

**Workforce & Development AGENDA ITEM No. Enc.**

<b>Document Title:</b>	Equality Information report (PSED)
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<b>Date of Meeting:</b>	25 <sup>th</sup> January 2017

**Workforce & Development Summary**

The Public Sector Equality Duty (PSED), which came into force on 6 April 2011, places additional specific duties on public authorities (September 2011) including NHS trusts. One such duty is a requirement on public authorities to publish sufficient information annually to demonstrate compliance with the general equality duty.

This report will present data (2015/2016) relating to:

- Gender
- Age
- Ethnicity
- Religion
- Disability
- PALS concerns/complaints/compliments

Considering this data key recommendations have been made:

- Despite new IT system data quality for SU remains poor therefore work required with SU data to ensure this is captured on RiO.
- Data quality requires improvement through ESR on staff demographic data.
- To utilise the launch of the WDES and WSOS as an opportunity to gain national support in improving local data

**Recommendations**

W & D is asked to:

- **Note** and **Approve** the Report
- Provide **Assurance** to the Board

## **1. Background**

### **1.1 The General Equality Duty**

The Equality Act 2010 introduced a general equality duty requiring organisations, in the exercise of their functions, to have due regard to the need to:

- (a) Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act;
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- (c) Foster good relations between people who share a protected characteristic and those who do not.

The Trust will do this by:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people; and
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

### **1.2 Protected characteristics:**

The protected characteristics covered by the Equality Act 2010 are:

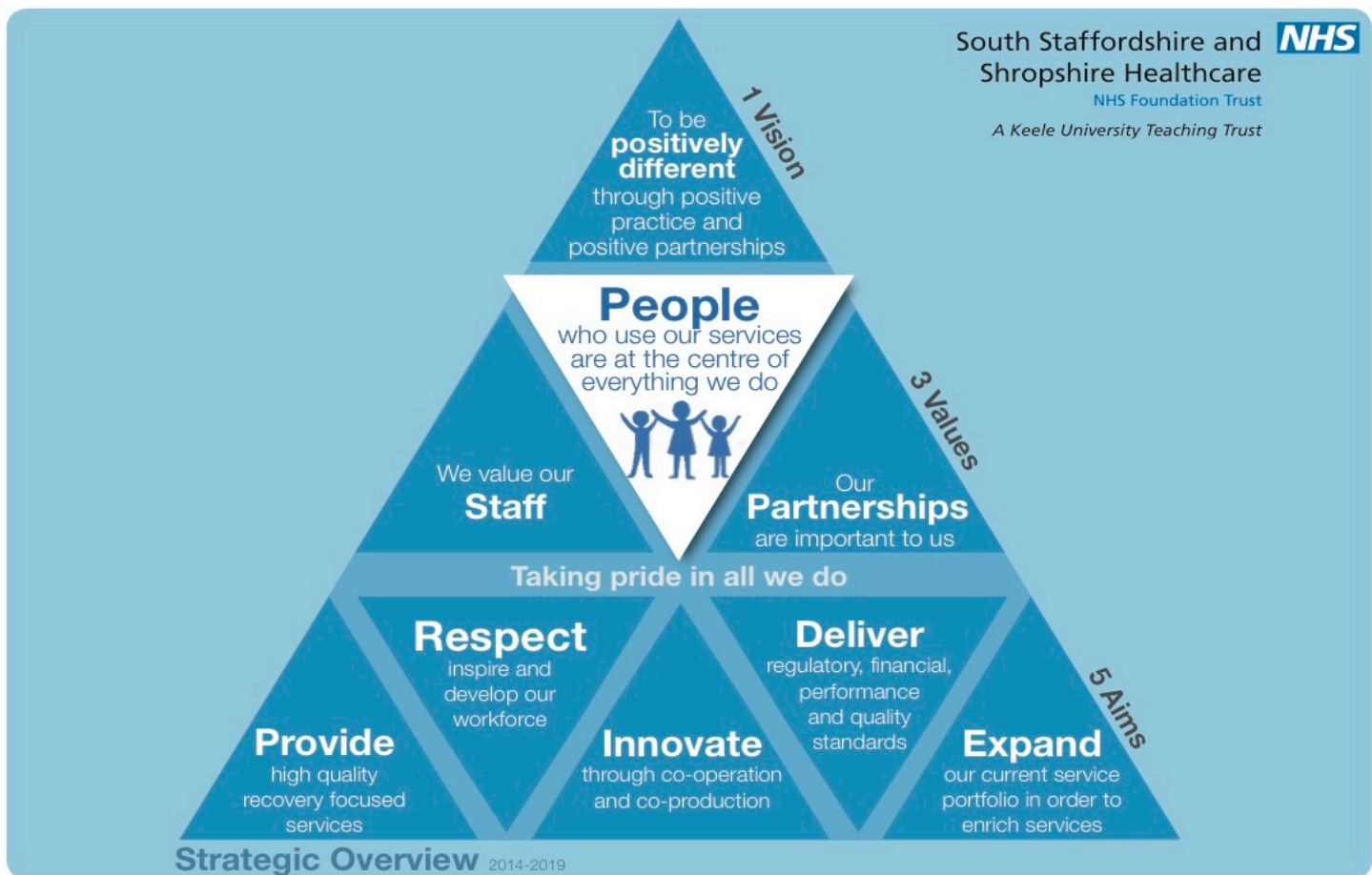
- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Civil Partnerships and Marriage

### **1.3 The Public Sector Equality Duty (PSED)**

The Public Sector Equality Duty (PSED), which came into force on 6 April 2011, places additional specific duties on public authorities (September 2011) including NHS trusts. One such duty is a requirement on public authorities to publish sufficient information annually to demonstrate compliance with the general equality duty.

## 2. Dignity & Respect at South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Dignity and Respect is integral to the Trusts everyday business as well as being a key driver when considering service development and improvement. The Trust works very hard to ensure that its local population, as well as its service users, carers and staff are actively engaged and considered at every opportunity so much so that they are visible in the Trust Strategic overview



The Trust is committed to putting the principles of Dignity and Respect into practice, both for our workforce and in the services we offer and we pledge we will:

- promote dignity and respect and work towards eliminating all forms of discrimination
- develop a culture that values individuals and groups regardless of their backgrounds
- provide responsive and accessible services to the population we serve

- Create and support partnerships with users, carers, staff and stakeholders to influence the development and improvement of services.

We will achieve this by:

- developing and improving our services and mainstreaming equality and diversity into our policies, procedures and service planning
- having a robust performance framework to monitor and assess progress
- forging partnerships with users, carers, staff and stakeholders to influence the developing of our workforce through training
- Having transparency in decision making.

Dignity and Respect in reality means:

- Treating all service users, carers and members of staff with respect and as individuals, and welcoming their involvement in ensuring Dignity and Respect in service provision and employment
- Increased levels of satisfaction with our services for service users and carers across all communities and groups
- Increased success in ensuring Dignity and Respect in outcomes for service users, and responding to their diverse needs
- Full compliance with the equality standards set by the Care Quality Commission (CQC), the Equality Act 2010 and the EDS2
- Increased staff satisfaction
- A workforce where there are no differences in staff experiences which we cannot justify
- Developing a service that involves communities and staff and uses this involvement to improve how we work
- Embedding Dignity and Respect considerations in all the key management decision making and policy development processes

### 3. Equality Profiles and Data 2015/2016

#### 3.1 Gender

	<b>Male</b>	<b>Female</b>
<b>Census refreshed 2016 (Nomis update)</b>	<b>50%</b>	<b>50%</b>
<b>Workforce</b>	<b>28%</b>	<b>72%</b>
<b>Service User</b>	<b>48%</b>	<b>52%</b>

We can see that SU and Census figures are in the main representative, however the workforce is made up with a majority of female staff. This issue is the same across the country and raises many concerns relating to Dignity and Respect within care, especially when catering for personal needs. The NHS is working closely with education bodies to encourage more uptakes for males within health care; this figure has increased by 3% here at SSSFT in the last 12 months.

### 3.2 Age

	<b>0-19</b>	<b>20-29</b>	<b>30-59</b>	<b>60 +</b>
<b>Census</b>	<b>22%</b>	<b>11%</b>	<b>39%</b>	<b>28%</b>
<b>Workforce</b>	<b>0% (&lt;15)</b>	<b>16%</b>	<b>79%</b>	<b>5%</b>
<b>Service User</b>	<b>28%</b>	<b>14%</b>	<b>29%</b>	<b>29%</b>

Older people services are roughly representative within services when compared to population figure, young people however are slightly over represented within services. This information is aligned to national trends suggesting increased demand in younger people service provision.

### 3.3 Ethnicity

	<b>White</b>	<b>Other</b>	<b>Not Known</b>
<b>Census</b>	<b>95%</b>	<b>5%</b>	<b>0%</b>
<b>Workforce</b>	<b>72%</b>	<b>11%</b>	<b>17%</b>
<b>Service User</b>	<b>65%</b>	<b>3%</b>	<b>31%</b>

It is difficult to make comparisons within this area as there are a high number of SU and members of the workforce who have not stated their ethnicity/choose not to identify. It is recommended that we work more closely with teams to reduce these figures so that some accurate understanding can be reached as to the makeup of our staff and SU populations.

### 3.4 Religion

	<b>Null/Not Known</b>	<b>Christian</b>	<b>Other</b>
<b>Service User</b>	<b>68%</b>	<b>25%</b>	<b>7%</b>
<b>Staff</b>	<b>57%</b>	<b>27%</b>	<b>16%</b>

As the figures for religion are, in large, inconclusive it is difficult to ensure that the right spiritual support is made available for SU and staff, however the not known group for SU has reduced by 20% in the last 12 months suggesting that either SU are self-declaring more or staff are being more proactive in asking the question. It is often the case that information is populated within case notes but not populated within the data capture areas, some improvements have been made and need to be continued.

Recent attempts have been made to encourage staff to cleanse their own demographic data through ESR. These attempts have made little impact on religion

recording although have helped to cleanse ethnicity data for staff, as is shown above 57% of staff have identified as 'null or not known'.

We do not have updated census figures available to make a comparison for local populations and their religion.

### **3.5 Disability**

ESR gives us some information on the disability status of our employees:

Disability Status	%
No	50%
Not Declared	5%
Undefined	41%
Yes	4%

Albeit attempts to improve demographic information for staff, data on disability is still poor. It is very difficult to scope out what support we can offer to our staff unless we know what their needs are in relation to disability. It is hoped that the launch of the National Workforce Disability Standard in 2017/2018 will support us from a national perspective to gain some momentum in this area.

We have very little accurate information on the disability status of service users. It is understood that this is mainly due to the varied levels of understanding of the word and also the stigma attached to the terminology.

### **4. PALS information**

PALS (Patient Advice and Liaison Service) is a confidential service, it offers the following:

- Advice and support to patients, service users, families and carers
- Listen to concerns, queries and suggestions
- A timely response with action identified
- Liaise with staff, managers and health professional to offer a timely response with actions identified
- Provide information on NHS services
- Access to interpreters and translation services

The data below reflects the type of contact made with PALS by service users, carers and outside agencies for 2015/16:

### Complaints, Concerns and Compliments 1.1.2016 to 31.12.2016 by Ethnicity

Ethnic Group	Formal Complaint	PALS- Compliment	PALS- Concern	PALS- Feedback/Suggestion	PALS- Information Request	Third Party Consent Not Received	Withdrawn	Grand Total
Asian or Asian British - Any other background			4					4
Asian or Asian British - Pakistani			2					2
Bangladeshi - Asian Or Asian British			1					1
Black African - Black Or Black British			1					1
Black Caribbean - Black Or Black British			1					1
Black or Black British - Caribbean			2				2	4
British - White	39	53	212	12	11	1	2	330
Indian - Asian Or Asian British			5					5
Mixed - Any other mixed background		6						6
Not Known	6	4	6	2				18
Not Stated / Unknown	8	294	85	13	9	1		410
Other Ethnic Groups - Any Other Group		1	6					7
Other Mixed - Mixed			1					1
Other White - White	1							1
Pakistani - Asian Or Asian British			4					4
White - Any other background		4	5					9
White - British	38	152	193	8	2	1	8	402
White - Irish	1	1	2					4
White & Black African - Mixed	1				1			2
White & Black Caribbean		1	11					12
(blank)	11	22	140	10	10	1	1	195
<b>Grand Total</b>	<b>105</b>	<b>538</b>	<b>681</b>	<b>45</b>	<b>33</b>	<b>4</b>	<b>13</b>	<b>1419</b>

Overall in relation to the PALS data, other than the 'White-British or White' a considerable amount of the information relates to people who have either not stated their ethnicity or it is unknown or even left blank.

PALS have already started working on this area by specifically asking questions related to demographics when Compliments/complaints/concerns are filled.

## 5. Recommendations

- Despite new IT system data quality for SU remains poor therefore work required with SU data to ensure this is captured on RiO.
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- To utilise the launch of the WDES and WSOS as an opportunity to gain national support in improving local data

