

Title of the paper:	Statutory annual public sector equality duty report 2015	
Agenda item:	13/42	
Lead Executive:	Paul Da Gama, Director of Human Resources	
Authors:	Monika Kalyan, Equality and Diversity Manager Susan Whiterod, Associate Director, Organisational Development, Engagement & Equality	
Trust objective:	Double click on the box to mark as appropriate: <ul style="list-style-type: none"> <input type="checkbox"/> To deliver the best quality care for our patients <input checked="" type="checkbox"/> To be a great place to work and learn <input type="checkbox"/> To improve our finances <input type="checkbox"/> To develop a strategy for the future 	
Purpose:	The purpose of this paper is to assure the Workforce Committee that the Trust is compliant with the Public Sector Equality Duty obligation to publish information about staff and patients in relation to equal opportunities.	
Previously discussed and date for further review:		
	Committee	Date
	Trust Executive Committee	
	Workforce Committee	26 October 2016
Benefits to patients and patient safety implications		
Promoting an inclusive culture is key to ensuring patient safety and excellent patient and staff experience.		
Risk implications for the Trust	Mitigating actions (controls)	
The published Equality Information report requires updating; the risk of legal challenge is low	A fully comprehensive Equality Information report will be published subject to Board approval	
Links to Board Assurance Framework, CQC outcomes, statutory requirements		
Publication of the Public Sector Equality Duty report on our public website is evidence of compliance with the specific duty of the Equality Act 2010.		
Legal implications (if applicable)		
Trusts that fail to meet statutory duties under the Equality Act 2010, or if knowingly or unknowingly allow discrimination to occur could be open to legal challenge and reputational damage.		
Financial implications (if applicable)		
There are no direct financial implications arising from this report.		
Recommendations FOR INFORMATION AND ASSURANCE		



Trust Board Meeting – 3 November 2016

Statutory Annual Public Sector Equality Duty Report 2015

Presented by: Paul Da Gama, Director of Human Resources

1. Background and context:

This report follows on from previous ED papers presented to the Workforce Committee in June and August 2016. The main purpose of this report is to provide assurance to the Committee that the Trust is compliant with its responsibilities under the Equality Act 2010 and, in particular, the Public Sector Equality Duty (PSED) which requires public authorities to publish, annually, information on performance against ED standards.

This paper highlights the progress made towards achieving the Trust’s equality, diversity and inclusion objectives and identifies key priorities for 2016/19. Future activity is informed by the provisions of the Equality Delivery System² and the new Workforce Race Equality Scheme.

This is the fourth annual PSED report produced by the Trust, bringing together a wide range of ED indicators and information in one place. As well as describing activity over the previous year, the report analyses data and identifies areas for further investigation. The scope of content follows ‘good-practice guidelines’.

The attached fully comprehensive PSED report contains equality monitoring data for staff covering the reporting period November 2014 to October 2015. The data taken from the Trust’s Electronic Staff Record (ESR) and other sources has been used to identify possible trends/ patterns for action and further consideration. Once approved by the Trust Board, the report will be published on the Trust’s public website in line with statutory requirements

2. Structure of the PSED Report

The full report covers patients and workforce and contains a range of qualitative and quantitative information. The analysis in this paper focuses upon these workforce elements. The required protected characteristics covered by the PSED are:

<ul style="list-style-type: none"> ▪ Age ▪ Disability ▪ Gender Reassignment ▪ Pregnancy And Maternity ▪ Marriage And Civil Partnership 	<ul style="list-style-type: none"> ▪ Race ▪ Religion Or Belief ▪ Sex ▪ Sexual Orientation
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The Trust has a legal duty to ensure that both employment and services are provided equitably and recognises that equality monitoring is an important way of assessing our progress. Monitoring can demonstrate whether we are offering equality of opportunity to all groups and can help us use facts as the basis for identifying and making improvements.

It should be noted that there are currently areas of development planned in terms of data and analysis:

- I. Comparing data-sets e.g. age and race profiles
- II. The wider NHS system is developing comparative data through the Workforce Race Equality Standard
- III. Triangulating data with patient and staff survey outcomes to identify trends and 'read-across'

3. Key points of interest from the available data

3.1. How diverse is our workforce?

Some interesting trends include:

- Our workforce is more ethnically diverse than our local demographic. 31.2% of staff are from a Black and Minority Ethnic (BME) background. 63.5% of our workforce is White. The Trust is slightly more diverse than it was last year: 29.9% BME; 64.4% White. Across the East of England, 78% of staff are White, 16% are from a BME group and 6% are not stated. For London, 53% of staff are from a White group, 41% from a BME group and 5% not stated.
- There is an overrepresentation of BME staff in the higher bands in the medical workforce (Consultant and Other Medical) compared to their overall representation in the Trust. 49% of the Consultant group and 52% of the Other Medical group is made up of BME staff. 31% of the Trust's workforce is from a BME background. However there is underrepresentation of BME staff within the senior bands in the non medical workforce: 18% of band 8, 14% of band 9 and 15% of Senior Manager group is made up of BME staff.
- Local comparative data show that WHHT has a broadly similar proportion of BME staff in AfC bands 8 & 9 compared to other acute trusts in Bedfordshire and Hertfordshire: 3.9% of the BME workforce at band 8 & 9 at West Hertfordshire Hospitals NHS Trust and 3.1% of BME workforce at band 8 & 9 at Bedfordshire and Hertfordshire.
- The male / female gender split at WHHT is 78.8% female and 21.2% male. There has been a slight increase in the number of males in our workforce from last year. Last year 20.7% of our workforce was male.
- A larger proportion of female staff are employed in bands 8 - 9 at WHHT compared to other acute trusts in Bedfordshire and Hertfordshire: 5.3% of the female workforce at WHHT is employed at bands 8 - 9 and 4.2% of the female workforce across Bedfordshire and Hertfordshire are employed at bands 8 – 9.
- The data show that 25-29 is the largest age band followed by the 50-54 and 45-49 age groups. There are significantly less younger people in our workforce: 0.2% (8 people) of our workforce is in the 18-19 age group and 5.6% (236 people) of our workforce falls in the 20-24 age group.
- Leavers data show a similar pattern to last year. The 45 – 49, 50 – 54 and 55 – 59 age groups continue to have the least proportion of leavers. Higher rates of turnover found in the 18 – 19, 20 – 24, 25 – 29, and 30-34 age groups.
- As at 31st October 2015 the Trust employed only 28 staff (or 1%) who have declared themselves disabled.
- As at 31st October 2015, 66.4% of staff employed by the trust were working full time and 33.6% were employed on a part time basis. This is broadly similar to last year's figures: 65% full time and 35% part time. There are more staff working part time in lower bands. Bands 2, 6 and 5 have the highest number of staff working on a part time basis. 797 of our 1416 part time staff can be found in these bands. In contrast only 137 staff working on a part time basis at senior levels.

3.2 What does the data tell us?

The main findings of the PSED report are that a number of patterns of possible inequality exist within the Trust and will need further positive action and investigation.

The data show very similar patterns to last year's report.

2014 key findings	2015 key findings
A drop-off in percentages between short-listing to appointment for some groups including males, Asian people and Black people and people with disabilities	Data continue to show a variation in recruitment conversion rates. The data show a drop-off in percentages between short-listing to appointment for some groups including males, Asian people and Black people and people with disabilities
Over representation of some BME groups in disciplinary cases. Last year's figures: 11.6% of disciplinary cases involved Black and Black British - African staff and they made up 4.5% of the workforce. 54.5% of the workforce was made up of White staff and they accounted for 51.2% of disciplinary cases	The Black and Black British - African group account for the second largest number of disciplinary cases - 15.7% but make up only 5% of the workforce. White staff account for 45.2% of disciplinary cases and makeup 63.5% of the workforce
Low numbers of staff declaring themselves disabled. As at 31st March 2014 only 33 staff (or 1%) had declared themselves disabled.	The current proportion of staff declaring is still 1%. As at 31st October 2015, 28 staff (or 1%) of the workforce had a declared disability.
<p>More BME groups in Bands 1 – 7 than in Bands 8+ in non-medical workforce.</p> <p>New way of reporting seniority in 2015 in line with national NHS WRES.</p>	<p>There is underrepresentation of BME staff within the senior bands in the non medical workforce: 18% of band 8, 14% of band 9 and 15% of Senior Manager group is made up of BME staff.</p> <p>*The Trust is addressing the underrepresentation of BME staff within the higher bands as part of its WRES action plan. Nationally there is growing concern at the lack of progress within the NHS in terms of the number of people from BME background who occupy a senior management/ leadership position. The Roger Kline study (2014) particularly focussed on the Chief Executive role and found that in London where the population is 45% BME there is: 2.5% Leaders in Chief Executive positions from BME backgrounds (i.e. 1 BME and 38 White); 2.5% Leaders in Chair position from BME backgrounds. (Snowy White Peaks of the NHS, Roger Kline 2014)</p>

3.3 Key actions completed since the last report

Since publication of last year's PSED Report in September 2015, some of the immediate ED actions undertaken include:

- Refreshed mandatory ED training incorporating unconscious bias awareness
- 1-day Recruitment & Selection training incorporating the impact of unconscious bias
- HR core skills training delivered to staff & managers to influence recruitment and people management practices
- Continued support to the multi-cultural staff network *Connect* which is set up to support BME staff
- Roll out of national NHS Equality Delivery System2
- Roll out of national NHS WRES
- New internal ED workforce forum established

- New disability-focused panel established
- Agreement to new ED priority areas
- Refreshed ED policy
- Encouraging applications from disabled people through the 'Two Ticks' scheme
- Initiating detailed data analysis, working with Head of Information to better understand what the data is telling us
- Analysis of local comparative data to benchmark ourselves
- Bullying & Harassment (B&H) advisers made available to all staff
- B&H advisers allocated to specific divisions & hotspot areas
- All employees in hot spot areas sent CIC booklet on bullying and harassment
- New B&H intranet site with a wealth of information to support staff including external support
- Launch of a new resolution guide which provides clearer support for staff
- Portal and suite of tools developed to support staff and managers on a range of ER issues

4 Actions going forward equality objectives 2016-19

A dedicated session to review workforce data was held in December 2015 to pin-point areas of specific good practice and determine priority areas for 2016-19. Specific actions agreed with the newly established Workforce Equality Forum at the March and June 2016 meetings. The actions outlined below will further improve the diversity and opportunities for our workforce.

- Ensure at least one member of interview panel is trained in recruitment
- Audit sample of interview scoring sheets
- Ensure adverts make clear our commitment to ED.
- Continue to advertise jobs on NHS jobs to capture a wide and diverse pool of potential candidates
- Continue to promote 1-day Recruitment & Selection training incorporating the impact of unconscious bias offered to managers
- Round table discussion with multi-cultural staff network and staff side for solutions to address
- Continue to deliver HR core skills training to influence recruitment and people management practices
- Promote use of portal and suite of tools developed to support staff and managers on a range of ER issues
- Produce staff/manager guidance on disability and reasonable adjustments
- Support new disability-focused Let Me Hear/See You Panel
- Offer and promote well-being resources
- Promote positive role models across the organization.
- Targeted approach to key leadership management programmes, proactively encourage BME candidate.
- Continue to support multi cultural staff network which is set up to support BME staff

4. New ED governance arrangements

A new internal Workforce Equality Forum, chaired by the Associate Director, OD, Engagement & Equality formed in March 2016; this Forum will align & steer actions from the EDS2, PSED, WRES & Staff Survey.

The internal Forum allows review/debate of potentially sensitive data and issues prior to external stakeholder engagement and publication. This is not to prevent transparency but to ensure informed stakeholder engagement and plans.

The Forum meets bi-monthly. Membership includes the new Associate Director of Midwifery and Gynaecology, Director of Operations, multi-cultural staff network, staff side chair. The intention is to widen participation.

The Forum has determined ED priorities for 2016-19 informed by the EDS2, PSED, WRES & Staff Survey. Extending engagement with under-represented groups will be a key focus to identify root causes.

5. Risks

Trusts that fail to meet statutory duties under the Equality Act 2010, or if knowingly or unknowingly allow discrimination to occur could be open to legal challenge and reputational damage. Effective implementation of actions to eliminate discrimination and promote equal opportunities is evidence of compliance with a key part of the General Duty of the Equality Act 2010.

The Trust has 0.5 WTE ED Manager, less than many Trusts and this means specialist resource is stretched. Mainstreaming ED as part of BAU will be essential to pace & scale of improvements and delivery of planned developments.

The work is predicated upon visible commitment and sustained participation of senior leaders, managers and engagement with the wider workforce. There is a risk operational pressures will get in the way of positive progress to address required improvements.

The new governance arrangements for the Workforce Strategy and ED will identify risks, mitigate these and monitor delivery against plans.

6. Conclusion

The Trust has a legal duty to ensure that both employment and services are provided fairly and recognises that equality monitoring is an important way of assessing our progress. Monitoring can demonstrate whether we are offering equality of opportunity to all groups and can help us use facts as the basis for identifying and making improvements. We anticipate that the agreed actions (ref: section 4) will improve the diversity and opportunities for our workforce.

7. Recommendation

The Workforce Committee is asked to approve the submission of the full report to the Trust Board to ratify for publication in line with statutory requirements and to note ED priorities for 2016-19 informed by the EDS2, PSED, WRES & Staff Survey.

Paul da Gama,
Director of Workforce
October 2016