

# EQUALITY AND INCLUSION – ANNUAL REPORT AND WORKFORCE MONITORING REPORT 2017

## 1. Introduction

1.1 Best of Care, Best of people is Medway NHS Foundation Trust’s vision for healthcare for our patients and local community. Our vision can only be realised through engagement of our people, our patients and our community and by tackling health inequalities and by promoting a culture of equality, diversity and inclusion. Our new values and behaviours (below) have been developed with our people and support our commitment to a values based approach to equality, diversity and inclusion.

<b>Bold</b>	We are inspiring and ambitious
<b>Every Person Counts</b>	We are respectful and supportive
<b>Sharing and Open</b>	We are open and speak up
<b>Together</b>	We are inclusive and responsible

1.2 The Trust also has a legal responsibility to promote equality as required by the Equality Act 2010, and to address health inequalities, as required by the Health and Social Care Act 2012. The Public Sector Equality Duty (PSED), part of the Equality Act (2010) requires all public sector organisations to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act
- 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

1.3 This report provides our equality information including our commitment to a refreshed approach to equality, diversity and inclusion, with new Equality objectives, the Workforce Race Equality Standard outcomes and annual Workforce Diversity monitoring report by protected characteristics.

## 2 Medway NHS Foundation Trust’s Commitment to Equality and Diversity: Our Inclusion Policy

2.1 Medway NHS Foundation Trust published our new Inclusion Policy in March 2017. The policy sets out how the Trust is committed to delivering the very highest standards of access and care to patients from diverse cultures, different age groups and a range of abilities and needs. We want to lead the field of equality, diversity and human rights within the local healthcare economy and the community that we serve and to become the healthcare provider of choice.

2.2 We are committed to being the employer of choice for existing and potential employees in all roles, including volunteers; apprentices; and , student and work

experience placements. We want to enable every individual working within the Trust to maximise their potential and contribution to the organisation.

- 2.3 The Trust will provide a working environment free from discrimination, harassment or victimisation, where everyone receives fair and equitable treatment, regardless of sex, pregnancy or maternity status, race, disability, religion or belief, sexual orientation, gender reassignment, marital or civil partnership status or age.
- 2.4 The Trust will actively promote equality and best practice in line with equality and human rights legislation to meet the public duties imposed to avoid discrimination.
- 2.5 In addition the Trust will create a working environment where all staff have the right to be treated with dignity and respect. The Trust will ensure adherence to the five key principles outlined by the human rights legislation: Fairness, Equality, Dignity, Respect and Autonomy.
- 2.6 The Trust commits to work in partnership with staff and their recognised representatives, in creating an environment where these rights are expected, and where staff feel they can challenge behaviour that undermines human rights' principles.
- 2.7 We will take steps to ensure there is no unlawful or unfair discrimination towards patients, communities and staff in relation to the nine characteristics shown below which are protected by the Equality Act 2010.
- Age
  - Disability including physical and mental impairment
  - Gender re-assignment
  - Marriage and civil partnership
  - Pregnancy and maternity
  - Race including nationality and ethnicity
  - Religion or belief
  - Sex
  - Sexual orientation
- 2.8 Inclusion, Equality and Diversity is implicit within all of the Trust's employment policies and these are all Equality Impact Assessed and regularly reviewed to ensure there is no element of bias or discrimination.

### **3. Equality Strategy and Objectives**

#### **3.1 Equality Delivery System (EDS2)**

- 3.1.1 The Trust manages its approach to Equality and Inclusion through the Equality Delivery System (EDS2) framework. The baseline assessment for EDS2 was conducted in 2017, with a second assessment scheduled for March 2018.
- 3.1.2 The key findings of the assessment are set out in the EDS2 Report appended to this report, together with the Trust's new Equality Objectives. In most cases it was possible to identify at least three protected characteristics that fare well against EDS2. In other words, there was evidence of good or developing practice that was delivering either

equitable (or near equitable) outcomes, and/or was actively and intentionally addressing inequalities. There are 5 outcomes where it was not possible, at this stage, to make a clear judgment. These were:

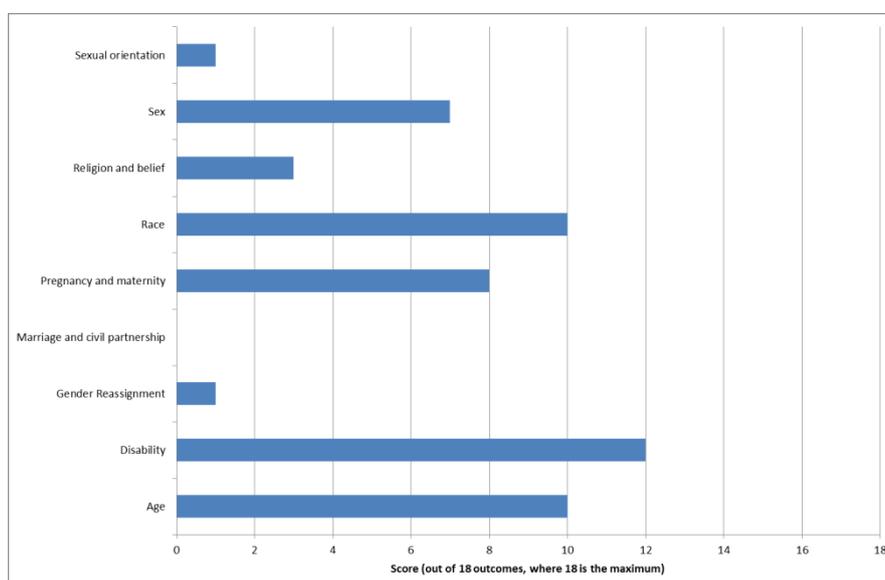
- Outcome 1.5 where further external assessment (e.g. by community groups);
- Outcome 2.4 because complaints are currently not monitored by demographics;
- Outcome 3.2 because equal pay audits are pending (due March 2018);
- Outcomes 3.4 and 3.6 which are dependent on the National Staff Survey, which does not measure all protected characteristics. (However, measures to improve general performance on these are in place).

3.1.3 The EDS2 scoring measures whether there is evidence of equitable outcomes for each protected characteristic, but not necessarily the quality of the outcome. For example, on staff experience of bullying and harassment, the results for White and Black and Minority Ethnic (BME) staff are close to equal (so considered equitable), but at 28% and 26% would be considered by the Trust to be unacceptably high. In such circumstances, the assessment has, therefore, been reduced from ‘developing’ to ‘undeveloped’.

3.1.4 Of the 18 EDS2 outcomes, 12 are scored at developing, and 6 at undeveloped. However, 5 of these undeveloped outcomes (see 3.1 above) are simply because more work is required on measuring performance, rather than because performance is necessarily poor.

3.1.5 On average, each of the 4 EDS2 Goals has sufficient evidence to be scored as developing, rather than undeveloped. Practice on Goal 3 (a representative and supported workforce) is actually stronger than the scoring initially suggests. This is because there are already policies, procedures and initiatives that are designed to deliver workplace equality, but where there has been little historic reporting other than by race. Reporting by other characteristics is already planned.

3.1.6 In terms of the nine protected characteristics, the frequency of those that ‘fare well’ is as follows:



### 3.2 Equality Objectives 2017-2020

3.2.1 The EDS2 assessment suggests three areas for further work, which have been developed into the Trust's Equality Objectives for 2017-20. These are:

- Improving equitable health outcomes and patient experience by developing a culturally competent workforce;
- Improving patient experience and access by achieving a better understanding of the diversity of experience, through more effective use community feedback and reviewing how we capture and analyse demographics on patient experience and complaints;
- Achieving workforce stability, enabling the Trust to be an employer of choice, ensuring we have a representative and valued workforce, through equitable recruitment, opportunities for progression, equal pay and job satisfaction across all protected characteristics.

These three objectives cover EDS2 Goals 1 to 3, and all contribute to Goal 4 (inclusive leadership).

#### Equality Objectives 2017-2020

Objective 1 Improving equitable health outcomes and patient experience by developing a culturally competent workforce			
Responsibility		Stakeholders	EDS2 Goals
Executive Group Lead	Contributors	Chief Medical Officer Director of Nursing JSC - Staff Side Staff Network Groups P&S Governors	Goal 1 – Better Health Outcomes Goal 4 – Inclusive Leadership
ED of HR&OD	Hd E&I AD of WD&OD Director of Nursing		
<b>Measures:</b> <ul style="list-style-type: none"> <li>• Participation rate in Medway Leadership Programme</li> <li>• % improvement in inpatient survey by protected characteristic</li> <li>• % improvement in National Cancer Patient Experience Survey</li> </ul>		<b>Success Factors:</b> <ul style="list-style-type: none"> <li>• Services are designed and delivered to meet the health needs of local communities</li> <li>• Individual's health needs are assessed and met in appropriate and effective ways</li> <li>• Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</li> <li>• When people use services their safety is prioritised and they are free from mistakes, mistreatment and abuse</li> <li>• Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</li> </ul>	

<b>Objective 2</b> Improving patient experience and access by achieving a better understanding of the diversity of experience, through more effective use community feedback and reviewing how we capture and analyse demographics on patient experience and complaints				
<b>Responsibility</b> Executive Group Lead  Director of Nursing		<b>Contributors</b> Hd of Patient Experience Hd of E&I Hd of IG	<b>Stakeholders</b> P&S Governors Commissioning Organisations Statutory groups (Healthwatch, Local Authority Scrutiny)	<b>EDS2 Goals</b> Goal 1 – Better Health Outcomes Goal 4 – Inclusive Leadership
<b>Measures:</b> <ul style="list-style-type: none"> <li>• % improvement in inpatient survey by protected characteristic</li> <li>• % complaints relative to protected characteristic</li> </ul>		<b>Success Factors:</b> <ul style="list-style-type: none"> <li>• People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</li> <li>• People are informed and supported to be as involved as they wish to be in decisions about their care</li> <li>• People report positive experiences of the NHS</li> <li>• People’s complaints about services are handled respectfully and efficiently</li> <li>• Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed</li> </ul>		

<b>Objective 3</b> Achieving workforce stability, enabling the Trust to be an employer of choice, ensuring we have a representative and valued workforce, through equitable recruitment, opportunities for progression, equal pay and job satisfaction across all protected characteristics				
<b>Responsibility</b> Executive Group Lead  ED of HR&OD		<b>Contributors</b> DD of HR&OD Hd of E&I HR GpHds	<b>Stakeholders</b> P&S Governors JSC – Staff Side Staff Network Groups	<b>EDS2 Goals</b> Goal 1 – Better Health Outcomes Goal 4 – Inclusive Leadership
<b>Measures:</b> <ul style="list-style-type: none"> <li>• WRES and WDES performance</li> <li>• Staff Survey performance by protected characteristic</li> </ul>		<b>Success Factors:</b> <ul style="list-style-type: none"> <li>• Fair NHS recruitment and selection processes/a more representative workforce at all levels</li> <li>• Equal pay for work of equal value</li> <li>• Training and development opportunities are taken up and positively evaluated by all staff</li> <li>• At work, staff are free from abuse, harassment, bullying and violence from any source</li> <li>• Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</li> <li>• Staff report positive experiences of their membership of the workforce</li> </ul>		

## 4 Equality Monitoring Report

- 4.1 Medway NHS Foundation Trust employed 4607 staff e at 31 March 2017. This report provides a summary of the diversity by protected characteristic of the workforce as at 31 March 2017, and of key considerations. The Workforce Race Equality Standard report (WRES) is published separately on the Trust Website at:

<https://www.medway.nhs.uk/about-us/publications/equality-and-diversity-documents.htm>

### 4.2 Limitations in data

- 4.2.1 It was recognised in previous years' reports that there were gaps in data in a number of areas e.g. around disability, religion and sexual orientation for significant numbers of staff, which made it difficult to draw meaningful conclusions. There has been significant improvement in the numbers of staff declaring their demographic information, but there are still some gaps in data that limit the conclusions that can be drawn. Therefore this report provides an analysis on the following protected characteristics; age, disability, race (ethnicity), religion or belief, sex (gender) and sexual orientation. It does not provide an analysis on gender reassignment, marriage and civil partnership, and pregnancy and maternity.
- 4.2.2 The Trust has taken steps in 2016/17 to improve the completeness of data by improving its data within the electronic staff record (ESR) and by introducing an electronic recruitment system which records equality and diversity data for new non- medical starters.

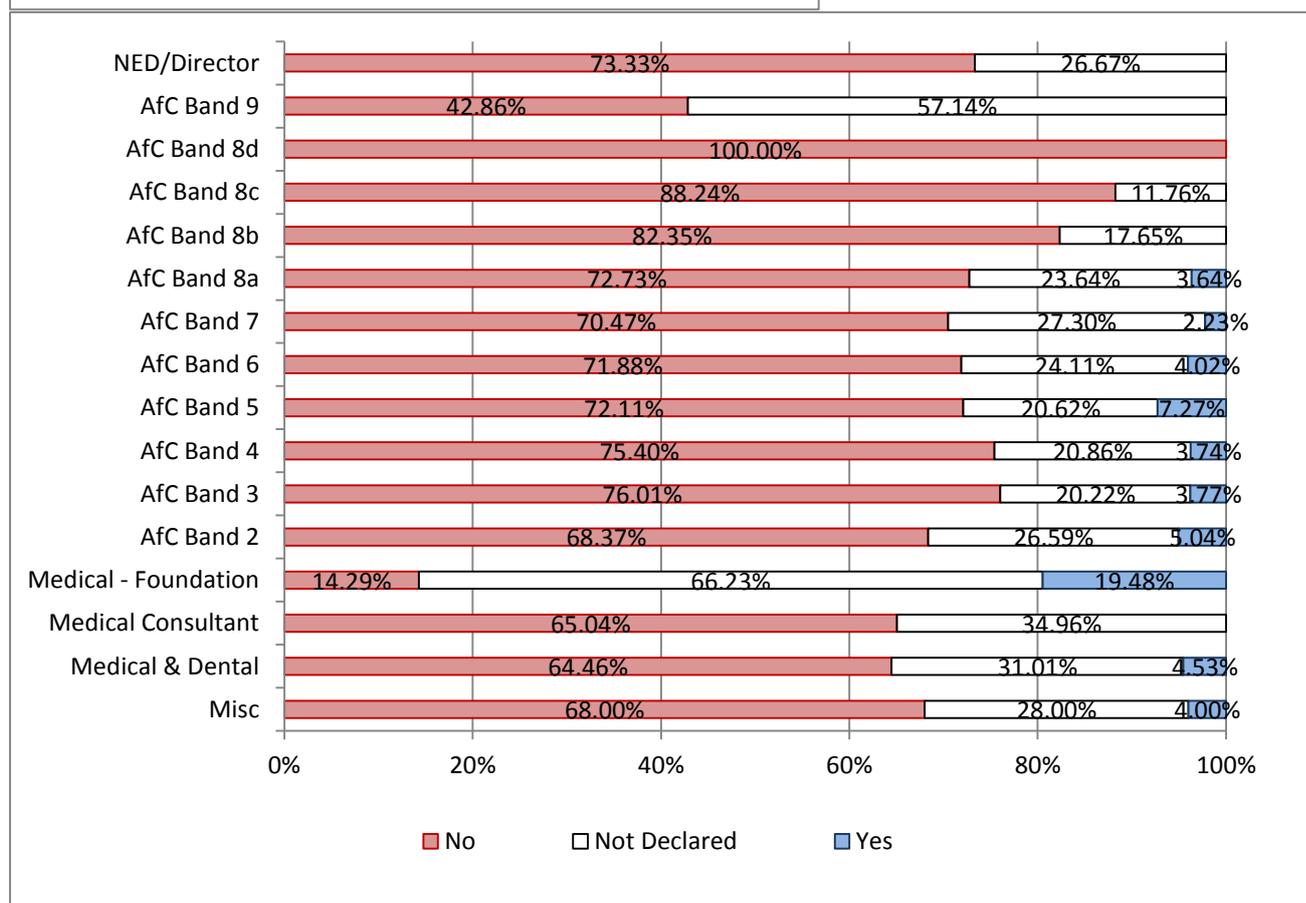
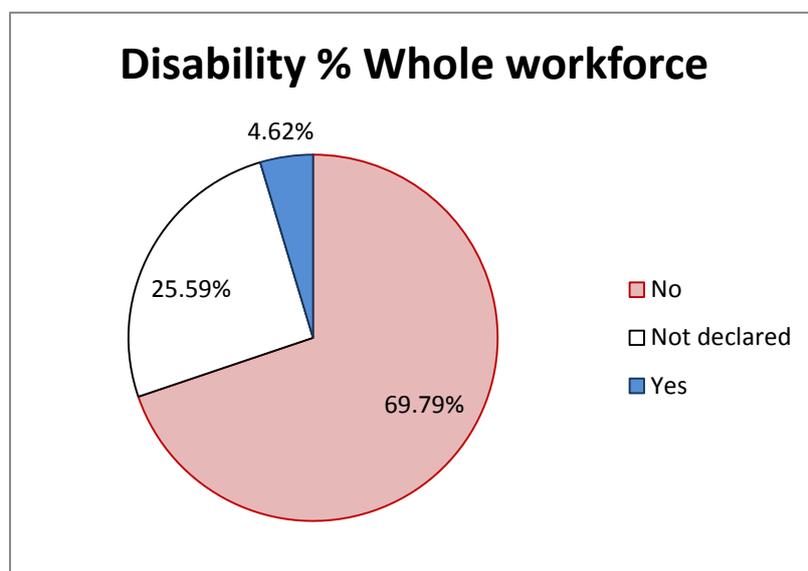
### 4.3 Protected Characteristics

The graphs below illustrate the workforce profile across the six protected characteristics that can be measured through the electronic staff record (ESR).



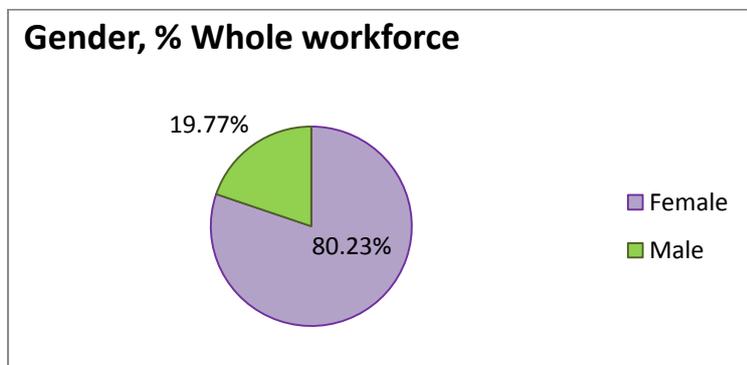
## DISABILITY

4.62% of the workforce have declared that they are disabled, with 25.59% not disclosing whether or not they are disabled. The second chart shows declaration by pay band, which informs us where to target work at improving declaration rates in the future.

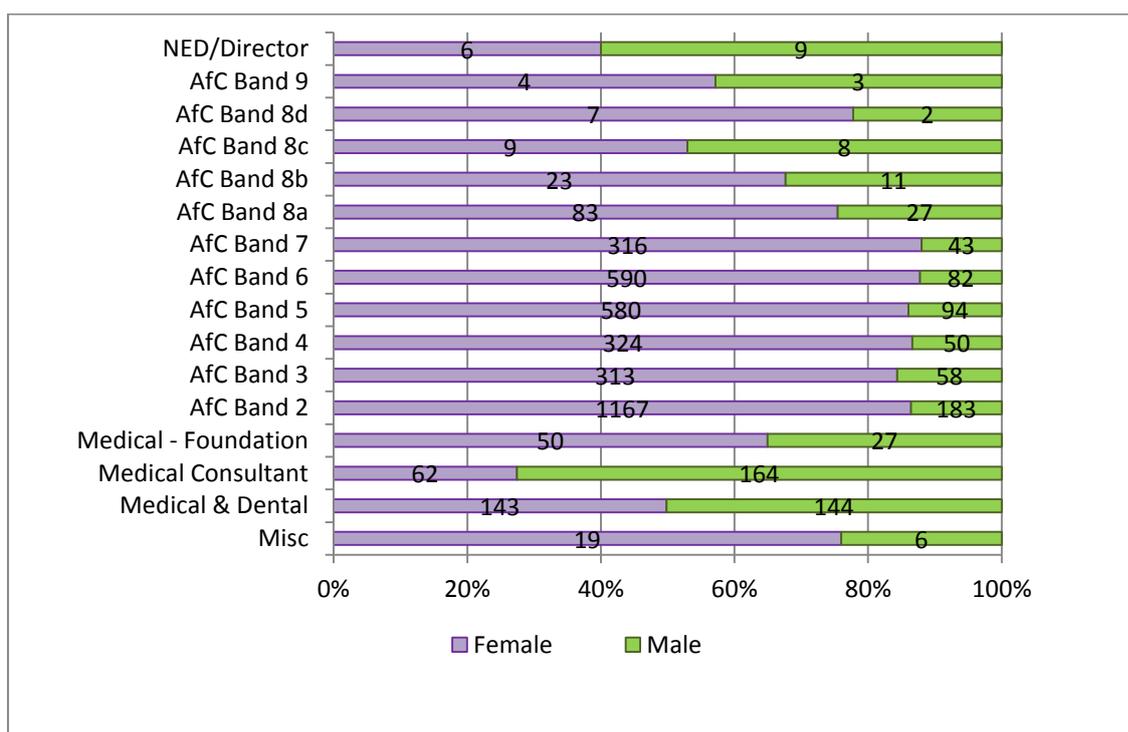


## GENDER

80 % of the workforce are women, however when considered by pay band it is evident that over 75% of consultants are men. This may change over time across the NHS, as the majority of junior medical staff are women.



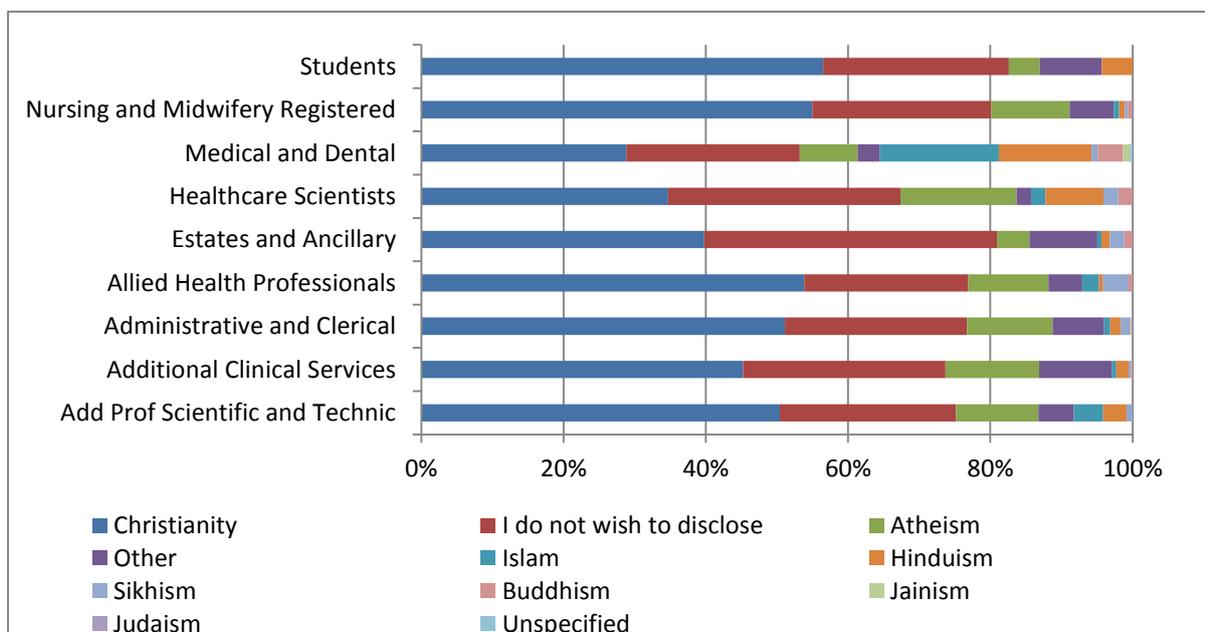
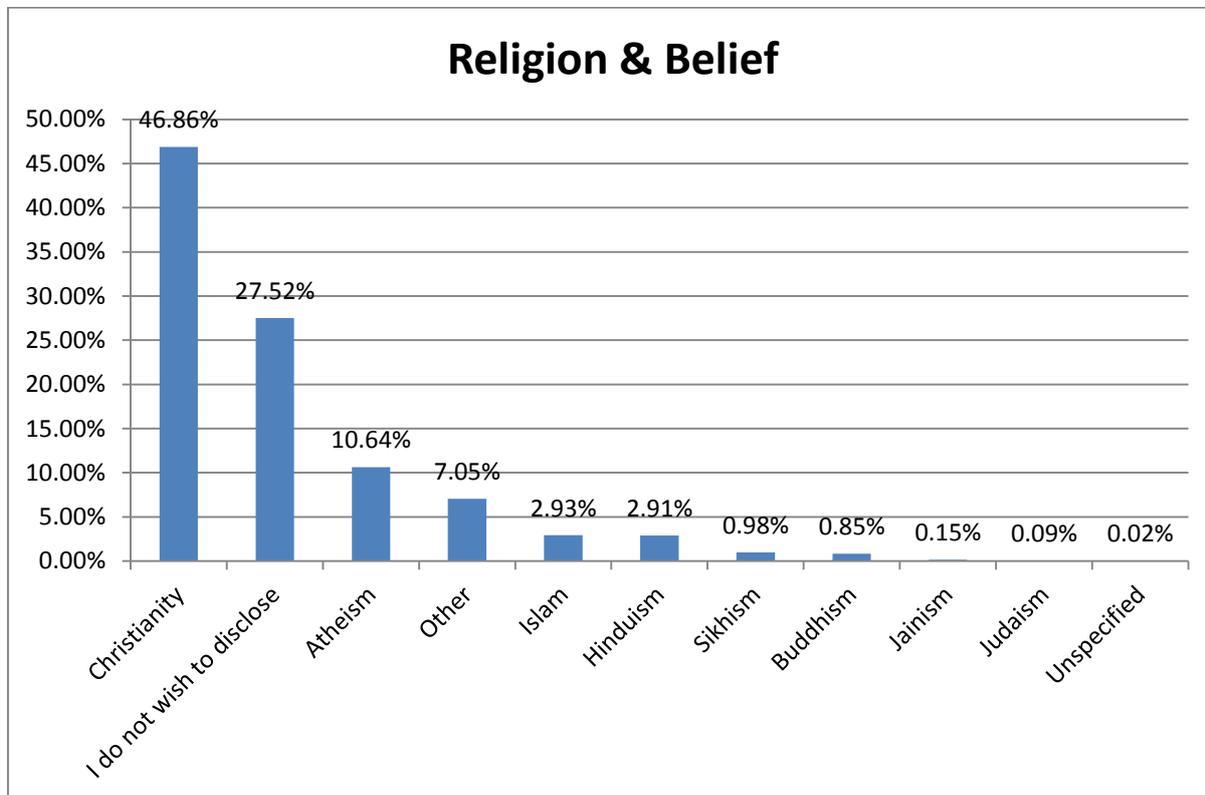
Staff Group	Gender		Grand Total
	Female	Male	
Add Prof Scientific and Technic	2.08%	0.54%	2.63%
Additional Clinical Services	16.34%	2.45%	18.80%
Administrative and Clerical	19.71%	3.69%	23.40%
Allied Health Professionals	2.82%	0.85%	3.67%
Estates and Ancillary	7.99%	2.93%	10.92%
Healthcare Scientists	0.78%	0.28%	1.06%
Medical and Dental	5.54%	7.27%	12.81%
Nursing and Midwifery Registered	24.55%	1.67%	26.22%
Students	0.41%	0.09%	0.50%
<b>Grand Total</b>	<b>80.23%</b>	<b>19.77%</b>	<b>100.00%</b>





## RELIGION AND BELIEF

46.86% of the workforce identify as Christian, with people who actively choose not to disclose their religion, and those who identify as atheist making up over 30% of the workforce. Religious diversity is greatest amongst medical staff.



## Sexual Orientation

74.02% of staff identify as heterosexual, with 24.59% of staff choosing not to declare their sexual orientation. This makes it difficult for the Trust to have accurate data on the proportion of lesbian, gay, bisexual (LGB) people in the workforce.

