



- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups











MCH is contractually required to publish data on the following:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender pay gap (not required during the 2020 COVID-19 pandemic)

Data is published on the MCH external internet site.

MCH has also audits and monitors patient equality

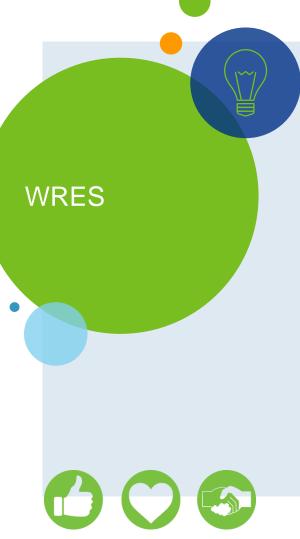












Summary:

- The indicator for the likelihood of BAME staff entering the formal disciplinary process, compared to that of white staff has increased from last year. However as a relatively small organisation, the number of formal hearings is low. MCH has had 20 hearings over the past 2 years, 13 involving white staff and 6 involving BAME staff (with 1 staff not declaring their ethnicity.)
- Indicator 9 regarding Board Membership, remains a minus figure, and this will be taken into account when recruiting any vacancies.
- Indicator 5 & 6 show a worrying trendy that staff are experiencing more harassment from staff and patients.
- Indicator 8 show showing that white staff are reporting double the number of discrimination than last year and the average figure. Whereas the BAME number remains low and below average.



To reduce the amount of BAME disciplinary cases we will:

Continue to review disciplinary cases involving BAME staff over the past 2 years to ensure cases are appropriate to instigate a hearing as well as going forward, ensuring cases are appropriate before disciplinaries are arranged.

Offer difficult conversation training to manager so smaller issues are tackled without needing a formal process



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We will encourage all staff to report any kind of harassment from patients or staff. All of these events will be investigated with the appropriate action/learning put in place.

We will encourage any type of discrimination to be raised and discussed

We encourage diversity with recruiting Directors to ensure the Board is reflective of the local community.











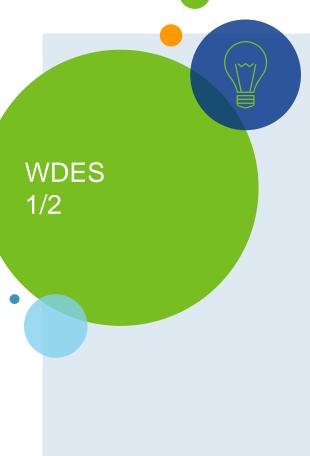
Summary:

The WDES indicators are newly introduced, so only a national NHS benchmarking figure is available.

Indicator 3, states that disabled staff are more likely than non-disabled staff to enter into formal capability processes. However these are very low figures and are appropriately managed cases. Over the past 2 years, MCH has had 4 capability cases, 1 of which were against disabled staff and 2 against non-disabled staff and 1 member of staff had not declared if they had a disability.

Indicator 4, shows that staff are not reporting harassment however the number of disabled staff reporting harassment has decreased.

Indicator 6, shows that staff felt pressure to return to work despite not feeling well enough to perform their duties



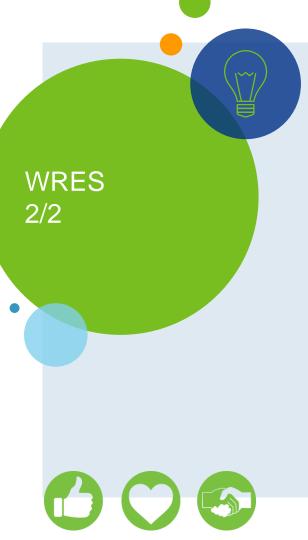
We will investigate why staff are not reporting harassment and remove any barriers

We will review our sickness absence policy and management training to ensure compassionate and supportive management is in place









We will collect feedback from disabled staff to identify and remove barriers as well as ensuring staff have the reasonable adjustments they need

We will also communicate a clear process for career progression ensuring staff receive feedback on any unsuccessful applications

We will continue to support the Inclusion Network to ensure all voices including disabled voices are heard within our organisation





Gender Pay Gap

The Gender Pay Gap reporting was not an requirement in 2020 however MCH is committed to ensuring that long term action is taken to address this matter.

Therefore the following actions will be taken











To improve gender equality we will:

- Continue to monitor data and report gender equality annually to the Board
- Encourage an even spread of genders in all pay bands
- Understand if there are any barriers for women being hired or promoted to higher bands
- Understand if there are any barriers for men to access salary sacrifice offers
- Ensure the remuneration committee considers the gender pay gap when succession planning into senior roles















- Ensure clinicians are capturing patient equalities in RIO to better understand what is collected and identify services that are not recording protected characteristics
- Ensure E&D policy clearly articulates why MCH collects data including legal obligation
- Provide training and increase awareness for clinical & administrative staff to ensure accurate data is requested & recorded







Patient Equality 2/2

Dur actions are:

- Ensure all departments are addressing patient access in their quality improvement plans
- Analyse patient experience and complaints data for any observable trends by protected characteristics
- Prepare & publish annually an equality profile of our patients to better understand equality issues.











Thanks!

Got any questions?









