Annual Equality and Diversity Report 2011

Introduction

1. The scope of this report focuses on staffing and employment matters as well as the enhancement of the patient experience which is monitored by the First Patients Team.

2. The Trust has an Equality and Diversity Steering Committee, chaired by a non executive Director, which reports to the Trust Board. The committee leads on the strategic direction of Equality and Diversity on behalf of Newham University Hospital NHS Trust. It meets on a quarterly basis and has the authority to make decisions in order to ensure the Trust meet its obligations in all areas of equality and diversity.

General and Specific Duties

3. The Equality Act 2010, places a “general” duty on all employers not to discriminate. Public Authorities such as Newham University Hospital Trust (NUHT or the Trust), have a further duty to promote equality. The Act places a specific duty on the Trust to develop policies and action plans to fulfil this purpose.

4. Thus NUHT has a “specific duty” to prepare plans of how it intends to meet its legal requirements. The Trust has published a single equality scheme to fulfil this purpose which was approved by the Trust board in late 2009.

Monitoring

5. The Trust has a “specific” duty to monitor the experience of staff by racial group, gender, sexual orientation, age, religion and belief, transgender, pregnancy and maternity, marital status and disability from application to outcome, including the recruitment, training and career progress of staff. The Trust is required to publish a full report of these monitoring results annually and matters relating to staff and employment are to be found in the appendices to this report. The Trust also monitors some areas of patient intake including, age, gender and ethnicity.

Training

6. The Equality and Human Rights Commission produces Codes of Practice on the duty to promote equality. These require the Trust to make arrangements to train its staff in their general and specific duties. During
2011 the Head of Equality and Diversity alongside the Multi-faith manager, as they have done for a number of years, delivered the training course ‘Respecting Differences, Responding to Diversity’. Part of this course is now also delivered in the induction programme for new employees. New starters also get to share their thoughts on equality in their first induction day and are asked to provide examples of what previous workplaces have done to promote equality. The Head of Equality and Diversity also delivers the equality impact assessment training course. The Equality and Diversity Lead also delivered a number of briefings and training sessions on equality to the board and recruitment and selection as part of the transformation process and as part of the ‘Being an Effective Manager’ course. Discrimination legislation changes regularly and so it is necessary to update staff about new responsibilities, new rights and areas of risk.

Equality Impact Assessments (EQIA)

7. The Trust had a “specific duty” to carry out Equality Impact Assessments (EQIA). This requires an analysis of the effects of any relevant Trust policy, practice or provision to determine whether it has a differential impact on protected groups of people. EQIAs also consider whether the Trust is promoting equality and diversity in its services and policies.

8. A number of equality impact assessments were carried out over the previous year in a number of consultations and policies including:

- The merger of Barts and the London, Whipps Cross and Newham Hospitals
- Transformation process at Newham Hospital
- Breastfeeding Support Service consultation
- Business Informatics and IT consultation
- Cancer Services consultation
- Flexible working policy
- Industrial action policy
- Mutually agreed resignation scheme (MARS)
- Out-patients consultation
- Procurement consultation
- Ward reconfiguration consultation

9. The Equality Act introduced the concept of Equality Analysis to replace the EQIA process. An Equality Analysis toolkit has been devised by the Equality leads of the merging Trusts.

10. The merger team provided funds to engage an external consultancy to conduct a human rights and equality analysis of the planned merger between Barts and the London Trust, Whipps Cross NHS Trust and Newham NHS Trust. The planned merger needs to respond to:
The challenges brought by providing for the needs of a diverse and rapidly changing demographic

The significant health inequalities

Working with some of the most deprived and unhealthy communities in the country

11. A charity called BRAP were successful in the tender exercise and were engaged to collate a sound baseline of catchment and staff populations against which all future equality analysis can be based, as well as to engage with stakeholder groups within the Trust’s catchment area to gain their perspective on the merger.

Legislative developments 2010-11

12. The Equality Act 2010 came into force on the 1st October 2010 and provides a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation; and to deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

13. The Equality Act 2010 is a major simplification of discrimination legislation that makes the law easier to understand and comply with and delivers significant benefits for business, public bodies and individuals.

14. The provisions of the Equality Act are being brought into force at different times to allow time for the people and organisations affected by the new laws to prepare for them. Most of the provisions came into force on 1st October 2010. The Government is considering how the remaining provisions can be started so that the Act is implemented in an effective and proportionate way.

Equality and Diversity Initiatives in the Trust 2011

15. The Trust is developing links with Remploy, which is a government funded agency that provide advice to employers on recruiting people with disabilities and then retaining them. We have had a number of meetings with the disability champions and they attended our diversity week and talked to a number of staff about the free services they provide.

16. The Trust sent out a diversity survey to all staff in September 2010, asking them to update their diversity information particularly around the areas of disability, sexual orientation and religion. There were over 700 replies and this information is currently being updated into ESR.

17. The Trust came second in the Job Centre Plus diversity award, and came first in the diversity category in the Guardian public service awards. This
demonstrates that the Trust is at the forefront of developing equality, diversity and human rights good practice both within the NHS – and across the wider public sector.

18. The Trust was successful in its application to the NHS Employers – Equality and Diversity Partners Programme 2010/2011 and was selected for Partner status for the period 1\textsuperscript{st} April 2010 to 31\textsuperscript{st} March 2011.

19. In total, 23 Trusts were selected nationwide as Equality and Diversity Partners for 2010/11. A rigorous process was applied to all submissions against the 10 criteria listed in the application pro forma. The submissions were then assessed and scrutinised by a panel who were impressed with the evidence we provided and recommended the Trust for Partner status. The feedback was that the evidence the Trust submitted was informative and that the contents demonstrated the enormous commitment of the Trust to embedding equality, diversity and human rights into core business.

20. As an NHS Employers Equality and Diversity Partner the Trust was at the forefront of developing equality, diversity and human rights good practice both within the NHS and across the wider public sector.

21. In October 2010 the Trust hosted a career seminar for Black, Asian and Minority Ethnic (BAME) staff. This event supported staff in thinking strategically about their career by practically working on their vision for where they wanted to be in five years’ time and helping them to develop a plan for getting there. The session was delivered as a mixture of presentations, facilitated exercises and group discussion.

22. By the end of the session participants had a clear idea of the gap between their current position and their future career goals, an understanding of what they needed to do to reduce this gap and an appreciation of key career advancement strategies to consider towards successful progression as a BAME professional.

23. The seminar was delivered jointly with Newham PCT, as part of our involvement in the NHS Equality Partners Programme and a commitment to work with local stakeholders, in delivering an event for staff.

24. Evaluation forms were given out at the end of the session and feedback included:

“Thank you for a fruitful session today. I am still talking about it”
“It was beneficial, have heard some of the ‘talk’ before but liked the angle they approached it. I learnt two keys things, so good I attended”
“I personally found the course very useful. It was fantastic and I liked the presentation style”
“Really good session, I am now thinking about the next steps, despite my busy working life, I need to take control of my career”
“I saw the session as telling us what the rules of the game were. Some people may have been uncomfortable with this, but in order to progress there are some things that individuals can do to take control of their career”
“I really enjoyed the session and gained some useful insights that will help me whenever doing career coaching for BAME staff”

25. Subsequent to this a further career development session was hosted at the Trust in 2011 and delivered by the Network for Black Professionals who received funding from the Department for Communities and Local Governments “tackling race inequalities” fund.

26. The Trust is currently developing its “Reaching your Potential” programme. The programme aim is to meet the needs of staff at band 7 and give them the skills and tools to progress to more senior grades. There is an under-representation of BME staff at band 8 and above and so staff within this category are being encouraged to apply. The programme is divided into three modules and a celebration event. Each module comprises workshops and work based activities.

27. The Trust is also participating in the NHS London Mentoring for Diversity Programme. Former executive directors of the Trust put themselves forward as mentors and we had staff who were successfully accepted onto the programme as mentees. The aim of the programme is to give participants the opportunity to meet their mentor on a regular basis, work shadow, work with them on small projects and attend events and various networking opportunities with their mentor. The programme lasts for one year and is due to begin in March 2012. NUHT participated in the 2011 programme.

28. The executive board along with other staff from NUHT, attended a master class by Bina Kandola on unconscious bias at the beginning of 2011. We all have bias and this affects the decisions we make at work. The session provided understanding on why we are biased and participants were given techniques to help reduce bias in decision making. Following this, the Learning and Development department purchased an unconscious bias DVD, which we are using in our training.

29. The Trust applied unsuccessfully to Stonewall, to take their part in their healthy lives programme. It was regard as a positive step that the Trust put in an application. Barts and the London Trust have recently been named as the top health Trust in London, in the Stonewall equality index. Once the Trust merges this learning can be shared and built upon, with the merger partners.

30. The Trust is currently rolling out the You Matter programme. This is about creating an environment that people enjoy working in, where they feel respected and valued and can deliver excellent patient care. It is about ensuring that everyone who comes to the Trust, whether staff, patients or
carers, feels that they are treated with the everyday respect we all expect and deserve.

31. The Trust has been working with an independent consultancy called Xtend to help it establish and run You Matter. So far the programme has been working in two ways: holding a series of focus groups with patients, carers and staff; and working with three ‘Trailblazer Teams’, Larch Ward, Cancer Services and Heather Ward.

Bilingual Health advocacy service

32. Newham University Hospital NHS Trust has a comprehensive Bilingual Health Advocacy Service (BHAS). The service aims to overcome language and cultural barriers and to support the local communities to achieve better access and make informed choices about the health services available.

33. Language barriers leads to lack of understanding by non-English speaking clients about statutory agencies and their roles and therefore lack of involvement by service user and careers resulting in poor care. The service is an effective mechanism to assist patients in fully participating in their care pathways thus minimizing the negative impact of language and cultural barriers.

34. BHAS promotes social inclusion and reduce inequalities by improving the client’s experience.

35. The service works toward meeting national targets and local priorities and complies with the Human Rights Articles and 2010 Equality Act.

36. The team comprises trained sessional and permanent staff covering 43 languages and offers face to face bilingual support to the patient and health care workers in various settings across the locality including inpatient, outpatient, community and home settings. 99 % of the clients that use BHAS speak little or no English. The strong web of partnership with community groups helps keep the focus firmly on the patient and on improving practice to meet diverse needs.

37. BHAS has constantly been through service transformation in response to changing needs . Team achievements have been acknowledged by winning national and sector modernisation awards.

38. BHAS has developed in diverse ways to respond to the multifaceted needs of minority ethnic communities. Apart from delivering its advocacy
and interpreting role it has been involved in some of the following initiatives/projects:

- Worked in partnership with local providers and developed local capacity by supporting communities in accessing jobs.
- Supported other Trusts to use BHAS model of cost effective and quality service.
- Joint bids to local development plans to offer out of hour’s service and other services using local resources.
- Many tailor made projects in languages for communities include Hajj and Your Diabetes, Ramadan and Stop Smoking and semi structured teaching and education sessions in languages for diabetic patients.

39. BHAS has played a lead role in reducing inequalities and improving access for minority communities so they are not excluded from being part of research portfolio. Take up by diverse patients in research initiatives has consistently increased. Some of the research initiatives include:

- Assistive Technologies For Healthy Living In Elders (ATHENE)
- Barriers to Research Diabetes
- Breast Cancer
- Ante Natal Care
- Fish Oil
- HIV and Ageing
- HIV Pregnancy

40. BHAS is always working in partnership on new ideas to deliver services with equality and quality to the population it serves.

41. Data in annex b, shows various languages provided to service users during their journey when they have been under NUHT care.

**Diversity Training**

42. The Trust is fully committed to provide Diversity training to its entire workforce. Diversity training is a mandatory course from executive to all levels across the organisation. Regular half day courses are run every six weeks. Training is delivered internally. All new employees receive the training as part of their induction. It is very well received and well attended course. Teaching methodology is based on good models of practice through interactive approach based on experiential learning. Our national staff survey 2010 response shows 46% of our staff have received diversity training which is above the national average with an increase of 11% from 2009.

43. The course aims are to help staff to recognise and develop their existing interpersonal skills and to increase their knowledge of the diversity which exists within the healthcare system so that they can respond to it in a
positive and professional way. The day focuses on the principles of good practice around nine protected characteristics.

44. The course objectives are to help staff:
   ◆ **Develop** ability to improve performance by embracing diversity
   ◆ **Respond** to changing healthcare needs and new opportunities
   ◆ **Ensure** that services are accessible and sensitive to the needs of our service users
   ◆ **Ensure** that people are treated with dignity, understanding and respect.
   ◆ **Maintain** a positive attitude to diversity

45. Comments from evaluations received on RDRD Course:
   ● “It made me realise that religion/people cannot be compartmentalised. Looking at making assumptions on the basis of the way a person looks or dresses, or their name, can easily get into routine with this especially when busy, so must remember not to assume.”
   ● “Refreshes our attitude towards our clients for sometimes due to so much heavy work load, we do forget skills in communication and ways to listen regardless of who they are”.
   ● “More open mind approach and appreciate people’s needs better”.
   ● “Defining the language of diversity was really helpful. I usually use a lot of these terms loosely but the course today has completely made me understand them”.
   ● “I now feel I will be a nicer person, due to this course. I understand that everyone is different and no matter what a person believes, looks like, etc everyone deserves respect and care”.
   ● “Every part was thoroughly enjoyable and useful for work purposes and attitude outside of work”.
   ● “Useful at work and socially. Open mindedness, ability to understand that people may have specific needs which is the importance of Equality & Diversity”.
   ● “Yes as this training opens your mind helps you to understand different cultures, religions and how to address issues”.

**Chaplaincy, Spiritual and Pastoral Care**
46. The Chaplaincy department cares for the religious, spiritual and pastoral care of patients, staff and families who visit Newham University Hospital NHS Trust. The Trust has one full-time Chaplaincy manager who also manages Bereavement Services and is the Muslim chaplain too and one full-time Chaplain from the Christian faith, reflecting the two strongest faiths in the local community. The Trust also employs a Roman Catholic priest once a week and retains a list of local faith leaders who can be contacted whenever requested by patient, family or staff. In addition, the department has committed chaplaincy volunteers who visit the wards and distribute communion to patients when requested.

47. The Chaplaincy department’s activity varies with individual needs and the department is committed to providing the best spiritual care according to the client’s wishes. Hence, one interaction may take 5 – 10 minutes with one person whereas another may take 3 to 4 hours when for example supporting a dying patient and bereaved relatives.

48. The Chaplaincy department provides a dedicated 24/7 on-call service for the CoE, Roman Catholic and Muslim faiths all year round, and is also able to call upon other faiths subject to availability.

49. The Chaplaincy department does not have any administrative support, and therefore does not keep detailed record of activity. However, a simple tally of contacts is kept every month by individual chaplains to keep records of activity.

50. The table in annex c, provides information on the Chaplaincy activity figures April – October 2011.

Workforce Reporting

The reports can be found in annex a.

51. The majority of the Trust workforce is female at 76%.

52. Out of the 2276 (headcount figures) staff employed at the Trust, only 36 (2%) have declared a disability.

53. The majority of the Trust workforce at 1539 (68%) come from a Black, Asian or Minority Ethnic background (including dual heritage). Ethnicity information is not available for 34 staff (1%).

54. The most numerous faith group for employees at the Trust is Christian (36%).

55. The Trust has a workforce that spans across most age profiles fairly evenly.
Promotion

The reports can be found in annex a.

56. Promotional data is currently identified by analysing staff that have moved to a higher pay band over the previous year.

57. The profile of staff from a Black, Asian and Minority Ethnic background who received a promotion was broadly in line with the Trust profile. However there were some exceptions notably that fewer White British staff received a promotion (15%), compared to their number in the Trust (23%). More Bangladeshi staff (8%) received a promotion compared to their profile (3%). Slightly more Black African staff (27%) received a promotion compared to their profile (23%). However the analysis of the diversity of staff within pay bands indicates that these promotions occurred at a lower level for BAME staff (bands 1-6).

58. The profile of men and women who received a promotion matched the profile of men and women in the Trust.

59. No member of staff that had declared a disability received a promotion. However it is difficulty to come to any conclusions as to why this is as, the data set is small. It could also be related to factors such as not having the confidence to apply for posts at a higher band or not disclosing their disability on the application form.

60. Promotions across different religions/beliefs, broadly matched the Trust profile. However excluding Jainism and Judaism (as the data set is too small), no one from a Sikh background received a promotion over the previous year. This could be related to the size of the group.

61. There was an even spread of promotions across all age ranges.

62. There was an even spread of promotions across people who are lesbian, gay or bisexual.

Leavers

The reports can be found in annex a.

63. More men left the Trust (34%) compared to their overall profile (24%).

64. More staff from a White British background left the Trust (32%) compared to their profile (23%)

65. Fewer staff from a Black African background (13%) left the Trust compared to their profile (23%)
66. In terms of age a higher proportion of staff aged between 26-30 (28%) left the Trust compared to their profile (14%). The age ranges of leavers in the other age bands, broadly matched the Trust profile.

67. The sexual orientation and religion/belief of leavers is not currently captured in the ESR system.

68. The most common reason for staff to leave the Trust was because their fixed term contract had come to an end (41%). This includes junior doctors who rotate as part of their training.

**Recruitment and Selection**

The reports can be found in annex e.

69. The recruitment data relates to positions that were advertised on NHS jobs only. Any fixed term contracts, interim or consultancy positions that were not advertised via NHS jobs are not captured in this section.

70. There were fewer proportion of men shortlisted (23%), compared to those who applied (37%).

71. There was a higher proportion of White British staff shortlisted (21%) compared to those who applied (13%).

72. There was a higher proportion of those who were Christian who were shortlisted (62%) compared to those who applied (52%). There were a lower proportion of those who were Muslim shortlisted (15%), compared to those who applied (23%).

73. In all other diversity strands, the rate of applications, compared to those who were shortlisted and appointed are in broadly the same proportions.

**Disciplinary issues**

The reports can be found in annex f.

74. In many NHS organisations, there is a disproportionate number of Black, Asian and Minority Ethnic (BAME) staff that go through disciplinary investigations. The Equality and Diversity Steering committee has been monitoring the figures around this and have put in place a number of actions to try and tackle this issue.

75. Nonetheless over the past two years (February 2010 – November 2011), the data shows that a higher proportion of Black African staff went through
the disciplinary process (57%), compared to their profile in the Trust (23%).

76. A higher proportion of men (30%) went through the disciplinary process compared to their profile within the Trust (24%).

77. A higher proportion of staff aged 46 and over (56%) went through the disciplinary process compared to their profile within the Trust (35%).

78. A previous investigation by the consultancy Performance through Inclusion, found that the majority of BAME staff working within the Trust were aged 46 and over, so those two issues could be linked.

Conclusions

79. The Trust continues to make progress in implementing the requirements of the full range of discrimination legislation. Key challenges arise with the findings relating to the disciplinary process. This can be explored over the next 12 months, while also continuing the ongoing development of a vibrant equality and diversity culture across the Trust.

80. Where data is captured by national systems, work is being done to make changes to the appropriate data sets to ensure that information/data related to the protected characteristics is able to be captured and used to facilitate the analysis of service provision. This work will also include reviewing the capturing and monitoring of data related to the workforce, patient and staff surveys". 