

Presentation to	<input checked="" type="checkbox"/> In Public Board Meeting	<input type="checkbox"/> Confidential Board Meeting			
Title of Paper	Equality and Diversity Report				
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Date of Paper	17/11/17	Committees presented			
Link to CQC Key Lines of Enquiry (KLoE)	<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
Action requested of the Board	<input checked="" type="checkbox"/> To receive	<input type="checkbox"/> For decision			

The purpose of this paper is to annually update the Board on the Trust's Equality and Diversity role and requirements.

This paper primarily deals with our duties under the Workforce Racial Equality Standards (WRES), the NHS Equality Delivery System (EDS2). The paper does not contain detailed input from the Quality & Patient Experience team and we propose that a follow-up paper is brought to Board for 2018/19, which provides an integrated perspective on Equality & Diversity, Patient & Public Involvement and the procurement/ commissioning of services under the Social Values Act (2012).

The EDS2 Summary Report will be made available on the Solent NHS Trust website and copies will be circulated to Board. In particular, this Summary Report provides additional information on the actions the Trust is taking to embed Better health outcomes, Improved patient access and experience.

The document includes:

- Introduction to our requirement to prioritise and promote equality, diversity and human rights
- The standards we are monitored on – including the Equality Act 2010 and the Public Sector Equality Duty
- Update on implementation of the NHS Equality Delivery System (EDS2)
- Report on Workforce Racial Equality Standard (WRES)
- Analysis of our workforce monitoring data including our Workforce Diversity Scorecard
- Recommended actions for 2018-19

Recommendation

The Board are asked to receive the Equality and Diversity Report.

1. Introduction

The needs and circumstances for patients, carers, communities and staff from protected groups can be distinct and specific. In providing quality services and workforce environments that are appropriate and effective for all, Solent NHS Trust prioritises and promotes equality, diversity and human rights.

The NHS Equality Delivery System (EDS2) framework was published to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. We follow the implementation of EDS2 in accordance with the 9 Steps through the 'Equality Standards toolkit' and all of our clinical services have now achieved the Silver standard, which is verified through peer review of submitted evidence.

We also report on the Workforce Racial Equality Standard (WRES), which requires us to demonstrate through the nine-point WRES metric how we are addressing race equality issues in a range of staffing areas. In the NHS Workforce Race Equality Standard 2016 data analysis report for NHS Trusts, Solent was listed in the section for: Trusts where data suggest practice may be better for WRES 3.

We steer implementation through the Equality Impact Group, which meets quarterly and is well attended from Clinical Services, in particular by the Professional Leads. The focus is on embedding Equality & Diversity in our workforce and patient experience. This Group will now form part of the sub-committee structure of the People & OD Committee.

The established good work within Solent on Equality & Diversity was recognised when we were chosen by NHS Employers as one of their Diversity and Inclusion Partners for 2017/18. As a partner we have joined NHS Employers and other national organisations including NHS England and NHS Improvement and Health Education England, on the NHS Employers Diversity and Inclusion Programme.

The Equality & Diversity Lead for Solent has until recently been a shared role with Southern Health and Portsmouth Hospital. This role was hosted by Southern Health and provided great value by sharing specialist expertise across the local system. This role is no longer available and we are therefore training a new Diversity & Inclusion Lead within the People & OD Team in Solent. This transition has revealed an opportunity to coordinate our approach more closely across Quality, Improvement and Communications in to deeply embed the role of Equality & Diversity in providing better health outcomes for all and improved patient access and experience.

2. About this report

This report is published under the Equality Act 2010, as our duty to "publish information relating to persons who share a relevant protected characteristic who are its employees".

The Public Sector Equality Duty, which came into force on 5 April 2011, was created by the Equality Act 2010 in order to harmonise the race, disability and gender equality duties and

extend protection to the new protected characteristics of age, sex, gender re-assignment, pregnancy and maternity, religion or belief and sexual orientation. This has led to a requirement for public bodies to publish both equality objectives at least every four years and equality information to demonstrate compliance with the equality duty annually.

The workforce data in this report forms part of the required equality information. We have collated, monitored and published this information to help our organisation meet our responsibilities under the duty and to ensure equality considerations are reflected in our employment practices and policies.

3. Analysis of our workforce monitoring data

Equality and Diversity is embedded within our values and culture in our organisation. Progress is measured through our Diversity Scorecard (see section 4). This was developed to track both quantitative and qualitative metrics and ensure we are recruiting, developing and retaining a highly skilled, diverse workforce that can best serve the needs of the diverse communities that we serve.

Our workforce reporting for the year 2017 is structured across the following key aims:

- (i) Inclusive leadership at all levels
- (ii) A representative and diverse workforce across all levels
- (iii) An inclusive workplace culture and environment

(i) Inclusive leadership at all levels

As a Trust we view leadership as key in taking forward the diversity agenda as to gain value from diversity it requires leadership and a sustained, systematic approach with long-term commitment.

Leaders and managers are all responsible for being able to manage a diverse workforce, work alongside members of diverse teams and create an inclusive culture. As a Trust we are committed to continuing to build the capabilities of our managers so that they can champion our leadership commitment to diversity.

Our commitment to this aim is to ensure that:

- Equality and Diversity training is in place for all staff (this includes our online mandatory training package plus a session on corporate induction)
- Engage and communicate with staff so that the workforce is kept up to date with equality and diversity information and updates
- Governance will be strengthened to ensure equality and diversity considerations are embedded in our decision-making processes
- Implement the Equality Standards Toolkit (our bronze, silver and gold standards)

(ii) Representative workforce across all levels

Our diverse workforce enables us to benefit from the creativity and skills of all our staff and it is important that this diversity is present across all levels of the organisation. It enables us to tap into a broad spectrum of experience and ideas that comes as being part of a diverse team.

Our commitment to this aim is to ensure that:

- Staff at all levels continue to have access to appropriate learning and development opportunities and continuing professional development
- Continue to monitor the diversity of our workforce through the Diversity Scorecard

(iii) An inclusive workplace culture and environment

We want to enable all our staff to be fully involved in the Trust’s work, to protect them from unfair treatment and ensure each individual can reach their potential. We have developed a set of Equality Standards that will aim to embed equality and diversity throughout the organisation and continue to identify innovative ways to promote an inclusive workplace culture for all our staff

Our commitment to this aim is to ensure that:

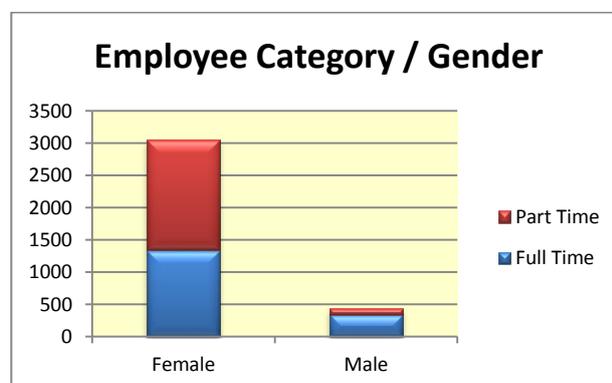
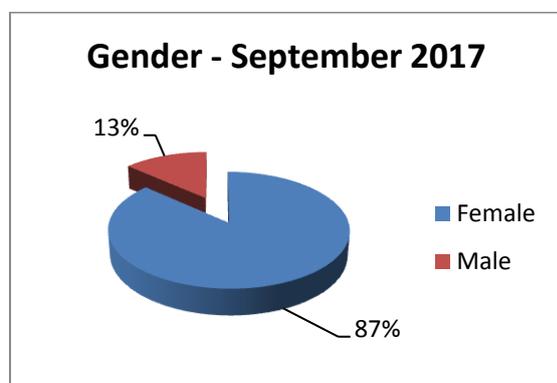
- We promote our values and associated behaviours through training, development and communications to progress and encourage an appreciation of an inclusive workplace
- Continue to develop our engagement and communication with our people

4. Workforce Diversity Scorecard

The Workforce Diversity Scorecard will provide a breakdown of the workforce by protected characteristics: Gender; Race; Religion; Age; Marital Status; Disability; Sexuality; Pay Bands; Retention.

4.1 Gender

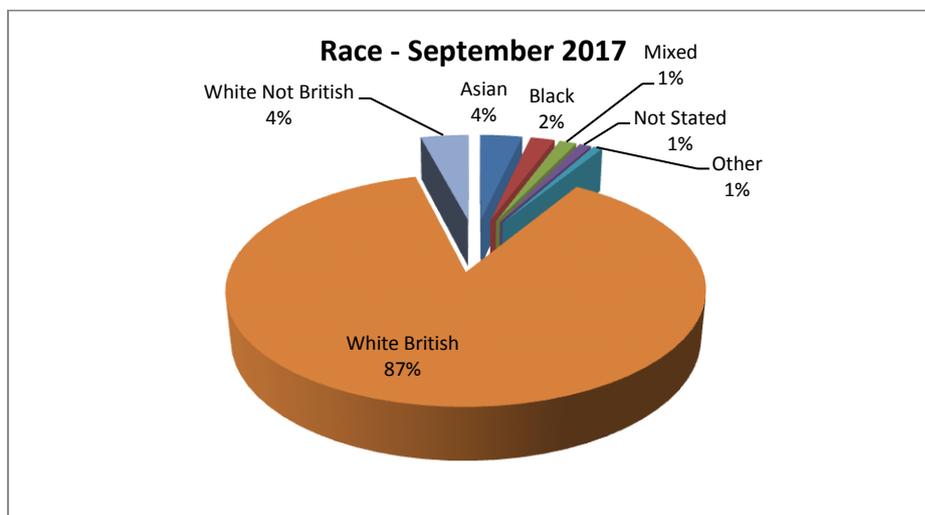
Solent had a headcount of 3492 at September 2017, and the gender split was 87% female to 13% male, with a female bias being typical of the caring professions. The bar chart on the right indicates that approximately half females are part-time, vs a far smaller proportion of part-time males.



Whilst many flexible working patterns exist within Solent, we know from the data collected through Employee Engagement that we can do more to include all staff members and ensure that there is clarity and fairness. This will be a key deliverable in the 2018/19 business plan.

4.2 Race

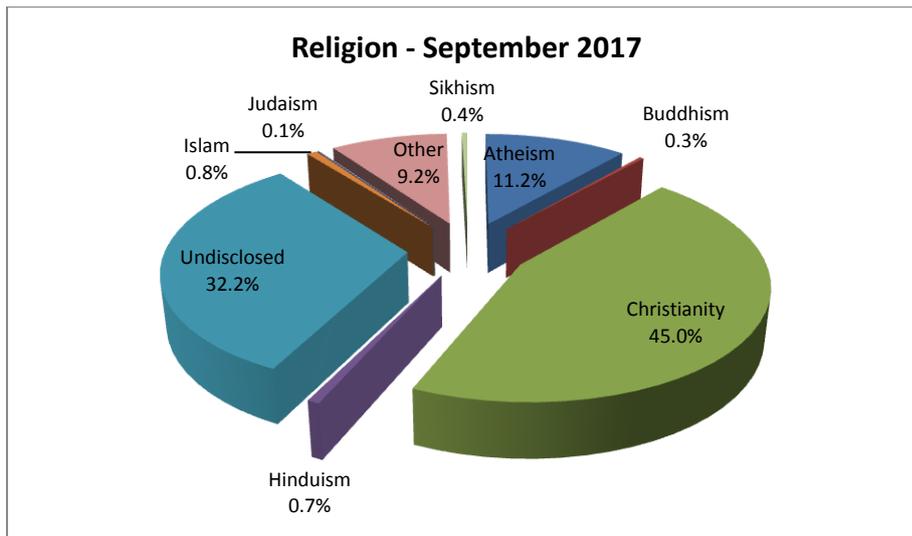
The chart suggests that Solent is under-represented in the White Not British, Asian and Mixed categories and over-represented in the White British and Other categories when compared to local averages which indicate a White British population of 81%, White Not British at 6%, Asian at 7% and Mixed at 3%. From early 2014 to early 2016, Asian group increased by 1%, with a decrease in White British by the same amount. Since March 2016, figures have remained stable.



We recognise that there we can do more to proactively and positively reach out to diverse communities when we advertise roles. We plan to incorporate a range of new communications tactics into our Recruitment campaigns for 2018/19 and to use more diverse marketing. In addition, we will do more to provide targeted development opportunities for employees within the different race categories and to ensure effective representation across our internal forums and groups.

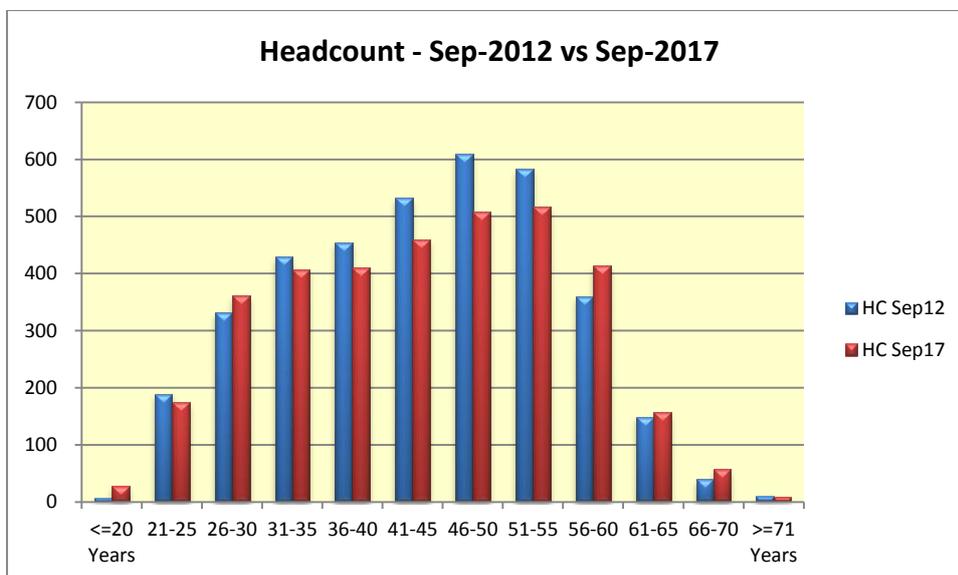
4.3 Religion

Religious Beliefs recorded presently show a high proportion of 'Undisclosed' records, hence a good comparison cannot accurately be made against local information. The Not Disclosed category enables employees to opt out of providing this information. Since March 2016, Atheism has increased by 2% while Christianity has reduced by the same amount.



4.4 Age

In 2012 the highest proportion of staff was in the 46-50 age band – in 2017 it is 51-55. In 2012, the drops in the 56-60 and 61-65 age bands were marked; in 2017 it is less pronounced, indicating that fewer people in those age bands are leaving (e.g., for retirement, etc). Comparing the September 2012 position with September 2017 reveals that overall, we have reduced in headcount by nearly 200 staff, and notably, staff numbers were reduced from the age bands under 55, whereas the age groups over 56 all experienced growth, demonstrating the effect of changes to pensionable age.

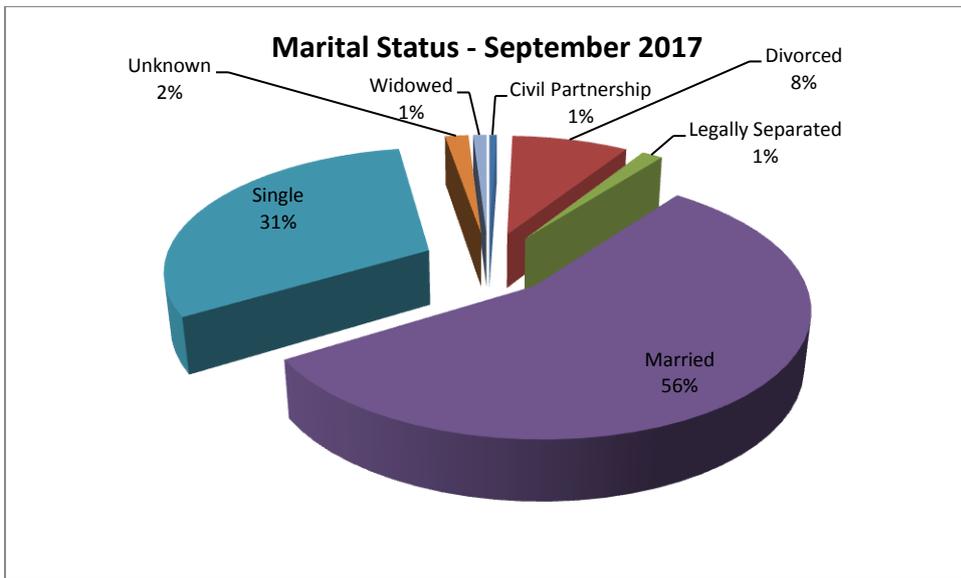


As this demographic continues to shift, our workforce will continue to ‘age’ and this provides a number of challenges and opportunities. Care needs are becoming more complex due to the ageing population and thus the work carried out by our employees is more demanding. Health and Wellbeing remains a key consideration for us and the top reasons for sickness absence are MSK and Stress, which continues to rise. With national shortages of registered professionals entering the workforce, there is a very significant risk to sustainability.

In Solent, we continue to develop a number of new and innovative approaches to Health & Wellbeing such as the OWLES Group and Mindfulness resources. Together with the work we will do on Flexible Working in 2018/19, we will need to target communications at the segments of our workforce so that we can better understand, respond and adapt to differing needs.

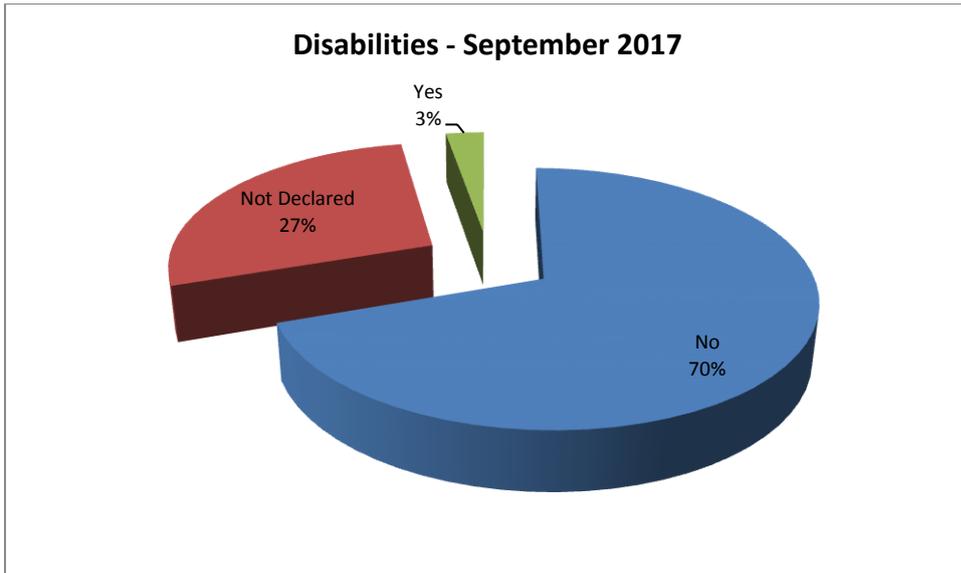
4.5 Marital Status

Solent continues to have a higher proportion of married couples than is reported in local Census data (55% vs 37%) mainly due to the fact that all ages of the local population are being compared with the working age group that Solent’s staff fall into. The other marital statuses are represented similarly between Solent and local averages. The married group has reduced by 1% in the past year, while legal separations have increased by 1%.



4.6 Disability

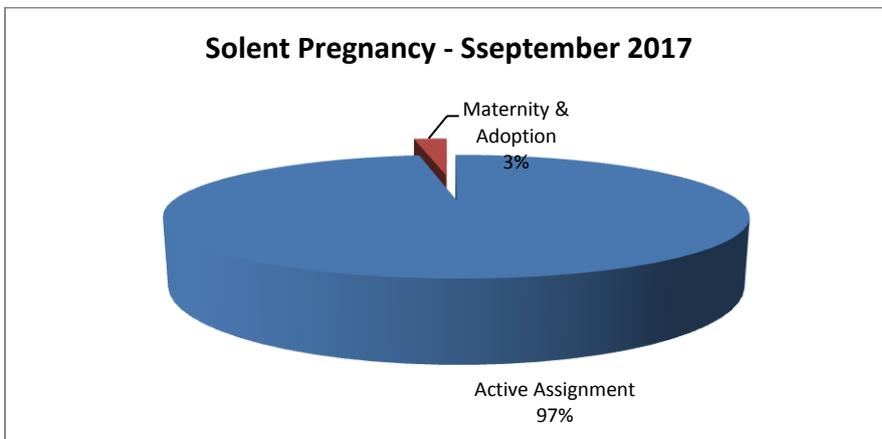
Solent reports a 3% disability rate, with 27% being undeclared (which was reduced from 37% in March 2016 by data cleansing).



In our plans for 2018/19, we will engage with local and national organisations to expand our existing good practices in this area. This will include increasing the visibility of disability within the organisation, building the skills and confidence of line managers and providing targeted development opportunities for employees with disabilities.

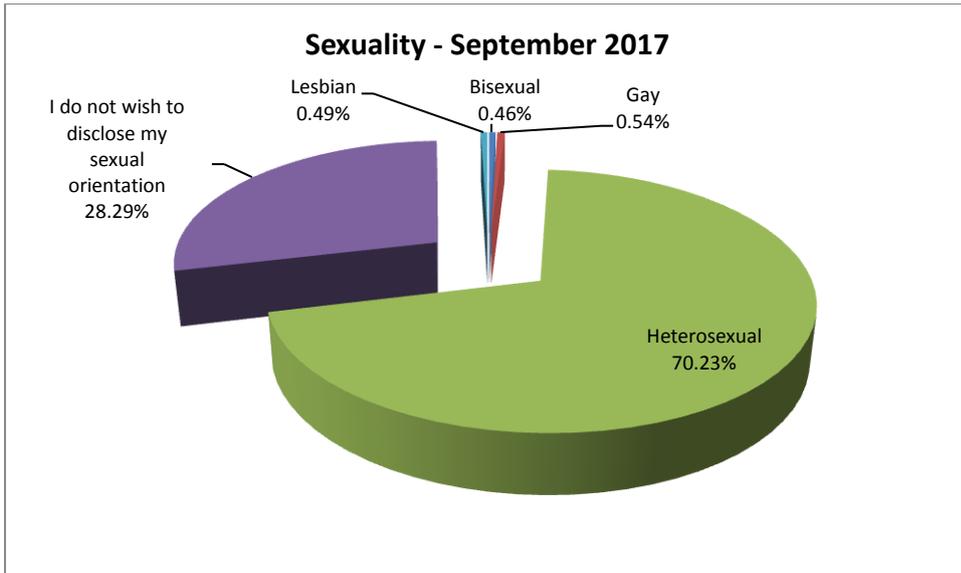
4.7 Pregnancy

Solent’s pregnancy, ie, maternity/paternity and adoption rate remains stable at 3%.



4.8 Sexuality

A large number of staff records show that sexuality is not disclosed. Employees can update this data directly themselves in ESR. There is a very small proportion of records where Bisexual/Gay/Lesbian have been recorded (1.5% for all three categories combined).



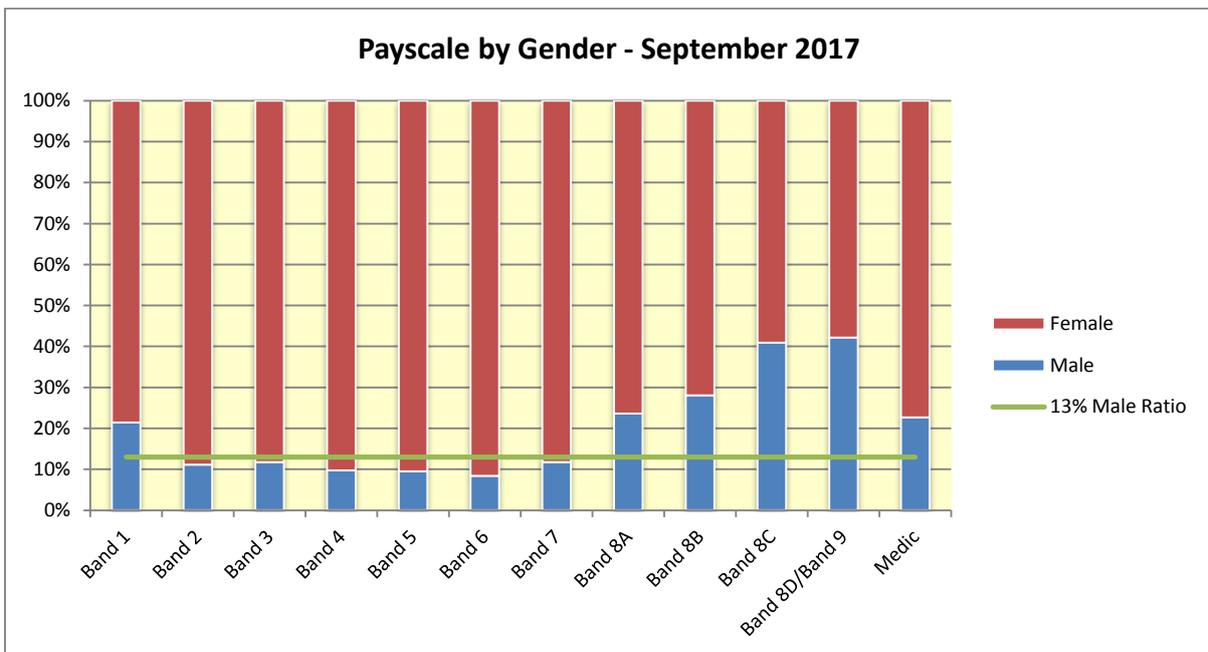
This is an area where we can enable a more inclusive and supporting workplace environment by supporting employee-led networking and communication. The Owles Group for mental wellbeing is an example of a successful employee action model, which we can develop for other areas.

4.9 Gender Re-assignment

There remains no information available in this area; it is not presently recorded via ESR.

4.10 Information by Pay bands

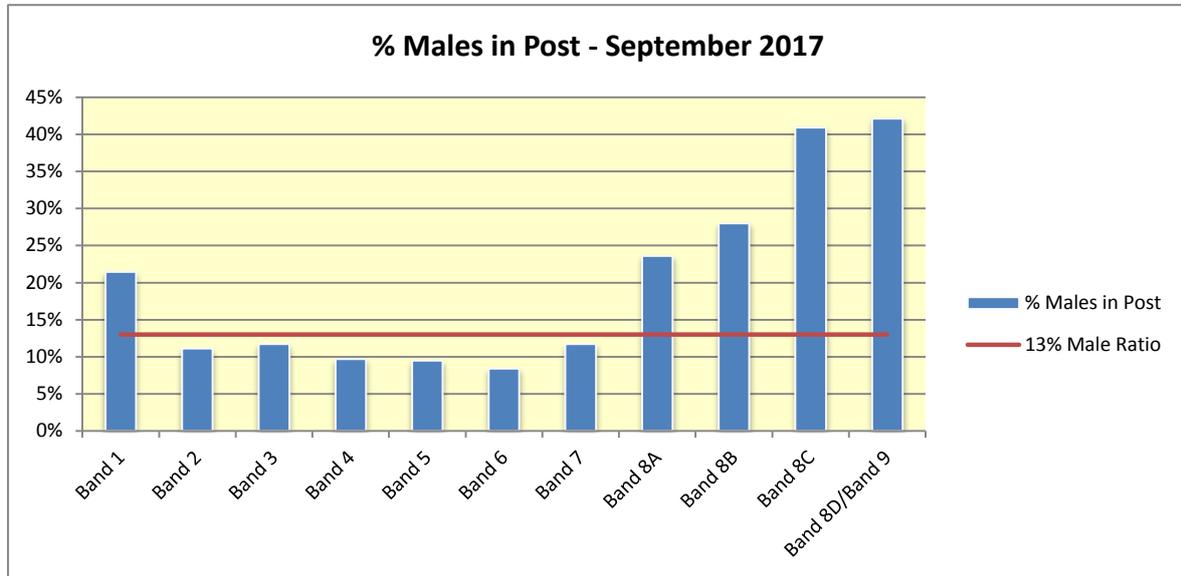
The chart shows paybands and the proportions of males to females, and indicates that there are proportionately more males in the higher bands than some of the middle/lower bands.



The Agenda for Change pay system was introduced in October 2004 to ensure that pay in the NHS was consistent with the requirements of equal pay law. Following government consultation, it became

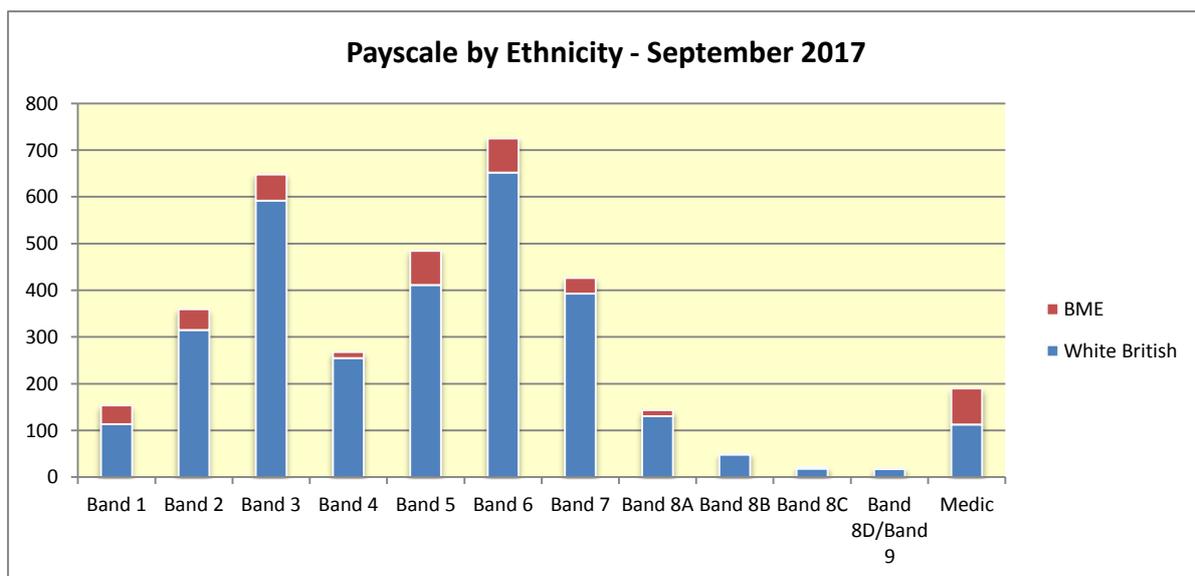
mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG). The deadline for complying is March 2018 and work is currently underway to analyse our data fully.

This chart shows that males are under-represented in bands 2 through 7, yet are over-represented in all other bands.

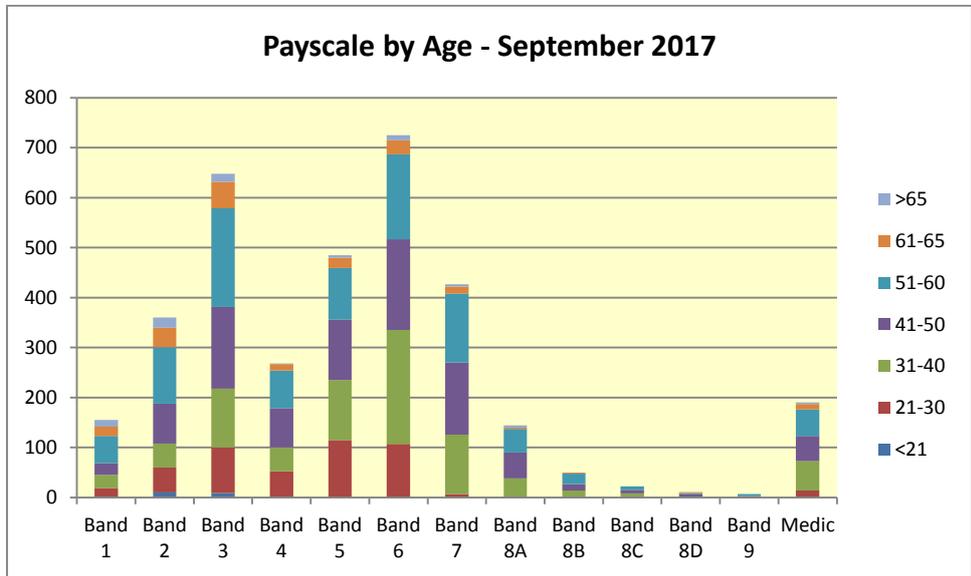


There is an under-representation of females in senior positions and again this is an area that we can target in 2018/19 by providing targeted development opportunities for female employees and ensuring that we fully participate in national programmes.

The below chart shows that medics and band 5 staff are the most ethnically diverse, with bands 2, 3 and 6 showing broad diversity too.

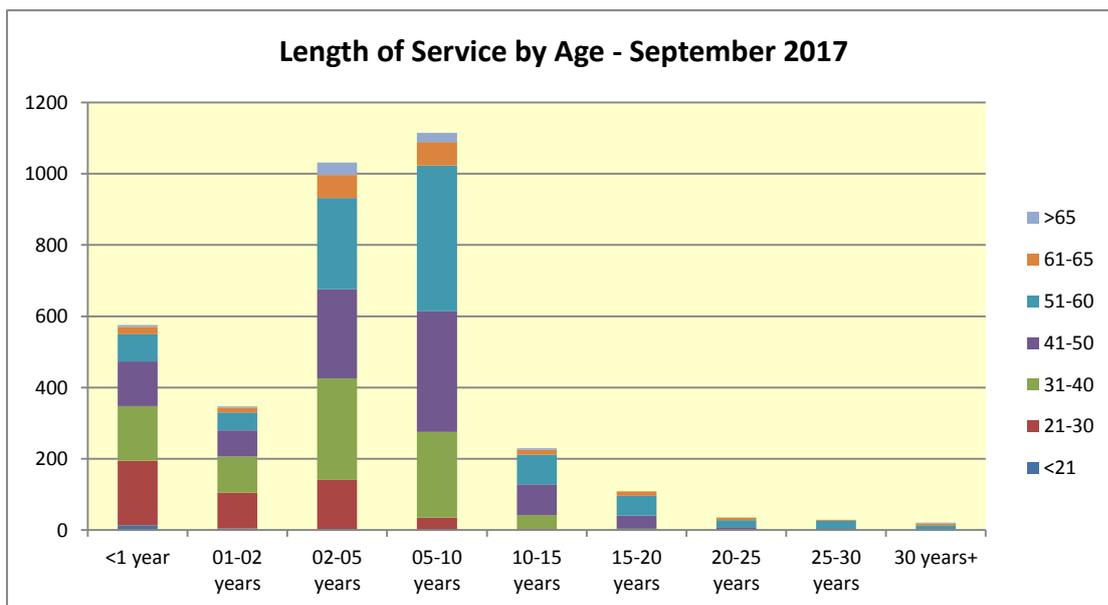


This chart demonstrates subtle differences in how staff are distributed by age and band, for example, under 30s have a proportionately higher representation in bands 5 and 6 and are proportionately fewer in bands 7 and 8. This could indicate a natural career progression as staff age and gain experience. In the higher paycales it is possible to see how progression and representation tails off as staff age. The high proportion of 21-30 year olds in band 5 roles would most likely be graduating nurses.



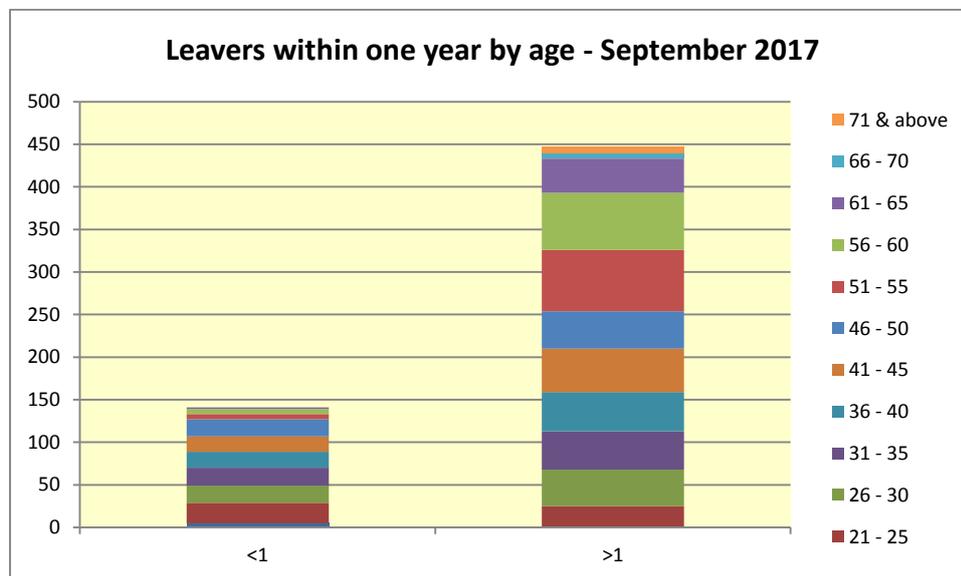
4.11 Length of Service

Length of service is reasonably proportionately distributed, except younger employees are more prevalent in the 0-10 years' service as might be expected. 61+ year olds have a slightly higher representation on the 2-10 year categories, possibly due to TUPE in of Estates in that period, and also, flexi-retirees would show in that category since their contracts are reset; estates typically carry an older staff ratio. Most employees have served 1-10 years.



4.12 Retention Rates

It can be seen that staff under 40 are most likely to leave within one year of employment. This may be expected due to career stage and a natural desire to pursue different career paths. Retention increases with age and this is to be expected in line with needs around job security.



5. Workforce Race Equality Standard (WRES)

The aim of WRES is to improve the experience of Black, Asian, Minority & Ethnic (BAME) staff in the workplace. This includes recruitment, employment, promotion and training opportunities. It also applies to BAME staff experience of the employee relations process and is achieved through positive action to eliminate discrimination, harassment and unfair treatment of BAME staff in the workplace.

The implementation of WRES has enabled us as a Trust to drive race equality and focus on:

- BAME representation at leadership level
- The experience of BAME staff in the employee relations process and NHS Staff survey
- Ensure that non mandatory training and development opportunities are made available to BAME members of staff

WRES data in Solent 2017

Within Solent we have a WRES Strategy (15-18) and WRES Programme plan. The data below has been extracted from the overall Staff survey 2016 report. WRES reporting takes place annually in August.

The national NHS Staff Survey select four indicators to compare outcomes of the responses for White and BAME staff:

National NHS Survey	2016	2017	Action for 17/18
KF25 - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 23% BAME 25%	White 20% BAME 31%	Increase in BAME staff experiencing harassment from public. Action to promote campaign and increase signage of zero tolerance of abuse to our staff from patients
KF 26 - % of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 19% BAME 26%	White 16% BAME 24%	Despite reduction, action is to deliver bullying and harassment workshops with on-going monitoring of complaints and grievances and incidents in service groups. FTSU guardians in place to further support issues raised
KF21 - % believing that trust provides equal opportunities for career progression or promotion	White 86% BAME 73%	White 91% BAME 82%	Positive increase in staff groups understanding equal opportunities within Solent and career progression has increased. Despite increase, work on talent management must continue so that career development and promotion is available to all.
Q17. In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues	White 5% BAME 10%	White 4% BAME 8%	Slight decrease on last year however on-going monitoring required to remove and eliminate discrimination.

11. Recommended Actions for 2018/19

As a Trust we have made good progress on the Equality Diversity Standard objectives and have launched a number of Equality and Diversity initiatives in the last 18 months such as 'Diversity moments' at the Equality Impact Group and bespoke Positive Psychology workshops. We will continue to build on this progress and the Equality Impact Group will be the driving force of the Equality Standard as we move towards completion of the Equality Standard.

Our recommended actions for 2017/18 are:-

- (i) Collaborate with our Quality Improvement and Patient Experience teams to join up our workforce and patient equality and diversity data and provide a clearer picture of how we are serving our local communities.
- (ii) Fully utilise the Joint Strategic Needs Assessment (JSNA) as an assessment of the current and future health and social care needs of local populations. Broaden the scope of our Equality & Diversity aims for 2018/19 to include Better health outcomes for all and Improved patient access and experience.
- (iii) Work with system partners to ensure that we contribute to consistent communications across the local delivery systems and increase Equality & Diversity messaging within our own service access communications.
- (iv) The Equality Impact Group (EIG) to discuss and implement plan to reduce the not-declared rate for Disability, Religion or Belief and Sexual Orientation. The key issues are visibility and acceptance in the context of inclusive culture.
- (v) Following the published results of our Workforce Race Equality Standard (WRES) a change of focus is required to identifying appropriate and responsive measures/ methods to improve the career progression of BAME staff.
- (vi) Continue programme of delivery of our Equality Toolkit Standard with the aim to achieve the Gold Standard by the end of 2018.
- (vii) Ensure that the Equality Toolkit Standards are equally applied to corporate services.
- (viii) As a Trust we will contribute to the national consultation of the proposed Sexual Orientation and Disability Standard (NHS England).
- (ix) Ensuring our staff, and in particular our senior leadership team, understand the responsibilities of EDS2/WRES in light of the CQC well led domain standards.
- (x) Embed action from the analysis of WRES, EDS2 and Workforce Diversity Scorecard into our integrated People & OD Plan for 2018/19.
- (xi) Gender pay gap report (GPG). The deadline for complying is March 2018 and work is currently underway to fully analyse our data.