

# Equality Diversity & Inclusion Annual Report March 2019



## About Us

Stockport NHS Foundation Trust provides hospital care for children and adults across Stockport and the High Peak, as well as community health services for Stockport. Our stroke services have been officially ranked as the best in England and urology and orthopaedic services at Stepping Hill Hospital are highly-rated nationally.

**Our priorities focus on providing high quality services which are all about people – patients, carers, staff and partners. We are the second largest employer in Stockport, with a highly-skilled, committed and dedicated workforce.**

Stockport NHS Foundation Trust is strongly committed to ensuring its services and employment practices are fair, accessible, and inclusive for the diverse communities it serves and the workforce it employs. This is reflected and reinforced in the 'vision and values' of the Trust.

### **Our Commitment**

- We will celebrate and harness our unique, rich and diverse communities and workforce
- We want everyone who comes into contact with the Trust to feel valued and respected
- We will provide services to all our communities in a fair and appropriate way
- We want to remove any barriers for people when they are accessing our services

This report presents information on the work we have delivered to help meet our commitment to Equality Diversity & Inclusion

It sets out our performance on the NHS's Equality Delivery System Audit, as assessed by Healthwatch Stockport, and identifies our priorities for continued improvements in 2018.

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## Legal Context

### Equality Act 2010

The Equality Act (2010) is the UK's anti-discrimination law, which protects individuals from unfair treatment and promotes a fair and more equal society. It protects people from discrimination, harassment and victimization in work, education and when accessing services like healthcare

#### The Protected Characteristics



#### Public Sector Equality Duty

Public Sector Organisations must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality 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

## Stockport Local Diversity

In general terms, Stockport is one of the healthier places to live in the North West. But while the overall picture is good, there are some areas where rates of illness are significantly higher than the national average. Taking action to cut these inequalities is one of the most important ways to improve the health of the entire population of Stockport.

Stockport is an older borough, with 19.4% of the population aged 65 or over and a particularly low rate of young adults ages 16-24 (9.7%).

Women tend to live longer than men and are more likely to use health services. Life expectancy in Stockport is around 79.7 years for men and 83.0 years for women.

Our ethnic minority communities have grown from just 4.3% in 2001 to 7.9% of the population at the 2011 census. Our ethnic minority communities have a much younger age profile than the white communities.

According to the 2011 census 18.4% of local people have a disability or a long-term illness. However, 41% of the people registered with Stockport GPs have one or more long-term condition. Instances of disabilities rise significantly with age from just 2% of 0-4 year olds to 90% of those aged 85 and over. By the age of 55, half of registered patients have one or more long-term condition. As life expectancy increases, so too do the numbers of people with complex care needs.

Most people in Stockport follow a 63.2% are Christian, 3.3% are Muslim, 0.6% are Hindu and 0.5% are Jewish. Unlike the situation nationally Stockport's Muslim population reports better than average health.

There is a lack of reliable data available regarding the profile the LGBT community in Stockport. The government estimates that between 5% and 7% of the UK population is LGB, which would equate to 14-20,000 people in the borough.

## Health Inequalities

The average life expectancy in Stockport has risen over the past decade to 79.7 years for men and 83.0 years for women, however, the persistent gap in life expectancy between the most affluent and deprived areas of the borough is around a decade (12 years for women and 13.4 years for men)

Analysis of cause of deaths driving health inequalities shows us that the three biggest causes are

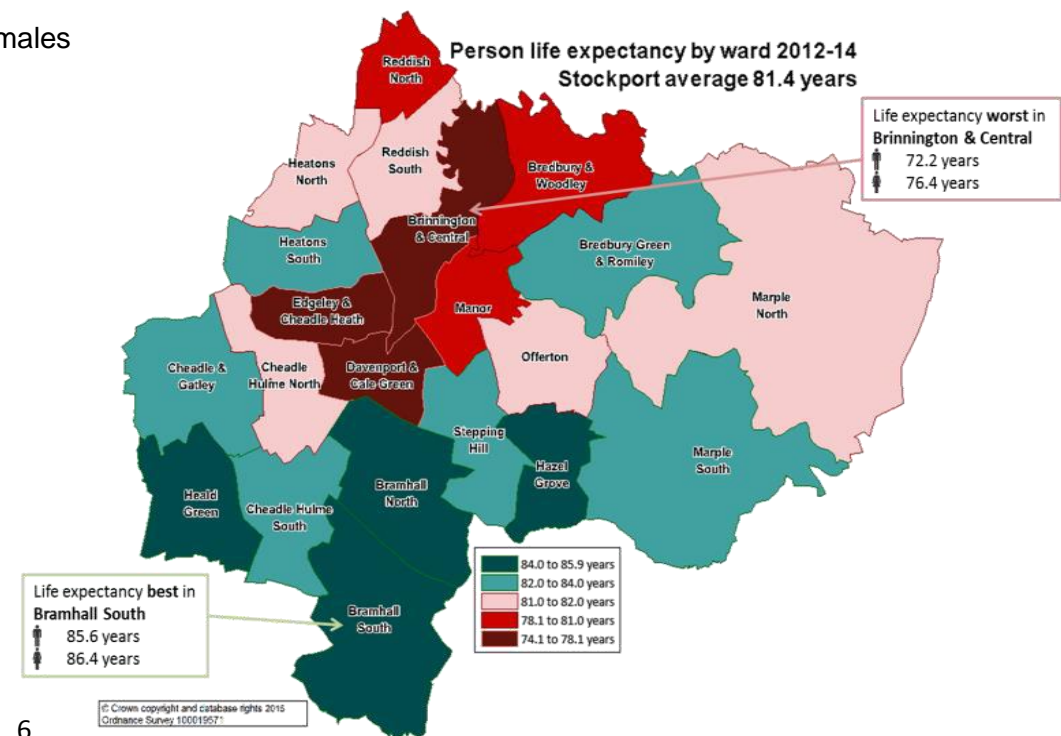
- Cancer
- Circulatory
- Digestive disease (linked to alcohol)

together causing 67% of the gap for males and 64% of the gap for females

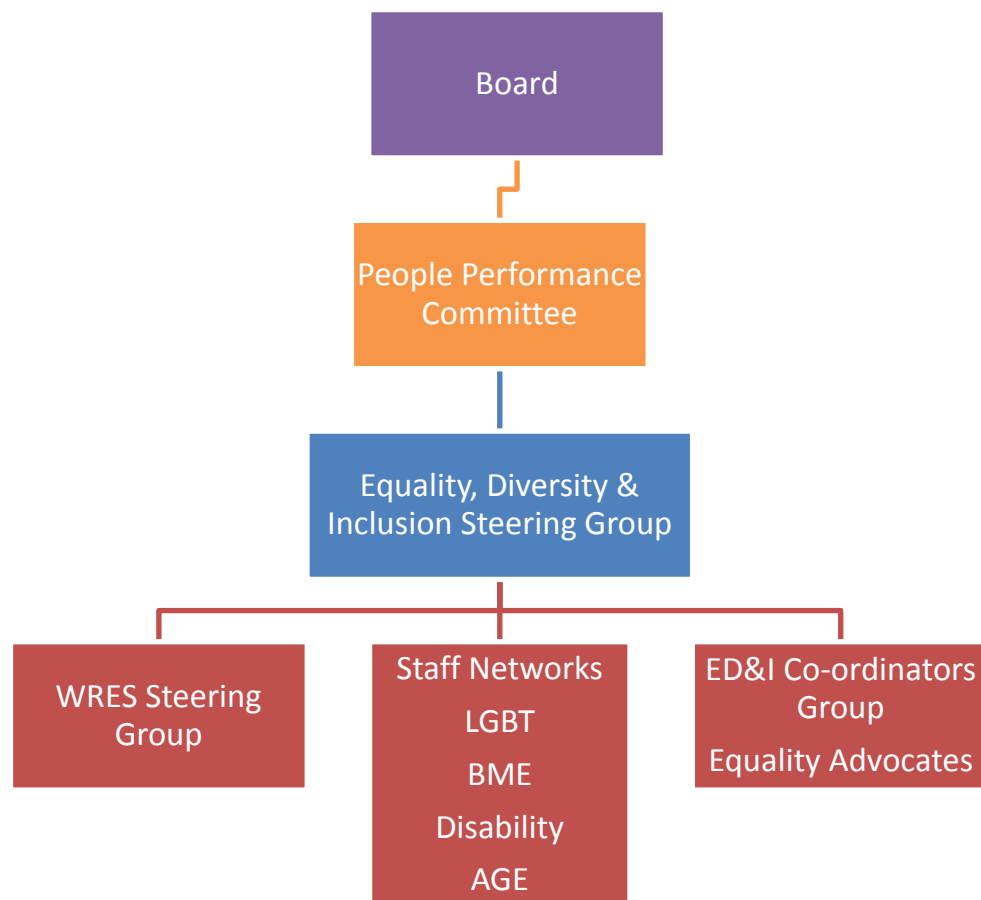
Nationally, minority groups suffer inequalities in health outcomes and access to services.

More information can be found in Stockport's Joint Strategic Needs Assessment at:

[www.stockportjsna.org.uk](http://www.stockportjsna.org.uk)



## EDI Governance



## EDI Board Champion



Adrian Belton is the Board Champion for EDI as well as the Chair of the Trust's WRES steering group

Adrian has been the Chairman at Stockport NHS Foundation Trust since June 2017. Adrian is passionate about EDI and having an organisational culture that is open, transparent and Inclusive.

"Everyone's voice matters, whatever role you play. And we need to know how good we are at hearing voices that are as diverse as the patients and communities we serve. If we get our approach to EDI, and culture, right, we are well on the way to excelling at quality"



## Our Workforce

A diverse and culturally aware workforce is better placed to understand and respond to the needs of everyone in our community. At September 2017, the Trust employed 5254 staff of whom:

- 80% are women;
- 28% are aged under 35 years and 20% are aged over 55 years;
- 13.4 % are from black and minority ethnic communities (plus a further 5 % from white minority ethnic backgrounds);
- 3.2 % have declared themselves to be disabled; 82% have declared themselves to be non-disabled and the disability status of the remainder is not known/ not declared;
- 77% of our staff said they were as heterosexual; 1.7% as lesbian, gay or bisexual and 25% chose not to tell us
- 53% declared Christianity as their religion; with the next highest religion being Islam (3%)
- The average age of our Board members is 50; none declared a disability; the make-up of the Board is 93% White British; 53% are female.

The largest area of ethnic diversity is found at the two extremes of Band 1 and Medical Staffing, with Band 5 showing the next indication of diverse staff member

Our workforce is over- representative of the growing ethnic diversity in the local community but not at all levels

Just under 40% of Band 1 staff and just over 46% of those at Band 8b or above are male and 60% of medical posts are filled by men

Women make up the majority of the workforce

Low numbers of staff declaring disabilities, sexual orientation and religion limits the interpretation of the data

## Our Workforce

Equality Group	Local Population	Trust Workforce
Age	Largest age band 40-49	Largest age band 45-54 Average age 44
Disability	26.7% report a disability or long- term condition	3.2% report disability 14.8 % not declared
Ethnicity	BME make up is 8 %	BME make up 13.4%
Gender	51.1% female	80.9% female
Gender Identity	No local data	No local data
Pregnancy / Maternity	2% fertility rate	2.7% on maternity or adoption leave (at 30/9/16)
Marriage / Civil Partnerships	38% married 0.2% in Civil Partnership	54.9% married 0.7% in Civil Partnership
Religion or Belief	63.2% Christian	53% Christian
Sexual Orientation	No local data. Estimated to be 5-7% nationally	1.4% LGB 25% Did not want to declare

## Our Patients

### Age

Age Band	Inpatients %	Outpatients %
<20	14.2%	10.9%
20-29	9.0%	6.3%
30-39	10.6%	9.4%
40-49	8.5%	9.3%
50-59	11.3%	13.1%
60-69	13.2%	15.3%
70-79	16.7%	19.8%
80-89	13.3%	13.7%
>=90	3.3%	2.1%

### Sex

	Inpatients	Outpatients
Male	44.5%	42.9%
Female	55.5	57.1

## Our Patients

### Ethnicity

Ethnicity	Inpatients	Outpatients
<b>White :</b>		
<b>British</b>	86.6%	85.9%
<b>Irish</b>	0.9%	1.0%
<b>Other White</b>	1.9%	1.9%
<b>Mixed:</b>		
White/Black Caribbean	0.2%	0.2%
White/Black African	0.2%	0.1%
White/Asian	0.2%	0.2%
Other Mixed	0.3%	0.2%
<b>Asian/ Asian British:</b>		
Indian	0.5%	0.6%
Pakistani	1.0%	1.1%
Bangladeshi	0.2%	0.2%
Other Asian	0.6%	0.5%
<b>Black/ Black British:</b>		
Caribbean	0.1%	0.2%
African	0.2%	0.2%
Other Black	0.1%	0.1%
<b>Other</b>		
<b>Chinese</b>	0.2%	0.3%
<b>Other Ethnicity</b>	0.6%	0.6%
<b>Not given</b>	6.2%	6.8%

### Religion

Religion	Inpatients	Outpatients
<b>Christian</b>	67.6%	70.8%
<b>None</b>	18.0%	16.9%
<b>Religion Unknown</b>	11.2%	8.6%
<b>Muslim</b>	2.1%	2.2%
<b>Other</b>	0.5%	0.6%
<b>Hindu</b>	0.4%	0.4%
<b>Jewish</b>	0.2%	0.2%
<b>Buddhist</b>	0.1%	0.1%
<b>Sikh</b>	0.1%	0.1%
<b>Pagan</b>	0.0%	0.0%
<b>Jain</b>	0.0%	0.0%
<b>Bahai</b>	0.0%	0.0%
		0.0%

## Workforce Race Equality Standard (WRES)

### Background

In July 2014, the NHS Equality and Diversity Council confirmed the introduction of a **Workforce Race Equality Standard (WRES)**. The WRES provides Workforce Indicators and associated metrics, against which NHS organisations must collect and analyse data. This analysis must then inform appropriate action and intervention to address any differences between the relative treatment and experience of White and Black and Minority Ethnic (BME) staff. Please see table below for the nine WRES indicators as well as 2016/17 data for the Trust.

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS Standard Contract

This is important because studies shows that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety.

NHS providers are expected to show progress against a number of indicators of workforce equality, including a specific indicator to address the low numbers of BME board members across the organisation.

The first phase of the WRES focused on supporting the system to understand the nature of the challenge of workforce race equality and for leaders to recognise that it was their responsibility to help make the necessary changes.

## Workforce Race Equality Standard (WRES)



Adrian Belton Trust Chair

“At Stockport NHS Foundation Trust we are committed to ensuring everyone is treated fairly and with respect and there are opportunities for staff to flourish and reach their full potential. We continue to ensure that our organisation is reflective of the communities we serve, at all levels, and our environment has a culture of openness, compassion and inclusiveness.

We are proud to commit to the Workforce Race Equality Standard (WRES) and improve experiences and opportunities for our Black, Asian & Minority Ethnic (BAME) staff. We have demonstrated this commitment through:

- Setting up of a WRES steering group chaired by myself, to ensure monitoring and progress of the data and actions as well as a scrutiny role
- To aspire become a leading national inspiration on WRES
- An increasing investment in opportunities for training and development programmes for BAME staff including Leadership programmes
- Identifying a Race Equality Board sponsor

- Organisational support for the BAME staff network

As a result of this commitment and focus, we are seeing continued progress against our WRES data, in particular indicators 2, 3, & 4, where the data now shows there is no difference between experiences of BME and white staff.

Although we have made some good progress we know we still have work to do to continue to progress on our journey to excellence around Workforce race equality.

## Background

The total Number of staff employed by Stockport NHS Foundation Trust is 5354. The percentage of BME staff is recorded at 13. 96%. This is significantly higher than the local population (8%) and is most likely due to the high number of BME staff in clinical roles.

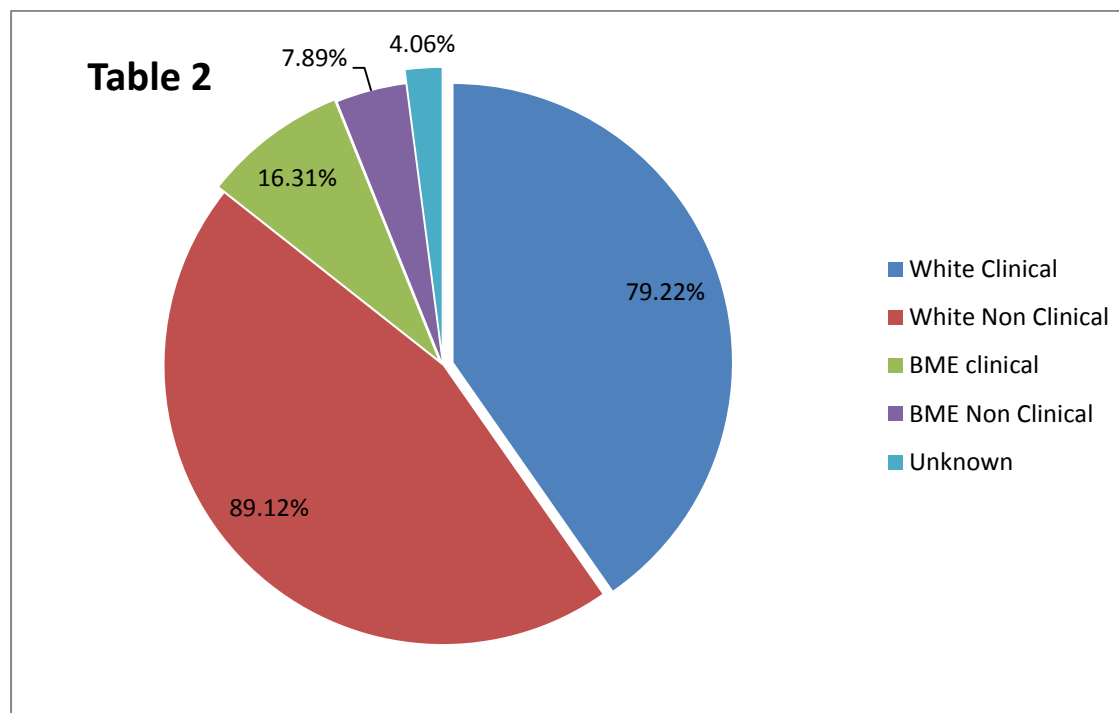
The percentage of staff reporting their ethnicity is 96.4%. We have seen a steady increase in self-reporting of ethnicity over the last few years. This has been due to focused interventions on improving equality monitoring of our workforce.

This report provides data against each WRES indicator and describes some high level initiatives that have been implemented to improve the experiences of BME staff and help reduce the gap between white and BME staff. There is a more detailed action plan to accompany this report.

**Table 1 Staff by banding**

AFC Pay Band	Total Clinical BME staff	Total Clinical White staff	Total Clinical Unknown	Clinical BME staff as % of Payband	Total Non-Clinical BME staff	Total Non-Clinical White staff	Total Non-Clinical Unknown	Non-Clinical BME staff as % of Payband
Ad Hoc		10		0.00%	1	13		4.17%
1		10		0.00%	55	198	11	20.07%
2	152	556	37	13.11%	24	378	12	2.07%
3	13	178	7	2.86%	13	238	5	2.86%
4	12	145	3	3.21%	6	204	4	1.60%
5	181	756	81	16.31%	5	86	1	0.45%
6	57	675	14	7.09%	4	51	3	0.50%
7	16	357	9	3.73%	4	40	3	0.93%
8a	6	105	3	4.08%	1	32		0.68%
8b	2	17	1	3.39%	2	37		3.39%
8c	1	7		7.14%		6		0.00%
8d		3		0.00%		10	1	0.00%
9		1		0.00%				0.00%
Medical	178	181	14	47.72%				0.00%
VSM				0.00%	1	17	4	4.55%
% BME staff in overall workforce 13.96%								





### What is the data telling us?

Our data show s that the percentage of BME staff in every pay band is lower than the Trust BME average of 13.96% % with the exception of band 1 (Non-clinical) & band 5 (Clinical) . At these bands we are seeing significant over –representation on BME staff.

There is an absence of BME staff at Band 8C and above (Non clinical) and Band D and above (Clinical). There is no BME representation at VSM (Clinical) and is 4.5% (non-clinical) which is much lower than the trust average.

Table 2 shows representation of BME and White staff in clinical and non-clinical roles. As the table illustrates we have an over –representation

of BME clinical staff (16.31%) compared to the overall percentage.

### What we are doing?

- Data produced for each Business Group so Directors understand position within their own areas
- Encouraging BME staff take up leadership and development opportunities internal and external
- Encouraging acting up and secondment opportunities to be offered to BME staff
- Having BME staff on recruitment panels
- Re-launching of the Reciprocal Mentoring Programme
- Recruitment audit to look at 8a post and identify why BME candidates were not shortlisted.
- Targeted work with Band 5 Nurses to encourage to apply for Band 6 roles

### Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

### What is the data telling us?

Our data tells us that there is no difference between the likelihood of white and BME staff being appointed from shortlisting across all posts. This has shown year on year improvement and we are continuing to help maintain this.

### What we are doing?

- Unconscious Bias training for managers.
- Equality Diversity and Inclusion training
- Diverse Recruitment Panels

### Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

#### What is the data telling us?

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff is 0.73, which shows there is no difference. This indicator has seen improvement year on year.

#### What we are doing?

- Encouraging cultures of open conversations with staff and encouraging local resolutions
- Training to staff and managers across the trust on EDI
- The Trust's Cultural ambassadors have been utilised as a source of listening and advising
- The BAME staff network has been re-launched and the chairs of the network have been active in supporting staff who may have traditionally gone down a formal route
- We have recruited Equality advocates across the trust

### Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

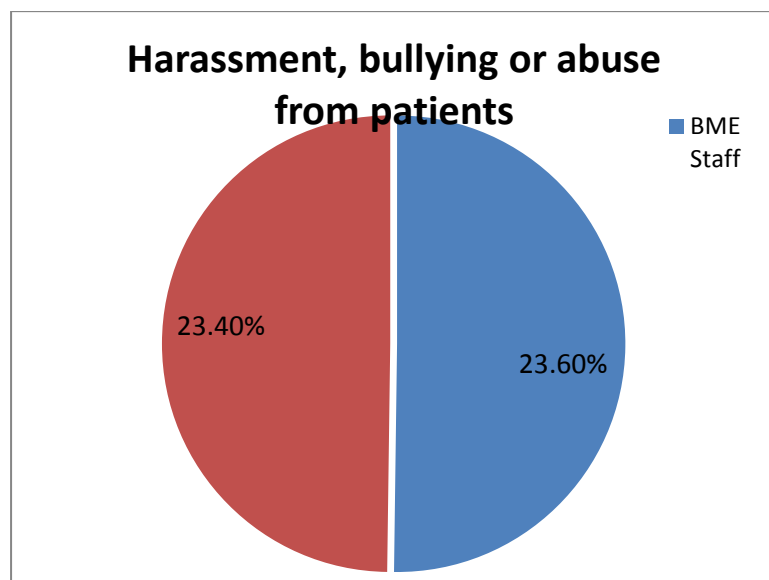
#### What is the data telling us?

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is **0.94**. Likelihood is the same

#### What are we doing?

- Raising awareness of WRES data
- Ensure fair and standard process of requesting training
- Ensure E&D monitoring across all key programmes
- Encouraging BME staff to access the NHS Leadership Academy programmes e.g. Stepping Up Programme, which is aimed at BME staff.

**Indicator 5 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**



**What is the data telling us?**

Our data shows that the gap between BME staff and white staff experiencing bullying , harassment or abuse from patients has reduced from the previous year and there is no significant difference between staff.

**What we are doing?**

- Continue to promote a respectful and zero tolerance to bullying culture

- Anti-bullying campaigns

**Indicator 6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**



**What is the data telling us?**

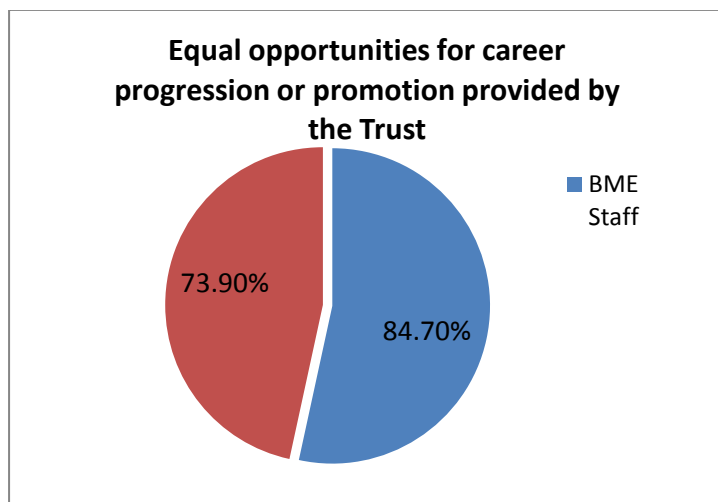
The data shows a slight increase for both white and BME staff experiencing harassment bullying or abuse from staff in the last 12 months. This means the gap has increased between White staff (21.6%) and BME staff is (27.2)

**What we are doing?**

- Promoting a and zero tolerance to bullying culture
- Anti-bullying campaigns across the Trust

- Introducing a Listeners role to provide a safe space for staff to talk about issues
- Working with the Freedom to Speak Up Guardian to identify areas we can do targeted interventions

**Indicator 7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion**



**What is the data telling us?**

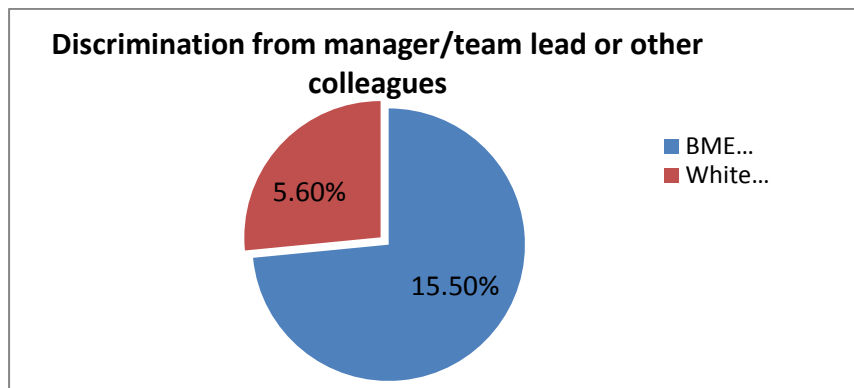
The data shows there is a significant difference between White (84.7) and BME staff (73.9) believing the Trust provides equal opportunities for career progression and promotion. This has shown a decrease for White staff and stayed approximately the same for BME staff from the previous year.

**What we are doing?**

- Engagement with the BAME staff Network to identify any barriers to career progression

- Acting up and secondment opportunities are promoted to BME staff through positive action

**Indicator 8 - in the last 12 month have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues**



### What is the data telling us?

The data shows an increase for white staff and a decrease for BME staff. Although the gap is still showing a 10% difference between white and BME staff.

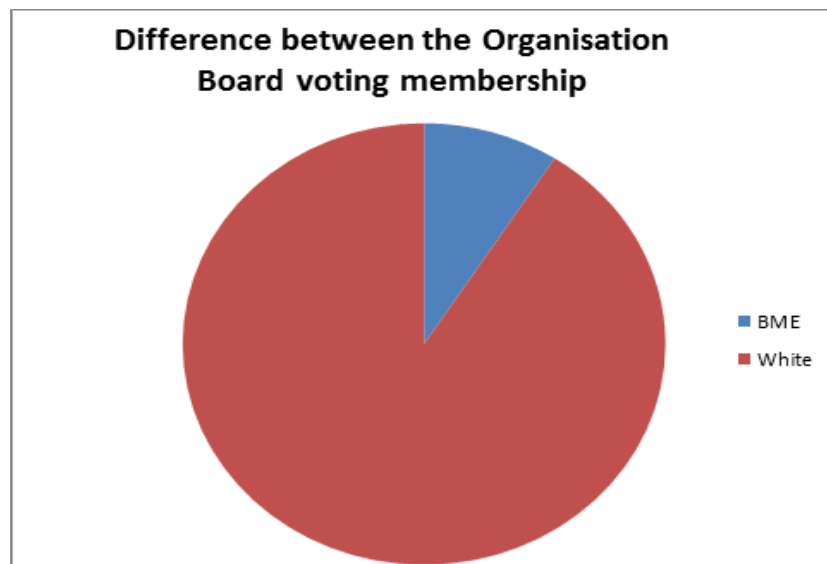
### What we are doing?

- Promoting a and zero tolerance to bullying culture



- Anti-bullying campaigns across the Trust
- Introducing a Listeners role to provide a safe space for staff to talk about issues
- Working with the Freedom to Speak Up Guardian to identify areas we can do targeted interventions
- Engaging with staff via the BAME staff Network

**Indicator 9 – Percentage difference between the organisations' Board voting membership and its overall workforce**



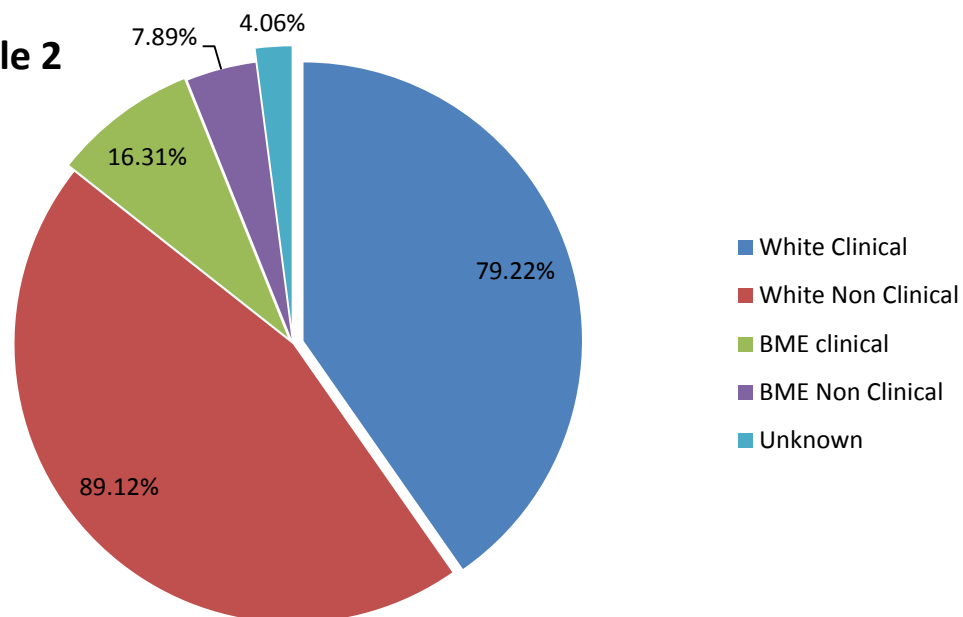
**What is the data telling us?**

There is one person on the Board from a BME background. This is same as the previous year.

**What we are doing?**

- Continue to monitor the diversity of the Board
- Continue to ensure that any Board recruitment draws a diverse set of candidates
- EDI Board development sessions to raise awareness

**Table 2**



### What is the data telling us?

Our data show s that the percentage of BME staff in every pay band is lower than the Trust BME average of 13.96% % with the exception of band 1 (Non-clinical) & band 5 (Clinical) . At these bands we are seeing significant over –representation on BME staff.

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Table 2 shows representation of BME and White staff in clinical and non-clinical roles. As the table illustrates we have an over –representation of BME clinical staff (16.31%) compared to the overall percentage.

### **What we are doing?**

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- Re-launching of the Reciprocal Mentoring Programme
- Recruitment audit to look at 8a post and identify why BME candidates were not shortlisted.
- Targeted work with Band 5 Nurses to encourage to apply for Band 6 roles

## Indicator 2 - Relative likelihood of staff being appointed from shortlisting across all posts

### What is the data telling us?

Our data tells us that there is no difference between the likelihood of white and BME staff being appointed from shortlisting across all posts. This has shown year on year improvement and we are continuing to help maintain this.

### What we are doing?

- Unconscious Bias training for managers.
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### Indicator 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff is 0.73, which shows there is no difference. This indicator has seen improvement year on year.

#### What we are doing?

- Encouraging cultures of open conversations with staff and encouraging local resolutions
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#### Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

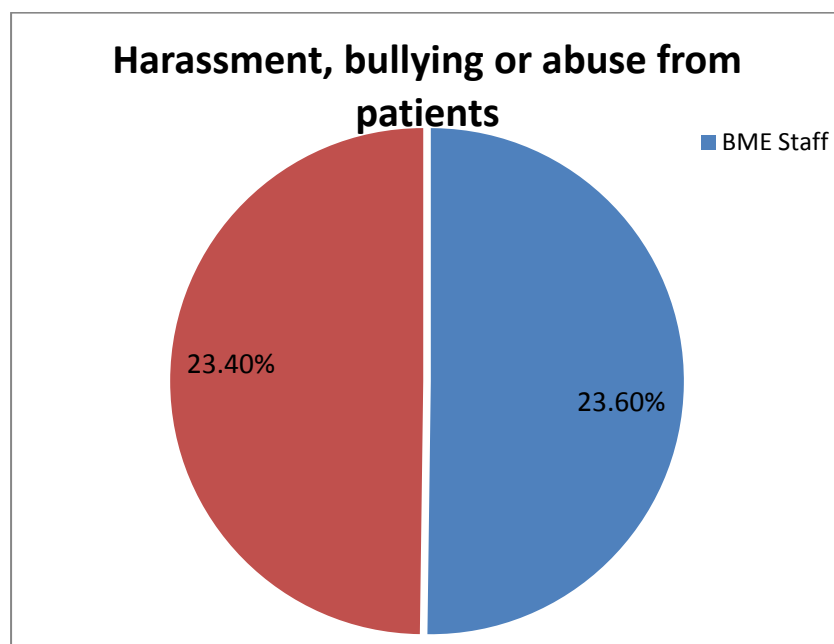
##### What is the data telling us?

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**Indicator 5 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**





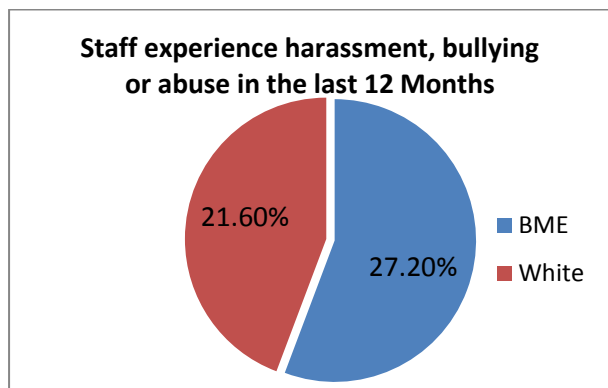
## What is the data telling us?

Our data shows that the gap between BME staff and white staff experiencing bullying , harassment or abuse from patients has reduced from the previous year and there is no significant difference between staff.

## What we are doing?

- Continue to promote a respectful and zero tolerance to bullying culture
- Anti-bullying campaigns

**Indicator 6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**



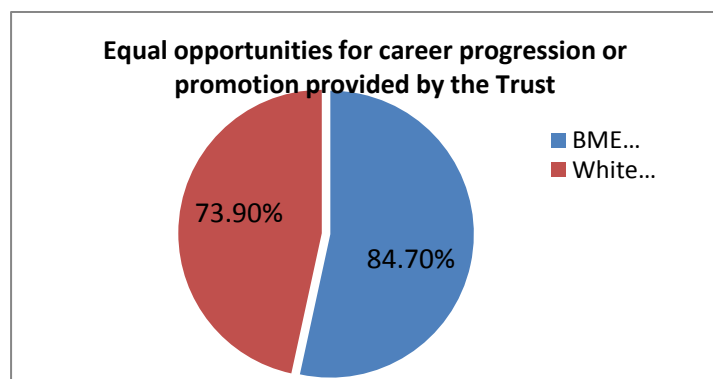
**What is the data telling us?**

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**What we are doing?**

- Promoting a and zero tolerance to bullying culture
- Anti-bullying campaigns across the Trust
- Introducing a Listeners role to provide a safe space for staff to talk about issues
- Working with the Freedom to Speak Up Guardian to identify areas we can do targeted interventions

**Indicator 7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion**



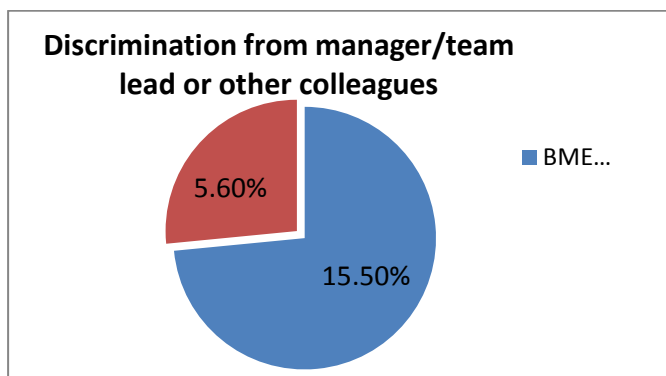
**What is the data telling us?**

The data shows there is a significant difference between White (84.7) and BME staff (73.9) believing the Trust provides equal opportunities for career progression and promotion. This has shown a decrease for White staff and stayed approximately the same for BME staff from the previous year.

**What we are doing?**

- Engagement with the BAME staff Network to identify any barriers to career progression
- Acting up and secondment opportunities are promoted to BME staff through positive action
- Career Progression workshops for BME staff

**Indicator 8 - in the last 12 month have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues**



### What is the data telling us?

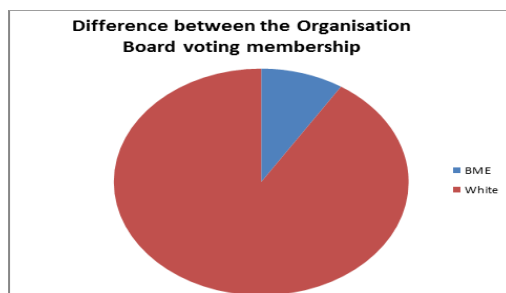
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- Working with the Freedom to Speak Up Guardian to identify areas we can do targeted interventions
- Engaging with staff via the BAME staff Network

### Indicator 9 – Percentage difference between the organisations' Board voting membership and its overall workforce



#### What is the data telling us?

There is one person on the Board from a BME background. This is same as the previous year.

#### What we are doing?

- Continue to monitor the diversity of the Board
- Continue to ensure that any Board recruitment draws a diverse set of candidates
- EDI Board development sessions to raise awareness

## WRES Indicators Staff By Banding

AFC Pay Band	Total Clinical BME staff	Total Clinical White staff	Total Clinical Unknown	Clinical BME staff as % of Payband	Total Non-Clinical BME staff	Total Non-Clinical White staff	Total Non-Clinical Unknown	Non-Clinical BME staff as % of Payband
Ad Hoc		10		0.00%	1	13		4.17%
1		10		0.00%	55	198	11	20.07%
2	152	556	37	13.11%	24	378	12	2.07%
3	13	178	7	2.86%	13	238	5	2.86%
4	12	145	3	3.21%	6	204	4	1.60%
5	181	756	81	16.31%	5	86	1	0.45%
6	57	675	14	7.09%	4	51	3	0.50%
7	16	357	9	3.73%	4	40	3	0.93%
8a	6	105	3	4.08%	1	32		0.68%
8b	2	17	1	3.39%	2	37		3.39%
8c	1	7		7.14%		6		0.00%
8d		3		0.00%		10	1	0.00%
9		1		0.00%				0.00%
Medical	178	181	14	47.72%				0.00%
VSM				0.00%	1	17	4	4.55%
% BME staff in overall workforce 13.96%								

## Gender Pay Gap

### Background

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees.

The gender pay gap shows the difference between the average (mean or median) earnings of men and women.

Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

Employers must follow the rules in the regulations to calculate the following information: The

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males receiving a bonus payment
- proportion of females receiving a bonus payment
- proportion of males and females in each quartile pay band

A **mean** average involves adding up all of the numbers and dividing the result by how many numbers were in the list.

A **median** average involves listing all of the numbers in numerical order. If there is an odd number of results, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.

**This report includes the statutory requirements of the Gender Pay Gap legislation but also provides further context to demonstrate our commitment to equality.**



## 1. Gender Profile of the Organisation

Gender	%
Male	20
Female	80

The Trust's workforce comprises of 80% Women and 20% Men

## 2. Gender Pay Gap

Gender	Avg. Hourly Rate 2018/19	Median Hourly Rate 2018/19
Male	19.2026 <b>18.9056</b>	13.5482 <b>12.9895</b>
Female	14.9337 <b>14.4580</b>	13.4021 <b>13.1493</b>
Difference	4.2690 <b>4.4477</b>	0.1461 <b>-0.1598</b>
Pay Gap %	22.2312 <b>23.5257</b>	1.0781 <b>-1.2300</b>

The figures show the Mean Gender Pay Gap for the Trust is 22.2% and the Median Gender Pay Gap is 1.07%. This shows that for every pound men are earning, women are earning just over 78 pence (2 pence increase from last year.)

## 3. Bonus Pay Gap

Bonuses paid within the Trust are exclusive to consultant medical and dental staff via the Clinical Excellence Awards. Under the national Medical & Dental terms and conditions Consultants are eligible to apply for Clinical Excellence Awards (CEA). This recognises and rewards individuals who demonstrate achievements in developing and delivering high quality patient care over and above the standard expected of their role, with a commitment to the continuous improvement of the NHS. The calculations above include both local and national CEA's.

### Consultant by Gender

Consultant Gender	No	%
Female	63	30.29%
Male	145	69.71%
<b>Grand Total</b>	<b>208</b>	<b>100.00%</b>

**Table 1 Consultant Gender Profile with percentage of eligibility and applications**

Gender	Trust Profile %	No. of staff eligible %	No. of applications %	Successful Applications %
Female	30.29	32	38	31
Male	69.71	68	62	69

**Table 2 Bonus Pay Gap**

Gender	Avg. Pay	Median Pay
Male	10,049.02	6,027.04
Female	4,631.68	3,013.46
Difference	5,417.34	3,013.58
Pay Gap %	53.91	50.00

The figures show the Mean Bonus Gender pay Gap is **53.2%** and the median bonus gender pay gap is **50%**. This shows that men earn on average **53.2%** more in bonuses, which is an increase from last year's figure of **46.2**. The median has stayed the same at 50%.

**Table 3 Proportion of males and Females receiving a Bonus Payment**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	22.00	4256.00	0.52
Male	69.00	1067.00	6.47

The figures show that the proportion of Women receiving a CEA is **0.52%** and the proportion of men **6.47%**.

#### 4. Proportion of males and Females in each quartile band

Quartile	Female	Male	Female %	Male %
1	1005.00	265.00	79.13 (77.7)	20.87 (22.27)
2	1028.00	247.00	80.63 (81.90)	19.37 (18.10)
3	1074.00	187.00	85.17 (86.39)	14.83 (13.61)
4	954.00	335.00	74.01 (73.81)	25.99 (26.19)

#### \*2017/18 data

All female staff and all male staff are ranked separately according to their pay. They are then put in to four quartiles with quartile 1 being lowest paid staff, 2 being lower middle, 3 being upper middle and 4 being highest paid staff. The figures show that, compared to our workforce of 80% women and 20% men, women are over represented in quartile 3 ( over 6%) and under-represented in quartile 4 ( 6%) . There is a very slight improvement as can be seen from last year's figures below in purple.

#### 5. Gender pay gap Comparison

The mean gender pay gap for the whole of the Public Sector economy (according to the October 2017 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 17.7%. At 23.5 % the Trust's mean gender pay gap is therefore, above that for the wider public sector. This is reflective of the pattern from the wider UK healthcare economy; traditionally the NHS has a higher female workforce due to the range of caring roles in the workforce, which tend to be in the lower bandings, and a predominantly male workforce in the higher banded Medical & Dental professions..

#### 6. Reducing the Gender Pay Gap

The following are some areas that will be discussed at the EDI steering group meeting, with a view to developing and monitoring an action plan going forward.

- Explore with the Trust's EDI steering to promote positive discussion and develop further awareness of the issues around the Gender Pay Gap and how the report should be shared widely with the organisation ,
- Identify if there are any issues to training and development opportunities for women
- Continue to promote equal opportunities more prominently to prospective applicants to show the Trust as an inclusive employer
- Examine if the Trust has a culture that enables women to progress and develop into more senior roles
- Explore training and education to managers to address any issues related to unconscious bias

## Equality Coordinators and Advocates



To help mainstream Equality and make it everyone's business we have recruited a number of equality advocates and coordinators in the Trust to champion Equality, Diversity and Inclusion. The role of the E&D coordinators group is to provide visible leadership and promote good practice on EDI across the trust. This includes providing a local focus, facilitating increased awareness within Business Groups and ensuring EDI is a key consideration within all activities. The EDI coordinators will also play a key role in collating the collection of evidence for the EDS2 process. The main role of the Equality Advocate is to work in partnership with their E&D coordinator to raise the EDI profile and to act as a driver to enable good practice. These roles have been significant in ensuring that key messages are being delivered across the

Trust and staff understand their responsibility in promoting the EDI agenda .

Advocates and coordinators have been involved in many activities including setting up Equality and Diversity Boards, organising activities for Black History Month and LGBT History Month .

## EDI Communications

- EDI Twitter Account @EqualStockport
- Diversity Matters Newsletters
- Weekly News items
- Equality Boards



## Events

### Manchester PRIDE 2018



The Manchester Pride Festival takes place in the heart of Manchester's city centre every year and is an award winning four day event celebrating LGBTQ+ life

In 2018, the Trust supported staff to participate in Manchester Pride, to celebrate the rich diversity of our patients, staff and communities. and to show organisational commitment to providing inclusive services.





## Black History Month

Black History Month is held annually in October to celebrate and recognise the achievements of Black and Asian communities.

This year the Trust held a celebratory event which featured a combination of education, insight into community experiences, staff stories and lots of fun and entertainment.

The event was attended by staff, communities and external organisations.

Special guest appearance was made by former Simply Red and Stone Roses guitarist Aziz Ibrahim, who provided entertainment as well as sharing his experience of a Pakistani artist touring the world. You can view Aziz's performance [here](#).

Other performances included the People's History Museum, Bollywood Dancing and a special performance from our Chief Nurse and ICU Matron.



## Anti Bullying Week

As part of this years Anti- bullying week, the Trust ran a range of activities to promote respect and inclusion messages. This included holding drop in sessions for staff to talk about any issues,

as well as a social media campaign encouraging an open and fair workplace culture.

Staff also took part in the Odd Sock Day campaign, which was an opportunity for people to express themselves and celebrate their individuality and what makes us all unique.

## Anti bullying Week



## Hearing Loss Awareness



**ACTION ON HEARING LOSS**  
A national charity since 1991

# Are You Deaf Aware?

**Hearing Loss Awareness Workshops**  
How to be a better ally to the deaf and hearing loss community

Here at Action on Hearing Loss, we're working to enable people confronting deafness, tinnitus and hearing loss to live the life they choose.

As part of this ongoing commitment, we would like to invite you to our Hearing Loss Awareness Workshop on Wednesday 16th January. The session will include:

- the impact of hearing loss on the individual
- communication advice for frontline staff on best practice when speaking with someone who is deaf or has a hearing loss
- Ways to improve accessibility in your department

**Join us** Wednesday 16th January 09:30 - 11:00 Lecture Theatre A Pinewood House, Stepping Hill Hospital



## LGBT History Month

LGBT History Month takes part in February every year to celebrate the achievements of and promote the history LGBT people. As part of this year's celebrations the Trust held an event to explore and highlight inequalities faced by LGBT staff and patients. We also took part in Manchester PRIDE and raised the rainbow flag outside the Trust headquarters. The LGBT staff network held various events as well as raise awareness through a screensaver for all staff.





## Veterans

Stockport NHS Foundation Trust has pledged its support to the country's armed forces. Our Chair, Adrian Belton signed the trust up to the Armed Forces Covenant, a national initiative to acknowledge and understand that those who serve or who have served in the armed forces, and their families, should be treated with fairness and respect.

The trust supports the employment of veterans and service leavers, allowing leave for training and deployment, and offering flexibility in leave for services spouses and partners.

The Trust also plans to provide additional support for veteran patients with a new Veterans' Passport. The passport contains questions which the veteran can complete relating to background, history and anything that is important to them, which will alert medical and nursing staff to any additional needs. The Veterans' Passport will be launched early 2019



## Urdu-translated Diabetes X-Pert Session

Urdu Type 2 Diabetes sessions have been held in the Asian Heritage Centre in Heaton Moor.

Delivered by Stockport FT X-Pert team and translated into Urdu for the participants. The session emphasizes which foods contain carbohydrate and appropriate portion sizes. It also explains how medications work to control blood glucose and complications that can arise if diabetes is not managed well.

The patients are able to hear the information in their own language and ask questions which will mean they are more in control of their Diabetes and able to understand how to manage it better. The session had been promoted in a variety of venues and local practice nurses encourage their patients to attend making it a successful collaboration between Stockport FT and general practice.



## Widening Participation

### Supported Internships

The Supported Internship is a three way partnership between Stockport NHS, Pure Innovations Ltd and Cheadle & Marple College Network. The provision is aimed at young people aged 16-24 who have a statement of special educational needs, a learning difficulty assessment or an education health care plan and they want to move into paid employment and need extra support to do so. The year long course features classroom based learning onsite at Stepping Hill Hospital alongside individually tailored work placements within either the hospital or other local employers. The aim is that students will gain essential work skills, a work based qualification and paid employment by the end of the course either internally or with external employers. The Internship is in its third full year) and successes include paid outcomes within the hospital restaurant, maternity shop, Stockport pharmaceuticals and external employers such as Gusto Restaurant. This year a cohort of 10 interns are currently onsite doing placements across areas such as Portering, Medico-Legal, Finance, Wards, Estates and Health Records..

### Intern's Story Stephen Hanable



Stephen came to the Internship via Castle Hill High School's Sixth Form. He has a learning disability and when he came to us he was unsure about what career he wanted and was quite shy. He identified an interest in Retail and Portering so he undertook his first placement within the Take5 café at Stepping Hill Hospital. He very quickly settled in learning how to use the till on his first day and was soon serving customers he then moving onto using the Costa Barrista machine, not an easy thing to learn but with practice he soon mastered it and was whipping up. He became a valuable member of the team and received lots of feedback from staff that he was so helpful to them.

Stephen then went onto undertake a Portering Placement as he wanted to explore both options for a career. He had done so well in the café they didn't want him to leave so he split his placement between there and the Portering team. He began the placement delivering medicines to wards.

Again he very quickly learnt the job and within a month his Manager Joe Ryan identified a full time paid job role for him within the team.

Stephen is now working on the Pharmacy deliveries taking feed to the wards. He has developed in confidence, he knows his way around the hospital site, he's polite, helpful, hard working and always has a smile on his face. He loves his job.

Stephen said in a tweet about his job:-

Had a unbelievable day the last 6 months of working at the hospital has paid off. Big thanks to the internship and the take 5 cafe team and the portering team. Was offered a job and accepted the job. So happy with myself





## Widening Participation



### Pre-employment Programme

The Pre-Employment Programme (PEP) is an entry-level vocation learning programme devised as a 10-week Level 1 Introduction to Adult Health & Social Care accredited programme. Predominately PEP is aimed at unemployed individuals of working age benefit 18 – 65 to enhance their potential employment opportunities and confidence.

Upon successful completion of the PEP, learners are offered a guaranteed interview. Live vacancies are identified by HR at the point of PEP delivery and promoted as part of the PEP. As the PEP incorporates a Level 1 Introduction to Adult Health & Social Care accreditation, learners will be eligible to access opportunities such as apprenticeships, volunteering or further education.

**Scott Hewitt – Apprentice ELearning Administrator, Pinewood House undertaking**

### Business Administration level 3 apprenticeship

“I had previously had a number of temporary jobs including previous experience of the apprenticeships. I had been out of work for about 4 years when my work coach told me about the Pre-Employment Programme at Stepping Hill Hospital. I was successful in gaining a placement for the programme as an ELearning Administrator.

After completing the 10 week programme I was interviewed and successful in securing an Apprentice ELearning Administrator position.

The recent change in the government funding now offers an apprenticeship to people of any age which has benefitted me as typically it was only offered to 18-25 year olds but that age limit has now been removed. Overall I have found the experience to be really positive- it is a great catalyst to continue and develop your skills and recognised by employers. I am excited to see what future prospects will be available to me and am eager to progress my career within the Trust.”



**Monica Kulaya – Apprentice Clerical Officer , Kingsgate House undertaking Customer Service Practitioner level 2 apprenticeship**

“I attended the open day for the PEP along with 40 other people and was fortunate to secure one of the 15 places on offer. I completed my Level 1 Health and Social Care qualification at Stockport College in the first 4 weeks and completed the remaining 6 weeks in a work based trial in the Clinical Correspondence Department. I thoroughly enjoyed my time in the department and learnt many new skills. Once I completed my 6 weeks an apprenticeship opportunity at Kingsgate House came up with the Trust; I applied for the role and was successful at interview in securing the role as Apprentice Clerical Officer. I am working towards Level 2, Customer Service Practitioner and although it is hard work juggling a career, course work and family I am thoroughly enjoying the challenge. I am excited to complete the Apprenticeship as this will then allow me to secure a permanent Admin position within the Trust in which I can hopefully progress.”

## Equality Delivery System 2 (EDS2)

The Equality Delivery System is a tool commissioned by the NHS Equality & Diversity Council to assess how well organisations have embedded equality into their work and identify areas for improvement.

The EDS assesses NHS organisations on 18 outcomes, grouped into 4 main categories. The Trust undertakes an annual self-assessment, which is then reviewed by Healthwatch Stockport to agree scores and priorities for the coming year.

Highlights were noted by Healthwatch around the Trust's commitment to wider patient and public involvement and the excellent Friends and Family Test results.

Key issues noted by Healthwatch were access to mental health services and the lack of a local pathway for autism diagnosis among adults.

EDS Outcome	Undeveloped	Developing	Achieving	Excelling
Better Health Outcomes for All				
Improved Patient Access & Experience				
A representative and supported workforce				
Inclusive Leadership				

## Priorities for 2018/19

- **New EDI strategy and objectives**
- **Reciprocal mentoring**
- **NHS Workforce Disability Equality Standard (WDES)**
- **Listening Events**
- **Gender Pay Gap action plan**
- **Race Equality Workforce Targets**
- **EDI /WRES Board Development Sessions**
- **Bullying and Harassment Campaign**
- **Embed EDI into medical trainee offers**

## Appendix 1 Workforce Equality Data

### Working Pattern (using Headcount)

Working Pattern	Numbers	Percentage
Full Time	2741	52.11
Part Time	2519	47.89
Total	5260	100

Disability	Full Time Numbers	Part Time Numbers	Full Time %	Part Time %
Yes	75	95	2.74	3.77
No	2299	2012	83.87	79.87
Not Declared	367	412	13.39	16.36
Total	2741	2519	100	100

Age Range	Full Time Numbers	Part Time Numbers	Full Time %	Part Time %
16-25	275	68	10.03	2.70
26-35	710	403	25.90	16.00
36-45	584	632	21.31	25.09
46-55	786	763	28.68	30.29
56-65	370	599	13.50	23.78
66+	16	54	0.58	2.14
<b>Total</b>	<b>2741</b>	<b>2519</b>	<b>100.00</b>	<b>100.00</b>

#### Disability (using Headcount)

Disability	Numbers	Percentage
Yes	170	3.23
No	4311	81.96
Not Declared	779	14.81
<b>Total</b>	<b>5260</b>	<b>100</b>

## Ethnicity (using Headcount)

	Numbers	Percentage
<b>White:</b>	<b>4337</b>	<b>82.45</b>
<b>British</b>	4061	77.21
<b>Irish</b>	63	1.20
<b>Other</b>	213	4.05
<b>Mixed:</b>	<b>62</b>	<b>1.18</b>
<b>White/Black Caribbean</b>	15	0.29
<b>White/Black African</b>	15	0.29
<b>White/ Asian</b>	17	0.32
<b>Other Mixed</b>	15	0.29
<b>Asian/ Asian British:</b>	<b>442</b>	<b>8.40</b>
<b>Pakistani</b>	89	1.69
<b>Indian</b>	239	4.54
<b>Bangladeshi</b>	20	0.38
<b>Other Asian</b>	94	1.79
<b>Black/ Black British:</b>	<b>174</b>	<b>3.31</b>
<b>Black/ Black Caribbean</b>	26	0.49

<b>African</b>	132	2.51
<b>Other Black</b>	16	0.30
<b>Other:</b>	<b>89</b>	<b>1.69</b>
<b>Chinese</b>	22	0.42
<b>Other Ethnicity</b>	67	1.27
<b>Not Given</b>	<b>156</b>	<b>2.97</b>
<b>Total</b>	<b>5260</b>	<b>100</b>



### Gender (using Headcount)

Gender	Numbers	Percentage
Male	1045	19.87
Female	4215	80.13
Not Declared	0	0
<b>Total</b>	<b>5260</b>	<b>100</b>

### Age (using Headcount)

Age Band	Numbers	Percentage
16-25	343	6.52
26-35	1113	21.16
36-45	1216	23.12
46-55	1549	29.45
56-65	969	18.42
66+	70	1.33
<b>Total</b>	<b>5260</b>	<b>100</b>

## Religion (using Headcount)

Religion	Numbers	Percentage
Atheism	595	11.31
Buddhism	18	0.34
Christianity	2774	52.74
Hinduism	87	1.65
Islam	169	3.21
Jainism	2	0.04
Judaism	14	0.27
Sikhism	6	0.11
Other religions	367	6.98
I do not wish to disclose	1228	23.35
<b>Total</b>	<b>5260</b>	<b>100</b>

### Sexual Orientation (using Headcount)

Sexual Orientation	Numbers	Percentage
Heterosexual	4038	76.77
Gay or Lesbian	58	1.10
Bisexual	33	0.63
I do not wish to declare	1131	21.50
<b>Total</b>	<b>5260</b>	<b>100</b>

### Marital Status (using Headcount)

Marital Status	Numbers	Percentage
Civil Partnership	47	0.89
Divorced	363	6.90
Legally Separated	61	1.16
Married	2866	54.49
Single	1739	33.06
Unknown	135	2.57
Widowed	49	0.93
<b>Total</b>	<b>5260</b>	<b>100</b>