

Equality Diversity and Inclusion (EDI) Annual Report 2023-24

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# Introduction and Overview

## The EDI Team



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).

* **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.

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. 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. Staff survey 2023 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.

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.

Therefore, we are committed to taking all the necessary actions to achieve our aim of creating an inclusive organisation. To support this, we have created a dedicated EDI Team. The EDI Team’s mission statement is; working collaboratively with our valuable staff to action meaningful change. The team’s work is guided by the Equality Act 2010, which outlines nine characteristics that protect people against discrimination; age, disability, gender re-assignment, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. The team is part of People and Culture services and their remit it to improve the experiences of our workforce and reduce inequality at EKHUFT.

Organisational efficiency correlates with staff and patient experience:

* Staff who are bullied are less likely and less willing to raise concerns and admit mistakes.
* Increased leadership diversity correlates with better financial performance.
* In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection control, Care Quality Commission (CQC) ratings and financial performance.
* High work pressure, staff perceptions of unequal treatment, and discrimination against staff all correlate adversely with patient satisfaction.
* A workforce that is compassionate and inclusive for all has higher levels of engagement, motivation and wellbeing, which results in better care and reduced staff turnover.
* Fair treatment of every individual in the workforce helps reduce movement of substantive staff into bank and agency roles to avoid discrimination at work.
* A diverse workforce that is representative of the communities it serves is critical to addressing the population health inequalities in those communities.
* Organisations with more diverse leadership teams are likely to outperform their less diverse peers.
* Psychologically safe work environments, where people feel they are treated with dignity and respect, achieve more effective, safer patient care.

Simply put, a diverse workforce in an inclusive environment will likely improve staff engagement, lower turnover and enhance innovation.

## Statement from our Chief People Officer

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.

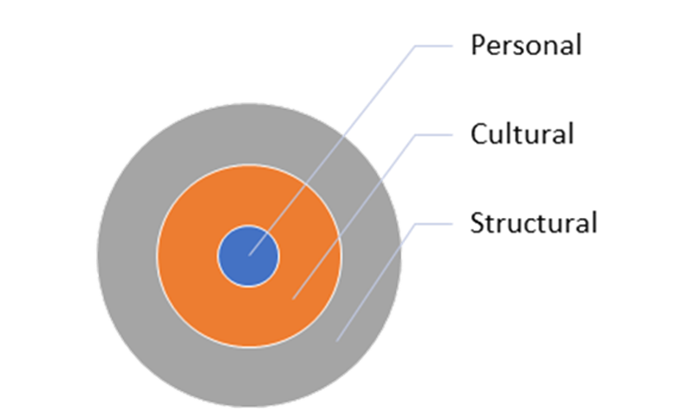
It is clear from national research and benchmarking, the information we collect and the feedback we receive, that there can be a difference in experience and outcomes for certain groups of staff. For example, the response to the COVID-19 pandemic has shone greater light on the impact of health inequalities 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.

## The EDI Approach: Thompsons PCS Model



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 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.

## 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, the term ‘BAME’ (Black, Asian Minority Ethnic) and disability. These terms are adopted within this report as they are used by NHS England in reference to EDI reporting. Therefore, whilst these terms are used, it is intended to positively impact groups and individuals beyond these terms. We recognise and respect that individuals, communities and groups may identify themselves differently. This includes, but is not limited to, those with protected characteristics under the Equality Act 2010.

## Patient Voice and Involvement Team

This EDI annual report is workforce focused; however, the EDI Team work closely with the Patient Voice and Involvement Team whose EDI remit is patients, carers and relatives.

The Patient Voice and Involvement 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.  This includes improving access to interpreting services for patients and their families for whom English is not their primary language and for Deaf people who use British Sign Language (BSL). We support services to understand and meet the communication needs of patients and families related to a learning disability, sensory or cognitive or physical impairment.

The team works proactively with local community and voluntary organisations to get feedback from people who don’t always get their voices heard, including homeless people, migrant communities, disabled people and veterans.  We then ensure this feedback is heard and acted upon wherever possible. For example, this year a community group who support migrant women were able to present their story to the Board, who committed to improving the accessibility of information on our website and printed information and to explore career opportunities for people from migrant communities. Another example is working with unhoused people to co-design training for healthcare staff on homelessness.

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. An example of this is engaging with the local transgender community and developing a policy on supporting gender diverse patients. Working with the EDI team we have developed a new Equality and Health inequalities Impact Assessment (EHIA) template and guidance to be used when developing policies, strategies, new care pathways and when making significant decisions.

## 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.

## 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

growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

## 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.

## The 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.

## 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)

# EDI Highlights from the Year

**January:** Gender Training by LGBTQIA+ network member was delivered to the EDI steering group.

Collaboration started with 2gether support solutions in relation to the Staff Networks which function over both organisations.

**February:** Celebration event for The Leadership Programme for staff from ethnic backgrounds held. 55 members of staff successfully completed this.

**March:** Recruitment Inclusion Ambassador workshop design started in collaboration with Learning & Development. This is an initiative to train up members of staff to identify bias in the recruitment process with a view to making recruitment fairer.

**April:** Equality Health Impact Assessment workshop delivered to policy group, theme leads and senior managers.

**May:** WRES & WDES data submitted.

Equality Delivery System progress report presented to Clinical Executive Management Group.

**June:** The staff network inclusion forum is launched to support and encourage collaboration between network co-chairs.

**July:** Internal Pride celebrated by the LGBTQIA+ staff network with visits to all sites, inviting staff to make a 'pledge for pride'

**August:** The EDI team delivered a session to the Strategies and Partnership Away Day alongside Head of People and Culture for William Harvey, Women Children & Young People.

**September:** National Inclusion Week was celebrated with a road show that visited all sites. Bringing together multiple teams to share their work and reach out to staff.

**October:** EDI workstreams for CLP (Culture Leadership Programme) EDI metrics and positive action programmes launched.

|  |  |
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| 1 BAME Leadership programme celebration event February 2024. | 2 Partnership and strategies away day August 2024. |
| 3 LGBTQIA+ Network Pride event July 2024 | 4 National Inclusion Week September 2024 |

# The EDI Strategy and High Impact Actions

In June 2023, NHS England published the EDI improvement plan which sets out six targeted actions to address direct and indirect prejudice and discrimination, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. This plan aims to improve the outcomes, experience and culture for those with protected characteristics under the Equality Act 2010 (although it is not limited to these groups) and links to the NHS people plan. The EDI improvement plan was developed through engagement with staff networks and senior leaders, including the health and care women leaders’ network, the race and health observatory, NHS employers and NHS confederation, reflecting the intersectional nature of the plan.

EKHUFT’s EDI strategy uses the EDI improvement plan’s high impact actions as a framework as it is well-researched, collaboratively produced, recognises the complex issue of inequality and how to address this to facilitate meaningful organisational change.

## High Impact Action One

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| **Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.** |
| 1. Every board and executive team member to have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process  2. Board members should demonstrate how organisational data and lived experience have been used to improve culture  3. The board to review relevant data to establish EDI areas of concern and prioritise actions. Progress will be tracked and monitored via the Board Assurance Framework |
| **Success Metrics** |
| Annual chair and chief executive appraisals on EDI objectives.  Board Assurance Framework |

**Core Activities**

* In January 2024 the Head of EDI and Director of the Culture and Leadership Programme (CLP) jointly facilitated a session with the Board and Executive Team around EDI Objectives. This included reviewing best practice examples, feedback from staff networks, identifying gaps in EDI knowledge for individuals and as a collective. A proforma template was agreed which contains collective and individual EDI Objectives with reference to the CLP Leadership Behaviours, the model the EDI Team are using (Thompson's PCS Model).
* In June 2024 all Executive members completed the EDI objective proforma as part of their appraisal process. EDI objectives include the CEO to meet with Head of EDI 3 times a year, participating in EDI events such as Black History Month and learning more about the lived experience of disability. It has been agreed that the Board and Executive Team will engage in bi-annual EDI sessions delivered by The EDI Team, as part of the Board Development Days. This started in August 2023.
* Each staff network has two Executive Sponsors from the Executive Team, their role includes supporting the networks and taking feedback about their lived experience and how this can improve culture as part of the EDI strategy.
* The EDI Team now report directly into the Chief People Officer (CPO). The aim to is give high level priority of EDI. The EDI Steering Group meets bi-monthly and is chaired by the CPO, to discuss EDI areas of concern and actions. Each Steering Group is themed around one of the strategy high impact actions. EDI Reporting is also presented at the EDI Steering Group, People and Culture Committee and CEMG. This includes the Equality Delivery System, Workforce Race Equality Standards, Workforce Disability Equality Standards, Gender Pay Gap, annual report, EDI strategy.
* EDI Actions on CQC Well-led Action Plan confirmed as on track/ in progress in July 2024; implementing an EDI strategy, creating a process for staff with disabilities and/or long-term health conditions to access reasonable adjustments, robust support for staff network chairs.
* EDI added as a standing agenda item on People and Culture Committee agendas. This is one of the national NHS Equality Delivery System objectives which aims to make EDI part of everyday business including identifying equality risks and mitigating impact. EDI reporting; bi-monthly performance review management reports to Board, bi-monthly EDI steering group assurance reports to People and Culture Committee, bi-monthly EDI strategy high impact action updates to ICB, quarterly Equality Delivery System reports/ updates to Clinical Executive Management Group, bi-annual EDI strategy high impact action update to People and Culture Committee. WRES and WDES data submitted in May each year, reports and actions plans published by 31*st* October each year. Gender Pay Gap data submitted to Government website by 31*st* March each year for previous year. Equality Delivery System report and action plan published by end of February each year.

**Next Steps**

* The EDI Team meet with Executive Management Team in April 2024 and agreed that the profile of EDI needs to be raised, and governance process reviewed, further meeting to be arranged to agree on a plan.
* Identifying an Executive champion for each of the EDI Strategy High Impact Actions.
* Non-executive directors to complete EDI objective proforma.
* To have an EDI session at a Board Development Day around EDI objectives, to theme the areas of learning, activity and identify support to enable this.
* To explore options to create better visibility and access to EDI data for the workforce so this can be used locally to implement change. Meeting to be arranged with Staff Experience Team and information systems team so discuss possibility of adding EDI metrics to the People’s dashboard.
* EDI to be added as an agenda item on all Board/Committee papers (including minutes), to identify equality and health inequalities related impacts and risks and how they will be mitigated and managed. This is a mandatory requirement of NHS England's Equality Delivery System (domain 3B).

## High Impact Action Two

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| **Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.** |
| 1. Creation and implementation of a talent management plan to improve the diversity of executive and senior leadership teams and evidence progress of implementation  2. A plan implemented to widen recruitment opportunities within local communities, aligned to the NHS long term workforce plan. To include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint. |
| **Success Metrics** |
| Relative likelihood of staff being appointed from shortlisting across all posts  Access to career progression, training and development opportunities  Year-on-year improvement in race and disability representation leading to parity over the life of the plan  Year-on- year improvement in representation of senior leadership (Band 8C and above) over the life of the plan  HEE National Education and Training Survey (NETS) Score metric on quality of training  Diversity in shortlisted candidates |

**Core Activities**

* Head of EDI liaised with OD consultant who is leading on succession planning and talent work in May 2024. Paper written and presented at Executive Management Team meeting in June 2024.
* Previous work started on De-biasing and Values-based recruitment refreshed and accelerated under a Culture and Leadership Programme (CLP) workstream. Steering group formed in June 2024 consisting of EDI, recruitment/ resourcing. Survey sent out to workforce asking for staff to be part of working groups to progress this work, 20 responded including recruiting managers. The staff were divided into 5 subgroups with a member of the steering group overseeing each; job descriptions/ adverts, application form, interview questions, interview/practical arrangements, feedback/measuring impact. All sub-groups meet fortnightly to progress actions and feedback to the steering group, the senior responsible officer takes updates to the Culture Board. Evidence-based practice from other organisations is being used, together with the Kent and Medway De-biasing Recruitment toolkit. Creation of Recruitment Inclusion Ambassador (RIA) role including training. An RIA aims to provide a neutral and unbiased perspective of the interview process that will support panels to effectively reach an unbiased recruitment decision. Plan is to implement training staff into the pilot for the de-biasing recruitment workstream.
* EKHUFT is participating in the ICB funded Kent and Medway wide Aspiring Development Programme for nurses, midwifes and allied health professionals. Programme aims to enable staff from ethnic backgrounds to give them the skills and learning to be future leaders as this group is under-represented at senior levels. 40 staff are in this year's cohort which started in September 2024.

**Next Steps**

* Head of EDI to follow up with OD team regarding succession planning and talent management. To link this work with the CLP metric work to improve race and disability diversity at senior levels in the organisation.
* De-biasing and Value-based recruitment pilot to start in January/ February 2025.

## High Impact Action Three

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| **Develop and implement an improvement plan to eliminate pay gaps.** |
| 1. Implementation of the mend the gap review recommendations for medical staff and development of a plan to apply those recommendations to senior non-medical workforce  2. Analysing of data to understand pay gaps by protected characteristic and put in place an improvement plan. To be tracked and monitored by the board. Reflecting the maturity of current data sets, plans should be in place for sex and race by 2024, disability by 2025 and other protected characteristics by 2026.  3. Implementation of an effective flexible working policy including advertising flexible working options on recruitment campaigns |
| **Success Metrics** |
| Year-on-year reductions in the gender, race and disability pay gaps |

**Core Activities**

* Gender Pay Gap data analysed and reported for 2023 and 2024
* EDI Team liaison with Medical Directors regarding the Mend the Pay Gap recommendations, agreement to set up a working group to progress the action
* EKHUFT Flexible working policy implemented including NHS England flexible Working toolkit for employees and managers
* Ethnicity pay gap data sourced from ESR
* EKHUFT participation in the BAME Women’s Kent and Medway Coaching Programme to take place from September to November 2024 (ICB funded limited spaces as a pilot).

**Next Steps**

* Set up working group to action implementation of the mend the gap review recommendations for medical staff
* Development of a plan to apply the mend the gap recommendations to senior non-medical workforce. To be created in collaboration with the Women’s Staff Network.
* Develop and implement an improvement plan for disability and race pay gaps, create in collaboration with the Disability and Ethnic Diversity Engagement Network (EDEN) staff networks.

## High Impact Action Four

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| **Develop and implement an improvement plan to address health inequalities within the workforce**. |  |
| 1. Line managers and supervisors having regular, effective wellbeing conversations with their teams  2. EKHUFT working in partnership with community organisations such as the NHS Race and Health Observatory, local educational and voluntary sector partners to support social mobility and improve employment opportunities  3. Policy and guidance in place for reasonable adjustments. Reasonable Adjustments are defined as changes an employer makes to remove or reduce a disadvantage related to someone’s disability or health condition. This could include physical adaptations or equipment, changes to ways of working and/ or support. |  |
| **Success Metrics** |  |
| Organise action on staff health and wellbeing  HEE National Education & Training Survey (NETS) Separate Indicator Score metric on quality of training |  |

**Core Activities**

* Menopause training delivered by Henpicked (training provider) to the workforce to become menopause champions and advocates
* Menopause Accreditation application has been submitted to Henpicked
* Trust achieved Veteran Aware Accreditation recognising the Trust’s commitment to the armed forces community
* Workplace Adjustments Policy, Guidance for managers and employees created
* Equality Health Impact Assessment (EHIA) workshop delivered by Head of EDI and Head of Patient Voice and Involvement Team in April 2024 to policy team, team leads and senior leaders.
* Leadership Programme for staff from ethnic backgrounds completed by 55 members of staff in February 2024. Aim was to develop skills to progress with career progression.
* Leading in Wellbeing module launched in September 2024 by Wellbeing Team
* Co-chair for Disability Staff Network successfully completed the Disability Rights UK Leadership Programme in September 2024
* Carers Forum led by staff launched in June 2024 to support staff in the workplace

**Next Steps**

* Henpicked committee to inform EKHUFT if Menopause Accreditation application has shown that the systems in place can continue to drive excellence and share best practice in becoming a menopause friendly employer
* NHS England providing Menopause facilitators training in October 2024 to enable staff as trainees to gain a license and guidance to conduct Menopause café events across the Trust for one year
* Veteran and Armed Forces champion training available to all staff.
* Veterans Forum to be established to shape the training and information on how the Trust identifies and supports veterans and armed forces colleagues, the families and patients
* Follow up with cohort from the Leadership Programme for staff from ethnic backgrounds on their personal development and progression
* Development of an Equality Health Impact Assessment (EHIA) Toolkit/FAQs

## High Impact Action Five

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| **Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.** |
| 1. Prior to joining the Trust, international recruits receive clear communication, guidance and support around their conditions of employment; including clear guidance on latest Home Office immigration policy, conditions for accompanying family members, financial commitment and future career options  2. Comprehensive onboarding programmes in place for international recruits, drawing on best practice. The effectiveness of the welcome, pastoral support and induction to be measured by turnover, staff survey results and cohort feedback  3. Line managers and teams who welcome international recruits must maintain their own cultural awareness to create inclusive team cultures that embed psychological safety  4. International recruits given access to the same development opportunities as the wider workforce. Line managers proactively supporting their teams to access training and development opportunities and ensure that personal development plans focus on fulfilling potential and opportunities for career progression |
| **Success Metrics** |
| Sense of belonging for internationally recruited staff  Reduction in instances of bullying and harassment from team/line manager experienced by (internationally recruited staff). |

**Core Activities**

* The EKHUFT pastoral care team were awarded the Pastoral Care Quality Award in June 2023 due to providing a comprehensive induction, onboarding and development support for internationally recruited nurses.
* The team's remit was initially internationally recruited nurses, but this has now been extended to all staff groups.

The team are responsible for ensuring that we meet the physical and emotional needs of our workforce and are here to:

* Offer a comprehensive and supportive induction program
* Formal support – for example, regular meetings with managers and mentoring opportunities
* Informal support – for example, buddying schemes and developing peer-to-peer support networks
* Understanding the learning and development needs and having training and information available to support these
* Making sure staff feel valued and able to flourish and demonstrate their skills.

**Next Steps**

* Continue to develop the Pastoral Support offer to ensure it reaches all staff groups across the Trust. Develop the use of cultural competency training developed by seventeen seconds so that it can be used as a training package across the Trust.

## High Impact Action Six

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| **Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.** |
| Review data by protected characteristic on bullying, harassment, discrimination and violence. Reduction targets to be set (by March 2024) and plans implemented to improve staff experience year-on-year.  There should be assurances that all staff who enter into formal processes are treated with compassion, equity and fairness, irrespective of any protected characteristics. Where the data shows inconsistency in approach, immediate steps must be taken to improve this.  Ensure safe and effective policies and processes are in place to support staff affected by domestic abuse and sexual violence (DASV).  Create an environment where staff feel able to speak up and raise concerns, with steady year-on-year improvements.  Provide comprehensive psychological support for all individuals who report that they have been a victim of bullying, harassment, discrimination or violence  Have mechanisms to ensure staff who raise concerns are protected by the organisation. |
| **Success Metrics** |
| Year-on-year reduction in incidents of bullying and harassment from line managers or teams.  National Education and Training Survey (NETS) bullying and harassment score metric (NHS professional groups)  Year-on-year reduction in incidents of discrimination from line managers or teams. |

**Core Activities**

* The EDI team responds to staff contacts about discrimination and equality, including giving advice to managers, services and teams.
* Positive Behaviours Group launched in June 2024 by Deputy Chief Nurse - Vulnerable People, Safeguarding and Patient Experience. Aim is to reduce violence, aggression and protect staff and patients. EDI are a member of the group. Actions include analysis of violence and protection data, policy review, safety measures.
* Review of all disciplinary and grievance processes including training to identify bias and make changes to embed EDI. Started November 2022, ongoing.
* Launch of Sexual Safety Charter by Freedom to Speak UP Team in May 2025.
* Hospital Independent Domestic Violence Advocate service available for staff and patients
* Comprehensive well-being offer available to staff including counselling and benefits platform Vivup.

**EDI activity and events in the last 12 months included, but not limited to:**

* Equality Delivery System (EDS) key stakeholder sessions, November 2023, June 2024, August 2024
* Transgender Day of Remembrance, November 2023
* See ME First site engagement, November 2023
* Disability History Month, November/December 2023
* Board and Executive Development Day, December 2023
* Speciality and Specialist Doctors (SAS) and Locally Employed Doctors (LEDs) Development Day, March 2024
* EMT (Executive Management Team), April 2024
* Wellbeing engagement hub, June 2024
* Pride Month Roadshow, June 2024
* Strategy and Partnerships Away Day, August 2024
* National Inclusion Week Roadshow, September 2024
* Nursing and ODPs (operating Department Practitioners), September 2024
* Heads of People and Culture and Business Partners (BPs), September 2024
* Women and Children Care Group, September 2024
* EDI hospital site ward trolley walk, September – November 2024
* Trust Welcome Day and marketplace throughout the year
* Connectors Training throughout the year

**Next Steps**

Setting up systems to record sickness and absence monitored by protected characteristics to identify any disparity so plans can be put in place to address this.

* Monitor protected characteristic of wellbeing champions, TRIM practitioners, and Mental Health First Aiders. Survey to be developed in January 2025.
* Datix incident reporting to be broken down by protected characteristics.
* Analysis of Freedom to Speak up cases by protected characteristics.
* Analysis of grievances by protected characteristics.
* Monitor and report exit interview data by protected characteristics

# Workforce Race Equality Standards (WRES) Overview

Since 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the Workforce Race Equality Standard (WRES). The 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. 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 (BAME) 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. This is the technical guidance that shows how the WRES data is calculated <https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-technical-guidance/>

The Bank and Medical WRES data was due to be collected by NHS England in 2024, NHS England have made the decision not to collect this in 2024 so this is not included in this annual report. We are awaiting updates about when this will be collected/ reported.

## 4.1 WRES Indicator One

Percentage of BAME staff in each of the Agenda for Change pay Bands (AfC) 1-9 and Very Senior Managers (VSM) including executive Board members) compared with the percentage of staff in the overall workforce.

* Data shows that 28.91% of EKHUFT staff are from a BAME background, this is a 4% increase from 2023 and is predominately made up of our valuable internationally recruited staff. This representation is higher than the 2023 NHS national average of 26.4%.
* There are some small increases in numbers of BAME staff in band 7 plus clinical roles since 2023.
* There is no change in BAME staff representation in band 7 plus roles for non-clinical staff since 2023.

## 4.2 WRES Indicator Two

Relative likelihood of BAME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.

* White applicants are 3.57 times more likely to be appointed from shortlisting than BAME applicants. This is an improvement of 0.74 from 2023.

## 4.3 WRES Indicator Three

Relative likelihood of BAME 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.

* Data shows that BAME staff are 3.42 more times likely to enter the formal disciplinary process that white staff. This is a worsening of 2.64 from 2023.

## 4.4 WRES Indicator Four

Relative likelihood of BAME staff accessing non-mandatory training and continuing professional development compared to white staff.

* BAME staff are 0.78 times more likely to access non-mandatory training and continuing professional development (CPD) in comparison to white staff. This is due to an increase of staff from BAME backgrounds accessing training and CPD and is an improvement from 2023.

## 4.5 WRES Indicator Five

Percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

* There is has been some improvement in some of the WRES metrics including 5 as illustrated in this graph and table which shows a minor improvement/ reduction of 0.07% in staff from ethnic backgrounds experiencing harassment, bullying or abuse from patients in 2022 to 2023. This metric also shows an improvement/ reduction of 2.63% for white staff.

* This metric shows that staff from ethnic backgrounds at EKHUFT experience abuse from patients at a 3.9% higher than the national benchmark.

## 4.6 WRES Indicator Six

BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months.

* There is has been some improvement in some of the WRES metrics including 6 as illustrated in this graph and table which shows improvement/ reduction of 1.22% in staff from ethnic backgrounds experiencing harassment, bullying or abuse from staff in 2022 to 2023. This metric also shows an improvement/ reduction of 0.78% for white staff.

* This metric shows that staff from ethnic minority backgrounds are 1.16% more likely to experience harassment, bullying or abuse from staff.

## 4.7 WRES Indicator Seven

Percentage of BAME staff believing that the trust provides equal opportunities for career progression or promotion.

* There has been some improvement in some of the WRES metrics including 7 as illustrated in this graph and table which shows an increase of 3.42% of staff from ethnic backgrounds believing that the organisation provides equal opportunities for career progression or promotion.

## 4.8 WRES Indicator Eight

Staff who have, in the last 12 months, personally experienced discrimination at work from any of the following - manager / team leader or other colleagues.

* There is has been some improvement in some of the WRES metrics including 8 as illustrated in this graph and table which shows a minor improvement/ reduction of 0.29% in staff from ethnic backgrounds experiencing discrimination from managers in 2022 to 2023. This metric also shows an improvement/ reduction of 0.75% for white staff.

* This metric shows that staff from ethnic backgrounds at EKHUFT experience abuse from managers at a 1.94% higher than the national benchmark.

## 4.9 WRES Indicator Nine

BAME Board representation. Percentage difference between the organisations’ Board voting membership and its overall workforce.

* 11.77% of the Board are from BAME backgrounds. This is no change since 2023 when this was in the bottom 10% nationally of NHS Trusts.

# Workforce Disability Equality Standard (WDES) Overview

The WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workforce and career experiences of disabled and non-disabled staff.

WDES metrics consist of:

* Three metrics focus on workforce data
* Five are based on questions form the NHS Staff Survey
* One metric focuses on disability representations on boards
* One metric (metric 9B) focuses on the voices 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. This is the technical guidance that shows how the WDES data is calculated <https://www.england.nhs.uk/publication/nhs-workforce-disability-equality-standard-technical-guidance/>

**WDES data spotlight** (31/03/2024 snapshot date)

* Data shows **5.43%** of staff with a disability in the workforce. EKHUFT is above the national average (4.9%) for overall headcount at 5.43% for disabled staff. There has been some increase in bands 7 and above, some due to increase in declaration rates. More work around declaration needed.
* Disabled staff are **0.97** times more likely to enter the formal capability process compared to than non-disabled staff
* **20.4%** of disabled staff experienced harassment, bullying or abuse from managers in the last 12 months (Metric 4b).
* Non-disabled staff were **0.49** times more likely to be appointed from shortlisting (interview) compared to disabled staff across all posts. This is below the national benchmark
* **47.2%** of disabled staff believe that their organisation provides equal opportunities for career progression or promotion
* **73.4%** of disabled staff said that their employer had made adequate adjustments to enable them to carry out their work
* **30.8%** of disabled staff felt pressure from their manager to come to work despite not feeling well enough

## 5.1 WDES Metric One

Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

* Data shows an increase or the same for **non-clinical disabled staff** with the highest increase of 4.7% at Band 8a.
* Data shows an increase or the same for **clinical disabled staff** with the highest increase of 14.3% at Band 8d

## 5.2 WDES Metric Two

Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

* Data shows that the number of shortlisted applicants has decreased by 0.10%
* Data shows that Disabled staff are more than likely than non-disabled applicants to be appointed from shortlisting.

## 5.3 WDES Metric Three

Relative likelihood of Disabled staff compared no non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

* Data shows an improvement of 0.64 showing that disabled staff are less likely to enter the capability process

## 5.4 WDES Metric Four A

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, theirrelatives or the public in the last 12 months.

* Data shows a slight decrease at **31.35%** of staff **with** a long lasting health condition or illness who have experienced harassment, bullying or abuse from **patients/service users, their relatives or the public** in the last 12 months.
* Data shows that staff **with** a long-lasting health condition or illness **is higher** compared to staff **without** a long-lasting health condition.

## 5.5 WDES Metric Four B

Percentage of staff experiencing harassment, bullying or abuse from managers in the last12 months.

* Data shows a decrease at **20.44%** of staff **with** a long-lasting health condition or illness who have experienced harassment, bullying or abuse **from managers** in the last 12 months
* Data shows that staff **with** a long-lasting health condition or illness is higher compared to staff **without** a long-lasting health condition.

## 5.6 WDES Metric Four C

Percentage of staff experiencing harassment, bullying or abuse from other colleagues inthe last 12 months.

* Data shows a decrease at **29.11%** of staff **with** a long-lasting health condition or illness who have experienced harassment, bullying or abuse **from other colleagues** in the last 12 months
* Data shows that staff **with** a long-lasting health condition or illness is higher compared to staff **without** a long-lasting health condition

## 5.7 WDES Metric Four D

Percentage of staff saying that the last time they experienced harassment, bullying or abuse atwork, they or a colleague reported it.

* Data shows an increase of **48.75%** of staff **with** a long-lasting health condition or illness who have experienced harassment, bullying or abuse and reported it
* Data shows that staff **without** a long-lasting health condition or illness is higher compared to staff **with** a long-lasting health condition

## 5.8 WDES Metric Five

Percentage of staff who believe that their organisation provides equal opportunities forcareer progression or promotion. (National Staff Survey q15)

* Data shows an increase of **47.20%** of staff **with** a long-lasting health condition or illness who believe that their organisation provides equal opportunities for career progression or promotion.

## 5.9 WDES Metric Six

Percentage of staff who have felt pressure from their manager to come to work, despite not feelingwell enough to perform their duties. (National Staff Survey q11)

* Data shows a decrease of **30.81%** of staff **with** a long-lasting health condition or illness who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
* Data shows that staff **with** a long-lasting health condition or illness is higher compared to staff **without** a long-lasting health condition.

## 5.10 WDES Metric Seven

Percentage of staff satisfied with the extent to which their organisation values their work.(National Staff Survey q4b)

* Data shows an increase of **29.46%** of staff **with** a long-lasting health condition or illness who were satisfied with the extent to which their organisation values their work.
* Data shows that staff **with** a long-lasting health condition or illness is higher compared to staff **without** a long-lasting health condition.

## 5.11 WDES Metric Eight

Percentage of staff with a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work. (National Staff Survey q31b)

* Data shows an increase of **73.36%** of staff **with** a long-lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work. Benchmark median is at **73.38%**

## 5.12 WDES Metric Nine A

Staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

* Data shows the average staff engagement score of the organisation is 6.34. Staff **with** a long last health condition or illness scored higher in the last 12 months compared to staff **without** a long-lasting health condition or illness that scored lower.

## 5.13 WDES Metric Nine B

Has your organisation taken action to facilitate the voices of your disabled staff to be heard? (yes) or (no)

* EKHUFT currently has a Staff Disability Network (SDN) and a Neurodiversity Staff Network to support staff and provide a safe space for them to raise issues and concerns.
* The Staff Disability Network in collaboration with the EDI Team engage in and promote disability events and awareness of disability.
* The Neurodiversity Staff Network in collaboration with the EDI Team engage in and promote disability events and awareness of disability and features of neurodivergence.
* Empowering staff to share their lived experience stories to raise awareness and promote meaningful culture change, including at Board Meetings.
* EKHUFT is part of the Hidden Disabilities Sunflower Scheme. Disability Staff Network raise awareness of non-visible disabilities, signing of a Trust pledge and distribution of sunflower badges. Hidden Disabilities Sunflower Scheme. Disability Staff Network to raise awareness of non-visible disabilities, signing of a Trust pledge and distribution of sunflower badges.

## 5.14 WDES Metric Ten

Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce disaggregated:

* By voting membership of the Board
* By Executive membership of the Board
* Data shows that the total headcount has increased from 0 to 2 compared to 2023.

# Gender Pay Gap (GPG) Summary

The gender pay gap is the difference between the average pay of men and women in an organisation. Any employer with 250 or more employees on a specific date each year (the ‘snapshot date’) must report their gender pay gap data. GPG calculations are based on employer payroll data drawn from this snapshot date. For detailed information on how the GPG is calculated, please see the Government website; [Gender pay gap reporting: guidance for employers - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers)

For public sector organisations like EKHUFT, the snapshot date is 31st March each year, the below data comparison is for 31/03/2023 and 31/03/2024.

## 6.1 Hourly Pay Gap

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| **2023 Snapshot** | **2024 Snapshot** |
| Women earn 81p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 18.5% lower than men’s. When comparing mean (average) hourly pay, women’s mean hourly pay is 30.4% lower than men. | Women earn 83p for every £1 that men earn when comparing median hourly pay. Their median hourly pay is 17.2% lower than men’s. When comparing mean (average) hourly pay, women’s mean hourly pay is 30.6% lower than men. |

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| --- | --- |
| **2023 Snapshot** | **2024 Snapshot** |
| Women occupy 62% of the highest paid jobs and 82.2% of the lowest paid jobs. | Women occupy 60% of the highest paid jobs and 81.4% of the lowest paid jobs. |

## 6.2 The percentage of women in each pay quarter

## 6.3 Bonus Pay Gap

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| --- | --- |
| **2023 Snapshot** | **2024 Snapshot** |
| Women earn £1 for every £1 that men earn when comparing median bonus pay. Their median bonus pay is 0% lower than men’s.  When comparing mean (average) bonus pay, women’s mean bonus pay is 13% lower than men’s.  **Who received bonus pay:** 1.7% of women 13.4% of men | Women earn 58p for every £1 that men earn when comparing median bonus pay. Their median bonus pay is 42.4% lower than men’s.  When comparing mean (average) bonus pay, women’s mean bonus pay is 30.8% lower than men’s.  **Who received bonus pay:**  0.4% of women  3.8% of men |

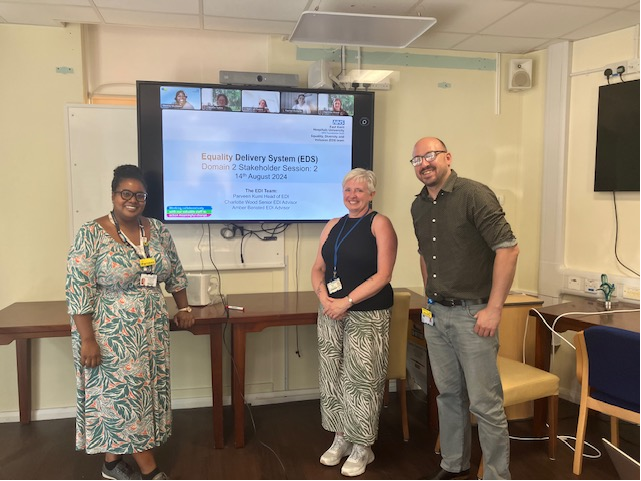
Overall, the gender pay gap is closing when looking at hourly pay and highest and lowest paid jobs

The median measure for the bonus pay gap was equal in 2023, this appears to be due to less bonuses being paid overall. This is in disparity in 2024 and is largely due to disparity bonus payments in the medical profession.

**Next Steps**

For EKHUFT to implement the Mend the Gap mandatory recommendations as part of the NHSE EDI Improvement Plan and EDI Strategy; [Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England - December 2020 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf) This work will be driven by the EDI Team in collaboration with the medical workforce and Women’s staff network.

# Equality Delivery System (EDS) Overview



5 Hybrid Equality Delivery System stakeholder session, August 2024.

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.

It supports NHS organisations to review and develop their approach in addressing inequalities in health access, experiences, impact, and outcomes through three domains: Services (Patients), Workforce health and wellbeing and leadership.  It is driven by data, evidence, engagement, and insight and was amended in 2022 to be brought into line with the NHS Long Term Plan, and in response to COVID-19.

The EDS annual assessment requires us to look at access, experience, and outcomes for eight of the nine protected characteristics under the Equality Act 2010.  We are also encouraged to review access, experience, and outcomes for ‘health inclusion groups’ such as carers and homeless people.

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.

* As the EDS covers both workforce and patients, the EDI Team and Patient Voice and Involvement Team are working collaboratively to gather evidence and produce the report. The stakeholder groups which includes Employee Relations, Occupational Health, Learning and Development, Well-being, Staff Experience, Business Intelligence, Datix and FTSU, met in June and August 2024 to progress the action plan.

**EDS Actions include;**

* Setting up systems to record sickness and absence data monitored by protected characteristics to identify any disparity so plans can be put in place to address this.
* Monitor protected characteristic of wellbeing champions, TRIM practitioners, and Mental Health First Aiders. Survey to be developed in January 2025.
* Datix incident reporting to be broken down by protected characteristics.
* Analysis of Freedom to Speak up cases by protected characteristics.
* Analysis of grievances by protected characteristics.
* Monitor and report exit interview data by protected characteristics.

An EDS update was brought to the Clinical Executive Management Group in May 2024.

**Next steps**

* In November 2024 a domain 2 stakeholder session will be held to review the actions and score the data and evidence against each domain.
* November/ December 2024- the EDI and Patient Voice and Involvement Team will combine the EDS evidence, reports and actions plans for domains 1, 2 and 3 and take this through the governance process (including but not limited to- EDI Steering Group, People and Culture Committee, CEMG, Fundamentals of Care, Board), before being published on the Trusts public website by 28*th* February 2025.

# The power of Staff Networks

The Trust is committed to creating a fairer and more diverse organisation for everyone. One of the ways we wish to achieve our ambition is through our Staff Networks, they are an important mechanism to allow colleagues to discuss their experiences, offering a safe space, and help to shape our organisational culture to create fairer and inclusive work environments for all.

The EDI Teamsupport andwork closely with EKHUFT’s five staff networks who are an integral part of the EDI strategy delivery. To help reduce inequalities and support our staff, the NHS People Plan and the NHS EDI improvement plan recognise Staff Networks as vital to driving meaningful change and creating organisational cultures where everyone feels they belong. As part of the organisation’s commitment to EDI, we encourage the establishment and growth of Staff Networks to promote inclusivity and diversity in the workplace. Staff Networks enhance our staff’s workplace experience and can provide invaluable insights into how the Trust can ensure equal opportunities are available to all.

The staff network chair (or co-chair/lead) is a vital role that oversees and co-ordinates the running of the network. They organise and agree the strategic direction of travel including activities and events, chair meetings, set meeting agendas, and record and communicate discussion notes and outcomes. Staff network members engage in network activity, including attending meetings and events where possible. Giving advice to the organisation about how to be more inclusive, which may include engagement with teams or services.

The staff networks provide a critical forum for EDI activity and contribute ideas based on valuable lived experience including EDI action plans. Staff Networks are members of the EDI Steering Group.

Networks also provide opportunities for people to build confidence to speak up in forums outside of the network space, address local concerns and link people to collaborate and innovate intuitively across the NHS.

Staff networks play an important role in helping NHS organisations deliver high-quality care, and equality through their ability to:

* share the lived experience of people to inform decision-making and improvements
* support equality, diversity, and inclusion
* reach seldom-heard voices
* identify and develop future leaders
* advise on the different needs of our people and how best to meet these needs so everyone feels a sense of belonging and can thrive
* help the organisation to work in ways that embraces and progresses inclusion
* help leaders demonstrate their commitment to creating an inclusive culture
* provide feedback on strategic areas of work
* improve inclusive recruitment processes and practices
* influence, challenge and improve policies and processes
* offer diverse expertise and voices to enhance decision making
* remove outdated and adverse policies and practices
* provide a space for individuals seeking peer support, and a safe space to create and experience a sense of community and belonging.

Not only do they provide a supportive and welcoming space for NHS colleagues, but they also offer expertise on matters related to equality, diversity, and inclusion. The [NHS People Plan](https://www.england.nhs.uk/ournhspeople/) asks organisations – including boards and senior leaders – to ensure this expertise informs senior-level decision-making for workforce development, improving employee experience and retention, and to influence national policy and patient care positively.

Staff networks welcome all staff, including 2gether Support Solutions staff, those with protected characteristics and allies as members. Please search for ‘staff networks’ on staff zone for more information or to become a member. Our Staff Networks

**The Staff Disability Network**

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|  | **Network objectives**   * Promoting the network, encouraging more staff engagement * Promoting campaigns: Work in my shoes project and the hidden disabilities Sunflower pledge. * To form more peer support groups for those with specific conditions. * Supporting application for Trust charity funds for provider Access Able to undertake an audit of the Trust buildings to assess accessibility and provide recommendations. * To create a new network guiding vision and terms of reference with members.   **Achievements**   * The network meets regularly to offer peer support and updates between the members as well as to share ideas on how they can enact meaningful change in the organisation. * Members have recently begun organising a peer support for people with hearing loss. * Organising an all-staff network festive party in December 2024. * Sending an informative newsletter to members.   **Challenges**   * Staff not being released from duty to attend network meetings, particularly clinical colleagues * Demands on co-chairs of running the network   **Membership numbers:** On 31/08/2023 the Staff Disability Network had 75 members; they now have 89.  **Current Co-Chairs:** Carly Larkin and Molly Elliot.    **The Ethnic Diversity Engagement Network (EDEN)** |

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|  | **Network objectives**   * Re-starting network meetings after a period without meetings * For the two new Co-Chairs to establish their roles and aims with network members * Promote the network   **Achievements:** the EDEN network elected 2 new co-chairs in August 2024 who have restarted regular network meetings and are planning events for Black History Month in October 2024.  **Challenges:** there was a period when EDEN had no chairs, and no network meetings took place due to this.  **Membership numbers:** on 31/08/2023 EDEN had 87 members; they now have 139. **Current Co-Chairs:** Jessica Otu and Mark (Michael) Dalauidao. |

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|  | **Network objectives**  As part of our Pride celebrations, we asked people to pledge for Pride, the pledge was:   * I pledge to stand up to discrimination based on sexual orientation or gender identity. * I commit to using inclusive language that respects everyone’s pronouns. * I will continue to learn and educate myself about the LGBTQIA+ community. * I will create safe spaces for LGBTQIA+ people to be themselves.   **Achievements:**   * In July 2024, the LGBTQIA+ Staff Network held events on the five main hospital sites to celebrate Pride. During this event they received over 150 pledges on their ‘pledge for Pride’ board and signed up 82 new members. * Setting up the Staff Networks Facebook group. * Setting up informal spaces for staff who have gender diverse children to offer support and advice based on lived experience.   **Challenges:** there have been changes in co-chairs over the year and meetings did not run regularly at points due to this.  **Membership numbers:** on 31/08/2023 the network had 93 members; the network now has 195 members.  **Current Co-Chairs:** Sam Alexander and Erin Donovan-Sharpe. **Deputy Chair:** Pawel Kurdys |

**The LGBTQIA+ Staff Network**

**The Women’s Network**

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|  | **Network objectives**   * Re-start meetings. * Elect additional roles to support leading the network.   **Achievements:** promotion/ sharing of menopause training, support and events.  **Challenges:** The Women’s Network have not been having regular network meetings due to the demands on co-chairs, however, members and the co-chairs are keen to restart meetings in the coming year, with plans to host in person coffee mornings for members.  **Membership numbers:** on 31/08/2023 the network had 112 members; they currently have 113 members.  **Current Co-Chairs:** Sally Crosthwaite and Shelly Clarke |

**Neurodiversity Staff Network**

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|  | **Network objectives**   * Promote the network * Educate others about neurodiversity * Provide peer support for staff * Elect site reps on each main hospital site.   **Achievements:**   * The network has built amazing peer support through their meetings, where members can share advice and concerns in a safe, supportive space. * Sending out informative newsletters to members. * Elected four additional members to support the running of the network.   **Challenges:** pressure on co-chairs running the network, lack of protected time for them and members to engage in network activity.  **Membership numbers:** on 31/08/2023 the newly formed network had 38 members, they currently have 75 members.  **Current Co-Chairs:** Ester Thomas, Katie Clark, Tracy Stewart, Judith Ramsamy, Cameron Thompson and Natalie Matthews. |

## Support for Staff Networks

### 8.1.1 The Staff Network Inclusion Forum

In response to staff network co-chairs feeding back to the EDI Team the need for more robust support, the Staff Network Inclusion Forum was established in June 2024. This is for EKHUFT and 2gether Support Solutions (2SS) staff network co-chairs and contributors who are leading staff networks to come together with the EDI Team.

The purpose of the forum is to provide an inclusive and supportive platform to develop collaborative working and an opportunity to bring different demographic networks in a wider employee voice forum that represents the entire workforce. The forum aims to develop collaboration and learning on concepts of intersectionality, shared lived experiences, heritage backgrounds andprotected characteristics (under the Equality Act 2010) to address difficult workplace issues relating to inequality and fairness.

The forum reports into the Equality, Diversity and Inclusion Steering Group where network co-chairs are invited to have a voice, share experience and raise issues on behalf of their members with an aim to create an environment of equality and a culture of inclusivity where everyone can be their true selves.

### Staff Network Policy

Staff network co-chairs and members fed back to the EDI team that a main challenge of running the networks, attending meetings and engaging in network activity is that some managers do not understand the purpose or importance of networks and they are not being given protected time. This in turn can create a significant amount of stress and pressure on co-chairs and prevent the functioning and growth of our valuable staff networks. We need to look after our staff. Therefore, a staff network policy has been produced as a direct request from our Staff Networks and serves to demonstrate that the organisation is listening and taking action.

The purpose of the policy is to demonstrate the organisation’s commitment to Staff Networks, to outline the purpose and scope of the Trust’s Staff Networks and to support network functioning. The policy also services to bring the functioning of EKHUFT’s staff networks in line with NHS England’s standards including protected time for Chairs and members as this is not currently being adhered to which is significantly impacting network Chairs/ members and the limiting the work and contribution of staff networks. The policy is going through the governance process and is due to be published in October/ November 2024.

# Core issues staff contact the EDI team about

* Experiences of racism from managers/ team leaders, particularly from internationally recruited staff
* Staff from ethnic minority backgrounds feeling they are being taken through performance management procedures unnecessarily due to lack of understanding about their culture and individuality
* Staff with long-term health conditions and disabilities not getting the reasonable adjustments they need to do their job
* Staff confused about who speak up to; some come to the EDI team wanting clarity about what support is available and who they can speak to, and some come to us as a last resort when they feel they have exhausted all other avenues
* Managers/ policy writers/ policy team wanting support and advice on how to complete Equality Health Impact Assessments
* Well-being related issues; mental health impact of experiencing discrimination, unfair treatment, not getting equal access to opportunities
* Managers asking for advice following staff raising concerns or complaints about EDI related issues including accessing reasonable adjustments, staff speaking in their first language (not English), wanting better understanding of neurodiversity and how to support gender diverse staff

# 9.1 Core challenges in progressing the EDI agenda

* Limited EDI and Staff Network resource; staff and budget.
* Lack of understanding about what EDI is and the importance of this; not understanding that it is everyone’s responsibility. Links to need for better governance and support for EDI
* Pronounced silo working in the organisation that limits collaboration
* Reactive thinking or actions; wanting a quick result sometimes resulting in tokenism
* Staff thinking EDI doesn’t apply to them
* Organisational fragility; a concept where the organisation has been so heavily criticised that this can result in defensiveness related to change
* Psychological impact of EDI related issues on the workforce
* Lack of safe spaces for staff e.g. breast/chest feeding, private spaces for sensitive conversations

# 10.0 Concluding thoughts

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. The EDI strategy and this annual report articulates meaningful action to transform the lived experience of our staff and realise the benefits that we know come from greater equality, diversity and inclusion.

There is a wealth of evidence that shows having a diverse workforce and making sure everyone feels part of a team delivers the best care for patients.

It is the job of the organisations leaders to ensure we deliver, taking an active role in ending all forms of discrimination, role-modelling inclusive behaviours and creating an environment in which our workforce feel safe and empowered. But everybody has a role to play supporting, encouraging and promoting inclusion.

There is a need for EDI to be higher profile, for robust support from key decision makers for the EDI agenda, improved communications about progress, collaborative working and shared responsibility.