**Equality, Diversity and Inclusion**



**Annual Report 2022-23**

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# Our Commitment

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**Andrea Ashman**

**Chief People Officer**

**People and Culture**

Our aim at East Kent Hospitals University Foundation Trust (EKHUFT) is to become a truly inclusive organisation that eliminates the conditions where discrimination occurs. To achieve this, we must commit ourselves to better understand and address all forms of discrimination and inequality.

We know this will be a challenging task given the current inequalities faced by our workforce. We are motivated to make meaningful, long lasting change.

It is clear from national research and benchmarking, the information we collect and the feedback we receive, that there can be a difference in experience and outcomes for certain groups of staff. For example, the response to the COVID-19 pandemic has shone greater light on the impact of health inequalities and sadly we know that staff from ethnic backgrounds don’t experience the same opportunities for career development as their white colleagues.

Therefore, we are committed to taking all the necessary actions to achieve our aim of creating an inclusive organisation. To support this, we have carried out a detailed assessment of our current position including a range of engagement activities to understand the issues and what we can do to improve and move beyond compliance to lead in establishing equitable and inclusive workplace environments.

Our new equality, diversity and inclusion (EDI) strategy identifies some key issues of inequality in the Trust and outlines our commitment to improvement. The strategy contains a range of actions we will take to achieve our aim over the next two years. It also links very closely with a range of our strategies and programmes that are designed to deliver our overall people strategy. Indeed, equality, diversity and inclusion forms one of the five main pillars of our people strategy. The strategy is an evolving document which will develop over time based on the impact of our EDI actions and feedback from our workforce and patients. We will involve our people and stakeholders to ensure that we have the highest possible levels of engagement and corresponding outcomes and experience. We will also share our progress at regular intervals and look forward to celebrating the progress we are making.

On behalf of the Trust Board, we look forward to working with you to deliver this work to achieve, long-lasting, sustainable and meaningful change.

# 2. Report overview

The NHS must welcome all, with a culture of belonging and trust. We must understand, encourage and celebrate diversity in all its forms (NHS People Plan 2020).

EKHUFT must be more inclusive and our leadership more diverse. We have an obligation to improve the experience of staff so that they feel like they belong. This EDI annual report outlines our legal duties in relation to our workforce, provides a summary of our EDI data and articulates the meaningful action we will be taking to transform the lived experience of our staff and realise the benefits that we know come from greater equality, diversity and inclusion.

* **Equality** in the workplace means making sure that everyone has access to the same opportunities. This is not to say that you treat everyone in the exact same manner. Some groups or individuals may need support in different ways in which to access opportunities.
* **Diversity** at work means considering the differences between people and placing value on those differences. When considering diversity, we’re thinking about representation from people of different backgrounds, identities, and abilities. This includes visible and non-visible characteristics.
* **Inclusion** is defined as an environment where everyone feels a sense of belonging, valued, accepted and respected of who have the ability to contribute. This concept puts emphasis on the way people feel.

**2.1 A note on language**

In the pursuit of equality, diversity and inclusion, language is powerful and can help to shift attitudes and behaviours. This report acknowledges that some definitions and terminology in legislation do not always reflect the identities or lived experience of individuals. This includes, but is not limited to, those with protected characteristics under the Equality Act 2010.

Therefore, while this report refers to the protected characteristics as defined in the Equality Act 2010: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation, this report is intended to positively impact groups and individuals beyond these terms and definitions.

The acronym LGBTQIA+ is used in this report to refer to individuals who identify as lesbian, gay, bi, trans, queer, intersex, asexual, where the plus includes all those identities and sexual orientations not specifically referenced.

**2.2 Data Overview**

Staff survey 2022 and workforce data reflecting the lived experience of EKHUFT staff demonstrates that we have more to do before we can say inclusive workplace environments are the norm across the Trust:

* 22.2% of the workforce are from ethnic backgrounds and face discrimination across many aspects of their working lives include bullying, harassment or abuse from other staff (staff survey data 2022)
* The NHS Staff Survey along with the Workforce Disability Equality Standard (WDES, 2022) shows that staff with disabilities are under-represented when compared to the general population.
* The NHS staff survey data shows staff with disabilities have experienced more bullying from their colleagues, compared to staff who do not have disabilities.
* Similarly, our LGBTQIA+ colleagues face bullying and harassment at work at higher rates compared to staff who identify as heterosexual.
* There is a significant lack of representation of staff from ethnic backgrounds and with disabilities at board, executive and senior level (Workforce Race Equality Standard WRES, 2022; WDES 2022).
* People with disabilities are shortlisted at lower rates than those without disabilities (WDES, 2022)
* People from ethnic backgrounds are shortlisted at lower rates than staff who are not from ethnic backgrounds (WRES, 2022)

# Equality, Diversity & Inclusion: the organisational national and legal context

**The Equality, Diversity and Inclusion Team**

EKHUFT have invested in a small, dedicated Equality, Diversity and Inclusion (EDI) Team to drive the EDI work. The team’s remit is Trust workforce. The team’s mission statement is; working collaboratively with our valuable staff to action meaningful change.

Seeing issues of inequality in isolation means failing to see the whole complex picture of how inequality becomes compounded by many aspects in organisations. Therefore, the EDI team are employing an evidence-based, multi-dimensional approach using Thompson’s PCS (Personal, Cultural and Structural) Model.

**Thompson’s PCS Model**

Thompson’s PCS Model provides a multifaceted approach to understanding inequality and addressing it on three interlinked organisational layers; personal (individual behaviours and thoughts), cultural (shared norms and values e.g. in teams, services), structural (policies, processes e.g. recruitment, investigations).

The rationale is that using this systems approach promotes understanding of issues of inequality on each level and also promotes actions being completed to address each level. The EDI team are working with this approach as it has an evidence base for achieving meaningful and long-lasting organisational change.

**Patient voice and involvement team**

The team’s vision is to work towards a situation where patients and families work in partnership with frontline staff to co-design services and service improvements where patient voice is a central part of the debate when decisions are made’.

The team lead on improving inclusion and reducing health inequalities for patients, carers, and families. Projects include improving access for Deaf people who use British Sign Language (BSL) and ensuring services meet the communication needs of patients and families related to a learning disability, sensory or cognitive or physical impairment.

The team works with local community and voluntary organisations to get feedback from people who don’t always get their voices heard, including homeless people, migrant communities and disabled people. We then ensure this feedback is heard and acted upon wherever possible.

The team works closely with the EDI team and operational colleagues in the Trust to improve access, improve communication with patients and families and reduce the barriers that people can experience when using NHS services by raising staff awareness and helping them to find practical solutions.

**3.1 The NHS Long Term Plan**

The NHS Long Term Plan sets out an ambitious 10-year vision for healthcare in England the Long-Term Plan is ambitious but realistic. It will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.

The Long-Term Plan commits to the following:

* Move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.
* More NHS action on prevention and health inequalities
* Further progress on care quality and outcomes
* How workforce pressures will be tackled, and staff supported
* Wide ranging funded programme to update technology

Sustainability Transformation Plans and the Integrated Care System are expected to bring together members organisations and wider partners, adopting a common set of principles and leadership behaviours as they develop and deliver plans

The Long-Term Plan demonstrates the need to focus on attracting, retaining and developing all people.

**3.2 The NHS People Plan**

The NHS People Plan was published by NHS England in July 2020, and sets out the actions that organisations, employers, staff and systems need to take.

The NHS people plan includes a specific commitment on looking after our people, which clearly outlines the actions we must take to keep NHS staff safe, healthy and well, both physically and psychologically, with quality health and wellbeing support for everyone.

The plan also includes the NHS People Promise, which outlines behaviours and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.

The Interim People Plan focuses on four pillars:

1. looking after our people – with quality health and wellbeing support for everyone
2. belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
3. new ways of working and delivering care – making effective use of the full range of our people’s skills and experience
4. growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.

**3.3 People Promise**

The NHS People Promise is a promise we must all make to each other: to work together to improve the experience of working in the NHS for everyone.

* We are compassionate and inclusive
* We are recognised and rewarded
* We each have a voice that counts
* We are safe and healthy
* We are always learning
* We work flexibly
* We are a team



## **3.4 The EKHUFT Improvement Journey**

We are on a journey of improvement.

In everything we do, we want to make our patients and their families feel cared for, safe, respected and confident we are making a difference, and provide the best possible care and treatment to every one of our patients.

Our mission is Improving health and wellbeing and our vision is to deliver great healthcare from great people.

Our strategic themes, developed with colleagues across the Trust, are Quality and Safety, Patients, People, Partnerships and Sustainability.

Our pillars of change and strategic objectives are driven by our response to Dr Kirkup’s report Reading the Signals, the importance of meeting national standards for planned, cancer and emergency care and the need to be financially sustainable by providing better care and reducing waste. They are:

* Reducing harm and delivering safe services
* Patients, family and community voices
* Timely access to care
* Care and compassion
* Engagement, listening and leadership
* Organisational development
* Financial sustainability

Everything we do is underpinned by our values: people feel cared for, safe, respected and confident we are making a difference.



**3.5 Public Sector Equality Duty (PSED)**

The Public sector equality duty came in to force in April 2011. It requires public authorities including NHS Trusts to have due regard to the need to achieve the objectives set out under section 149 of the Equality Act 2010 to:

* eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
* 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.

We are also required to publish:

* equality objectives, at least every four years (from 6th April 2012)
* information to demonstrate their compliance with the public sector equality duty (from 31st January 2012)

**3.6 Equality Act 2010**

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It sets out the different ways in which it’s unlawful to treat someone. It is against the law to discriminate against anyone because of:

* age
* gender reassignment
* being married or in a civil partnership
* being pregnant or on maternity leave
* disability
* race including colour, nationality, ethnic or national origin
* religion or belief
* sex
* sexual orientation

These are called protected characteristics.

**3.7 Equality Delivery System (EDS)**

The Equality Delivery System (EDS) is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations, in active conversations with patients, public, staff, staff networks, community groups and trade unions, to review and develop their services, workforces, and leadership. It is driven by evidence and insight and all NHS commissioners and providers are required to implement the EDS which is part of the NHS Standard Contract.

The EDS comprises eleven outcomes spread across three domains, which are:

1. Commissioned or provided services
2. Workforce health and well-being
3. Inclusive leadership

Each domain has a number of outcomes that key stakeholders evaluate, score, and rate using available evidence and insight. It is these ratings that provide assurance or point to the need for improvement and required actions.

The EDI Team and Patient Voice and Involvement Team are working collaboratively to gather evidence and produce the report. EDS engagement sessions and focus groups will be held from October to November 2023. At these engagement events, attendees will review and discuss the evidence and give the outcomes ratings, which will be published with action plans, once they are independently reviewed.

# 4. Our services, hospitals and values

**4.1 Our Services**

We are one of the largest hospital trusts in England, with five hospitals and community clinics serving a local population of around 695,000 people. We also provide some specialist services for a wider population, including renal services in Medway and Maidstone and a cardiac service for all of Kent based at William Harvey Hospital, Ashford.

We have a national and international reputation for delivering high quality specialist care, particularly in urology, kidney disease, and vascular services.

We value and pursue excellence in research and innovation. Our Trust has been ranked first in Kent for clinical research studies, as well as consistently recruiting high numbers of patients into research trials. As a teaching Trust we play a vital role in the education and training of doctors, nurses and other healthcare professionals, working closely with local universities and Kings College University in London.

**4.2 Our Hospitals**

* Buckland Hospital provides a range of local services. Its facilities include an urgent treatment centre, outpatient facilities, renal satellite services, day hospital services, child health and child development services, ophthalmology and diagnostic facilities, including a CT scanner.
* Kent and Canterbury Hospital (KCH) provides a range of surgical and medical services. It is a central base for many specialist services in east Kent such as elective orthopaedics, renal, vascular, interventional radiology, urology, dermatology, neurology and haemophilia services. It also provides a 24/7 urgent treatment centre. Kent & Canterbury Hospital has a postgraduate teaching centre and staff accommodation.
* Queen Elizabeth The Queen Mother Hospital, Margate (QEQM) provides a range of emergency and elective services and comprehensive trauma, orthopaedic, obstetrics, general surgery and paediatric services. It has a specialist centre for gynaecological cancer and modern operating theatres, Intensive Therapy Unit (ITU) facilities, children’s inpatient and outpatient facilities, a Cardiac Catheter Laboratory, a Renal satellite service and Cancer Unit. QEQM has a postgraduate teaching centre and staff accommodation. On site there are also co-located adult and elderly mental health facilities run by the Kent & Medway NHS and Social Care Partnership Trust.
* The Royal Victoria Hospital, Folkestone provides a range of local services including a minor injuries unit with a walk-in centre (both operated by the local Clinical Commissioning Group), a thriving outpatients department, the Derry Unit (which offers specialist gynaecological and urological outpatient procedures), diagnostic services, and mental health services provided by the Kent and Medway NHS & Social Care Partnership Trust.
* The William Harvey Hospital(WHH), Ashford provides a range of emergency and elective services as well as comprehensive maternity, trauma, orthopaedic and paediatric and neonatal intensive care services. The hospital has a Renal satellite service, a specialist cardiology unit undertaking angiography, angioplasty, a state-of-the-art pathology analytical robotics laboratory that reports all east Kent’s General Practitioner (GP) activity and a robotic pharmacy facility. A single Head and Neck Unit for east Kent includes centralised maxillofacial services with all specialist head and neck cancer surgery co-located on the site. WHH has a postgraduate teaching centre and staff accommodation.

**4.3 Our vision and We Care values**

Our vision is to be a leading provider of acute healthcare services by delivering Great Healthcare from Great People, our mission is to improve health and wellbeing, for our patients and our staff.

Our values are very important to us and we want everyone who experiences our Trust to feel cared for, safe, respected and confident we are making a difference.

We are focusing on five priorities to continue to transform our Trust and deliver our vision of great healthcare, from great people:

* We care about our patients
* We care about our people
* We care about our future
* We care about our sustainability
* We care about our quality and safety

East Kent Hospitals is a multi-site, complex organisation serving a very large geographical area. The east Kent population has a diverse range of healthcare needs and challenges, influencing the extensive range of services that the Trust provides. Our vision, mission, values and priorities provide the foundations for our staff to focus on providing the best care and experience for our patients and each other.

**5. Workforce race equality standard (WRES) summary**

The Workforce Race Equality Standard (WRES) requires NHS organisations to demonstrate progress against nine indicators of workforce race equality and seeks to better understand why staff from ethnic backgrounds report a poorer work experience than white staff.

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon black, Asian, minority ethnic (BME) representation on boards. The WRES highlights any differences between the experience and treatment of white staff and BME staff in the NHS with a view to organisations closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

There are two changes in this year’s data request from the WRES and WDES Teams; previously, the definitions of "VSM" to be used in the WDES and the WRES were slightly different. These have been harmonised to both use the definition previously used in the WRES. This is:

* Chief executives.
* Executive directors, with the exception of those who are eligible to be on the consultant contract by virtue of their qualification and the requirements of the post.
* Other senior managers with board level responsibility who report directly to the chief executive.
* Non-executive directors not included.

In 2024, there will be a separate collection for bank staff, so bank staff are excluded from the numbers submitted in WRES indicator 1 and WDES metric 1. This will allow consistent numbers to be provided to both collections.

**WRES Indicator 1** Percentage of staff in each of the AfC (Agenda for Change) Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce; This indicator is based on the workforce as at financial year end (i.e., a snapshot as at 31st March 2023);

1. Minor increase in staff from white and BME backgrounds in band 2, band 3, band 5 non-clinical roles.
2. Band 7 non-clinical: significant increase from 2022 for white from 84 to 104. 50% increase for BME from 2022 from 4 to 8.
3. Band 8A non-clinical; minor Increase from 2022 for white from 53 to 59. 50% decrease for BME from 2022; 4 to 2.
4. Band 2 clinical: reduction from 2022 for white= 809, increase for BME from 255.
5. Band 4 clinical staff: significant increase from 2022 for white from 269 to 286, significant increase for BME from 84 to 175.
6. Band 5 clinical: reduction from 2022 for white from 657 to 618. Significant increase from 2022 for BME= 647 to 899.
7. Band 6 clinical; reduction from 2022 for white from 864 to 855, increase for BME from 239 to 289.
8. Band 7 clinical; increase from 2022 for white from 664 to 681, increase BME from 2022 of 110 to 128.
9. Small increases in BME staff at band 8A and 8B clinical roles.
10. No change in representation for BME staff at band 8D and band 9 clinical

**WRES Indicator 2** Relative likelihood of BAME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts. This indicator is based on financial year end data.

2022 data: 23% for white, 18% for BME. 2023 data: 33.03 for white, 7.66% for BME- significant drop.

**WRES Indicator 3** Relative likelihood of BME staff entering the formal disciplinary process compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator is based on financial year end data.

50% reduction for staff from BME backgrounds compared to 2022.

**WRES Indicator 4** Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff. This indicator is based on financial year end data. There is an improvement from 2022, with a more even percentage of 68% for both white and BME staff.

**WRES Indicator 5-8** are related to percentage of staff experiencing harassment, bullying or abuse at work in the last 12 months and career progression. The below data relates to the People Promise- we are compassionate and inclusive, 4023 members of staff responded to the staff survey;

* 50.1% of staff feel the organisation acts fairly in regards to career progression.
* 89.2% of staff have not experienced discrimination, abuse or bullying from a manager or colleague.
* 90.8% of staff have not experienced discrimination, abuse or bullying from a patient.

**WRES Indicator 9** Percentage difference between the organisations’ Board voting membership and its overall workforce. This indicator is based on financial year end data.

2023 data shows no BME representation.

We are waiting for the National WRES Team to send through the verified WRES figures for 2023 and analysis report.

# 6. Workforce disability equality standard (WDES) summary

The Workforce Disability Equality Standard (WDES) is a requirement for all NHS organisations to publish data and action plans against ten indicators of workforce disability equality with the aim of improving the work experience of disabled staff. Each year comparisons are made to enable us to demonstrate progress against the indicators of disability equality. It also allows us to better understand the experiences of our disabled employees and supports positive change for all by creating a more inclusive environment.

In 2024, there will be a separate collection for bank staff, so bank staff are excluded from the numbers submitted in WRES indicator 1 and WDES metric 1. This will allow consistent numbers to be provided to both collections.

Data for metrics derived from data collected directly from organisations, as at March 31st 2023  for the Workforce Disability Equality Standard. See full description below

**Table above provides data for metrics derived from data collected directly from organisations, as at March 31st 2023 for the Workforce Disability Equality Standard**

**Metric 1: Disabled representation in the workforce by pay band**

* Disability declaration rate in the workforce – overall in 2023 4.0%. National average rank is 4.9%. RAG rating red
* Pay band at which disabled under-representation first occurs
  + Non clinical, Clinical and Medical/Dental for Band 4 and below and Band 5 and above is proportional
* Disability disparity ratios: 2023
  + For non-clinical:
    - Lower middle 1.15, national average rank 0.98 – RAG rating red
    - Middle upper 1.07, national average rank 1.26 - RAG rating green
    - Lower upper 1.23, national average rank 1.23 - RAG rating amber
  + For clinical:
    - Lower middle 0.70, national average rank 0.94 - RAG rating green
    - Middle upper 0.89, national average rank 1.22 - RAG rating green
    - Lower upper 0.62, national average rank 1.16 - RAG rating green

**Metric 2: Likelihood of appointment from shortlisting**

Likelihood ratio of non-disabled / Disabled

2023 0.49, national average rank 0.99 – RAG rating green

**Metric 3: Likelihood of entering formal capability process due to performance management**

Likelihood ratio of non-disabled / Disabled

2023 0.98, national average rank 2.17 – RAG rating green

**Metric 10: Disabled representation on the board**

Overall 0 – RAG rating red

Key to rank colour coding. See full description below.

**Table above provides the key to rank colour coding (1=best, 212=worst)**

Green is in top 10% of trusts nationally

Red is in bottom 10% of trusts nationally

**Key to RAG rating (this only compares latest year data from national average to trust)**

Green = more than 5.0% better than national average (note: proportion, not percentage points)

Amber = within +/-5.0% of national average (note: proportion, not percentage points)

Red = More than 5.0% worse than national average (note: proportion, not percentage points)

**Key to weighting of metric ranking**

Number 1 Workforce Weight 3

Number 2 Recruitment Weight 1

Number 3 Capability Weight 0

Number 4a Harassment, bullying or abuse from patients and, or public Weight 1

Number 4b Harassment, bullying or abuse from line managers Weight 2

Number 4c Harassment, bullying or abuse from colleagues Weight 1

Number 4d Reporting harassment, bullying or abuse Weight1

Number 5 Career development Weight 1

Number 6 Presenteeism Weight 1

Number 7 Feeling valued Weight 1

Number 8 Reasonable Adjustments Weight 2

Number 9a Staff engagement Weight 2

Number 10 Board representation Weight 3

Metrics derived from NHS Staff Survey 2022, published in March 2023
See full description in text below.  As **Table above provides metrics derived from NHS Staff Survey 2022, published in March 2023**

Overall rank compared to all 212 trusts in England (based on metrics, weighted) = 172 – RAG rated red

**Metric 1 (equivalent); Proportion with a long term condition or illness**, 23%, national average rank 23.6%, RAG rating amber

**Metric 4a: Harassment, bullying or abuse from patients, relatives or the public in the last 12 months**

* + Disabled 32.9% national average rank 33.2%, RAG rating amber
  + Non-disabled 30.7% national average rank 26.0%, RAG rating red

**Metric 4b: Harassment, bullying or abuse from line managers in last 12 months**

* + Disabled 24.9% national average rank 16.1%, RAG rating amber
  + Non-disabled 15.9% national average rank 9.2%, RAG rating red

**Metric 4c: Harassment, bullying or abuse from other colleagues in last 12 months**

* + Disabled 30.3% national average rank 24.8%, RAG rating red
  + Non-disabled 21.8% national average rank 16.5%, RAG rating red

**Metric 4d: Reporting last incident of harassment, bullying or abuse**

* + Disabled 47.5% national average rank 51.3%, RAG rating red
  + Non-disabled 45.7% national average rank 49.5%, RAG rating red

**Metric 5: Career development**

* + Disabled 45.6% national average rank 52.1%, RAG rating red
  + Non-disabled 51.3% national average rank 57.7%, RAG rating red

**Metric 6: Presenteeism**

* + Disabled 33.6% national average rank 27.7%, RAG rating red
  + Non-disabled 26.4% national average rank 19.9%, RAG rating red

**Metric 7: Feeling valued**

* + Disabled 28.2% national average rank 35.2%, RAG rating red
  + Non-disabled 36.9% national average rank 45.0%, RAG rating red

**Metric 8: Reasonable Adjustments**

* + Disabled 73.4% national average rank 73.4%, RAG rating amber

**Metric 9a: Staff engagement**

* + Disabled 5.88 national average rank 6.43, RAG rating red
  + Non-disabled 6.49 national average rank 6.93, RAG rating red

Workforce Disability Equality Standard Priorities.
See full description in text below.  

**Table above outlines the WDES (Workforce Disability Equality Standard) Priorities**

Each metric was ranked against all other trusts nationally.

**The following metrics are in the bottom 10% nationally in 2023**

Metric 10: Disabled representation on the board, EKHUFT 0.0%, national average 5.7%

Metric 4b: Harassment, bullying or abuse from line managers in last 12 months, EKHUFT 24.9%, national average 16.1%

Metric 9a: Staff engagement, EKHUFT 5.88%, national average 6.43%

**The following metrics are in the top 10% nationally in 2023**

Metric 2: Likelihood of appointment from shortlisting, EKHUFT 0.49, national Average 0.99

EKHUFT = East Kent Hospitals University NHS Foundation Trust

# 7.1 Gender Pay Gap: Snapshot date of 31/03/2022

**Gender Pay Gap. Snapshot date of 31st March 2022.
See full description in text below.  **

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**Gender Pay Gap. Snapshot date of 31st March 2022.
See full description in text below.  **

**The 3 diagrams above provide a Gender Pay Gap snapshot date of 31st March 2022**

**Hourly Pay Gap**

* At EKHUFT women earn 78p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 22.2% lower than men’s hourly pay.
* When comparing mean (average) hourly pay, women’s mean hourly pay is 32.5% lower than men’s hourly pay.

**The percentage of women in each pay quarter**

* At EKHUFT women occupy 60.8% of the highest paid jobs and 84.4% of the lowest paid jobs

**Bonus pay gap**

* At EKHUFT, women earn 33p for every £1 that mean earn when comparing median bonus pay. Their median bonus pay is 66.7% lower than men’s.
* When comparing mean (average) bonus pay, women’s mean bonus pay is 36.3% lower than men’s bonus pay.

**Who received bonus pay**

* 0.5% of women
* 5.3% of men

# 7.2 Gender Pay Gap: Snapshot date of 31/03/2023

The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce.From 2017, if you are an employer who has a headcount of 250 or more on your snapshot date you must comply with regulations on gender pay gap reporting. Gender pay gap calculations are based on employer payroll data drawn from a specific date each year. This specific date is called the snapshot date.

Public authority employers must use a snapshot date of 31 March. They must report and publish their gender pay gap information by 30 March of the following year.

**Percentage of men and women in each hourly pay quarter**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quartile** | **Female** | **Male** | **Female %** | **Male %** |
| Upper hourly pay quarter | 1981 | 428 | 82.23 | 17.77 |
| Upper middle hourly pay quarter | 2010 | 402 | 83.33 | 16.67 |
| Lower middle hourly pay quarter | 1959 | 400 | 83.04 | 16.96 |
| Lower hourly pay quarter | 1528 | 937 | 61.99 | 38.01 |

* Increase in upper hourly pay quarter from 60.8 for women in 2022
* Decrease in upper hourly pay quarter from 39.2 for men in 2022
* Decrease in lower hourly pay quarter from 84.4 for women in 2022
* Increase in lower hourly pay quarter from 15.6 for men in 2022.

**Mean and median gender pay gap using hourly pay**

|  |  |  |
| --- | --- | --- |
| **Gender** | **Mean Hourly Rate** | **Median Hourly Rate** |
| **Male** | 26.0553 | 20.5923 |
| **Female** | 18.1420 | 16.7763 |
| **Difference** | 7.9132 | 3.8160 |
| **Pay Gap %** | 30.3710 | 18.5310 |

* Decrease from 32.5% mean pay gap in 2022
* Decrease from 22.2% median pay gap in 2022

**Percentage of men and women who received bonus pay**

|  |  |  |  |
| --- | --- | --- | --- |
| **Gender** | **Employees Paid Bonus** | **Total Relevant Employees** | **%** |
| Female | 133.00 | 7926.00 | 1.68 |
| Male | 299.00 | 2233.00 | 13.39 |

* Increase in bonus pay to men from 5.3% in 2022
* Increase in bonus pay for women from 0.5% in 2022

**Mean and median gender pay gap using bonus pay**

|  |  |  |
| --- | --- | --- |
| **Gender** | **Mean Pay** | **Median Pay** |
| **Male** | 11,627.26 | 8,768.06 |
| **Female** | 10,114.91 | 8,768.06 |
| **Difference** | 1,512.35 | 0 |
| **Pay Gap %** | 13.01 | 0 |

* Decrease from 2022 36.3% for mean bonus pay
* Decrease from 2022 66.7% for median bonus pay

There is a significant pay gap between men and women across all pay quarters, this gap has reduced from 2022 to 2023, which has improved the pay gap.

Bonus pay for both men and women has increased from 2022, but men continue to receive bonus pay at higher rates than women.

**8. Staff Networks**

Staff networks are a key mechanism for driving meaningful change and making a difference, as well as empowering people with the opportunity to grow personally and professionally. They provide a critical forum for individuals to come together, share ideas, raise awareness of challenges and provide support. Staff networks welcome all staff (and allies) as members.

The EDI Teamsupport andwork closely with EKHUFT’s five staff networks who are an integral part of the EDI strategy delivery.

**8.1 LGBTQIA+ (Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex, Asexual + other identities) network**

* Membership numbers 31/08/2022: 32
* Membership numbers 31/08/2023: 93
* Network objectives:

1. Provide a safe space for discussion of LGBTQIA+ issues.
2. Help to raise awareness of LGBTQIA+ issues across the Trust.
3. Provide signposting for staff who may be facing LGBTQIA+ specific challenges at work.

* Achievements:

1. Increased membership.
2. Successful LGBT+ Pride celebration events in June 2023.

* Networks biggest challenges: raising awareness of LGBTQIA+ issues amongst staff.

**8.2 Staff disability network**

* Membership numbers 31/08/2022: 58
* Membership numbers 31/08/2023: 75
* Networks objectives:

1. Promoting the network, including more Executive sponsor engagement
2. Supporting Reasonable adjustments governance and policy/process within the Trust
3. Promoting campaigns: Work in my shoes project and hidden disabilities Sunflower pledge.

* Achievements:

1. Successful Work in my shoes project with examples of colleagues shadowing one another to learn about disability and different roles
2. increased membership
3. Impactful UK Disability History Month symposium in November 2022 and successful staff networks day event in May 2023
4. Supporting the development of the new neurodiversity staff network

* Networks biggest challenges:

1. Limited attendance at network meetings/ staff not being released from duty to attend network meetings, particularly clinical colleagues.
2. Encouraging colleagues to declare their disabilities. Low declaration rate on ESR due to fear of judgement and/or discrimination.
3. Reasonable adjustments processes including funding not widely known or implemented so some staff with disabilities are not getting the reasonable adjustments they need. Funding arrangements are unclear which appears to be a barrier to staff getting workplace adjustments. The network feel that a centralised workplace adjustment budget would solve this issue and would be in line with NHS England guidance.
4. Network members report gaps in how the trust supports staff with disabilities, so this can be challenging for network members to signpost to appropriate support in complex circumstances.

**8.3 Women’s network**

* Membership numbers 31/08/2022: 89.
* Membership numbers 31/08/2023: 112.
* Networks objectives:

1. Reduce the gender pay gap.
2. Increase menopause awareness and support for staff.
3. Promote flexible working.

* Achievements:

1. Marking international women’s day in March 2023 with virtual event
2. Promoting menopause clinics, menopause support. Working towards menopause accreditation for the trust.
3. Promoting women’s safety and safe spots for staff experiencing domestic abuse.
4. Supporting the period poverty campaign.

* Networks biggest challenges:

1. Network chairs and members not being released from work to attend network meetings, particularly clinical colleagues.
2. Work demands not allowing for staff network activity.

**8.4 Neurodiversity network**

* Membership numbers 31/08/2022: network did not exist at this time.
* Membership numbers 31/08/2023: 38.
* Networks objectives:

1. To educate others in a compassionate way.
2. To encourage the trust to become more inclusive of all employees.
3. To provide a safe space for open and supportive conversations.

* Achievements: new network was formed in April 2023 by a group of staff with lived experience.
* Networks biggest challenges: to educate others in a space that is relatively new to many.

**8.5 Ethnic diversity engagement network (EDEN)**

* Membership numbers 31/08/2022:
* Membership numbers 31/08/2022:
* Networks objectives:

1. To have consistent network leadership/ chairs.
2. To revive the staff network and have regular network meetings.

Achievements:

1. Network name changed from BAME network as members wanted to move away from this term, new logo designed.
2. Successful Black History Month symposium in October 2023.
3. Increased membership.

Networks biggest challenges:

1. Network chairs and members not being released from work to attend network meetings, particularly clinical colleagues.
2. Work demands not allowing for staff network activity.

**9. EDI Governance**

|  |  |
| --- | --- |
| **Body** | **Responsibilities** |
| Board of Directors | Has ultimate responsibility that EKHUFT is progressing against equality and diversity priorities and is compliant with all relevant legislation |
| People and Culture Committee (P&CC) | P&CC is a sub-committee of the Board and is responsible to discharging all requirements relating to people and culture, including equality, diversity and inclusion |
| Equality, Diversity & Inclusion (EDI) Steering Group | A steering group responsible for ensuring the implementation of the EDI strategy and associated delivery plan. The group is made up of representatives from the People & Culture team, Staff Networks and Staff-side colleagues |
| Chief People Officer, People & Culture | Executive Director responsible for delivering equality, diversity and inclusion in the organisation |
| Head of EDI and EDI Team |  |
|  | Responsible for driving the EDI agenda, strategy and EDI reporting. |

# 10. Achievements

# Dedicated EDI Team leading on approximately 70 workstreams to address inequality.

# The trust received an outstanding rating for 2022 WRES action plan written by the EDI team.

* Launch of new EDI policy for trust staff.
* Trust is now up to date with all mandatory EDI reporting.
* Workplace adjustment policy and guidance currently going through governance process.
* Inclusion Ambassador (IA) expression of interest form is now live on staff zone, training is being created. IA role is a voluntary role to train staff members to be diverse members of interview panels to reduce bias and make the recruitment process fairer. Pilot being planned.
* Increased membership to all staff networks.
* Creation of new neurodiversity staff network.
* EDI team working collaboratively with workforce and stakeholders to improve EDI e.g. freedom to speak up, staff networks, care groups, well-being team, staff experience team, organisational development, business partners, employee relations, patient voice and involvement.
* Making Recruitment Fairer working group formed, will be reviewing and improving all aspects of recruitment, starting with job descriptions.
* Improved awareness of EDI agenda and team via communications, attendance and/or contributions at networking events including trust welcome days, team away days, junior doctors listening event, nursing and midwifery conference, pastoral sessions for internationally recruited staff, health care support workers voice sessions, business partner’s training session, board development day, connectors, matron development programme, healthcare support workers awards.
* Support and signposting provided to members of staff experiencing inequality and adverse workplace experiences.
* Active engagement of nurses in Aspiring Development programme- created to improve progression for BME nurses from band 5 to 6 as staff identified as not progressing in same numbers as white staff.
* Active engagement in De-biasing and Value-based Recruitment workshops and steering group.
* NHS 75th birthday celebrations marking contributions of Windrush
* Neurodiversity training delivered to EDI steering group
* Supporting and promoting campaigns and events; hidden disability sunflower scheme, UK History Disability Month, LGBT+ Pride, International Women’s Day, neurodiversity awareness, menopause, national staff networks day, Canterbury Christchurch diversity photography project, Trans awareness training.
* Staff story taken to Board in May 2023, member of disability staff network sharing experiences of mental health, domestic abuse and how support form management helped him stay in work and improve his well-being.
* Launch of respect and inclusion charter.
* Effective networking with other NHS Trusts across Kent and Medway and country wide and learning from best practice.
* EDI Team have provided feedback on numerous policies, training to ensure EDI is embedded, e.g. employee relations, safeguarding etc.

# 11. Next steps

1. Launch of new EDI strategy, uses framework of NHS England’s EDI Improvement Plan and the six high point actions. These high impact actions have been developed to be intersectional. This recognises that people have complex and multiple identities, and that multiple forms of inequality or disadvantage sometimes combine to create obstacles that cannot be addressed through the lens of a single characteristic in isolation. High impact action 1: Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. High impact action 2: Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity. High impact action 3: Develop and implement an improvement plan to eliminate pay gaps. High impact action 4: Develop and implement an improvement plan to address health inequalities within the workforce. High impact action 5: Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff. High impact action 6: Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.
2. Consultation session to be arranged with staff networks to collaboratively create a gender pay gap action plan.
3. Produce Bank WRES data in 2024.
4. Produce Medical WRES data in 2024.
5. Launch of anti-racism campaign See Me First in October 2023 to link in with Black History Month celebrations.
6. BAME Leadership programme.
7. Executive sponsors for all staff networks to be allocated.
8. National inclusion week celebrations- marketplace events happening at all sites during week of 25th September 2023, information will be on staff zone.
9. EDI Team actively engaging in Culture and Leadership Programme.
10. Equality Delivery System (EDS) engagement sessions to be held in October to November 2023.
11. Continue to explore EDI research opportunities.
12. Equality impact assessment guidance and revised form to be created.
13. Focus on disability to improve poor WDES scores.