<u>**QUALITY AND SAFETY COMMITTEE – 25 SEPTEMBER 2018**</u>
Equality & Diversity and Workforce Race Equality Standards
Annual Report

PURPOSE	This is to support the work that has been done around equality, diversity and inclusion. It provides an overview the E&NHT NHS Trust recording of the figures that we are required to work on
PREVIOUSLY CONSIDERED BY	**NIL**
Objective(s) to which issue relates *	[X] 1. **Keeping our promises about quality and value** – embedding the changes resulting from delivery of Our Changing Hospitals Programme. [ ] 2. **Developing new services and ways of working** – delivered through working with our partner organisations [ ] 3. **Delivering a positive and proactive approach to the redevelopment of the Mount Vernon Cancer Centre.**
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Links to regulations under the Equality Act 2010 HR: failure to meet agreed standards Legal: failure to meet CQC and other national standards Patient Safety: failure to maintain appropriately trained workforce
Healthcare/ National Policy (includes CQC/Monitor)	Equalities Act 2010 Snowy white peaks of the NHS WRES/WDES/SOM
CRR/Board Assurance Framework *	[X] **Corporate Risk Register** [ ] **BAF**
ACTION REQUIRED *	For approval [ ] For decision [ ] For discussion [X] For information [ ]
DIRECTOR:	Chief People Officer
PRESENTED BY:	Chief People Officer
AUTHOR:	HR Business Partner
DATE:	September 2018

**We put our patients first   We work as a team   We value everybody   We are open and honest
We strive for excellence and continuous improvement**

**Equality & Diversity and Workforce Race Equality Standard (WRES)
Annual Report**

1.0   Executive Summary
Equality, Diversity and Inclusion continue to be at the heart of the NHS strategy. Investing in a diverse NHS workforce enables the NHS to deliver a more inclusive service and improve patient care and experience.

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. **Diversity** is about recognising and valuing difference in its broadest sense. **Inclusion** is about an individual's experience within the workplace and in wider society and the extent to which they feel valued and included.

The East and North Hertfordshire NHS Trust (ENHT) strives to provide a comprehensive service to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The trust is also providing an inclusive service to all irrespective of their social status and position. In line with the NHS Constitution, the ENHT's service aspires to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It also recognises the importance of partnership working with neighbouring organisations. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

The purpose of this report is to provide the Quality and Safety Committee and the Trust Board with the annual Equality, Diversity and Inclusion 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 2017 to March 2018. 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. It will also recommend actions that the organisation will need to take in order to maintain its compliance with the EDI legislation.

2.0   Introduction
In line with the legislation and regulatory bodies' expectations, the Trust is required to comply with a number of local and national initiatives that relate to equality, diversity and inclusion.
The ENHT recognises the importance of removing barriers that could create inequality for people and ensuring its workforce feels supported, included and able to deliver high quality healthcare.
The ENHT's vision is 'being amongst the best…'. The following are the ENHT's values that underpin that vision:

The ENHT's vision and values, as specified above support the organisational ambition to:
- becoming a leading organisation for the promotion of Equality, Diversity and Inclusion by developing a robust Equality, Diversity and Inclusion strategy with the exec sponsorship
- consistently challenging discrimination and promoting equality in service delivery and employment by taking appropriate actions following from staff surveys, WRES reports and any feedback received
- recognising the contribution of all staff irrespective of any protected characteristics by consistently rewarding its employees on the merit of what they did and not who they are
- being supportive, fair and free of discrimination and becoming a model employer

2.1   Equality Act 2010
The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone. The Equality Act 2010 defines groups of people that have certain protected characteristics.

2.2   Public Sector Equality Duties
In addition to the Equality Act 2010, the government approved specific public sector equality duties. This means the Trust must consider the Equality Act 2010 for all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to employees, workers, contractors, patients and service users and their relatives.

The main aims and objectives of the public sector equality duties are:

- To eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by under the Equality Act 2010;
- To advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- To foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The general equality duty is supported by two specific obligations which require public bodies such as ENHT to:
- Publish all relevant information to evidence their compliance with the equality duty and;
- Set and publish equality objectives as well as assess its compliance with these at least every four years.

The Trust has recently revised the Equality and Diversity strategy, and it is expected to be relaunched in the autumn of 2018. Its main aims and objectives, in line with the Equality Act 2010 and Public Sector Equality Duty, are:

- To remove or minimise discrimination, harassment and victimisation suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- To take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it and to remove barriers for people;
- To encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low and to sustain and develop meaningful engagement that supports fostering good relations between different groups

3.0 EDI evaluation at the ENHT

The equality, diversity and inclusion agenda has been one of the areas of focus for the trust in 2017/18. With the understanding of the positive impact that EDI has on organisations (ethical, business, economic and legal), the trust is committed to identify pockets of good practice as well as areas of development to apply the quality and human rights thinking to quality and patient care improvements.

According to the WRES report 2017 published by NHS England, the Trust has recently been identified as one of 20 best performing NHS organisations in terms of positive conversion rates for BAME candidates from applying to appointment. The same report, however, identifies the issue of perceived bullying and harassment as well as formal disciplinary and capability procedures being reported by staff from non-white ethnic backgrounds. The annual NHS Staff Survey report 2017 suggests that the policies, procedures and organisational initiatives could be more effective in terms of supporting staff with protected characteristics (i.e. reasonable adjustments for disabled employees).

Since the introduction of the Equality Act 2010, the trust's EDI agenda has been imbedded in its processes and policies. The organisation has complied with the legislative and social responsibility and developed EDI strategy, along with supporting policies, standard operating procedures and key performance indicators. All policies and consultations impacting on workforce and the trust's users are supported by Equality Impact Assessments, which have been reviewed and assessed in collaboration with the Trade Unions and staff side colleagues.

Whilst the trust has been legislatively and procedurally compliant, it is important to note that, like many other public sector organisations, it will need to put more emphasis on EDI going forward. It is for that reason why a new lead for EDI has been appointed to take the EDI agenda to the next level and help the trust to become an organisation of choice for potential candidates whilst ensuring that existing workforce feels valued and supported.

It is important to mention that the ENHT's workforce has been more diverse than the community it serves in terms of ethnicity. It is also encouraging that the trust is committed to act upon feedback following on from incidents and formal cases (i.e. recent case of an employee who felt indirectly discriminated has influenced changes to the trust's uniform policy to support females who go through the process of menopause). The trust also observes the political arena to ensure that its impact on employees and candidates is reduced to minimum. Following from the UK Government's announcement of Brexit, all staff have been communicated with, that despite the uncertainty on a national level, the East and North Hertfordshire is committed to continuing recruitment of EU as well as overseas nationals.

4.0 Data Headlines

The data presented in this report is based on the information available at the time of writing it and taken from sources such as Electronic Staff Record (ESR), TRAC (recruitment system), Census 2011 results and Herts Insight website.

4.1 Community we serve

The Trust provides secondary acute services to a population of c. 600,000 patients across East and north Hertfordshire, and central Bedfordshire. The Trust also provides tertiary cancer services to a population of over 2 million from London, Hertfordshire, and Bedfordshire from the Mount Vernon Cancer Centre. The Trust provides community children's services to the population of Hertfordshire In addition, the Trust provides satellite renal dialysis units in Luton, Bedford, St Albans and Harlow. Our local mental health provider is Hertfordshire Partnership NHS FT. Our local provider of adult community services is Hertfordshire Community NHS Trust, who provides community services including community hospitals in Welwyn Garden City and Bishop's Stortford.

It is assumed that the demographic composition of the areas that the trust serves is comparable in terms of age, gender, ethnic groups and religion, therefore for the purpose of this report, Census 2011 data for Hertfordshire as well as mid-year population estimates (ONS) will be presented as baseline. It is estimated that the population of Hertfordshire in 2017 was approximately 1,181,000.

4.1.1 Age
The age composition of the population living in Hertfordshire in mid-2017 is presented below:

Age structure of those living in Hertfordshire at mid-2017 (%)
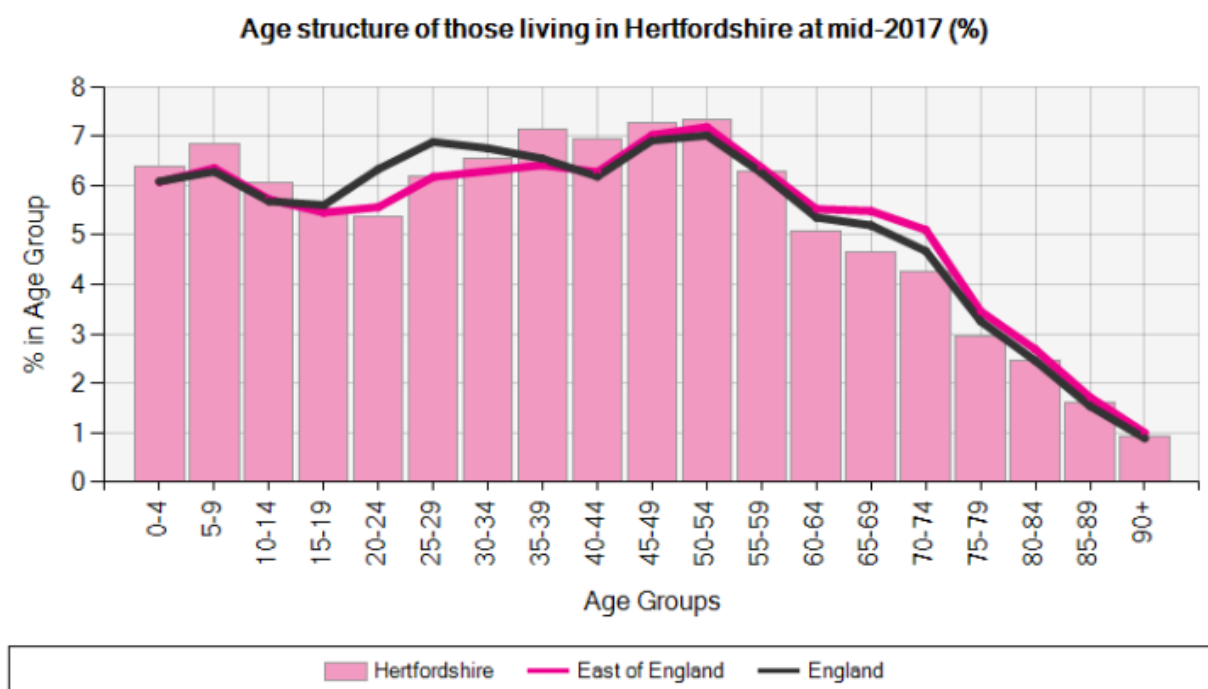
4.1.2 Gender
The latest (mid-2017) estimate puts the population of Hertfordshire at 578,500 males and 602,500 females.

Resident population in Hertfordshire at mid-2017 (latest)

	Hertfordshire	East of England	England
All persons : All ages (2017)	1180900	6168400	55619400
Males : All ages (2017)	578500	3040300	27481100
Females : All ages (2017)	602500	3128100	28138400
% of All persons : Males (2016)	48.97	49.30	49.40
% of All persons : Females (2017)	51.02	50.71	50.59
Population density (persons per hectare) (2017)	7.19	3.23	4.27

4.1.3 Transgender

Although there has been some work undertaken on estimating the number of transgender people within the UK population there is no publicly available statistical data on which to make reliable estimates. Research undertaken by the Office for National Statistics to assess the feasibility of gathering transgender data concluded that asking a question in a survey is not the most appropriate method of data collection due to difficulties such as sample sizes, privacy and acceptability of terminology.

Some estimates suggest gender reassignment rate to be 20 per 100,000 people in the UK. This would suggest there are around 10,000, of which 6,000 would have gone through transition. Year on year the number of people presenting increases by 15%, if this trend continues it means the number of trans gendered people could double every five years. The median age of those presenting for treatment is 42 years old. These estimates do not take into account those who transition through private medical care - this is based solely on NHS statistics. If the rate of 20 per 100,000 people estimated for the UK is applied to Hertfordshire for those aged 15 or over, it would mean there were around 183 transgender people in the County.

4.1.4 Ethnicity

In 2011, the proportion of the total population that were in a minority ethnic group (i.e. not White-British) was 19.18%. This compares to a proportion of 11.23% at 2001. There is currently no available to assess the ethnicity composition in Hertfordshire in mid-2017.

Ethnic group percentages for those living in Hertfordshire at 2011

	Hertfordshire	East of England	England
ℹ️% of White: English/Welsh/Scottish/Northern Irish/British (2011)	80.82	85.28	79.75
ℹ️% of White: Irish (2011)	1.55	0.95	0.98
ℹ️% of White: Gypsy or Irish Traveller (2011)	0.1030	0.1397	0.1036
ℹ️% of White: Other (2011)	5.11	4.45	4.58
ℹ️% of Mixed or multiple ethnic group: White and Black Caribbean (2011)	0.80	0.64	0.78
ℹ️% of Mixed or multiple ethnic group: White and Black African (2011)	0.29	0.26	0.30
ℹ️% of Mixed or multiple ethnic group: White and Asian (2011)	0.78	0.55	0.63
ℹ️% of Mixed or multiple ethnic group: Other (2011)	0.60	0.47	0.53
ℹ️% of Asian or Asian British: Indian (2011)	2.58	1.48	2.63
ℹ️% of Asian or Asian British: Pakistani (2011)	1.10	1.13	2.10
ℹ️% of Asian or Asian British: Bangladeshi (2011)	0.50	0.56	0.82
ℹ️% of Asian or Asian British: Chinese (2011)	0.76	0.57	0.72
ℹ️% of Asian or Asian British: Other (2011)	1.56	1.01	1.55
ℹ️% of Black/African/Caribbean/Black British: African (2011)	1.77	1.20	1.84
ℹ️% of Black/African/Caribbean/Black British: Caribbean (2011)	0.78	0.57	1.11
ℹ️% of Black/African/Caribbean/Black British: Other (2011)	0.27	0.24	0.52
ℹ️% of Other ethnic group: Arab (2011)	0.21	0.18	0.42
ℹ️% of Other ethnic group: Any other ethnic group (2011)	0.42	0.32	0.62
ℹ️% of Any other than White British (Derived variable) (2011)	19.18	14.72	20.25
ℹ️% of Any other than White (Derived variable) (2011)	12.4	9.2	14.6

4.1.5 English language proficiency

In 2011, 93.94% of usual residents in Hertfordshire had English as their main language. 0.80% of residents did not have English as a main language and could not speak English well. 0.13% of residents could not speak English at all.

Proficiency in spoken English (percentages) in Hertfordshire at 2011

	Hertfordshire	East of England	England
ⓘ% Main language - English (2011)	93.94	94.47	92.02
ⓘ% Main language not English, can speak English very well (2011)	2.90	2.31	3.31
ⓘ% Main language not English, can speak English well (2011)	2.23	2.10	3.01
ⓘ% Main language not English, cannot speak English well (2011)	0.80	0.95	1.39
ⓘ% Main language not English, cannot speak English (2011)	0.13	0.17	0.26

4.1.6   Religion
Census 2011 religion and belief composition of the population living in Hertfordshire is presented below (responding to the census question on religion is optional, this is why there is a "Religion not stated" category below)

Stated Religion for those living in Hertfordshire at 2011 (%)
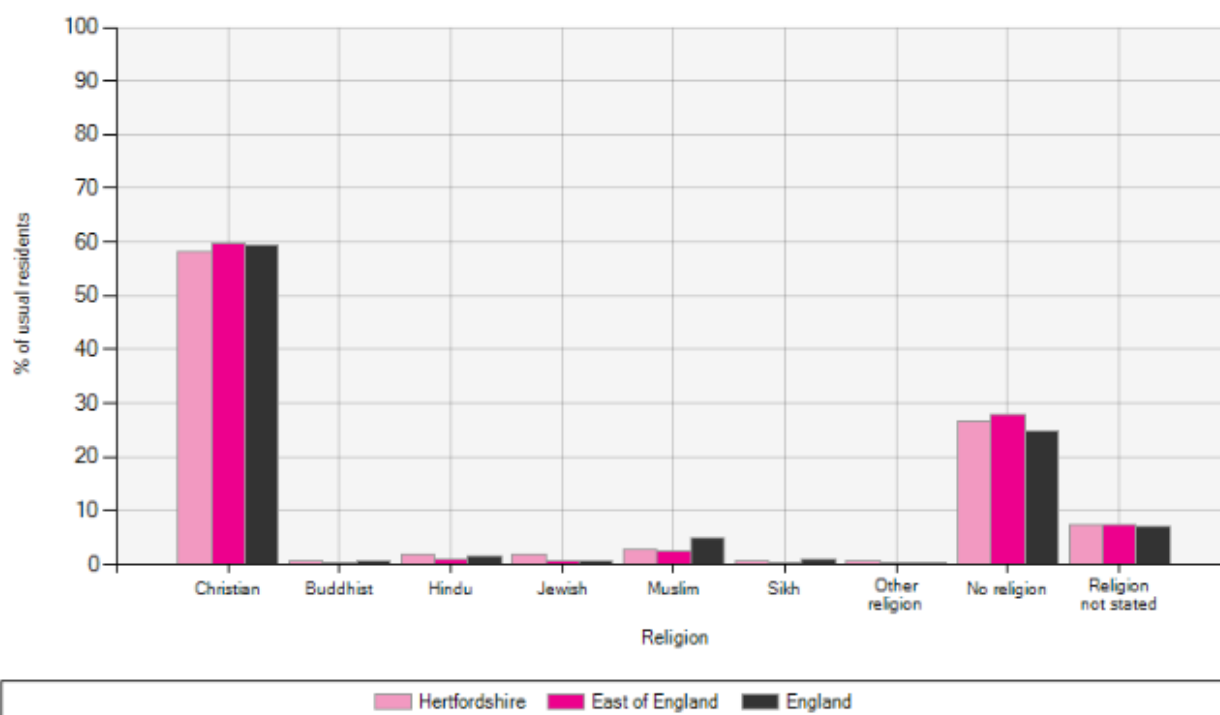
4.1.7   Country of birth
Data on country of birth is available from the 2011 ten yearly census.

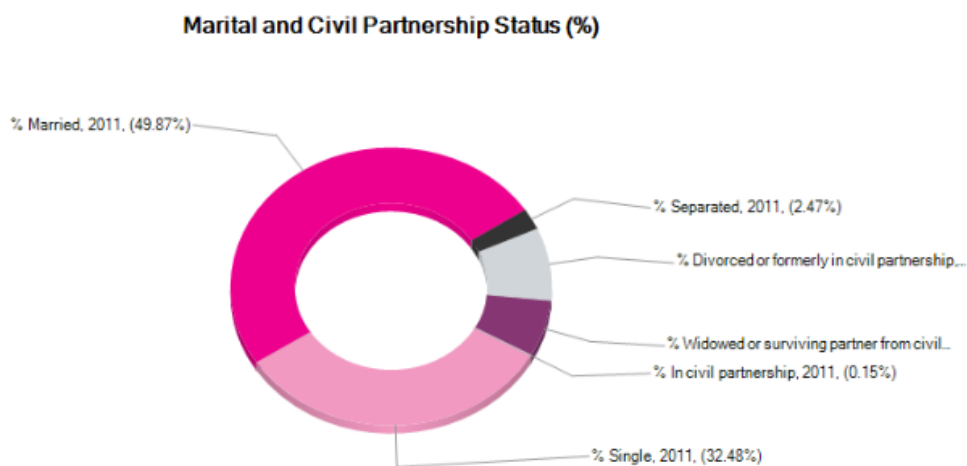| Percentage of people born in (2011 Census)			
	Hertfordshire	East of England	England
ⓘ% England (2011)	83.93	86.58	83.46
ⓘ% Northern Ireland (2011)	0.37	0.35	0.39
ⓘ% Scotland (2011)	1.41	1.33	1.34
ⓘ% Wales (2011)	0.87	0.74	0.96
ⓘ% UK not otherwise specified (2011)	0.01	0.01	0.01
ⓘ% Ireland (2011)	1.13	0.75	0.75
ⓘ% Other EU: Countries in March 2001 (2011)	1.79	1.57	1.69
ⓘ% Other EU: Accession countries April 2001 to March 2011 (2011)	1.89	2.07	2.05
ⓘ% Other countries (2011)	8.60	6.60	9.36
ⓘ% UK (Derived variable) (2011)	86.59	89.02	86.16
ⓘ% EU (excluding UK) (Derived variable) (2011)	4.81	4.38	4.48

4.1.8 Sexual identity

Data on sexual identity is not available at any areas lower than regional level; however in 2016 the ONS suggested that there have been 1.2% of Eastern Region population identifying themselves as LGBT
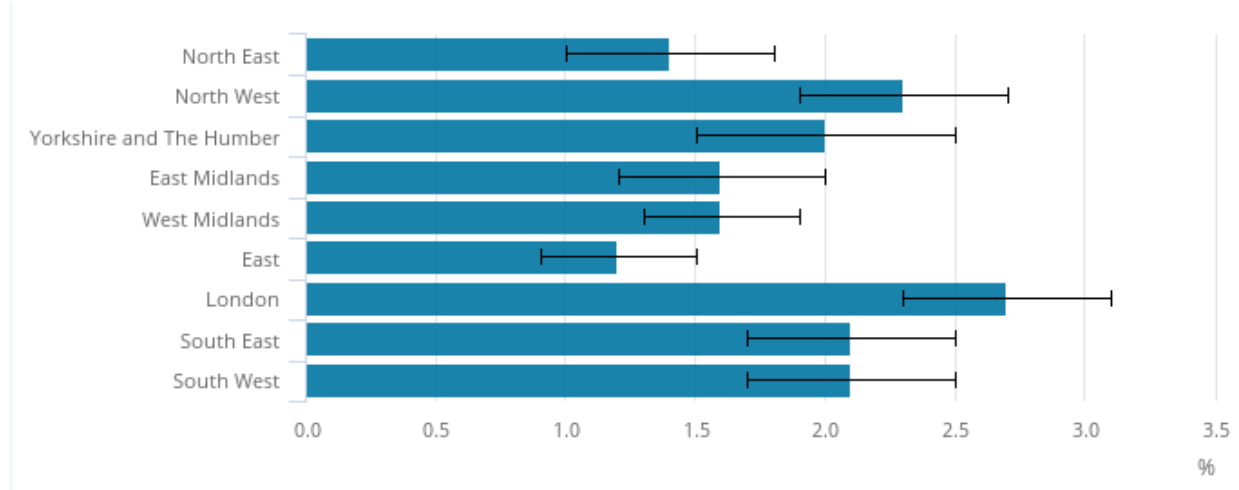
4.1.9 Marriage and civil partnership

Data on marriage and civil partnership is available from the 2011 ten yearly census.

Marital and Civil Partnership Status (%)

% Married, 2011, (49.87%)
% Separated, 2011, (2.47%)
% Divorced or formerly in civil partnership,...
% Widowed or surviving partner from civil...
% In civil partnership, 2011, (0.15%)
% Single, 2011, (32.48%)

4.1.10 Adult disability

According to the 2011 Census, 9,487 people in Hertfordshire stated that their general health was "very bad". That was 0.85% of the resident population. Also 159,848 people stated that they had a long-term health problem or disability that limited their day-to-day activities to some extent. That was 14.3% of the resident population.

**General Health and Long-term Health Problem or Disability in Hertfordshire at 2011**

	Hertfordshire	East of England	England
ⓘ General health - % Very good (2011)	50.90	47.23	47.17
ⓘ General health - % Good (2011)	33.93	35.23	34.22
ⓘ General health - % Fair (2011)	11.25	12.87	13.12
ⓘ General health - % Bad (2011)	3.07	3.64	4.25
ⓘ General health - % Very bad (2011)	0.85	1.03	1.25
ⓘ Long-term illness/Disability - % Activities limited a lot: All usual residents (2011)	6.19	7.43	8.31
ⓘ Long-term illness/Disability - % Activities limited a little: All usual residents (2011)	8.13	9.28	9.33
ⓘ Long-term illness/Disability - % Activities not limited: All usual residents (2011)	85.68	83.30	82.36

4.2   Workforce composition

It is important that the trust recognises its workforce diversity in comparison to the community it serves. The data below represents the workforce composition on 31st March 2018. Further analysis of recruitment activity and conversion rate from shortlisting to appointment as well as staff survey result will be presented at a latter part of this report.

4.2.1   Age

The ESR data suggests that the age composition of workforce follows the trend line of composition of people living in Hertfordshire with the highest proportion of employees being between 25 and 59 years of age. It is encouraging that the trust employs very diverse workforce in terms of its age. The reduction of workforce in age groups above 60 years of age is impacted by staff taking retirement. The data could also suggest that approximately of 8% of workforce works beyond its retirement age, which has a positive impact on the skill mix and available expertise and knowledge.
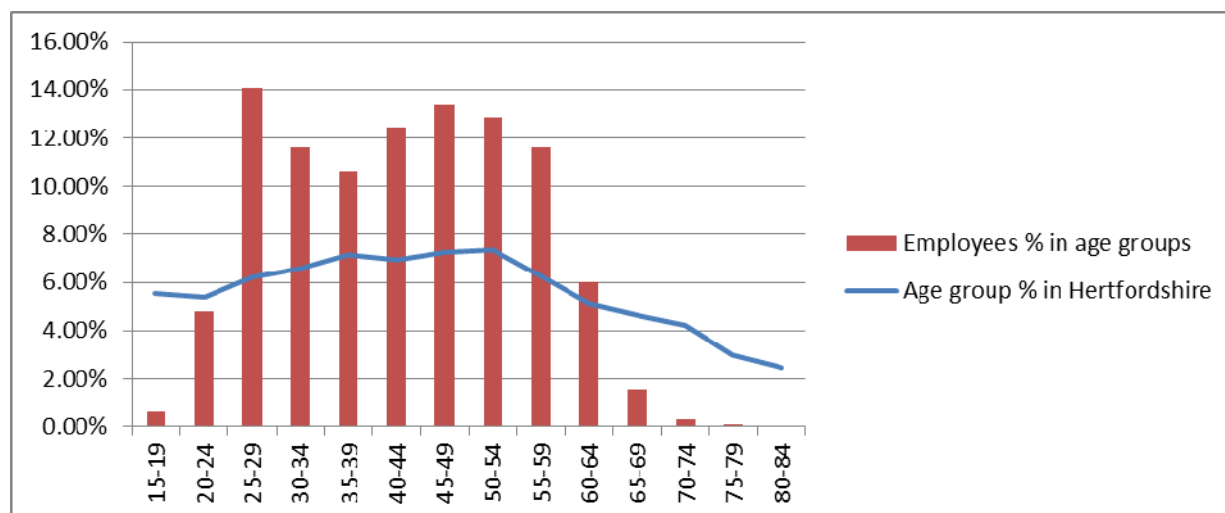
4.2.2   Gender

Females continue to outnumber males in the ENHT and compose 78% of the whole workforce. This is comparable with the gender composition across the whole of the NHS and has been presented in the table below split by staff group:

Main Staff Group	Males to females	Females to males	Males to all staff	Females to all staff
Add Prof Scientific and Technic (e.g. Pharmacists Technicians)	19.58%	80.42%	0.65%	2.68%
Additional Clinical Services (HCA's, health support workers)	16.16%	83.84%	2.26%	11.70%
Administrative and Clerical	15.31%	84.69%	3.54%	19.60%
Allied Health Professionals (Occ Therapists, Physio's)	18.44%	81.56%	0.79%	3.51%
Estates and Ancillary	58.16%	41.84%	3.45%	2.49%
Healthcare Scientists (Pathology staff)	44.16%	55.84%	1.20%	1.52%
Medical and Dental	55.13%	44.87%	7.67%	6.24%
Nursing and Midwifery Registered	7.70%	92.30%	2.52%	30.19%
Overall	**22.08%**	**77.92%**	**22.08%**	**77.92%**

4.2.3   Transgender

Unfortunately, there is no robust data available to report on a number of employees who are transgender.

4.2.4 Ethnicity

For the purpose of this report, the employees' ethnicity has been assembled into 3 groups: White, BAME and Undefined. It is clear that the Trust has been diversifying its workforce in terms of ethnicity and year on year has been increasing its numbers of BAME employees. This can be contributed to increased numbers of international recruitment campaigns.

The percentage of the trust's BAME workforce is more than twice as high compared to the percentage of the BAME community living in Hertfordshire. According to 2011 national Census, the county was resided by 87.58% white people, compared to 12.42% BAME citizens.

Mar-16	Mar-17	Mar-18
White - 69.21% BAME - 25.92% Undefined - 4.87%	White - 67.11% BAME - 26.95% Undefined - 5.94%	White - 65.5% BAME - 28.8% Undefined - 5.7%

4.2.5 English language proficiency

The Trust does not collect the information on the level of English language proficiency; however, it should be assumed that 100% of workforce could communicate verbally in English or non-verbally in British sign language for those whose verbal communication skills may be impaired.

4.2.6 Religion

The religion/belief/no belief workforce composition, in large follows the trend of the county – the largest number of employees declared to be Christian. The data suggest that the organisation is as diverse as the county in terms of faith/no faith workforce composition.
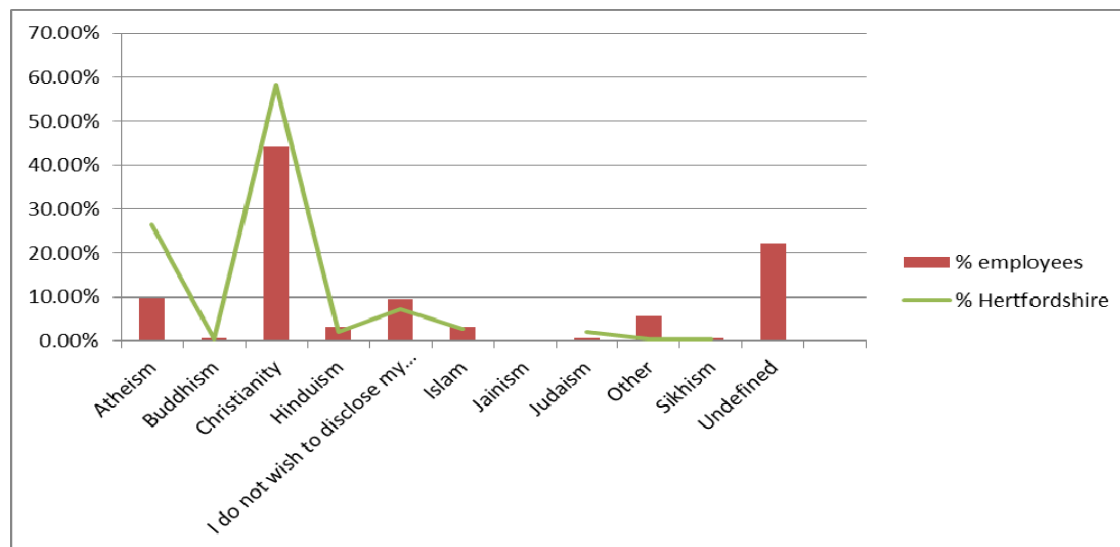

4.2.7 Country of birth

The workforce composition in terms of country of birth is significantly more diverse compared to the population of Hertfordshire. The percentage of staff born in the UK was 62.38%, whilst those residing in Hertfordshire and born in the UK, according to 2011 Census was 86.59%. Employees who declared to have been born in the EU country (exc. UK) were 6.48%, whilst those in the Hertfordshire counted for 4.81%. The most encouraging figure in terms of workforce diversity based on their country of birth was observed for employees born outside of the EU. In March 2018 there were 25% of staff from outside of the EU, compared to 8.5% of the non-EU population living in Hertfordshire (according to 2011 Census data). A large proportion of such result has to be contributed to increased international recruitment campaigns as well as slightly relaxed immigration rules, which make it easier for non-EU citizen to work and settle in the UK.
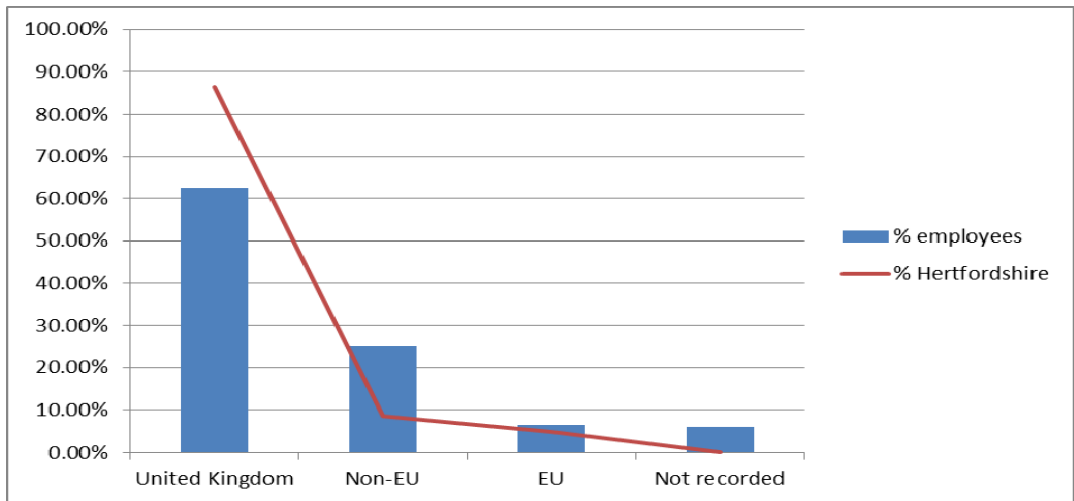
4.2.8   Sexual identity

It is difficult to accurately identify the workforce's sexual identity, as more than 30% of employees did not specify or refused to specify their sexual identity. It could be assumed that despite decriminalising gay sex in 1967, the perceived stigma of being identified as LGBT could have impact on workforce disclosing their orientation. It became illegal to discriminate LGBT employees in the workplace only in 2003. In 2008 it became illegal to encourage homophobic hatred. Last year, more than 7,000 hate crimes were reported against gay men and women in the UK. Despite it being illegal to discriminate against somebody because they are gay, many gay people face discrimination in their daily lives to date.

The workforce data shows that 1.64% of employees have disclosed to have been gay, lesbian or bisexual; whilst 68.03% of workforce said they were straight.
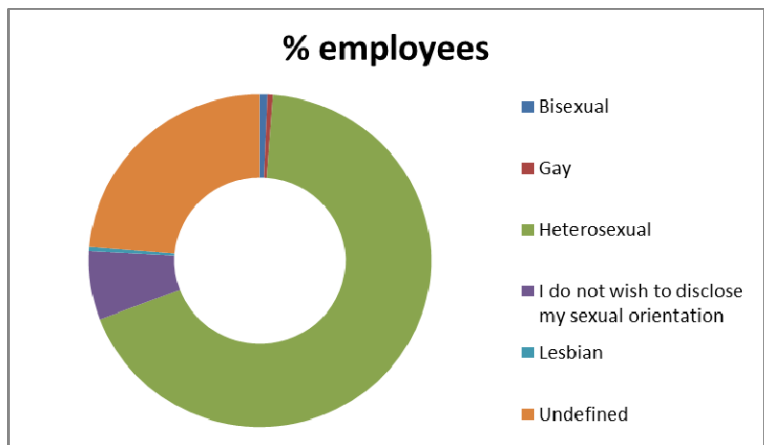

4.2.9   Marriage and civil partnership

ESR data (which is based on the employees' disclosure) suggests that almost 55% of workforce are either married or in a civil partnership.
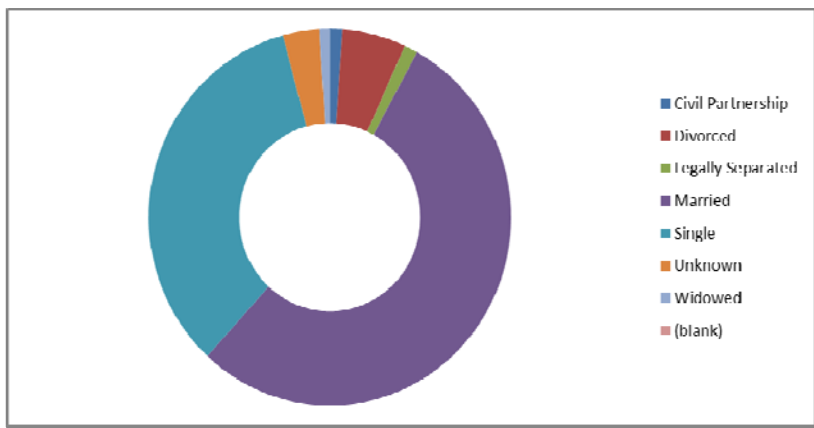
4.2.10 Adult disability

Less than 2% of workforce (103 employees) has declared to have a disability on a point of entry to the organisation. This data has to be treated with caution, as the disclosure on entry to the organisation may as well change during ones employment. Also, 43% of employees did not specify or preferred not to answer whether or not they had disability.
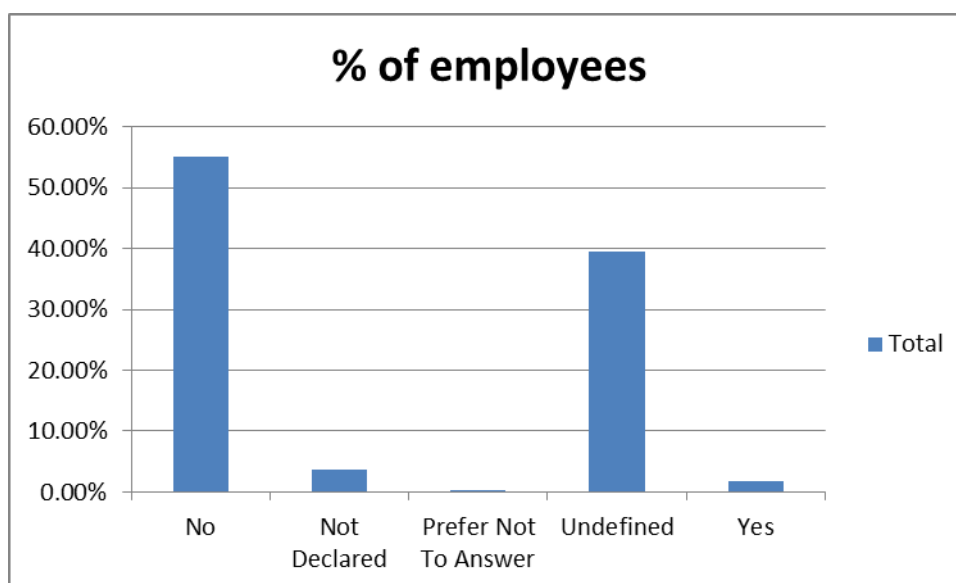
4.3   Recruitment and selection

Between 1st April 2017 and March 2018, there have been more than 8,000 applications received for positions in the trust, out of which more than 3,200 candidates have been shortlisted for interview. The data is collected at application stage of the recruitment process and stored on TRAC (the trust's recruitment software). The information that is collected by TRAC consists of information relating to gender, age, ethnicity, religion and belief as well as sexual orientation.

- It is encouraging that the likelihood of BAME applicants to be appointed from shortlisting has been changing year on year. The table below represents the movement over the last 3 years. In March 2018 white applicants were 1.05 times more likely to be appointed from shortlisting, compared to 1.59 times in March 2016

Mar-16	Mar-17	Mar-18
White - 0.250 BAME - 0.157 Likelihood - 1.59	White - 0.214 BAME - 0.189 Likelihood - 1.13	White - 0.114 BAME - 0.108 Likelihood - 1.05

- Female applicants were 1.17 times more likely to be appointed from shortlisting – this is comparable with other NHS organisations.
- Applicants who were aged 44 years or under were 1.2 times more likely to be appointed from shortlisting compared to those who were aged 45 and over.
- Applicants with disability were almost twice as likely to be appointed from shortlisting compared to those who did not disclose disability.
- Candidates who declared on their application form as Christian were equally as likely to be appointed from shortlisting compared to those of any other religion, belief or non-belief.
- Applicants who declared on their application form to be straight were 1.2 times more likely to be appointed from shortlisting compared to those who declared to be LGBT.

It is important to note that figures comparing conversion rates from shortlisting to appointment for disability, sexuality, religion and belief are less reliable than other categories, as approximately a quarter of the data in these categories has not been disclosed by the applicants.

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The trust continues to improve the accuracy of collected recruitment data utilising TRAC and it is the organisational aim to ensure that the data is collected, analysed and published regularly. This is to provide robust analysis of trends and themes that will enable the trust to act on any patterns of unlawful (unintended or unconscious) discrimination or unfairness of recruitment processes and practices. This includes the provision of regular recruitment and selection as well as equality and diversity training.

The data suggest that the candidates applying, being shortlisted and being appointed by the trust come from across all protected characteristics. It also suggests that there is an urgent need to reflect upon the conversion rates relating to disability and take appropriate action to reduce the disparity between the likelihood of being appointed when being disabled compared to candidate with no disability.

4.4   Access to Training and Development (personal development and leadership)
Data suggests 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 fitted with Hearing Loop
- The Mary Seacole cross boundary STP leadership programme includes a diverse group of trainees

4.5   Employee Relations
The trust's records for 2017-18 indicate relative likelihood of BAME staff entering the formal disciplinary process (measured by a formal disciplinary investigation) compared to White workforce has reduced. It is now 0.77 times more likely for BAME employee to enter formal disciplinary process compared with White employees. In the year 2017-18, 32 white employees entered a formal disciplinary process compared to 10 BAME employees.

Mar-16	Mar-17	Mar-18
White - 0.011 BAME - 0.013 Likelihood - 1.21	White - 0.010 BAME - 0.011 Likelihood - 1.09	White - 0.008 BAME - 0.005 Likelihood - 0.71

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.

4.6   Senior Board and Manager Population
The WRES in 2018 includes a new addition of reporting on the difference for white and BME staff: for the Trust's Board voting membership. In March 2018, there were 12 white Board members and no BME directors. This has not changed since March 2017.

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 BAME leadership programmes alongside other developmental opportunities.

4.7 Workforce Race Equality Standard

The table below summarises the Workforce Race Equality Standard (WRES) trends over the last 3 years. Full details for the year 2017/18 have been submitted to NHS Digital for analysing and the results will be available in March 2019.

	Mar-16	Mar-17	Mar-18	Trend	Comment
Workforce composition (race)	White - 69.21% BAME - 25.92% Undefined - 4.87%	White - 67.11% BAME - 26.95% Undefined - 5.94%	White - 65.5% BAME - 28.8% Undefined - 5.7%	Better	
Likelihood of being appointed from shortlisting (WRES)	White - 0.250 BAME - 0.157 Likelihood - 1.59	White - 0.214 BAME - 0.189 Likelihood - 1.13	White - 0.114 BAME - 0.108 Likelihood - 1.05	Better	
Likelihood of entering disciplinary process (WRES)	White - 0.011 BAME - 0.013 Likelihood - 1.21	White - 0.010 BAME - 0.011 Likelihood - 1.09	White - 0.008 BAME - 0.005 Likelikood - 0.71	Better	
Likelihood of CPD training (WRES)	White - 1.00 BAME - 1.18 Likelihood - 0.84	White - 0.99 BAME - 1.25 Likelihood - 0.79	White - 1.00 BAME - 1.00 Likelihood - 1.00	Better	
Equal opportunities for development (staff survey)	White - 90% BAME - 79%	White - 88.67% BAME - 80.51%	White - 86% BAME - 78%	Worse year on year	Better than national
B&H from public (staff survey)	White - 30% BAME - 28%	White - 27% BAME - 29%	White - 28% BAME - 29%	Similar year on year	Similar to national
B&H from staff (staff survey)	White - 28% BAME - 33%	White - 28% BAME - 35%	White - 28% BAME - 35%	Similar year on year	Worse than national
B&H from manager/leader (staff survey)	White - 5% BAME - 17%	White - 6% BAME - 15%	White - 6% BAME - 12%	Better year on year	Better than national

4.8 2017 National Staff Survey

The annual national NHS Staff Survey provides the trust with the ability to analyse trends across the range of domains for some of the protected characteristics where staff have provided details. Currently, the staff survey breaks the results down by 4 demographic groups (protected characteristics): age, gender, disability and ethnic background. There is also limited information referring to religion and sexual orientation when assessing equal opportunities for career progression and training.

Below is the summary of the staff survey 2017 results that refer to key findings (KF) relevant to workforce race equality standards:

KF 20 - Percentage of staff experiencing discrimination at work in last 12 months
There has been slight reduction in the results compared with the staff survey 2016 and 11% (as opposed to 12% in the previous year) felt that they had been discriminated.

> **Q17a** – Percentage of staff saying that they had experienced discrimination from patients/service users, their relatives or other members of the public in the last 12 months.
>
> 6% of workforce have claimed that they had experienced discrimination because of protected characteristic, which is relatively comparable to the average national for acute trusts.
>
> **Q17b** – Percentage of staff saying they had experienced discrimination from their manager/team leader or other colleagues in the last 12 months
>
> 8% of workforce have claimed that they had experienced discrimination because of protected characteristic, which is relatively comparable to the average national for acute trusts. It is important to note that the percentage of BAME workforce who believed they had been discriminated by other staff reduced from 15% to 12% (which is lower than the national average for acute trusts)

KF 21 - Percentage of staff believing that the trust provides equal opportunities for career progression or promotion

Although the results have decreased slightly compared to the staff survey 2016, it is encouraging that 78% of BAME employees believe that there are equal opportunities for promotion and career progression – this is higher than the national average for acute trusts.

KF 25 – Percentage of staff experiencing harassment, bulling or abuse from patients, relatives or the public in the last 12 months.

The 2017 staff survey results have not changed compared to the previous year and are still at 29% for BAME staff and 28% for white staff. The results are comparable with the national average for the acute trusts.

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

The results have not changed since the staff survey 2016 results and are still suggesting that 35% of BAME employees and 28% of white employees report harassment, bullying or abuse from other staff. These are significantly higher than the national average, placing the trust in this domain in 20% worst in the UK.

5.0   EDI Actions undertaken in 2017/18
The trust has revised its equality, diversity and inclusion processes and practices in the financial year 2017/18 and has undertaken a number of actions to strengthen its commitment to EDI which included:

- Redeveloping the EDI strategy to align it with the NHS England equality priorities
- Revising the EDI policy
- Collating data and reporting on gender pay gap
- Collating data and reporting on workforce race equality standards (WRES)
- Developing robust EDI action plan
- Revising recruitment and selection training to ensure Equality Act 2010 is covered
- Additional face to face EDI training delivered across all trust's sites
- Monitoring and self-assessment against the equality delivery system (EDS2) action plan
- Creating dedicated EDI Knowledge Centre pages
- Agreeing dedicated EDI lead resources
- Further advertising and communicating the availability of "speak in confidence", "speak up guardian" role; "early intervention clinics"
- Creating bullying and harassment steering group in collaboration with the trade unions
- Ensuring that the staff survey has been disseminated to all staff to support greater representation and reliability of the reported data
- Joining the NHS Employers Diversity Partners programme
- Increasing international recruitment campaigns in order to diversify workforce further
- Achieving the Disability Confident - Committed accreditation
- Assigning staff survey development action plans to the executive directors

6.0   EDI Actions to be undertaken in 2018/19
Whilst a number of actions have been taken in 2017/18, there is further commitment from the members of the board for the trust to re-launch the Equality, Diversity and Inclusion strategy in its revised format in the financial year 2018/19. The re-launch is expected to include the following actions and initiatives, which the board is asked to endorse:
- Implementation of the revised EDI strategy
- Implementation of the revised EDI policy
- Employee networks launch (these are going to be sponsored by a responsible director)
- Appointment of an EDI advisor (recruitment process has been finalised and the successful candidate is due to start in post on 1st October 2018)

- Equality, Diversity and Inclusion steering group re-launch (this committee will be interlinked to the bullying and harassment steering group)
- Analysis of the gaps in reporting of protected characteristics for staff and patients
- Development of a process by which the protected characteristics improves for both staff and patients
- Achieving the Disability Confident – Employer accreditation
- Investor in people criteria self-assessment and applications submission for reaccreditation
- Implementation and evaluation of the EDI action plan with the full support of the senior managers
- Involvement with the national initiative to design EDS3 toolkit
- Collaborative work with the trust's staff side to develop an annual calendar for EDI events, workshops and conferences
- Improvement in the representation of staff with protected characteristics at senior roles
- Development of a robust review process by staff with protected characteristics of formal disciplinary cases before a decision has been made to progress to a formal hearing
- Development of a robust recruitment process for Executive and Non-Executive Directors that encourages applications from diverse talent pool and demonstrates the Trust's commitment to equality, diversity and inclusion.

7.0   Conclusion

The trust's data analysis continues to provide invaluable insight to the outcomes for our employees and patients populations. Our aim is to ensure that our staff and service users have equal chance for success and that wherever possible barriers are reduced to secure positive outcomes. It has been recognised that in order to achieve this aim the trust must continue to review and monitor its workforce, as well as review its policies and practices to reduce any disadvantage where that may exist. The trust is continuing to embed its equality objectives and in doing so is taking positive steps through these objectives and additional initiatives to continue to tackle any potential gaps between white and BAME staff. It has been recognised that the equality, diversity and inclusion has been imbedded in a day to day operation of different functions, without a clear governance structure. Although there are a number of policies and practices (incl. equality impact assessments) that are compliant with the EDI legislation and best practice, it is felt that the trust could improve its commitment to EDI by celebrating diversity and increase inclusive relationships between staff, the organisation, trade unions and the service users.

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20th September 2018