TRUST BOARD

Title:	**Diversity and Inclusion Annual Report 2017/18**
Action:	**FOR DECISION**
Meeting:	**11 July 2018**

Purpose:

We are committed to providing personal, fair and accessible services to our diverse communities, promoting equality and diversity in the work place and eliminating discrimination in line with our responsibilities under the Equality Act 2010. This includes our duty to:

o   eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
o   advance equality of opportunity between people who share a protected characteristic and those who do not.
o   foster good relations between people who share a protected characteristic and those who do not.

We use the Equality Delivery System (EDS2), as a tool to help us to deliver against our statutory requirements in relation to our staff and service users.

This paper updates the board on the outcomes of our annual Equality and Diversity performance for 2017/18 and outlines our proposed Equality Objectives for 2018/19. It also sets out the proposed outcomes following the staff rating event for the two EDS workforce objectives, and proposes the areas for action and 2 specific Trust Workforce EDS objectives for 2018/19. The report also provides the Board with an update on performance against Workforce Race Equality Standard and the implementation of the new Accessible Information Standard.

The paper will provide an update on the work of the Diversity and Inclusion Steering Group and its subgroups, namely the Workforce Diversity and Inclusion Group and the Patients and Service Users Group.

Recommendation:

The Board is asked:
1.   To note the Trust's performance against the Equality and Diversity Outcomes for 2017/18.
2.   To approve the proposed Equality Objectives for 2018/19.
3.   To review and approve the 2018/19 Improvement Plan.
4.   To review the attached Workforce Race Equality Standard action plan.

	Name	Title
Author:	Taff Gidi Angela Hartley	Assistant Director of Corporate Governance Assistant Director of Workforce
Executive sponsor:	Anita Pisani	Deputy Chief Executive and Director of Workforce and Service Re-Design

Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	By having a workforce reflective of the population we provided care to and or being sensitive to the diverse needs of the population.
Collaborate with other organisations	The paper demonstrates how the Trust works in collaboration with our NHS partners and other stakeholders across the system in the effective delivery of our services. The Trust recognises its public duties under the equality act to work with other statutory bodies to promote equity of access and remove discrimination and promote understanding between people with different protected characteristics.
Be an excellent employer	This paper sets out areas of good practice and areas for improvement in supporting diversity and inclusion in our workforce and eliminating discrimination.
Be a sustainable organisation	The report provides an update on how the Trust is managing the funding reductions while ensuring that no groups are disadvantaged.

Trust risk register
N/A

Legal and Regulatory requirements:
The setting of Equality Objectives and annual review of performance relates to the Trust's compliance with the Equality Act (2010).

The report also provides an update on the Workforce Race Equality Standard (WRES) and Accessible Information Standard for NHS Trusts.

Equality and Diversity implications:

Objective	How the report supports achievement of objectives:
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups	
Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.	The Annual report provides an update to the Board on the delivery against the 4 Equality and Diversity objectives of the Trust and includes an improvement plan for the following 12 months.
Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the Trust Board from more diverse backgrounds.	

Are any of the following protected characteristics impacted by items covered in the paper								
Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
☒	☒	☒	☒	☒	☒	☒	☒	☒

1.0 EXECUTIVE SUMMARY

The Equality Act 2010 places a statutory duty on public sector organisations to fulfil its Public Sector Equality Duty.

The Public Sector Equality Duty has three aims. It requires public bodies to have due regard to the need to:
- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

To meet these duties, the Trust has adopted the process outlined in the Equality Delivery System (EDS) and subsequently the second iteration (EDS2), an equality framework developed by the NHS Equality & Diversity Council to ensure a robust approach to how NHS organisations meet their duties under the Equality Act.

This leads the Trust to undertake an annual staff and stakeholder review of our performance against an Equality and Diversity Outcome Framework, and use this to formulate a set of Equality Objectives and annual Equality Improvement Plan.

Annual Review of Performance

As part of the 2017-18 assessment of the Trust's progress against the Equality and Diversity outcomes, the Trust has undertaken the following:

- A review of Healthwatch feedback for any comments/issues relating to equality and diversity or which could be aligned to the equality outcomes.
- A review of patient survey and complaints feedback for any comments relating to equality and diversity or which could be aligned to the equality outcomes.
- Staff-side representatives and our staff were invited to an EDS Grading Panel event in May 2018. Invitation to the grading event was open to all staff. Feedback was invited through the weekly Comms Cascade and Trust website. National Staff Survey feedback has also been reviewed in relation to diversity and inclusion.
- In addition, the Trust's staff-side committee were given oversight of all EDS documentation and evidence for evaluation and feedback.
- A review of whistleblowing cases reported raised between April 2017 and March 2018.

The staff grading event outlined above was informed by an evidence pack documenting examples of good practice in diversity and inclusion across the Trust; this is attached at Appendix B for reference.

Feedback was broadly positive and stakeholders make a number of suggestions for improvement actions that could be undertaken during the 12 months.

The Trust's performance against the 4 equality objectives since March 2017 is outlined **Appendix 1**.

2.0 WORKFORCE

To support the two workforce EDS objectives and to take action in line with the Workforce Race Equality Standards, the Trust worked collaboratively with the Royal College of Nursing to introduce Cultural Ambassadors. A cohort of volunteers from our senior black and minority ethnic (BME) staff were trained to act as critical friends at internal people management procedures such as, disciplinary and grievances involving BME staff to ensure the process and decision making is fair and advise the panels. Implementation of this programme is ongoing.

During 2017/18 the Trust continued to support self-managed and staff-led diversity and inclusion network, to help us create a fairer and more diverse workforce. The network provides a forum for our staff to come together, drawing from their own experiences to celebrate diversity, share ideas, raise awareness of challenges, provide support to each other and identify improvement actions.

The Trust also supported a number of BME staff to undertake the national programmes of leadership development for BME staff, delivered by the NHS Leadership Academy.

The Trust continued to raise awareness on valuing diversity led by our senior leadership team.

2.1 Staff Survey Results

The National NHS Staff Survey for 2017 ran between October 2017 and December 2017. The Trust surveyed electronically all substantive staff in post as at 1st September 2017; excluding those who were unable to participate due to not being at work with an overall response rate of 59%.

As required for the Workforce Race Equality Standard, 3 key findings and one question are split between White and Black and Minority Ethnic (BME) staff. These are:

- KF25 - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
- KF26 - % of staff experiencing harassment, bullying or abuse from staff in last 12 months
- KF21 - % of staff believing that the organisation provides equal opportunities for career progression or promotion
- Question 17b – In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues

The Trust has scored better than the national average in the 3 key findings and average for question 17b. 2 key findings (KF25 and KF21) have stayed the same with a slight improvement for KF26. More staff however are reporting discrimination in the last 12 months from their manager/team leader or other colleagues than they did in 2016.

In response to the 2016 results the Trust developed an improvement plan which focused on 5 key findings. An improvement in ranking has been achieved in 4 out of the 5 key findings, with the 5th remaining the same. A summary of progress on these findings is detailed below:

Key Finding	Change – from 2016 to 2017	Ranking in 2017
KF27 - % of staff/colleagues reporting most recent experience of harassment, bullying or abuse	↑ Increase	Average (ranking in 2016 below (worse than) average
KF24 - % of staff/colleagues reporting most recent experience of violence	↔ No change	Above (better than) average (ranking in 2016 below (worse than) average)
KF11 - % appraised in last 12 months	↑ Increase	Average (ranking in 2016 below (worse than) average
KF16 - % of staff working extra hours	↔ No change	Average (ranking in 2016 average)
KF23 - % of staff experiencing physical violence from staff in last 12 months	↔ No change	Below (better than) average (ranking in 2016 average)

2.2 Key points from Workforce Rating Event

2.2.1 The panel reviewed the available against each outcome for the two workforce related objectives and debated the draft proposed rating and agreed a revised proposed rating in some cases.

2.2.2 The panel proposed improvement actions for 2018/19 to further support the workforce Diversity and Inclusion agenda.

2.2.3 The panel discussion led to the proposed two Workforce EDS Objectives for 2018/19.

2.3 The rating panel proposed a changed rating from the 2017 rating for 6 of the 9 outcomes. In 5 cases the panel increased the rating whilst in 1 case the rating was reduced from Excelling (E) for outcomes to Achieving (A).

2.4 The panel recommend retaining the 2017 ratings for the remaining 3 outcomes.

2.5 Proposed Workforce EDS Objectives 2018/19
Based on the feedback at the rating panel, the following workforce EDS Objectives are proposed for 2018/19:

2.5.1 To introduce wider diversity on recruitment selection panels in particular to have a BME panel member for selection interviews where a BME applicant is one of the shortlisted applicants.

2.5.2 To roll out interactive 'theatre style' Diversity and Inclusion training , and to compete the roll out of unconscious bias training for all staff, and widen the role of our cultural ambassadors to Diversity Champions.

3.0 PATIENTS AND SERVICE USERS

The Trust is deeply committed to improving the access, experiences, health outcomes and quality of care for all our patients and service users in the diverse communities we serve. This work is led by the Patient and Service Users' Group.

3.1 Patient and Service Users' Group
In 2016, the Trust established a Patient and Service Users' Group; a sub-group of the Diversity and Inclusion Steering Group. The purpose of the group is to provide visible leadership on equality and diversity; to improve the access, experiences, health outcomes and quality of care for all our patients and service users. Membership of the group includes representatives from frontline clinical services as well as patient experience team.

3.2 Accessible Information Standard
In February 2017, the Trust undertook a self-assessment to review the implementation of accessible information standard. This assessment identified further actions which have now been implemented. Additional actions were ongoing and had been included as part of the 2017/18 improvement plan. The Trust also had an independent audit undertaken of its implementation of accessible information standard. The Trust will now implement the recommendations identified by internal audit over the next 12 months.

3.3 Translation Services
Following concerns raised relating to provision of translation services, the Patients and Service Users Group worked with affected clinical services and the contracts team to investigate the issues raised and identify relevant improvements. Review of the monthly performance against the translation service provider is now a standing item on the agenda.

3.4 People Participations Approach
The Trust has now approved a 3 year people participation strategy.

3.5 Proposed Patients and Service Users EDS Objectives 2017/18
Following an annual review, the Patients and Service Users EDS Objectives are proposed as follows for 2018/19:
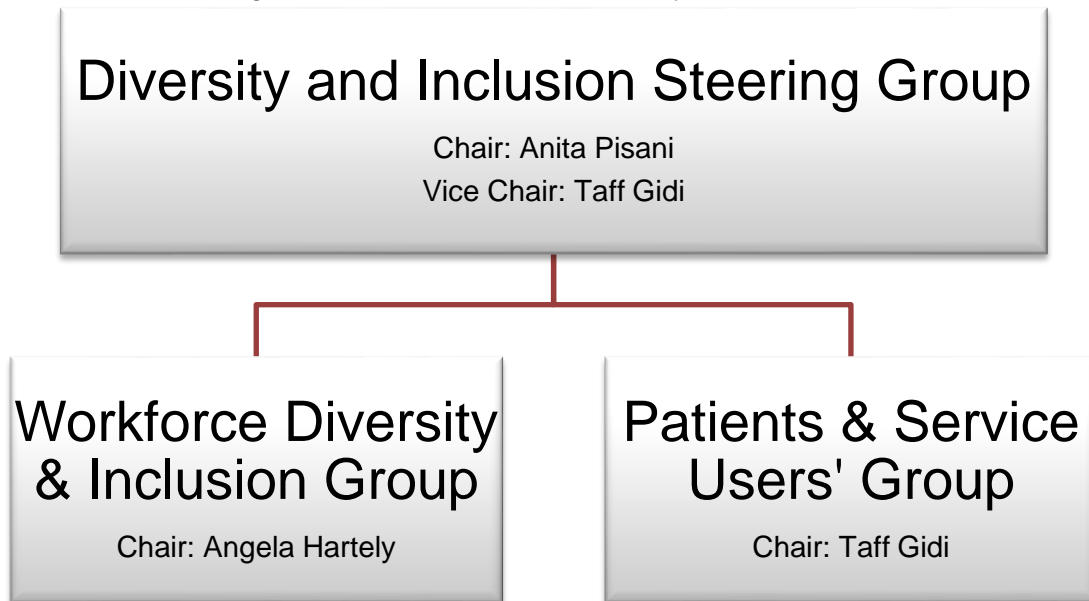
3.5.1 Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require. (same as last year)

3.5.2 Enhance our approach to people participations including involving and capturing the experience of hard to reach / seldom heard / varied community groups. (new objective)

4.0 DIVERSITY & INCLUSION IMPROVEMENT PLAN FOR 2018-19

The Trust's Diversity & Inclusion Improvement Plan For 2018-19 has been refreshed based on the evaluation of 2017/18 performance and the new proposed objectives for 2018/19 as attached in Annex 1 and Annex 2 below.

4.0   GOVERNANCE STRUCTURE

The Trust's current governance structure for Diversity and Inclusion is outlined below.

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┌──────────────────────────────────────────────┐
│    Diversity and Inclusion Steering Group      │
│              Chair: Anita Pisani               │
│             Vice Chair: Taff Gidi              │
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              │
      ┌───────┴────────┐
┌──────────────────┐  ┌──────────────────┐
│ Workforce Diversity│  │ Patients & Service│
│  & Inclusion Group │  │   Users' Group    │
│ Chair: Angela      │  │ Chair: Taff Gidi  │
│      Hartely       │  │                   │
└──────────────────┘  └──────────────────┘
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One of the actions for 2018/19 will be to review the governance structure in light of the Trust's new People participation Approach.

6.0   RECOMMENDATIONS:

1. To note the Trust's performance against the Equality and Diversity Outcomes for 2017/18.
2. To approve the proposed Equality Objectives for 2018/19.
3. To review and approve the 2018/19 Improvement Plan.
4. To review the attached Workforce Race Equality Standard action plan.

APPENDICES:

Appendix A: Equality & Diversity Summary Evidence Pack 2017/18 – Patients and Service Users
Appendix B: Equality & Diversity Summary Evidence Pack 2017/18 – Workforce
Appendix C: Workforce Race Equality Standard

Annex 1 – 2018/19 Diversity and Inclusion Improvement Plan – Patients & Service Users

The key themes within the Equality Improvement plan under each patients/service users objective for 2018/19 are as follows:

1. Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require.
o Diversity & Inclusion Steering Group to support the implementation of the Trust's People Participation Approach. o To continue to review and report any complaints or PALS queries that relate to an inability to access our services. o Work with the patient experience team to support development of Local Working Together Group and ensure Equality and Diversity are key areas of focus. o Continue to improve engagement with local communities including through faith groups, community groups and through engagement events. o Implement recommendations from the Internal Audit of accessible information standard audit. o Consider the future governance structure of Diversity and Inclusion in the Trust in light of the new developments relating to people participation.
2. Enhance our approach to people participations including involving and capturing the experience of hard to reach / seldom heard / varied community groups
o Diversity & Inclusion Steering Group to support the implementation of the Trust's People Participation Approach. o Work with the patient experience team to support development of Local Working Together Group and ensure Equality and Diversity are key areas of focus. o Continue to improve engagement with local communities including through faith groups, community groups and through engagement events.

Annex 2 - Workforce Diversity and Inclusion Action plan 2018/19 based on EDS2 staff feedback 25 April 2018

Outcome , issues and proposed rating	Proposed Actions	Action to date
Outcome 3.1 **Proposed Rating A** Group agreed a lower rating than in 2016/17 (reduced from E to A) based on the WRES data showing the greater likelihood of white staff being appointed after shortlisting compared to their black counterparts.	To Implement BME panel representation on selection interviews where BME applicants are shortlisted	Recruitment administration team in place. HR team reviewing how to identify and training BME interview panel members. Agreement to be reached on a go live date and any phased roll out
Interviews not the most reliable way to select staff	HR and Recruitment team to work with recruiting mangers on other selection process which may be applicable including assessment centre, second panels, tests etc.	HR team working with the Quality team on the People Strategy as this also includes wider recruitment selection processes and possible service users involvement during selection.
The group gave feedback that the some applicants are getting through the initial filter although they do not meet essential criteria	The central Recruitment team to review their screening process and work with managers on how to produce person specifications	

Outcome 3.2 **Proposed Rating E** Group recommended the same rating as last year E Not related to this outcome specifically but Gender pay gap to reviewed	Gender Pay Gap action plan to be agreed by the Trust with actions likely to include increasing the recruitment of men into posts below band 7 and women into posts 7 and above.	
Outcome 3.3 **Proposed Rating E** Group recommended an improved rating in 2017/18 from A to E .Issue of how we monitor training uptake to be reviewed	Training team reviewing how they record training "contacts"	Ongoing work to report training by individuals and the workforce information team are piloting this for the workforce Diversity and Inclusion group to review.
Outcome 3.4 Group recommended the same Rating A as last year Whilst lots of action in place the Staff Opinion Survey shows a small number of staff are still reporting experiencing B and H	To continue to promote Zero tolerance and undertaken a survey monkey with staff on why they may not raise bullying concerns formally and to act on this feedback. Greater use of the Cultural Ambassadors as critical friends to support BME staff who may experience bullying and to advise managers on cultural sensitivity issues. Greater use of mediation Protected time for Staffside Chair To consider a Dignity Charter Review option for a Resolution Policy, to find a solution rather than investigate the who did/said what.	Increase in the protected time for the Staff Side Chair to champion this work. 2 HR staff trained in mediation A resolution policy agreed at JCNP in May as a positive action and draft under review for implementation asap and already in use in Bedfordshire.
Outcome 3.5 Group recommended an improved rating in 2017/18 from A to E.	Culture change to one where managers have the permission/ authority to say Yes more, be less risk averse and that they actively consider flexible	Managers skill training programme under review to be about skills not "HR" policies. Leadership programmes to promote the default

	working, rather than saying no as they safe option. Promote the power of saying yes. Policy review and request all applications for flexible working, including those declined, to be shared with HR team who can monitor any trends.	of Yes unless a reason to say no.
Outcome 3.6 Group recommended an improved rating in 2017/18 from A to E. This is based on positive staff survey feedback	More to do to support managers' skills and to support perceived "blockers" to become more supportive.	As above
Outcome 4.1 Group recommended an improved rating in 2017/18 from A to E.	The group recommended that NEDs be more visible and explain their role as staff do not understand. This is based on feedback that in BTTF some lack of knowledge of the services has led to unrealistic offers of action/support to staff which cannot be delivered.	Board Development programme. NEDs attending BTTF with a colleague senior leader
Outcome 4.2 Group recommended an improved rating in 2017/18 from D to E. Based on work on board assurance through board papers and EIA work	This to be maintained	This to be maintained
Outcome 4.3 Group recommended to retain the A rating	Board and senior leaders to work with commissioners and partners to manage patient expectations, as staff are experiencing challenge from partner agencies and other providers and patients when services are reduced.	Bespoke and possibly external Training to be sought for staff experiencing unacceptable behaviour from the public die to commissioning decisions, [Peterborough Dental and MSK]