

Minutes of the Equality, Diversity and Human Rights Steering Group 19th April 2018 10.30 – 12.30 Room 6, School of Nursing, Wexham Park Hospital

NB: Those present at this meeting should be aware that their names will be listed in the notes of the meeting which may be released to members of the public on request.

Name		Dept	Attended/Apology
Najeeb Rehman	NR	E&D Manager	Attended
Deborah Rogers	DR	Equalities Officer	Attended
Philip Byne	PB	HR business partner/equality lead	Attended
Angela Ballard	AB	HoN - Medicine	Attended
Peter Blackshire	PB	Chaplain (Wexham)	Attended

Item	Action
1. Minutes from 15 th December 2017 agr	eed as being accurate record.
NR asked if there were any comments for	rom the last minutes.
NR advised that he had not received the for adding to the microsite.	religion and belief document from
still to advise Data Quality G	roup on methods to ensure accuracy of

2. **Equality Objectives Update**

Service Equality

Interpreting and Translation

Fulfilment of British Sign Language (BSL) is running at 83%. Deaf patients are mostly attending Outpatients, Eye Clinic and Maternity. Video BSL interpreting is something the Trust would like to move forward with and it is on the IT Department worklist. However there is still no confirmed date as to when Video BSL could be introduced. The contract with Sign Solutions ends in 2019. This will be out to tender in the coming months NR is contacting clinical people for the panel.

NR putting together panel

Face to face language bookings are increasing for ophthalmology and Audiology. Telephone interpreting needs to be increased. The contract with Capita expires in 2019. NR provided an update on latest figures. At Frimley Park the most common languages booked are still Nepali while at Heatherwood and Wexham Park the most common languages are Polish, Romanian, Urdu and Punjabi.

PB, NR & DR to meet to discuss Ophthalmology

Nepalese bank interpreters have been recruited and have completed the pre employment checks. They are now being assigned to bookings.

Annual Equality Report

NR updated the Group that the report was being put together and will cover the Trust's equality activity progress relating to Employment Equality, Service Equality and Workforce Race Equality Standard. The report will be going to the Board in July.

NR to share key elements of the Annual report at the next meeting.

Employment:

Gender Pay Gap

NR explained that although the report is dated 31st March 2017, the data corresponds to 31st March 2016 – Gender Pay Gap is reported a year behind. The Trust has to report against 6 nationally set criteria and the results for Frimley Heath under each criteria is as follows:

- 1. Mean Gender Pay Gap in hourly pay is 18.90% in favour of Male Staff The data shows Female Staff on average:
 - Are paid more than male staff in Bands 2 and 4 -7 and Bands 8a 8c as well as on Non Agenda for Change Bands
 - Are paid less pay than Male staff in the Medical Staff Group and at Bands 8d and above
 - Are paid less than Male Staff on Very Senior Management Pay Grades although the gap at this pay level is much smaller than that for Band 8d.
- **2. Median Gender Pay Gap in hourly pay is 2.80% in favour of Male Staff** (The hourly rate of a woman/man at the midpoint of all the women/men)
 - Analysis of this data shows the gap in hourly is markedly in favour of women

across Bands 4 – 6, Band 8c, Non AFC and VSM level

3. Mean Bonus Payment Gap is 27% in favour of Male Staff

- Clinical Excellence Awards payments are used in this data
- This group has a different gender split when compared to the Trust as a whol

Liaise with Medical workforce

4. Median Bonus Gender Pay Gap – 33.3% in favour of Male Staff

• Median Gender pay gap is 33.3% and in favour of male staff

5. Proportion of males and females receiving a bonus payment

- The numbers of staff overall receiving a bonus is relatively small when compared to the Trust as a whole
- However over twice as many male staff (110 or 5%) receive a bonus payment compared to female staff (52 or 1%)

6. Proportion of Males and Females in each pay quartile

- The highest proportion of female staff is in the Upper Middle Quartile and this figure is higher than the gender split for the Trust as a whole
- Lower Quartile: 76.64% Female, 23.36% Male
- Lower Middle Quartile: 80.44% Female, 19.56% Male
- Upper Middle Quartile: 85.25% Female, 14.75% Male
- Upper Quartile: 68.32% Female, 31.68% Male

Frimley Health's figures for mean (18.9%) and median (2.8%) Gender Pay Gap compare favourably with other local Trusts.

Frimley Health's figures for Mean (18.9%) and Median (2.8%) Gender Pay Gap compare favourably with other local Trusts:

- Royal Berkshire: Mean 24.90% and Median 13.00%
- North East London: Mean 41% and Median 15.40%
- Royal Brompton: Average 26.10% and Median 14.40%
- Epsom St Helier: Mean 22.70% and Median 12.00%
- Royal Marsden: Mean 18.50% and Median 10.50%

Although the % difference between the numbers of Male and Female Consultants in the Trust has shortened over the last few years, next steps will include data analysis of the Clinical Excellence Awards will be taking place to establish the numbers of male and female Consultants applying and receiving Awards.

Workforce Race Equality Standard

NR explained the basis for the introduction of the Workforce Race Equality (WRES) Standard, namely, based upon evidence, there has not been much progress on

Race Equality across the NHS since the 2004 Race Equality Action Plan was put in place.

An interim WRES progress report was submitted to the Board for approval in Feb. 2018. The data from this report is below:

Percentage of BME staff in Bands 1 - 9, VSM compared with the percentage of BME staff in the overall workforce:

April 2017 figures in brackets:

Band 1: BME 59% (55%)

Band 2: BME 37% (34%)

Band 3: BME 26% (23%)

Band 4: BME 21% (20%)

Band 5: BME 41% (38%)

Band 6: BME 32% (32%)

Band 7: BME 22% (20%)

Band 8a: BME 16% (15%)

Band 8b: BME 19% (18%)

Band 8c: BME 10% (9%)

Band 8d: BME 14% (0%)

Band 9: BME 0%

Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts. White Staff are 1.41 times greater to be appointed than BME staff

(NHS Average: White Staff are 1.58 times greater to be appointed than BME staff)

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

BME staff are 1.13 times more likely to enter the formal disciplinary process, compared to White staff

(NHS Average: BME staff are 1.26 times more likely to enter the formal disciplinary process, compared to White staff)

Relative likelihood of White staff accessing non-mandatory training and Continuing Professional Development (CPD) as compared to BME staff

White staff 1.60 times more likely than BME staff to access training

(NHS Average: White staff are 1.25 times more likely to access training than BME staff)

KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months: White Staff: 26%, BME Staff: 25%

(NHS average: for Acute Trusts: BME = 26.3%)

KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months: White Staff:21%, BME Staff: 22%

(NHS average for Acutes: 27.1%)

KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion: White Staff: 90%, BME Staff: 78%

(NHS Average for Acutes: BME Staff 75.2%)

Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues White Staff: 9%, BME Staff: 12%

(NHS average for Acutes: 14.2%)

3. Feedback from other groups / areas: (changes/improvements made; proposals for improvements)

Chaplaincy

PB advised on improvements in the Chapel at Frimley including new wooden floors (more hygienic) and an electric door for disabled patients/staff. New chairs have been ordered.

Members of the Equality, Diversity and Human Rights Steering Group

AB suggested updating the members list to reflect changes

Disability Forums

Healthwatch Hampshire and Surrey representatives who are also members of the Trust's Disability Forums reviewed the Trust's Accessible Information Workplan. The feedback was positive on the progress being made and information from a survey was shared of Deaf patients experiences when accessing Hampshire hospitals. This feedback is being incorporated into the Accessible Information workplan.