

Annual Diversity and Inclusion Report and Strategy

1. Introduction

This report outlines our key commitment to securing fair and inclusive outcomes for our staff and service users, and how we are going to achieve them. The report covers the last reporting year. It provides a breakdown of employee and patient diversity data to show what information is being collected by the Trust and how it compares with the previous year. An action plan has been developed to deliver our equality and diversity objectives and to ensure compliance with the requirements of the Equality Act, and our commitment to achieving NHS equality standards.

Our values are based on inclusion, fairness and dignity at work. We aim to continue to promote these values further throughout the Trust so that our staff and service users feel that they are being treated with fairness and equity, and the highest quality care provision becomes a reality for all. We have focused on our responsibility to ensure everything that we do complies with the legal requirements placed on us as a public sector service provider.

The report also sets out our key principles for the future, our commitment to ensuring that we are making our work environment more inclusive and diverse, and that we continue to provide high quality care to a diverse range of communities.

The Trust employs a workforce which includes many individuals with one or more protected characteristics, and serves a diverse population. These issues are therefore key.

2. Trust obligation for Equality, Diversity and Inclusion

The Board of Directors have ultimate responsibility for ensuring that the Trust complies with its equality and diversity obligations. Setting the strategic direction for the equality agenda and ensuring implementation and monitoring progress is part of Board's overall management remit. Board members collectively, as well as individually can be held responsible if they fail to fully deliver on this responsibility.

The Trust Board's responsibilities include implementing the following legal requirement and NHS equality standards:

2.1 The Public Sector Equality Duty - Equality Act 2010

The Equality Act provides legal protection against discriminations by organisations in the way they employ people and in the provision of goods and services. As a public sector organisation the RSCH is subject to the requirements of the Public Sector Equality Duty, (PSED). The PSED requires us, as an NHS public sector organisation, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The PSED is supported by specific duties which require the Trust to take steps that will help to implement the PSED. The specific duties mean that the Trust must:

- Set meaningful and relevant equality objectives with a focus on “outcomes” as opposed to process.
- Report on progress in achieving equality objectives.
- Report on equality data in the workforce.
- Demonstrate the impact on equality of policies and services (equality impact assessment).
- Ensure we are involving and engaging with the communities we serve.

To comply with the PSED, the Trust must ensure all its functions are promoting fairness and equality. The specific duties are there as practical steps that will assist the trust to put specific and relevant actions in place, which once achieved will fulfil the requirements of the PSED. Steps in the specific duties must encompass all functions of the Trust, including employment and patient care.

2.2 Equality Delivery System - EDS2

The EDS was designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is all about making positive differences to healthy living and working lives and it was made available to the NHS as an optional tool.

The EDS helped organisations to start the analysis that is required by section 149 of the Equality Act 2010, the public sector Equality Duty, in a way that promotes localism and also helps them deliver on the NHS Outcomes Framework, the NHS Constitution and the Human Resources Transition Framework. It will help providers to continue to meet CQC’s Essential Standards of Quality and Safety.

At the heart of the EDS are a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed, graded and action determined.

The four EDS goals are:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership.

2.3 Workforce Race Equality Standard – (WRES)

The Workforce Race Equality Standard (WRES) was introduced following a damning report published by Prof. Roger Kline into race discrimination in higher levels of employment with NHS, entitled “The Snowy White Peaks”.

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It was agreed that a Workforce Race Equality Standard (WRES) should be developed. The WRES was introduced and its implementation made mandatory for NHS trusts in April 2015. The first WRES annual data report, published in May 2016, presented baseline data for the four WRES indicators covering staff experience, by NHS trust and region.

2.4 Workforce Disability Equality Standard - (WDES)

The Workforce Disability Equality Standard (WDES) is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the relevant organisations to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of trust.

The Trust will be required to report disability data in June 2019.

2.5 Gender Pay Gap

Gender Pay Gap legislation requires all employers with 250 or more employees to publish their gender pay gap as at 31st March 2017. The Royal Surrey County Hospital NHS Foundation Trust employs over 3,900 staff in a range of roles, including nursing, medical, allied health, administrative and managerial roles.

The Trust uses the national job evaluation framework for Agenda for Change staff to determine appropriate pay bandings; this provides a clear process of paying employees equally for the same or equivalent work.

The mean gender pay gap for the whole of the Public Sector economy is 17.7% (source: October 2017 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures). At 29.2% the Trust’s mean gender pay gap is, therefore, well above that for the wider public sector. This is reflective of the pattern from the wider UK healthcare economy; traditionally the NHS has had a higher female workforce in caring roles in the workforce, which tend to be in the lower bandings, and a more predominantly male workforce in the higher banded Medical & Dental professions.

2.6 Trust Equality and Diversity Strategy - 2017-2020

The Trust agreed its three year Equality, Diversity and Inclusion Strategy in October 2017. The strategy sets out the ways in which its work is governed by various equality and diversity requirements and the values that underpin the employment processes and patient care delivery. Progress made in the promoting equality and diversity measure up to that point was detailed in the strategy, as well as the outstanding issues that still needed to be addressed. Looking forward, the strategy proposed a number of actions for the Trust to take, under three broad headings, that were intended to improve diversity and inclusion in the Trust both in terms of employment and patient care.

3. Governance structure

We have developed and implemented within the Trust a revised Equality and Diversity (E&D) governance structure. This firmly places the responsibility for the delivery of the equality agenda with senior management. It replaces the previous E, D & I Committee and brings a fresh approach to the delivery of the E&D agenda. Part of this Governance Structure is the establishment of staff diversity networks which will cover race, faith, disability and sexual orientation.

3.1 Equalities and Diversity Committee

Chaired by the Medical Director, the E&D Committee provides the senior leadership for the equality agenda within RSCH. As well as providing strategic leadership, the Committee also sets the organisation-wide equality objectives, monitors progress and holds managers to account for delivery of the overall objectives. The membership of the Committee comprises all the Trust Divisional Directors. It is coordinated by the Equality and Diversity Manager.

3.2 Staff Diversity Networks

Staff diversity networks are being established to achieve a number of objectives. The networks help to organise a coherent voice from groups of staff about their experiences and help the organisation understand how employees perceive the progress in the implementing E&D measures. This provides a very helpful feedback mechanism on E&D work. The chairs of the networks will also be representing their groups on the E&D Committee helping to set the overall approach to equality at the strategic level. They will contribute to setting our objectives and monitoring progress across the Trust.

4. Delivering our E&D commitment

As part of the Trust's commitment to equality and diversity, we have set out a number of broad principles that will govern and guide our equality and diversity work going forward. These principles cover both service delivery and employment issues.

4.1 Service delivery

In delivering services and care for patients, the Trust will:

- Take all steps to deliver services that meet the needs of all the protected groups
- Comply with the letter and the spirit of Equality legislation and NHS equality standards.

- Equality proof all new strategies and policies.
- Monitor our work to track our progress and identify areas for improvement
- Learn from complaints.
- Encourage and support the development of innovative projects that promote better health outcomes for all communities.
- Work with patients, carers and communities to ensure that their needs are taken into account in planning services.
- Share good practice and joined-up thinking with other NHS organisations in the area.
- Foster greater understanding and trust with patient representatives, carers, families and the wider community.
- Treat everyone fairly and with respect.

4.2 Valuing our workforce

The Trust will recruit and retain a motivated and professional workforce which reflects the diversity of the community we serve; to that end we will:

- Ensure our human resources policies are effective and review them regularly.
- Use lawful means such as Positive Action and other tools to ensure a fair employment and promotion system.
- Act robustly to challenge and eliminate harassment, bullying or prejudice.
- Take all steps necessary to collect diversity data for employees and job candidates.
- Regularly review our workforce monitoring figures and take action where disproportional or negative impact is shown in relation to recruitment and employment practices.
- Use a variety of different methods to attract and retain staff from all backgrounds and ethnicities.
- Comply with all equalities related employment legislation.
- Provide Assistive Technology and other services for staff with special needs.
- Train staff in equality, human rights and diversity issues to enable them to carry out their jobs in a way that reflects the core values of the Trust.
- Encourage open, honest discussion about issues which support personal development and a learning culture.

5. E&D Achievements – 2017/2018

The Trust publicised the Equality, Diversity and Inclusion strategy widely amongst staff, led by the Medical Director, and over the past year has improved the governance structure related to E, D&I, led by the Equality and Diversity Manager. The Trust monitors its recruitment and employment process to ensure there is fairness and equity in its employment on all levels. Patient diversity data is also collected so that the Trust understands who is using its services and to use that data to better target and improve its services. Workforce data from Workforce Race Equality Standard (WRES) has shown progress is being made in this area.

5.1 E&D Metrics

The Trust quality committee has approved a comprehensive set of E,D &I metrics to be monitored regularly, allowing more effective oversight of progress on E,D &I by this Board sub-committee, and facilitating the development of targeted action to improve performance where needed.

5.2 Training

Equality and Diversity is part of Statutory and Mandatory training. Currently, it is delivered via an on-line training module. There is also on-line training available on an app that was introduced by the L&D interim Director earlier this year. The Equality and Diversity Manager has reviewed the SaM training and has signed to agree that it meets the Core Skills Training Framework. Additional E&D and Unconscious Bias training will be delivered to targeted groups of staff based on identified need. Ideally, all people managers within the Trust should be trained in E&D and Unconscious Bias training so that they can recognise their own biases in decision making and behaviour when dealing with staff from a range of different/diverse backgrounds.

For doctors, training on E,D & I is delivered by the Medical Director as part of annual statutory and mandatory training updates.

5.3 Learning Disability

A wide range of work is underway to support people with learning disabilities, including the following:

- Bi-monthly learning disability champions meetings are held which also comprise training. Training has also been provided on autism and communication in recent months to enhance clinicians' understanding of the difficulties encountered by individuals with autistic spectrum disorders (ASDs).
- Two study days are planned for November 2018 for all clinicians around various topics in relation to meeting the needs of people with LD for acute admissions.
- Work is underway on a learning disability tile on the Trust intranet for easier access to information sharing for all clinicians. This will provide a better understanding of our roles and the services we provide and will also signpost clinicians to access easy read information and other services pertinent to people with learning disabilities, in a more accessible way. We are also going to provide similar information sharing to the RSCH internet for LD patients and carers outside the hospital requiring information about our services.
- Plans are in hand for workshop meetings in March 2019 with MENCAP (National LD organisation) representatives as well as people with learning disabilities and carers to increase understanding of the aims of MENCAP 'treat me right' campaign and what further actions do RSCH need to consider to improve on how we treat people with LD in hospital.

- Bespoke training is planned for all A & E clinicians over a number of weeks during September and October 2018 to increase awareness of how to work with people with LD and what the expectations in meeting the needs for people with LD.
- The Trust is planning and preparing on how we work with clinicians to respond to NHS England request to conduct data collection around reviewing compliance around the learning Disability Improvement Standard for NHS Trusts, NHS Benchmarking Network. Data collection will commence in September 2018 and will include staff surveys and service user survey feedback on their care and treatment in acute hospitals, in order to establish the overall quality of care delivered across NHS services and where the gaps are for further improvement.
- As a response to the LeDer (National Learning Disability Mortality Reviewing programme), NHS England review of all deaths for people with Learning Disabilities, we have met with the mortality team to coordinate and incorporate the LeDer programme questions onto the RSCH datix (mortality) system to make reviewing of deaths for external LeDer reviewers easier to access the right information required and we assist in completion of all LD mortality datix.
- Requests for reasonable adjustments for patients with LD are made on a regular basis with both the acute wards and outpatients. Where someone with LD is very anxious or agitated coming into A & E, we will ask for them to be fast tracked and or given a side room or placed in a quieter area. In some of the outpatients departments, we request that patients that are known to be anxious/ agitated or with autism that cannot cope in noisy waiting areas, for them or their carers to be given a bleep to notify when the doctor/clinician concerned is ready to see them. We also work with various departments regarding desensitisation for treatments, we are currently working with the radiotherapy team to arrange for an LD service user to visit the department and team as frequently as needed before she comes in for treatment to help reduce her anxiety before radiotherapy treatments. We often request sedation to be considered for LD patients undertaking CT/MRI scans as well as OGD's, colonoscopy and or any invasive procedure to reduce their anxiety and risk of injury.

5.4 Employment Monitoring (Including WRES) 2017/2018

Employment related diversity data is captured through a number of sources which include WRES data, Job applicant data from NHSJobs, staff survey data of NHS staff.

The most recent WRES data shows marked improvement in some aspects of workforce diversity. For example, the overall proportion of BME staff has increase from 22.8% in 2016/17 to 25.3% in 2017/18. At senior levels, (Bands 8a to 9) in non-clinical roles, BME representation has improved from 8.6% to 12.8% over the year. Although there is considerable further work required to increase this important metric so that BME staff are proportionately represented at senior level, this 4% improvement over a year is pleasing given the slow turnover in senior posts. Among medical staff, the proportion of BME employees is 33.7% compared to 22.5% in the previous year.

There are still areas of concern where more work needs to be done. One of these areas is recruitment, where White candidates are 1.55 times more likely to be appointed after shortlisting than to BME candidates. Furthermore bullying by patients and their relatives is disproportionately aimed at BME staff, with 32% of the incidents against BME staff. Another area for major concern is the number of BME staff experiencing discrimination at the hands of their manager/ team leader or other colleagues. This figure is 15.19%, up from 14% last year, while for white members for staff the figures decreased slightly from 5.79% to 4.69%.

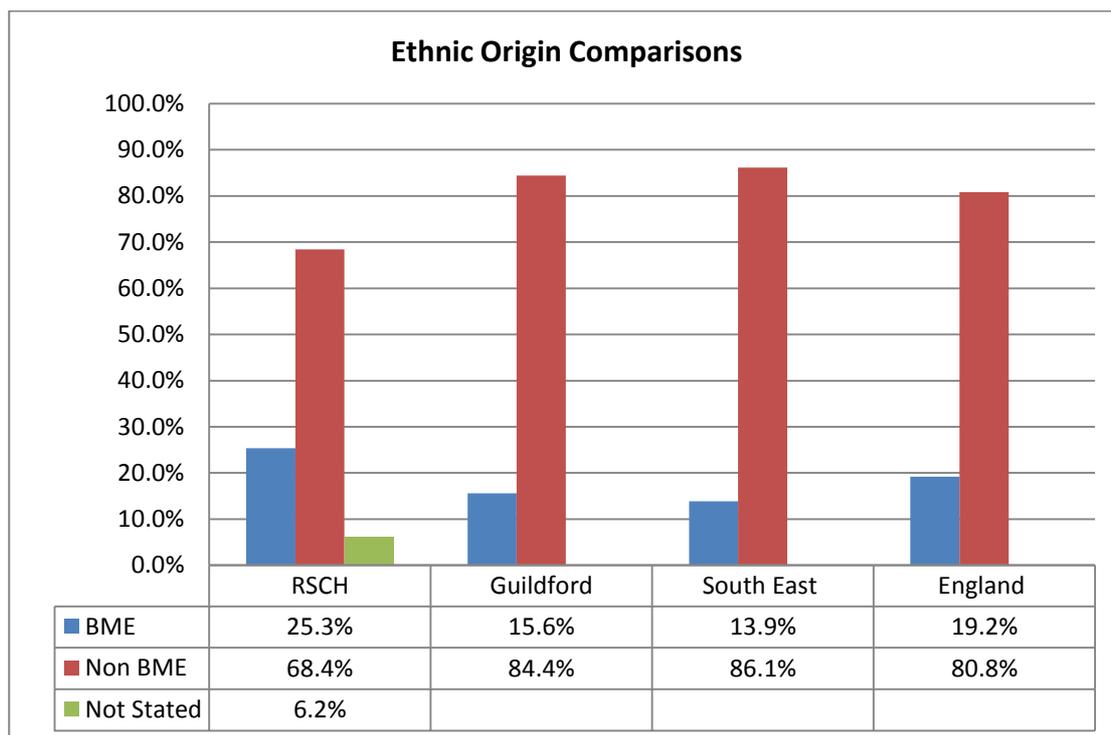
In addition to the improvements in data, more staff have become involved in promoting good care for patients and staff with protected characteristics with specific initiatives/areas of good practice emerging. Example include:

- Support for patients with protected characteristics having radiotherapy,
- Initiatives to improve opportunities and recognition for SAS doctors (a high proportion of whom are BME),
- Availability of teaching and information on staff in A&E on Autism.

ETHNIC ORIGIN

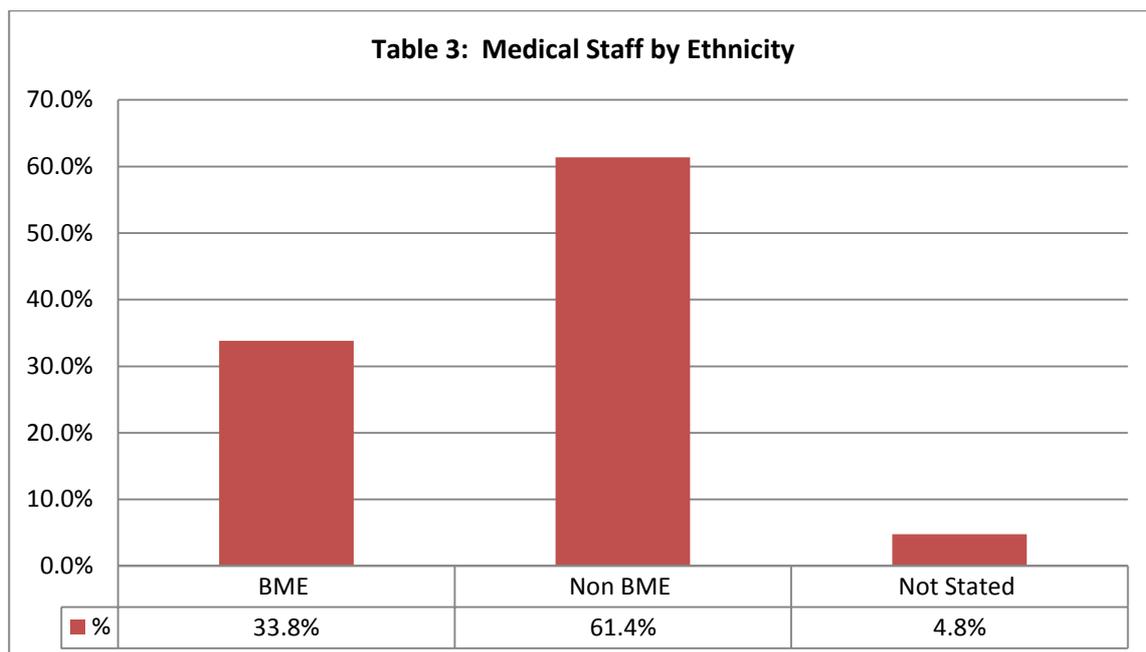
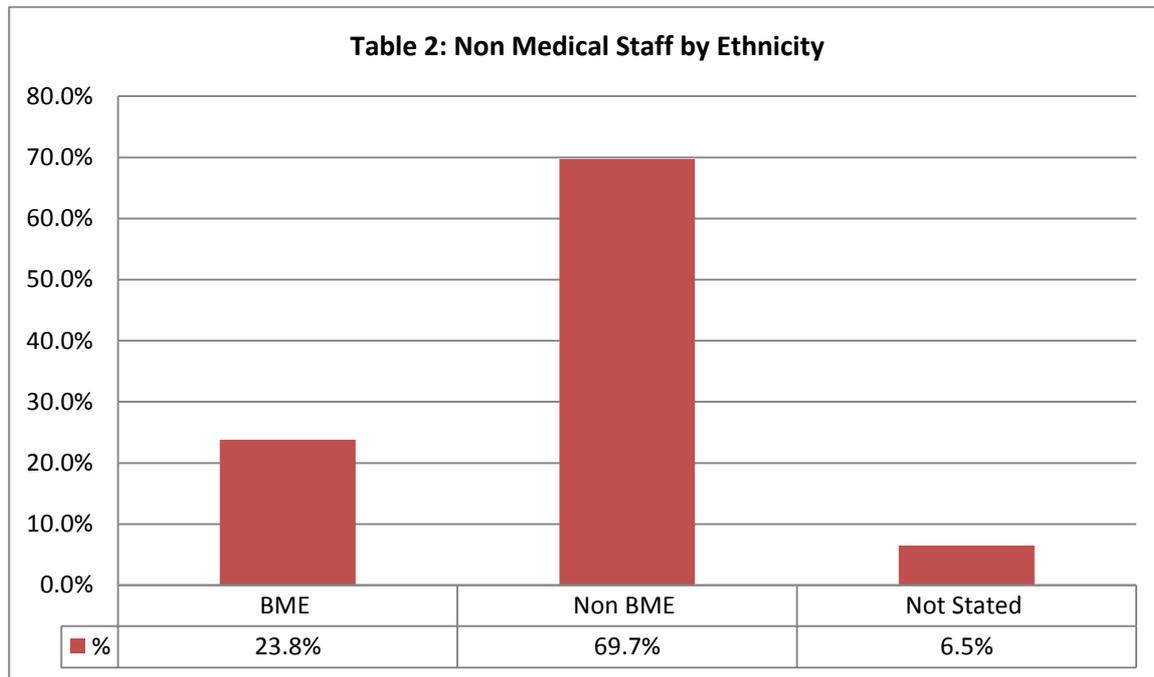
Current Workforce

The Trust current workforce profile is more diverse than the local population, with a higher proportion of Black and Minority Ethnic (BME) staff compared to both Guildford and the wider South East area (source: ONS Census 2011).



The mix of BME staff employed at the Trust has changed during the last few years due to the successful international recruitment of nursing staff from overseas. The number of “Not Stated” records has improved from 7.5% to 6.2% in 2018.

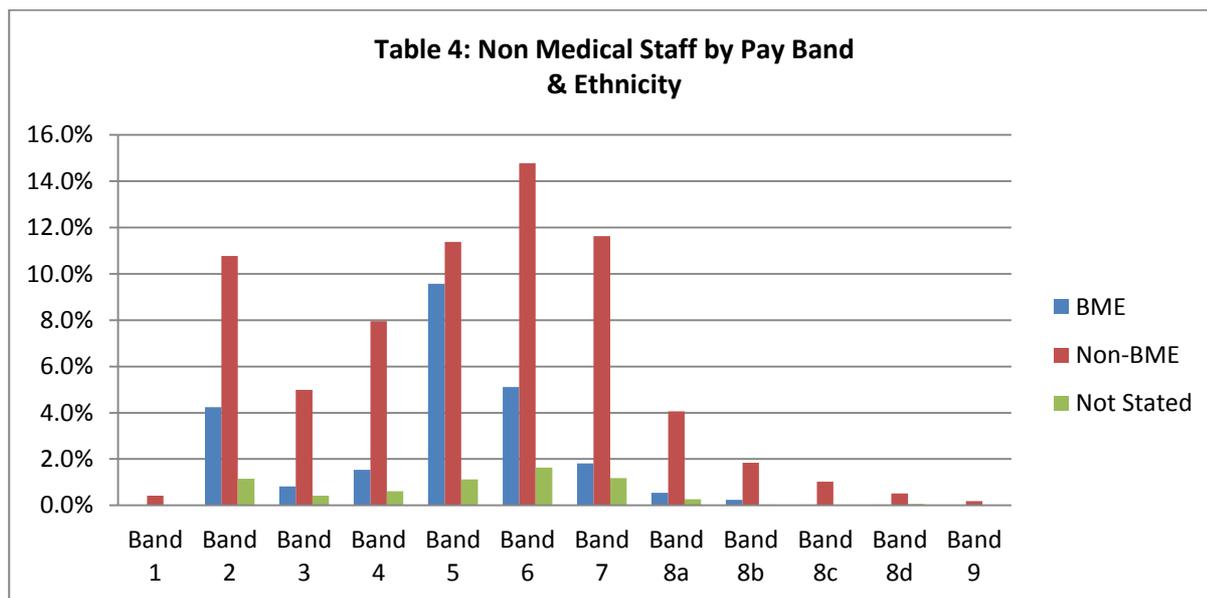
This report shows the analysis of the Trust’s workforce separately for medical and non-medical staff for some sections, as there is a significant difference in their ethnic profiles (see Table 2 & 3 below).



The completeness of the Trust’s staff ethnicity data remains very good with only 6.2% of records categorised as “Not Stated”.

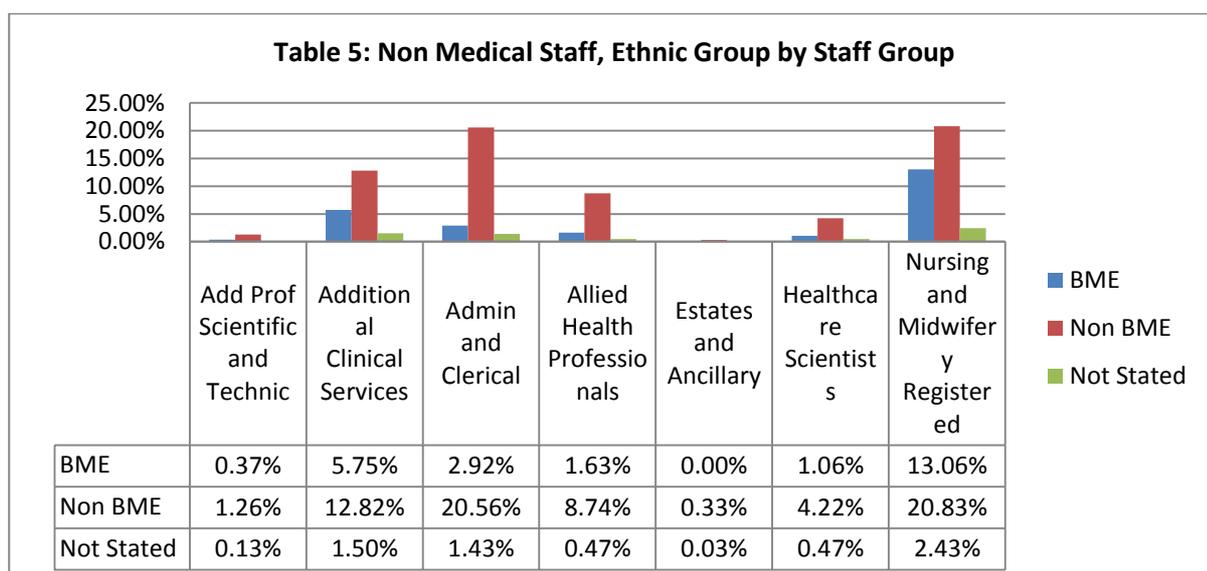
Non-Medical staff are subject to the national Agenda for Change pay bands and Medical staff have their own national set of pay scales, so analysis by pay band is shown separately below.

Non-medical staff by AfC Pay Band



There are greater numbers of Non BME than BME staff in all pay bands.

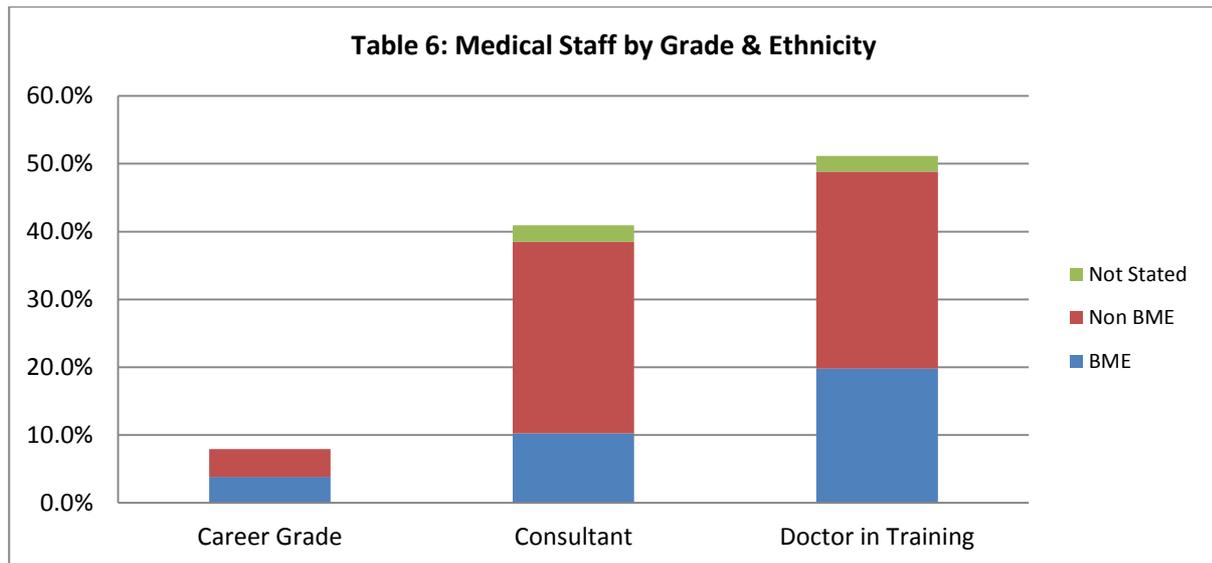
The pay band with the highest proportion of BME staff is Band 5. This is the first pay band for registered health professionals (e.g. nurses, therapists, pharmacists, radiographers, biomedical scientists, midwives) and is the pay band for the majority of our overseas nurses.



The profile by non-medical staff group indicates that the highest proportions of employees from ethnic minorities are employed within the qualified nursing & midwifery staff group, again reflecting our nurses from overseas.

Medical Staff by Grade

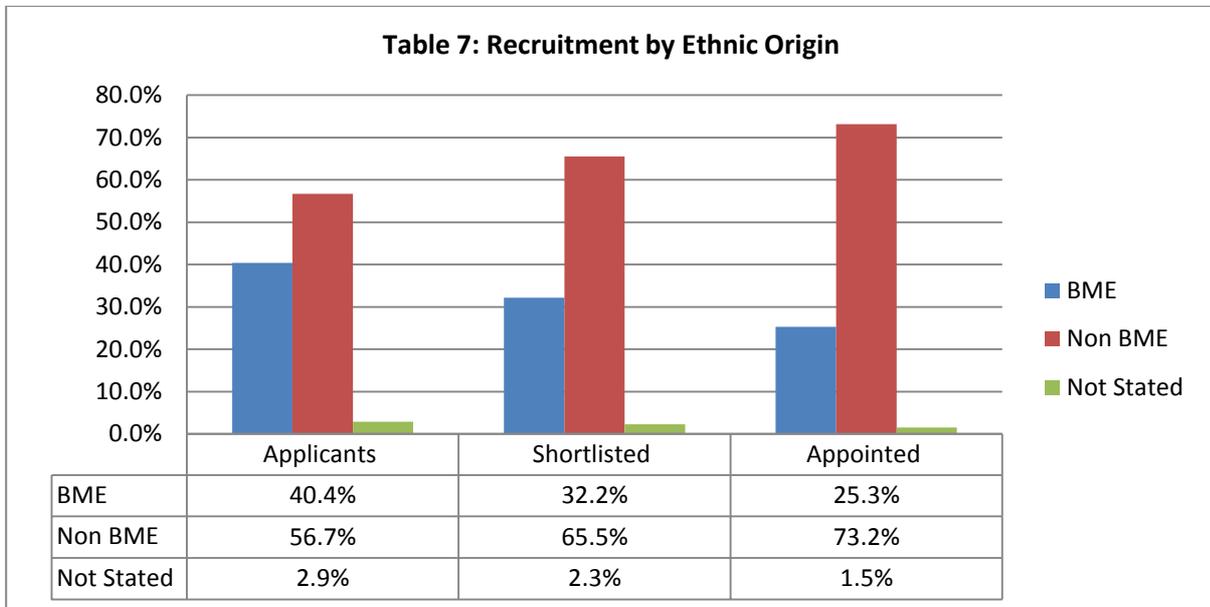
Table 6 below shows the ethnicity split by grade for Medical & Dental staff.



Of the overall 33.8% BME representation within the Medical & Dental staff group, the highest proportion are in the Doctors in Training group, at 19.8%. This compares to 10.2% in the Consultants, and 3.8% in Career Grades.

Recruitment

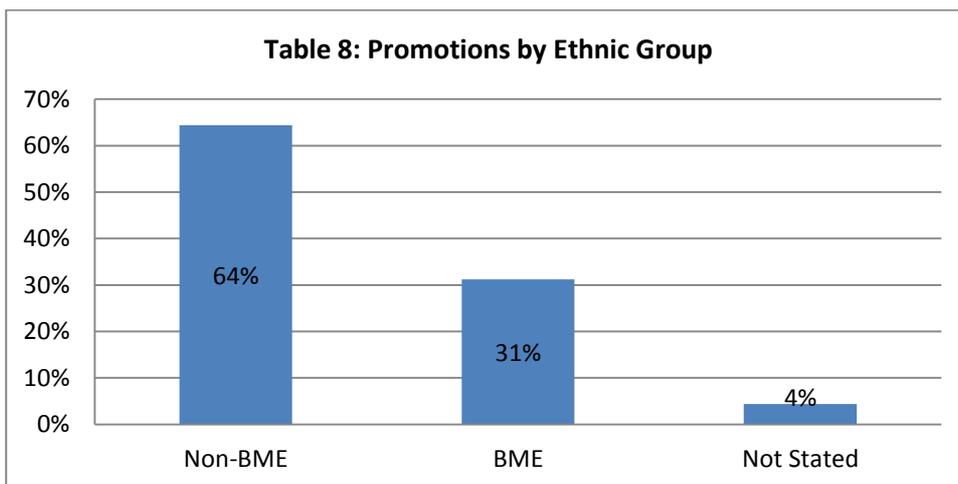
Table 7 below shows the proportion of applicants by ethnic group for all posts advertised on NHS Jobs, as a percentage of total applications, shortlisted and appointed.



A higher percentage of applications from Non-BME groups progress to the next stages of the recruitment process, whereas overall BME groups reduce at each stage.

Promotions

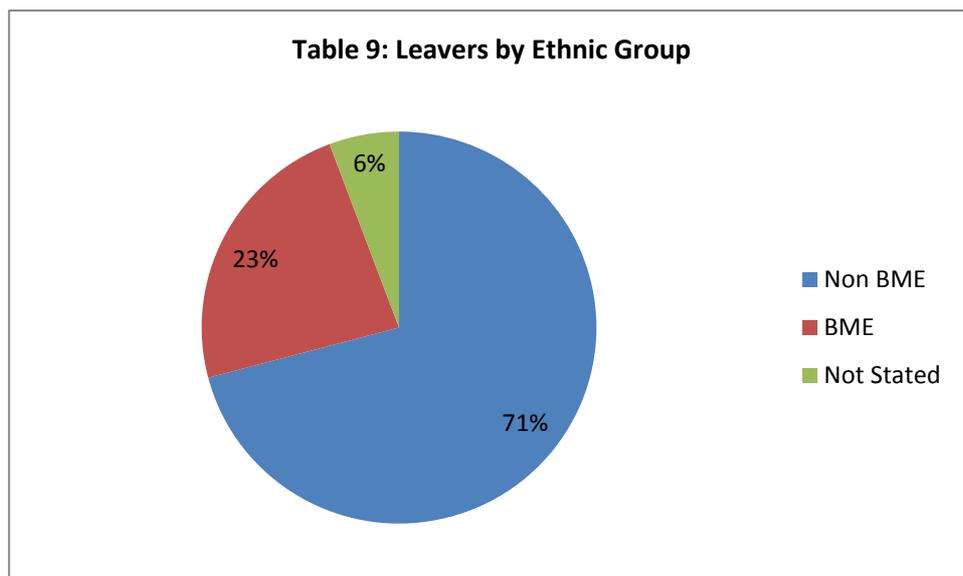
During the period 1st April 2017 to 31st March 2018 there were 160 employees who were promoted to a higher grade.



The proportion of Non-BME staff promoted is slightly lower than the overall representation (64% compared to 68%), and the BME proportion is higher (31% compared to 25%). Although as these are based on relatively small numbers of staff promotions this may not be particularly significant.

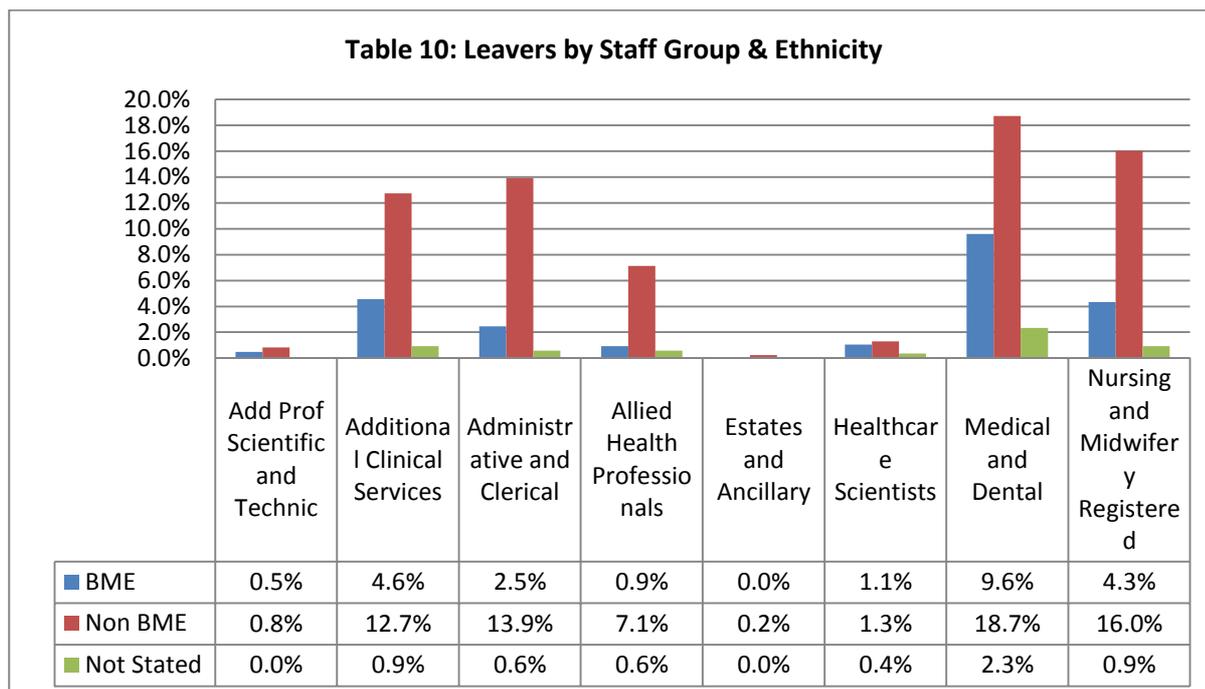
Leavers

There were 855 leavers between 1st April 2017 and 31st March 2018. The proportion of BME and Non-BME broadly similar to their overall representation, with BME at 23% compared to 25%, and Non-BME 71% compared to 68%.



By Staff Group

Of the 855 leavers, the majority (31%) fall within the Medical & Dental staff group - due to the junior doctor rotations - followed by Nursing & Midwifery (21%), Additional Clinical Services (18%) and Admin & Clerical (17%).

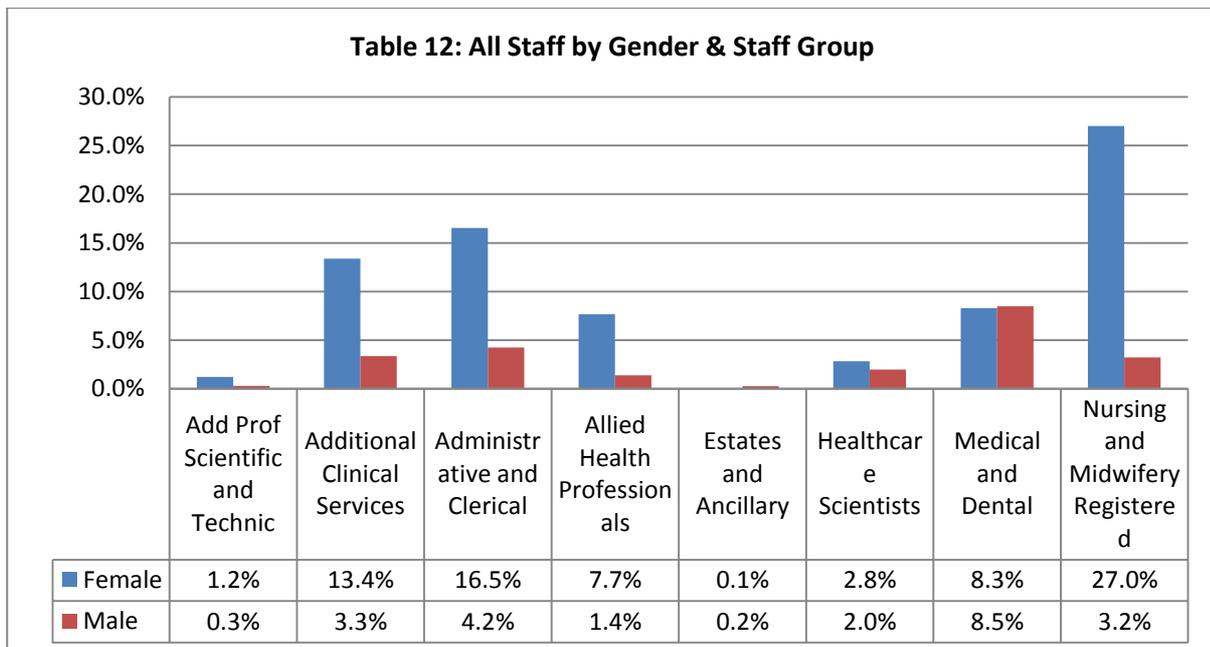
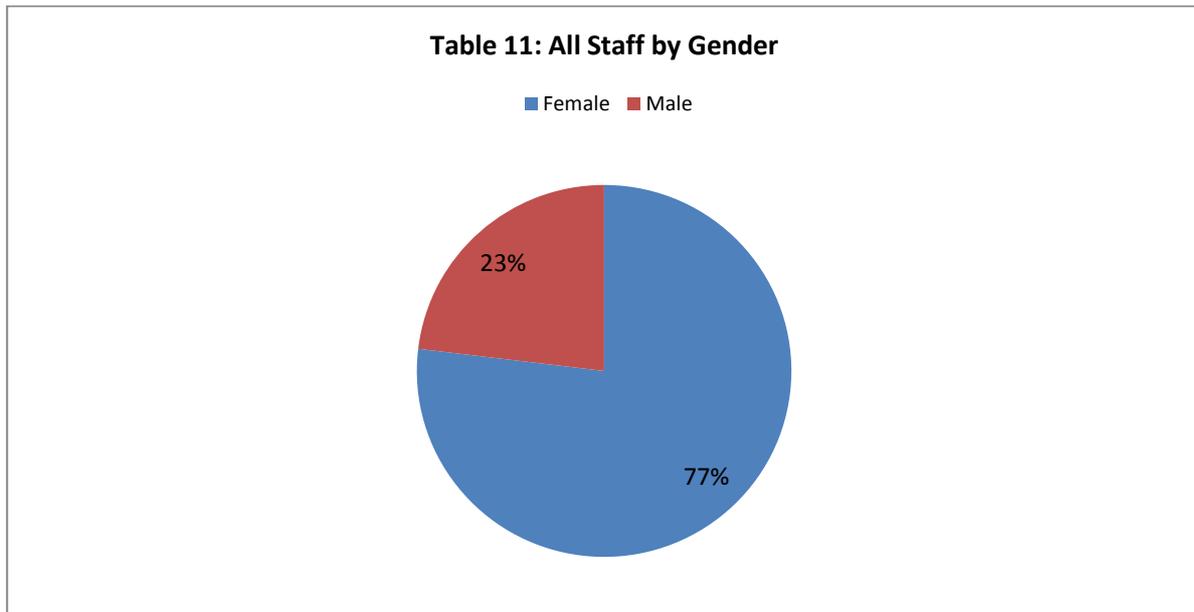


The highest proportion of BME leavers was in the Medical & Dental staff group (9.6%) which reflects the higher proportion of BME staff in this staff group, and the turnover of junior doctors on rotation.

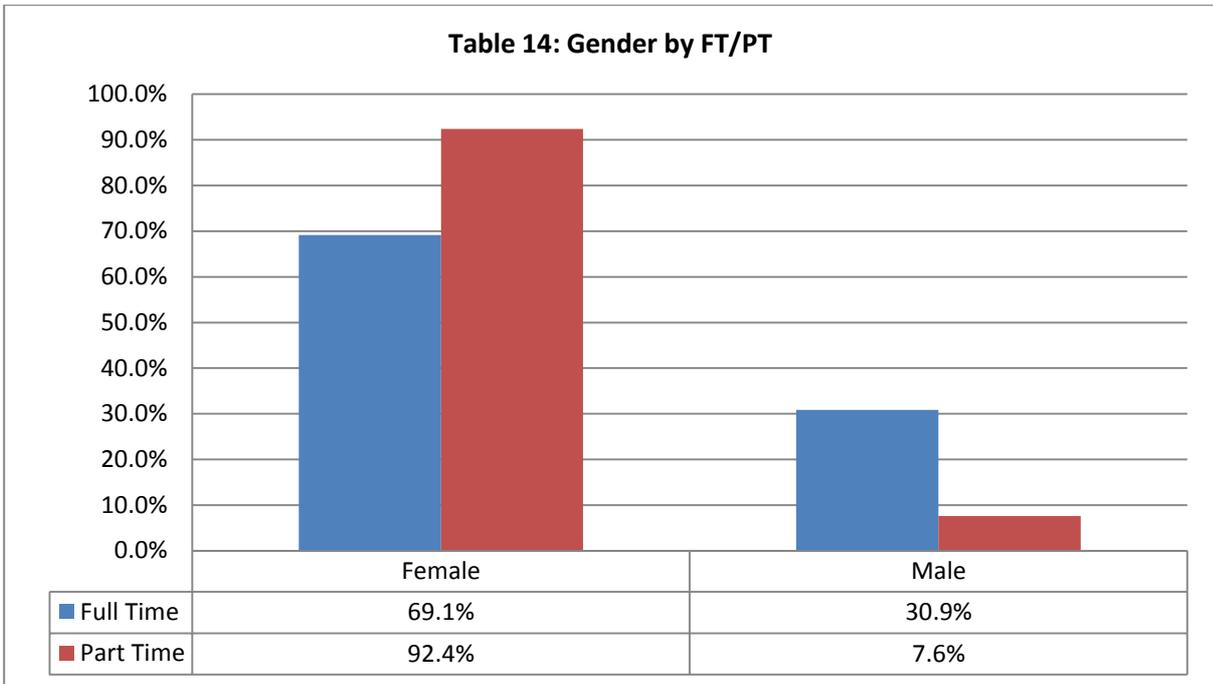
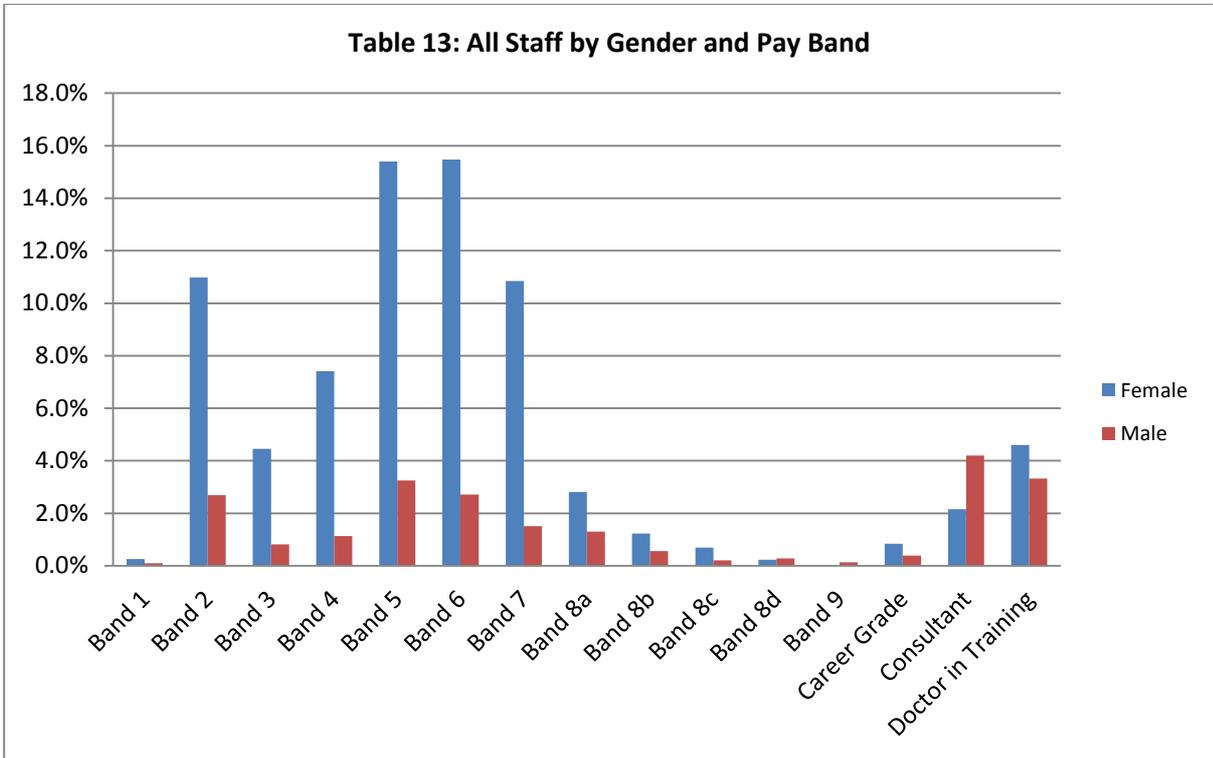
GENDER

Current workforce

The proportion of Trust staff by gender is illustrated below; this is a similar profile as seen in previous years.

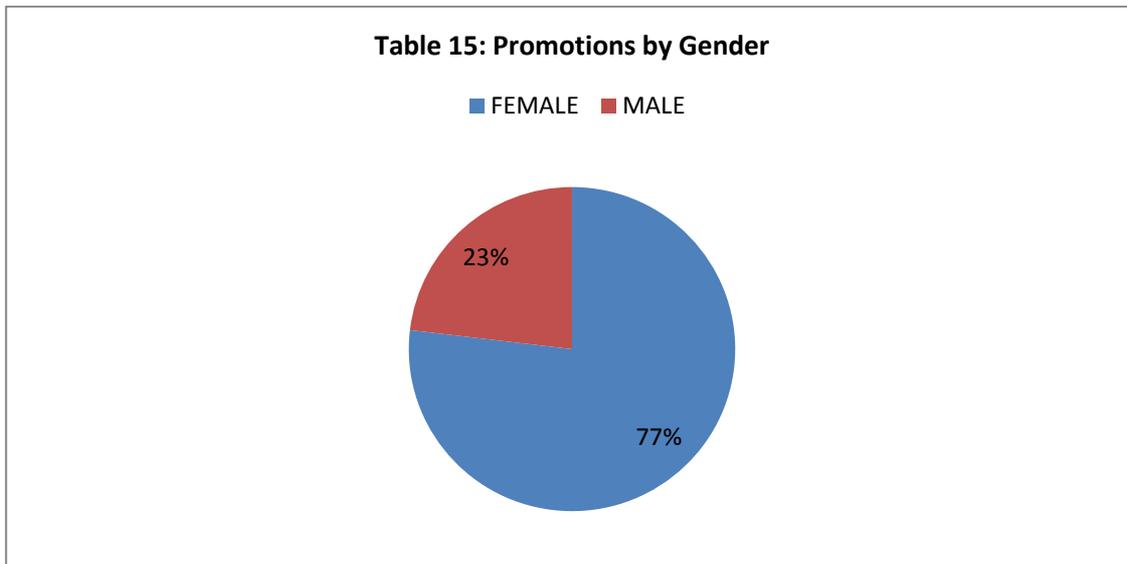


There are substantially higher numbers of female workers than male in Nursing & Midwifery posts (27% compared to 3%) and Administrative & Clerical posts (16.5% compared to 4%). Male workers outnumber female workers very slightly in Medical & Dental posts (8.5% compared to 8.3%), but all other main staff groups have more female workers.



The table above highlights the gender split by full time v part time staff. The vast majority of part time staff are female.

PROMOTIONS



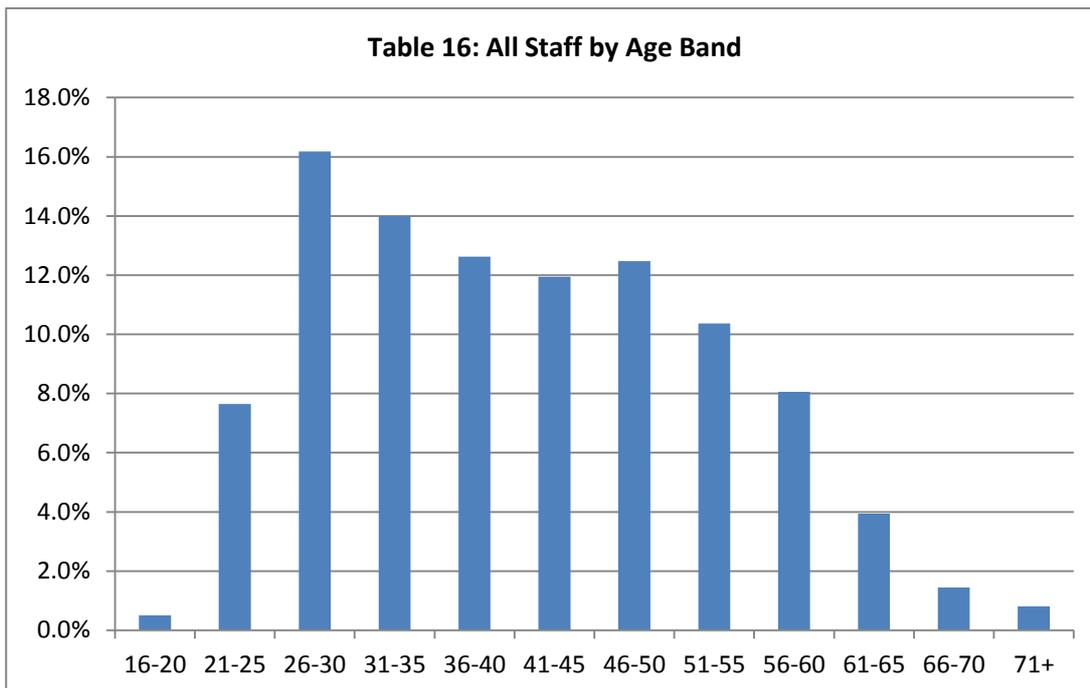
The proportion of men and women promoted at the Trust in the last twelve months is consistent with the Trust's workforce gender profile.

The promotion data above is for the period 1st April 2017 to 31st March 2018.

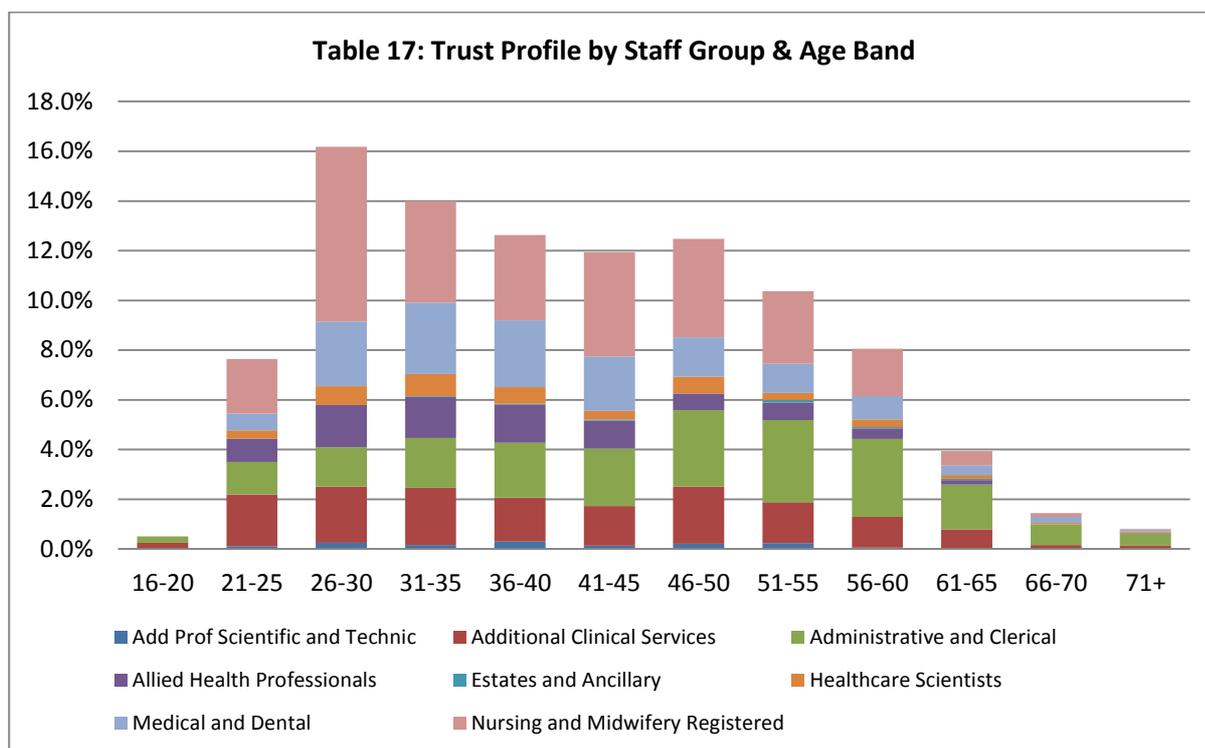
AGE

Current workforce

The age profile of the Trust workforce is illustrated below.



The highest proportion of employees is aged 26-30 (16%), followed by 31-35 (14%). 24.6% of the Trust's workforce is aged over 50, which is broadly the same as previous years.



The majority of our older workforce (aged 56+) is administrative & clerical staff.

DISABILITY

1.4% of Trust employees are recorded on ESR as having a disability. 69.6% have indicated that they do not have a disability, 3.8% have not declared/do not wish to declare their status and 25.2% are undefined, i.e. no record is held of their disability status.

This is an improvement from the last report, where 43.8% were undefined; this is due in part to the ESR employee audit that was undertaken during 2016, and also to the continued use of the interface between NHS Jobs and ESR where monitoring information is transferred across for successful applicants.

EMPLOYEE RELATIONS CASES

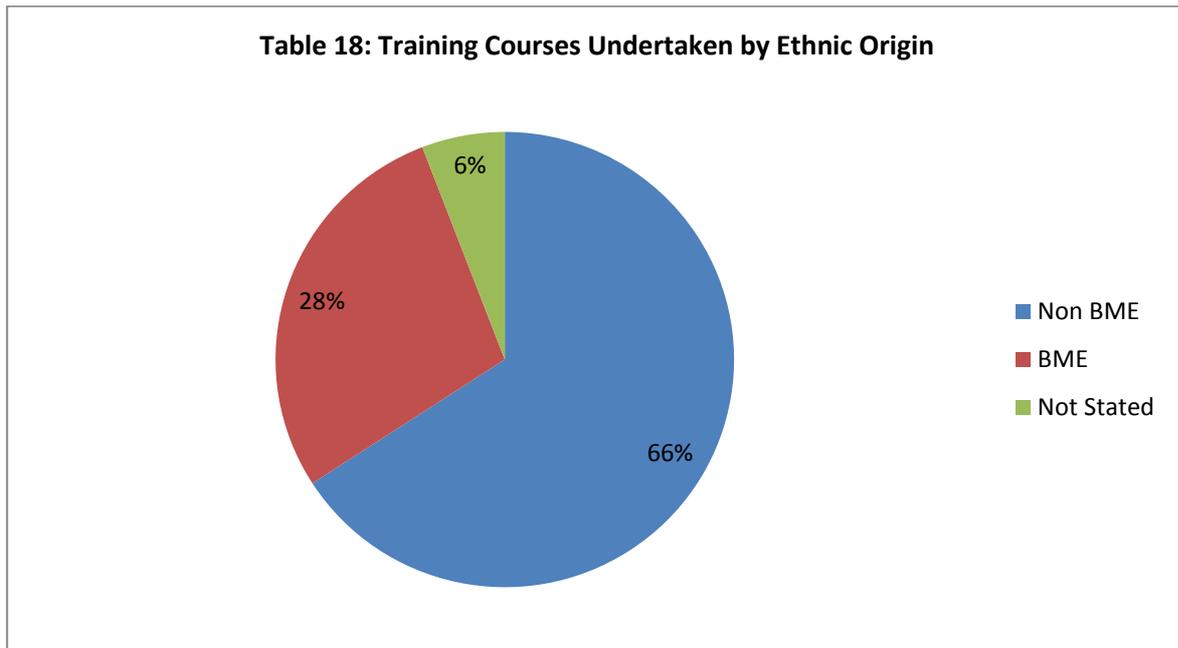
There were 104 employee relations cases being managed by the Trust's HR Business Partners between April 2017 and March 2018.

Employee relations cases include Bullying & Harassment, Tribunals, Disciplinarys, Appeals, Capability, Absence Management, Grievances and Investigations.

67 involved Non-BME staff (62.6%), 27 BME (25.9%) & 10 Not Stated (9.6%). This is broadly representative of the overall workforce profile.

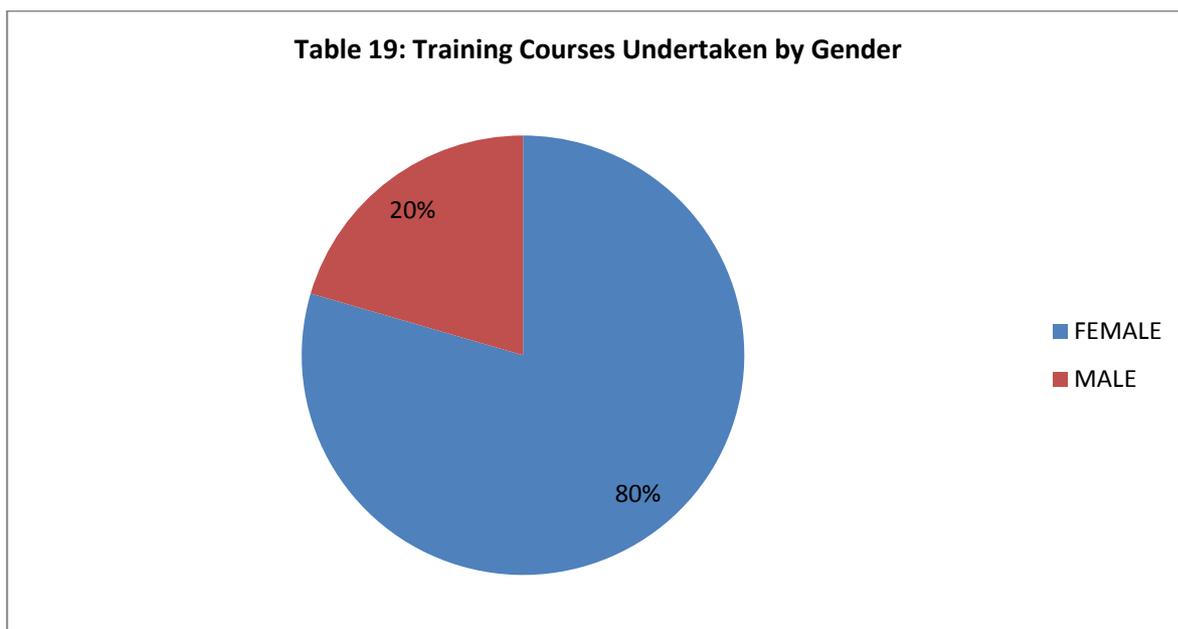
TRAINING AND DEVELOPMENT

Courses & Training



The chart above represents the number of training courses undertaken by Trust staff for the period 1st April 2017 to 31st March 2018.

The ethnic profile is comparable with the Trust's overall workforce profile.



The gender profile of training courses undertaken for the last twelve months is broadly comparable with the Trust's overall workforce profile.

The information is drawn from the training module of ESR (Oracle Learning Management, referred to as 'OLM').

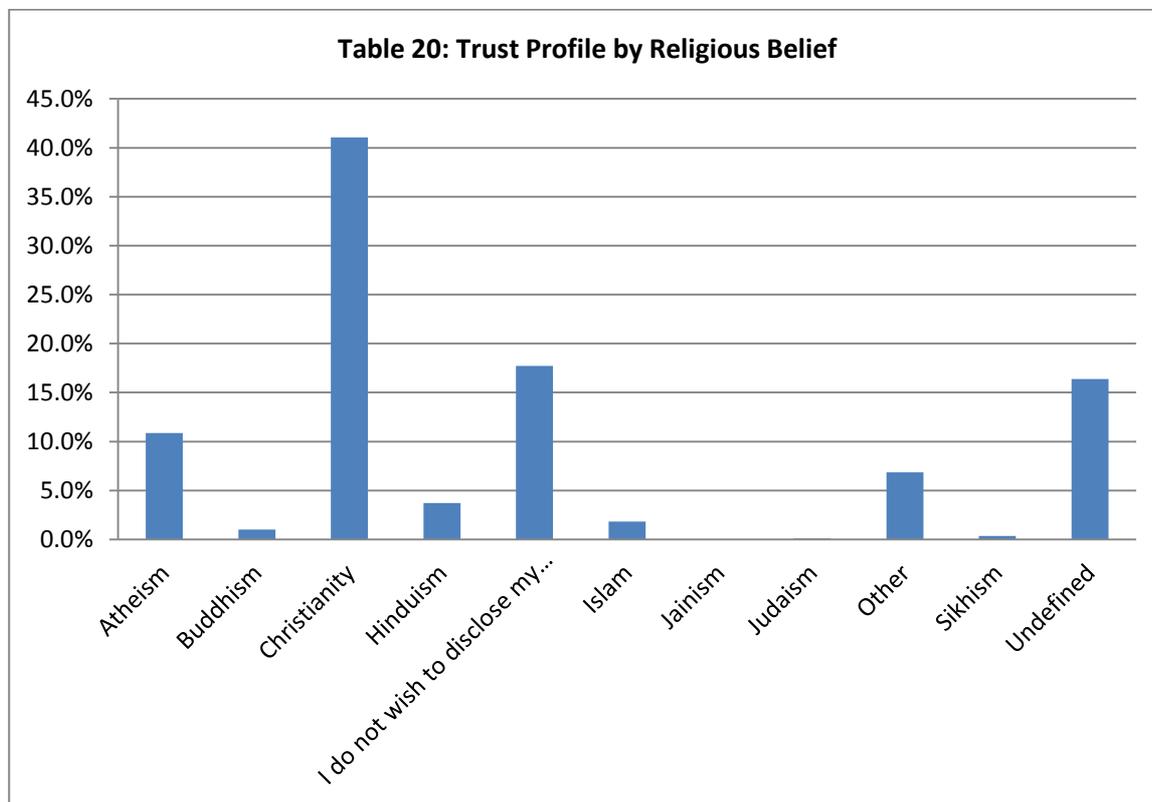
Information on the diversity of medical education is not reported, as this is held on the Deanery database.

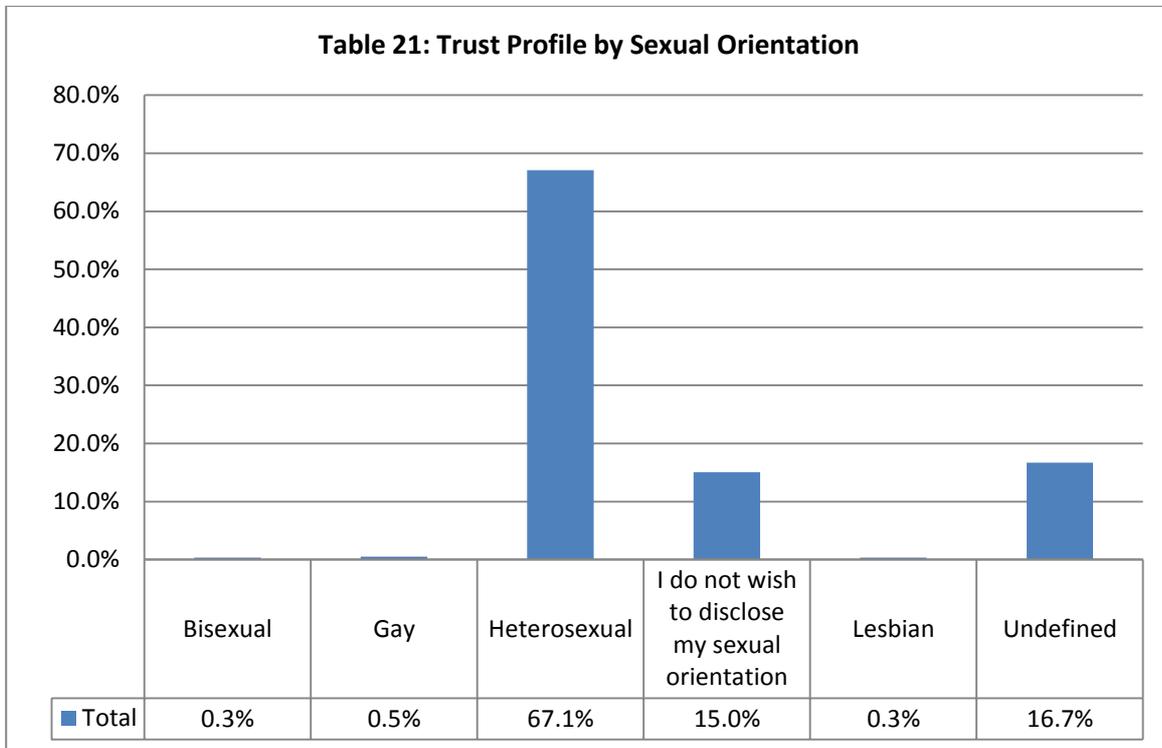
TRUST BOARD PROFILE

The Trust Board comprised one chair, six non-executive directors, one chief executive and six executive directors. Of the 14 in total, 6 are female and 8 are male. 13 are non-BME and 1 is BME.

RELIGIOUS BELIEF & SEXUAL ORIENTATION

This information is now recorded when an individual applies for a vacancy on NHS Jobs and transferred to ESR through the interface for successful candidates.

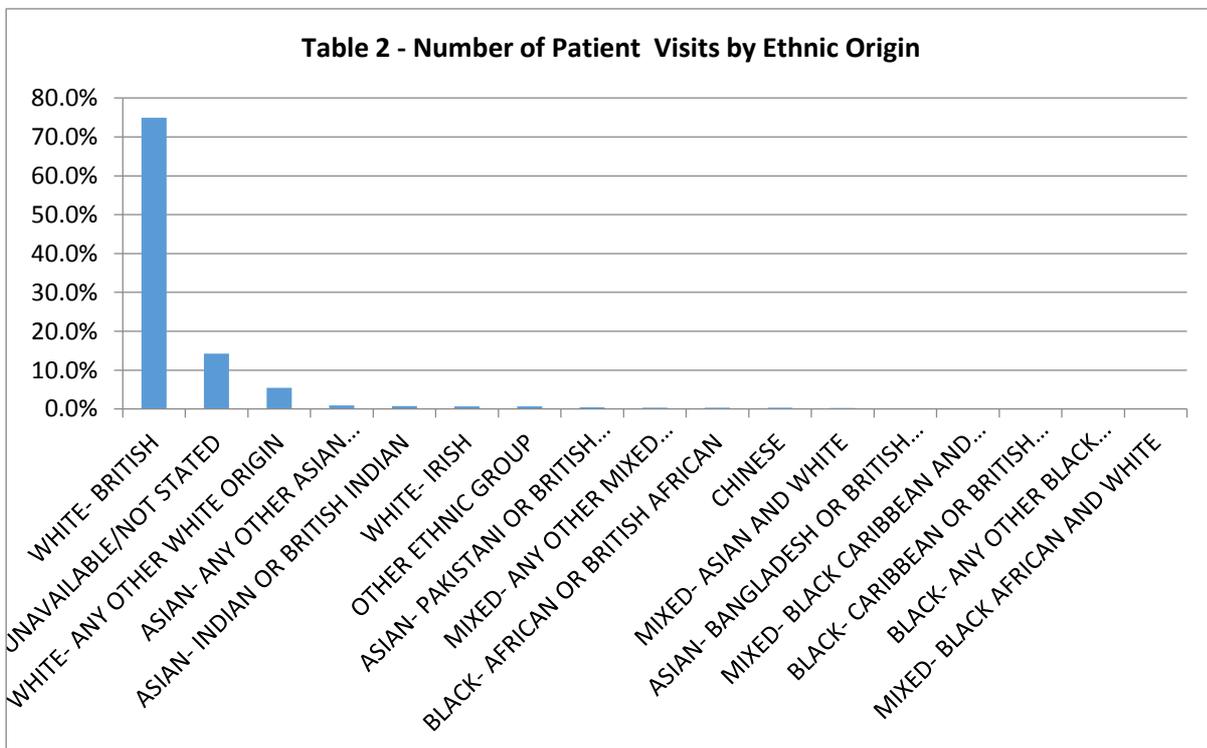
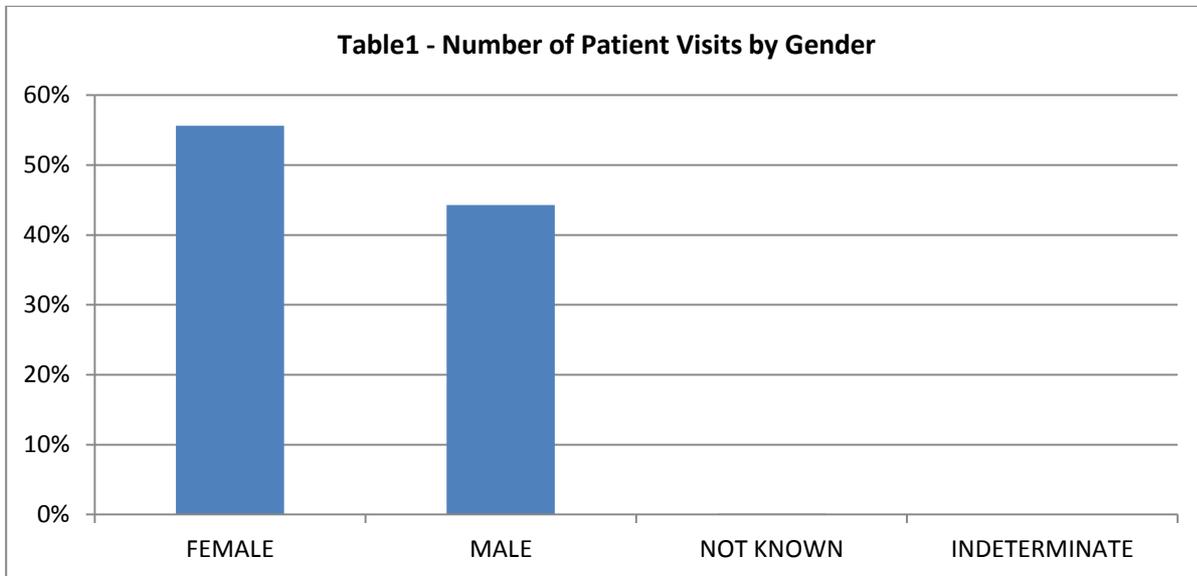




The proportion of staff reporting that they are bisexual, gay or lesbian is very significantly lower than reports related to the general population, suggesting a continuing reluctance to disclose this information in the workplace. Widespread cultural change both within the Trust and in the wider community will be required to address this; the Trust can encourage this by visibility of communication supportive of inclusion of the LGBT community across the Trust. Further work is required on this.

5.5 Patient data for 2017/18

A total of 6,21,084 patient visits were recorded in 2017-2018. Due to a lack of comprehensive data capture, the diversity information presented here for patients is limited to patients' gender and ethnicity. Appendix 2, below, provides detail of the gender and ethnicity proportions. As the table shows, a majority of our patients during last year have been women from white, British, background. Overall, patients from white-British background account for around 75% of all patients. Patients from all BME backgrounds account for just over 5%.



6. Future developments

Good progress has been made in some areas of equality, diversity and inclusion issues over the past year. The governance structure introduced will allow continued progress towards the Trust's ambition of being an exemplar in E, D&I related issues, though considerable further work is required.