

Trust Board
20th January 2014

[Title of document]

Equality & Diversity Annual Report

Paper No

Submitted by:

Co-Medical Director/ Director of HR & OD

Aims / summary

To provide Trust Board with assurance that the Trust is meeting its statutory obligation under the Equality Act 2010. To inform the Board about progress in working towards the Trust's equality objectives.

Action required from the meeting

To note the content of the report.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Meeting statutory duty to report publically on this activity. Work promotes fairness and equity in service delivery and employment.

Financial implications

None.

Who needs to be told about any decision?

N/A

Who is responsible for implementing the proposals / project and anticipated timescales?

Family and Staff Equality and Diversity Groups.

Who is accountable for the implementation of the proposal / project?

Co-Medical Director for families and Director of HR & OD for staff.

Equality and Diversity Annual Report 2013

Introduction

The Equality Act came into force on 1st October 2010, simplifying existing equalities law into one single source of Statute. In addition to the Act, a new statutory duty (the Equality Duty) came into force in April 2011 which is applicable to all public sector bodies. As a Trust we must demonstrate that we comply with the Equality Act and are meeting the Equality Duty through the work we do, the involvement we have of the Trust Board in this work and through publishing a range of equalities data on an annual basis. This paper sets out how we are meeting the general and specific duties of the Equality Act 2010.

To comply with the first specific duty of the Act, the Trust is legally required to publish equality data relating to both service users and staff annually at the end of January. A copy of the latest edition of this report is available on the GOSH website at www.gosh.nhs.uk/about-us/equality-and-diversity/. The report covers information/data regarding all of the protected groups and will be updated and published on an annual basis in order to maintain legal compliance.

The second part of the specific duty requires the Trust to 'prepare and publish equality objectives, which should be specific and measurable, setting out how progress towards these objectives should be measured'. Through using the NHS Equality Delivery System, and using the information contained within the Trust's data report, four equality objectives covering the period 2012 – 2015 were approved by the Trust Board.

Trust Equality Objectives and Progress Achieved

The following four objectives were agreed by the Trust.

Objective 1:

We aim to reduce the number of patients for whom ethnic group and religion is 'not asked' by ten per cent year on year.

This objective forms part of a wider plan to revisit data collection and usage at GOSH, which will enable more meaningful analysis and action in future. An example of this is the development of advice letters highlighting facilities for specific religious groups, the use of which is dependent on accurate data. The latest data report shows that 34 per cent of patients were 'not asked' their ethnic group and 52 per cent 'not asked' their religion. Further work is planned with the Outpatient department, where the majority of patients have their first contact with GOSH, to increase the rate at which families are being asked their ethnicity and religion.

Objective 2:

We aim to increase the percentage of respondents stating that they agreed that the hospital understood these needs and put arrangements in place to meet them year on year.

This objective forms part of a wider plan to improve our services for children with disabilities, which is required by Monitor and other organisations.

The 2011/12 Ipsos MORI inpatient survey asked:

- Does your child have any special needs or disabilities? For instance, a physical disability or learning disabilities? 44 per cent of respondents said yes
- To what extent do you agree or disagree that the hospital understands these needs and puts arrangements in place to meet them? 85 per cent agreed (62 per cent strongly and 23 per cent fairly)

When the same questions were asked in the 2012 Ipsos MORI outpatient survey, 44 per cent of respondents said yes that their child has special needs or disabilities, and 81 per cent (64 per cent strongly and 17 per cent fairly) felt that GOSH understands these needs and puts arrangements in place to meet them. Members of the Family Equality and Diversity (FED) group felt that 80 to 85 per cent was a reasonable rate of agreement with the statement and aimed to maintain this level.

We are pleased to have an expert Nurse Consultant in Learning Disabilities working at GOSH from September 2013, with an initial emphasis placed on raising awareness of the particular needs of families with a child/young person with learning disabilities with staff members and ensuring pertinent information about our patients children is available to anyone with whom they come into contact. Various options for developing a 'hospital passport' are being investigated – with versions for families to complete and hold as well as staff-initiated documents. Provision of Easy Read information continues to be a priority and many more Easy Read information sheets are available on our website.

Objective 3:

Following on from the Trust objective to increase appraisal rates for all staff to at least 80%, we aim to achieve a year on year improvement of the percentage of staff from protected groups having appraisals.

Target: By 2013 the appraisal rates for all protected groups will match the appraisal rates of all other staff.

Background

The Trust identified shortfalls in the numbers of staff receiving appraisals and made this a priority area of action. Data showed that BME staff in particular were disproportionately over-represented in the numbers of staff without appraisals.

The number of staff having a current PDR appraisal has remained stable over the last 12 months, reaching a peak of 82% from March-May 2013. The compliance figure as at 9th December 2013 is 74.4%. Analysing staff with appraisals by ethnicity, gender and age group indicates that compliance across all ethnicities is down, although unfortunately there has been a bigger fall in percentage terms for BME and particularly black staff. Male staff continue to have disproportionately fewer appraisals than female staff. These patterns are similar to those of disciplinary activity, in which male and BME staff are disproportionately more likely to be subject to disciplinary action.

This data is shown in more detail below: (Please note this data is generated by the Trust's training database and therefore includes staff on maternity leave and long term sick (who may therefore have PDRs outstanding), and does not currently include consultant medical staff. It also cannot currently report on a number of protected characteristics including disability, religion or sexual orientation. This limited functionality will be addressed by the procurement of a new training database in 2014).

ETHNICITY	% of staff of stated characteristic with current PDR's 2013	% of staff of stated characteristic with current PDR's 2012
White	70.2%	73.1%
BME*	62.7%	69.5%
Other / Mixed	76.8%	72.3%
Asian	70.6%	66.6%
Black	59.5%	70.5%
Chinese	64.1%	72.5%
Not Stated (n=16)	43.8%	47.4%
GENDER		
Female	69.6%	73.6%
Male	60.8%	66.5%
AGE		
16-24	65.6%	63.3%
25-34	70.3%	71.9%
35-44	68.4%	74.8%
45-54	67.8%	76.0%
55-64	60.4%	74.8%
65+	46.9%	58.3%

*nb BME is the summary categorisation of non-white staff. The other categories shown are subsets of BME. The Trust recognises that ethnic groups are not homogenous but in line with other organisations reports in this way in order that the experience of non-white staff can be effectively compared against white staff in significant numbers.

PDR appraisal rates are monitored at divisional performance reviews. Data by demographic group is considered by the Equality and Diversity Group, which includes senior members of the Trust's Learning, Education and Development team. Actions to understand and address the failure to meet the Equality objective include:

- Procurement of a new Learning Management System/Training database in 2014 to improve capture and reporting of data
- The new database will also facilitate timely follow up of managers and staff who are not holding appraisals
- Strengthened Mandatory Training and Compliance policy to more robustly manage performance manage staff at all levels who fail to complete mandatory training requirements
- Discussion with the GROW (BME network of staff) on underlying reasons why BME staff may not be having appraisals

It is noted BME staff and male staff are also likely to be disproportionately subject to disciplinary action in the Trust. The Equality and Diversity Group has commissioned a number of actions to better understand, monitor and address this issue, which it is felt will also contribute to the work on appraisals. These actions include:

- First pilot of cultural competence training for managers run November 2013, with next steps being considered by the Trust E&D Group
- Cultural competence training for all HR and OD staff will take place as part of a new HR & OD Development programme
- Training of diverse staff to act as advisors in disciplinary/harassment/bullying/grievance issues where ethnicity, religion, gender etc are issues
- Analysis of experience of BME staff in 2013 staff survey will take place following publication in February 2014

Objective 4:

There will be a year on year increase in the percentage of tests used in recruitment selection processes.

Target: January-December 2012 – 50% of recruitment episodes will include tests

January-December 2012 – 75% of recruitment episodes will include tests

Background

Data showed that across all recruitment episodes people from ethnic minority groups were presently less likely to be appointed to jobs at GOSH than white people. The use of testing is intended to ensure an objective element in the selection process or a more "open" element, i.e. one that includes the involvement of a range of measures rather than the selection decisions of the interview panel alone.

TARGET		ACTUAL (number of tests against number of interviews)	
Date	%	Date	%
Jan – Dec 2011	No target set at this point	2011	20% (estimated figure)
Jan – Dec 2012	Target 50%	TOTAL Jan – early Dec 2012	46%
Jan – Dec 2013	Target 75%	TOTAL Jan – mid Nov 2013	52%

The table above shows that **52%** of all selection processes included some form of test. This is an increase of 6% compared with 2012. It should be noted that for the purposes of collecting data for this report, the information does not include a complete final month and the data also does not include junior doctor appointments, which are managed separately (nb our medical staff are our most ethnically diverse staff group).

Around 55% of the tests conducted are referred to as 'unseen tests'. These are typically administrative type tests relevant to the job role (e.g. correcting patient letters for Medical Secretaries/Pas). The variety of tests has increased throughout the course of the year. In addition, psychometric testing and informal meetings continue to form part of the process for senior appointments of which there were a significant number in the last year.

The target of tests conducted against the number of interviews for 2013 had been set at 75% and this target has not been reached despite a number of strategies to increase testing such as discussing selection methodology with recruiters at the start of the recruitment episode, inclusion as part of the recruitment and selection training course and implementing bespoke application forms with scenario questions for easier shortlisting.

Notably, the Nursing Workforce Group has made significant progress to embrace testing as part of the selection process for nursing positions. At both Newly Qualified Nursing fairs this year, candidates have been required to undergo full day assessment centres. In addition, from 1st November 2013 all Band 5s are required to undertake a numeracy and literacy test as part of their application and selection process. Over time the aim is to build up a bank of literacy and numeracy papers for nurse recruiting managers to access.

In 2014 we will be developing the use of a wide range of selection and assessment methods for medical staff.

The data below shows that although the number of white and BME applicants is roughly equitable, the numbers of BME staff who are subsequently appointed falls significantly. In reviewing the data (below), this trend continues but there do appear to be some indications that numbers of BME staff being appointed in the Trust has increased. Although it is too early to identify trends through this data, and indeed whether it is the use of selection tests that have contributed to this figure, the use of selection tests will in any event provide additional reassurance to applicants about the rigour and objectivity of the selection process. The Recruitment team monitor the relevance and appropriateness of each test and will continue to scrutinise this to ensure that there is no opportunity for unfair bias.

Ethnic Origin	% of total applicants			% of total applicants		
	2013	(2012)	(2011/12)	2013	(2012)	(2011/12)
White	48.6%	51.2%	49%	65%	79.9%	73%
BME*	47.4%	46.8%	48.3%	26.7%	19.1%	24.4%
Black/Black British	15.6%	15.7%	15%	7%	4.9%	5.5%
Asian	23.4%	23.6%	25%	14.8%	9.9%	14%
Chinese	1.4%	1.4%	1.6%	1.2%	0.5%	0.6%
Mixed race	3.5%	2.7%	3.4%	2.8%	2%	2.7%
Other	3.5%	3.4%	3.3%	0.9%	1.8%	1.6%
Not disclosed	1.7%	1.8%	2.1%	1.7%	1.0%	2.3%

(please note percentages may not add up to 100 due to rounding)

*nb as before BME is the summary categorisation of non-white staff in order that the experience of non-white staff can be effectively compared against white staff in significant numbers.

A new target has been set for 2014 and the aim will be for 66% of all interviews to incorporate a test as part of the selection process. In order to achieve this, the Recruitment team will;

- Continue to discuss selection methodology in greater detail at the start of the recruitment episode and as part of the recruitment and selection training courses
- Encourage the use of scenario questions to design bespoke application forms for specific posts
- Investigate the cost of administering psychometric testing for a wider range of senior positions either in-house or through establishing a regular contract with an external provider
- Facilitate mandatory numeracy and literacy testing for all Band 5 nursing posts
- Explore the use of online maths testing for nursing posts
- Look to provide guidance and a bank of sample tests for managers on the intranet
- Increase the number of informal group panels for senior appointments
- Conduct a review of Consultant recruitment in order to incorporate testing elements to the process.
- Provide further open training sessions, especially to those in lower bands, to improve their skills in writing applications and undertaking interview and selection processes.

In addition, actions relating to Objective 3 (for example, cultural competence training) will contribute to the ability of managers to recognise and address unfair bias in their recruitment practices.

Other work to meet the General Duty

In addition to making progress against our four equality objectives, GOSH is also required to report on an annual basis how we are meeting the General Duty to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this 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.

Family Equality and Diversity (FED) Group

In the past year, a number of focus groups with families have been held to better understand the experience of families of children with autism, Jewish families and those who have used the complaints progress at GOSH. The learning from these focus groups is now being addressed, specifically:

- Working with the Outpatient department to provide quiet zones for families of autistic children
- Increasing the amount of information that is provided in Easy Read format for children with learning disabilities
- Working with specialists in learning disability to enable our staff to work more effectively with children and young people with learning disabilities, such as communication and dealing with challenging behaviour.
- Working with ultra-Orthodox Jewish groups such as Bikur Cholim and Ezra Umarpeh to spread understanding about the religious observances of this population
- Improving the information provided about our complaints process, in which families in the past have lacked confidence

This is in addition to advisory work with other departments at GOSH such as Redevelopment and Corporate Facilities.

Staff Equality and Diversity (SED) Group

As well as the objectives outlined above and required by law, other work has been ongoing throughout the year to progress specific equality issues:

- SED and senior members of the HR and OD teams continue to support the work of the GROW network. The Network aims to enhance interpersonal skills, provide networking opportunities and accredited learning and development to enhance knowledge, skills and career progression of BME staff. The GROW network ran an event to celebrate Black History Month in October 2013, the first of its kind at GOSH. Speakers from within and outside GOSH attended, including the Director of HR and OD, and extremely positive feedback was received from those who attended, which included staff from all ethnic groups.

- A new interactive Equality, Diversity and Human Rights package has been developed internally and will form part of corporate induction and mandatory update.
- Preliminary indications from the 2013 staff survey indicate a significant improvement in the numbers of staff reporting having received equality and diversity training over the last 12 months.
- External benchmarking has taken place to investigate the issue of over-representation of GOSH BME staff at disciplinary hearing and seek expert opinion and advice from external agencies (including the RCN and NHS Employers). Whilst this exercise showed that this situation is not unique to GOSH or indeed to the public sector, the SED group endorsed a series of actions to address the discrepancies and these will be implemented over the coming year. Actions include trialling reverse mentoring (where a member of BME staff mentors a more senior manager), introducing cultural competency training for managers/supervisors (again on a trial basis), using decision trees to aid managers in exploring all disciplinary options open to them in a consistent manner and revised and simplified key HR policies supported by Frequently Asked Questions in order to improve accessibility and understanding for all staff.
- At our invitation, an equality and diversity lead from the RCN attended a meeting of the SED Group. She participated fully in the discussions and endorsed our work, commenting on the open, persistent and committed approach we take to E&D at GOSH.
- The first pilot session of cultural competence training took place as part of a programme for new managers on creating a positive working environment. This was provided by an expert external trainer and is currently being evaluated. A similar session will be run for all HR staff as part of the HR Development Programme in 2014.
- We introduced a new suite of E&D reports which provide clearer analysis of the experience of different demographic groups in the Trust. This allows us to focus attention more closely on disproportionately negative experiences and monitor changes.

Future Actions

Objectives 1 and 2 will continue to be formally monitored by FED and objectives 3 and 4 by SED. Progress against each objective will be reviewed by the appropriate group every six months. Progress against all objectives will be formally reported to Trust Board annually. Later during the course of this year an exercise will be undertaken to develop the equality objectives for the period 2015 – 2018.

Action required

Trust Board are asked to note the contents of this report.