

Equality Diversity and Inclusion Annual Report

2022-2023

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Executive Summary

This paper provides an update on progress against the Equality, Diversity, and Inclusion (EDI) Strategy 2021-2023 and the EDI priorities agreed by the Board including headlines for progress and challenges in delivering the Public Sector Equality Duty (PSED) against the Workforce Race and Disability Equality Standards (WRES and WDES) and Gender Pay Gap (GPG). Due to a direction from the Cabinet Office this year our WRES data replaces the term BME with ethnic minority (excluding White minorities) in body text and with All Other Ethnic Groups Combined (AOEGC) on the WRES template itself.

Our overarching diversity and inclusion goal remains to tackle inequality, to create a culture that values diversity and inclusion, and to foster a culturally competent workforce that reflects and is sensitive to the needs of the communities we serve. Our EDI Strategy (2021 – 2023) sets out to deliver this by prioritising:

- (1) Embedding Inclusive Leadership and Culture;
- (2) Service-User Access and Experience;
- (3) Strengthening and Empowering our Employee Network Groups;
- (4) Ensuring EDI is Embedded in our Culture Change Work

Addressing these objectives means strengthening our EDI commitments, providing data oversight, defining the role of our networks in supporting the Trust to develop our policy agenda with staff side and breaking through silo working and ensuring teams hold equality objectives which deliver our EDI Strategy.

Progress

We have achieved some notable progress and measurable improvements in staff empathy from events such as LGBT History Month and Black History Month where staff voices from under-represented groups have been given a platform.

Fewer staff from ethnic minorities (excluding White minorities) reported harassment for the third consecutive year down to 27.5% of respondents, from 34.5% in 2018, a reduction of over 20%.

There has been sustained improvement in the relative likelihood of appointment from shortlisting for applicants from ethnic minorities (excluding White minorities). We are ahead of average, with the East of England Region average for 2021 being 1.73. See table below.

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	2019	2020	2021	2022
<i>Relative Likelihood of an ethnic minorities (excluding White minorities) candidate being appointed from shortlisting across all posts</i>	1.54	2.04	1.27	1.31

The relative likelihood of entering the formal disciplinary process for a member of staff from an ethnic minority (excluding White minorities) background fell from 3.21 times to 1.71 times more likely. The details of these are reported in the WRES update in section 3.0.

We are leading the way on LGBT+ cultural competence regionally providing training and resources developed in-house to the wider system. We are working with partners across the East of England region to ensure all providers have access to high quality training. We hope to bring forward a regional standard this year including a board commitment to inclusion and recommendations for inclusive recruitment practices and a review of processes which are not adapted for LGBT+ service-users.

Challenges

A key area of challenge is the need for improved data on EDI issues in relation to our culture especially the use of business intelligence to highlight key issues for staff in protected characteristic groups.

This is likely to require a 9-month development period during which time our staff survey and Electronic Staff Record data will be monitored manually with regular updates to the Equality and Diversity Group Meeting.

WRES

Our 2021 staff survey data tells us 41.9% of staff from ethnic minorities (excluding White minorities) experienced harassment.

Staff from ethnic minorities (excluding White minorities) are 1.71 times more likely to enter the formal disciplinary process and we require more robust data illustrating the number of cases which do not progress to formal disciplinary, allowing us to target interventions.

Staff from ethnic minorities (excluding White minorities) were also 1.2 times less likely to access non-mandatory training and CPD. We must improve oversight of training opportunities beyond the electronic staff record.

WDES

We must create a reasonable adjustment policy this year to align with national expectations and to provide better support for and oversight of how we meet reasonable adjustment requests.

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Our key GPG (Gender Pay Gap) priorities are to create guidance to ensure newly advertised jobs are equally attractive to women, and that our job adverts, and description wordings do not have hidden bias that discourages female applicants or creates bars for people with caring responsibilities who are more likely to be female.

Planned Actions

1. We will meet our challenges by naming issues. We know our whole staff group needs to be part of our change journey, but we will only meet our challenges by naming issues, being explicit about racial inequality in our organisation and its impacts on our teams and our people.
2. Our key WRES priority is zero tolerance for harassment, particularly from service-users to staff. As this issue is relevant for most NHS Trusts, we will be partnering with Norfolk and Waveney and South and North-East Essex Integrated Care Schemes to explore a system-wide approach to delivering change.
3. We will deliver racial literacy and build competence in staff with training on cultural competence, empowering staff who do not share experience of being in a minoritised group with awareness of its impact on colleagues and service-users. This will include having all NSFT managers participate in the bespoke cultural competence programme within the next 18 months.
4. Our key WDES priorities is to debias our job creation and recruitment processes, including achieving Disability Confident Level 3 - Leader. For the first time since reporting began, disabled candidates in NSFT were less likely to be appointed from shortlisting (1.20 time less likely) than non-disabled candidates.
5. To ensure we deliver improvement at pace all managers responsible for policies and services will complete the ILM Level 4 in Managing Equality and Diversity.
6. An EDI award will be added to the yearly Staff Awards and will be part of the monthly STAR Awards to promote and embed EDI in our recognition systems.
7. The role of Equality Lead is being re-scoped to empower them as change agents and EDI advocates.

Our Trust Improvement Plan will support delivery of these actions as the scope of the culture pillar of the improvement plan includes EDI with supporting programme management resources to deliver change at pace. The NHS Equality Delivery System 2022 launched at the time this paper was written. A plan for using the new system as a delivery vehicle for our EDI goals will be brought forward in a subsequent paper.

The Board is invited to note progress, areas of challenge, planned actions, and to support a review of the budget allocation for EDI activities.

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1.0 Introduction

1.1 This paper provides an update on the delivery of our EDI goals and strategy.

Due to a direction from the Cabinet Office this year our WRES data replaces the term BME with ethnic minority (excluding White minorities) in body text and with All Other Ethnic Groups Combined (AOEGC) on the WRES template itself.

Our EDI Strategy (2021 – 2023) sets out to deliver this by prioritising:

(1) Embedding Inclusive Leadership and Culture;

We will embed cultural competence and EDI leadership in our leaders with cultural competence training, board development on EDI leadership, and realignment of EDI objectives to Trust’s purpose.

(2) Service-User Access and Experience;

To improve service-user access and experience our Trust appointed an Equality Diversity and Inclusion Clinical Practitioner to transform services, ensuring they are data-led, and equality is embedded in the Quality Assurance Framework.

(3) Strengthening and Empowering our Employee Network Groups;

In line with NHS England and Improvement recommendations and our Integrated Care Board approaches, we will strengthen and empower our employee network groups. This year we will provide dedicated training for Network Chairs and an onboarding programme. We will also embed our networks in the development and management of processes and policies. This year, staff networks across the NHS have been targeted with negative press. In addition to reassuring our network Chairs that collaboration with network will remain at the heart of our plans, we will ensure our network Chairs and relevant Management Team members receive training and support on operating social media accounts and responding to press enquiries.

(4) Ensuring EDI is Embedded in our Culture Change Work

We will embed EDI in our cultural transformation work including creating a dashboard that captures data on complex issues simply and clearly, and by ensuring that our Directorates are supported with targeted data-led interventions and accountable for EDI objectives set centrally to deliver our WRES, WDES, and GPG objectives.

Due to the launch of the Equality Delivery System 2022 in August, a significant development for our oversight across services, workforce and inclusive leadership, we will bring forward a plan for implementation in a subsequent paper.

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2.0 Equality, Diversity and Inclusion Strategy Progress

The Strategy can be seen in full in the accompanying information pack. This section of the report considers progress against each of the objectives.

2.1 Embedding Inclusive Leadership and Culture

2.1.1 A progress update against our objectives and recommendations for next steps follow.

Board Statement on EDI

We recommended the Board adopt the following statement and this will be covered as part of a scheduled Board development session to be led by Roger Kline:

“Our Trust proudly supports everyone to live their hopes, dreams, and aspirations. The human rights of all people are non-negotiable. We have a zero-tolerance approach to discrimination and harassment on the basis of protected characteristics.

For the avoidance of doubt our statement includes race, age, disability, gender identity and expression including trans and non-binary people, marital status, faith or belief, sexual orientation, socioeconomic background, and pregnancy maternity and parental leave.”

Board Member Personal Commitment on EDI in their role (workforce and service delivery)

Our executive team took part in the promotion of the East of England Anti-Racism Strategy providing personal quotes for publication.

As part of our quarterly leadership development summit, Roger Kline facilitated a session on inclusion with specific emphasis on his newly published ‘No More Tick Boxes’ report recommending steps to debias the recruitment process.

We delivered an EDI Board Development Session on 12 April 2021 to the full board.

Board agrees a specific EDI action in each element of our Trust's refreshed strategy.

The refreshed strategy was published in September 2021.

Embed EDI in accountability framework

A requirement for team objectives related to the EDI Strategy will be written into the accountability framework this year. As we

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reset our culture strategy in September 2022 we will ensure that there is accountability for objectives at all levels of the organisation.

Ensure EDI is in each manager’s appraisal and learning, team development, and each team sets EDI goals

We embedded inclusive leadership content in our Leading Confidently programme for managers. The Trust lacks a trainer to deliver good quality training on equality and diversity to all staff and should resource this. We should address embedding EDI in appraisal and continuing professional development expectations for managers. We should provide training for managers responsible for delivering equality impact assessments linked to the competence requirement in EDI we are recommending for all job descriptions to reflect this.

Board celebrates best practice with a specific award for EDI

An EDI award will be added to the annual Staff Awards and will be part of the monthly STAR Awards.

We set out to influence change in our Integrated Care Schemes and regional networks. Our Chief Executive Officer was appointed as Chair of Great Yarmouth and Waveney and South and North East Essex Integrated Care Boards and the Executive Sponsor of the East of England Region’s Equality Diversity and Inclusion Leads Network.

We are collaborating on workforce dashboard data with Norfolk and Waveney ICS and leading development of LGBT+ cultural competence training within the East of England Region.

- 2.1.2 We also hosted a week-long LGBT+ History Month conference using a new digital events platform which allows us to work in partnership with other providers, CCGs and Local Authorities to deliver more impactful and wider-reaching events. In our pilot event we generated over 500,000 social media impressions and engaged staff from 7 other providers. Feedback was overwhelmingly positive, with notable impact on the cultural competence and comfort of attendees with respect to LGBT+ people. 75% of respondents reported feeling more supportive of LGBT+ people, 66.7% reported feeling more compassionate, and 88.3% reported more knowledge about gender identities. The platform will host a collaborative Black History Month event including partners in the East of England region and has engaged Suffolk and North East Essex and Norfolk and Waveney Integrated Care Schemes in promoting and hosting ICS content on the platform. We intend to establish it as the best option for sharing resources and achieving maximum impact across the EDI calendar.

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2.2 Improving Service-User Access and Experience

The scope of this report does not cover clinical issues; the Trust has recruited to a new role 'Equality Diversity and Inclusion Practitioner' which supports the development and delivery of equality diversity and inclusion within clinical services.

2.3 Strengthening and Empowering the Employee Network Groups

We have continued to enhance the profile of our staff networks, embedding them into our Trust Induction and will promote them during September with screensavers and a spotlight on networks in our recruitment and communications. Training support for our Network Chairs was provided through Norfolk and Waveney ICS through Blend and through NHSE East of England through online delivery. We will now resource training in-house and create an induction to reflect governance changes. We will reaffirm to our networks that they remain a core part of our strategy going forward. Staff networks across the NHS have been the target of hostile journalism. To bolster the Chairs and Management Teams who run our networks in this changing landscape we will provide training on running social media accounts. Our networks have reached maturity and are able to coproduce change ideas with the Trust. As a result we need to reflect the networks' role in our training to provide lived experience in coproduction; agree workplans at the Equality and Diversity Group Meeting and hold the Trust to account for delivery of the workplans.

Resource Employee Network Group workplans We are supporting network chairs to produce costed workplans as part of the process of ensuring additional funding for networks.

Harness information on cultural context Employee Network Groups coproduced cultural competence training in 2021. The first pilot session in January 2022 concluded with positive feedback from our networks and a group of core managers. The training will be extended across the Trust by having all NSFT managers participate in the programme within the next 18 months.

Link Network Chairs to local network meetings and Core Leadership teams Due to demand on our network Chairs this has not been possible. This goal should be addressed differently, with teams adopting EDI objectives coproduced by our networks.

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Ensure equality leads are appointed in all teams

This objective was replaced with an objective to recruit a minimum of one lead per directorate. The role of equality lead is being rescoped.

Provide training for all equality leads on constructive challenge, microaggressions and microinvalidations.

Three training sessions were provided in 2021-2022.

Provide ILM Level 4 in Managing Equality and Diversity for an Organisation for 10 Equality Leads to support Equality Impact Assessments with evidence-based research.

Two members of staff commenced training this year with ongoing advertisement of the opportunity. We propose to reinforce capacity by commissioning training on equality impact assessment for all managers who hold the responsibility.

2.4 Embedding EDI in our Culture Change Work

Remove bias from recruitment and selection process.

In addition to providing diverse stakeholder panels for senior roles, we have begun work on debiasing job creation. Our completed work will implement recommendations from Roger Kline's 'No More Tick Boxes' to support our Gender Pay Gap recommendations.

Close Disciplinary Ethnicity Gap

We have commenced work on a report illustrating differences in outcomes for staff and will use this to formulate our dashboard data, ensuring oversight. We have also begun work on including cultural competence in our employee relations processes.

Integrate measures of inclusion and belonging for all protected characteristic groups in our culture change dashboard

A new culture dashboard is being developed for delivery in 2023

Train all staff on their role in delivering PSED, constructive challenge and microaggressions.

Halted due to lack of funding. This training provided measurable impact on understanding of personal responsibility for delivering the public sector equality duty. It is recommended that training capacity is resourced.

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We are promoting Norfolk and Waveney ICS' microaggression reporting platform to help develop oversight of the frequency and impact of microaggressions on staff.

Each team to hold a shared purpose exercise to align personal and team objectives with Trust values and PSED.

This measure is underpinned by training and is temporarily suspended for roll-out to all teams. We will be conducting pilots this year within Specialist Services, East Suffolk and West Suffolk Care Groups.

There is ongoing work with our Strategy Team to embed accountability at every level of our organisation.

Identify and fulfil further training needs, including LGBT+ Cultural Competence

The Trust is developing training in partnership with Cambridge and Peterborough Foundation Trust. The training is intended to be delivered across providers in the East of England as part of a regional standard for LGBT+ inclusion being led by our Trust with the support of NHSE East of England region. Ongoing joint working with the Leadership Development Team and the Organisational Development Team to ensure alignment with wider development programme across the Trust.

To ensure we deliver improvement at pace all managers responsible for policies and services will complete the ILM Level 4 in Managing Equality and Diversity. As part of the coursework requirement, equality impact assessments will be completed to a high standard. This will create a baseline of competence in equality diversity and inclusion at pace and provide plans for improvement where the needs of people in protected characteristic groups are not being met as well as members of majority group.

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3.0 Progress against (Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES)

3.1 Workforce Race Equality Standard (WRES)

3.1.1 We built on our 'Expect Respect' values campaign by targeting 'Expect Respect' training and HR support on demand.

While there is significant work still to do, in the 2021 staff survey, fewer staff from ethnic minorities (excluding White minorities) reported harassment for the third consecutive year down to 27.5% of respondents, from 34.5% in 2018, a reduction of over 20%.

A recent regional analysis demonstrated that colleagues from White minority ethnic groups experience elevated levels of harassment. A target for us this year is to launch a network group to hear the experiences of these staff.

3.1.2 Following efforts to provide ethnically diverse interview panels for roles at bands 8a - VSM, the Trust met or exceeded the 2028 ambitions in the NHS Workforce Race Equality Standard (WRES) Leadership Strategy¹ in 2021. Our progress has been sustained over time but due to the low number targets in higher bands will require ongoing focus. A regional report from NHS England and Improvement highlights a disproportionate amount of ethnic minorities (excluding white minorities) staff from AOEGC in AfC bands 3 – 5. However, the ratio of staff in mid-level bands (6-7) to staff in higher bands (8a – VSM) was ahead of most other Trusts in our region where the average was 1.38 v 1.16 for our Trust. The Trust has set ambitions for equal representation across all Agenda for Change pay bandings which will be reported to the Equality and Diversity Group Meeting quarterly. We have also refreshed our leadership ambitions to keep these in focus (see table below). Targets have changed relative to the overall diversity in the organisation and the numbers of staff employed at each band.

	ETHNIC MINORITIES (EXCLUDING WHITE MINORITIES) staff in band 2019	ETHNIC MINORITIES (EXCLUDING WHITE MINORITIES) staff in band 2020	ETHNIC MINORITIES (EXCLUDING WHITE MINORITIES) staff in band 2021	ETHNIC MINORITIES (EXCLUDING WHITE MINORITIES) staff in band 2022	Ambition based on current diversity (9.39%)	Original 2028 ambition target
Band 8a	14	12	19	19	24	11
Band 8b	3	4	2	2	10	5
Band 8c	1	1	8	8	5	2

¹ Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS

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Band 8d	1	1	0	0	2	1
Band 9	1	1	1	1	1	0
VSM	0	1	0	0	0	0

3.1.2 There has been sustained improvement in the relative likelihood of appointment from shortlisting for applicants from ethnic minorities (excluding White minorities). This metric is consistent with regional changes, although we are ahead of average, with the East of England Region average for 2021 being 1.73.

It should be noted that the recruitment of international staff has impacted on this metric and debiasing our recruitment process, aligning with the ‘No More Tick Boxes’ report is being delivered this year along with the development of the International Staff Network which currently acts as a feedback mechanism to Education and Development team into an independent network which can represent issues experienced by international staff and advocate for change.

	2019	2020	2021	2022
<i>Relative Likelihood of an ethnic minorities (excluding White minorities) candidate being appointed from shortlisting across all posts</i>	1.54	2.04	1.27	1.31

3.1.3 The relative likelihood of entering the formal disciplinary process for a member of staff from an ethnic minority (excluding White minorities) background fell from 3.21 times to 1.71 times more likely. Narrative from our team reflecting the change reports two significant factors which affected the change “in April 2020 the Trust introduced an ‘Adverse Incident Review’ that must take place at the point concerns are raised before any Formal Disciplinary Action is initiated. This essential step of the process applies Just Culture principles and supports managers to establish the facts before a decision to initiate Disciplinary action is agreed.

Secondly, an administrative change. Prior to 2020, the Employee Relations Team did not hold a reliable central database of Disciplinary Cases, which has resulted in historical underreporting of Disciplinary Activity in previous years. This has now been corrected. Over the course of 2020, a significant piece of work was undertaken by the team to ensure all historical Disciplinary Cases were accurately recorded on ESR. This activity was not completed until the end of 2020. The ER Team has since introduced a weekly case review and logging system to ensure cross-team visibility of Disciplinary Activity occurring across the Trust.”

Data insight will be provided quarterly to the Equality and Diversity Group Meeting, including cases which, following an adverse incident review, were returned for informal resolution. This will allow us to target interventions within Directorates. The Trust will also bring forward a proposal this year to integrate cultural insight into employee relations processes to ensure we capture the whole context of an incident which leads to formal disciplinary and ensures we have captured the impact and context of cases of harassment.

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3.2 Next Steps

We will prioritise a Zero Tolerance campaign

Our immediate WRES priority is **to launch a zero tolerance campaign against harassment, particularly from service-users to staff.** As this campaign will form part of the Trust's culture reset programme, under the improvement plan culture pillar, the campaign will be developed and launched in December 2022 in alignment with a trust-wide Big Conversation engagement programme to be facilitated by Clever Together an independent specialist engagement provider.

Our Data Tells us: *Our 2021 staff survey data tells us **41.9%** of staff from ethnic minorities (excluding White minorities) experienced harassment.*

Promoting and leading a system-wide approach

As initial evidence suggest that the issue of service user harassment is relevant for most NHS Trusts in the region, we have **commenced initial discussion with the Norfolk and Waveney ICS**, and we are planning to have similar discussion with the South and North-East Essex Integrated ICS with the goal to deliver change in this area. Our approach needs to meet our duty of care to staff and service-users, ensuring we do not provide space for harassment of staff, and be appropriate for mental health settings including ward and community teams. Following initial discussions with us, the Norfolk and Waveney ICS are now considering making addressing service users harassment a priority action under the culture workstream of the ICS's Mental Health Workforce Transformation strategy. This action is currently ongoing.

3.3 WDES

- 3.3.1 In 2020/21 disabled candidates were 0.87 times more likely to be appointed from shortlisting than non-disabled candidates (meaning disabled candidates had a greater chance of success). For the first time in 2021/2022 disabled candidates were 1.20 times less likely to be successful at interview than non-disabled candidates. As part of debiasing our recruitment processes, we should now carry out the necessary audit and improvement work to achieve Disability Confident Leader status, embedding improvements in our recruitment process.
- 3.3.2 There are very low numbers of staff entering the formal capability process and although the metric is calculated on a two year rolling average, this means results are more volatile and a less reliable indicator of fairness. In 2020/2021 disabled staff were 4.25 times more likely to enter the formal capability process and in 2021/2022 the likelihood fell sharply to 1.51 times more likely.
- 3.3.3 Our Ability and Autism Network have asked us to make improvements in how we provide reasonable adjustments in online and classroom training courses.

This year the percentage of staff reporting adequate adjustments improved slightly to 77.1% against a national average of 76.6% but there is more work to do. Our Trust has been successful in a WDES Innovation Fund bid to prepare a

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training checklist to review existing training and screen future trainings, ensuring that as many staff as possible find training immediately accessible. A new ICT process driven by MARVAL will launch by January 2023, allowing us to track the number of requests and % granted, along with satisfaction. The process will also log the costs of all adjustments preparatory to creating a central fund and will be supported by a new Reasonable Adjustment Policy in 2023.

3.3.4 A “drop kerb” project to ensure that all walkways on Trust properties are accessible for wheelchair users has completed. Work to make our properties more accessible continues with our pilot project to produce a site transport policy at 80 St Stephens to conclude this Autumn. We will ask our Site Managers to replicate the work across the Trust this year, improving accessibility for all staff and maximising sustainability as well as reducing demand on car parks.

3.3.5 SUPPORT4U was commissioned by NSFT as part of the larger strategic wellbeing strategy. Since the service launched it has supported 211 staff. The service is commissioned to provide specialist prevention, assessment and treatment particularly for those who have been, or are at risk of, psychological harm associated with their work. The aim is to improve the mental resilience of our workforce and reduce sickness absence and associated temporary staffing dependency.

3.4 Next Steps

Disability Confident Leader Status

Our key WDES priorities are to provide better support for and oversight of how we meet reasonable adjustment requests and to review recruitment process by achieving Disability Confident Leader status.

We will achieve oversight with an ICT-driven process with accompanying information to ensure that all staff involved in servicing a request are working efficiently and supportively.

3.5 WDES Innovation Fund

From October 2022 to March 2023 our Ability Network will oversee a Task and Finish group producing guidance on making e-learning and classroom training accessible, evaluating two modules to demonstrate the success of the project. The project aim to enable disabled staff to access training, promote engagement and career development opportunities and improve retention. In March 2023 we will publish the guidance, sharing it with all providers to support improvement in training provision for all NHS staff.

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4.0 Gender Pay Gap (2021-2)

4.1 Due to the Gender Pay Gap reporting requirements this report presents the findings which are publicly published on our internet pages. A further board report will follow ahead of our next publication window at the end of March 2023.

4.2 As at the 31 March 2021, Norfolk and Suffolk NHS Foundation Trust employed 4.775 people, 73.11% women and 26.89% men. This is approximately the same split as in 2020's report of 72.5% women and 27.5% men. Our Gender Pay Gap Data follows, along with a headline analysis and key objectives. A fuller action plan is presented in the accompanying information pack.

Average & Median Hourly Rates

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	19.4955	16.3520
Female	16.7959	15.4683
Difference	2.6995	0.8836
Pay Gap %	13.8469	5.4038

Number of employees |

Q1 = Low,
Q4 = High

Quartile	Female	Male	Female %	Male %
1	914.00	231.00	79.83	20.17
2	765.00	317.00	70.70	29.30
3	884.00	326.00	73.06	26.94
4	769.00	377.00	67.10	32.90

Bonus pay

Gender	Avg. Pay	Median Pay
Male	10,248.23	6,536.04
Female	6,798.88	3,847.96
Difference	3,449.35	2,688.09
Pay Gap %	33.66	41.13

Bonus pay

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	16.00	3465.00	0.46
Male	21.00	1292.00	1.63

4.3 Headline Analysis

- The Trust is required to publish a Gender Pay Gap (GPG) Report annually; this year, however, mandatory reporting deadlines have been suspended due to the impact of COVID-19.

The gender pay gap is the difference between the average (mean or median) earnings of men and women across a workforce and is different than the concept of equal pay.

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- Our Trust uses a national pay structure, 'Agenda for Change',² which provides a framework that supports equal pay for work of equivalent weighting. Job roles are evaluated to assign to a relevant a pay banding. 'Agenda for Change' also specifies pay increments awarded over time.
- The mean pay gap at end March 2020 was reported at 12.82%. In the annual report to Board in November 2021, captured at end March 2021 this deteriorated to 13.85%. The median pay gap at end March 2020 was reported at 2.42% in the annual report to Board in November 2021 captured at end March 2021 the disparity increased by 2.98 points to 5.40%.
- At the end of March 2021, the highest mean pay gaps were in administrative and clerical, estates and ancillary and medical staff groups. Recruitment and retention premiums impact pay for estates and ancillary staff as our maintenance staff are all male. The issue within the admin category (which includes managers) is with a disproportionate level of men to women in the higher compared to lower bands. Historical variances in the number of Clinical Excellence Awards and levels applied for and awarded for male compared to female doctors and the proportion of male to female doctors within our workforce impact the medical pay gap.
- Negative mean pay gaps (mean hourly pay for female staff is higher than for male staff) have been identified for staff at pay bands:
 - Band 7: -0.4%
 - Band 8a: -1.7%
 - Band 8b: -0.9%
- There is a significant gender pay gap for medical staff. Positive mean pay gaps (mean hourly pay for male staff is higher than for female staff) have been identified for both Consultant and Specialist and Associate Specialist (SAS) doctors:
 - Consultant: 7.4%
 - Specialist and Associate Specialist Doctors: 10.9%
- The following bands have a negative median pay gap.
 - 8d: -7.6%
 - NED/Exec/Chair: -2.5%

(NB only 11 individuals are within this group; secondments are not included in this data).
- The median pay gap at the end March 2020 is highest within medical grades.
 - Consultants: 8.3%
 - Specialist and Associate Specialist Doctors: 4.7%

² [NHS Terms and Conditions of Service \(AfC\) pay scales - Annual - NHS Employers](#)

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4.4 Our key GPG priority is to address the pay gap and to debias recruitment processes, encouraging more female applicants in senior roles, using “gender decoder” software to find hidden bias in job wording, and to provide a guide for managers on creating inclusive job adverts. To make immediate impact, all roles within the Trust will be open to part-time application and flexible working, unless the manager creating the role can provide a rationale as to why this is not possible. Unnecessary job criteria is shown to deter female applicants and our new process will include no desirable criteria, and a maximum of 6 essential criteria, one of which will be an equality diversity and inclusion competence. Our Women’s Network have coproduced a fuller action plan shown in the information pack which focuses on the quality of experience for women and will increase retention of female staff.

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5.0 Alignment with Trust Improvement Plan

Our EDI programme and priorities are aligned to the Trust's wider and longer-term improvement plan. The improvement plan is centred around five pillars of work and activities under each pillar is led by an executive director, who is the 'senior responsible officer. The EDI key deliverable under the culture pillar is "Tackling discrimination and supporting marginalised groups."

6.0 Financial implications (including workforce effects)

- 6.1 Business cases for events demonstrating intended impact and other proposals for Employee Network Groups will be developed and presented to the Executive Team for approval via the Equality and Diversity Group.
- 6.2 A budget request will be presented to support network activities which fall outside the scope of this report.
- 6.3 Currently, there is no dedicated budget for EDI; however, this work incurs annual costs to support and produce EDI resources for staff and to support required EDI interventions and Equality Impact Assessment.
- 6.4 It is recommended that the Trust should review current budget allocation for EDI.
- 6.5 We would expect to offset the cost of implementation with a reduction in cost to support casework and also reduction in stress and anxiety related sickness absence caused by the psychological impact of discrimination and harassment. According to The Kings Fund anxiety, stress, depression and other psychiatric illnesses to be the leading cause of sickness and absence in the NHS.³

7.0 Quality implications

- 7.1 There is an evidenced correlation between staff experience and patient experience. A focus on improving staff experience, particularly for our staff with protected characteristics, will therefore have a positive impact on patient experience and the quality of the services we provide. It will also support the recruitment and retention of quality staff.
- 7.2 Across our coproduced employee network group projects, we use Experience-Based Co-Design and Quality Improvement (QI) techniques, both of which

³ The King's Fund 'NHS sickness absence let's talk about mental health' (October 2019)

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measure improvements. Resourcing these projects will empower employee networks to provide change ideas as equal partners.

8.0 Equality implications

This report is solely dedicated to equality. Where proposals offer an advantage to a protected characteristic group there is an evidence-based inequality which the measure is attempting to mitigate.

9.0 Risks / mitigation in relation to the Trust objectives

- 9.1 The delivery of this strategy has a significant bearing on the successful delivery of our Trust Strategy, particularly regarding engaging, developing and inspiring our staff and, through this, maximising the positive experience and outcomes for our service users. Embedding team objectives to deliver relevant operational plans will mitigate a risk that the Trust will not deliver against all arms of the General Public Sector Equality Duty.
- 9.2 Delivering against these objectives is integral to the Trust's Improvement Plan and will support quality and sustainable improvement.

Recommendations

It is recommended that the Board:

- Discusses the proposed Board Statement and considers issuing its own statement on Equality, Diversity, and Inclusion.
- Note the progress made over the last year and endorses the proposed priority actions.
- Support a review of budget allocation for EDI and ensures that EDI is a thread that runs through all the Board's work

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