Equality Annual Report 2017-2018

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1. Introduction

The Gateshead Health ethos 'Caring for You' is at the heart of how we operate; looking after our patients and taking care of our staff. In 2017 we refreshed our values and developed a People Strategy to underpin our commitment to deliver safe, high quality care. The NHS is changing both nationally and locally - our People Strategy needs to adapt and respond to this changing environment to ensure we have the right workforce capacity and capability to deliver high quality care in to the future.

Our Trust Strategic Objectives are:

1 • To provide high quality, sustainable clinical services to our local population in new and innovative ways

2 • To develop new effective partnerships with organisations in health and social care to offer high quality, seamless care

3 • To optimise opportunities to extend our business reach in the delivery of high quality clinical care

4 • To deliver the proposed portfolio of services and quality of care within the agreed financial envelope
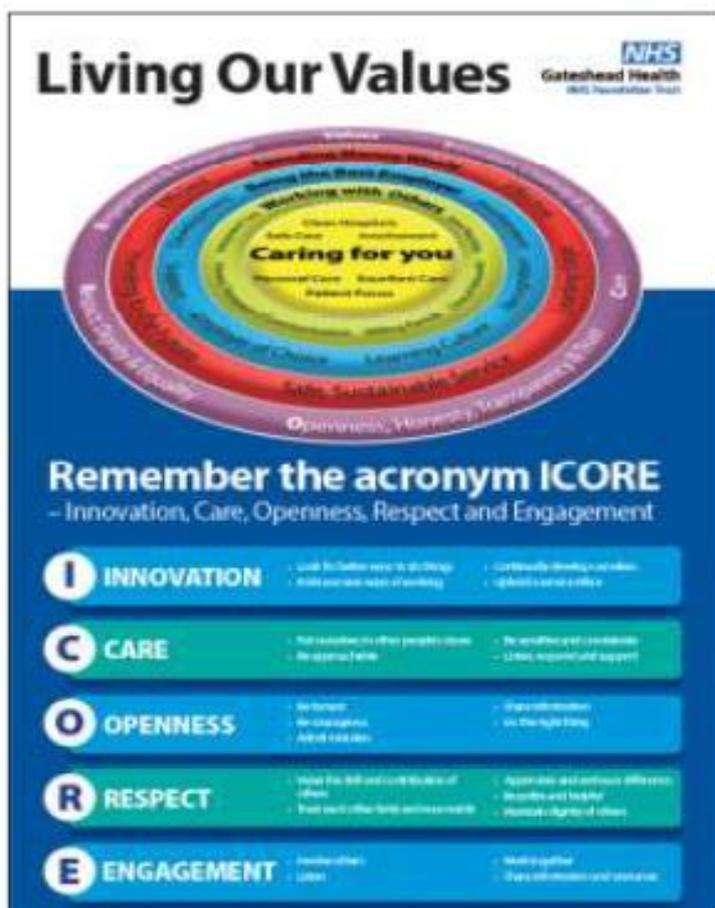
We want to ensure our services are accessible, culturally appropriate and equitably delivered to all parts of the community, by a workforce which is valued and respected, and whose diversity reflects the community it serves.

Each year we publish an annual equality report, to share important information on our progress in relation to our legal obligations and how we continue to comply with national NHS standards in relation to diversity and inclusion.

Additional information is available through the following link:
http://www.qegateshead.nhs.uk/edhr

2. The Public Sector Equality Duty

The Trust is legally obliged to comply with the Public Sector Equality Duty (PSED), introduced by the Equality Act in 2010. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities. The PSED identifies nine protected characteristics and other disadvantaged groups who may experience difficulties accessing and benefitting from the NHS. The Trust demonstrates its compliance by analysing workforce and patient/local population data to improve the services we provide to local communities and provide better working environments which are free from discrimination.

The NHS has since introduced two frameworks which underpin these legal requirements:

•   The Equality Delivery System (EDS)

•   The Workforce Race Equality Standard (WRES)

The WRES and EDS2 are now included in the Standard NHS Contract. The regulators; the Care Quality Commission (CQC), NHS England and NHS Improvement use both standards to help assess whether NHS organisations are well-led.

3. The EDS2

Following a national review, the Equality Delivery System (EDS) outcomes were refreshed and rebranded to EDS2 in 2016. The EDS has four objectives:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well-supported staff
4. Inclusive leadership at all levels

Against each objective are a set of 18 outcomes and the Trust gathered a portfolio of evidence for our staff, patients, stakeholders and local communities to review and grade our performance against each outcome in 2016. The outcomes can be reviewed at **Appendix 1**.

The grading helped the Trust understand where it was underdeveloped, developing, achieving or excelling.
- Excelling – **Purple**
- Achieving – **Green**
- Developing – **Amber**
- Undeveloped – **Red**
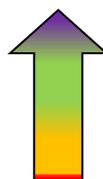
The grading comparisons from 2012 to 2018 can be found at **Appendix 1.**

The grading results in 2016 were used to help formulate the three Equality Objectives and develop a full work plan which can be viewed in **Appendix 3**.

In 2017/18 the Trust undertook a grading event with Your Voice, our staff Diversity Forum. We also developed a Health Survey based on the EDS 18 outcomes to pilot at a Trust Open Day to capture people's experience of the care they have received.

From the grading we can determine that progress has been made in most areas. Although the grading for equal pay reporting is red, the Trust has published its first Gender Pay Gap report in March 2018 in line with the new Gender Pay Reporting legislation.

4. The Workforce Race Equality Standard

The WRES was first mandated in July 2015 to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The Trust Board agreed and published the 2017/2018 WRES baseline data against the nine metrics on 1 August 2018. This standard works alongside the Equality Delivery System (EDS2) to help review performance, set equality objectives and deliver on the Public Sector Equality Duty. A detailed breakdown of the nine indicators, with the progress made against each, can be found at **Appendix 2**.

It is encouraging to see that in some areas (such as recruitment and formal disciplinary procedures) there has been a significant positive shift in the data, resulting from a focussed approach to making improvements. More accurate reporting has certainly supported this work, and we continue to improve and evolve the reporting channels that can provide this useful data. However this year's report has highlighted areas which still require further exploration to understand the data and this will be undertaken with our BME staff and Your Voice (staff diversity forum).

5. Gender Pay Gap Report

The gender pay gap legislation introduced in April 2017 requires that UK employers with 250 employees or more publish data about their gender pay gap using specific measures. The gender pay gap is a broader measure of the difference in the average earnings of men and women, regardless of the nature of their work across an organisation, an entire industry or the economy as a whole. It is intended to bring transparency and to ask society to try and narrow the gap.

The Trust published its first report in March 2018. Gateshead is not dissimilar to the national picture. Our Gender Pay Gap analysis has shown that 82.4% of our workforce is female and a higher percentage of female staff are employed within the lower and upper middle pay quartiles. There are more male employees in certain occupations that fall into higher pay bands. Female employees are also more likely to use salary sacrifice schemes and work part time, both being a contributing factor to the overall pay gap results. The full report and proposed action to reduce the pay and bonus pay gap can be found at https://www.qegateshead.nhs.uk/edhrreports.

6. Equality Objectives

In 2016 the Trust conducted a full review of its diversity and inclusion activities and analysed progress through the implementation of the Equality Delivery System 2 and the Workforce Race Equality Standard. From the results three Equality Objectives were formulated (see below, and **Appendix 3**), and each year we report on the progress we have made against these objectives in our annual equality report.

Objective 1	All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers
Objective 2	The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments
Objective 3	Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve

The objectives have been agreed by the Trust Board and Executive Sponsors lead this work and review progress in addition to the usual governance and assurance framework. The objectives are underpinned by an integrated work plan that incorporates the Equality Delivery System, Workforce Race Equality Standard, Gender Pay Gap Report, Accessible Information Standard, Public Sector Equality Duty and elements of the NHS National Staff survey (please see **Appendix 3**).

7. Progress against the Equality Objectives during 2017/18

- A staff diversity forum 'Your Voice' was set up in 2017 and continues to champion diversity and inclusion in the workplace. The membership of the forum continues to grow steadily and members of the forum actively contribute to internal engagement events, hold informal lunch & learn sessions, publish regular articles in the staff newsletter and represent the Trust at external events. In 2018 the forum was nominated for a QE Star Award and described as a truly committed forum living the values through their innovative, caring and engaging approach to Diversity and Inclusion, recognising the commitment to work in partnership with the Trust and helping drive the very important agenda for the benefit of all our staff and patients.

- In May 2018 the Trust celebrated the annual NHS Employers Equality, Diversity and Human Rights Week. With the lead from the Your Voice forum, fact sheets and various leaflets on the protected characteristics including gender reassignment, disability, sexual orientation, age and religion were shared, staff were encouraged to complete a Diversity & Inclusion quiz and Hijab lessons took place to encourage cultural awareness. The Trust hosted its busiest ever open day in November 2017, with over 150 people turning out to learn more about our hospital, services and employment. The afternoon tea event was open to everyone in the community and offered a chance for us to connect with local people and provide a range of information about our services and other health matters. It also provided a good opportunity for people to join our membership programme and have a bigger say in how the Trust is managed.

- During the open day we piloted our Health Equality Questionnaire based on the EDS outcomes. We asked our patients how accessible they found the services and information to be, whether they felt appropriately informed about the services available and to rate their overall experience of the care they received. The responses where overwhelmingly positive. We are now expanding this survey to our Governors with their constituents and will use it in any future external engagement events to understand the experiences of our patients and identify areas for improvement.

- The Trust now has a well-established workplace mediation service available to all staff. Workplace Mediation is an informal, voluntary process which aims to help people in disagreement or dispute to resolve their conflict and find a way to re-establish a professional working relationship. Mediation is available for all employees and can involve two or more parties. Please see **Appendix 4** for the Mediation poster.
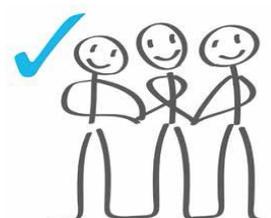
- The Trust has launched a new appraisal process underpinned by values based behaviours which will further promote the expected behaviours.

- An employee relations tracker introduced in 2017 has greatly improved reporting in all areas of employee relations, including disciplinary matters relating to bullying and harassment. This enables us to provide a more targeted approach to concerns and highlights areas of progress. Early data indicates a reduction in formal Bullying and Harassment cases and an increase in referrals to mediation.

- The Trust held a mental Well-being in the Workplace campaign in November 2017 during which information on financial well-being, resilience, post-traumatic stress was shared and conversations about mental health took place. Internal Resilience Facilitators, volunteers from the Samaritans as well as members of staff spent time answering questions and sharing information on support available in the Trust and outside the organisation. The campaign was followed by the launch of the new Well-being at Work guidance and the bitesize Mental Well-being training for managers, both intended to help managers support staff and ensure good mental well-being.

- Gateshead Health NHS Foundation Trust currently employ 4 Reservists and have a Leave Policy to support them promoting flexibility for training and annual camps. They have a nominated Trust Reserve Forces Champion within our Resourcing Team, who is positively encouraging the recruitment of Reservists from amongst their staff and promoting the Armed Forces community across all of their Staff Groups. The Trust had a Reservist stand in the Queen Elizabeth Hospital on Reserves Day this year, have participated in Exercise Medical Challenge, the team building event at Fenham Barracks for the last two years, are members of the North East NHS Armed Forces Forum and were a co-signatory to the local Gateshead Community Covenant back in 2012. The Trust signed its own Armed Forces Covenant in March 2018 and has now established strong links with the local Army Field Hospital at Fenham.

- For the second year running the Trust was successful at being selected to be part of the NHS Employers' 2018/19 Diversity and Inclusion Partners Programme. The programme supports participating Trusts to progress and develop their equality performance and to build capacity in this area. At the same time the programme provides an opportunity for partners to offer advice, guidance and demonstrations of good practice in equality and diversity management to the wider NHS. Partners are supported to achieve this in a number of way such as continuous improvement around equality and diversity within their own organisation; raising awareness of what constitutes sustainable, outcome-

focused improvement in managing equality and diversity across their region; acting as a thermometer by which NHS Employers can determine the key issues facing the wider NHS, so that advice and guidance is relevant and up to date; contributing to the development of emerging good practice and providing a channel for collecting case studies from which others can learn, within the wider context of NHS initiatives; contributing to a broader understanding of equality and diversity, across both the NHS and the wider public sector, in the context of quality, innovation, productivity and disease prevention.

- In 2017/18 we contributed to the development of the new Workforce Disability Equality Standard and the Sexual Orientation Monitoring Standard by being part of the working groups for both standards, attending regional engagement events and providing feedback on proposed metrics.

- Work continues to identify the needs of patients with communication difficulties and meet the requirements of the Accessible Information Standard.

- In October 2018 Paul Wallace, Head of Diversity & Inclusion at NHS Employers visited the Trust and met with various senior leaders across the organisation. Our focus on a diverse workforce, Board ownership of the diversity & equality objectives and our progress against these were discussed. He also met with members of Your Voice (the staff diversity forum) to find out what it felt like to work for the Trust and to provide advice on how the forum could further contribute to the diversity & inclusion agenda.

- The Trust continues to hold the Mindful Employer symbol to encourage job applicants from the widest possible community.

- The Trust continues to hold the 'Disability Confident Employer' symbol. The symbol is intended to inform the people we employ, and any other disabled people who might be interested in the organisation, that we have a positive approach to employing disabled people.

- The Trust continues to offer work experience opportunities and placements for disabled people and those with learning disabilities. We have actively worked with Project Choice, Azure Charitable Partnerships and Shaw Trust. A number of placements have secured permanent employment.

- The Trust continues to invest in the corporate membership of the Employers Network for Equality &Inclusion, which is a leading employer network covering all aspects of equality and inclusion issues in the workplace. We aim to develop a programme of work in partnership with other NHS organisations in the North East region to

support an inclusive and diverse workplace.

8. Gateshead Demographics

Gateshead has an ageing population – we expect an increase in those aged over 65 years and also those aged 85 years and over. This is important for us because those aged 85 years and over is the section of the population with the greatest care needs. Gateshead population has a higher percentage of older people than the national average with 21% of people above state pensionable age compared with 19% nationally and 20% in the North East of England as a whole.   The impact of an ageing population is reinforced during winter months with the number of older patients admitted and an extended length of stay for this age group.

Gateshead has poor health status – this means that the people in Gateshead continue to suffer more illness and early death than the national average, and there are still marked variances in life expectancy and ill-health across the Borough (variance in life expectancy is 8.9 years for men and 9.4 years for women across local authority wards).

More than a quarter of Gateshead's population has a long term condition – a significant number of whom have three or more long term health conditions.

Deprivation and lifestyle choices continue to impact significantly upon health, and demand upon health services.

Gateshead Population Estimates and Projected Admissions to 2037 for ages 85+
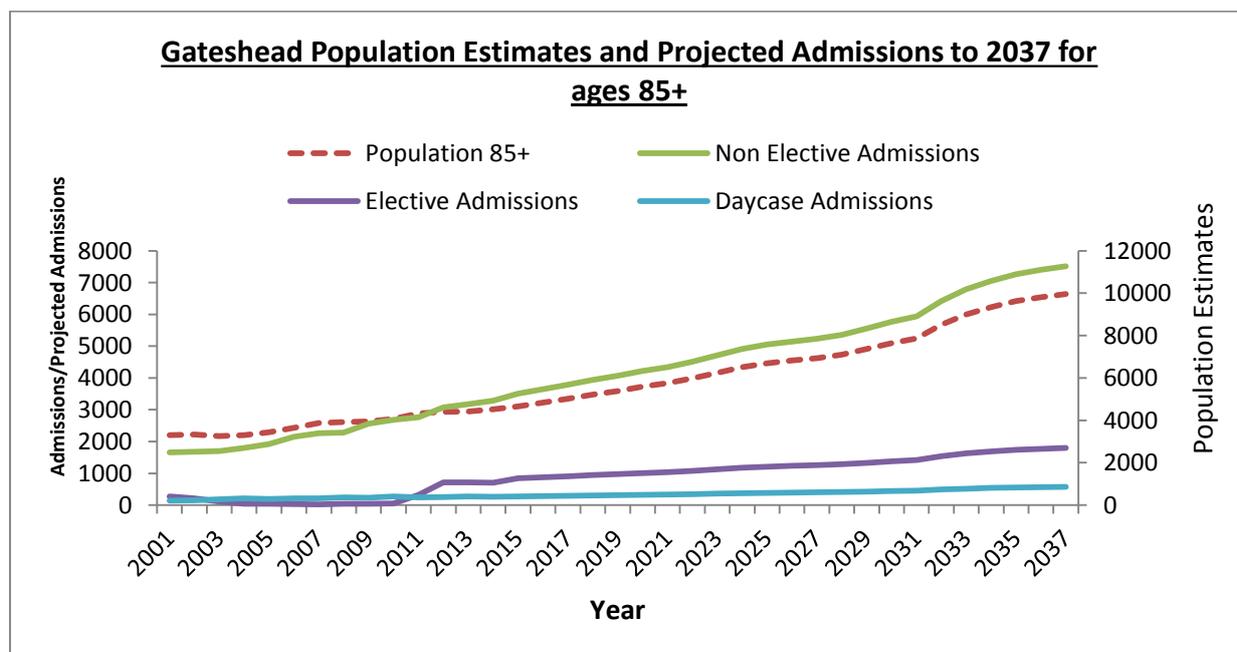
Source: Gateshead Strategic plan 2014/15-2018/19 and Gateshead Joint Strategic Needs Assessment-Interim Report

Please see our annual report for Information about our patients. This can be accessed using the following link: http://www.qegateshead.nhs.uk/trustreports

9. Workforce Data

Our People in 2017/2018

The following provides a summary of our existing people, focusing on some key workforce indicators. This helps us understand what needs to change over the coming years to ensure that we meet our vision and strategic objectives.

At the end of 2017/18 we employed 3768 people. The number is broken down as follow:

PROFESSION

Additional Professional, Scientific and Technical	159
Additional Clinical Services	789
Administrative and Clerical	801
Allied Health Professionals	296
Estates and Ancillary	1
Healthcare Scientists	162
Medical and Dental	297
Nursing and Midwifery Registered	1,260
Students	3
Total	3,768

Equality group	2016/17	%	2017/18	%
White	3,440	94.69%	3536	93.84%
Mixed	21	0.58%	19	0.50%
Asian or Asian British	104	2.86%	115	3.05%
Black or Black British	32	0.88%	36	0.95%
Other	19	0.52%	23	0.61%
Not Stated	17	0.47%	39	1.04%

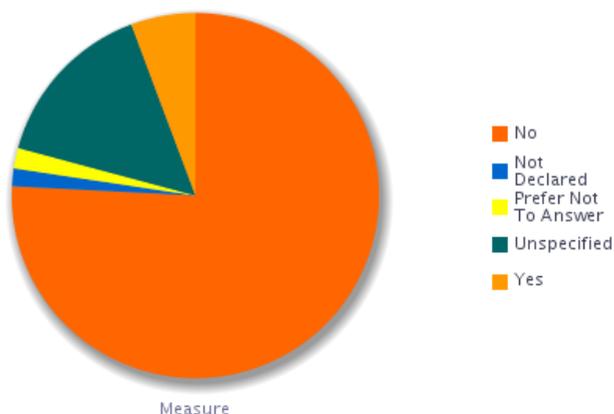| Gender				
Female	3,004	82.69%	3094	82.11%
Male	629	17.31%	674	17.89%
Age				
<20	59	1.62%	60	1.59%
20-25	323	8.89%	319	8.47%
26-30	425	11.70%	457	12.13%
31-35	391	10.76%	450	11.94%
36-40	439	12.08%	422	11.20%
41-45	434	11.95%	423	11.23%
46-50	483	13.29%	496	13.16%
51-55	565	15.55%	595	15.79%
56-60	357	9.83%	359	9.53%
61-65	141	3.88%	161	4.27%
66-70	15	0.41%	25	0.66%
71+	1	0.03%	1	0.03%
Disability	85	2.32%	214	5.68%

10. Workforce Challenges

With an ageing population and changing pension provisions we are experiencing more staff wanting to retire and return to work or looking at ways to extend their working lives. As an employer we face a labour market with fewer young people and older employees therefore it is important to promote the Trust as an employer of choice and encourage applicants from all different backgrounds. It is important that we look at retention strategies to retain our skilled workers and offer flexibility in our working patterns to support a work life balance and the changing needs of an older workforce. We know that an older workforce results in more demands on our staff with caring responsibilities and these requirements need to be balanced with operational demands of 7-day services. A migrant population currently provides an opportunity to redress age imbalances however this is against a backdrop of uncertainty of the impact of Brexit.

To help address some of these workforce challenges we have started a research project to understand our current demographics, leaver/turnover rates, and to understand how

reward and recognition, developmental opportunities, flexibility, work/life balance and pay rates impacts on our retention.
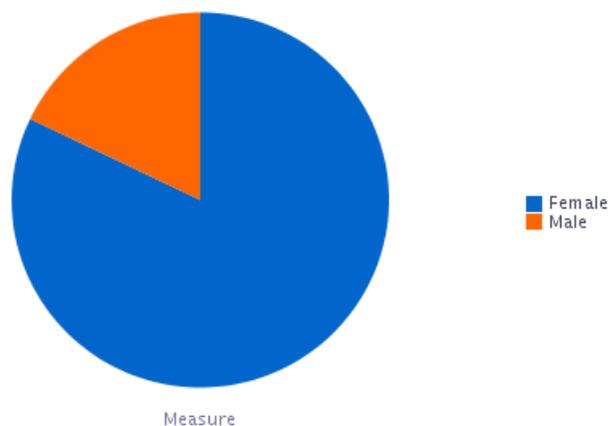
Disability

We have an increase in the percentage of staff considering they have a disability or long term health condition.

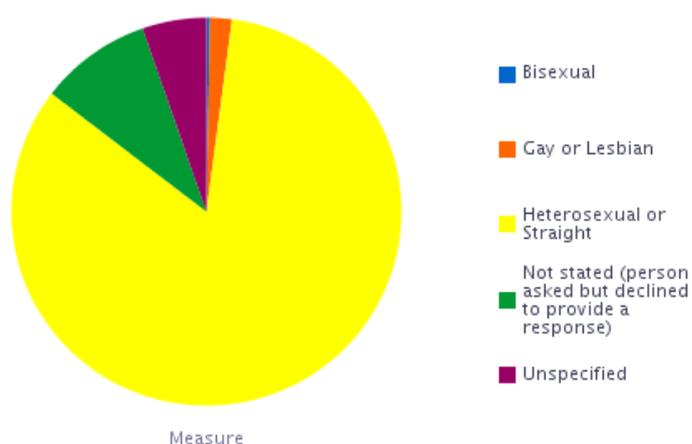| No	75.8%
Not Declared	1.6%
Prefer Not to Answer	1.8%
Unspecified	15.1%
Yes	5.7%

Gender

As at 31 March 2018 our Board of Directors was 57.2% male and 42.8% female compared to a workforce predominantly female – see below.
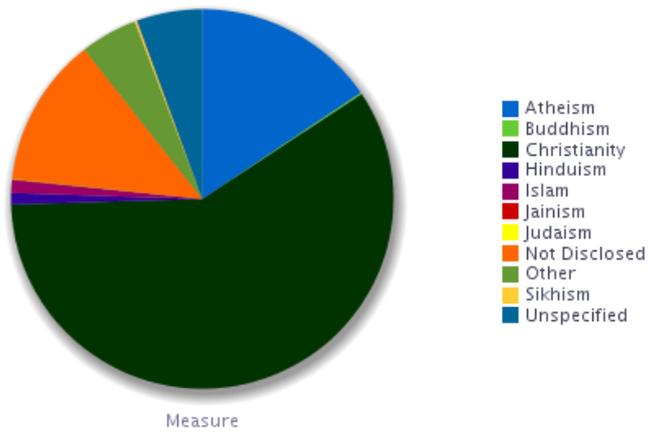
Female	82.11%
Male	17.89%

Sexual Orientation

Bisexual	0.29%
Gay or Lesbian	1.80%
Heterosexual or Straight	83.33%
Not Stated	9.26%
Unspecified	5.31%

Religion

Measure

Atheism	15.55%
Buddhism	0.13%
Christianity	58.86%
Hinduism	0.96%
Islam	1.09%
Jainism	0.08%
Judaism	0.05%
Not Disclosed	12.71%
Other	4.80%
Sikhism	0.21%
Unspecified	5.55%

Age
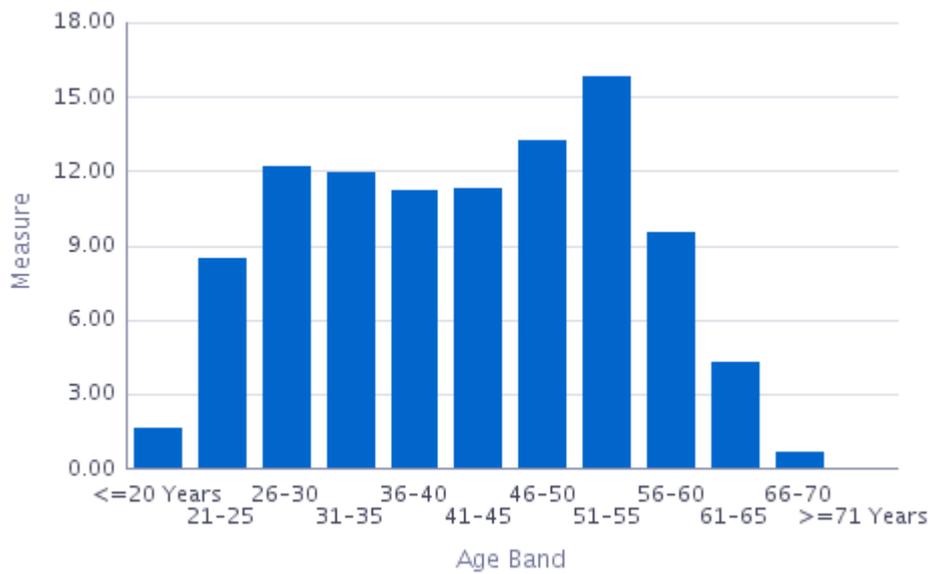
Age Profile: 30.28% (headcount 1,141) of our workforce are over 50 years of age as at 31 March 2018. It is anticipated that as people are intending to work longer due to a variety of changes, this figure will rise over the next five years.

Full Time/Part Time

Employee Category	Headcount	%	FTE
Full Time	2,569	68.18%	2,569.00
Part Time	1,199	31.82%	821.17
Grand Total	3,768	100%	3,390.17

In line with the wider NHS our workforce continues to display growth in female entrants and part time headcount.

Data cleansing is necessary over the next two years to improve the quality of our data and help us understand and respond to the differing needs of our staff. Within our new equality objective, increasing monitoring capability is key to embedding our work on diversity and inclusion for both workforce and patient data.

Appendix 1 – EDS2 Comparison 2012 to 2018

Goal	Outcome	Evidence	2018	2016	2012
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	🟢	🟢	🟢
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	🟢	🟢	🟡
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	🟢	🟢	🟡
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	🟢	🟢	🟡
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	🟢	🟢	🟢
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	🟢	🟢	🟡
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	🟢	🟢	🟡
	2.3	People report positive experiences of the NHS	🟢	🟢	🟢
	2.4	People's complaints about services are handled respectfully and efficiently	🟢	🟢	🟡

A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	🟢	🟢	🟡
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	🔴	🔴	🟡
	3.3	Training and development opportunities are taken up and positively evaluated by all staff	🟢	🟢	🟡
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	🟢	🟡	🟡
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	🟡	🟡	🟡
	3.6	Staff report positive experiences of their membership of the workforce	🟢	🟢	🟢
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	🟢	🟢	🟡
	4.2	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	🟢	🟡	N/A
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	🟡	🟡	🟡

WRES Indicator 1	2017	2018
Percentage of staff in each of the AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce	Table provided below	Table provided below
Narrative	Different occupational groups have different proportions of BME staff - for example there is a higher proportion of BME staff working in clinical roles, compared to non-clinical roles. This is likely to be affected to some extent by immigration rules regarding certificate of sponsorships and shortage occupations. Freedom of labour movement may also be affected by the country's plans to exit from Europe. A full data cleanse of our Electronic Staff record (ESR)took place in preparation for Manager Self Service and demographic data was refreshed as part of this work. The declaration of demographic profiles is highlighted as a concern, however with the planned implementation of Employee Self Service we plan to promote the reasons why we collate demographic data. Nationally it is recognised that the reporting remains low in ESR, but staff are more likely to share this data as part of the NHS Staff Survey because it is anonymised.		
Action	• Continue to work on attraction campaigns which are diverse and appealing to the BME community. For example working with schools for Apprenticeship programmes. • Training data will be analysed to ensure our proposed talent management strategies are transparent and inclusive and offer opportunities for everyone. • Continue to work with the staff diversity forum ('Your Voice') to understand how we can engage staff to self-report and improve demographic profiles. • Improve communication and explanations around the collation of anonymous data, as part of the imminent implementation of Employee Self-Service (Electronic Staff Record). • Work closely with the Communications Team to ensure that social media campaigns reflect a diverse workforce which will attract interest from the BME community.		

Non clinical						
Payscale	**White**		**B.M.E.**		**Ethnicity unknown**	
	2017	**2018**	**2017**	**2018**	**2017**	**2018**
>Band 1	0%	0.24%	0%	0%	0%	0.03%
Band 1	0%	0%	0%	0%	0%	0%
Band 2	5.97%	5.35%	0.12%	0.18%	0.06%	0.08%
Band 3	5.46%	4.78%	0.15%	0.05%	0.1%	0.03%
Band 4	4.63%	4.0%	0.09%	0.10%	0%	0%
Band 5	2.18%	2.0%	0.03%	0.03%	0%	0%
Band 6	1.49%	1.38%	0.03%	0.05%	0%	0.03%
Band 7	1.13%	1.15%	0%	0%	0%	0%
Band 8A	0.48%	0.42%	0%	0%	0%	0%
Band 8B	0.51%	0.50%	0%	0%	0%	0%
Band 8C	0.09%	0.08%	0%	0%	0%	0%
Band 8D	0.15%	0.10%	0%	0%	0%	0%
Band 9	0.03%	0.03%	0%	0%	0%	0%
VSM	0.24%	0.16%	0%	0%	0%	0%
Clinical						
Payscale	**White**		**B.M.E**		**Ethnicity unknown**	
	2017	**2018**	**2017**	**2018**	**2017**	**2018**
> Band 1	0%	0%	0%	0%	0%	0%
Band 1	0.06%	0.05%	0%	0%	0%	0%
Band 2	15.49%	14.15%	0.39%	0.57%	0%	0.13%
Band 3	4.18%	3.99%	0%	0.03%	0.06%	0.08%
Band 4	3.19%	2.89%	0.03%	0.05%	0%	0.03%
Band 5	22.69%	20.03%	1.25%	1.31%	0.09%	0.24%

Band 6	15.94%	14.6%	0.51%	0.52%	0.09%	0.08%
Band 7	10.6%	9.11%	0.12%	0.10%	0.09%	0.08%
Band 8A	1.88%	1.7%	0%	0%	0%	0%
Band 8B	0.57%	0.5%	0%	0%	0%	0.03%
Band 8C	0.06%	0.05%	0%	0%	0%	0%
Band 8D	0.21%	0.13%	0%	0%	0%	0%
Band 9	0.06%	0%	0%	0%	0%	0%
VSM	0.06%	0.05%	0%	0%	0%	0%

N.B. Medical and dental staff are not included in the WRES, but it is useful to note the following figures as a percentage of the total workforce:

White	B.M.E	Ethnicity unknown
6.19%	2.25%	0.39%

WRES Indicator 2		2015-16	2016-17	2017-18
Relative likelihood of White staff being appointed from shortlisting compared to BME staff		2.25	2.15	1.41
Narrative	In comparison to the data from 2016-17 there has been a marked decrease in the relative likelihood of white applicants being appointed in comparison to BME applicants. However, this still suggests that a white applicant is 1.4 times as likely to be appointed as BME staff from shortlisting. The current data from NHS Jobs does not help us understand where we lose applicants in their recruitment journey. For example, there may be a large reduction at first stage of recruitment through shortlisting because the applicants do not have the relevant skills for the post. The demographic data fields in NHS jobs are not mandatory and often not completed therefore, we have no accurate data to compare ratio of those shortlisted to those hired by ethnicity.			
Action	• Continue to promote the Bitesize Recruitment and Selection training to all staff who are involved in the recruitment process. This training includes sections on diversity and inclusion, and fair recruitment practices. • A recruitment audit has been undertaken, and a regular schedule of audits is now planned. Equality monitoring is built into our audit processes.			

	• Development of recruitment attraction campaigns which considers BME communities. • Work closely with the Communications Team to ensure that social media campaigns reflect a diverse workforce which will attract interest from the BME community. • Implement standardised documentation as part of value based recruitment to ensure fair and consistent processes and followed.		

WRES Indicator 3	2015-16	2016-17	2017-18
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff.	0.8	1.9	0.62
Narrative	Robust recording of data now takes place using an Employee Relations Tracker. This has now been in place for over a year, so there is confidence that the data from the last 2 years is accurate. Previously systems were not in place to record and track this data centrally. It is encouraging to see that there has been a sharp decline in the likelihood of BME staff entering the formal disciplinary process compared to white staff. The mediation service has been in place for 18 months, and a result of that there appears to be a reduction in the number of formal processes overall, with an increase in the number of informal resolutions achieved via mediation. A second cohort of mediators are currently undergoing training, and it is anticipated that as the service becomes more well-known and understood, that activity will continue to increase. The management of behaviours within the Trust is more proactive than in recent years, and where necessary formal action is taken. This has been supported by the refresh our values and introduction of a framework for acceptable behaviours from all staff within the organisation. ICORE values and behaviours were launched at the start of this year, with a high profile campaign headed by the Chief Executive Office. All employee relations data is reported through to the HR Committee and as the data evolves trends and learning will be identified and acted upon. The Trust is keen to ensure that consideration is given to whether a formal process is always the best method of action when robust management, support, training or mediation may have resolved issues earlier.		
Action	• Data from the employee relations tracker is reported monthly to business units and to the HR committee for assurance (Board level committee). • The Bullying and Harassment campaign and the Mediation service continue to be		

	embedded and promoted throughout the organisation at all levels.
	• Investigation training is currently being delivered to a large group of relevant staff, to ensure that investigations are dealt with in a timely manner, by impartial investigators and issues resolved quickly. This training is being delivered by HR and our legal team.
	• Continue to work with our union partners to conduct a sensitive review of some of the cases involving BME staff to understand if the action was appropriate and any identified underlying issues.

NB: The data from the NHS Staff Survey (used for the following indicators) is a retrospective view of the previous 12 months. Therefore the results for this report were collated between Sept – Dec 2017.

WRES Indicator 4	2015-16	2016-17	2017-18
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	1.02	1.07	1.03
Narrative	There has been a slight improvement in the data from 2016-17 to 2017-18. The data available confirms that there is a good balance of staff attending non-mandatory training. This data is as we would expect, given the investment in clinical and non-clinical training that we provide as an NHS Trust.		
Action	• A full range of bitesize training has been developed and continues to evolve, as well as a full catalogue of training. • The apprenticeship levy has opened up opportunities to develop innovative training programmes and this continues to be explored for the coming 12 month period. Access to these programmes will be fair and equitable, and will be reported using the usual channels. • Continue to record and track external funding, particularly for medical staff to ensure there is equity in allocation.		

WRES Indicator 5	2015-16	2016-17	2017-18
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 23% BME 13%	White 22% BME 25%	White21% BME 20%
Narrative	The data shows a sharp decrease for the reporting year in relation to BME staff. Our Staff Diversity Forum, 'Your Voice', has helped raise the profile of our equality		

	and diversity agenda, including language, stories, myth busters etc.
Action	• The internal work which has been undertaken in relation to Bullying & Harassment, will be replicated from an outward facing perspective. • Campaigns such as the recent one linked to the football World Cup competition (Don't take it out on our staff!) will continue to be promoted in all channels including social media. • Potential bite size training session around cultural awareness being discussed with Your Voice.

WRES Indicator 6	2015-16	2016-17	2017-18
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 22% BME 31%	White 21% BME 27%	White 19% BME 28%
Narrative	There has been widening between the percentage of white and BME staff experiencing harassment, bullying and abuse from other staff, as well as a slight increase in the BME total itself. Robust monitoring of harassment and bullying continues, as well as an increased focus through the ongoing Bullying and Harassment campaign. An internal mediation service is now in place and has been heavily promoted throughout the Trust. It is now in the second phase of development, with a new cohort of mediators being trained. The organisation is entering its second year of the NHS Employers Equality and Diversity Partners Programme. This national programme supports organisations to develop their capability around the Diversity and Inclusion agenda. The programme is supported at Board level. A Board level sponsor for each Equality Objective ensues there is challenge at Board level and support to implement programmes of work which tackle inequality within the workforce. Our Executive sponsors continue to meet quarterly to monitor progress on agreed actions.		
Action	• A staff forum "Your Voice" is now entering its second year, and aims to examine the Diversity and Inclusion agenda. The forum is beginning a programme of "lunch and learn" sessions which will look at particular aspects of the Diversity and Inclusion agenda. Cultural awareness is part of their planned activity. • The Trust will continue to work with union partners and the Your Voice staff forum to take action in regard to harassment and bullying.		

	• Following a focus group to understand the issues raised last year, the identified activity will continue to drive progress in response to this year's results. For example doing a case review after a formal employee relations process.

WRES Indicator 7	2015-16	2016-17	2017-18
Percentage believing that the Trust provides equal opportunities for career progression or promotion	White 91% BME 77%	White 91% BME 74%	White 93% BME 82%

Narrative	There has been a marked improvement in the gap between white and BME staff who believe that the Trust offers equal opportunities for career progression or promotion, as well as an increase overall for both. As was the case last year, indicator 4 suggests that there is fair and equitable access to learning opportunities within the Trust and this does not appear to be translating into career progression or promotion for BME staff. The Trust has promoted the leadership programme for BME staff through the North East leadership Academy.
Action	• A staff forum "Your Voice" is now entering its second year, and aims to examine the Diversity and Inclusion agenda. • Working with Workforce Development colleagues to ensure that all training opportunities are inclusive. • Continue to link regionally and Nationally into any programmes designed to support and develop BME staff • Celebrate good news stories (i.e., career pathways of BME staff) in conjunction with the Trust's new appraisal and talent management system.

WRES Indicator 8	2015-16	2016-17	2017-18
In the last 12 months have you personally experienced discrimination at work from your manager/team leader or other colleagues	White 6% BME 17%	White 5% BME 11%	White 5% BME 21%

Narrative	There has been a stark decline in this indicator for BME staff, with the gap between white and BME staff increasing significantly. Work needs to be undertaken to understand why this is the case, if our internal reporting systems are supporting this data, and if we can identify particular "hotspots" to examine more closely. It should be noted that only 44% of the workforce took part in the NHS staff survey therefore the data reported in relation to the staff survey needs to be correlated

	with our internal monitoring data.
Action	• Continued implementation and promotion of the Bullying and Harassment campaign, and the mediation service.
	• We are currently researching the benefits of creating a staff advice and liaison service to enable staff to easily report where they have concerns and to give us oversight from a Trust wide perspective of any areas of concern. This will include an easy reporting method and promotion of our Freedom to Speak Up Guardian and other support routes.

WRES Indicator 9	2015-16	2016-17	2017-18
Percentage difference between the Trust Board's voting membership and its overall workforce	-5% 100% White	-5% 100% White	-5% 100% White
Narrative	There have been no Board appointments from BME communities within the last twelve months. Actions to encourage job applicants from diverse backgrounds have not resulted in the appointment of a BME representative, and skillset remains a key priority. However only 3.7% of the local population is from a BME background, and there are a relatively small number of posts being recruited in any given year.		
Action	• Trust Board should consider whether any positive action can be considered in order to improve ethnic diversity, when the next Board position arises. • Recruitment monitoring will enable us to track the numbers of applicants applying for posts and the conversion rate to hire. This will help inform if the adverts are attracting a wide range of applications form different communities. This data will help inform future recruitment strategies. • Widen recruitment strategies and promote any vacancies through more diverse routes		

Appendix 3 – Diversity and Inclusion Work Plan 2016 – 2020

Key Deliverable	Actions	Outcome
1. All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers.		
Implement the Accessible Information Standard.	Information must be available in a range or formats	Range/ Number of requests for Braille, large print, email & audio
	Review access to all services and the communication support available Interpreters/ BSL)	No. of patients accessing communication support is recorded and evaluated
	Ask people if they have any information or communication needs and meet those needs	Patients are able to voice their requirements at first point of contact
	Record the needs in a set way	Consistent flagging method agreed to capture individual need. Data can be easily reported.
	Flag on a person's file with their communication requirements	As above
	Share information with other providers if permission is received	Identify how and if information should be shared to ensure a seamless services when moving from one service to another
Develop robust monitoring to understand the patient experience and the impact of service delivery on different communities.	Capture equality monitoring data through complaints, appreciations, PALS service	Patient experience is recorded and analysed by demographic profile to understand any imbalance, trends
	Develop an annual questionnaire to evaluate services and meet the needs and communication requirements of a diverse local community	Impact on service provision is understood across different communities and plans are developed to respond to any issues raised
	Embed Equality monitoring into stakeholder engagement	Equality monitoring data collated at all appropriate touch points with stakeholders

(Left vertical label: DELIVERABLES)

		Ensure equality considerations are embedded into the engagement plan/ strategy	Equality monitoring becomes part of the standard reports and any future engagement plans.
	Improve engagement with local communities to ensure the right information is available to help patients' access appropriate services with a particular focus on the migrant population.	Develop a stakeholder map to widen participation	The needs of all communities are understood
		Conduct a gap analysis of the stakeholder mapping	Gaps are identified and plans developed to engage with seldom heard groups
		Work with the Council to understand any specific schemes to support the migrant population	Engage through the diversity forum to prepare the trust for future changes in the local community
		Joint Strategic Needs Assessment	Continue to contribute to the JSNA plan
2. The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments.			
DELIVERABLES	**Develop a mediation service which encourages informal resolution and an approach to build positive work relationships.**	Review existing Bulling and Harassment advisor roles	The advisors are trained and competent in their role and accessed by staff
		Implement an effective mediation service	The mediation service reports positive outcomes
		Monitor the impact of the services with cost benefit analysis.	The service demonstrates ROI for informal resolution
	Promote flexible working options and guide managers on developing more flexibility into workforce planning.	Develop a Trust wide flexi time scheme which supports work life balance	A fair and equitable system is implemented which reports positively through the staff survey
		Communicate benefits of flexible working options and changes to working patterns to managers	Staff have the tools to flex working patterns and support staffs needs
		Develop robust monitoring of flexible working requests to ensure fair application	An accurate tracker contributes to the workforce data identify any inequitable practices
	Offer a wide range of Health and Well-being programmes to improve working lives	Equality analyse the programmes available to staff to ensure fair and consistent application and benefit for all	All changes are appropriately assessed and reported through the governance structure
		Ensure the programmes meet the needs of the diverse workforce	

	Develop the functionality to comply with equal pay reporting	Develop equal pay monitoring for inclusion in workforce reports	Develop robust justification for differences in pay to ensure no sex discrimination
		Develop capacity to meet mandatory duty to report equal pay data transparently	Develop monitoring and reporting capability as part of the workforce data
	Implement the Workforce Race Equality Standard (WRES) to identify any imbalance or underrepresentation in our recruitment processes and develop appropriate solutions to promote equality of opportunity.	Develop a recruitment tracker to understand recruitment journey	Data informs, time to hire and ensure practices are inclusive
		Report on customer satisfaction through NHS jobs	Capture candidate and recruitment managers experience to improve practices
		Develop diverse recruitment strategies	Source and develop new attraction campaign
		Review recruitment attraction strategies to encourage applications from BME communities	More applicants from diverse backgrounds
		Review apprenticeship recruitment to engage potential applicants from BME communities	More applicants from diverse backgrounds

3. Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve.

DELIVERABLES	**Improve the quality of patient and employee data to inform service design and help make meaningful business decisions.**	Develop meaningful equality analysis data for annual reporting	Board have assurance that all equality considerations are understood and needs responded to
		Analyse the staff survey results and share the differing experiences of staff across the Trust	Action plan are responsive to all staff
		Encourage robust equality impact assessments/ equality analysis to ensure all business changes have considered the potential impact	Plans are intuitive to the needs of our patients and workforce
	Promote opportunities of inclusive leadership in all management training and develop a culturally competent workforce by raising awareness of diversity and inclusion.	Participate in Equality and Human Rights Week	Raise awareness across the Trust
		Keep managers updated of changes and events to support their workforce	Managers are more culturally competent and inclusive in their working practices
		Develop a communications plan to underpin activity	Staff are more aware of the D&I agenda

		Develop a managers bulletin	All managers received the bulletin
	Establish robust communication tools to encourage fair and inclusive employment practices.	Make available a cultural calendar to help managers support a diverse workforce	Managers have access to information which helps them support a diverse workforce
	Develop culturally competent leaders by designing a modular approach to training that supports a flexible workforce.	Develop data collection from course attendance and evaluate to ensure all staff have access to development and progression	Robust data informs of a fair and transparent talent development framework which is inclusive in design
		Produce guidance to help managers understand how to support their workforce	Managers have a range of tools which support managing diverse teams
		Provide a range of training modules to develop future managers	All staff have access to training regardless of working patterns

Workplace Mediation

NHS
Gateshead Health
NHS Foundation Trust

- what is it and when can it help?

Workplace Mediation is an informal, voluntary process which aims to help people in disagreement or dispute to resolve their conflict and find a way to re-establish a professional working relationship. Mediation is available for all employees and can involve two or more parties.

The Trust Mediator will ensure that the whole process is carried out in a safe, neutral, supportive, confidential and collaborative environment and work within strict protocols and professional guidelines. The Mediator aims to help the parties explore the conflict situation, develop understanding and reach agreement on ways of working together.

How to access the service

Please contact
mediation@ghnt.nhs.uk
for further information.

Organisational development · Recruitment & retention · A learning culture · Valuing our people · CARING FOR YOU · Health & wellbeing · Reward & recognition · Equality, diversity & inclusion

QE Facilities

T0056-JH-Mar2017