





Trust Board
7th March 2023

Title of the paper:	Public Sector Equality Duty 2022 – 2023: Workforce Report						
Agenda Item:	<i>Leave blank for admin</i>						
Presenter:	Alex Paice, Associate Director of OD & Culture						
Author(s):	Alex Paice, Associate Director of OD & Culture						
Purpose:	<p><i>Please tick the appropriate box</i></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><i>For approval</i></td> <td style="width: 33%;"><i>For discussion</i></td> <td style="width: 33%;"><i>For information</i></td> </tr> <tr> <td>X</td> <td>X</td> <td></td> </tr> </table>	<i>For approval</i>	<i>For discussion</i>	<i>For information</i>	X	X	
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Executive Summary:	<p>This report, as specified by the Equality Act 2010, provides an overview on:</p> <ul style="list-style-type: none"> - Data of the composition of the workforce including summaries of the national reports; - Data of those affected by the Trust policies and procedures; - Information to demonstrate compliance with the general duty; - Equality objectives for 2024/2025. <p>It also provides an overview of the work that has been undertaken across the protected groups over the past year.</p> <p>The EDS system review, completed by internal stakeholders have allowed us to review our provisions from the perspective of our staff networks and collaboratively identify and agree priorities moving forward. This alongside the NHS EDI High impact actions provide a clear focus and workplan for 2024/2025 to continue to implement meaningful improvements across protected characteristics.</p> <p>Further objectives for 2024 include:</p> <ul style="list-style-type: none"> - Staff networks – we will continue to support and develop our staff networks as a safe way for staff to have peer support and open conversations. As highlighted within our EDS we need to ensure provisions are equitable across our groups to ensure we are actively supporting all protected characteristics; - Leadership – as highlighted as part of the trust wide strategy diagnostic work and staff survey results for further development, we are committed to develop inclusive and compassionate leaders to support our diverse workforce. We recognise that leaders are present at all levels in the organisation and strengthening cultural capability across the organisation is key; - Health and Wellbeing – while we have aligned our wellbeing and EDI teams, we will be actively continue to develop one inclusive and representative offer for all colleagues and continue to embed health and wellbeing conversations to ensure the specific needs for all colleagues are met. 						

<p>Trust strategic aims:</p> <p><i>(please indicate which of the 4 aims is relevant to the subject of the report)</i></p>	<p>Aim 1 Best care</p>  <p>Objectives 1-4</p>	<p>Aim 2 Great team</p>  <p>Objectives 5-8</p>	<p>Aim 3 Best value</p>  <p>Objective 9</p>	<p>Aim 4 Great place</p>  <p>Objective 10-12</p>				
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<p>Links to well-led key lines of enquiry:</p>	<p><input type="checkbox"/> Is there the leadership capacity and capability to deliver high quality, sustainable care?</p> <p><input type="checkbox"/> Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p> <p><input type="checkbox"/> Is there a culture of high quality, sustainable care?</p> <p><input type="checkbox"/> Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p> <p><input type="checkbox"/> Are there clear and effective processes for managing risks, issues and performance?</p> <p><input type="checkbox"/> Is appropriate and accurate information being effectively processed, challenged and acted on?</p> <p><input type="checkbox"/> Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p> <p><input type="checkbox"/> Are there robust systems and processes for learning, continuous improvement and innovation?</p> <p><input type="checkbox"/> How well is the trust using its resources?</p>							
<p>Previously considered by:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Committee/Group</th> <th style="width: 30%;">Date</th> </tr> </thead> <tbody> <tr> <td>PERC</td> <td>29/2/2024</td> </tr> </tbody> </table>				Committee/Group	Date	PERC	29/2/2024
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<p>Action required:</p>	<p>Trust Board is asked to receive this report for information and approval for publication on the Trust website in line with statutory guidelines</p>							

Please keep this report concise, i.e. no more than 4 pages. If necessary, signpost to further sources of information, but do not embed documents

Agenda Item: *To be left blank*

Trust Board – March 2024

Title of paper Public Sector Equality Duty 2022 – 2023: Workforce Report

Presented by: *Alex Paice, Associate Director of OD & Culture*

1. Purpose

This report, as specified by the Equality Act 2010, provides an overview on:

- Data of the composition of the workforce including summaries of the national reports;
- Data of those affected by the Trust policies and procedures;
- Information to demonstrate compliance with the general duty;
- Equality objectives for 2024/2025.

It also provides an overview of the work that has been undertaken across the protected groups over the past year.

This report demonstrates how the Trust is meeting its Public Sector Equality Duty by publishing the data required under the three areas of the legislation.

2. Background

The Public Sector Equality Duty (PSED) has two parts: General Duty and Specific Duty. The General Duty has three aims:

The need to:

- Advance equality of opportunity;
- To foster good relations between those who share a protected characteristic and those who do not, and;
- To eliminate unlawful discrimination, harassment and victimisation.

The first two aims of the PSED apply to the first 8 of the 9 protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and marriage or civil partnership status). The last aim, eliminating unlawful behaviour, applies to all 9 protected characteristics.

The Specific Duty places a requirement on the Trust to publish:

- Equality objectives, at least every four years;
- Information to demonstrate compliance with the equality duty on an annual basis;
- Publish workforce demographic information.

3. Progressing the Trust's EDI ambitions

3.1 Our People Strategy

West Hertfordshire Teaching Hospital NHS Trust recognises that the people who work for us are our greatest asset and when they feel supported, have a sense of belonging and a positive experience it contributes to high-quality patient care.

Equality, Diversity, and Inclusion (EDI) is of vital importance in this and is the golden thread that underpins all of the salient 'pillars' regarding attraction, recruitment and retention. Fostering a compassionate and just culture where inclusiveness, equity and diversity is valued and nurtured is essential. Consequently, it transects across all of the NHS People Promise themes.

We as an organisation have a keen desire to further develop our EDI position, ensuring it is aligned to the national NHS Equality Agenda and supports our aim of developing a culture that is positive, compassionate and inclusive. Consequently, the priorities within WHTH's people strategy have been refreshed, mapped against the NHS People promise themes and at its heart is the journey towards a just and learning culture whereby everyone is treated with civility, respect and equity.

3.2 Staff Networks

The staff networks play an essential role in creating a truly inclusive working environment as they are a pivotal route in the organisation for staff to come together, share experiences and enable voices to be heard in a psychologically secure environment. They in turn, work with the organisation to improve staff experience and help shape and deliver organisational priorities and developments.

Current established Staff Networks include:

- Connect – Multicultural staff network;
- Diversibility – to support staff with physical and psychological disabilities and long-term health conditions;
- Working carers;
- LGBT+;
- Interfaith;
- End sexism in the medical profession;
- Women Medical Leaders.

These groups enable our people strategy to be driven forward in a manner that aligns with our workforce's needs and requirements. Work is underway to launch a further three networks over the next few months.

From the financial year 2023/2024, all staff networks have been provided with a dedicated budget in order to support the facilitation of safe spaces, celebration of key events and support developing wider understanding across the Trust. This is in addition to the corporate EDI budget identified.

To drive the agenda forward network chairs, meet every 6 weeks to come together at the Staff Networks Steering Group to grow and develop staff network related activities, explore opportunities for cross-network collaboration, highlighting intersectionality, and to establish what priorities need to be focused upon next to support their members as well as colleagues more widely within the Trust.

Moreover, the network chairs are core members of the Equality, Diversity and Inclusion steering group. This is one of the five operational working groups identified as a strategic driver to fulfil the people strategy. Its purpose is to provide the Trust with an overarching group that enables a collective focus on equality, diversity and inclusion priorities while representing all protected characteristics. This is co-chaired by the Chief People Officer and Chief Nurse.

Alongside staff network representation membership also includes the

- CEO;
- Associates Directors of HR;

- Staff experience team members;
- Divisional representation;
- Freedom to speak up guardian.

Staff network sessions, safe spaces, formal meetings and insight all feed into this forum and help tailor the direction of EDI initiatives, developing HR Processes etc. It also helps to refine and develop approaches to ensure they fit the requirement of all protected characteristics.

3.3 Staff Survey 2022/2023

The Trust achieved its highest ever response rate of 50.3%, with 2,612 questionnaires returned, this was a 1.3% increase from 2021.

Analysing our respondents, we have seen an increase across all minority groups, while this is a possible step, we need to continue to engage with these groups to extend future participation and representation. Moreover, we have also seen an increase of respondents with a long-lasting health condition or disability.

The table below summaries our ranking of the People Promise scores for the Trust.

People Promise	2022 score (on a scale of 0 to 10)
1. We are compassionate and inclusive	7.12
2. We are a team	6.74
3. We each have a voice that counts	6.58
4. We are safe and healthy	5.93
5. We work flexibly	5.93
6. We are recognised and rewarded	5.72
7. We are always learning	5.62

Compared with similar organisations using the same survey provider we are above sector average on 4 out of the 7 People Promise themes however, while our highest score is in the theme ‘We are compassionate and inclusive’ this was one of the three themes in which we are scoring below average. The sector average, for Acute Trusts, was 7.2 out of 10 with the highest score being 7.7.

Other highlights included

- 89% of the People Promise themes showed no significant difference from 2021 in relation to the sector average;
- “We are always learning” scored significantly better to the sector average, as well as being our area of biggest improvement;
- At a subtheme level, appraisals scored significantly better;
- The themes Morale and Staff Engagement are broadly in line with the sector scores, with no significant movement since 2021;
- At subtheme level, Advocacy and thinking about leaving is significantly worse, whilst work pressure was significantly better than the sector.

Further analysis of our observations from an EDI perspective are presented below,

- We are significantly better, compared to our counterparts, in regards to reported levels of discrimination on the basis of gender, sexual orientation and age;
- 46.1.% said the organisation acted fairly regarding career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability, or age;
- Overall, 10.5% of respondents reported in the last 12 months that they personally experienced discrimination at work from a manager / team leader or other colleagues;
 - o 82.8% of these respondents said they experienced this discrimination on grounds of ethnicity;
- Compared to the organisation average, individuals aged over 51 years have lower scores for personal development;
- Those with long term conditions have lower scores than the organisation in terms of wellbeing;
- In terms of gender, males have lower scores in terms of wellbeing.

4. Data and Reporting Principles

The data that has been utilised within the report have been collated from a number of sources these include:

- Electronic Staff Record (ESR);
- Employee Relation Disciplinary data;
- TRAC records;
- NHS Staff Survey;
- Workforce Race Equality Standard Report;
- Workforce Disability Equality Standard Report.

It is important to note that within ESR, certain protected characteristics may have data quality gaps, where colleagues have been given the option not to share. This is a common dynamic across most NHS organisations. With regards to formal HR procedures, in particular where the total number will be low, it may be imprudent to assess these as being statistically significant or a viable source for comparative analysis.

Definitions

Multicultural Colleagues

Historically, reports developed have used the acronym BAME (Black, Asian, Minority Ethnic) however to increase inclusivity, “multicultural” was voted by our staff network members to be the preferred terminology to use moving forward. Consequently, this report will use this term to refer to this group of colleagues however the ‘BAME’ acronym will be used within charts, and graphs to enable comparison of indicators with historical and national metrics. The below options within ESR comprise this group;

- *Asian or Asian British: (Indian, Pakistani, Bangladeshi, Any other Asian Background);*
- *Black or Black British: (Caribbean, African, Any other Black Background);*
- Chinese
- *Mixed: (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed background).*
- Other ethnic groups

White

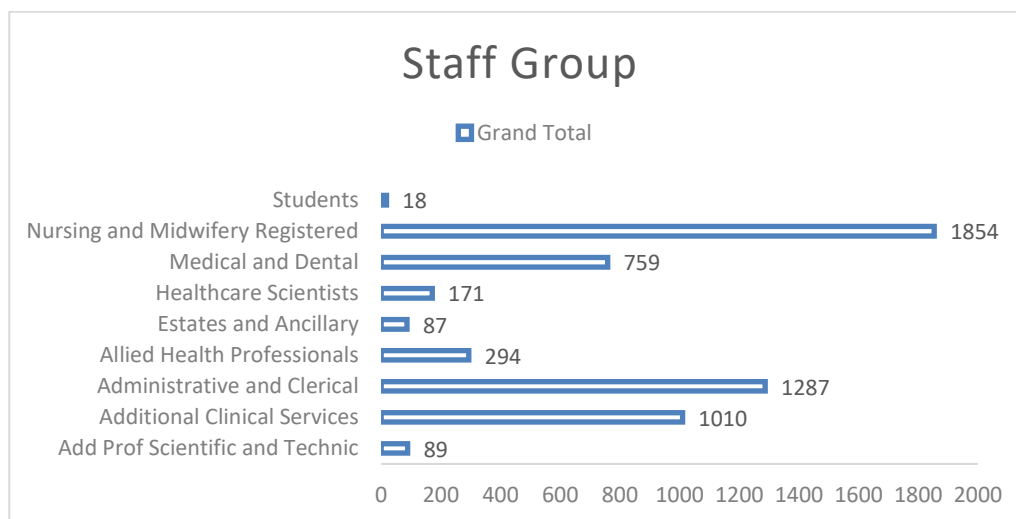
The term ‘White Colleagues’ used in this report refers to ‘White British’, ‘White Irish’, ‘White European’ and any White ethnicity listed on ESR. Although while some White ethnic groupings are

also classified as Minority Ethnic groups under the definition of the Race Relations (Amendment) Act (2000), for the purposes of this reporting and to facilitate consistency in comparisons to data submitted under the technical guidance of the NHS Workforce Race Equality Standard (2015) they will be considered as one group.

5. Workforce Profiles

5.1 Overall Staffing Levels

The overall substantive staff headcount for the reporting period was 5569 as of the 31st March 2023, this is an increase on the previous year of 184 colleagues. The below table provides a breakdown of the headcount across staff group type.



5.2 Ethnicity Profiles

Staff from a multicultural background represent 47.6% of the workforce, there has been year on year growth of multicultural colleagues joining the Trust.

Table 1. Year on year overall ethnicity breakdown

	2020	2021	2022	2023	Change from 2022 to 2023
BAME	40%	42%	45%	47.60%	2.60%
White	53%	50%	48%	45.50%	- 2.5%
Not Known	7%	8%	7%	6.90%	-0.1

Exploring the 2021 South West Hertfordshire Censure, the overall multicultural representation at the Trust is significantly higher compared to the local community equating to approx. 22%. This is comparative to the Hertfordshire and West Essex Integrated Care Board data, where multicultural colleagues only comprise 28% of the secondary care workforce within the region.

It is important to note that ethnic minorities are not part of one homogeneous group, each have their unique cultures, heritage and experiences. Of the 2637 multicultural colleagues working at the Trust the composition of ethnicities are as follows:

Table 2. Ethnicity breakdown

PSED Ethnic Origin	Headcount	Percentage
Mixed - White & Black Caribbean	24	0.4%
Mixed - White & Black African	28	0.5%
Mixed - White & Asian	25	0.4%
Mixed - Any other mixed background	51	0.9%
Asian or Asian British - Indian	982	17.6%
Asian or Asian British - Pakistani	180	3.2%
Asian or Asian British - Bangladeshi	46	0.8%
Asian or Asian British - Any other Asian background	574	10.3%
Black or Black British - Caribbean	77	1.4%
Black or Black British - African	381	6.8%
Black or Black British - Any other Black background	40	0.7%
Chinese	62	1.1%
Any Other Ethnic Group	182	3.3%

Building an inclusive and diverse team

The Workforce Race Equality Standard Model Employer paper, published in January 2019, sets out the ambition to increase black and minority ethnic representation at all levels of workforce by 2028.

Exploring the four broad pay banding classifications, an increase in representation of multicultural colleagues can be seen between 2022 and 2023.

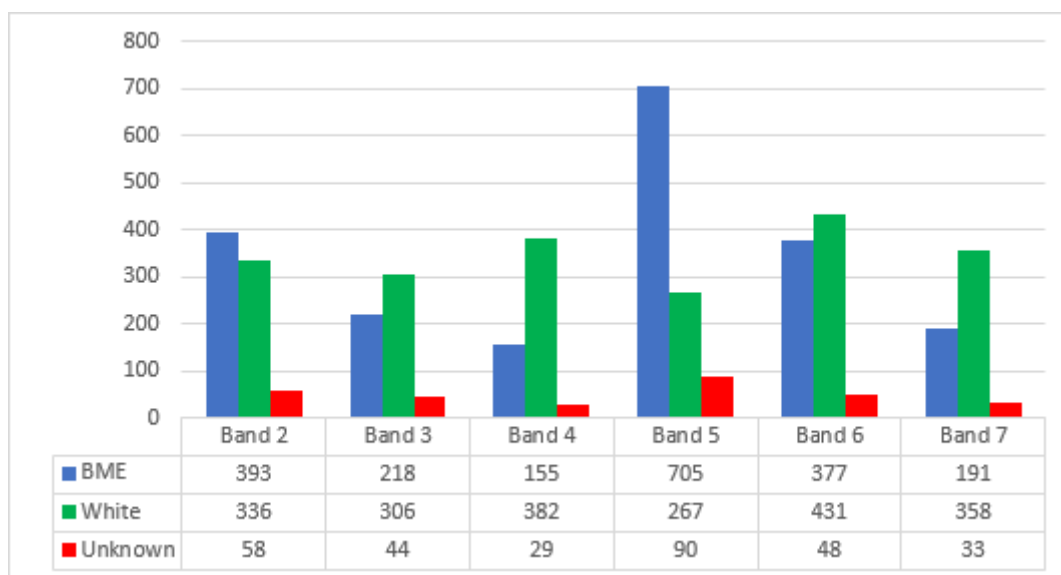
Table 3. Percentage representation by ethnicity

2022					2023			
Bands 2 to 8d	BME	Unknown	White	Total	BME	Unknown	White	Total
	1969	299	2363	4631	2140	327	2311	4778

	42.52%	6.46%	51.03%		44.80%	6.80%	48.40%	
Band 9+	7	4	23	34	8	3	22	33
	20.59%	11.76%	67.65%		24.20%	9.10%	66.70%	
Consultant	173	8	111	292	192	11	110	313
	59.25%	2.74%	38.01%		61.30%	3.50%	35.10%	
Other Medic	296	41	91	428	312	43	90	445
	69.16%	9.58%	21.26%		70.10%	9.70%	20.20%	

However, within the first two banding classification there is quite extensive variability of representation.

Figure 1. Percentage representation by ethnicity at each Agenda for Change (AfC) pay band 2-7



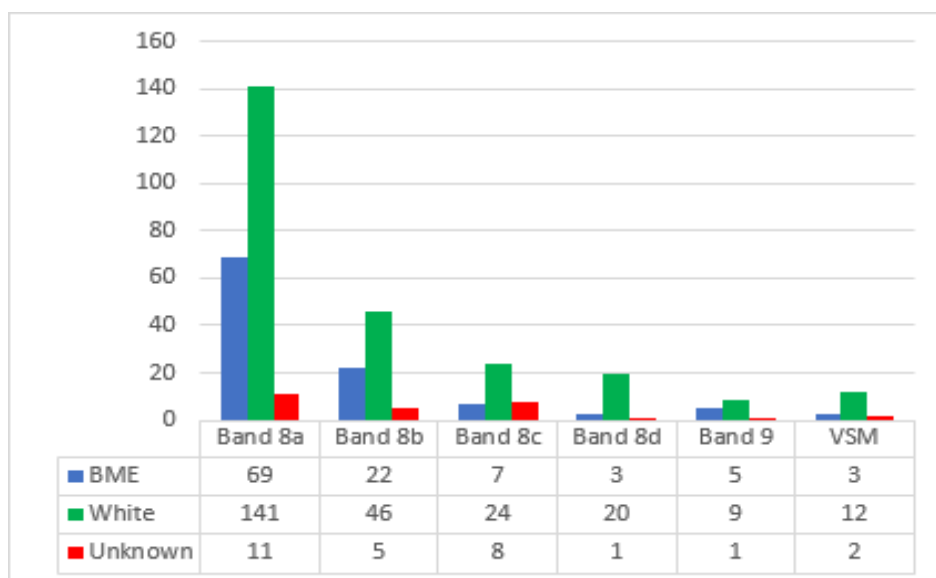
From the graph above it is apparent that:

- There is multicultural over representation at Band 5 (66.4%) – this is considered to be attributed to the large cohorts of internationally educated nurses that join the organisation. Although this also suggests that progression from those roles are not being achieved.
- There is considerably lower representation at Band 4 (27.4%) and Band 7 (32.8%)

So, while overall multicultural colleagues across the NHS is increasing, this is not proportional across all Agenda for Change bands and particularly in terms of roles that are Band 8a and above.

At WHTH, there has been an increase in representation of multicultural colleagues within Band 8a to VSM roles over the past few years however the 'ceiling effect' is still apparent where proportional representation has yet to be achieved. The below deep dive of the data demonstrated the extent of the disparity.

Figure 2. Percentage representation by ethnicity at each Agenda for Change (AfC) pay band 8a to VSM



This ambition has been expedited by the NHS People Plan 2020 to increase senior leader representation by 2025 to equate to either the organisational or community percentage, whichever is highest.

Utilising the principles of the Model Employer developed by NHS England, the following aspirational targets have been identified to support proportional representation.

Table 4. Calculated Model Employer Goals

	Total no. staff in band	Total BAME currently in band	Total additional BAME Staff needed for proportional representation	MEG – Year 1	MEG - Year 2	MEG - Year 3
8A	221	69 (31%)	36 (16%)	6 (2.5%)	15 (7.5%)	15 (7.5%)
8B	73	22 (31%)	12 (16%)	2 (2.5%)	6 (7.5%)	6 (7.5%)
8C	39	7 (18%)	12 (29%)	2 (7.25%)	6 (11%)	6 (11%)
8D	24	3 (13%)	9 (34%)	1 (8%)	4 (13%)	4 (13%)
9	15	5 (33%)	3 (14%)	1 (4.6%)	1 (4.6%)	1 (4.6%)
VSM	18	3 (17%)	6 (14%)	1 (3.5%)	3 (5%)	3 (5%)

These aspirational targets have also been identified at a divisional level and specific KPIS will comprise the divisional performance meetings every quarter to enable divisions to discuss the work they are undertaking to promote and enable equality.

The Connect Multicultural Network is our largest staff network with over 450 members, the Connect steering committee are involved in regularly:

- Arranging and facilitating ‘themed’ safe space sessions, anonymously sharing insights and feedback with the HR team in order to address concerns raised and support in making meaningful changes to approaches and procedures;

- Arranging and facilitating global workforce celebration events for all ethnicities in order to not only celebrate the heritage of colleagues but also to build understanding and insight into different cultures.

To further support achieving the three aims of the General Duty in regard to ethnicity, WHTH have:

- Co-developed and signed a local antiracism pledge with a roll out plan to establish divisional by in
- Conducted Ethnicity pay gap reports and associated develops associated action plans;
- Launched reciprocal mentoring programme, with the intention of having several intakes throughout the year;
- Launched a cultural competency programme;
- Developed a diversity dashboard to provide transparency and to explore workforce data at a divisional level;
- Commenced an extensive review of HR processes and policies, to support achieving a just and compassionate culture. This piece is being undertaken collaboratively with staff network colleagues but particularly with Connect to ensure multicultural colleagues are not disproportionately impacted;
- Begun rolling out value-based recruitment across all staff groups and grades.

Workforce Race Equality Standard (WRES) metrics for 2022/2023

Notable positives were seen across the following indicators:

- Indicator 1: Population of multicultural employees has increased from 45.4% to 47.6%;
- Indicator 2: A significant improvement has been seen in the relative likelihood of white applicants being appointed from shortlisting compared to multicultural applicants;
- Indicator 3: Relative likelihood of multicultural colleagues entering the formal disciplinary process compared to white staff has decreased;
- Indicator 4: Higher level of equitability being seen in regards to access to non-mandatory training and continuous professional development (CPD).

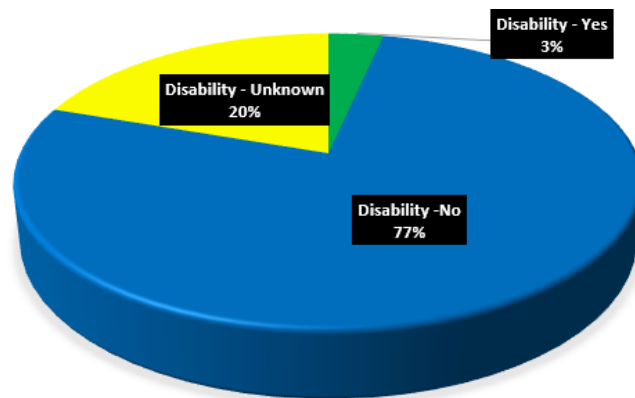
However, in regard to the Bullying and Harassment indicators, multicultural colleagues are still more likely to receive such treatment compared to white colleagues. There was also a slight decline on 2021 results in terms of the percentage of multicultural colleagues believing that the trust provides equal opportunities for career progression or promotion. Although it still remains above the national average.

The full report can be access via <https://www.westhertshospitals.nhs.uk/about/equality.asp>

5.3 Disability Profile

3.4% (189) of staff have shared on ESR their disability or long-term health condition (LTC), this tracks similarly to NHS average of 3% and is a small increase on the year before (0.2%). Equally, to last year 20% of the workforce remain having an 'unknown' disability status on ESR.

Figure 3. Composition of workforce who have shared their disability or long-term health condition (LTC) via ESR.



Studies commissioned by the Equality & Human Rights Commission, NHS England and disability organisations highlight that those with disabilities are more likely to face discrimination in society, so this may be a contributing factor to low sharing figures. Moreover, the majority of demographic information is obtained via the onboarding process, yet it is considered that the majority of disabilities are acquired during employment over the lifespan which probably also attributes for the figures being proportionally low.

From the 2022 National staff survey, where 50.3% of our staff participated, 17.9% indicated that they have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more. This demonstrated that there is still a number of colleagues who do not wish to formally share this information through ESR.

The Trust wishes to reassure and encourage all colleagues to self-share their status, in order to cultivate a psychological safe environment and to provide more assurance of the data quality for this protected group. To further support achieving this we are:

- Undertaking regular communication including staff stories;
- Proactively encouraging colleagues to review and update their ESR details;
- Updating our appraisal and 1:1 support guides and templates;
- Promoting ESR Self-service capability: where colleagues can be empowered to directly update information around their protected characteristics.

Moreover, a key focus has been on further building positive relations with colleagues who have a disability or LTC to ensure that they feel heard, valued and supported members of WHTH.

Examples include:

- The Chief People Officer, Andrew Mcmenemy has become the executive staff network guardian for Diversability working closely with the Disability Champion;
- Frequent safe spaces and coffee mornings are conducted to understand the individual needs and to identify which areas for improvement would be most salient to them;
 - Where feasible these are attended by senior leaders including the Chief Executive, Matthew Coats;
- Increasing the inclusivity of Diversability by focusing on both physical and mental health;
- Raising awareness around the sunflower 'hidden disability' lanyards;
- Providing opportunities to present and share lived experiences with the Board and the senior leadership team;
- Redeveloped reasonable adjustment passport to make it more effective, with further work currently being undertaken to embed it into standard practice and ensure quality of implementation;
- Working with Project Choice to facilitate Trust wide disability awareness sessions and work experience placements for young adults with learning disabilities;
- Regular Trust wide communication.

Table 5. Pay Scales for all colleagues by ESR Disability Status

Disability	2022				2023			
	Yes	No	Unknown	Total	Yes	No	Unknown	Total
Bands 2 to 8d	165	3513	953	4631	179	3665	934	4778
	3.56%	75.9%	20.6%		3.75%	76.7%	19.5%	
Band 9+	2	26	6	34	2	27	4	33
	5.88%	76.5%	17.6%		6.06%	81.8%	12.1%	
Consultant		203	89	292		228	85	313
	0.00%	69.5%	30.5%		0.00%	72.8%	27.2%	
Other Medics	8	370	50	428	8	362	75	445
	1.87%	86.4%	11.7%		1.80%	81.3%	16.9%	

While there are low percentages of colleagues sharing their disability there is a higher proportion of staff disclosing in more senior role, this is in contrary to the pattern seen across the local system.

Looking at ESR disability status by staff group, there are particularly low numbers in regard to Medics, this is unsurprising as the majority of doctors rotate through different hospital which means demographic data needs to be re-shared each time they join a new organisation as this is not part of the Inter Authority Transfer. Moreover, the frequent changeovers can also mean that they do not feel fully integrated within an organisation. However, this is not the case for consultants who are substantive appointments, and as a staff group they have no colleagues sharing their disability status. This could be due to being less familiar with the ESR system or due to feeling disconnected to EDI initiatives. Historically, doctors have not necessary been fully considered in EDI and wellbeing work though there is now a keen focus to ensure they are moving forward. This will be achieved by:

- Attending Junior doctor forums and inductions;
- Introducing an EDI Fellow to enable more engagement and insight with the junior doctor cohort;
- Working closely with the Guardian of Safe Working;
- Working closely with the Medical Education team;
- Supporting with the relevant actions arising from the GMC survey;
- Embed freedom to speak up within their teaching programmes.

To improve outcomes for employees who have a disability or LTC, WHTH is committed to proactively pursue the *Disability Leader* accreditation status (Disability confident level 3) as it provides a road map for us to make significant improvements to the opportunities for all colleagues who have a disability or LTC and encourages a more robust equality governance framework. The EDI team have completed a gap analysis to identify current progress against the depicted criteria and have created an action plan in which to cohesively progress areas in need for further development. Significant progress has been made since the Shaw Trust visit last year and many aspects of the accreditation aligns well with the work being undertaken in regard to the value-based recruitment.

To help support with career development, the 'Developing your Career' workshops are being offered to staff networks in the first instance and the Talent Team attend Diversity network sessions once a quarter to share development opportunities.

Supporting attendance

Supporting attendance policy has been redeveloped to be more person-focused to enable a more supportive rather than punitive approach. The new version has been developed collaboratively with staff side, staff networks and our disability champion and includes greater provision for people with disabilities or LTC with greater clarity for managers in terms of applying the policy. To support the policy, we have also refreshed all the template letters and forms with softer, more compassionate language as well as implementing more supportive measures.

512 new starter health screenings were undertaken in 22/23. All new starters were given the opportunity to share information relating to disability and workplace adjustments. **94** new starters received an assessment/advice from an occupational health nurse in relation to disability and workplace adjustments. Occupational health offers a management referral provision enabling, sooner return to work from sickness absence and advises on workplace adjustments to help prevent sickness absence and improve wellbeing. In 22/23 **1116** management referral assessments and reviews were undertaken.

Anxiety and Stress is often cited as one of the top causes for absence, as part of the evolving and developing wellbeing provision, there is a number of aspects in place to help prevent, manage or support individuals' mental health:

- Here for You monthly onsite visits for 1:1 appointments and departmental visits across all sites;
- Here for You educational online webinars and lunch and learns on different topics including stress & burnout, managing uncertainty and change;
- Continued support with regular network meetings for Mental Health First Aiders and Wellbeing Champions;
- Increased awareness of the various wellbeing support mechanisms available, including, Employee Assistance Programme (EAP) and Occupational Health;
- New EAP provider which provides more comprehensive support, including onsite capacity with the ability to add further provisions as and when the needs of the workforce require.

Workforce Disability Equality Standard (WRES) metrics for 2022/2023

Notable positives were seen across the following indicators:

- Indicator 1: Since 2019, we have seen year on year improvement (+ 3.2%) in the number of colleagues sharing their disability status;
- Indicator 3: Relative likelihood of disabled colleagues entering the capability process compared to non-disabled colleagues has significantly decreased;
- Indicator 4b: The percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from Managers has decreased;
- Indicator 4d: The percentage of disabled staff reporting experience of bullying and harassment when they occur have increased and is higher than the national average;
- Indicator 8: 4% increase in disabled colleagues having reasonable adjustments; implemented since 2022 and is higher than the national average.

However, despite this, it was apparent that disabled colleagues feel pressure from their manager to come to work, despite not feeling well enough to perform their duties. Moreover, they reported a 10% lower level of satisfaction with the extent to which their organisation values their work compared to their non-disabled colleagues.

5.4 Gender Profiles

Our workforce is predominantly female (77.5%) and has remained relatively constant over the past several years.

Table 6. Year on year overall gender breakdown

Gender	2020	2021	2022	2023	Change 2022-23
Female	78.30%	78.20%	77.70%	77.50%	-0.20%
Male	21.70%	21.80%	22.30%	22.50%	0.20%

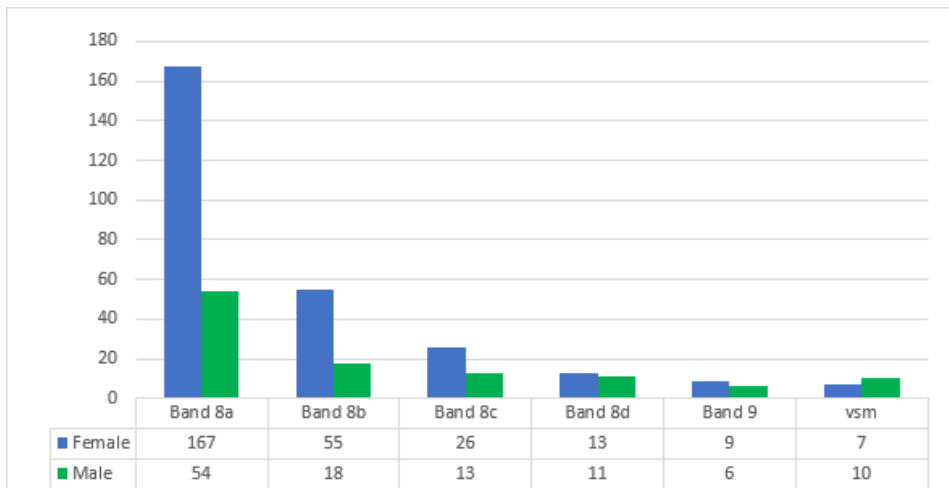
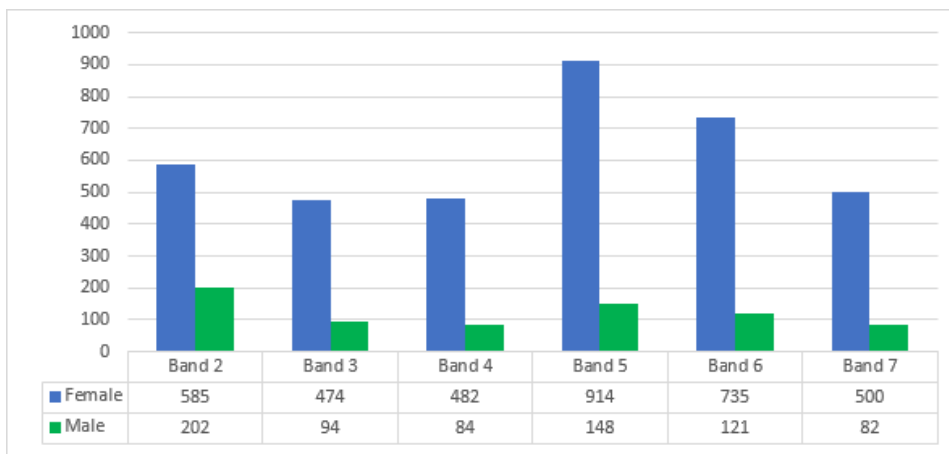
Exploring the four broad pay banding classifications, an increase in representation of female colleagues can be seen between 2022 and 2023 in more senior and medical roles.

Table 7. Percentage representation by gender

Gender	2022			2023		
	Female	Male	Total	Female	Male	Total
Bands 2 to 8d	3848	783	4631	3951	827	4778
	83.09%	16.91%		82.69%	17.31%	
Band 9+	14	20	34	16	17	33
	41.18%	58.82%		48.48%	51.52%	
Consultant	126	166	292	142	171	313
	43.15%	56.85%		45.37%	54.63%	
Other Medic	194	234	428	207	238	445
	45.33%	54.67%		46.52%	53.48%	

Though while representation overall is positive, similarly to ethnicity, representation drops in the more senior, higher paid roles. Again, mirroring the trends seen in secondary care providers within the system. Female colleagues remain overrepresented in Band 2 to Band 7 roles. Though while proportional representation has been approximately achieved for Band 8a and 8b posts (75.3%), this is not the case for 8c (66.7%), 8d (54.2%) and Band 9 (60%) roles.

Figure 5 & 6. Representation by gender at each Agenda for Change (AfC) pay band 2 to VSM



Gender Pay Gap

The Trust adheres to the Government Equalities Office's Gender Pay Gap (GPG) reporting and has a GPG action plan, in which it sets out its remedial objectives to address any gender pay inequality. A key part to enable female colleagues to progress into senior roles is ensuring they are proportionally represented in talent management and leadership development programmes as well as identifying dedicated and bespoke development programmes. We are currently working with Raise the Bar learning institute to offer shortened apprenticeships aimed specifically for women:

- [Level 3 Women in Leadership](#) – aligned to the level 3 Excelling in Team Leadership;
- [Level 5, Women in Leadership](#) – aligned to the level 5 Operational Management standard.



Our 2022/2023 Gender Pay Gap report highlights that while overrepresentation of female colleagues in lower and middle quartiles have been seen for the past few years, small, continued

shifts towards more proportional representation is being achieved. Women's average earnings are at **10 – 24%** lower than men's (median to mean), compared to 2022 where it was 15 – 25%.

The full report can be access via <https://www.westhertshospitals.nhs.uk/about/equality.asp>

Working Patterns

Looking at working patterns, female colleagues are significantly more likely to work part time than their male counterparts and this is likely due to them proportionally remaining the primary carer giver.

Table 8. Gender breakdown of working patterns

Gender	Full Time	Part Time	Total	% Full Time	% Part Time
Female	2883	1433	4316	66.8%	33.2%
Male	1137	116	1253	90.7%	9.3%
Total	4020	1549	5569	72.2%	27.8%

Moreover, they are more likely to become carers and to provide more hours of unpaid care than men, with women being 59% of unpaid carers (Census 2021). While ESR numbers on carer status is currently low the staff survey responses indicated that a minimum of 713 answered yes to the question '*Do you look after, or give any help or support to family members, friends, neighbours, or others because of either: long term physical or mental ill health / disability, or problems related to old age?*'

Consequently, we are working closely with our working carer lead to develop the level of support available for these colleagues, aspects include:

- Provide peer to peer support for staff with caring responsibilities;
- Reduce isolation that can be felt by working carers;
- Highlight the support available to staff;
- Collaborate with local support for carers;
- Attain 'Working Carer Friendly Hospital' status and carer confidence level 2.

To provide assurance that female colleagues are not adversely impacted by roles which they undertake outside of work the Trust intends to:

- Continue to incorporate working carers into all the relevant policies;
- Ensure access to learning and development activities are equitable;
- Redevelop the equality impact statement to ensure processes and services are effectively evaluated to consider their suitability for all.

Flexible working

We are aware from our staff survey that flexible working is of significant importance for all staff groups and as such it is one of our key priority areas to develop the extent to which colleagues can access one of the many forms of flexible working.

The implementation of flexible working can often influence whether individuals feel supported and are able to undertake their role. It also supports increased workforce diversity and equality of

opportunity for those with disabilities, have caring responsibilities and provides further support during pregnancy or for older colleagues who no longer wish to work full-time. As identified above this would be particularly beneficially for female colleagues who often are more likely to have extra caring responsibilities. Though that being said, we need ensure the male colleagues are able to access such provisions. In the 2022 staff survey, 51% of female responders indicated that they had opportunities for flexible working patterns compared to 46.2% of male responders.

Currently, the ESR data for flexible working pertains to part time working (28%) with low numbers in regard to recording other forms. Work has commenced to complete an audit Trust wide to get better insight of the types of flexible working being undertaken and the extent flexible working is undertaken within in each division.

Table 9. Initial flexible working data by division

Division	Flexible Working	Not Stated	Grand Total	Flexible Working %
Clinical Support	317	432	749	42.32%
Corporate	436	374	810	53.83%
Emergency Medicine	195	441	636	30.66%
Environment	7	106	113	6.19%
HWE ICS Pathology	1	4	5	20.00%
Medicine	328	1065	1393	23.55%
Surgery & Anaesthetics	329	925	1254	26.24%
Womens & Children	354	371	725	48.83%
Grand Total	1967	3718	5685	34.60%

Further work is being undertaken by the workforce transformation team to improve how the Trust records flexible working in order to measure impact of flexible working initiatives. However, there is an awareness that there has a wide scale uptake of various types on an informal basis following the pandemic.

Nevertheless, we know there is further work needed to increase equity of access and to demonstrate to line managers the extensive benefits to productivity, retention and wellbeing. Work has commenced to support with the education and training around the variety of different options and how best to support both individual and service requirements.

Pregnancy & Maternity

In 2022/2023 165 colleagues went on maternity, with 23% left employment with the Trust following their maternity leave. Of the 127 who returned, 77 returned full time while 55 returned part time

Menopause

Due to our gender composition, three quarters of our colleagues will experience menopause at some point in their lives. It is therefore vital we provide a supportive working environment and strive to boost awareness as well as understanding throughout the organisation. Therefore, we have:

- Updated our menopause policy;
- Added a menopause-related option to our sickness return forms;
- In the process of creating a menopause passport to support reasonable adjustments to be implemented;
- Working with Diane Danzebrink, founder of [Menopause Support](#), to provide a range of educational webinars and onsite café sessions.

Moving forward we are:

- Developing a best practice guide for managers when supporting those experiencing symptoms of the menopause, which can be quite debilitating;
- Beginning to establish a menopause staff network;
- Further develop available resources and sign posting;
- Encourage open dialogue across the Trust.

Gender Discrimination in the Medical Profession

In response to the BMA report on the persistent issue of gender discrimination in the medical profession, focus groups were facilitated to enable discussions and develop understanding of colleagues personal experience as well as identifying actions that would support ending sexism in medicine. Following on from this Dr Rachel Hoey launched the staff network 'End Sexism in Medical Profession' to provide support and open the conversation around finding ways to resolve the issues faced. More recently, the trust has signed the BMA's ending sexism pledge to demonstrate its commitment to tackle these issues. The goals highlighted in the pledge will support and structure associated actions locally and further develop our workplans in this area. Sessions are being facilitated to support conversations around experiencing and responding strategies covering:

- Individuals' experience of sexism at work;
- The impact of witnessing sexism take place;
- How to respond if someone shares they are experiencing sexism.

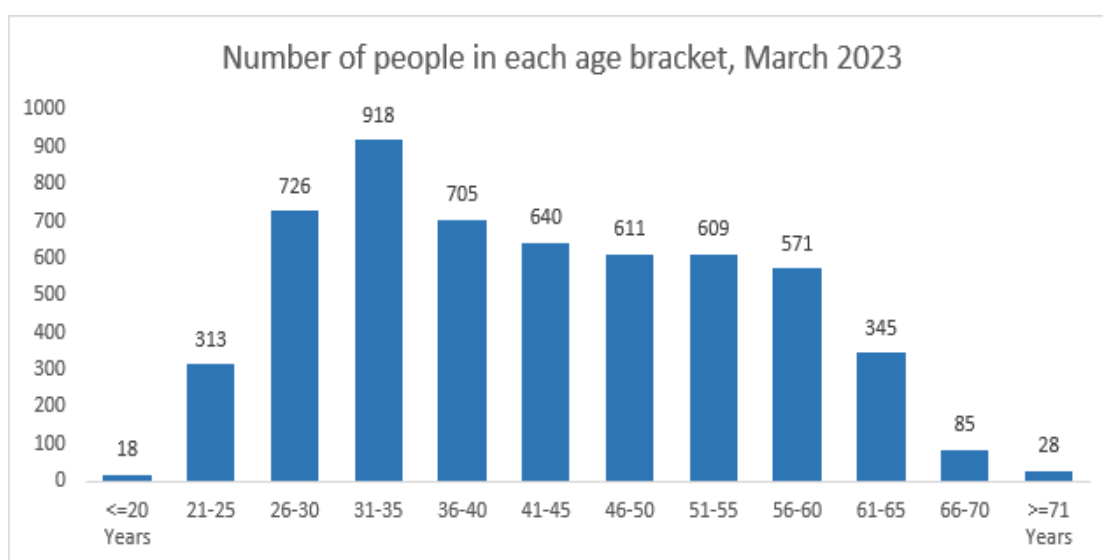
Alongside this the women in medical leadership staff network has also been created in order to provide a support network and tailored actions to support this group of colleagues.

A key ambition is to also create a network for AFC women in order to create parity in support available on the matter of sexism.

5.5 Age Profiles

Overall, our age profile broadly aligns to NHS workforce averages. Over 4,000 (72.9%) of our staff are aged between 31 – 60, with only 331 (5.9%) under the age of 25.

Figure 7. Workforce breakdown by age



In line with expectations in regard to educational attainment and acquired work experience, as the bands increase those in the younger age bracket decrease and representation of the rest of the age ranges increase.

Engaging with individuals in the younger age bracket is essential in supporting future talent pipelines especially as the current workforce currently comprises of 113 colleagues over the state pension age with a further 1525 colleagues aged between 51 to 65. This poses a significant risk given potential retirements and/or reduced working hours of staff in this age range.

The Trust is therefore proactively engaging with the local community to engage with young people due to enter the labour market through a number of initiatives including:

- Work experience programme;
- Facilitating and participating in local schools;
- Working with West Herts college to encourage young adults completing course to consider roles in the NHS;
- Launching an apprenticeship first scheme to convert Band 2 and Band 3 posts into direct apprenticeship posts.

Beyond the implication of the dynamic of an aging workforce on workforce planning and recruitment it also has significant consequences in terms of the wellbeing and the support provision required. As inevitably the ageing process means colleagues are more likely to acquire conditions and disabilities, this means the Trust will face challenges to effectively support colleagues to maintain their health and wellbeing.

In addition to the wellbeing provisions outlined previously the service are also provides:

- Annual health and wellbeing events including a Wellbeing festival – WellFest, external partners and providers invited to raise awareness and signpost to all wellbeing pillars including physical, mental, financial and social;
- Quarterly health checks with the council and local fitness gyms;
- Discounted fitness classes including Pilates and Yoga.

Musculoskeletal problems remain one of the highest reasons for staff sickness absence across the Trust. In April 2023, a new staff physiotherapy provision was implemented, supporting over 100 staff to date. It provides a blended remote and face-to-face delivery model, incorporating the Physiotherapy Advice Line, to provide treatment and support that is individually right to each colleague. There is a mix of reactive treatments and a proactive approach to minimise the impact of the MSK issues – this is already playing a significant role in supporting staff with the guarantee that service users will be called within 24 working hours of receipt of their referral and offered an appointment within a max of 5 working days. This is aimed to reduce the length of time individuals are off sick, reduce the number of occurrences as well as also helping colleagues access the support and advise they need before the issue further escalates. Within in nine months there has been over 9 months.

The occupational health team at WHTH has obtained SEQOHS accreditation assessment. This ensures there is independent and impartial recognition that the service has objectively demonstrated its competence, good practice, and consistency in its offerings for all our staff.

Retirement initiatives

The Trust values the knowledge and skills that employee's gain during their employment and recognises that retirement is a time of great importance in every employee's life. Therefore, the Trust provides a range of flexible retirement options that will support those seeking to retire or partially retire. It is recognised that this is mutually beneficial for both employees and the Trust because it allows for gradual or phased transition into retirement thereby retaining knowledge and skills of employees within the organisation. Examples include:

- Retire and Return;
- Step Down;

- Partial Retirement;
- Wind Down;
- Early Retirement Reduced Buy Out.

5.6 Sexual Orientation Profile

The number of colleagues who have shared their sexual orientation has increased from 69% to 71.9%, as well as a marginal decline in the number of individuals that have not shared their sexual orientation (person has been asked but declined to answer) from 10.2% to 9.4%.

The highest group in the workforce in terms of sexual orientation status remains Heterosexual (69%). Similarly, to last year, 2.1% of colleagues identify as LGBTQ +, however this is 11.1% lower than the 2021 census in England and Wales where 13.2% of the overall population indicated an LGBTQ + sexual orientation.

Table 9. Workforce breakdown in terms of sexual orientation

Sexual Orientation	Total	%
Bisexual	54	1.0%
Gay or Lesbian	55	1.0%
Heterosexual or Straight	3892	69.9%
Not stated (person asked but declined to provide a response)	522	9.4%
Other sexual orientation not listed	3	0.1%
Undecided	6	0.1%
Unspecified	1037	18.6%
Total	5569	100.0%

The LGBTQ+ community still face hate crimes, social exclusion, physical and mental bullying and harassment. This likely contributes to why colleagues have preferred not to share their sexual orientation. Another contributing factor could be that individuals do not think it is relevant to their employer.

WHTH acknowledge that a lot more work needs to be done in this area of the EDI space and to support with this moving forward:

- There will be more equitable level of co-ordinator support;
- Access to dedicated staff network funding;
- The Trust will work collaboratively with the LGBTQ+ staff network members, who can advise as subject matter experts to develop an 18-month work plan;
- Facilitate dedicated engagement forums and safe spaces for its employees who identify as LGBTQ+;
- Work with the LGBTQ+ Staff Network to undertake a programme to try to promote ESR self-service;
- Identify and develop key resources and training to further develop LGBTQ+ Awareness across the Trust and promote an inclusive environment for all;

WHTH will strive to develop an environment where all colleagues feel psychologically safe and feel reassured and are encouraged to share their status.

Civil Partnership & Marriage

Under the Public Sector Equality Duty of the Equality Act (2010) Civil Partnership and Marriage is a defined protected characteristic for which WHTH must pay due regard. This is around ensuring colleagues benefit equally from all HR policies and functions, whilst ensuring they receive equal opportunities and recognition of sexual orientation and Equal Marriage status. The Trust endeavours to keep accurate accounts of this as outlined in the table below.

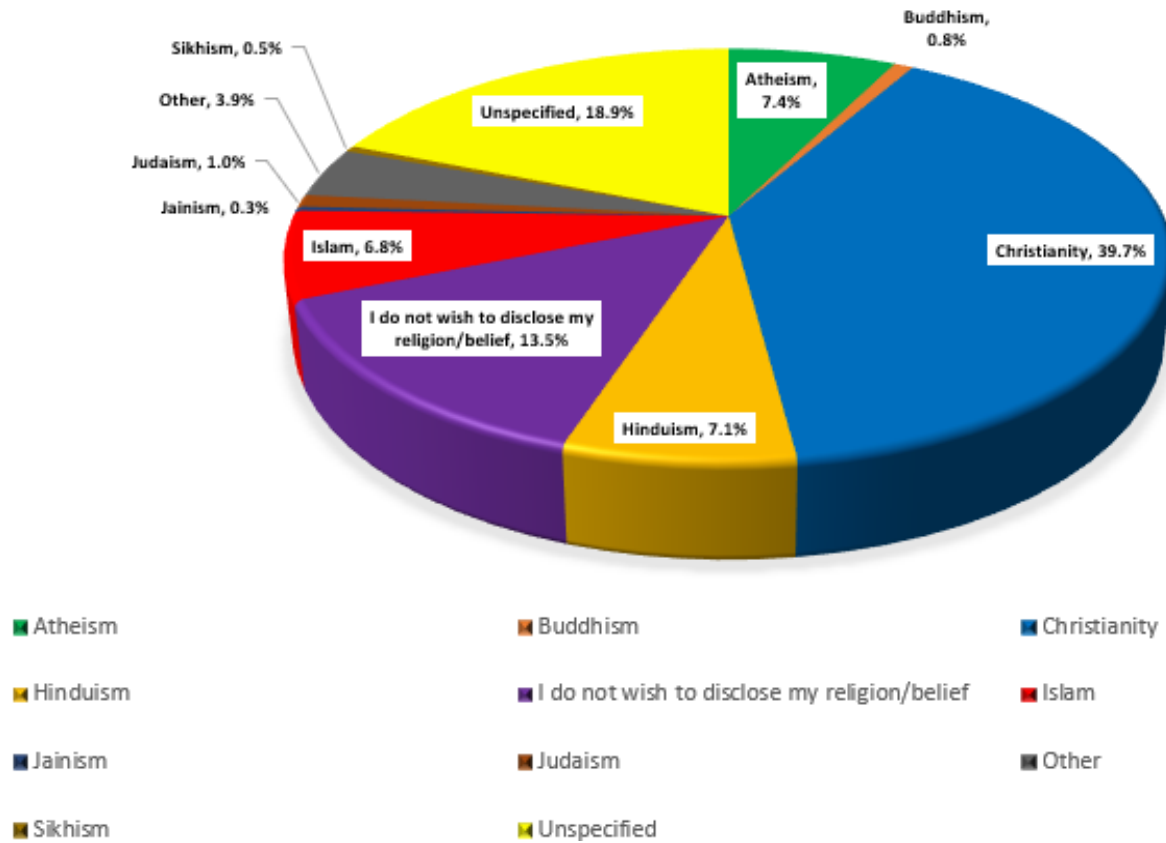
Table 10. Workforce breakdown by staff group of civil partnership and marital status

Staff Group	Civil Partnership	Divorced	Legally Separated	Married	Single	Unknown	Widowed
Add Prof Scientific and Technic	0.0%	1.1%	1.1%	53.9%	39.3%	4.5%	0.0%
Additional Clinical Services	1.7%	4.9%	1.2%	51.7%	35.7%	3.8%	1.1%
Administrative and Clerical	1.2%	7.9%	1.9%	52.0%	32.3%	3.7%	0.9%
Allied Health Professionals	0.3%	3.1%	0.3%	44.2%	50.0%	2.0%	0.0%
Estates and Ancillary	2.3%	6.9%	0.0%	54.0%	28.7%	8.0%	0.0%
Healthcare Scientists	0.6%	2.9%	0.0%	55.0%	36.3%	4.7%	0.6%
Medical and Dental	0.3%	1.1%	0.1%	54.0%	39.4%	4.9%	0.3%
Nursing and Midwifery Registered	0.6%	3.5%	0.7%	56.0%	35.4%	3.3%	0.5%
Students	0.0%	0.0%	5.6%	38.9%	55.6%	0.0%	0.0%
Grand Total	0.9%	4.4%	1.0%	53.3%	36.1%	3.8%	0.6%

5.7 Religious Beliefs Profile

Similarly, to previous years, the predominate shared religious belief is Christianity at 39.7% (2213). 32.4% (1803) of our workforce have not shared their religious beliefs, with 13.5% of this group have specifically chosen to not share their religion or belief. While this is 3% lower than last year this is still a significant figure.

Figure 7. Workforce breakdown by religious belief



To ensure all religious groups are recognised, valued and that key events are celebrated, the Interfaith network was formed in 2023 and is comprised of representation across a wide range of religions.

The connect network facilitates a regular and wider variety of cultural events and religious festivals, working collaboratively with Interfaith on certain events. Moreover, the Pastoral care team are instrumental in encouraging local, departmental celebrations through regular trust wide communications and cultural calendars.

The chaplaincy service provides emotional, spiritual and religious support to those of all faiths. They conduct a confidential 'listening service' with an on call out of hours service. It is imperative that the Trust has adequate prayer and reflection facilities. The refurbishment of pastoral and counselling rooms which are well used by colleagues are beneficial, but additional space will need to be identified in the redevelopment in order to robustly support all faiths e.g., enable all colleagues who wish to participate in Ramadan prayers.

5.8 New Starters & Leavers Profiles

In 2022/2023 reporting period there was 2077 new starters who commenced within the Trust in regards to their demographics:

- The majority of new starters were aged between 20 – 45;
- Their gender composition mirrors that of the overall Trust with 77% of new starters being female;
- However, in terms of sexual orientation, 86% of new starters shared that they are heterosexual, which is significantly higher than the Trust overall figure of 69.9%;
- 3% of new starters identified as LGBTQ+;
- 4% shared that they had a LTC or disability;

- 46 starters were appointed via the guaranteed interview scheme;
- 56% are from a multicultural background and 7% did not share their ethnicity.

While as a whole it mirrors the wider Trust demographic information work continues to:

- Raise awareness of the guaranteed interview scheme as well as recruiting and supporting those candidates with disabilities.
- Improve recruitment practices including increasing representation on Band 8a panels and above as this is recognised where the ceiling effect
- To continue to embed value based recruitment

Of those who completed the onboarding questionnaire, 79% are engaged in their new role. Of those who were identified as at risk of leaving, the majority of those were bands 3 – 5 in admin and clerical roles. The People Promise initiative has supported and improved the new joiner experience with a new corporate induction, new joiner support programme and launch of a new joiner portal via the staff app. This helps to support colleagues to settle into the Trust and their role.

In regard to leavers there were 1035 leavers within the reporting period, their demographic composition were:

- The majority of leavers were aged between 20 – 40;
- 74% were women
- 10.8% identified as LGBTQ+;
- 4% shared that they had a LTC or disability.

We proactively analyse that data provided to us from Great with Talent (GWT) to understand the drivers, identify themes, and ensure that planned interventions are the right fit to support the reduction of turnover. GWT receive leavers data from the Trust weekly, from this an exit questionnaire is emailed to the staff member. The questionnaires are returned directly to GWT, this data is fed into a dashboard which analysis the data in great detail. This data is accessible by all of the HR team.

64% of leavers were “happy” – meaning their decision to leave was not due to the job or the organisation. Number of “happy” leavers has increased compared to 21/22

The top 3 drivers for leaving where:

- Career progression;
- Personal growth;
- Cooperation.

72% of leavers stated that they would work for our organisation again.

6. Equality Delivery System

The second Equality Delivery System (EDS) review, under the new requirements was undertaken in the autumn/winter of 2023.

Overall, including our Domain 1 scores and stakeholder scores from Domain 2 and 3 the Trust is working at an ‘Developing activity level’.

Overall feedback from stakeholders under Domain 2 was that good progress has been made and, the Trust is meeting the level required across this domain. This was reflected in the scoring whereby ‘developing activity was attained for Domain 2.

Domain 3, stakeholders indicated that there is varying perception of senior leadership involvement and engagement across the networks. Elements of good practice were noted but feedback indicated this was not consistent across the networks. Consequently, the ‘Developing Activity’ score was provided across the majority of the outcomes.

To achieve and monitor the progress of the gaps highlighted in the report, we will;

- Align action plans for each domain with the WDES, WRES, and EDI improvement plan
- Put working groups in place for the EDI high impact actions & Staff Experience.
- Track and monitor actions through both the EDI Steering Group and the Wellbeing and Engagement steering group.

7. Conclusion and Objective Setting

While acknowledging the achievements that have been obtained over the past year, it is essential to emphasise that substantial efforts are still required to accomplish the Trust's strategic objectives and fully integrate Equality, Diversity, and Inclusion across the organisation.

Advancing the aspects outlined in the People Strategy, coupled with enhancing values-based recruitment and HR practices, will play a pivotal role in fostering the extensive cultural transformation necessary to establish the Trust as a genuinely inclusive and favourable workplace.

The NHS EDI high impact actions provide a framework across 6 focal categories to support with this ambition. Over autumn 2023, a self-assessment was conducted to ascertain our progress against these national actions and from that, a detailed local improvement plan was developed, where tangible actions were identified. Moreover, we have incorporated actions from mandated reports including, WRES, WDES and EDS in order to have a more cohesive and effective approach moving forward.

Consequently, the objectives for 2024/2025 is to progress each of the NHS EDI high impact actions as outlined below:

- Measurable objectives on EDI for Chairs Chief Executives and Board members
- Overhaul recruitment processes and embed talent management processes
- Eliminate total pay gaps with respect to race, disability, and gender
- Address Health Inequalities within the workforce
- Comprehensive induction and onboarding programme for international recruitment staff
- Eliminate conditions and environment in which bullying, harassment and physical harassment occurs

Moreover, we will focus on:

- **Staff networks** – we will continue to support our staff networks as they are a safe way for staff to have peer support and open conversations. Engagement with our staff networks provides the opportunity for the trust leadership to hear lived experiences which in turn will inform decision about how the trust supports our staff. As highlighted within our EDS we need to ensure provisions are equitable across our groups to ensure we are actively supporting all protected characteristics;
- **Leadership** – has been highlighted as a focal point as part of the trust wide strategy diagnostic work and in our recent staff survey results. We are therefore committed to develop inclusive and compassionate leaders to support our diverse workforce. We recognise that leaders are present at all levels in the organisation and strengthening cultural capability across the organisation is key;
- **Health and Wellbeing** – while we have aligned our wellbeing and EDI teams, we will be actively continuing to develop one inclusive and representative offer for all colleagues and continue to embed health and wellbeing conversations to ensure the specific needs for all colleagues are met.

In addition to further developing our workforce EDI practices, a particular focus for 2024/ 2025 is to establish a more detailed approach to EDI in relation to patients in order to support patient services and to ensure further compliance with the PSED report requirements.

8. Risks

The elements within this paper contribute in addressing the following risks

- Risk of not attracting and appointing a diverse range of individuals with the right skills and personal values that align with the Trust;
- Risk of being unable to develop an inclusive and equitable organisation. As demonstrated by the gender/race pay gap, the workforce race and disability equality reports, disparities remain and whilst some progress has been made, it has been slow and is not consistent across all areas of the workforce;
 - This in turn could negatively influence the perceptions of prospective and current employees;
- Risk in the ability that the Trust will be able to comprehensively support its diverse workforce, impacting staff experience/moral and ultimately negatively impacting turnover;
- Risk in the Trust being able to meet the depicted Equality Delivery System criteria satisfactorily;
- Risk that the Trust is unable to demonstrate to employees a serious commitment towards EDI, engagement and wellbeing.

9. Recommendation

Trust Board is asked to receive this report for information and approval for publication on the Trust website in line with statutory guidelines

Name of Director Andrew McMenemy,
Title Chief People Officer

Date: 05/02/2024