



**Humber Teaching**  
NHS Foundation Trust

# Equality, Diversity & Inclusion Annual Report | 2019-2020



Caring, Learning and Growing

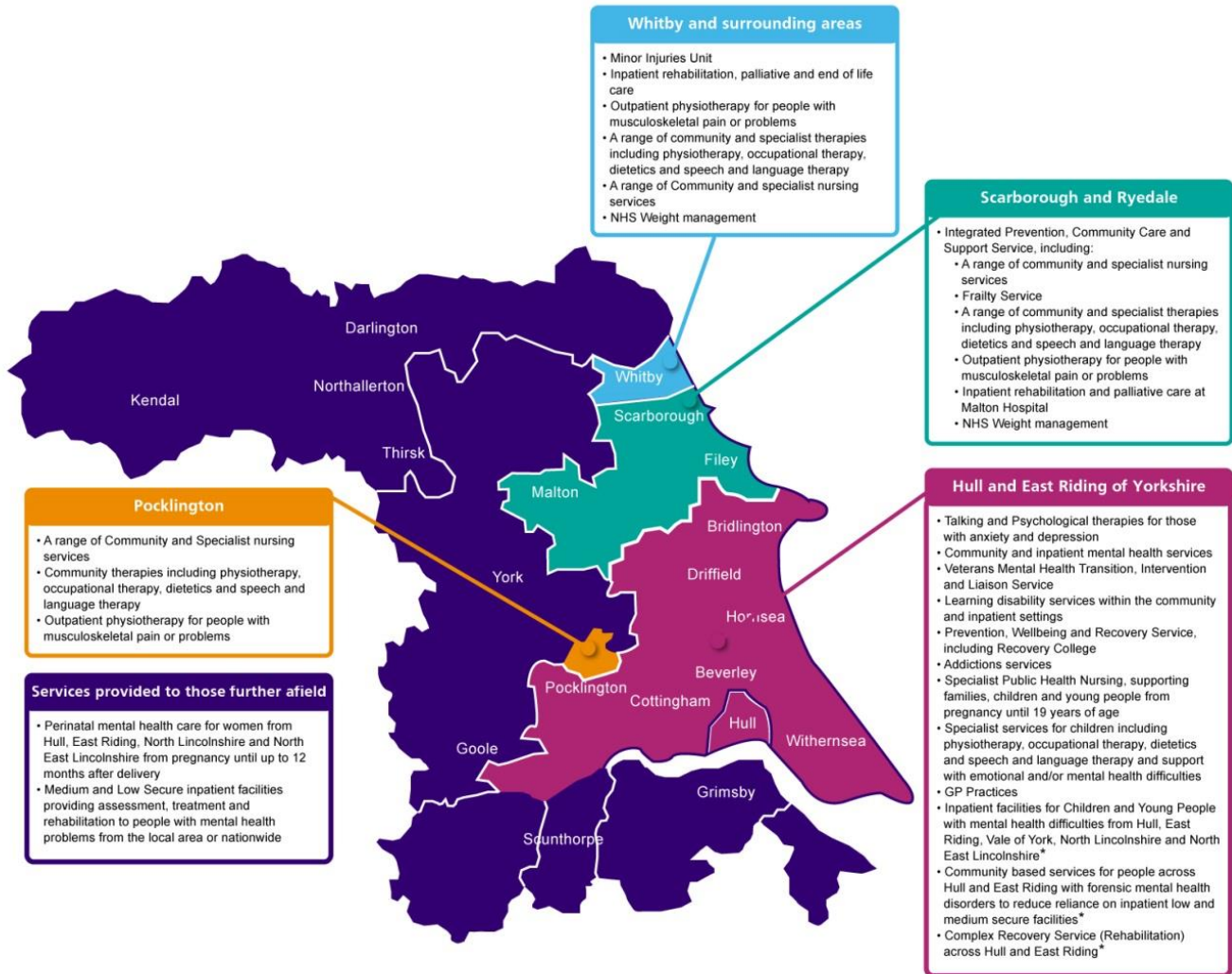


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**\* Please note all photos were taken pre COVID**

## 1. Introduction

Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.



Services marked with an asterisk \* are new services for 2020/2021

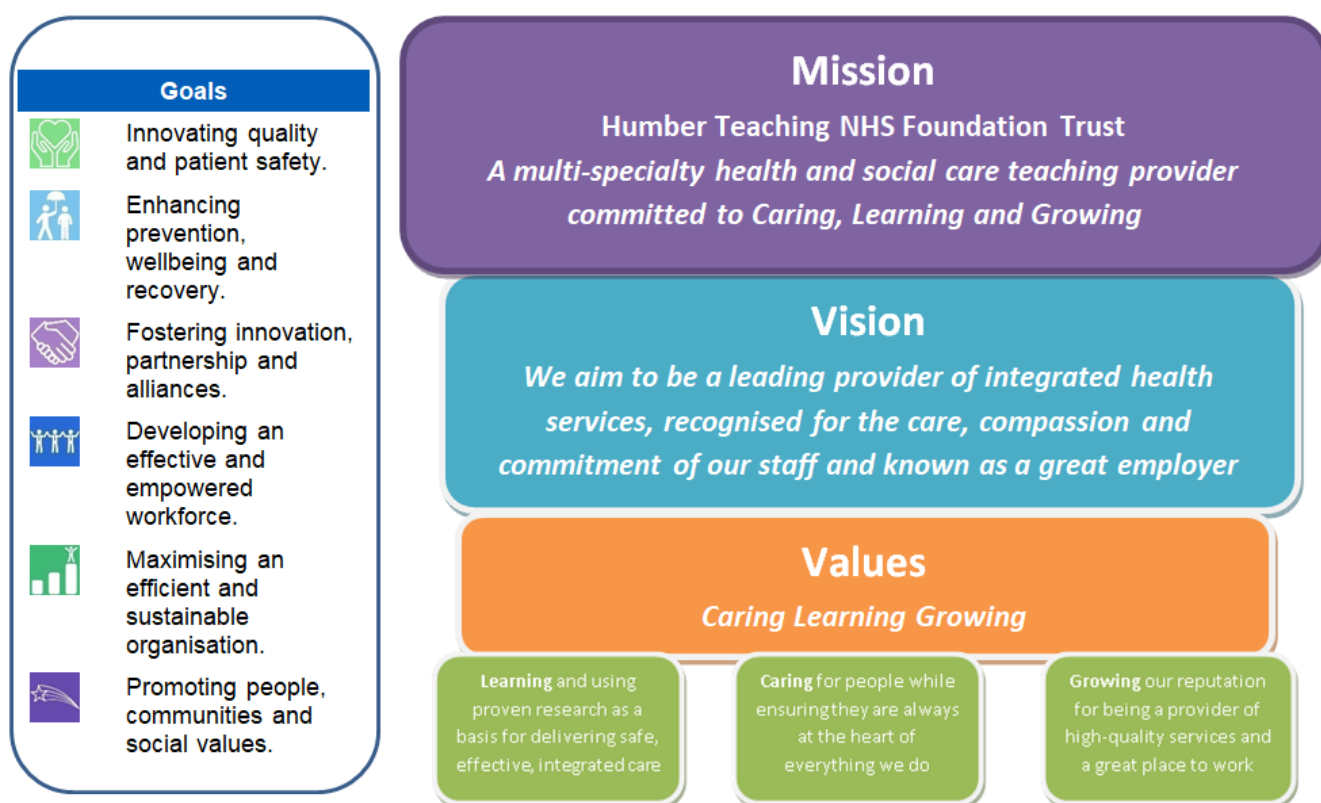
We employ approximately 2,800 staff across more than 79 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

Our workforce is paramount to delivering high quality care for our patients and this workforce plan sets out our ambitions and also the key priorities during the next twelve months using the NHS Interim People Plan priorities as a reference point. We recognise that these are likely to change and additional or different challenges may evolve over the duration of the year. The organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.

This Equality Diversity and Inclusion Plan has been approved by the Trust Board and will be reviewed regularly to ensure it evolves and adapts to the changing environment in which we operate. All data in the report is as at 31<sup>st</sup> March 2020 unless explicitly stated otherwise.

The Patient and Carer Experience strategy defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. *The Humber Way* is about continuing to engage and involve patients, service users, carers and staff in the design and delivery of our services. The strategy has been designed to support delivery of the Trust vision and values, as shown below. The 'Operational Plan on a Page' for 20/21 is currently under development but will provide further detail on our Strategic Goals.







# Patient and Carer Experience Strategy 2018–2023



We would like to involve you on this journey to achieve our goals. For further information please contact The Patient Experience Team on

E: [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net) T: 01482 389167 | [www.humber.nhs.uk](http://www.humber.nhs.uk) | HumberNHSFT

## **2. Governance and Regulations of Equality, Diversity and Inclusion**

The Trust has governance mechanisms in place to ensure assurances are provided in relation to our equality duties.

### **2.1 Patients, Service Users and Carers**

Equality and Diversity (E&D) is a standard agenda item at our Patient and Carer Experience forums and Staff Champions of Patient Experience forum. A six monthly update is presented to the Quality and Patient Safety group and Quality Committee within the Patient and Carer Experience report. An annual update is presented to the Quality and Patient Safety group, Quality Committee and Trust board within the Patient and Carer Experience annual report.

### **2.2 Staff**

In line with its public sector duty to improving Equality and Diversity, the Trust measures its staff EDI data and annually actions improvements through the Equality Delivery Standard (EDS2), the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) as well as Gender Pay Gap reporting. From November 2019, Equality and Diversity initiatives will be driven through an EDI Working Group, with representation from across the Trust and inclusive of all protected characteristics. This group will report into the Workforce and OD Committee.

### **2.3 Community Consultation through Networks**

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- East Riding Disability Advisory Group
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum
- East Riding Carers Advisory Group (CAG)
- Humber All Nations Alliance (HANA)

### **2.4 Mandatory Equality, Diversity and Inclusion training for all Trust Staff**

All staff new to the Trust undertook mandatory Equality, Diversity and Inclusion training in 2019/20 via classroom learning through the Learning and Development Team and the online ESR system. In March 2020 the Trust rolled out ESR self-enrolment which has enabled staff to undertake their statutory and mandatory training from any device and also book onto classroom learning. This has helped reduce administration and improve access. Existing staff are required to undertake the same training every three years to ensure compliance with regulations.

In 2019 -2020 – Humber Teaching NHS Foundation Trust staff completed EDI online training ensuring 89.64% compliance, an improvement of 3% on 18/19, and the Trust target is upwards of 85%.

The training covers the following Equality, Diversity and Inclusion criteria:

- Explaining the terms Equality, Diversity and Human Rights and why they are important
- Explain how policies and the law can help us create a more inclusive workplace
- Explain what we mean by health inequalities and how they can be reduced
- Explain why we need to know about peoples different backgrounds and why it is important not to make assumptions about individuals
- Describe what you can do to challenge prejudice and discrimination

## **2.5 Freedom to Speak Up**

As a Trust we believe that speaking up about any concern staff have at work is really important. The Trust has responsibility to have they systems and processes in place to ensure that the staff feel ‘free to speak up’. It is the responsibility of the Trust Board of Directors to engender an open culture which invites and encourages both the positive and negative feedback from all who use and work with our services. Patient safety is the prime concern and our staff are often best placed to identify where care may be falling below the standard of our patients deserve.

The Trust has a dedicated Freedom to Speak Up Guardian and also a deputy which is a required role for the Trust which was identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. This Guardian has been trained in receiving concerns and will give staff information about where they can go for further support. The National Guardian’s Office collects data from guardians on a quarterly basis.

During 2019/2020 the Trust received a total of 44 speak up contacts. This is a slight reduction in the numbers recorded during 2019/20. The Freedom to Speak Up Guardian has noted this reduction in contacts and plans are in place to embark on a Trust wide road show which will reinforce the role of Freedom to Speak Up Guardian and the support that can be provided. Some of the concerns that were received during this period required onward signposting to other services within the Trust and a significant number of them were able to be resolved via Trust policy and procedures. The Trust Freedom to Speak Up Vision and Strategy are due for review in the coming months and this will take into account some of the learning from the past year. In addition, in order to reach out to staff in the North Yorkshire area, it is has been agreed that an additional Deputy Freedom to Speak Up Guardian will be appointed to serve that area.

### 3. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty (PSED)



When the Equality Act 2010 came into statute, it brought together and replaced all previous equalities legislation. The Equality Act 2010 is the primary piece of legislation around equalities.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011. The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it and
- Foster good relations between people who share a protected characteristic and people who do not share it

These are referred to as the three aims of the General Equality Duty.



## The protected characteristics and other groups

The Equality Act 2010 brought together previous gender, race and disability duties and extended the protection from discrimination to nine protected characteristics.

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, which may be vulnerable to potential discrimination for a range of reasons.

Protected characteristic groups	Other potentially disadvantaged groups, people living with / in
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty
Pregnancy and maternity	Geographical isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug use
Sexual orientation	Limited family or social network

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

### 3.1 Publication of an equality, diversity and inclusion annual report

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion. The equality, diversity and inclusion annual report includes a wide range of information, including the Trusts work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2).

Once approved the annual report is published on the Trust's website (<https://intranet.humber.nhs.uk/Downloads/Patient%20and%20Carer%20Exp%20docs/Equality%20Diversity%20%20Inclusion%20Annual%20Report%202018-19.pdf>)

### 3.2 Equality Impact Assessment

Equality Impact Assessment is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality Impact Assessment ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of Equality Impact Assessment in place and from 2018 all significant papers and documents going to the Trust Board are underpinned by an equality impact analysis, through which the potential equality related impacts are identified, mitigated and removed.

### 3.3 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. Information about the Trust's gender pay gap can be found on the government website at <https://gender-pay-gap.service.gov.uk/Employer/MR7rAEq0/2019>.

The associated report and proposed actions can be located on the Trust's website at <https://www.humber.nhs.uk/Documents/Trust%20Gender%20Pay%20Gap%20Report%202019.pdf>

The full Trust Gender Pay Gap Report can be found in Appendix **7.2 Gender Pay Gap Report 19/20** with a summary of the key information below as at the reporting period during 2019/20:

- The Trust's mean gender pay gap is 12.64%
- The Trust's median gender pay gap is 0.77%
- The Trust's mean bonus gender pay gap is -0.88%
- The Trust's median bonus gender pay gap is 50.00%
- The proportion of males receiving a bonus payment is 1.36%
- The proportion of females receiving a bonus payment is 0.29%

Whilst the Trust has a Gender Pay Gap of 12.64%, which is significantly lower than the National average of 17.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.28% Females and 21.72% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 16 people receiving additional benefits and these include Clinical Excellence Awards for Medical Staff and Trust Board bonuses.

### **3.4 Hard to Reach Groups**

The EDI leads for staff, patients, service users and carers attend regular forums across the local area to engage with partnership organisations and community members where a range of protected characteristics are represented.

The forums include; Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum, East Riding Disability Advisory Group, East Riding Carers Advisory Group (CAG), Equality, Diversity and Inclusion local network and Cross Sector Engagement Group. Partnerships are strengthening with local Black, Minority Ethnic (BME) groups in particular the Humber All Nations Alliance (HANA) and Ashiana.

We have representation from the majority of these groups on our Patient and Carer Experience forum.

The Trust's Chaplain provides a range of Spiritual and Pastoral care needs and has knowledge of a range of religious faiths and practices and supports individuals on a variety of issues, often complex and multi-cultural.

In addition, the Trust has established a staff LGBT+ network to ensure the LGBT+ community have access and support from colleagues and allies as well as being able to have a voice which feeds directly into the Equality, Diversity and Inclusion Working Group which will help drive improvements for our hard to reach groups. For example, the group have already had a direct input on our new Transitioning at work policy as well as our refreshed Equality, Diversity and Inclusion policy which ensures these policies are fully inclusive of the stakeholders they will impact upon.

Transitioning is a challenging period in a person's life and our new Transitioning at work policy will contribute to improving the experience of trans staff when working at the Trust as well as guide managers and the organisation on how to better support trans colleagues going through transition.

To ensure inclusion and collaboration with hard to reach groups the Trust is looking to expand upon its staff networks, to develop further networks which include disability, BAME, all faiths as well as an aspirational career development group for women.

## 4. Mandatory Duties – NHS Standard Contract



### 4.1 Impact of Covid-19 Pandemic on NHS reporting

In March 2020, as a response to the international Coronavirus pandemic, the UK Government introduced strict measures to curtail the spread of the virus which saw people's day-to-day lives drastically altered. As a consequence of these measures NHS England delayed the need for Trusts to report the WDES, WRES as well as the Government delaying the need for organisations to report on their gender pay gap.

The Trusts analysis and gathering of WDES, WRES and gender pay gap information was completed before the delay was announced and are reported in this report and when restrictions are lifted will be formally reported through the NHS and Government reporting channels.

### 4.2 Implementation of the NHS Equality Delivery System (EDS2)

Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

EDS2 is a toolkit designed around four primary goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – A representative and supported workforce



- Goal 4 – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment
- Peer reviewed assessment
- Stakeholder Reviewed assessment

Due to the Covid-19 pandemic the EDS2 self-assessment has not been completed and will be completed and published separately in due course.

### 4.3 Implementation of the NHS Workforce Race Equality Standard (WRES)

The WRES is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

In the 2019 staff survey - only 4.7% of staff (an increase of 1.7% on the 2018 figure of 3%) are of a non-white origin this compares to our geographical area, as shown in the table below.

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

Information about the Trust's WRES work can be located on the Trust website:

<https://www.humber.nhs.uk/Downloads/Equality%20and%20Diversity/WRES%20workplan%202018.pdf>

The 2020 Workforce Race Equality Standard submission process will commence from 1 July 2020 with a final submission deadline of 1 August 2020 for the last financial year (2019/20).

Summary analysis of the Trust's Workforce Race Equality Standard (WRES) data for 2019/20:

- 20% of BME staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.1% for white colleagues. However, 20% is a significant drop of 19.5% on 2018 where 39.5% of BME staff reported experiencing harassment, bullying or abuse from patients, relatives or the

public in the last 12 months. This demonstrates the positive impact of initiatives to reduce harassment, bullying or abuse for BME staff.

- 28.6% of BME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues. However, 28.6% is a slight decrease of 1.1% on 2018 where 29.7% of BME staff reported experiencing harassment, bullying or abuse from staff in the last 12 months.
- 81.8% of BME staff believe that the organisation provides equal opportunities for career progression or promotion, this compares with 83% for white colleagues. However, 81.8% demonstrates a decline of 5.4% on 2018 89.3% of BME staff believing that the organisation provides equal opportunities for career progression or promotion.
- 11.4% of BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.9% for white colleagues. However, 11.4% demonstrates a small rise of 0.9% on 2018 10.5% where BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months.

The Trust will continue to review the experiences of our BME employees and establish objectives and action plans to support our staff. The information will be provided to our Equality, Diversity and Inclusion Group.

#### **4.4 Implementation of the NHS Workforce Disability Equality Standard (WDES)**

The Workforce Disability Equality Standard (WDES) is a set of ten 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 NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

By 1<sup>st</sup> August 2020 NHS Trusts and Foundation Trusts must:

- Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service.
- Complete and submit the WDES online reporting form.

Summary analysis of the Trust's Workforce Disability Equality Standard (WDES) data for 2019/20:

- 34% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of non-disabled staff. However, 34% represents a small increase of 1.2% on 2018 33.7% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- 20% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of non-disabled staff. However, 20% is a decrease of 4.1% on 2018 24.1% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months.

- 18.3% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of non-disabled staff. However, 18.3% demonstrates a decrease of 5.3% on 2018 23.6% of disabled staff reported experiencing harassment, bullying or abuse from other colleague in the last 12 months.
- 57% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 52.5% of non-disabled staff. However, 57% demonstrates 0.9% increase on 2018 56.1% of disabled staff reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.
- 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion, this compares with 84.5% of non-disabled staff. However, 79.5% represents a decline of 5.3% on 2018 84.8% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion.
- 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff. However, 25.2% represents a decline of 3.2% on 2018 28.4% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- 36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff. However, 36.4% represents a slight increase of 0.7% on 2018 35.7% of disabled staff reporting they were satisfied with the extent to which their organisation values their work.
- 79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.

The Trust will continue to review the experiences of our Disabled employees and establish objectives and action plans to support our staff. This information will be provided to our Equality, Diversity and Inclusion Group.

#### **4.5 NHS Accessible Information Standard (AIS)**

The AIS came into effect for all NHS organisations in July 2016. In order to ensure that the Trust complies with the standard clinicians identify if a patient or service user has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

In December 2018 the Trust purchased software called Browsealoud for the website. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important parts. In 2019/20 the Browsersaloud software was accessed 411 times.

Our Communication's team produce information to ensure it is written in simple, plain English and is easy to understand and produce information in larger font sizes for the visually impaired. Patients who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language can access our interpreter and translation services. The Trust has access to a Healthwatch Read Right panel (East Riding Healthwatch) who provides feedback on our patient information.

Our Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

#### **4.6 Provision of a System for Delivery of Interpretation and Translation Services**

The Trust has three organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language. Hull City Council provides these services to our patients in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language.

Hull City Council meet 90% of our patient's requirements, if Hull City Council cannot meet the needs then they go to a different provider (including out of area); British Sign Language, Global Accent, AA Global Languages, DA Languages, Leeds City Council and Kirklees Council and book interpreters from them. Hull City Council provides interpreters in over 60 languages.

The Trust continues to utilise the Interpreter on Wheels initiative in mental health inpatient units, the Mental Health Response Service and West Hull and East Hull Community Mental Health Teams. This digital solution aids communication for our patients, service users and carers who speak English as their second language or require a British Sign Language interpreter.



## 5. The NHS Staff Survey 2019 – Equality, Diversity and Inclusion



In 2019 the Trust provided all staff members with the opportunity to participate in the nationally led NHS Staff Survey. The response rate was 40% which is a decline on the previous year of 45% in 2018 but still up on 38% in 2017. However, our response rate of 40% means the Trust was below the average national response rate of 49%.

### 5.1 Areas of Strength for Equality, Diversity and Inclusion:

- 85% of BME staff say there are enthusiastic about their job which is +14% higher than is reported by their white peers and higher than the average of 71% for the benchmarking of the Trusts staff;
- 91% of BME staff say that they are satisfied with the quality of care I give to patients / service which is +13% higher than is reported by their white peers and considerably higher than the average 79%;
- 47% of BME Staff believe that senior manager's act on staff feedback, which was +18% higher than white colleges and substantially higher than the average of 30%;
- 65% of BME staff reported in the last three months they have **not** come to work when not feeling well enough to perform their duties, which is +22% higher than their white peers and is considerable higher than the average of 43%;
- 100% of staff over the age of 66 reported in the last 12 months they have not experienced musculoskeletal problems (MSK) as a result of work activities, this is +17% higher than younger age groups and considerably higher than the average which is 77%.
- 63% of LGBT+ staff reported in the last 12 months they have had a conversation with their manager about fulfilling their potential at work, which is +11% higher than non-LGBT+ staff and higher than the average which is 52%;

- 100% of staff with a religion other than Christian reported that they believe the organisation encourages them to report errors, near misses or incidents, which is +16% higher than the average;
- 80% of staff who have been working less than a year believe that care of patients / service users is my organisation's top priority, this is +27% higher than staff who have been working at the Trust for between 11 and 15 years and considerably higher than the average which is 66%.

## 5.2 Areas for Improvement for Equality, Diversity and Inclusion:

- There is still a disparity in declaration rates between ESR 4.55 and 4.12% and the NHS Staff Survey 20.5% in relation to disability; however, this is reported nationally where figures are 3% for ESR and 18% for NHS Staff Survey. However, this year, we have seen an improvement to the ESR number of +0.43% and an decline to the NHS Staff Survey figure by – 0.5%;
- 38% of BME staff believe they have a choice in deciding how to do their work, this is lower than the incidence reported by white staff which is 63%;
- 28.6% of BME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues;
- 11.4% of BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.5% for white colleagues
- 34% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of non-disabled staff;
- 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff;
- 36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff;
- 71% of LGBT+ staff believe the organisation take positive action on health and well-being, this is -16% lower than non-LGBT+ staff. However, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 77% of LGBT+ staff reported in the last 12 months they have **not** personally experienced discrimination at work from patients / service users, their relatives or other members of the public, this is -19% lower than non-LGBT+ staff. As before, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 51% of LGBT+ staff felt safe and secure in their working environment, which is -27% lower than non-LGBT+ staff. Again, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 46% of staff over the age of 66 believe care of patients / service users is the organisation's top priority, which is -20% lower than the average;
- 53% of staff with a religion other than Christian reported in the last month they have not seen any errors, near misses, or incidents that could have hurt patients / service users, which is -28% lower than reported by staff with no religion.

## 6. Equality Objectives – Collaboration, Co-production and Engagement

This year to identify equality objectives for the next 12 months the Trust took an innovative approach where stakeholder engagement was the driving force behind the equality agenda for the year ahead.

The Trust held a workshop to identify its equality, diversity and inclusion (EDI) priorities for patients, service users, carers and staff for 2020/21.

We invited a wide range of stakeholders from across the area including; patients, carers, service users, staff and partner organisations so that we could have conversations about what our equality, diversity and inclusion priorities should look like for the next year.

This produced a wealth of information from our patients, service users, carers and staff which was collected and from it the Trust can produce a range of equality, diversity and inclusion priorities confident in the knowledge that these have not been produced in isolation. In doing so, the Trust can ensure that our equality agenda is truly co-produced in collaboration with our primary stakeholders and that our key drivers for improvement are the experiences of our valued patients, service users, carers and staff.





## 6.1 Equality Objectives – What we did last year



During the year 2019/2020 the Trust undertook a wide range of initiatives to meet with Trust equality objectives and ensure the Trust works toward the Public Sector Equality Duty, these included:

- Partnered with Stonewall, the Leading LGBT Rights Organisation, as Diversity Champion to support inclusive working culture and acceptance without exception;
- Established a staff LGBT+ Staff Network;
- Established an EDI Working Group;
- Joined the Rainbow Badge Scheme;
- Co-facilitated Setting Equality Priorities for 20/21 workshop with staff, patients, carers and service users;
- Produced a new Transitioning at Work policy to support Trans staff;
- Refreshed the Equality, Diversity & Inclusion Policy to ensure inclusion for all staff;
- Developed new guidance - Supporting Staff with Dyslexia or other SpLD to provide practical strategies for managers to support staff;
- Produced WDES and WRES action plans and published on Trust Website;
- Produced Gender Pay Gap Report for the Trust and published on Trust Website;
- Supported NHS Trusts in Yorkshire & Humberside with their Transitioning at Work policies;
- Produced Equality Impact Assessment for Covid – 19 impact measures



- Developed and held LGBT+ and Trans Awareness training with Workforce and OD staff;
- Developed a range of communications for staff to support diversity such as LGBT+ History Month, Ramadan, Trans Visibility Day, Black History Month and Gypsy, Romany and Traveller History Month;
- Developed podcasts for Trans Awareness, Gender pay gap and Stonewall Diversity Champions;
- Refreshed intranet EDI pages and developed new resources;
- Supported Menopause for Managers and Staff workshop with resources and intranet update;
- Supported Hull Pride Working Group;
- Supported better use of gender neutral language through communications;
- Improved use of terms 'gender expression' and 'gender identity' throughout policy and procedure to ensure better inclusivity for the LGBT+ community;
- Co-produced poster developed with SMASH kids, Hull LGBT forum members and staff;
- SMASH kids supported the Trust at the 2019 Hull Pride by marching with our staff, patients, carers and service users and they all carried the banner to lead our section of the march;
- Ten young people from Cottingham High School attended the Trust's EDI workshop in March 2020 to help identify EDI priorities for patients, carers and service users for the coming year (2020/21);
- Young people supported the recruitment process for our CAMHS health care professionals;
- A training session was held in September 2019 led by an external LGBT+ organisation (Mesmac) to pilot LGBT+ training packages;
- The Trust is developing a co-produced Patient and Carer Experience training package
- The Trust's translation and interpretation offer is available on the intranet for all staff and the website for the public;
- The Trust installed Browsealoud software in 2018 making information accessible to patients, service users and carers who speak English as a second language which has been accessed 411 times in 2019/20;
- For teams who have the highest referral rates to interpretation they now have access to 'interpreter on wheels';
- The Browsaloud website solution now includes a tool to support people with a Learning Disability;
- Work is ongoing to include as much patient information as possible on the Trust's website where the Browsealoud tool can make information more accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language;
- The Trust continues to implement the Always Events programme;
- The Trust continues to work with a patient and carer experience champion, staff and partner organisations to identify how best we can support deaf people who are in crisis.

## 6.2 Patients, Service Users and Carers Objectives 2019/20 - Outcomes

	Objective	Key Achievements or Outcomes
1.	To improve communication with our young people with a protected characteristic.	<ul style="list-style-type: none"> <li>Co-produced poster developed with SMASH kids, Hull LGBT forum members and staff. The poster has been distributed across all Trust services in Hull, East Riding and North Yorkshire and provides information on signposting to support services for the LGBT community.</li> <li>SMASH kids supported the Trust at the 2019 Hull Pride by marching with our staff, patients, carers and service users and they all carried the banner to lead our section of the march.</li> <li>Ten young people from Cottingham High School attended the Trust's EDI workshop in March 2020 to help identify EDI priorities for patients, carers and service users for the coming year (2020/21).</li> <li>Young people support the recruitment process for our CAMHS health care professionals. They participate in the interview process and have an active part in the decision making for the recruitment of staff in this service area.</li> </ul>
2.	To co-produce relevant training packages with people from a diverse background so that it is representative of the protected characteristics.	<ul style="list-style-type: none"> <li>A training session was held in September 2019 led by an external LGBT+ organisation (Mesmac) to pilot LGBT+ training packages. The training was attended by a range of staff (including community members) to identify if it met the expectations of the Trust's workforce. It was a success and the Trust is looking to roll the training out across services.</li> <li>The Trust is developing a co-produced Patient and Carer Experience training package (and supporting this process are members of public from different backgrounds).</li> </ul>
3.	To raise awareness of the Interpretation and Translation services available to staff.	<ul style="list-style-type: none"> <li>A structure is in place to ensure that patients, service users, carers and staff are familiar with the Trust's translation and interpretation offer – information is available on the intranet for all staff and the website for the public.</li> <li>The Trust has software installed on its website. Browsealoud is a solution for making information accessible to patients, service users and carers who speak English as a second language by converting the text into 99 different languages.</li> <li>For teams who have the highest referral rates to</li> </ul>

	Objective	Key Achievements or Outcomes
		<p>interpretation they now have access to 'interpreter on wheels'. This is a virtual interpretation facility whereby clinicians use an app to contact an interpreter via a tablet or computer. The interpreter is in the room during the consultation via face to face computer technology. The teams using this service include; Mental Health Response Service, all Mental Health inpatient units, Hull East and Hull West Community Mental Health teams.</p>
4.	To better understand the preferred channel of communication for individuals accessing our services.	<ul style="list-style-type: none"> <li>• The Browsaloud website solution now includes a tool to support people with a Learning Disability.</li> <li>• Work is ongoing to include as much patient information as possible on the Trust's website where the Browsealoud tool can make information more accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language.</li> <li>• The Trust continues to implement the Always Events programme. Always Events are defined as "those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the delivery system". An Always Event is about patients, families and health professionals working together to decide what matters most to them. As a result of the Learning Disabilities inpatient team at Townend Court asking their patients what matters most to them, it is now business as usual for their patients to "always be able to contact people who are important to us 24hrs a day".</li> <li>• The Trust continues to work with a patient and carer experience champion, staff and partner organisations to identify how best we can support deaf people who are in crisis.</li> </ul>

### 6.3 Proposed Patient, Service Users and Carer Equality Objectives 2020/21

As described previously, the Trust held its 'Identification of Equality, Diversity and Inclusion Priorities 2020/21 Workshop' on Monday 9<sup>th</sup> March 2020. The purpose of the event was to work together with patients, service users, carers, staff and partner organisations to gather their views for the patient, service user and carer Equality and Diversity objectives for the coming year. From this workshop the following objectives have been identified for 2020/21.

	Trust Strategic Goals						
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values	
Objective							Outcome
To improve access to digital technology in particular for hard to reach groups.	✓	✓			✓	✓	A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.
To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics.	✓	✓		✓			A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.
To continue to develop interpretation and translation services for people who speak English as their second language.	✓		✓	✓		✓	Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.
To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	✓	✓				✓	A greater understanding of who accesses our services and from what protected group. The will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.



## 6.4 Patient, Service Users and Carer Equality Objectives 2020/21 Road Map

Apr 2021

“A greater understanding of who accesses our services and from what protected group. This will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.”

“Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.”

“A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.”

Dec 2020

“A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.”

July 2020

## 6.5 Staff Objectives 2019/20 - Outcomes

	Objective	Outcome
1	Develop an effective Equality, Diversity and Inclusion Strategy for 2020 and beyond.	This work is put on hold pending the NHS People Strategy.
2	Advance equality of opportunity in recruitment between people who share a protected characteristic and people who do not share it.	<p>The 2019 staff survey results would suggest this hasn't improved, in fact it has declined, although overall staff survey results for ED&amp;I are positive and above the average of our benchmark trusts.</p> <p>Action is needed in 2020/21 to address this.</p> <p>Plans are in place to move to TRAC which is a recruitment management tool to support recruitment into the Trust.</p> <p>There are also plans to implement values based recruitment and deliver recruitment and selection training to managers.</p>
3	Improve engagement with underrepresented staff groups to ensure inclusion and improved participation with equality, diversity and wellbeing initiatives.	<p>An LGBT+ staff network has been established with a strong early commitment from staff. The group meets on a bi-monthly basis with the agenda to focus on how the Trust can be more inclusive to the LGBT Community.</p> <p>Already, the group has been instrumental in co-producing the Trusts new Transitioning at Work Policy as well as the refreshed Equality, Diversity and Inclusion policy. In addition, members of the group were in the early stages of supporting the Hull Pride event (delayed due to Covid -19 pandemic).</p> <p>Similarly, the Trust has initiated a disability staff network called Humber Ability. Currently, this group have only met via skype due to the large geographical area the Trust represents. However, the group have been able to collaborate on new guidance for reasonable adjustments at the Trust.</p> <p>Additionally, plans have been put in place for a Woman's Career Development Group where</p>

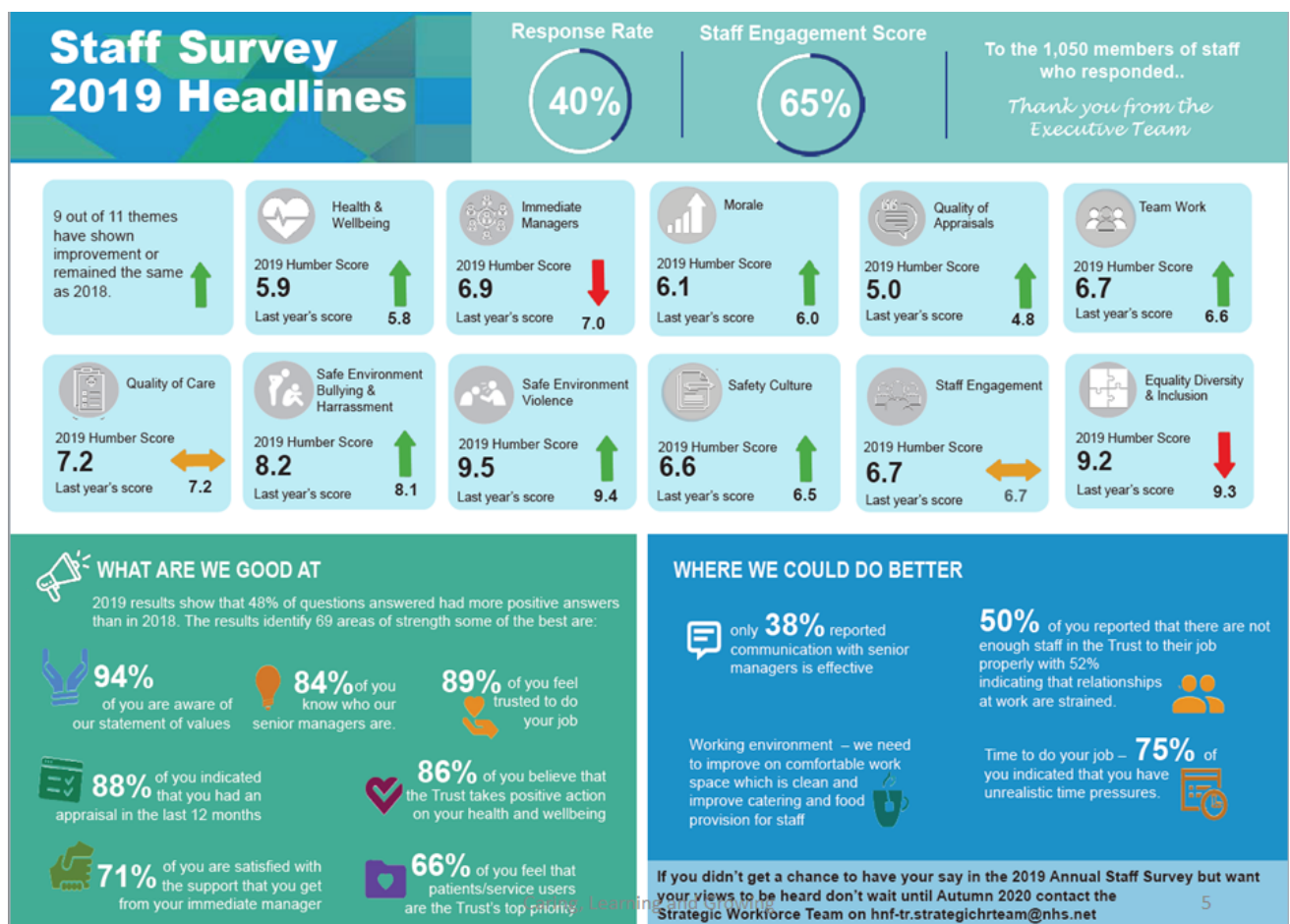
	Objective	Outcome
		female staff who are looking for advancement can receive peer coaching by experienced senior female staff to help develop a new generation of senior female staff.
4	Develop equality of opportunity for leadership roles between people who share a protected characteristic and people who do not share it.	<p>Through the PROUD programme, a Leadership and Senior Leadership development programme has been established and is available for all managers, across the Trust, to support their development as a leader. The first cohorts started in January 2020. (Put on hold due to Covid-19).</p> <p>Furthermore, the Trust has refreshed its Senior Leadership Forum (for manager's band 8a and above) to ensure it is fully inclusive.</p> <p>Additionally, the Trust developed a new a Leadership Forum (for manager's band 3 – 7) designed to develop the Trusts junior managers, regardless of protected characteristics and the first forum delivered in January.</p> <p>In partnership with North East Partners, the Trust was able to offer places on the regional 'Stepping Up' Programme designed to support BME staff to develop leadership skills for promotion opportunities.</p>
5	Improve the working experience of Trust staff with protected characteristics in relation to bullying and (or) harassment in their place of work.	<p>An independent review of bullying and harassment across the Trust was carried out.</p> <p>One of the outcomes of this work will be to review the bullying and harassment policy to include updated procedures and guidance.</p> <p>Additionally, training is under development for managers to raise awareness of bullying and harassment (delivery delayed due to Covid-19).</p>

## 6.6 Proposed Staff Equality Objectives 2020/21

	Trust Strategic Goals					
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values
Objective						
The introduction of a Disability Staff Group.	✓	✓	✓	✓	✓	✓
Deliver bullying and harassment awareness training for managers (postponed until September 2020 due to COVID).	✓	✓	✓	✓	✓	✓
Review and revise the Bullying and Harassment Policy and procedure.	✓	✓	✓	✓	✓	✓
Disability Awareness training for managers will help support managers dealing with sickness related to disability and ensure staff only attend work when well enough to do so.	✓	✓	✓	✓	✓	✓
Produce a Reasonable Adjustments guidance document.				✓	✓	✓
Reduce the number of 'unspecified' in staff records when reporting disability, religion and sexual orientation.				✓	✓	✓
Provide support to BME staff with preparing applications for regional 'Stepping Up Programmes' to develop career progression opportunities.				✓	✓	✓
Set up a Multi-Faith Staff Group.				✓	✓	✓
Establish a Women's Career Development Group to provide peer support for ambitious female staff.	✓	✓		✓	✓	✓
Implement value based recruitment across the Trust				✓	✓	✓
Deliver recruitment and selection training for managers				✓	✓	✓

## 7. Appendix

### 7.1 Appendix 1 - Staff Survey Infographic





## 7.2 Appendix 2 - PROUD – Investing in You, Valuing You



PROUD is our internal programme of Organisational Development with U at the heart of it. This programme was developed following feedback from the National Staff Survey, which told us what was important to you and how it feels working at Humber Teaching NHS Foundation Trust.

We are committed to **investing in you** and **valuing you** and during 2019/20 we have:

- Re-branded our Workforce and OD Directorate and increased the guidance on how to apply new policies
- Created a new operating model of behavioural standards
- Introduced a Humber way to carry out quality improvement, providing training and support to over 400 people
- Started a development pathway for the Board and our Executives
- Designed a Leadership and Senior Leadership Development Programme available for all managers, with the first cohorts starting in January 2020
- Refreshed our Senior Leadership Forum (for managers band 8a and above).
- Started a Leadership Forum (for managers band 3 – 7)
- Set up a Workforce and OD committee Chaired by a Non-Executive Director
- Reviewed and revitalised our Staff Health, Wellbeing and Engagement Group
- Secured £150,000 to improve our estate and £25,000 to be spent on staff engagement facilities
- Increased the Trust training budget allocation by £150,000
- Established an EDI working group
- Developed our Behavioural standards
- Provided bespoke support to departments to improve working relationships
- Updated our appraisal policy and linked this to our behavioural standards

### **7.3 Appendix 3 - EDI Best Practice –Mill View Lodge**

The Equality, Diversity and Inclusion team hold regular workshops to discover the great work being done at the Trust and how services can be improved over time. These workshops include table top discussions from various departments across the Trust. This month, our Mill View Lodge team explained the work they are currently doing to support patients and meet increasingly diverse cultural and religious needs.

To illustrate these best practices, the team presented two case studies, as follows:

#### **Case A – Elderly Female Patient from Kenya**

This patient was psychotically unwell when she travelled to the UK to stay with her daughter. She was very suspicious and paranoid, and mixed with this, English Language was not her first language. She did not find it easy to explain her needs or get them met, declined engagement, lacked facial expressions and body language and presented extremely flat in mood. In addition to this, the patient refused to go into her bedroom.

As a result, the team worked tirelessly to minimise the patient's distress. They allowed her to have food brought in by her daughter to improve comfort and also, after an initial reception meeting, we worked to gather as much information as we could to build rapport and improve her wellbeing.

The patient's daughter was subsequently invited to all Clinical Reviews and the outcome was that the patient would prefer to sleep on the floor of the communal areas. Despite encouragement, she refused a mattress and so staff purchased camping mats, which were eventually accepted and this appeared to settle the patient. She grew fond of her mats as she spent her days eating, relaxing and sleeping on them, and would only move to use the bathroom or prepare her own food in the kitchen.

Despite her daughter explaining that the food we prepared was safe to eat, the patient preferred her own food and we respected her wishes. Staff worked hard to try understand the patient's emotions and wellbeing, despite a lack of communication where both language and facial expressions are concerned. Staff used reassuring nods, smiles and empathetic body language to convey a caring approach and also used some symbols and signs on laminated sheets to try to communicate.

Eventually, the patient began to trust our staff and built a relationship strong enough to enable recovery. Once the patient was deemed well enough, she returned home to Kenya and left the team with a huge appreciation for their efforts. Smiles became the normal form of communication between the parties and a few English words were remembered when the patient became well. This would not have been possible without the determination and commitment of our team and we are proud of them for going that extra mile.

## **Case B – Elderly Male Patient from Syria**

This patient was psychotically unwell on his journey to the UK when fleeing civil war in Syria. He had seen many traumatic events in his home country and his safety was severely at risk.

When in the UK, he had been doing some structural refurbishing at his family home. This was reported by his neighbours as being disruptive and not complying with building regulations.

The patient could not speak any English when he came to our services, therefore an interpreter was arranged to come in daily and support him, his wife and extended family. The patient also liked to continue to practice his faith and to ensure this could be done appropriately, staff ensured they had a timetable of his Prayer Times so he would not be disrupted. This also meant that his wife could attend the unit at times which were not the usual visiting hours.

The man requested that his own 'Imam' was invited to the unit regularly and this was approved, meaning he would spend time on the ward with the patient and support his recovery whilst also engaging well with all staff. Eventually, the patient began to trust our team and began to be friendly with us. He even gave some therapeutic massages to male members of staff, which were apparently amazing! His wife brought cultural foods to the ward and he was also approved to order Halal foods from our Hotel Services.

If this does not already show the great lengths the team go to on a daily basis for patients, then it's also worth noting that one of our Domestic Team members, Darren, was placed on the Flexible Work Team as HCA 3, as he grew up in Turkey and could communicate well with the patient. He was offered shifts regularly to help assist with meeting this patient's needs.

Laminated print-outs of various keywords and phrases - such as Food, Drink, Toilet, Clothes, Family – were made to build rapport that was essential for this man's recovery and improve engagement and communication. The patient's family were also invited to his Clinical Reviews.

This case also required a high level of understanding of different cultural attitudes. For example, Sarah Shepherdson RMN 5, recalls how the patient would kiss her and other female members of staff on the cheek. This would not usually be accepted and would be deemed as inappropriate or sexual behaviour; however, it was clear to the team that, in this circumstance, this was a rare instance of this patient showing his gratitude and appreciation for the work they were doing.

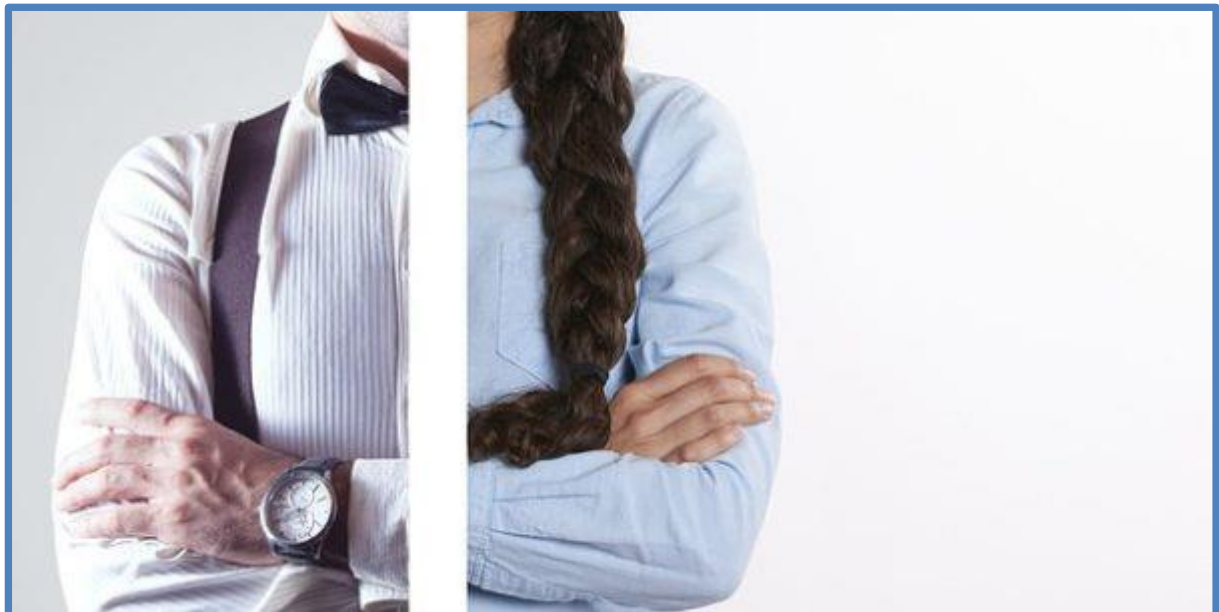
As a ward, the Mill View Lodge team have Link Roles. The topic of one of these roles was Spirituality, Faith and Worship. This means that the unit has a selection of various Faith materials, including books, which can be accessed by all service users. Staff also actively use the internet to support Patients with multicultural backgrounds.

These cases give insight into how our teams, and in this case, our Mill View Lodge team, work tirelessly to improve understanding and inclusion across our Trust workforce. We seek to provide everyone with a voice and continue to improve 'Needs Led Care' to the best of our ability.

Thank you to staff from Mill View Lodge for sharing their lived experiences on the unit and providing the information to create the case studies:

- Kim Morton
- Margaret Milbank

# Gender Pay Gap Report 2019/20





- 1. Introduction**
- 2. What is the Gender Pay Gap?**
- 3. Gender Profile across the Humber Teaching NHS Foundation Trust**
- 4. Humber Teaching NHS Foundation Trust - Gender Pay Gap Report 2019**
  - 4.1 Mean Gender Pay Gap**
  - 4.2 Median Gender Pay Gap**
  - 4.3 Mean Bonus Gender Pay Gap**
  - 4.4 Median Bonus Gender Pay Gap**
  - 4.5 The proportion of males and females receiving a bonus payment**
  - 4.6 The proportion of males and females in each quartile pay band**
- 5. Conclusion**
- 6. PROUD – Investing in You, Valuing You**
- 7. Action Plan**

## 1. Introduction

### Humber Teaching NHS Foundation Trust – Gender Pay Gap Report

The Humber Teaching NHS Foundation Trust has three core values which are Caring, Learning and Growing. We have a Workforce and Organisational Development Strategy which has 4 strategic priorities:

1. Healthy Organisational Culture
2. Capable & Sustainable Workforce
3. Effective Leadership & Management
4. Enabling Transformation & Organisational Development

Our first priority: Healthy Organisational Culture includes promoting equality and valuing diversity. As an organisation we score higher than the national average in the staff survey for the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion and lower than the national average for the percentage of staff experiencing discrimination at work.

Although we have achieved much in creating an environment where people feel we provide equal opportunities and take action against any discrimination we are not complacent and set annual priorities around our Public Sector Equality Duties.

We can use the results of this Gender Pay Gap report to assess:

- the levels of gender equality in our workplace
- the balance of male and female employees at different levels
- how effectively talent is being maximised and rewarded

Through analysis of the report's findings the challenge in our organisation and across Great Britain is to eliminate any gender pay gap. However, the gender pay gap should not be confused with equal pay.

Equal pay deals with the pay differences between male and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender. Humber Teaching NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic.

In producing this report we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

## **2. What is the Gender Pay Gap?**

The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

### **What is the difference between the gender pay gap and equal pay?**

The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are. In some cases, the gender pay gap may include unlawful inequality in pay but this is not necessarily the case.

### **Guidance: Managing Gender Pay Reporting. ACAS**

It is a legal requirement for all relevant employers to publish their gender pay report within one year of the 'snapshot' date: this year's date being 31st March 2019. All employers must comply with the reporting regulations for any year where they had a headcount of 250 or more employees on the 'snapshot' date.

Relevant employers must follow the rules in the regulations to calculate the following information:

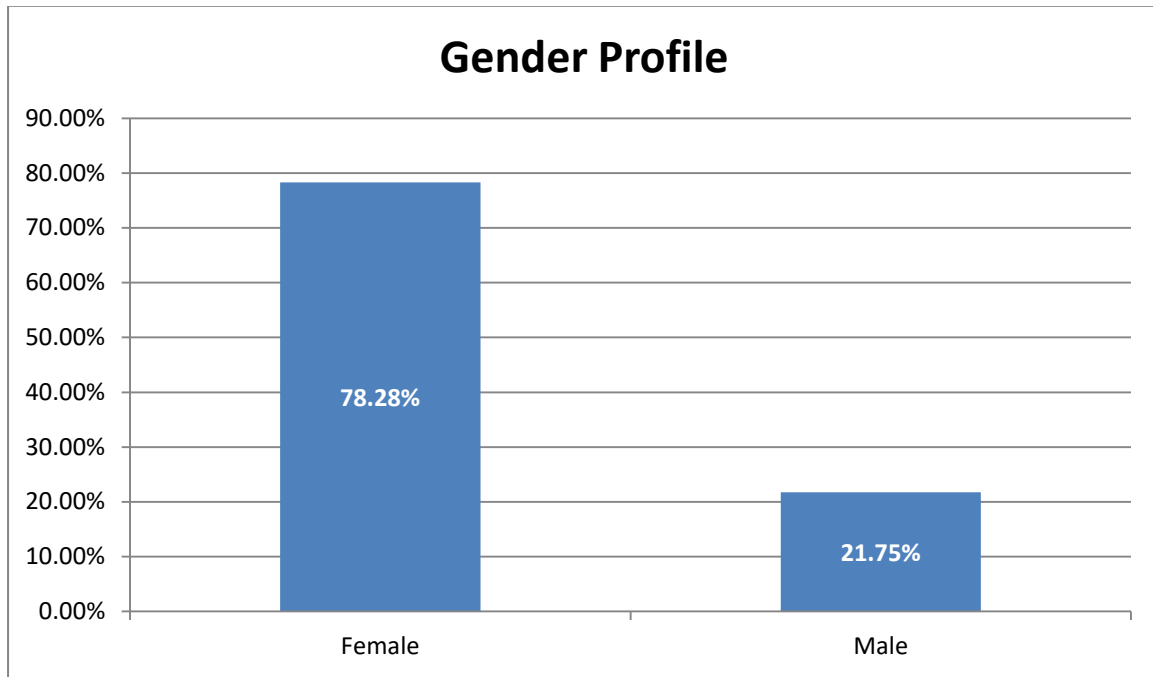
- Their mean gender pay gap
- Their median gender pay gap
- Their mean bonus gender pay gap
- Their median bonus gender pay gap
- Their proportion of males receiving a bonus payment
- Their proportion of females receiving a bonus payment
- Their proportion of males and females in each quartile pay band
- A written statement, authorised by an appropriate senior person, which confirms the accuracy of their calculations. However, this requirement only applies to employers subject to the Equality Act 2010 (gender Pay Gap Information) Regulations 2017.

Most NHS trusts will fall into the above category and thus must comply. With this in mind, IBM suppliers of the 'Electronic Staff Record' have developed a report which uses the required calculations to produce the gender pay gap data.

### 3. Gender Profile across the Humber Teaching NHS Foundation Trust

78.28% of the Trust's staff are female, with 21.75% being male. This is largely in line with the national NHS figures where 77% of employees are female.

This is shown graphically below:



## 4. Humber NHS Foundation Trust - Gender Pay Gap Report 2019

Below are 4 tables outlining the Trust's Gender pay Gap, in summary:

- The Trust's mean gender pay gap is 12.64%
- The Trust's median gender pay gap is 0.77%
- The Trust's mean bonus gender pay gap is -0.88%
- The Trust's median bonus gender pay gap is 50.00%
- The proportion of males receiving a bonus payment is 1.36%
- The proportion of females receiving a bonus payment is 0.29%

The proportion of males and females in each quartile pay band is:

- Quartile 1: 81.18% Female and 18.82% Male
- Quartile 2: 74.96% Female and 25.04% Male
- Quartile 3: 81.64% Female and 18.36% Male
- Quartile 4: 74.07% Female and 25.93% Male

### Gender Pay Gap Data

Average & Median Hourly Rates

Number of employees | Q1 = Low, Q4 = High

Gender▲▼	Avg. Hourly Rate	Median Hourly Rate
Male	17.2356	13.4648
Female	15.0557	13.3606
Difference	2.1799	0.1042
Pay Gap %	12.6474	0.7735

Quartile	Female	Male	Female %	Male %
1	565.00	131.00	81.18	18.82
2	524.00	175.00	74.96	25.04
3	569.00	128.00	81.64	18.36
4	517.00	181.00	74.07	25.93

### Gender Pay Gap Bonus Data

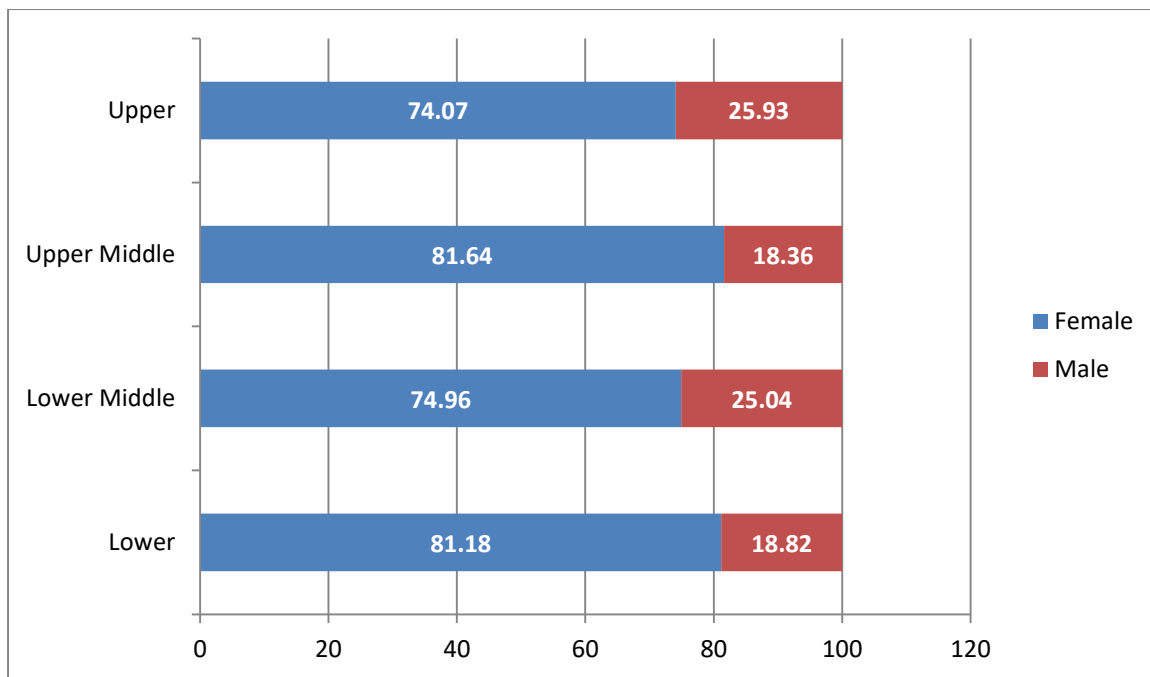
Gender▲▼	Avg. Pay	Median Pay
Male	8,433.63	6,032.04
Female	8,508.10	3,015.96
Difference	-74.48	3,016.08
Pay Gap %	-0.88	50.00

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	7.00	2409.00	0.29
Male	9.00	662.00	1.36

Proportions of Genders in each Quartile

Caring, Learning and Growing





#### 4.1 Mean Gender Pay Gap:

The calculation shows the difference between the mean average hourly rate of pay that male and female full-pay relevant employees receive. For all calculations full pay does not mean full time, it means that a person has received their full pay therefore people on maternity leave with half pay and those on sick leave with half pay are excluded.

The calculation is undertaken by subtracting the mean average hourly rate of pay of all female full-pay employees from the mean average hourly rate of pay of all male full-pay employees and dividing the result by the mean average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean gender pay gap is 12.64%

#### 4.2 Median Gender Pay Gap:

The calculation shows the difference between the median hourly rate of pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median hourly rate of pay of all female full-pay employees from the median average hourly rate of pay of all male full-pay employees and dividing the result by the median average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's median gender pay gap is 0.77%

#### **4.3 Mean Bonus Gender Pay Gap:**

The calculation shows the difference between the mean average bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the mean average bonus pay of all female full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) from the mean average hourly rate of pay of all Caring Learning Growing male full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) and dividing the result by the mean average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean bonus gender pay gap is - 0.88%

The negative figure shows that females are paid a higher rate of bonus pay than males.

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. There are 16 people who received bonus pay (9 Males and 7 Females). Despite being less in number due to their seniority, longevity of service and experience the female's awards were higher than the males.

#### **4.4 Median Bonus Gender Pay Gap:**

The calculation shows the difference between the median bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median bonus pay of all female full-pay employees from the median average bonus pay of all male full-pay employees and dividing the result by the median average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's median bonus gender pay gap is 50.00%

#### **4.5 The proportion of males and females receiving a bonus payment:**

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male-This calculation is undertaken by dividing the number of males who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100.

Female- This calculation is undertaken by dividing the number of females who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus payment is 1.36%
- The proportion of females receiving a bonus payment is 0.29%

The difference in the figures can be explained by the high proportion of females in the organisation, however the numbers of staff receiving bonuses is still very low.

#### **4.6 The proportion of males and females in each quartile pay band:**

This calculation shows the proportions of male and females in four quartile pay bands.

The calculation is undertaken by dividing the workforce into four equal parts;

- firstly, all relevant employees are ranked from lowest hourly rate of pay to the highest hourly rate of pay
- Secondly, the list is divided into four sections called quartiles with an equal number of employees in each section

The proportion of males and females in each quartile pay band is:

- Quartile 1: 81.18% Female and 18.82% Male
- Quartile 2: 74.96% Female and 25.04% Male
- Quartile 3: 81.64% Female and 18.36% Male
- Quartile 4: 74.07% Female and 25.93% Male

The highest proportion of male employees per quartile is in the highest bracket whilst the lowest proportion is in the lowest bracket which results in the gender pay gap of 12.64%.

#### **5. Conclusion**

Whilst the Trust has a Gender Pay Gap of 12.64%, which is significantly lower than the National average of 17.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.28% Females and 21.72% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9. The number of staff being paid bonuses is very low with a total of 16 people receiving additional benefits and these are all Clinical Excellence Awards to Medical Staff.

## 6. - PROUD – Investing in You, Valuing You



Our **PR**ogramme of **O**rganisational **D**evelopment with **U** at the heart of it ensures we continue to invest and value our workforce. Incorporating the views from the 2017 and 2018 staff survey, the PROUD work will enhance leadership and management development, improve the quality of appraisals and establish ways to recognise and harness the talent here at Humber.

The aim of PROUD is to:

- recognise and enhance the skills of staff
- celebrate our strengths as individuals and teams
- work collaboratively
- be solution focussed

PROUD initiatives that will support gender equality across the Trust include: The Talent Pool, Enhanced Coaching, the Leadership Programme and the Health and Well-being Committee.

## 7. Action Plan – What is Humber Teaching NHS Trust Going to Do?

Actions to improve the Trust's Gender Pay Gap align with the Trust's wider organisational strategic goals, in particular Goal 04 - Developing an effective and empowered workforce.

To meet this goal the Trust has committed to:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

Nº	Action	When	Review
1	Monitor and review gender pay gaps	Annually	<b>Jan 2020</b>
2	Use Equality Impact Assessments to monitor and review recruitment and promotion policies and processes to ensure any barriers to recruitment or promotion are identified and removed	Annually	<b>March 2020</b>
3	Implement "Positive Action" measures where necessary and appropriate, particularly in senior appointments, to advance gender equality in senior roles	As required	<b>Monthly</b>
4	Continue to develop flexible working options and workforce strategies to improve recruitment and retention of staff, including supporting female staff to return to work following maternity or adoption leave	Ongoing	<b>Monthly</b>
5	Share Gender Pay Gap data with the Trust's Equality & Diversity Steering Group, which will consider any further actions	Annually	<b>March 2020</b>
6	Implement PROUD organisational development initiatives including Talent Pool, Enhanced Coaching, Leadership Programme and the Health and Well-being Committee	As per PROUD timetable	<b>March 2020</b>



## 7.5 Appendix 5 - Workforce Race Equality Standard (WRES) Action Plan 20/21

N°	WRES Outcome	Concern	12 Month Trend	Actions
1	20% of BME staff experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.1% for white colleagues.	Non-BME staff are less likely to experience harassment, bullying or abuse from patients, relatives or the public in the last 12 months than BME staff	Improving – +6.1% gap 2019 compared to -13.4% gap in 2018	Bullying and Harassment Awareness training has been made available from March 2020 via the Learning and Development Team and self-enrolment through ESR.
2	28.6% of BME staff experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues.	BME staff are more likely to experience harassment, bullying or abuse from staff in the last 12 months than non-BME staff	Getting worse – 7.2 % gap 2019 compared to 6.3% gap in 2018	Full review of Bullying and Harassment took place in 2019 resulting in a Bullying and Harassment working group, a new Bullying and Harassment Policy is to be put in place in 2020 with subsequent guidance and tool kits for managers.
3	11.4% of BME staff have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.9% for white colleagues.	BME staff are more likely to have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months than non-BME staff	Getting worse – 5.5 % gap 2019 compared to 4.9% gap in 2018	
4	81.8% of BME staff believe that the organisation provides equal opportunities for career progression or promotion, this compares with 83% for white colleagues.	BME staff are less likely believe that the organisation provides equal opportunities for career progression or promotion than non-BME staff	Marginally improving – 1.2 % gap 2019 compared to 1.6% gap in 2018	Ensure opportunities such as regional 'Stepping up Programme' for aspirational BME leaders is more widely promoted and support provided for applications.

## 7.6 Appendix 6 - Workforce Disability Equality Standard (WDES) Action Plan 20/21

N°	WDES Outcome	Concern	12 Month Trend	Actions
1	20% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of non-disabled staff.	Disabled staff are more likely to experience harassment, bullying or abuse from a manager in the last 12 months than non-disabled staff	Improving – 10% gap 2019 compared to 13% gap in 2018	Bullying and Harassment Awareness training has been made available from March 2020 via the Learning and Development Team and self-enrolment through ESR.  Full review of Bullying and Harassment took place in 2019 resulting in a Bullying and Harassment working group, a new Bullying and Harassment Policy is to be put in place in 2020 with subsequent guidance and tool kits for managers.
2	18.3% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of non-disabled staff.	Disabled staff are more likely to experience harassment, bullying or abuse from colleagues in the last 12 months than non-disabled staff	Improving – 5.3 % gap 2019 compared to 9.9% gap in 2018	
3	25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff.	Disabled staff are more likely to feel pressure from their manager to come to work, despite not feeling well enough to perform their duties than non-disabled staff	Improving – 8.1 % gap 2019 compared to 12% gap in 2018	Disability Awareness training for managers to be provided in 2020.  Occupational Health resources and guidance for managers dealing with sickness available on staff intranet.
4	36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff.	Disabled staff are less likely to be satisfied with the extent to which their organisation values their work than non-disabled staff	Getting worse – 9.3 % gap 2019 compared to 6.2% gap in 2018	

