Equality Report 2021

Commitment

Publishing our annual Equality, Diversity and Inclusion report provides an opportunity to step back and consider how we are doing in our efforts to ensure a more inclusive equal and diverse workplace, and also to consider why this is so fundamental .

It gives us a further platform for progress and accountability and a moment to pause and celebrate the work we are doing as an organisation to create an environment where people are encouraged to be themselves and to speak up about the issues that matter to them.

I am particularly proud of the members of our Employee/Staff Networks who represent the very best of Salisbury NHS Foundation Trust. They are passionate, courageous, honest and relentless in advocating for change. But it is not just up to our networks to do the hard work championing inclusion and diversity, and role modelling the right behaviours must happen at all levels and in all corners of our Trust. This is vital if we are really to create an organisation where the principles of equality and fairness are built-in to everything we do – whether that is how we attract, develop and retain colleagues, how we communicate and engage with each other or how we work together to respond to the health inequalities that exist in the communities we serve.

The Board wholeheartedly supports this priority and recognises that we alongside our leadership teams have a particular responsibility to lead the way in this work which is why it is important for me that this is one of our Strategic Objectives as an organisation. Through this work we want to send a clear message to colleagues and those considering a career with us about the type of Trust we are. Each person who works with us contributes to a culture which values true diversity and one which encourages people to speak up when we don't live up to our words.

Stacey Hunter
Chief Executive Officer

No matter what our role is it is our job to build a workplace where diversity and inclusion are valued and celebrated and equality is at the heart of everything we do. This will ensure that the services we deliver can meet the needs of our local people and partners.

I know that at times the issues of EDI generates strong views for some people in why we should focus our energies into tackling these issues. The evidence and some of the feedback we receive points to some of our colleagues experiencing prejudice and discrimination at work as well certain groups of patients having poorer experiences and health outcomes. As an organisation built on the principles of social justice and improving and saving lives this priority is central to our mission.

We have made some progress over this year but we are not yet in a position whereby we can be confident that all of our colleagues feel that they truly belong , can flourish and achieve their fullest potential. There is more for us to do and I look forward to working together to achieving this ambition. The Board will receive an Equality, Diversity and Inclusion Strategy in the coming weeks which will detail how we embody a diverse workforce at all levels to bring the wealth of experience and perspective to deliver the best possible outcomes for our population. This work will build upon our 5 year Trust Strategy, our collective leadership culture work and the development of our Improving Together programme highlighting the values and behaviours we live by at Salisbury NHS Foundation Trust.

Introduction

At Salisbury NHS Foundation Trust we respect and value the diversity of our patients, their relatives, carers, and our people and we are committed to meeting the needs and expectations of the diverse communities we serve, providing high quality care.
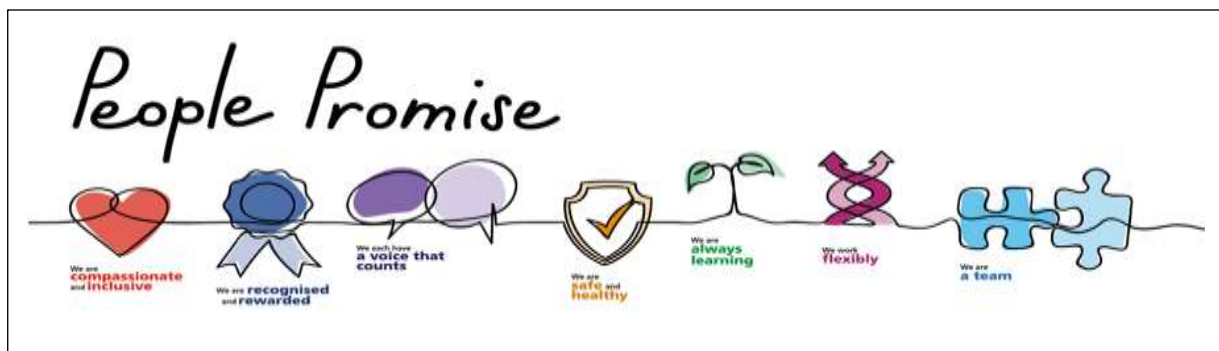
The Annual Equality Report is a legal requirement and a real opportunity to update the Board and the public on progress being made towards the development of a culture of inclusion as a service provider and an employer, where all people are valued and respected for their individual differences in accordance with the Trust values.

The report also provides the Board and the public with assurance about the steps taken to meet the Trust's commitment to comply with the Public Sector Equality Duty under the Equality Act 2010, our compliance with equality and diversity requirements of the NHS standard contract, NHS Constitution and CQC criteria. (See Appendix C for details of Public Sector Equality Duty requirements).

Melanie Whitfield
Chief People Officer

We are pleased to highlight a number of activities and initiatives which have taken place during the year to help us achieve the aims of the NHS People Promise.

The People Promise

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Executive Summary

During 2020/21 the Trust continued to celebrate and mark a number of equality, diversity and inclusion events across the year. This report highlights some of those activities.

Our focus is on delivering high quality, safe and person focused care through teamwork and continuous improvement. During 2020/21 the Trust cared for 60,866 patients.

The demographics of our patients, our workforce and our volunteers is included at Appendix A.

As at 31st March 2021 our substantive workforce totalled 3,952 this was 89 less than on 31st March 2020. A breakdown of starters and leavers is attached at Appendix B.

At that date 666 people were from a Black, Asian or Minority ethnic heritage, this equates to 17% of our total workforce. This was an increase of 28 people since 31st March 2020.

The evidence from our Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and our ESR system indicates a lack of progression of BAME and disabled staff from lower to higher pay bands. There is also a reluctance on those from an LGBTQ+ background or those with disabilities to share their status with the Trust.

A number of staff networks have been operating across the Trust over the past few years.

Rex Webb
Head of Diversity & Inclusion

However, the networks are at various stages of development. In the past year there has been a lack of staff engagement with the networks.

The following networks are currently in existence:
- Race Equality Network
- Mental Health First Aiders Network
- Rainbow Shed (LGBTQ+) Network
- Ability Network
- Women's Network

In August 2021 an internal EDI Audit was commissioned by the Trust Board. This identified six areas where improvement was needed across the Trust, including EDI strategies, policies, action plans and the governance arrangements being established to oversee progress against the plan.

The Trust is in the process of developing an EDI Strategy in collaboration with The Board, EDI Committee and Staff Networks to address the issues identified by the audit. This will include detailed actions to fully embed EDI and create an inclusive culture over the next three to five years.

Our Vision

Our Vision is to provide an outstanding experience for our patients, their families and the people who work for and with us.

Our Values
How we will work together

We have reflected on our core values and behaviours which have been developed and tested with our staff. These are the characteristics which define how our organisation works, and reflect how we want to be viewed by the communities we serve.

We have restated and refined our values to ensure they remain relevant and drive the way we work towards our strategic priorities as an organisation. In recognising the scale of our current and future challenges, we have added a further value, Progressive. This reflects our desire and commitment to tackle future challenges and opportunities with positivity and a continuous improvement ethos.

Person Centred and Safe – Our focus is on delivering high quality, safe and person focussed care through teamwork and continuous improvement.

Professional – We will be open and honest, efficient and act as role models for our teams and our communities

Responsive - We will be action oriented, and respond positively to feedback.

Friendly - We will be welcoming to all, treat people with respect and dignity and value others as individuals.

Progressive - We will constantly seek to improve and transform the way we work, to ensure that our services respond to the changing needs of our communities.

Improving the health and well being of the Population we serve

Working through Partnerships to transform and integrate our services

Supporting our People to make Salisbury NHS Foundation Trust the Best Place to Work

Our Patients

Why is it important to consider patient experience?

The heart of our success as an organisation is the involvement of our patients, carers, their friends and families and the local population to give them the best experience of care possible. Ultimately by consistently asking people whether they are receiving the care they need, listening to what they are saying and using their feedback to improve services helps people feel more supported and better cared for.

Katrina Glaister has been engaging with patients, carers, their friends and families and other key stakeholders in her role of Head of Patient Experience since December 2018 and is supported in the trust's engagement work by Helen Rynne.

Effective engagement leads to improvement in health service delivery and health outcomes and is part of everyone's role in the NHS.

The NHS Constitution states:

"You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes, in the way those services are provided, and in decisions to be made affecting the operation of those services".

We want to ensure that our services are responsive to individual needs and have an engagement strategy that describes a range of activities to achieve this. Our engagement priorities for 2019 – 2022 were discussed and agreed with patients, the local Health Watch Manager, Health Watch patient representatives and an NHS England Patient Engagement Fellow and are set out within the Patient/Public Engagement Strategy and published on our website.

Our priorities are:

1. Communication

We want to build on the work that has already taken place and improve the way we listen to and communicate with our patients their families and their carers

2. Working together

We want to review patient experience (positive and negative) and learn from it so we can improve our services and how people are involved
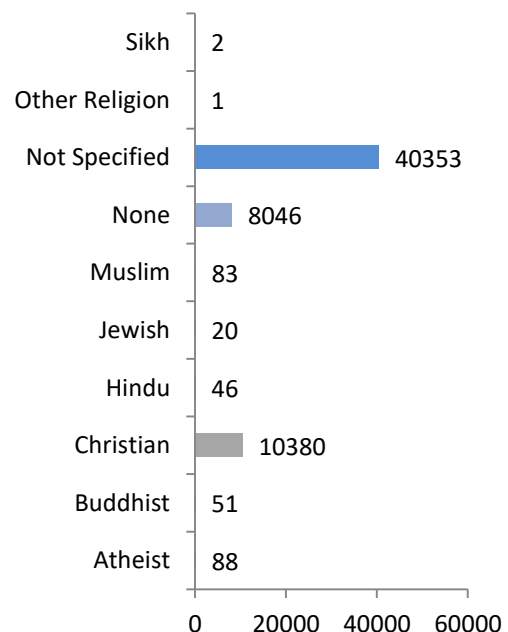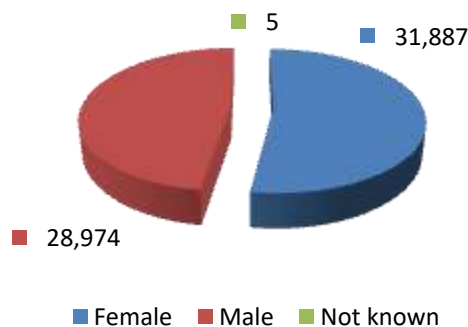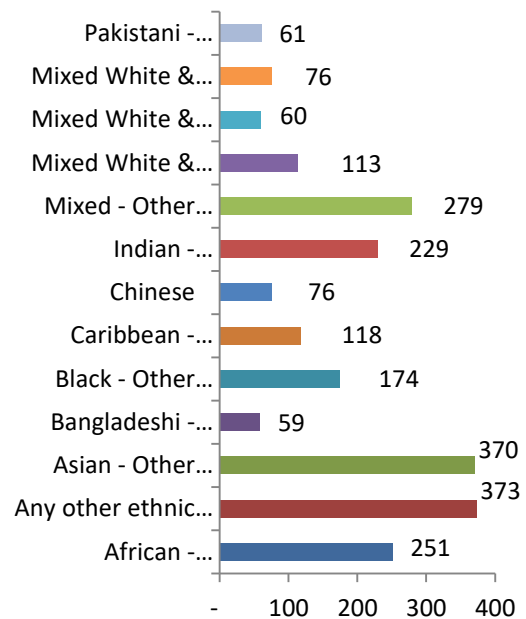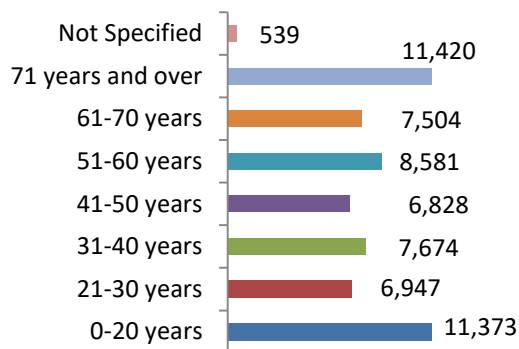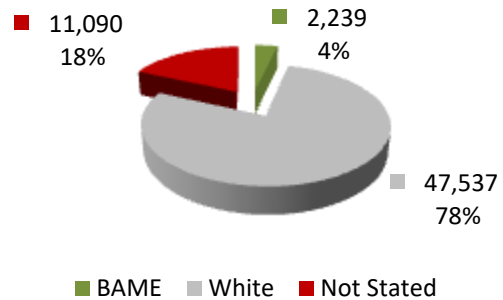
3. Outstanding care

We want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff

Activities against each of these priorities are reported on and shared at Trust committees and the public Trust Board.

We have strong and growing links with various third sector organisations including: Healthwatch (and Young Healthwatch Wiltshire), Bath & North East Somerset, Swindon and Wiltshire CCG, Maternity Voices Partnership, South West Quality network, Mencap and carers groups from across the community in order to work collaboratively and ensure we are meeting the needs of our wide and diverse community.

Patient data 2020/21

During the financial year 2020/21 the Trust saw 60,866 patients

- 11,090 18% — Not Stated
- 2,239 4% — BAME
- 47,537 78% — White

■ BAME ■ White ■ Not Stated

Age band	Count
Not Specified	539
71 years and over	11,420
61-70 years	7,504
51-60 years	8,581
41-50 years	6,828
31-40 years	7,674
21-30 years	6,947
0-20 years	11,373

Ethnicity	Count
Pakistani -…	61
Mixed White &…	76
Mixed White &…	60
Mixed White &…	113
Mixed - Other…	279
Indian -…	229
Chinese	76
Caribbean -…	118
Black - Other…	174
Bangladeshi -…	59
Asian - Other…	370
Any other ethnic…	373
African -…	251

- 5 — Not known
- 31,887 — Female
- 28,974 — Male

■ Female ■ Male ■ Not known

The Trust does not record the sexual orientation of patients at the present time.

Religion	Count
Sikh	2
Other Religion	1
Not Specified	40353
None	8046
Muslim	83
Jewish	20
Hindu	46
Christian	10380
Buddhist	51
Atheist	88

Hospital Chaplaincy

The Chaplaincy consists of a team of Ecumenical Chaplains who are available to offer religious and spiritual support for peoples of all faiths, or none. A Chaplain is on site during the daytime. The Chapel is open for quiet reflection and prayer. There are regular services that take place in The Chapel (times can be found on The Chaplaincy notice boards throughout the hospital).

Our Chaplains can call upon Faith Leaders from all Faiths to ensure that the needs of our patients and staff are fully catered for.

The Chaplaincy if partly sponsored by the Hospital Charity.

EDI Activity since October 2020.

EDI activity continued throughout the past year despite the various Covid 19 restrictions in place. Where possible we have carried out activities taking into account the necessary social distancing arrangements.

Communications Team activity

The communications and engagement team have supported a number of ED&I initiatives, working with network colleagues to highlight the projects, contribute to the planning and supporting with video and photography.

These have included:

Rainbow Tugs for Pride 2020

Capturing the delight of Diwali

Black History Month 2020

The Communications Team assisted the Race Equality Network to run an event in Springs Restaurant. This gave people the opportunity to showcase their country of origin.

The Communications team also assisted with the "The Importance of a Name" initiative by recording words and video.

A number of other equality and diversity events which took place during the year were marked by the Trust.

On 3rd December 2020 to celebrate the UN International Day of Persons with Disabilities we flew the Purple flag supporting #PurpleLightUp. An initiative which has been driving momentum for disability inclusion across hundreds of organisations since 2017.

The Trust flew the rainbow flag in support of our LGBTQ+ staff and communities to celebrate LGBTQ+ History month in February and pride month in June.

A further project, lead by the communications team was the establishment of a number of rainbow crossings on the hospital site. These were installed in recognition and support of our LGBTQ+ staff and patients.

Staff Networks

The Trust has a number of staff networks which are at different stages of development across. They have been attempting to continue to operate despite the effects that the pandemic has had on face to face meetings.

During the year we have identified Executive Sponsors for each of the following networks:

- Race Equality Network (formally known as the BAME Forum)
- Rainbow Shed (LGBTQ+) Network
- The Ability Network
- Women's Network
- EU Staff Network
- Mental Health First Aider's Network.

To be effective tools to improve inclusivity and tackle discrimination at work, staff networks need to function as vehicles for employee voice at an individual and collective level.

The four main aims that can be achieved by an effective staff network are to:
1. Provide a safe space for discussion of issues.
2. Help to raise awareness of issues within the wider organisation.
3. Provide a source of support for individual staff who may be facing challenges at work.
4. Offer a collective voice for the workforce to communicate with management.

Mental Health First Aiders Network

The Trust has a growing network of mental health first aiders to create an unshakable belief that we can all talk freely about mental health and seek support when we need it. To date the Trust has a total of 60 people who have completed the Mental Health First Aider training.

What is Mental Health First Aid?

Mental health first aid is the **help offered to a person who is developing a mental health problem or who is experiencing a mental health crisis**, until appropriate professional treatment is received or until the crisis resolves. It follows the model that has been successful with conventional first aid.

By becoming an MHFA England accredited First Aider people can help to improve the mental health of our colleagues. This initiative positively impacts all of us working for the Trust.

The network has recently elected a new chair and deputy chair.

Natasha Grover (Pharmacy)
Chair

"I am a compassionate individual who is focussed in creating an open and honest culture for our staff, so they can talk about their mental health without judgement or fear of reprehension."

Joe Cousins (OD & People)
Deputy Chair

"I have a can do attitude and passion in mental health."

Women's Network

Kelly Kerrigan, Chair

It has been difficult to commit the time I would have wanted to the network over the past year, however the Women's Network continues and there have been committee meetings taking place.

There has been a common theme to the discussions, which has been **flexible working**, including working from home, and this is something the network is keen to explore further to ensure voices are heard when policies are being created and reviewed.

Some areas of challenge that have been discussed include:

- the ability to complete mandatory training when working flexible/part time hours;

- development opportunities aimed at people with full time contracts; meetings

- governance structures not supporting those with flexible/shift working patterns;

- the need for a culture that supports and welcomes flexible working opportunities to ensure all staff are engaged and feel comfortable within their team.

We are very keen to identify opportunities to ensure experiences are heard when reviewing the relevant policies and processes.

In addition, we have again this year shone a spotlight on World Menopause day and are also supporting attendance at the Health and Care Women Leaders Network Annual Conference.

Listening to other Network leads, I'm keen to establish a supportive community rather than a top down network and will be looking for opportunities to learn from more established networks to do this.

Race Equality Network
(Formerly the BAME Forum)

The Race Equality Network was formally known as the BAME Forum. After some discussion within the group they have relaunched as the Race Equality Network to be more inclusive.

During the year the network has run a number of events to raise awareness across the Trust. They have also worked with Senior Managers to create an inclusive culture within the Trust.

The network has continued to assist our Recruitment department to support the onboarding of overseas recruits.

Paula Lewis
Chair

Who we are
Members of staff who promote inclusion, champion diversity and uphold equality for **everyone**.

What we do
- Support the organisation in shaping and delivering strategies to improve experience of staff from under-represented groups.
- Work in partnership with our executive sponsor, allies and wider system to tackle discrimination, eliminate racism and raise awareness of equality issues.
- Provide support to improve recruitment, retention and progression of staff.
- Create and offer a safe space for all staff to share their experience and facilitate learning and development.

Rainbow Shed
LGBTQ+ Network

There has been a lack of engagement from staff with the Rainbow Shed network in 2020/21. Two members of staff have championed the network and made attempts to attract members without success.

At the present time the staff members involved are working with the executive sponsor to review the current network structure and aims.

Ability Network

Unfortunately the Ability Network has not been active through 2020/21. The Lead for this network had to stand down and plans are in hand to recruit a new lead.

During the year many staff who identify with disabilities have been self-isolating or working from home. This has limited the opportunities to meet face to face within the Trust.

Review of support for staff networks across the Trust

The Trust is undertaking a review of the support required to ensure that we have effective and efficient staff networks.

This includes involving Staff Network Leads and members to identify some of the barriers and solutions to achieve that aim.

Staff Network Executive Sponsors and Trust Board development

During the past twelve months there have been a number of changes within the Trust's executive team. This has created an ideal opportunity to review and revisit executive sponsorship of staff networks.

After discussion the following Executive Directors have been nominated as Sponsor's of our staff networks:

Race Equality Network:	Esther Provins Stacey Hunter
Rainbow Shed (LGBTQ+):	Peter Collins
Women's Network	Lisa Thomas
Ability Network	Judy Dyos
Mental Health First Aiders Network	Melanie Whitfield

The Executive Sponsors are working with Network leads to identify ways to develop and support network activity across the Trust.

Three Things Every Good Executive Sponsor Must Do

1. Identify and develop a relationship with their Staff Network

2. Be Present as a Sponsor

3. Use their Voice to make an impact

Trust Board Development Day - EDI

In August 2021 the Trust Board scheduled an equality, diversity and inclusion training session on the Trust Board Development Day that month.

A number of colleagues from the Race Equality Network attended the session to share their lived experience of working within the Trust.

"There is a well-known saying that to understand someone else's experience of life you should walk a mile in their shoes. This can be good advice when you are talking about someone from a similar background or culture. It is more difficult to understand or imagine when that colleague is from a different culture and background and has had a completely different life experience.

The stories that the members of the networks shared with the board painted in vivid detail what it is like for them with a different culture and background. As a result of their stories the board could start to grasp what their life must be like and is determined to redouble its efforts to ensure that we minimise the differences and accentuate the common values we all share.

I am incredibly grateful to those who bravely and honestly told us of their experiences and you have my assurance that the board will continue to focus on ensuring we do not rest until the situation have improved significantly."

Nick Marsden
Chair of the Trust Board

"I felt a mixture of emotions during and following the opportunity we had to meet with some members of our Race Equality Network.

I felt ashamed of some of the behaviours and treatment that our colleagues described they experience in our teams.

I was immensely humbled by the courage of colleagues to tell their stories to us – many of which were exceptionally painful for people to recollect and share.

I felt encouraged by the response of my Board colleagues who recognise that there is more for us to do and that the leadership of the Board on EDI is critical to progress.

As importantly I felt and feel strongly that our approach has to be one of not demonising people's unconscious bias as we seek to tackle prejudice and inequalities but one whereby we demonstrate our Trust and NHS values in our day to day actions and behaviours."

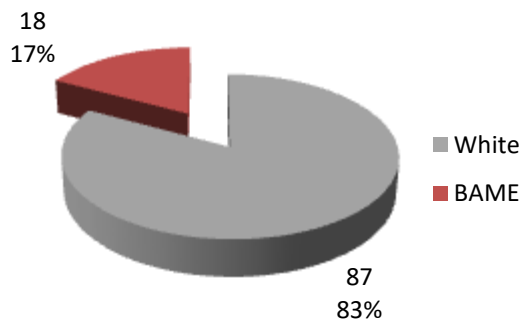Stacey Hunter
Chief Executive Officer

Freedom To Speak Up Program

The number of concerns raised to the FTSUG has increased from 85 cases during 2019-20 to 105 cases, which is an increase of 23.5% during 2020-21. Of these, 17 concerns were Covid-19 related which may have contributed to this significant increase. Where issues are complex external investigations commissioned by the Executive Team have taken place.
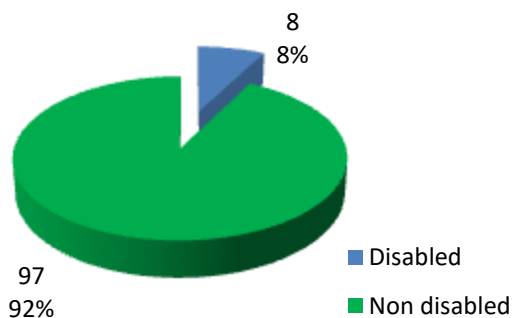

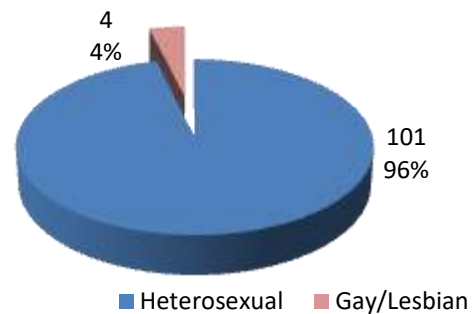**Lizzie Swift**
Freedom To Speak Up Guardian

As of the 31st March 2021 17% of the Trust workforce identified as being from a BAME background. 18 of those who raised concerns were from a BAME background, this equates to 17% of cases. This is representative of the workforce.

- White
- BAME

18 / 17%
87 / 83%

A total of 8 people who raised concerns shared that they had some form of disability.

- Disabled
- Non disabled

8 / 8%
97 / 92%

4 people who raised concerns identified as gay or lesbian.

4 / 4%
101 / 96%

- Heterosexual
- Gay/Lesbian

The FTSUG is in regular contact with the Guardians at Royal United Hospitals Bath and also Great Western Hospitals. This relationship is key for peer support, benchmarking and working together to push the Speaking Up agenda forwards as part of the BSW partnership.

FREEDOM TO SPEAK UP
LISTENING TO YOUR CONCERNS

EDI Committee

The Trust EDI Committee continued to meet via Teams during the year.

Membership:
- Non-Executive Director (Chair)
- Chief People Officer
- Chief Nursing Officer
- Associate Director of Education, Inclusion, Comms & Engagement
- Freedom To Speak Up Guardian
- Head of Diversity and Inclusion
- Directorate Senior Nurse
- Directorate General Manager
- Staff Side Representative
- Head of Patient Experience
- Head of Communications
- Trust Governor
- Race Equality Network Representative
- LGBTQ+ Network Representative
- Women's Network Representative
- Ability Network Representative
- Mental Health Network Representative
- Doctors Representative

Purpose:
Using the compassionate leadership model all committee members show active commitment to the EDI agenda for the benefits of patients, service delivery and our people.

To provide support and direction to Trust board, Executives, Senior Managers on the Equality Act 2010 and its requirements.

Lead on the compliance of the PSED (Public Sector Equality Duties), whilst ensuring the Trust remains exemplar in its innovative approaches to diversity and inclusion.

During the past year the committee has been developing and monitoring a number of equality, diversity and inclusion actions. They have been monitoring progress and giving guidance and advice.

The committee has also been facilitating the voice of the EDI Networks. Each network lead has a seat on the committee and regularly provide updates as to their network activities.

Review of Governance:
[EDI Audit overleaf.]

The committee is now taking the opportunity to review its membership and terms of reference in line with activity being undertaking to develop and promote the equality, diversity and inclusion agenda across the Trust.

This review will link with the audit recommendation to "Improve EDI governance structure and management information in order to successfully track progress".

Internal PwC Audit 2020/21

Audit Approach

In 2020/21 the Trust commissioned an internal audit to identify the status of equality, diversity and inclusion within the organisation.

The audit looked at the following areas:

❖ key strategy, policy, plans and/or procedure documents in place, and the governance arrangements in place;

❖ the design of the controls in place to address the key risks;

❖ minutes and papers for a selection of key meetings in the EDI governance process;

The audit team undertook meetings with a cross section of employees within the Trust, including representatives from the six Trust EDI Networks, to understand their engagement with the EDI strategy, policy and/or plans, and EDI more broadly within the Trust.

Recommendations

An Audit report was produced by the audit team and it was discussed at the Trust Finance and Audit Committee. The report made the following six recommendations:

❖ Formally define an EDI Strategy.

❖ Revise the EDI Action Plan to include measures of success in response to the new strategy

❖ Improve the data analysis capabilities for EDI metrics

❖ Improve EDI governance structure and management information in order to successfully track progress

❖ Identify further opportunities for embedding EDI

❖ Review available EDI resources both within the Trust and

Action as a result of the Audit

Following the recommendations work has begun in developing an EDI Strategy in alinement with the aims of the NHS People Plan and Trust Strategy.

A review is taking place of the governance of EDI within the Trust and of the resources required to achieve any identified equality objectives within the Strategy.

Gender Pay Gap Report 2021

The gender pay audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 we must publish and report specific information about our gender pay gap.

Nationally the 2020 mean gender pay gap (the difference between men's and women's average hourly pay) is 6.5% and the median gender pay gap is 15.9%. In monetary terms, the mean hourly difference in ordinary pay is £1.65 and the median hourly difference is £4.04.

The last accurate figure for the NHS average gender pay gap is taken from 2019 figures. Due to the Covid19 pandemic a number of organisation were not able to provide details in 2020. The NHS average for 2019 was 23%.

Salisbury NHS Foundation Trust has reported similar pay gap data for the past four years. Over that period of time there has been a reduction of 4.18% in the overall pay gap. At the present time Salisbury NHS Foundation Trust gender pay gap is 21.32%.
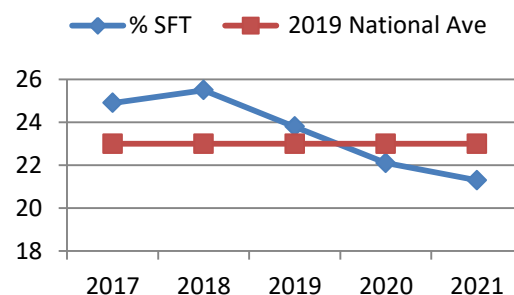
Within our staff groups there has been some movement and at the present time two groups have double figure gaps. The staff groups concerned are:

- Administrative and Clerical
- Medical and Dental

The Additional Professional, Scientific and Technical group pay gap has reduced from 12.6% in 2020 to 3.11% in 2021, this is a 9.49% reduction.

There have been no specific, targeted initiatives within the Trust to reduce the gender pay gap in the past year. It would appear that the movement on the pay gap has been the result of staff movement in and out of the staff groups identified.

Workforce Race Equality Standard Report 2021

The WRES return is completed annually and requires information regarding workforce indicators which compare data for White and BAME staff and National NHS Staff Survey data which compares the survey responses from White and BAME staff.

Having compared our data this year with the National WRES results there are a number of areas where we need to take action. We have also compared our progress from our position in 2017 as the National report has done.

Our workforce has grown from **3,377** staff in 2017 to **3,952** in 2021. This is an increase of **575**. Over that period our BAME workforce has consistently grown from **338** in 2017 to **666** in 2021.

One highlighted area where the Trust needs to concentrate some effort is in recruitment and progression.

When we look at the proportion of people appointed from shortlisting, it is clear that, excluding the overseas recruitment program, there is an issue as White applicant are **2.1** times more likely to be appointed from interview than BAME applicants.

On the 24th May 2021 guidance was released updating the Model Employer Goals. The Trust used the guidance to review its ambition to ensure that all roles above Band 6 are representative of the workforce by 2025. These goals are based on **15.7%** of our workforce being from a BAME background.

The national NHS WRES team introduced a new matrix to measure the likelihood of staff progressing to higher management roles. Completion of the disparity ratio matrix shows that in Salisbury NHS Foundation Trust White staff are **9.8** times more likely to progress from middle to higher AfC pay bands than BAME staff.

Our BAME Forum was actively involved in encouraging people to engage in the 2020 Annual NHS staff survey. **38.7% (258)** of our BAME workforce took part in the survey.

The results were very similar to last year's figures and are outlined in the WRES report. It will be noted that there was a slight reduction in the number of people believing that the Trust provides equal opportunities for career progression or promotion. Both White and BAME colleagues showed a reduction on 2017 figures.

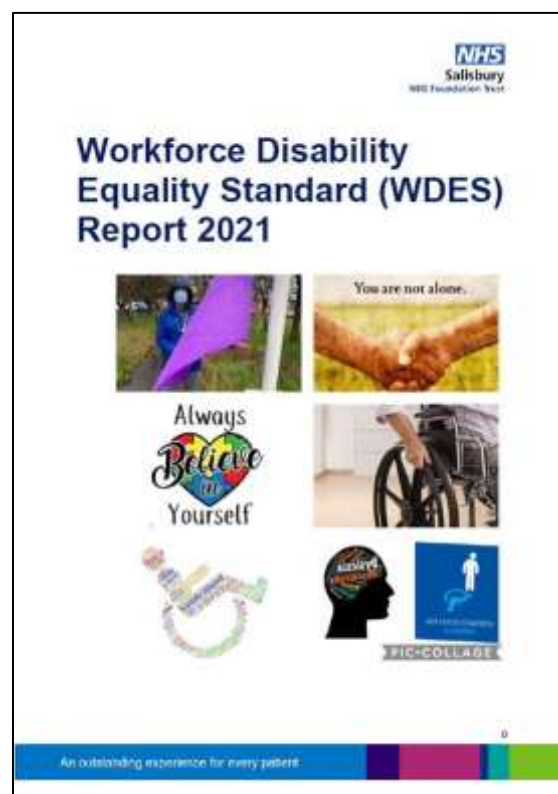# Workforce Disability Equality Standard Report 2021

The past twelve months have been incredibly challenging for many of our people including those who identify as having a disability.

The Trust's successful risk assessment process for vulnerable staff has meant that many staff with disabilities have been redeployed or have been working from home.

We are now three year's into reporting against the Workforce Disability Equality Standard and identifying how as an organisation we treat our people who identify with a disability. As will be seen in this year's report despite the disruption caused by Covid19 we are now proactively working to update our disability policies, processes and organisational culture. We are doing this to ensure that our culture is compassionate, fair and non-discriminatory.

We do not have a true picture of people with a disability within our Electronic Staff Record (ESR) system. Within those systems 104 people shared their disability status and 175 people did not state whether they had a disability or not.

358 of our people identified as having some form of disability in the NHS Staff Survey. There is a discrepancy with the numbers shared on ESR. This continues to indicate that we need to work on our organisational culture as well as encouraging our people to provide accurate and up-to-date equality data.

The relative likelihood of staff with disabilities entering the formal capability process has decreased to 1.47 times that of non-disabled staff. This is calculated as a two year average.

Data indicates that there has been an increase in the number of staff with disabilities who feel that the organisation does not value their work. This is a staff survey question and 229 responded to the question negatively.

The Trust collected it's data on the 31st March 2021 when our workforce consisted of 3,952 people. 2,944 were in clinical roles and 1,008 in non-clinical roles. When we look at the overall workforce we see that 3% of our people have identified with a disability, 93% as non-disabled and 4% have preferred not to say.

Future influencing factors.

The following initiatives will have an effect and influence our approach to ED&I over the coming months:

- PwC EDI Audit 2021
- NHS People Plan – Belonging in the NHS
- Improving Together program
- Best Place To Work Program
- The NHS Long Term Plan
- Annual contribution to the WRES and WDES programmes
- Annual reporting against the Gender Pay Gap programme.
- The NHS Workforce Race Equality Standard (WRES) leadership strategy.
- The Learning Disability programme
- The Sexual Orientation Monitoring programme
- Equality Delivery system three.
- The Ethnicity Pay Gap Reporting
- Annual NHS staff Survey
- Covid-19 pandemic response

Following the results of the PwC EDI Audit work has commenced on developing a Trust EDI Strategy aligned to the NHS People plan.

The development of the Strategy will be influenced by the programs and initiatives mentioned above.

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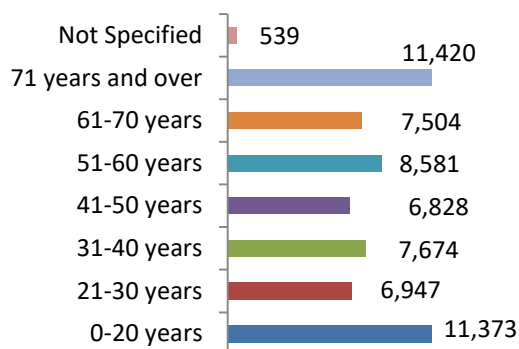
NHS Salisbury NHS Foundation Trust

Understanding Our Communities and Workforce

The Trust has a core catchment population of around 270,000 people. The Trust also provides specialist services on a regional basis to a population of two million and supra regional services extend to a population of approximately eleven million people.
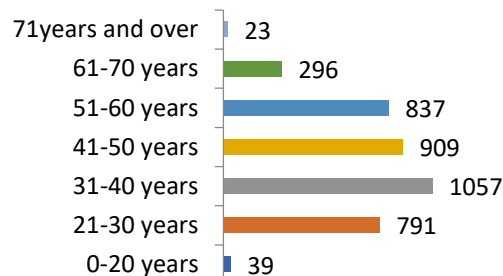
Age The shift in the age balance of the population covered by the Trust in the local area is part of a broader national and international pattern. According to the last census (2011) 62.45% of Wiltshire's population are over 40 years old.

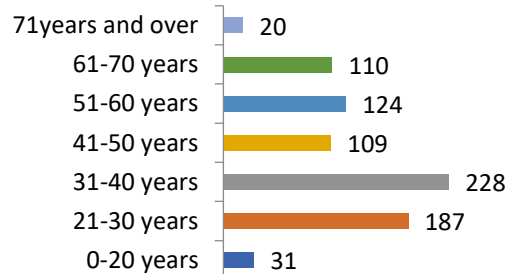## Our Patients During the financial year 2020/21 the Trust saw 60,866 patients

Age group	Count
Not Specified	539
71 years and over	11,420
61-70 years	7,504
51-60 years	8,581
41-50 years	6,828
31-40 years	7,674
21-30 years	6,947
0-20 years	11,373

Our substantive workforce
On the 31st March 2021 our substantive workforce consisted of 3,952 people

Age group	Count
71 years and over	23
61-70 years	296
51-60 years	837
41-50 years	909
31-40 years	1057
21-30 years	791
0-20 years	39

52.25% (2,065) of our substantive workforce are above the age of 40 years.

Our temporary workforce
On the 31st March 2021 our temporary workforce consisted of 809 people

Age group	Count
71 years and over	20
61-70 years	110
51-60 years	124
41-50 years	109
31-40 years	228
21-30 years	187
0-20 years	31

44.9% (363) of our bank workforce are above the age of 40 years

Our Volunteers
On the 31st March 2021 the Trust had 78 active volunteers working in the Hospital.

Age group	Count
71 years and over	0
56-70 years	58
41-55 years	16
26-40 years	4
0-25 years	0

Sex A person's sex is often based on biological factors, such as their reproductive organs, genes, and hormones. But similar to gender, sex isn't binary.

Someone can have the genes that people associate with males and females, but their reproductive organs, genitals, or both can look different. This is known as differences in sex development. People may also refer to this as intersex.
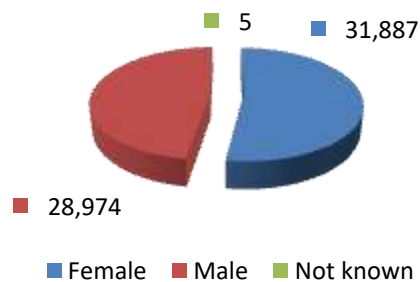
Typically, people use the terms "male," "female," or "intersex" regarding a person's sex.

The sex profile of the local area broadly reflects the national picture with the split between male and female being 49:51.
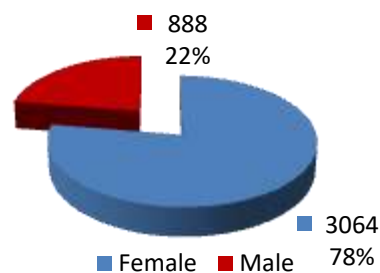
The longevity of women is very different from those of men. On average, women live longer but have lower incomes. Because women are also often younger than their partners, more women than men live alone in their later years. Traditionally, women have also left the labour market earlier
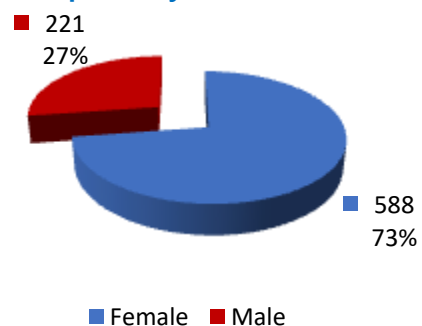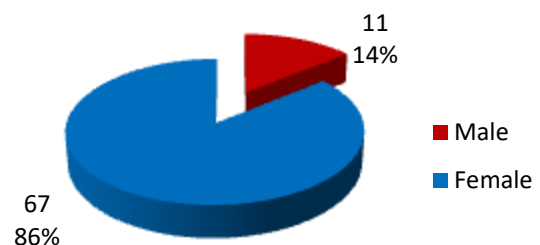
Our Patients

5
31,887
28,974

■ Female ■ Male ■ Not known

Our substantive workforce

■ 888
22%
■ 3064
78%

■ Female ■ Male

Our temporary workforce

■ 221
27%
■ 588
73%

■ Female ■ Male

Our Volunteers

11
14%
67
86%

■ Male
■ Female

Disability

Disability In relation to the Equality Act, a person has a disability if they have "a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities."

In 2014 The Office for Disability Issues and Department for Work and Pensions estimated that there were 11.6 million disabled people in the UK, 5.7 million of which were adults of working age, 5.1 million over state pension age and 0.8 million children.

The population of disabled people includes those with visible disabilities e.g. wheelchair users, blind people and deaf people – and many people who have other (often less visible) impairments.

National trends show among adults an increasing number of people who have mental illness and behavioural disorders, while the number of people reporting physical impairments is decreasing.
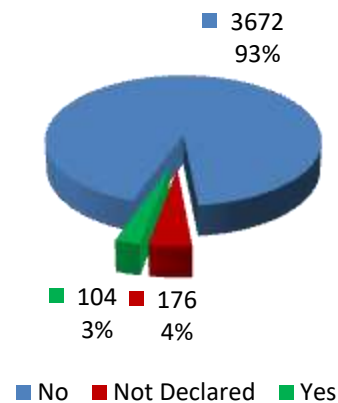
Although older people are more likely to be disabled than younger people, trends show an increasing number of children with complex needs, Autistic Spectrum Disorders or mental health issues.

Research indicates that people with disabilities are disadvantaged in a wide range of areas when compared to those without disabilities. Disabled people are more likely to achieve lower outcomes in terms of employment, income and education. They are more likely to face discrimination and negative attitudes, and often experience problems with housing and transport.
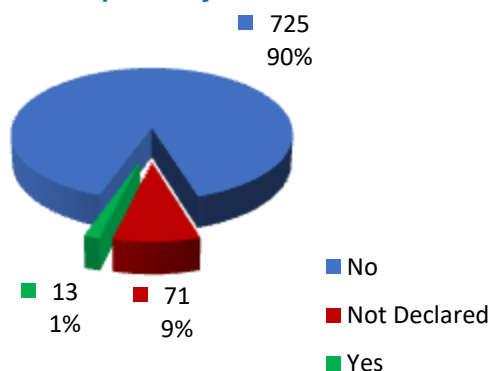
Our Patients
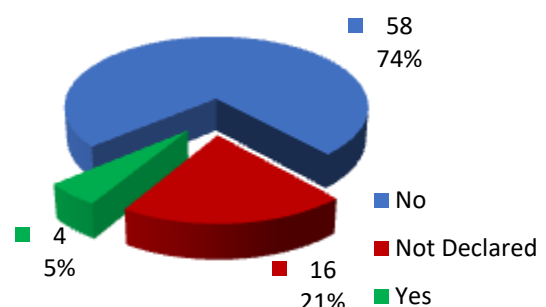Data currently not available.

Our substantive workforce

3672
93%

104   176
3%   4%

■ No   ■ Not Declared   ■ Yes

Our temporary workforce

725
90%

13   71
1%   9%

■ No
■ Not Declared
■ Yes

Our Volunteers

58
74%
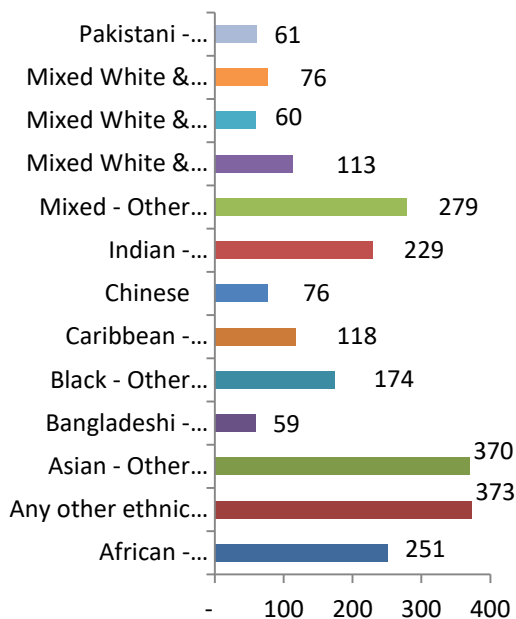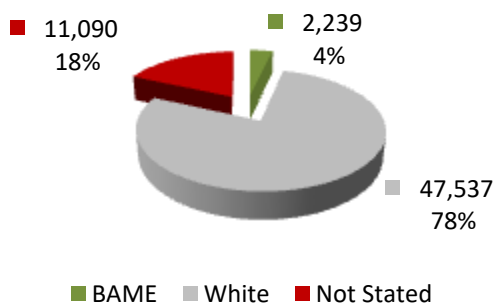
4   16
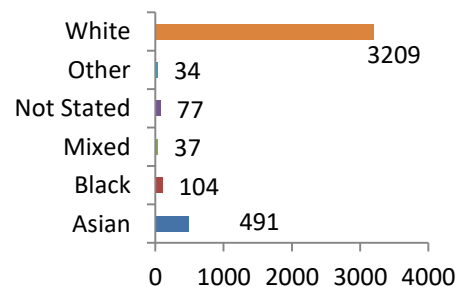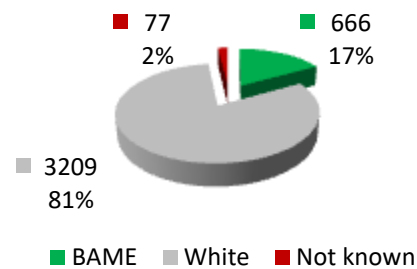5%   21%

■ No
■ Not Declared
■ Yes

Ethnicity

Ethnicity If we look at the demographics in the Salisbury area we see that 95.73% of the population are white, 4.27% Black, Asian or minority ethnic. These details have been taken from the Census of 2011.

Our wider footprint covered by our spinal unit ranges from the South West region, where 95.4% of the population is white and 4.6% Black Asian or minority ethnic to parts of Hampshire and Thames valley area where on average 90% of the population are white and 10% Black, Asian or minority ethnic.
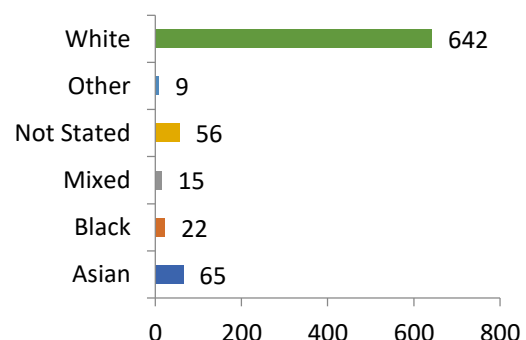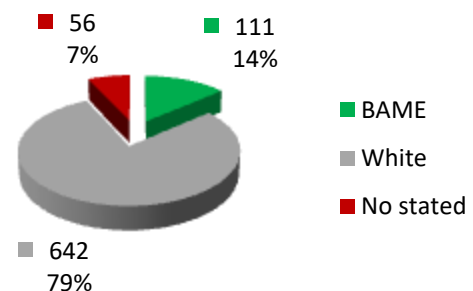
Our substantive workforce

- 77 2%
- 666 17%
- 3209 81%

■ BAME ■ White ■ Not known

White	3209
Other	34
Not Stated	77
Mixed	37
Black	104
Asian	491

(axis: 0, 1000, 2000, 3000, 4000)

Our Patients

- 11,090 18%
- 2,239 4%
- 47,537 78%

■ BAME ■ White ■ Not Stated

Pakistani -…	61
Mixed White &…	76
Mixed White &…	60
Mixed White &…	113
Mixed - Other…	279
Indian -…	229
Chinese	76
Caribbean -…	118
Black - Other…	174
Bangladeshi -…	59
Asian - Other…	370
Any other ethnic…	373
African -…	251

(axis: -, 100, 200, 300, 400)

Our temporary workforce

- 56 7%
- 111 14%
- 642 79%

■ BAME ■ White ■ No stated

White	642
Other	9
Not Stated	56
Mixed	15
Black	22
Asian	65

(axis: 0, 200, 400, 600, 800)

Our Volunteers

- 36 48%
- 39 52%

■ White ■ Not stated
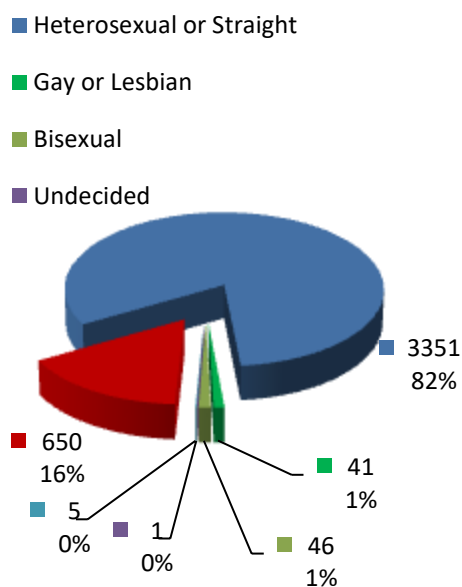
Sexual Orientation and Gender Identity

Lesbian, gay, bisexual, transgender, intersex, and associated identities have been present in various ways throughout history. All cultures have included, with different degrees of acceptance, those who practice same-sex relations and those whose gender, gender identity, and gender expression test current norms.

Although the number of lesbians, gay men and bisexuals in the UK as no national census has ever asked people to define their sexuality, government actuaries estimate that 6% of the population is lesbian, gay or bisexual (LGB). This represents around 3.6 million people – or 1 in 16.
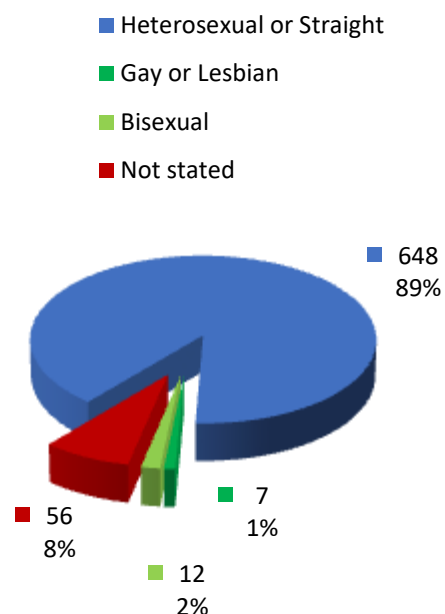
Our Patients

At the present time the Trust does not collect details of patient's sexual orientation or gender identity.

Our substantive workforce

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Undecided
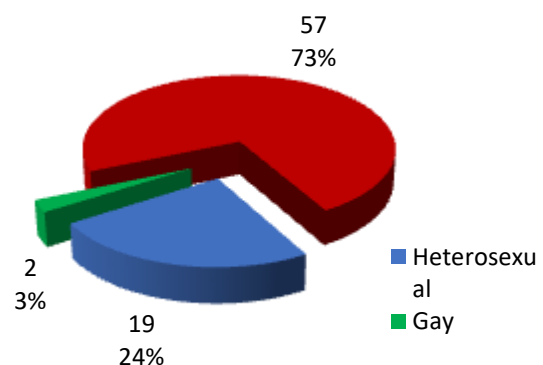

3351
82%

650
16%

5
0%

1
0%

46
1%

41
1%

It will be noted that 2% (93) of our substantive workforce have shared that they are gay, lesbian or bisexual on our ESR Workforce systems. This is significantly lower than the estimated 6% mentioned above.

Our temporary workforce

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Not stated

648
89%

7
1%

12
2%

56
8%

Our Volunteers

57
73%

2
3%

19
24%

- Heterosexual
- Gay

Gender identity is the personal sense of one's own gender. Gender identity can correlate with a person's assigned sex at birth or can differ from it.

Gender expression typically reflects a person's gender identity, but this is not always the case. While a person may express behaviors, attitudes, and appearances consistent with a particular gender role, such expression may not necessarily reflect their gender identity. The term gender identity was originally coined by Robert J. Stoller in 1964.

The number of transgender people and those with diverse gender identities is not accurately recorded at this time.
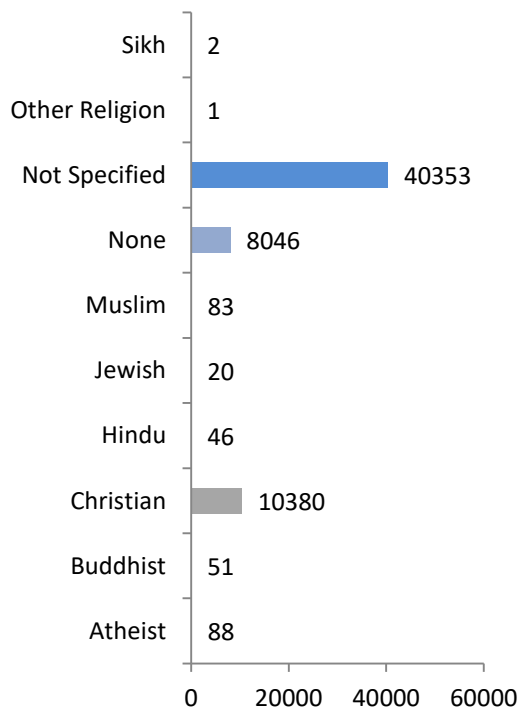
Transgender people have very specific protection against discrimination within the Gender Recognition Act 2014.This protects a trans person who intends to undergo, is undergoing or has undergone gender reassignment. In addition, good NHS practice dictates clinical responses be patient-centred, respectful and flexible towards all trans people including those who do not meet criteria but who live continuously or temporarily in their confirmed gender role.
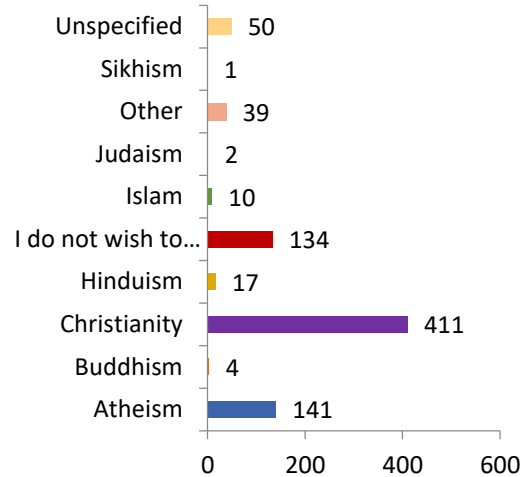
Religion/Belief

The question on religious affiliation in the census was introduced in 2011 and is voluntary. Those affiliated with the Christian religion remained the largest groups in the South West area (60.4%), with no religion (28.7%), Muslim (1%) and Hindu (0.3%).
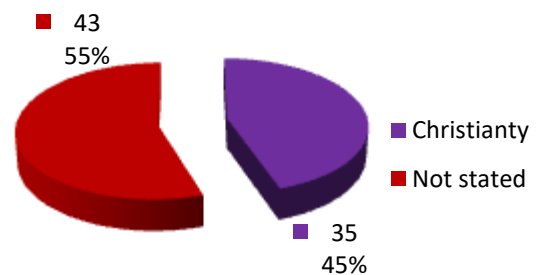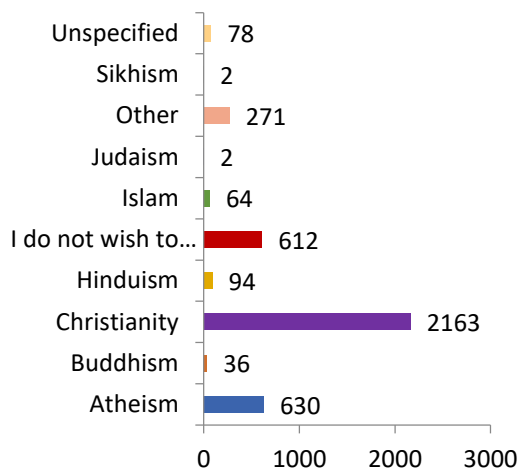
Our Patients

Religion	Count
Sikh	2
Other Religion	1
Not Specified	40353
None	8046
Muslim	83
Jewish	20
Hindu	46
Christian	10380
Buddhist	51
Atheist	88

Our temporary workforce

Religion	Count
Unspecified	50
Sikhism	1
Other	39
Judaism	2
Islam	10
I do not wish to…	134
Hinduism	17
Christianity	411
Buddhism	4
Atheism	141

Our Volunteers

Religion	Count	Percentage
Not stated	43	55%
Christianty	35	45%

Our substantive workforce

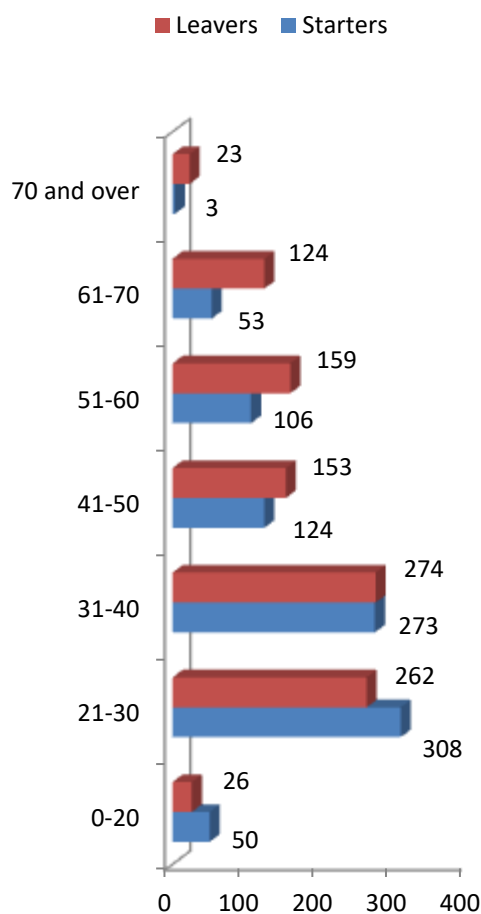| Religion	Count
Unspecified	78
Sikhism	2
Other	271
Judaism	2
Islam	64
I do not wish to…	612
Hinduism	94
Christianity	2163
Buddhism	36
Atheism	630

Starters and Leavers
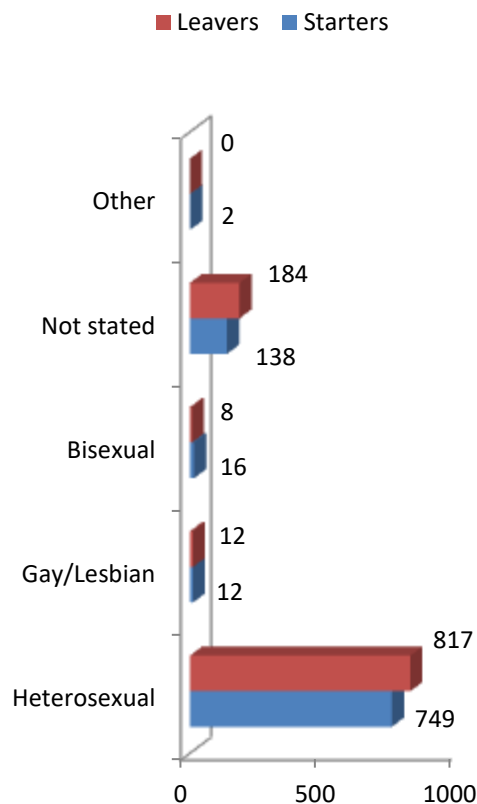
Total Numbers

- Starters: 917
- Leavers: 1021

During 2020/21 1,021 people left the Trusts' employment. Over that period 917 people joined the Trust.

Age Profile

■ Leavers ■ Starters

Age	Leavers	Starters
70 and over	23	3
61-70	124	53
51-60	159	106
41-50	153	124
31-40	274	273
21-30	262	308
0-20	26	50

Sexual Orientation

■ Leavers ■ Starters

	Leavers	Starters
Other	0	2
Not stated	184	138
Bisexual	8	16
Gay/Lesbian	12	12
Heterosexual	817	749

Disability

	Starters	Leavers
Non-disabled	838	905
Disabled	20	24
Not stated	59	92

Ethnicity

Leavers / Starters

Ethnicity	Starters	Leavers
White	742	844
BAME	138	137
Not stated	37	40

Ethnicity	Starters	Leavers
Black or Black British - Any other Black...	2	3
Other Specified	14	8
Mixed Heritage	14	18
Other Asian	26	36
Chinese	3	5
Bangladeshi	1	1
Pakistani	9	9
Indian	41	23
African/Caribbean	2	4
African	26	30

Religion & Belief

Religion	Starters	Leavers
Not stated	195	245
Other religion	48	54
Atheist	215	181
Hinduism	24	20
Sikh	1	1
Buddhist	7	11
Jewish	0	0
Muslim	25	18
Christian	402	491

Appendix C
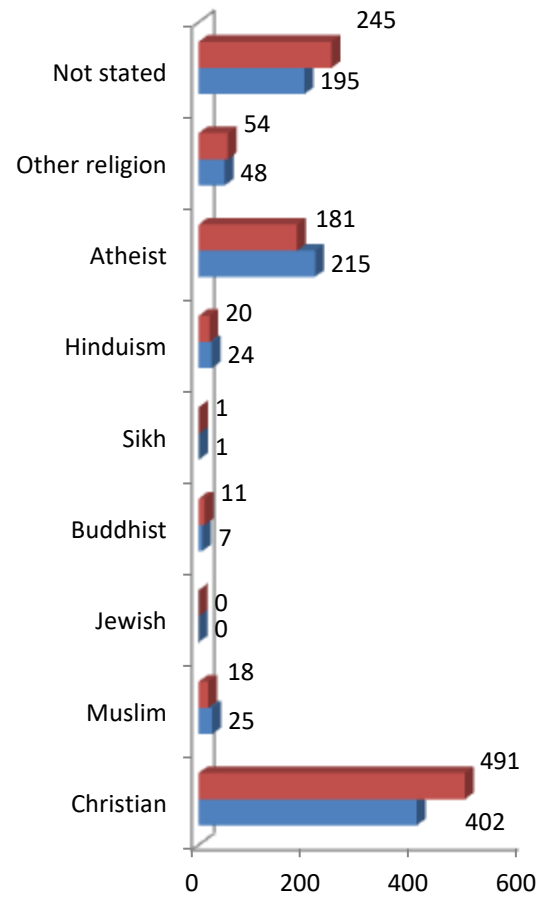
Public Sector Equality Duty
Section 149 Equality Act 2010

The Equality Act 2010

Under section 149 of the Equality Act (2010), a public sector equality duty was created, which is a statutory obligation for all public authorities. This is defined in legislation as the general duty and all public authorities are adherent to the following obligations to:

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

The general duty is underpinned by a set of actions and assurances termed the specific duties. These serve as guidance on how the general duty can be met, through a range of actions and the provision of evidence in varied formats. The specific duties are to:

- Publish Information outlining how they will comply with the general duty by 31/1/2012 (Annually thereafter).

- Formulate at least one Equality objective

- All information published on how they will meet the equality duty must be presented in such a manner that it is accessible to the public.