.11% of the BME population (39 white compared to 17 BME staff).

The data shows that cases are spread across a range of protected characteristic groups, however, with cases making up such a small percentage of the overall workforce, the numbers are too low to draw any significant conclusion.

This said, the nature of many employee relations cases, particularly those that involve a formal investigation, may lead to exploration of whether any discriminatory or unfair practice or behaviour is happening. The Trust's ERAS team has strengthened the consistency and timeliness of interventions to support our managers and staff with employee relations issues.

4.5 Senior Board and Manager Population

The WRES in 2016 includes a new addition of reporting on the difference for white and BME staff: for the Trust's Board voting membership. There are 13 white Board members compared to 12 last year and no BME directors.

4.6 The age profile

The age profile of the senior management population of the Trust is a fairly even distribution between ages 30 – 60.

The Trust's strategy for leadership and talent will ensure that equality of opportunity for senior roles is promoted and supported and the Trust continues to raise awareness of national BME leadership programmes alongside other developmental opportunities.

5.0 2016 National Staff Survey

The annual national staff survey allows us to analyse trends across the range of questions asked for some of the protected characteristics where staff have provided details.

The results for the staff survey 2016 questions relevant to equality standards:

KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients in the last 12 months.

The percentage of white staff experiencing harassment, bullying or abuse from staff in the last 12 months is 27.34% compared to 29.48%.

KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.

The percentage of white staff experiencing harassment, bullying or abuse from staff in the last 12 months is 27.77% compared to 35.36%.

KF 21. Percentage believing that the Trust provides equal opportunities for career progression and development

The Trust has repeated the results from the 2015 survey, with an average score for staff believing the organisation provides equal opportunities for career progression and development

5.1 Action taken/required:

In 2016, the Trust is conducting a full staff survey to over 5000 staff which ensured a significantly increased number of staff responses to identify trends in equality and allow focussed actions for improvement. The 2016 staff survey was completed by 1829 (1717 staff completed the survey in 2015), representing a 34.6% response rate

The Trust continues to embed PIVOT values into recruitment, appraisal and employee relations processes and Divisional action plans will continue to contribute to improvements. The Workforce Race Equality Standard (WRES) will also ensure that this is given more focus.

The Employee Relations (ERAS) team has also provided a more accessible and consistent route for staff to raise concerns. Flexible working requests are now reviewed centrally to ensure fairness and consistency of approach, including a targeted flexible working project team working with ward areas to discuss different working patterns for staff.

Access to statutory training and annual appraisal are mandatory for all staff and this should ensure an increased level of consistency applying to all staff.

6.0 Future Actions

Equality and diversity is now a standing agenda item at the Trust Partnership meetings and this report and its implications will be discussed in partnership with Staff Side. Further actions required will be considered for the following key challenges:

- Continuing to improve workforce data regarding protected characteristics which is not held currently on ESR - a data audit exercise will improve this position.
- Continuing to provide appropriate and timely training, including incorporating this into Trust plans for improving the “welcome” elements of our induction programme.

- Ensuring a more robust and consistent reporting, highlighting risks through Trust Partnership, Patient Experience group and the RAQC.