

<b>Agenda Item No</b>
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<b>Meeting</b>	Workforce Operational Committee
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<b>Date</b>	3 December 2018
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<b>Title</b>	Workforce EDS2 Update
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<b>Executive Summary</b>	<p>1. The Equality Delivery System (EDS2) is a tool-kit that can help NHS organisations improve the services they provide for their local communities, consider health inequalities in their locality and provide better working environments, free of discrimination, for those who work in the NHS. Used effectively, it supports NHS organisations to:</p> <ul style="list-style-type: none"> <li>• meet the public sector Equality Duty of the Equality Act 2010;</li> <li>• deliver on the NHS Outcomes Framework and the NHS Constitution;</li> <li>• meet the Care Quality Commission's "Essential Standards of Quality and Safety"</li> </ul> <p>2. The EDS has four goals key goals, with 18 specific outcomes. NHS organisations need to listen to and engage with patients, carers, voluntary organisations and people who work in the NHS in order to grade their equality performance, identify where improvements can be made and act on their findings</p> <p>3. This paper is to provide the committee with an update in relation to goals 3 &amp; 4 which are in relation to the workforce.</p>
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<b>Previously considered by</b>	Not Applicable
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<b>Next steps/future actions</b>	Discuss	<input checked="" type="checkbox"/>	Receive	<input type="checkbox"/>
	Approve	<input checked="" type="checkbox"/>	Note	<input checked="" type="checkbox"/>
	For Information	<input type="checkbox"/>	Confidential y/n	Y

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	<input checked="" type="checkbox"/>	To be well governed	<input checked="" type="checkbox"/>
Valued Provider	<input checked="" type="checkbox"/>	To be financially viable and sustainable	<input checked="" type="checkbox"/>
Great place to work	<input checked="" type="checkbox"/>	To be fit for the future	<input checked="" type="checkbox"/>

Prepared by:	Jane Seddon	Presented by:	Jane Seddon
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## 1. Introduction

The Equality Delivery System (EDS) was launched by Sir David Nicholson, NHS Chief Executive on 10th November 2011. It was developed after listening to the views of over 3,000 people including patients, carers, local communities, voluntary organisations and NHS staff.

The EDS is a toolkit that helps NHS organisations improve the services they provide for their local communities, consider health inequalities in their locality and provide better working environments, free of discrimination, for those who work in the NHS. It is based on four goals, with 18 specific outcomes. As part of the EDS process, NHS organisations engage with their patients, local voluntary organisations and their staff in order to grade their equality performance, identify where improvements can be made and act on their findings.

The EDS goals are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and included staff
- Inclusive leadership at all levels

In November 2012, Shared Intelligence published their report 'Evaluation of the equality delivery system for the NHS' which looked at how the EDS has been adopted across NHS organisations. Based on this evaluation and subsequent engagement with the NHS and key stakeholders, a refreshed EDS – known as EDS2 – was made available in November 2013.

The aim of the NHS Equality Delivery System 2 (EDS2) is to support Trusts deliver better patient outcomes and a better working environment for staff.

The EDS2 is measured against 18 outcomes across 4 goals that are graded in partnership with patients, the public, staff and staff-side organisations. Goals 1 and 2 are focussed on patient experience, goal 3 is focussed on the Trust's workforce and goal 4 is about the Board and Senior Management Team of the Trust.

The grades start at undeveloped and go through developing and achieving up to excelling, the grade for each outcome is decided based on the evidence that can be provided on how people from the protected characteristic groups fare compared to everyone else:

<b>Undeveloped</b>	no evidence, or only evidence for 1 or 2 protected characteristic groups
<b>Developing</b>	evidence for 3 to 5 protected characteristic groups
<b>Achieving</b>	evidence for 6 to 8 protected characteristic groups
<b>Excelling</b>	evidence for all 9 protected characteristic groups

The main purpose of the EDS is to help local NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED).

EDS2 is a generic tool designed for both NHS commissioners and NHS providers. As different NHS organisations apply EDS2 outcomes to their performance, they should do so with regard to their specific roles and responsibilities.

EDS2 should be applied to people whose characteristics are protected under the Equality Act 2010. These protected characteristics are as follows:

- Age
- Disability
- Gender Re-assignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

NHS organisations are advised to assess and grade their performance across all EDS2's outcomes, except for when there is a compelling reason for being selective. Each year, starting in 2014, NHS England will identify one EDS2 outcome where it believes concerted national effort is required in order for the NHS to improve its equality performance. Guidance and support will be provided for delivery on this outcome, and good practice will be shared.

NHS organisations are encouraged to express EDS2's outcomes in their own words and communicate them effectively to all local audiences, as they see fit. NHS England will share local adaptations of these outcomes with NHS organisations.

## 2. **Grading performance and evidence gathering**

For each outcome, the Trust is required to find suitable evidence that demonstrates the level our progress and grade our performance. The EDS2 framework provides stipulated grading based on the amount of information and assessment across all the protected characteristics.

For most outcomes the key question is *how well do people from protected groups fare compared with people overall?* There are four grades overall:

<b>Undeveloped</b>	no evidence, or only evidence for 1 or 2 protected characteristic groups
<b>Developing</b>	evidence for 3 to 5 protected characteristic groups
<b>Achieving</b>	evidence for 6 to 8 protected characteristic groups
<b>Excelling</b>	evidence for all 9 protected characteristic groups

An evidence based approach is essential to provide a clear and meaningful assessment. The main evidence sources for our assessment have been:

- Public Sector Equality Duty Annual Statistics (PSED). This is statutory obligation under the Equality Act for public bodies, which involves a thorough assessment of both workforce and service user data across all protected characteristics to identify how well the general duty is being met.
- Workforce Race Equality Standard (WRES). This is contractual requirement specifically focusing on understanding the experience of Black & Minority Ethnic (BME) staff within the NHS. It is aimed to enable the NHS bodies to develop plans for improvement (where identified) to ensure equality of opportunity and elimination of discrimination (both direct and indirect) and promote a healthy workforce culture.
- NHS Staff Survey
- Gender Pay Gap

- Internal Board / Committee Reports, and relevant policies and procedures

It should be noted that both the PSED, gender pay gap and WRES reports provide insight and intelligence to enable a meaningful assessment against EDS 2 outcomes. In addition, disaggregation of annual staff survey by protected characteristics adds value to our understanding of staff perception of the organisation and its culture, enabling the Trust to progress upon organisational development plans.

The EDS2 framework suggests sources of evidence that may be used, and stipulates the approach for assessment. For example, outcome 4.1 relating to *'Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations'* the framework stipulates the following:

- *Choose 10 to 20 instances when Board members and senior leaders had the opportunity to demonstrate their commitment to equality in the past year or, if needs be, a longer period.*

### 3. **Key Findings**

The trust has conducted a self-assessment in relation to EDS2 workforce goals. A full scrutiny event is planned to take place as part of the eighth equality, diversity and human rights week during May 2019.

Below is a summary of the key findings against each outcome, and the rationale for the grading:

Outcome	Grading	Rationale for Grading
<b>Goal 3 – A representative and supported workforce</b>		
<p><b>3.1 – Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.</b></p>	<p><b>Developing</b></p>	<p>It has been identified through the WRES work that BME staff are less likely to be appointed from shortlisting than their white counterparts. The WRES action plan has a range of actions which will enable the Trust to understand this further and eliminate this gap.</p> <p>Disability - the trust is currently renewing and communicating their commitment to the disability confident scheme publicly demonstrating the Trust's commitment to recruitment of employees with a disability. The WDES scheme will be shortly introduced where the trust will further identify any gaps employee experience.</p> <p>Recruitment and selection training has recently been reviewed and unconscious bias training is a theme throughout our training programmes. This element of training programmes is being refreshed.</p> <p>There is no evidence that states that our recruitment and selection processes are disadvantageous to specific groups, however staff members from only some protected groups are treated consistently well in their representation within the workforce and across all levels.</p>

<p><b>3.2</b> – <i>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.</i></p>	<p><b>Achieving</b></p>	<p>NHS Job evaluation schemes and adherence to the ‘Pay, terms and conditions for medical staff’ ensures complete objectivity and eliminates any equal pay bias in relation to any of the protected characteristics</p> <p>Focus needs to be on increasing representation of specific groups across pay bands.</p> <p>A number of concerns have been identified since the introduction of the gender pay gap however this is different to equal pay and the work associated with gender pay gap will address these issues.</p>
<p><b>3.3</b> – <i>Training and development opportunities are taken up and positively evaluated by all staff.</i></p>	<p><b>Developing</b></p>	<p>There is a need to identify robust training evaluation and record keeping systems that will enable effective and efficient assessment of whether staff from all protected characteristics participate and provide feedback to training and development opportunities.</p>
<p><b>3.2</b> – <i>Training and development opportunities are taken up and positively evaluated by all staff.</i></p>	<p><b>Underdeveloped</b></p>	<p>There is a need to identify robust training evaluation and record keeping systems that will enable effective and efficient assessment of whether staff from all protected characteristics participate and provide feedback on training and development opportunities.</p>

<p><b>3.4 – When at work, staff are free from abuse, harassment, bullying and violence from any source.</b></p>	<p><b>Developing</b></p>	<p>Disaggregation of staff survey results in relation to questions relating to abuse, harassment, bullying and violence show that staff members from some protected groups have perceptions of bullying and harassment. BME felt groups more likely to suffer bullying and harassment from other staff but less likely than white staff in relation to bully and harassment from patients and the public</p> <p>The trust has recently refreshed and relaunched the freedom to speak up guardian role, appointing a new freedom to speak up guardian and champions to ensure all staff have confidential access to people to enable them to raise their concerns. We have recently conducted a bullying and harassment survey, the finding will inform this work. We have a dignity at work/bullying and harassment private line to enable staff to raise concerns confidentially, this line is jointly managed by a member of the HR team and a union representative. Take up has been poor – the survey will identify whether or not this should be relaunched</p> <p>There is a need to assess actual incident data against service areas and role function, and where incidents are occurring and their causes (e.g. whether staff are experiencing bullying, harassment or abuse related to their personal characteristics or otherwise). Use of the safeguard system will be reviewed as a mechanism for recording incidents.</p>
<p><b>3.5 – Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</b></p>	<p><b>Achieving</b></p>	<p>Staff members from most protected group fare well as the overall workforce, however further analysis is required to evidence this.</p>

<p><b>3.6 – Staff report positive experiences of their membership of the workforce.</b></p>	<p><b>Developing</b></p>	<p>Staff survey results demonstrate good engagement within the Trust. Further detailed analysis is required to understand these results at the protected characteristics level.</p>
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**Goal 4 – Inclusive leadership at all levels**

<p><b>4.1 – Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.</b></p>	<p><b>Developing</b></p>	<p>A variety of evidence collected show that there are some examples that show a <i>strong</i> commitment to promoting equality within and beyond the Trust, however it is not enough to merit ‘Achieving’ status.</p> <p>The Board have participated in EDI board development sessions date and highlighted their commitment to the EDI agenda and have actively strengthened the EDI leadership by recruiting a more diverse board.</p> <p>Equality, Diversity and Inclusion is a key focus within the newly developed workforce and OD strategy demonstrating visible commitment to EDI from a workforce perspective.</p> <p>Monthly listening lunches take place with the Chief Executive and other members of the executive where they meet with groups of staff to understand their employment experience.</p>
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<p><b>4.2</b> – Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these are to be managed</p>	<p>Developing</p>	<p>On assessing a selection of Board Reports and Committee Reports and associated documents, the Trust does not have strong evidence, consistency and quality in the consideration of Equality related impacts. There is a clear positive focus and commitment from the Trust Board in relation to equality issues and this is visible in recent Board documentation.</p> <p>This could be remedied if report authors discussed the subject matter of reports (if not confidential) with the EDI leads in order to identify equality implications.</p>
<p><b>4.3</b> – Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p>	<p>Underdeveloped</p>	<p>A range of development programmes have been identified to develop an awareness and understanding of an inclusive culture. Targeted management training has been identified, behavioural training has been commissioned to roll out during 2018.</p>

#### **4. Observations**

The Trust has shown an increasing commitment in how improved workforce equality impacts on better patient outcomes. This increased support, commitment and scrutiny will enable to workforce equality agenda to gain momentum and achieve results.

The trusts aim to have a scrutiny event during the eighth equality, diversity and human rights week during May 2019.

Key learning points are:

- The completion of the self-assessment for goals 3 and 4 provides a strong baseline assessment to develop the Trust's internal equality related work and wider organisation development work.
- Evidence gathered in relation to the outcomes provides good insight and intelligence, particularly in the area of staff experience in the work force by protected characteristics (outcomes 3.3; 3.4; 3.6; and 4.3)
- It is identified that there is an additional resource requirement for the trust to enable to trust to meet the service and workforce obligations in relation to equality and diversity.
- Getting hold of robust internal correlation of evidence across all protected groups is a challenge in some areas of the EDS2. Evidence disaggregated by age, ethnicity and gender is easier to come by than other protected characteristics such as sexual orientation, marital status, pregnancy / maternity and religion.
- Disaggregated information through staff surveys and data derived from recently published Public Sector Equality Duty (PSED) statistics and the Workforce Race

Equality Standard (WRES) provide crucial support to the meaningful completion of the Goals 3 and 4.

- The Trust needs to be conscious of identifying equality related evidence, and also to ensure that such evidence is used for effective 'equality proofing' of staff.

## 5. Improvement Plan

In order to work towards improving our grading for the future, we need to make improvement plans manageable and achievable.

It is suggested that improvement actions deriving from the analyses of the Public Sector Equality Duty statistics, Gender Pay Gap and Workforce Race Equality Standard should all be combined to form an overarching action plan. Current plans are shown in appendix 1 - 3 plus recommendation identified within the annual workforce equality monitoring report 2017/18.

In this way, the Trust can strengthen an efficient and co-ordinated approach to delivering outcomes with aim of progressing towards at least 'Achieving' grade *across all outcomes* under goals 3 and 4 above.

## 6. Future Focused

In addition to the EDS2, the PSED and WRES, the Trust is required under the Equality Act 2011 to publish its Equality Objectives:

Our Equality vision is:

### **Equality, Diversity and Inclusion Vision**

To empower staff to be consciously Inclusive. To identify which groups of patients and staff experience poor access, experience, opportunities and outcomes and make deliberate continuous effort towards improvements.

Our equality strategic aims are:

#### **Strategic Aim 1:**

*To position patient experience and community engagement as a fundamental driver for the Trust's Diversity and Inclusion (DI) activities.*

#### **Strategic Aim 2:**

*To empower staff to excel in their role and provide an exceptional service in an environment where dignity and respect are paramount.*

#### **Strategic Aim 3 :**

*To provide staff with a relevant and contextualised package of EDI training so that they are culturally competent and able to deliver services that are adapted to meet the diverse needs of patients*

#### **Strategic Aim four:**

*To embed Diversity and Inclusion within Trust systems to support better health outcomes as well as ensure legal compliance.*

Our equality objectives are:

- To target recruitment, engagement events and development opportunities to increase the percentage of BAME staff.
- Increase the percentage of BAME staff in senior leadership positions (8a+ and VSM)
- Increase applications to Board positions as they arise.

7. **Equality Implications**

Equality implications are contained in the body of this report.

8. **Recommendations**

It is recommended that members:

- Agree and approve the self-assessment outcomes under Goals 3 & 4

**Appendix 1: Workforce Race Equality System (WRES) – Bolton Foundation Trust – Action Plan 2018 - 2019**

Area of Focus	Aim	Action	Success Measures	Lead	Date
1. Recruitment	<b>Improve equal opportunities for BME applicants through the recruitment process. i.e. reduce unequal experience in appointments following shortlisting.</b>	Include unconscious bias training in all HR skills development programmes.	Increase in likelihood of BME staff being appointed. Increase in indicator 2 from 1.4 to 1.0.	Head of HR	30.9.18
		Implement mandatory questions for interview panels to challenge their own perceptions and potential unconscious bias.		Head of Resourcing and EDI Lead	31.12.18
		Ensure job adverts and website clearly welcome applications from BAME people.		Head of Resourcing	31.12.18
		Develop and train a designated BAME staff network in interviewing skills and unconscious bias. Network members to become guardians of the process by inputting into the recruitment process of all band 7-9 appointments .		EDI Lead	31.1.19
		Hold career development, application and interviewing sessions aimed at BAME staff.		Head of OD	31.12.19
Monitor recruitment panels and ensure the panel has had training in unconscious bias and anti discriminatory interviewing techniques.	Head of Resourcing and EDI Lead	31.3.19			
2. Workplace Experience	<b>Improve the workplace experience of our BME staff.</b>	Lead a programme of BME staff engagement to ensure the BME staff voice is heard and acted upon.	<b>Reduction of reported levels of discrimination by BME staff from 20% to 14% under indicator 8.</b>  <b>Reduction in indicator 3</b>	Governance – EDI	31.3.19
		Introduce an explicit step in the formal case management process for disciplinary and		Head of HR	31.3.19

Area of Focus	Aim	Action	Success Measures	Lead	Date
		<p>performance cases, to review whether there is a need for participation of a member of the BAME network as an observer to fair process.</p> <p>Set up with BME staff BME staff network.</p> <p>Promotion , awareness and celebration of BME calendar of events.</p> <p>Review exit interview findings by ethnicity and report via EDI Steering Group.</p> <p>Review Investigating Officer training and identify whether the list of IO's is representative of the BME workforce and take steps to improve representation where needed.</p> <p>Implement 'Embracing Difference; Train the Trainer programme to build internal capacity and capability.</p>	from 1.87.	<p>EDI Lead</p> <p>EDI Lead</p> <p>Head of HR</p> <p>Head of HR</p> <p>Head of HR</p>	<p>30.10.18</p> <p>31.12.18</p> <p>31.12.18</p> <p>31.3.19</p> <p>31.3.19</p>
<b>3. Career Development</b>	<b>Develop the capacity of BME staff to excel at work</b>	Promotion and take up of the NW Leadership Academy BME Stepping Up programme.	<b>Increase the number of BME staff reporting equal opportunities for career progression from 79% to 90% -indicator 7.</b>	Head of OD and Head of Clinical and Professional Development	1.10.18
		<p>Promotion of internal coaching and career development support to BME staff.</p> <p>Development of reverse / reciprocal mentoring programme in conjunction with</p>		Head of OD	31.10.18

Area of Focus	Aim	Action	Success Measures	Lead	Date
		<p>BME staff.</p> <p>Ensure there is an audit process for appraisal for BME staff to monitor career progression.</p>		<p>Head of OD &amp; EDI</p> <p>Head of OD</p>	<p>31.3.19</p> <p>31.3.19</p>

## Appendix 2: Equality & Diversity Inclusion Action Plan 2018 – 2019 (DRAFT)

	Action	Linked Indicator (s)	Lead	Timescale for delivery	Success Measures	Progress update	RAG
1	We will review and refresh the workforce equality and diversity objectives.	1-9	James Mawrey	December 218	EDI objectives support the overall inclusive agenda.		
2	We will re-focus the EDI steering group to oversee the EDI action plan.	1-9	Rahila Ahmed	December 2018	Engagement across the Trust with the EDI agenda.		
3	We will develop a short training session to be included in all training programmes to ensure a consistent message is communicated to all managers within HR skills training programmes to eliminate unconscious bias within employment actions and practice.	1-9	Rahila Ahmed	February 2019	Positive shift in culture and awareness of staff recognising and embracing differences within service users and colleagues.		
4	We will develop a Trust brand to ensure and inclusive trust is promoted to external candidates for staff groups across protected characteristics, in particular promoting support for BME staff.	1-9	Paul Henshaw	February 2019	Demonstrable increase in attracting BME candidates to the trust.		
5	Develop the new starter documentation to capture protected characteristics data when people commence with the trust.	1-9	Paul Henshaw	February 2019	Increase in self-reported data.		
6	We will train and introduce inclusion champions who will also act as cultural ambassadors to support and challenge the EDI agenda within the trust.	1-9	Rahila Ahmed	July 2019	A pool of talented individuals raising awareness within divisional areas supporting the EDI work.		
7	We will introduce EDI recruitment buddies for management appointments within the trust.	1	Paul Henshaw/ Rahila Ahmed	March 2020	A clear mechanism to challenge any potential bias within recruitment decision making in time.		
8	We will develop a programme of cultural awareness & overcoming barriers bitesize sessions which will support staff to support service users and colleagues.	1-9	Rahila Ahmed	May 2019	A reduction in dignity at work incidents and a cultural shift of employees embracing differences.		
9	A robust process will be developed to effectively and accurately record all staff that access non-mandatory training to ensure accurate figures are available.	4	Carol Le Blanc/Lisa Gammack	March 2019	Clear reporting showing fully the breakdown of staff accessing non-mandatory training.		

	Action	Linked Indicator (s)	Lead	Timescale for delivery	Success Measures	Progress update	RAG
10	We will undertake a root cause analysis to fully understand the increase in harassment, bullying or abuse from patients. Relative or members of the public amongst white and BME staff.	5, 6, 8	Rahila Ahmed/FTSUG	March 2019	A reduction in incidents.		
11	We will re-fresh and re-launch the dignity at work help line to ensure staff have a safe place to contact if they are experience any form of bullying and harassment	6	Jane Seddon	November 2018	Increase usage of the dignity at work helpline.		
12	We will develop and deliver a wide range of health and well-being support services to support staff.	1-9	Jane Seddon	March 2019	Improved attendance and retention of BME staff and a reduction of ER related cases.		
13	We will develop a specific area within the health and well-being portal dedicated to EDI to sign post staff to support and guidance.	1-9	Jane Seddon	December 2018	Increased awareness of the support available to BME staff.		
14	We will run impactful drama based training for 200 staff members to establish a culture change in relation to recognising and embracing difference/change.	1-9	Jane Seddon	March 2019	A reduction in ER related cases where staff have acted in an in-appropriate/discriminatory manner. Development of an inclusive culture.		
15	We will develop an internal HR skills programme which will run as part of the HR skills programme which will focus in-inappropriate behaviour, embracing difference and inclusion.	1-9	Jane Seddon	March 2019	A reduction in ER related cases where staff have acted in an in-appropriate/discriminatory manner. Development of an inclusive culture, this is a long term solution.		
16	We will actively conduct careers events within areas to attract BME members of the community to the trust.	1	Lisa Gammack	July 2019	Increased representation.		
17	We will take appropriate positive action to attract BME staff to work at the trust.	1	Paul Henshaw	December 2018	Increased representation.		
18	The trust board will oversee the delivery of the WRES, GPG and PSED actions plans and monitor success against agreed deliverables.	1-9	James Mawrey	Ongoing	True board engagement.		
19	We will Identify Divisions and departments where BME	1-9	Jane	July 2019	Increased representation within identified		

	Action	Linked Indicator (s)	Lead	Timescale for delivery	Success Measures	Progress update	RAG
	staff are poorly represented to inform local/divisional action plan		Seddon/Rahila Ahmed		areas.		
20	Build ethnicity into quarterly case review meetings	3	Jane Seddon	March 2019	Visibility of the ethnicity of staff within formal processes.		
21	Review the mandatory EDI training to ensure it is fit for purpose, interesting and impactful.	1-9	Lisa Gammack/Rahila Ahmed	May 2019	Quality EDI mandatory training which impacts positively on EDI awareness for new starters.		
22	We will provide Divisional senior leaders with a Transformation Equality Assessment to support workforce planning	1	Jane Seddon	December 2018	Increased representation at all levels.		
23	We will use the values framework to clarify and communicate to staff professional boundaries	1-9	Lisa Gammack	December 2018	An inclusive culture		
24	We will develop and introduce meaningful EDI objectives to be included within senior leaders appraisals.	1-9	Lisa Gammack	April 2019	Improved BME engagement and representation within the Trust.		
<b>Red</b>	Action behind schedule	<b>Amber</b>	Action on schedule	<b>Green</b>	Action Complete		

### Risks to delivery

Risk	Detail	Mitigation	RAG
Financial	There is a risk to the delivery of a number of actions. If the trust does not invest in the delivery of actions that require investment the desired impact on representation and culture will not be achieved.		
Commitment	There is a risk to the delivery of the EDI agenda if there is a lack of engagement at a divisional level to commit and support the work surrounding the EDI agenda then the desired impact on representation and culture will not be achieved.		
Support	There is a risk to the delivery of the EDI if Trust board do not actively hold senior management to account and communicate a zero tolerance approach then the desired impact on representation and culture will not be achieved.		
Time	There is a risk to the operational delivery of a number of actions due to managers stating a lack of time to engage in the EDI agenda, take ownership to drive through change and implement the desired actions.		

### **Appendix 3: Gender Pay Gap actions being taken / to be taken.**

1. Whilst Trust Board colleagues can be assured that the Gender Pay Gap is replicated throughout the NHS, indeed this Trust reports more favourably than the sector average (and many other NHS organisations), it is important that longer term solutions are explored to reduce the gender gap.
2. Solutions to the pay gap lie in culture changes both in society and organisations; embracing more flexible work in senior roles; and reducing bias and discrimination in recruitment, promotions and talent management. The following is a list of actions (non exhaustive) that will be taken by the Trust:
  - Talent Pipeline: Succession planning more generally is an area that requires greater focus within the organisation. This critical matter will be considered in the development of a fresh Workforce & Organisational Development Strategy. During this review the Trust will ensure that we continue to support women to progress to higher paid jobs. This may include improving access to Female Leaders programme to encourage women to progress more rapidly into leadership roles. At the same time the Trust will explore how we can attract more men into the organisation at the lower bands, to create a more even gender balance and eliminate job segregation by marketing traditionally females roles to the male labour market.
  - Flexible working: Given there is a linkage between more women taking up flexible working arrangements and gender pay differences then the Trust will continue to actively encourage flexible working across the trust in every role, at every level, to ensure that our people have the opportunity to work in a way that works best for their career aspirations and home life.
  - Clinical Excellence Awards: The Trust will take positive action to improve the take-up of women applying for CEA Awards. Board member may be aware though that the CEA system may be reviewed as part of negotiations over new consultant contracts.
  - Best practice from other employers: The Trust will work with organisations to more fully understand some positive examples of what employers are doing to address the gender pay gap.
  - Influence locally, regionally and nationally: The Trust will work within our networks to ensure this matter continues to be given the national debate that is required.
  - Workforce & Organisational Development Strategy: The Gender Pay Gap will be included within the refreshed Workforce & Organisational Development Strategy. As previously noted it is apparent that the People Strategy requires a fundamental review and a fresh Workforce & Organisational Development Strategy produced with clear actions, monitoring & governance arrangements in place.