






Workforce committee 27 September 2021

Agenda item:	2.9						
Presented by:	Ogechi Emeadi, director of people, learning and organisational development and communications						
Prepared by:	Nathaniel Williams, people systems and information manager and Padraig Brady, lead strategic HR Business Partner						
Date prepared:	5 September 2021						
Subject / title:	Equality, diversity and inclusion Annual Report 2020 - 2021						
Purpose:	Approval		Decision		Information	x	Assurance
Key issues: please don't expand this cell; additional information should be included in the main body of the report	<p>This report provides assurance to the board on the trust's progress in equality, diversity and inclusion in respect of the Equality Act 2010 and to summarise key actions for 2021-22.</p> <p>The report also summarises the trust's compliance with the following mandatory framework:</p> <ul style="list-style-type: none">• Workforce Race and Disability Equality Standards• Gender Pay Gap Reporting						
Recommendation:	<p>The trust board is asked to:</p> <ul style="list-style-type: none">• Note and approve the contents of this report• Endorse further progress on the trust's equality, diversity and inclusion action plan;						
Trust strategic objectives: please indicate which of the five Ps is relevant to the subject of the report	 Patients	 People	 Performance	 Places	 Pounds		
		X					
Previously considered by:	The equality, diversity and inclusion steering group The people board						
Risk / links with the BAF:	2.3 Ability to recruit, retain and engage						
Legislation, regulatory, equality, diversity and dignity implications:	Workforce Race Equality Standard (WRES) 2021 Workforce Race Disability Standard (WDES) 2021 Gender Pay Gap Report						
Appendices:							

1.0 Purpose

To provide assurance to the board on compliance of our statutory obligations under the Equality Act 2010, protecting the equality, diversity and inclusion of its staff and patients by eliminating unlawful discrimination, harassment and victimisation and any other conduct that is prohibited by the Act.

To advance equality of opportunity between people who share a protected characteristic and those who do not.

To foster good relations between people who share a protected characteristic and those who do not.

The Equality Act requires public sector bodies to publish relevant information to demonstrate their compliance with the PSED.

2.0 Trust context

Our strategic objectives are focused around our patients, people, places, performance and pounds, as follows:

Our patients – we will continue to improve the quality of care we provide our patients, improving our CQC rating and exiting special measures

Our people – we will support our people to deliver high quality care within a culture that improves, engagement, recruitment and retention and improvements in our staff survey results

Our places – we will maintain the safety of and improve the quality and look of our places and work with our partners to develop a business case for a new build, aligned with the development of a West Essex and East Hertfordshire Accountable Care Partnership

Our performance – we will meet and achieve our performance targets, covering national and local operational, quality and workforce indicators

Our pounds – we will manage our pounds effectively to achieve our agreed financial targets and control totals

Underpinning these objectives are the trust values that have been developed into a “behaviour charter” to provide a standard for our own and other’s behaviour highlighting the importance of valuing differences. A new behaviour charter will be developed which continues this ethos with the introduction of the Trust’s new values of:

Patient at heart – Always holding the patient and their wellbeing at the centre of our thoughts and efforts



Everyday excellence – Sharing and celebrating our successes, being honest when we get it wrong, giving us the ability to learn from both

Creative collaboration – Knowing strength comes from diversity, we combine our experiences, skills and talents, working together to find new and better ways to care

3.0. Summary of progress against the equality and inclusion actions

Appendix 5 provides an update on progress of the current equality and inclusion plan.

4.0. Progress against the equality and inclusion mandatory requirement

4.1 Workforce race equality standard (WRES) and workforce disability equality standard (WDES)

The WRES and WDES forms part of the trust's statutory duties under the broader equality and inclusion landscape – the Equality Act 2010. Reviewing the data helps the Trust to adopt a 'learning organisation' approach and produce action plans to build a culture of continuous improvement. These actions will assist in helping to bring about a workplace that is free from discrimination.

This year's action plans for WRES and WDES will identify areas for improvement but also areas where we feel we are performing well, and ensure we continue to evidence this.

4.1.1 WRES is self-assessed against 9 indicators, four of which relate specifically to workforce data, four are based on data from the national NHS staff Survey questions (not required for this reporting period) and the final indicator considers BME representation on the Trust board. The report is based on the reporting period April 2020 – March 2021.

Key findings include:

- Percentage of BME staff employed within the trust has increased from 30% to 33% compared to last year, resulting in an overall 3% increase.
- The relative likelihood of white staff being appointed compared to BME staff is currently 1.37. This figure has increased from 1.23 in the previous reporting period. Any score less than 1 is seen as a positive outcome for BME groups.
- The likelihood of BME staff entering the formal disciplinary process has decreased to 1.15 times more likely than white groups as compared to 1.94 in 2020. Any score less than 1 is seen as a positive outcome for BME groups.
- The likelihood of white staff accessing non-mandatory training and CPD when compared to BME staff remains at 1.15 as compared to 0.94 in 2020.
- BME representation at board level has increased from 11.80% to 17.60% as compared to last year.

4.1.2 WDES is assessed against 10 evidence-based metrics; three of which relate specifically to workforce data, six are based on data from the national NHS staff survey questions (not required for this reporting period) and the final indicator considers disabled and non-disabled representation on the Trust board. The report is based on the reporting period April 2020 – March 2021.

Key findings include:

- The percentage of staff identifying with a disability is 1.45% however there is a large proportion of staff who have not disclosed. Encouraging staff to provide this information would assist with promoting positive action planning.
- There has been improvement in WDES indicator 2, which measures the relative likelihood of shortlisted candidates identifying with a disability being appointed.
- In the reporting period, no staff identifying with a disability entered into a formal capability process.

4.2 Gender Pay Gap

The gender pay reporting legislation requires all organisations employing more than 250 people to measure and publish their gender pay information based on earnings. As at 31 March 2021, our gender profile is 78% women and 22% men.

Key findings include:

- The gender pay gap as at 31 March 2021 reports men have higher mean and median average pay than women.
- The difference between mean pay of men and women is 27% and that of median average pay is 18%. This is an improvement on the previous reporting period.
- When medical and dental staff are separated from agenda for change staff (including very senior manager), the mean gap is that women earn 5% less than men and the median gap is in favour for women earning more.
- The medical and dental mean and median gap is 13% and 24% in favour for men.

4.3 Chaplaincy service

Members of the spiritual and religious care department (chaplaincy team) can be accessed by everyone in the trust. They meet the needs of patients, carers and visitors within the trust in various ways.

There are two paid hospital chaplains (one full time and one part-time) and 5 volunteer ordained chaplains who support the department with the out of hours on-call service which is available 7 days a week. There are also 11 lay chaplaincy volunteer visitors who come in one day a week for 3 to 4 hours to visit patients on the ward and to support staff members in delivering spiritual and religious care. All the chaplains work generically and support all faiths and beliefs. In addition, they also have access / contacts with other religious / faith groups and leaders in the community who can be contacted to provide additional support should the need arise.

The chaplaincy team offer patients and visitors support, particularly if they are faced with difficult decisions. They help them nurture hope about their future and to feel that they are not alone. They also offer prayers and organise other religious ceremonies such as baby blessings, memorial services and weddings etc. The team is significantly involved in both end of life (EOL) and staff wellbeing trust strategies.

The sanctuary is a multi-faith space, open at all times and used by everyone with various religious and spiritual resources available to all.

5.0 Our commitment to partnership working

5.1 EDISG (Equality, diversity and inclusion steering group)

The equality, diversity and inclusion steering group meets on a monthly basis. The purpose of the steering group is to ensure compliance with equality legislation, to promote awareness of EDI issues and to supporting the integration of diversity initiatives into the workforce. The steering group regularly reports progress to the workforce committee, as a sub-committee of the board, to ensure visibility and scrutiny of all interventions.

The trust intranet has a dedicated page for equality and inclusion and this is in the process of being updated with photos of our champions and equality and monitoring information as part of the development of the trust's new extranet.

5.2 Partnerships and networking

The Trust actively participates in the ICS-wide EDI and BAME chairs network. Strong relationships have been developed with the other participants in the ICS and PAHT is working collaboratively on a number of diversity initiatives including recruitment, coaching and leadership development, unconscious bias training and anti-racism awareness.

5.3 Freedom to Speak Up Lead Guardians (FTSUG)

FTSUGs (who are also members of EDISG) have a role in monitoring bullying and harassment within the trust and developing strategies and interventions to address any issues identified. The trust has strengthened its commitment to this important work by recruiting and providing training to an additional 5 FTSU guardians.

6.0 Actions for improvement and objectives 2021-22

In addition to the ongoing work plan summarised in Appendix 5, additional priorities are highlighted in the work plan below.

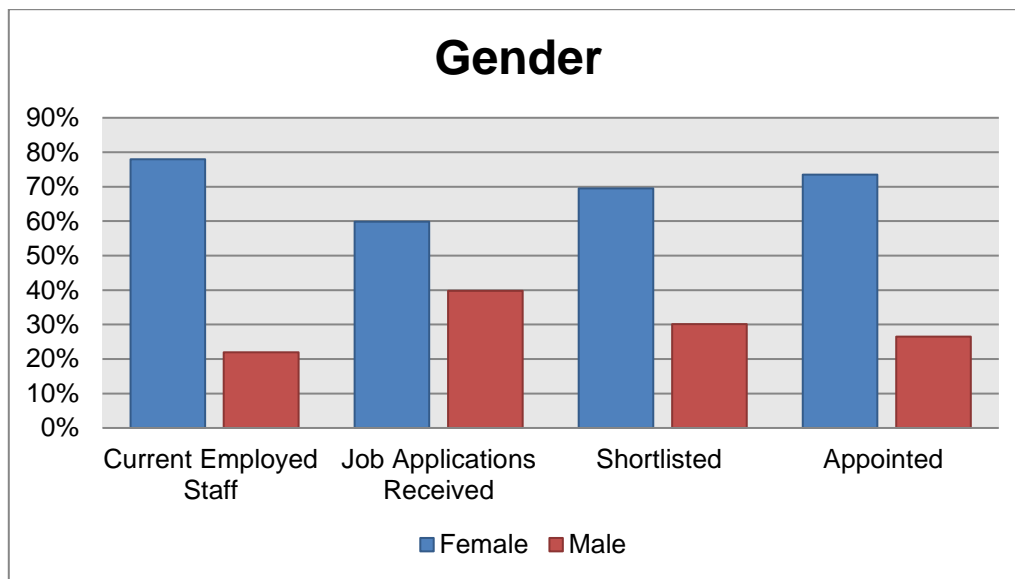
Action	Actions	Lead	Timescale
1	To work with external partner, Krystal Alliance, in further developing BAME staff network as part of overall EDI staff engagement strategy	EDI Steering Group/BAME Staff Network	Review in March 2022

2	(a) Recruitment of Trust EDI Lead (b) Review of EDI framework within the trust involving all protected characteristics, including race	Recruitment BAME Staff Network	October 2021 December 2021
3	Review and refresh the current EDS2 strategy document for publishing on the trust website	People team/Patient Experience	November 2021
4	Review of recruitment monitoring data to analyse whether the introduction of Inclusion Champions in recruitment campaigns for Band 8a posts and above has had a positive impact	EDI Lead Head of recruitment and resourcing	1st review in January 2022
5	Promote positive action to address representation of board membership when board vacancies arise	NHS I/E in conjunction with Executive leads	Review in June 2022
6	Deliver a series of awareness events that are positively promoting disability in the workplace. This including webinars, drop-in sessions and articles in In-Touch	EDI Steering Group	Review quarterly
7	Work in partnership with the ICS EDI & BAME network leads, to develop a standardised core programme for (i) unconscious bias training (ii) anti-racism training	EDI Steering Group / People Team/ BAME Network	(i) March 2022 (ii) December 2021
8	Ensure that an equality impact assessment is completed for all refreshed/reviewed HR Policies, processes and change programmes	HR Business Partnering Team	Reviewed

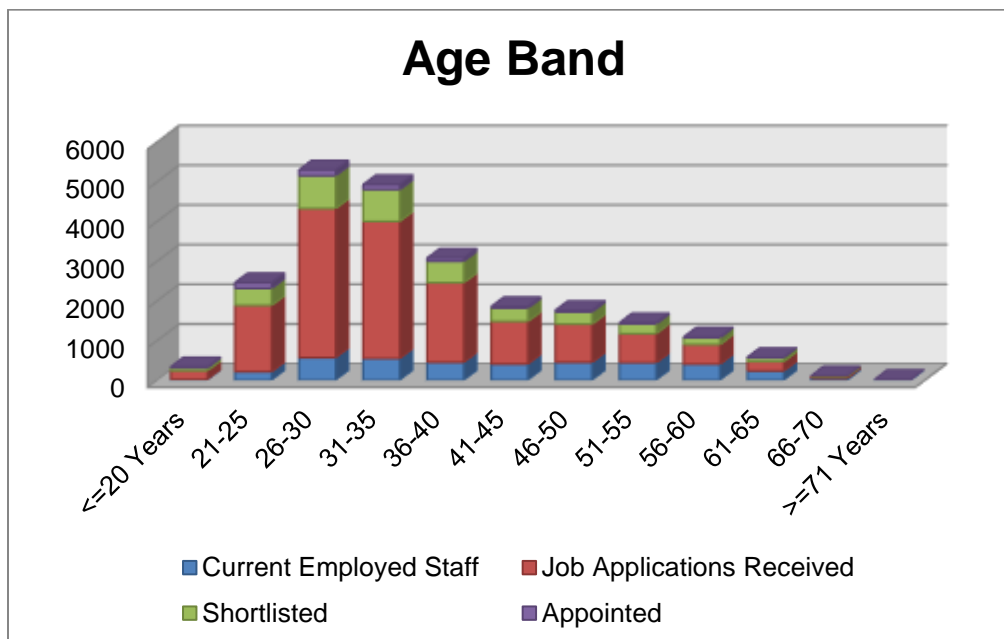
Appendix 1 Workforce and recruitment data

The total female proportion of staff is more than male. Below is breakdown of the staff recruited for the reporting period by gender, age band, ethnicity, disability, sexual orientation and religious belief.

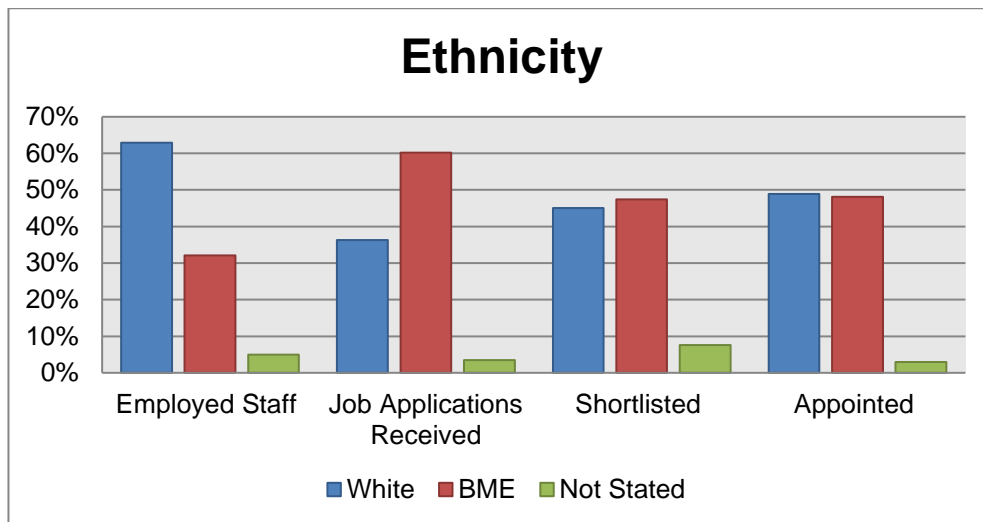
Gender



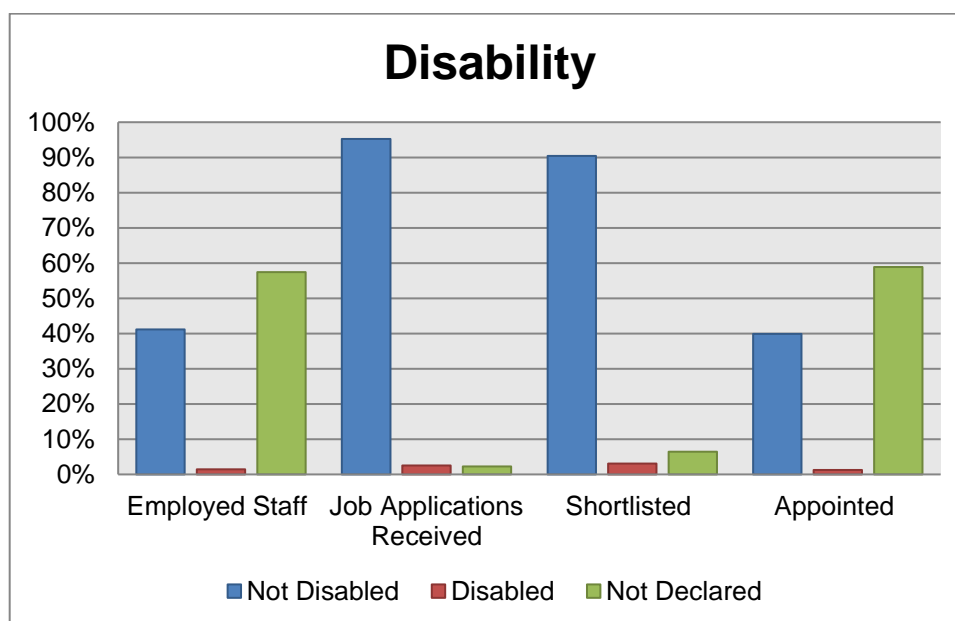
Age band



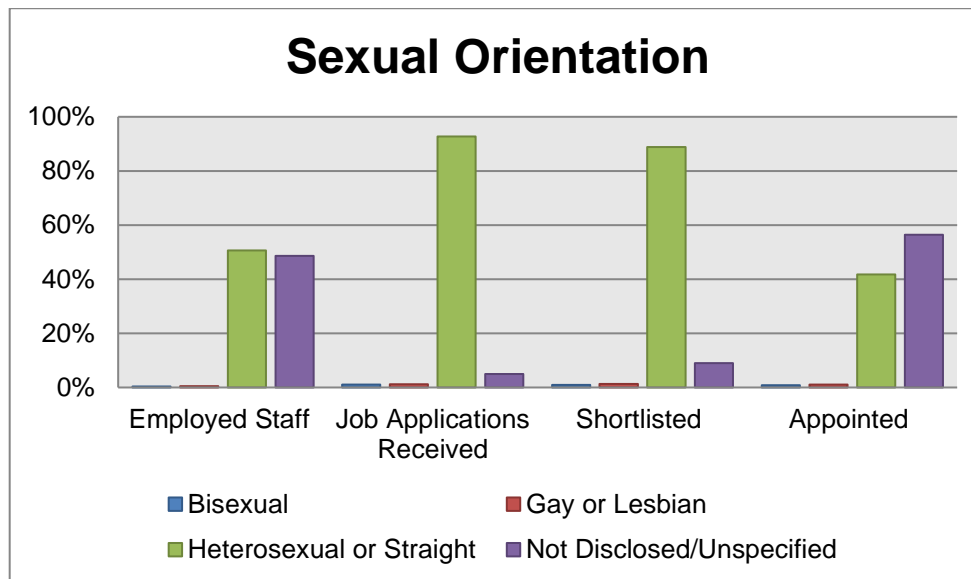
Ethnicity



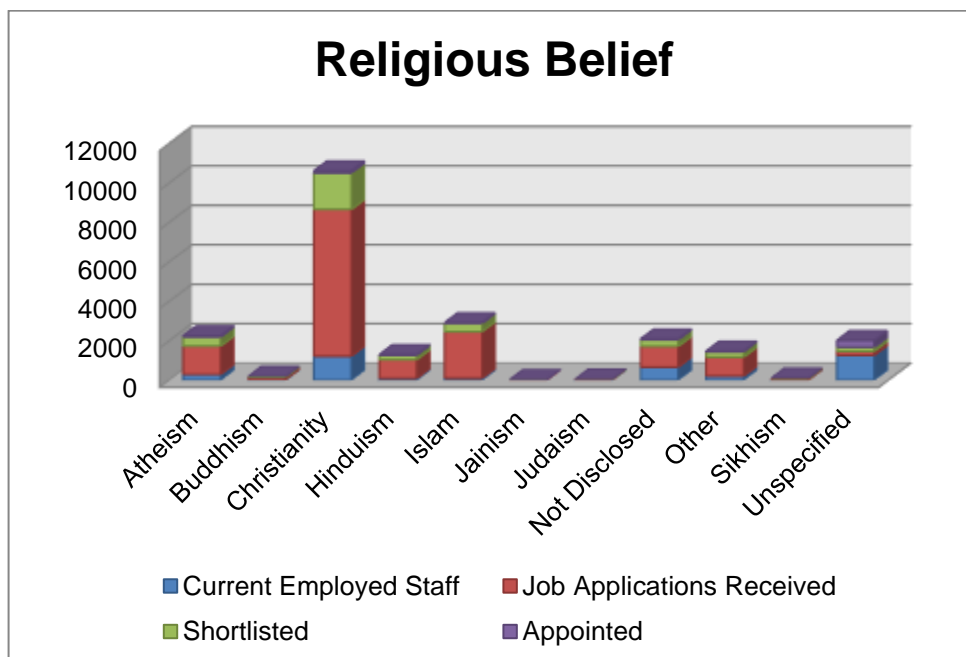
Disability



Sexual orientation

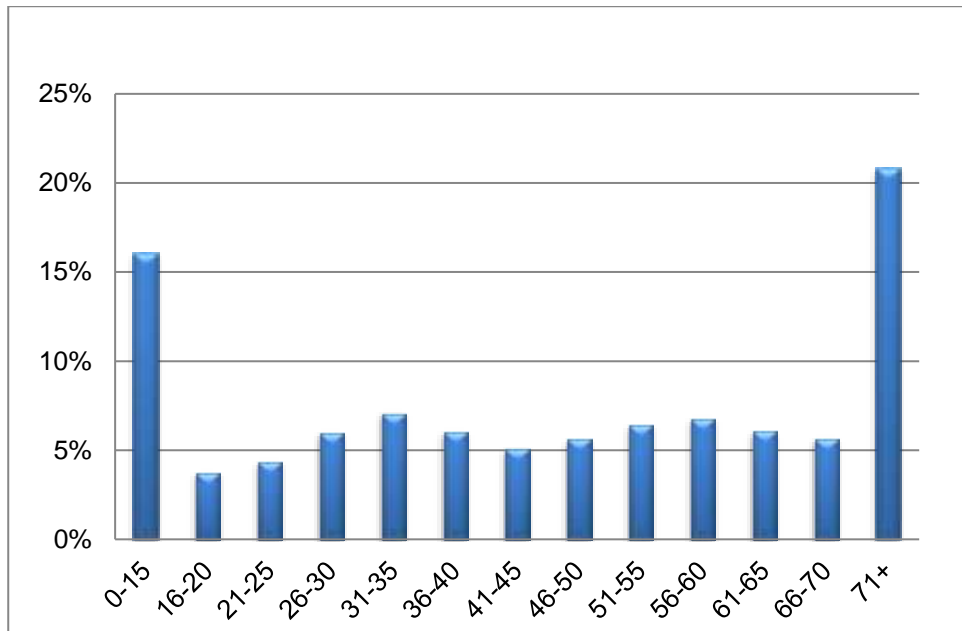


Religious belief

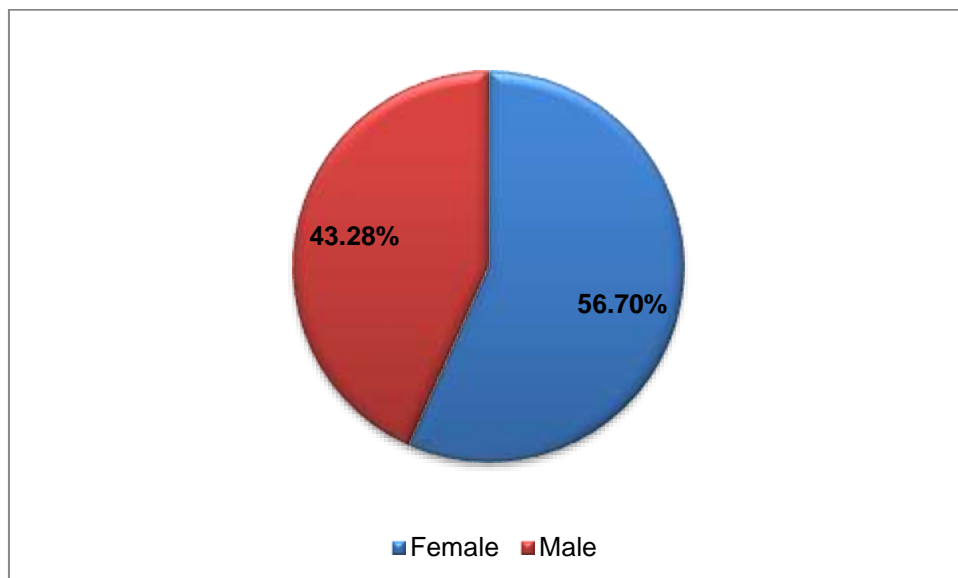


Appendix 2 Patient demographics for the report period

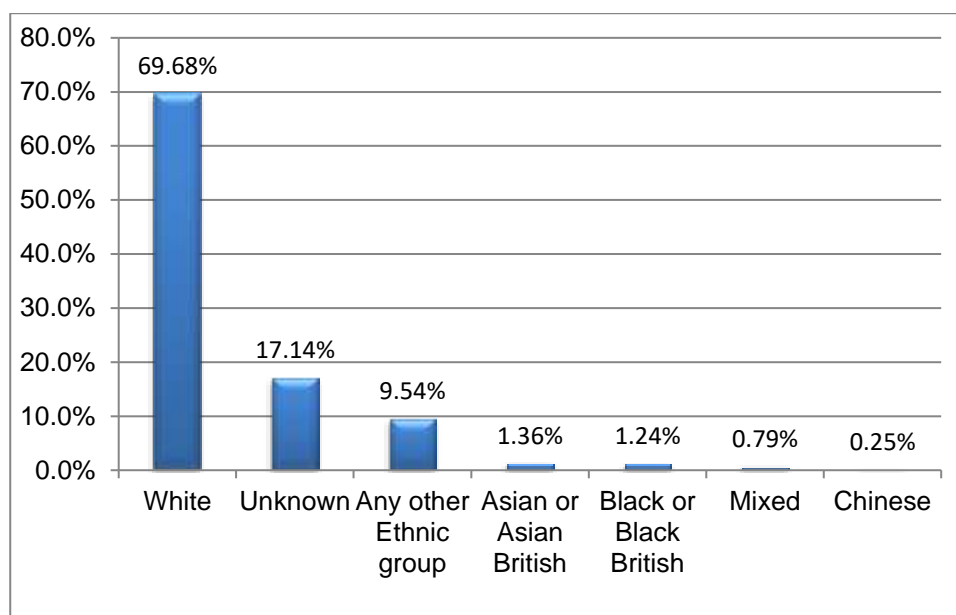
Our patients by age



Our patients by gender



Our patients by ethnicity



Appendix 3 Employee relations cases

The following data analyses the total number of staff entering formal disciplinary process from April 2020 to March 2021 broken down by ethnicity, gender, disability and age group. More staff entered a conduct process in the year than the other case type.

All ER case type

Case Type	Closed	Live	Grand total	% of Total Cases
Conduct	12	5	17	34.0%
ET	1	5	6	12.0%
Grievance	6	5	11	22.0%
Performance	3	1	4	8.0%
Probation	10	2	12	24.0%
Grand total	32	18	50	100.0%

All ER case type by ethnicity

Ethnicity	Closed	Live	Grand total	% of Total Cases
White	19	12	31	62.0%
BME	11	5	16	32.0%
Not Stated	2	1	3	6.0%
Grand total	32	18	50	100.0%

All ER case type by gender

Gender	Closed	Live	Grand total	% of total cases
Female	19	12	31	62.0%
Male	13	6	19	38.0%
Grand total	32	18	50	100.0%

All ER case type by disability

Disability	Closed	Live	Grand total	% of total cases
Disabled	2	2	4	8.0%
Not Declared	22	7	29	58.0%
Not Disabled	8	9	17	34.0%
Grand total	32	18	50	100.0%

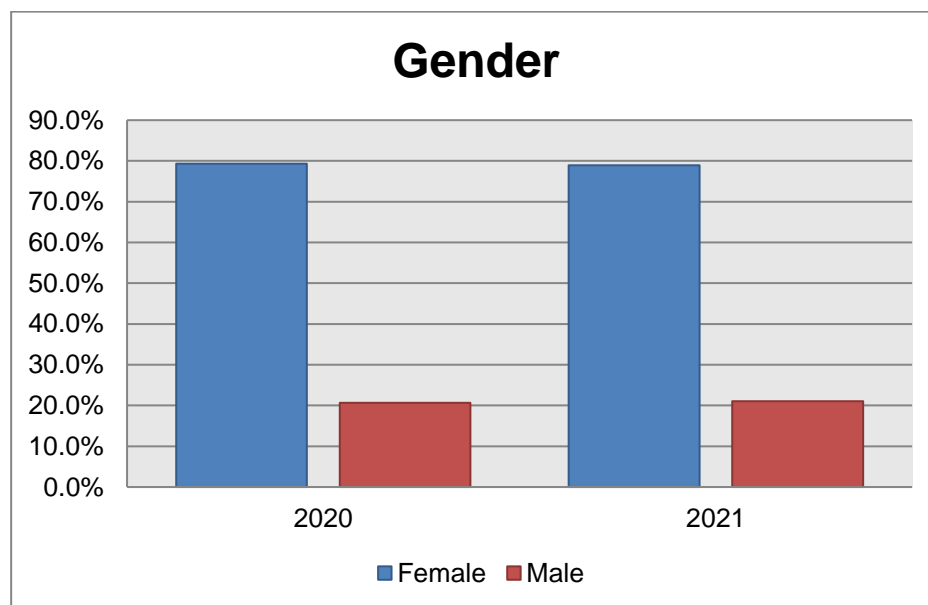
All ER case type by age range

Age range	Closed	Live	Grand total	% of total cases
<=20 Years	1		1	2.0%
21-25	1	1	2	4.0%
26-30	9	1	10	20.0%
31-35	3	1	4	8.0%
36-40	2	2	4	8.0%
41-45	4		4	8.0%
46-50	4	3	7	14.0%
51-55	2	3	5	10.0%
56-60	4	2	6	12.0%
61-65	1	2	3	6.0%
>=71 Years	1	2	3	6.0%
Grand total	32	18	50	100.0%

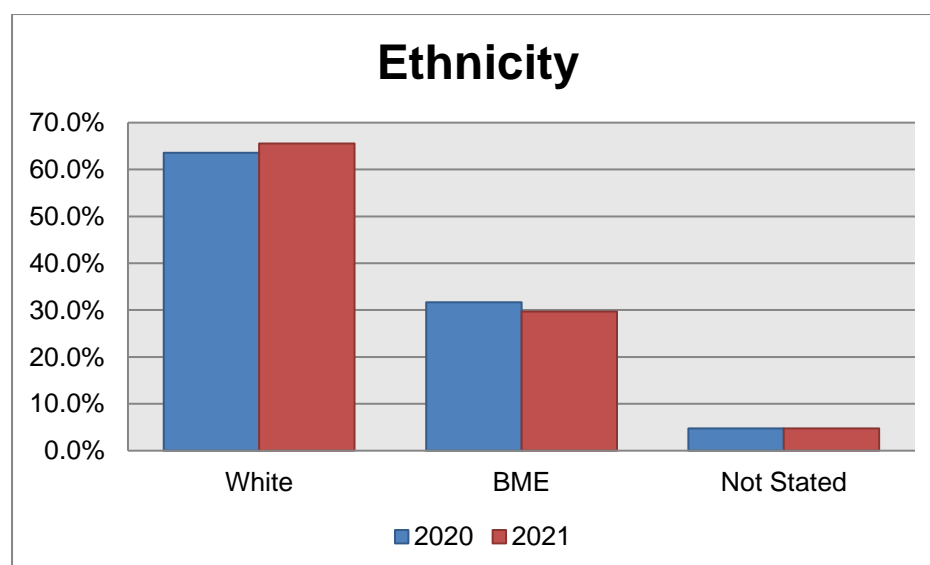
Appendix 4 Non-mandatory training and CPD

The analysis shows a snapshot of staff that have undertaken non-mandatory training and CPD in 2021 in comparison to 2020.

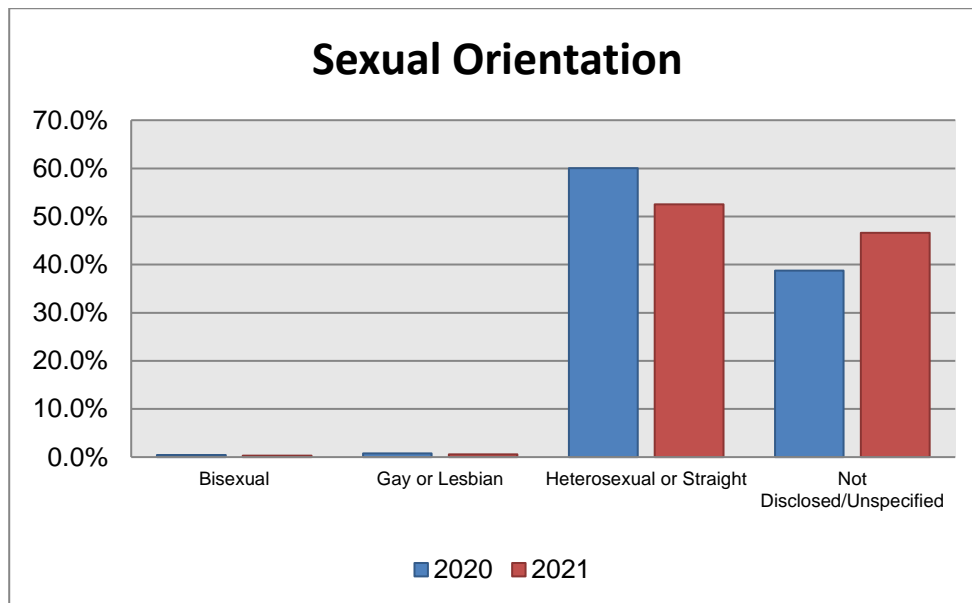
Non-mandatory training and CPD by gender



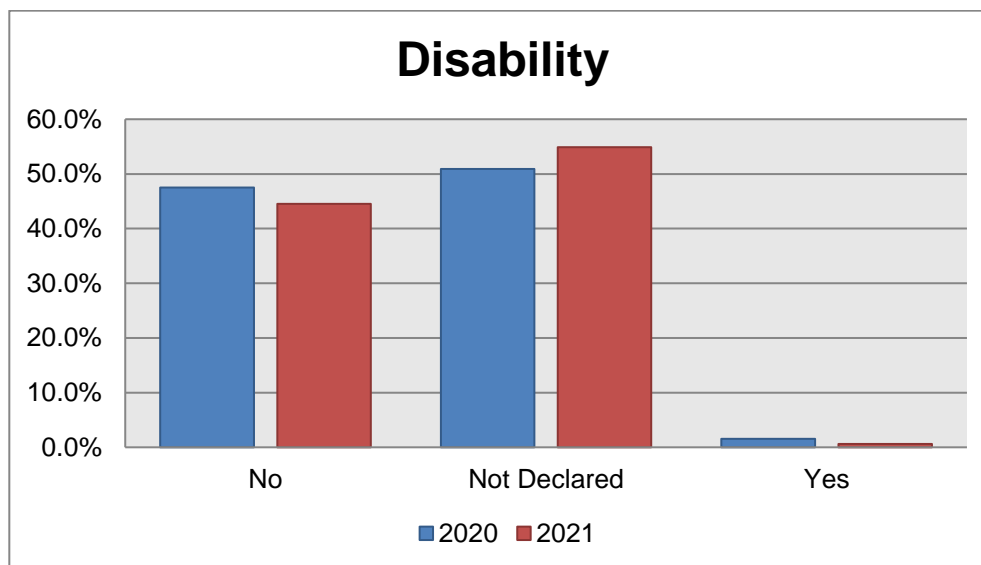
Non-mandatory training and CPD by ethnicity



Non-mandatory training and CPD by sexual orientation



Non-mandatory training and CPD by disability



Non-mandatory training and CPD by age band

