East Lancashire Hospitals NHS Trust

TRUST BOARD

9th January 2019

Item **xxx**

Purpose **Information**
Action
Monitoring

Title	Equality & Diversity Annual Report 2018
Author	Mr N Makda, Equality & Diversity Manager
Executive sponsor	Kevin Moynes, Director of Human Resources and Organisational Development

Summary:
The purpose of this annual report is to provide assurance of compliance against a number of national standards and compliance frameworks for equality, diversity and inclusion (ED&I).

The Committee is asked to;

- Note the areas of progress and challenges for the coming year
- Sign off the report for publication as per legal requirement

Report linkages

Related strategic aim and corporate objective (Delete as appropriate)	Put safety and quality at the heart of everything we do Invest in and develop our workforce
Related to key risks identified on assurance framework (Delete as appropriate)	Failure to achieve performance requirements of the (Monitor) NTDA compliance and risk assessment framework and regulatory standards. Failure to maintain staffing levels and staff competencies to deliver high quality services Failure to achieve the reputation of a provider of choice Failure to deliver high quality clinical services

Impact (delete yes or no as appropriate and give reasons if yes)

Legal	Yes	Financial	Yes
Equality	Yes	Confidentiality	No

Previously considered by: N/A

Executive summary

1. The purpose of this annual report is to provide assurance of compliance against a number of national standards and compliance frameworks for equality, diversity and inclusion (ED&I).

2. The report highlights areas of progress over the past year as well as acknowledging challenges for the future.

Background - Our legal duties

3. The Trust is required to provide assurance of delivery against a number of national standards and compliance frameworks for equality, diversity and inclusion (ED&I). These include:

- The Equality Act (2010)
- The NHS Constitution
- The Public Sector Equality Duty (PSED)
- The NHS Equality Delivery System (EDS2)
- The Workforce Race Equality Standard (WRES)
- The Workforce Disability Equality Standard (WDES)
- Sexual Orientation Monitoring Standard (SOMS)
- The Accessible Information Standards (AIS)

4. The Equality Act 2010 has brought with it a new – legal – public sector equality duty (PSED) requiring public bodies to declare their compliance with the duty on an annual basis. This means that ELHT must show compliance with both the *general and specific duties* of the Public Sector Equality Duty. For the general duty showing how we have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it.

5. Protected characteristics – in the context of the Public Sector Equality Duty – are defined as:

- Age
- Disability
- Gender Re-assignment / Transgender
- Marriage and civil partnership
- Pregnancy and maternity
- Race – this includes ethnic or national origins, colour or nationality
- Religion or belief
- Sex (gender)
- Sexual orientation

6. For the specific duty ELHT must:

- Publish information to demonstrate compliance with the general duty
- Publish data on the make-up of the workforce
- Publish data on those affected by ELHT policies and procedures
- Publish one or more equality objectives

Introduction

7. Since 2015 all NHS organisations have been required to demonstrate how they are addressing race equality issues in a range of staffing areas through the *Workforce Race Equality Standard (WRES)*.

8. Recent research has demonstrated that the treatment and experience of Black Minority Ethnic staff (BME) within the NHS is significantly worse, on average, than that of NHS white staff. The publication of the *Snowy White Peaks of the NHS (2014)* indicated that Black Minority Ethnic staff (BME) staff were absent from leadership or senior positions of many organisations even where the workforce had substantial numbers of Black Minority Ethnic staff (BME) staff and where the organisation provided services to communities with large number of Black Minority Ethnic (BME) patients. The report also summarised research over recent years showing BAME staff were treated less favourably by every measure, including promotion, grading, discipline, bullying, and access to non-mandatory training.

9. We know from research West et al (2001) that: "*The experience of black and minority ethnic NHS staff is a good barometer of the climate of respect and care for all within the NHS. Put simply, if black and minority ethnic staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received".*

10. The Equality Delivery System (EDS2) is a toolkit which aims to help organisations improve the services they provide for their local communities and provide better working environments for all groups. There are four goals within the EDS2

- Goal 1 – Better Health Outcomes
- Goal 2 – Improved Patient Access and Experience
- Goal 3 – A Representative & Supported Workforce
- Goal 4 – Inclusive Leadership

11. The EDS goals are divided into eighteen outcomes. For most of these outcomes, the key question is "How well do people from protected groups fare, compared with people overall?"

12. The EDS2 has four grading options:

- Red – Under-developed (i.e. no evidence of activity for protected groups)
- Amber – Developing (i.e. evidence of activity (often good) but not for all protected groups)
- Green – Developed (i.e. good evidence of activity for most protected groups)
- Purple – Excelling (i.e. good evidence of activity for all protected groups).

13. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are iven information in a way they can understand.

Overview/narrative to eliminate unlawful discrimination

14. The Trust has continued to embed its values in the organisation. All staff receive an annual values based appraisal to ensure staffs reflect on their behaviours, identifying areas for improvement in themselves and others. The past year has seen 92% of values based appraisals completed. The Trust has focused on more promotion of the values, through promotional engagement campaigns. One of these was around the *Compassionate & Collective Culture and Leadership Programme* and staffs from across our geographical areas were part of the Trust wide initiative which included staff who are members of Workforce Race Equality Standard (WRES) group.

15. The Trust launched an Anti-Bullying and Harassment Pledge in October 2016. On reflection of staff survey results, including NHS and internal surveys around bullying and harassment, the pledge has had some impact but evidence suggests this is not breaking down systemic barriers within the organisation as had been hoped. To support this, the Trust has now introduced a Resolution Policy which integrates both the bullying and grievance policies. The policy provides a framework of informal resolution including mediation.

16. The Trust actively encourages raising concerns and whistleblowing via the freedom to speak up guardian and open sessions have been offered encouraging staff to talk about their experiences.

17. All the Trust's formal policies and procedures go through an Impact assessment.

18. The Trust has implemented a Workforce Race Equality Standard action plan focusing on identifying and addressing the inequalities within the Trust. The WRES data can be found on the public website at http://www.elht.nhs.uk and at Appendix 2.

19. The 2018 WRES data showed a significant improvement on 4 indicators between BME and non-BME staff in relation to recruitment and targeted work, narrowing the gap in relation to staff appointed following shortlisting. The Trust is now performing above the national average. Work will be needed to recognise the barriers around the 3 staff survey WRES indicators, as this is an area identified for the Trust for further improvement.

20. There remains some challenge for the Trust with the Workforce Race Equality Standard which has resulted in refreshing its annual action-plan to ensure that this is focused on making measurable improvements. The Trust's Workforce Race Equality Standard data and action plan can be found at Appendix 1.

21. The Trust has communicated the requirements of the Accessible Information Standard (AIS) widely within its services, and has provided reminders about how staff should act to consistently work with the requirements of the standard. Feedback from clients and relatives is used to improve services. Good practice is in place across Trust services thanks to input from specialists including physios, speech and language therapists and outpatients. An AIS review was carried out during April 2017 to test the effectiveness of services response to AIS to date, and to seek further best practice examples to share. Through the AIS work the Trust is working with Health Communications to send out information in alternative formats including text reminder for appointments, emails, large print, etc.

22. Reviewing the Equality Impact Assessment process to be more inclusive of staff, carers and service users. Identifying the positive and negative implications to changing service provision and developing a stronger quality.

23. We recognise that unconscious bias plays a part in recruitment, so through training we ensure managers and employees understand their responsibilities under the Equality Act 2010 and that fair and non-discriminatory practices are followed.

Overview/narrative to advancing equality of opportunity

24. The Trust's beliefs and approach to equality and diversity are described in its Equality & Diversity Strategy 2015 – 2019. The strategy can be found at www.elht.nhs.uk

25. The Workforce Race Equality Standard Group has been developed to support with improving the WRES metrics.

26. Implementation of Sexual Orientation and Gender Identity guides. This piece of work focused on disseminating new guidance for clinicians in relation to sexual orientation and gender identity.

27. The Trust published its gender pay gap calculations showing how large the pay gap is between their male and female employees. ELHT is committed to being an inclusive employer and to addressing inequalities in all aspects of employment. We therefore have taken positive steps via an action plan to tackle the gender pay gap.

28. The Trust has implemented the Accessible Information Standards.

29. The Trust has recently completed a data validation exercise for disabled staff with the aim of improving the completeness and robustness of monitoring data.

30. The Trust utilises the inclusive recruitment toolkit and matrix developed by Diversity by Design Consultancy. Its designed to support local managers reduce the inequalities experienced by staff from protected characteristics in regards to recruitment and career progression. The matrix has been identified as having a significant impact on the inequalities that minority groups can experience around career progression and recruitment.

Overview/narrative to foster good relations

31. Bias and prejudice are covered in unconscious bias training events for recruitment and equality and diversity.

32. The Trust frequently uses its communications channels to make staff aware of festivals, news or events related to protected characteristics.

33. In October 2018, the Trust hosted its local WRES annual workforce conference with special guest speaker Dr Habib Naqvi from NHS England. The focus was on ‘Diversity & Leadership - and emphasised the ways the Trust can improve its approach to race equality and the retention and promotion of BME staff. The event was well attended with a number of Senior and Executive Directors who pledged to undertake more work around the WRES in their areas.

34. As part of Trust's commitment to equality and diversity, a reverse mentoring scheme has been established.

Equality Delivery System (EDS2) – grading of activity

35. The Trust chose to re-grade 3 outcomes graded as either 'developing' or 'excelling' in the previous grading exercise. In determining our EDS2 objectives, we reviewed local and national data, patient feedback, complaints analysis, staff survey results and aspects for service delivery that present a local challenge. It was noted that our initial proposed EDS2 objectives were very broad; they were not outcome focused from the analysis of the experience of particular protected groups and were not specifically measurable. The following EDS2 objectives are proposed for 2018/19:

- Goal 1.3: Transitions from one service to another are made smoothly with everyone well informed
- Goal 2.4: People's complaints about services are handled respectfully and efficiently
- Goal 3.5: Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
- Goal 4.3; Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination**.**

36. Appendix 7 shows the results of those EDS2 objectives that were regraded.

Challenges & Opportunities for the coming year

37. The WRES has presented some challenges in the past year. Whilst an improvement in 4 indicators is noted, the same cannot be said for the remaining 5 indicators i.e. Board representation, staff bullying, disciplinary, discrimination and being treated fairly. For 2018, there will be further analytical work to build robust evidence around this to ensure the Trust can make the changes needed to make the process fairer and promote equality of opportunity.

38. April 2018 will see the reporting of the Sexual Orientation Information Standard and Workforce Disability Equality Standard. In addition, the publication of reporting on any Gender Pay Gap. In relation to these we need to look at effective work plans to implement and delivery targets on the above with being aware of the limitations to resources.

39. In relation to service provision our ongoing challenge is around monitoring of demographic data. The Trust sees significant gaps in data regarding sexual orientation, religion/belief and disability. Therefore this is an area of focus over the coming year. We also see this for employment data and actions will be set to address this.

40. The Trust will strengthen our governance structures by forming an *Inclusion Group.* This will build shared responsibility and accountability for achieving improvements by explicitly embedding equality, diversity and inclusion into the performance management of divisions.

41. Goal Alignment - The Trust will optimise our efforts by linking our equality, diversity and inclusion strategy to our corporate objectives. Equality, diversity and inclusion will be clearly defined as an integral part of our Trusts vision, firmly embedded and fundamental to its success. A standalone or silo approach to equality, diversity and inclusion will not be enough to create change or visible progress. We will align all of our interventions directly with the objectives of the organisation and to help us prioritise effort and show impact.

42. Inclusive Leadership - To make sustained diversity and inclusion progress it is imperative that we have the right level of leadership commitment and accountability at all levels within the organisation. Diversity and inclusion is '*everybody's business'* and everyone in the Trust is therefore expected to take an active part. Our Board of Directors will lead by example in relation to inclusive practice and our senior leadership team will focus on operational embedding of equality, diversity and inclusion to stimulate action and commitment to behaviour change.

43. Awareness and Education - To foster a diverse and inclusive workplace we need to create the right levels of equality, diversity and inclusion awareness and education,

focusing on *unconscious bias*. This will be a central component to engage the hearts and minds of all our staff, inspire team actions and accountability for change.

44. Data Driven Decision Making - We need to monitor what good looks like to ensure our interventions have an impact and report regularly to the Board of Directors. A data-driven approach will enable us to dispel any myths regarding our baseline (*where are we now?*) and track progress. We will identify a small number of metrics we feel are the most critical to ensure success and use quality improvement (QI) methodology to experiment with new ideas and interventions.

45. The Trust will use the learning from the national *"Breaking Though Programme"* to develop an in-house leadership development programme for minority staff in agenda for change bands 4 -7. This will support the development of a diverse talent pipeline to senior leader roles via sponsorship, mentoring and coaching.

Development of a Shadow Board

46. An opportunity has arisen for the Trust to take part in a strategic leadership development programme designed and funded by the Northwest Leadership Academy

47. The aim of the programme is to create a diverse pool of potential strategic leaders across the Trust who are able to work with the Board to shape and deliver the Trust's strategic objectives.

48. The programme involves the identification of potential future talent, the delivery of three one day modules and the formation of a 'Shadow Board'. Participants are also offered the opportunity to be mentored

49. The Shadow Board, which runs outside of the Trust's governance structures, will be chaired by the Trust chair and discuss papers to be presented to the Trust Board.

50. In order to get maximum value from this development commitment is required from the Board as outlined in the paper. It is also envisaged that participants would be asked to lead/co-lead future strategic projects across the Trust.

51. Refer to Appendix 1 for the full Shadow Board briefing paper

Conclusion

52. This report has provided progress against a number of national standards and compliance frameworks whilst recognising areas for development and challenges for the organisation.

53. Whilst there have been a number of areas of good practice to celebrate, there remains an improvement needed around some of the more simple structures of the organisation in relation to equality monitoring, initial recruitment and also retention as well as increasing understanding of lived experiences and voices of staff, service users and carers in relation to different protected groups.

54. The EDS2 re-grading has shown that there is still action to be taken in order to get more traction in areas of service accessibility, transition from services and complaints.

55. In relation to staffing it is expected that programmes of work such as the NHS Equality Standards will begin to see a positive change in the experiences of staff from protected groups.

56. In producing this report, and the activities detailed within, it is felt there are no substantial areas where the Trust is failing in its duty to comply within the Equality Act 2010, whilst acknowledging that there are areas for improvement in raising the standard of equity for some protected groups. In July 2018 the Trust will publish a new Equality, Diversity & Inclusion Strategy for the next four years.

Recommendations

57. The Committee is asked to;

- Note the areas of progress and challenges for the coming year
- Sign off the report for publication as per legal requirement

Appendices

58. Appendix 1 - shadow Board briefing for trust board

59. Appendix 2 - Workforce Race Equality Standard (WRES) indicators and action plan.

60. Appendix 3 - Progress against 2017/18 WRES Action Plan

61. Appendix 4 - Workforce Race Equality Indicators Metric 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

62. Appendix 5 – WRES comparison by protected characteristics

63. Appendix 6 - Staff in Post by ethnicity, disability, sexuality, religion & belief and gender

64. Appendix 7 – Employee Relations data by protected characteristics

65. Appendix 8 - Equality Delivery System 2 re-grading

Appendix 1 - SHADOW BOARD BRIEFING FOR TRUST BOARD

An exciting opportunity has arisen for staff in senior positions within the Trust to participate in a leadership development programme – **Shadow Board**, which is being funded by NHS North West Leadership Academy. The purpose of this programme is to help the Trust identify and develop its future leaders, to create a more diverse leadership pool and to provide additional input and insight into existing Trust Board issues.

Your role as Executive Director is crucial to ensuring that this development activity adds maximum value to the Trust.

Shadow Board consists of a number of elements.

1) Participation in three one-day modules
    - Is intended to ensure participants understand the roles of the trust board directors, in terms of strategy, finance and statutory financial responsibilities, corporate governance in order to provide assurance and culture of the organisation..

2) Attendance at and time to prepare for monthly shadow board meetings throughout the year.
3) Mentoring.
4) Contribution to projects of strategic interest/importance at a strategic level.

Maximising the investment
In order to achieve maximum return on expectation Executive Directors are asked to:

- **Identify** a number of candidates within their Directorate, typically working at Band 8b or above who would provide diversity of thought and experience (both clinical and non-clinical) and who would benefit from the programme. Who aspire to a Board level position or equivalent in the future (it is expected that participants wouldn't just be identified through the current organisation structure).
- **Fully support** the development of participants from their area. This may involve discussions around what needs to be done to enable participants to fully attend (i.e. having discussions to identify alternative arrangements to cover workload), setting expectations in terms of full commitment to attend etc.
- **Support participants** by having on-going and follow up discussions about their learning
- **Identify** a number of strategic projects for participants to work on/lead
- **Support participants** by enabling them to get involved in strategic projects identified by the Board
- **Participating** in the programme evaluation process

Identifying participants:
We are encouraging more applications than places as we need to encourage a diverse range of staff to participate in the programme. By diverse we don't just mean protected characteristics but also diversity of thought and experience. So when you are thinking about

the potential talent within your area please think beyond your structure and look for those who you have identified as having potential, and are (or have experience of) working at Band 8b or equivalent. We also encourage you to think about the balance in representation between clinical and non-clinical areas within your remit.

Depending on how the programme evaluates further programmes may or may not be run in the future.

Application process
Applications are by signed expression of interest and individuals are expected to evidence that they have been identified as having potential.

Benefits

- The objectives of the Shadow Board programme are:
- To identify the top end of the talent pool within the Trust and more broadly within the NHS.
- To support the integration of more diversity of thought and perspective into Trust boards.
- Delivering future value to the NHS.
- To create a pool of potential strategic leaders across the Trust who are able to work with the board to shape and deliver the Trust's strategic objectives.
- To provide an insight into executive responsibilities and develop strategic leadership thinking for future potential leaders.

To date a number of Trusts within the NHS have participated in this programme including; Lancashire Care NHS FT, South West Yorkshire Partnership Foundation Trust, Mid-York's NHS Foundation Trust, Harrogate and District NHS Trust and North Lincolnshire and Goole NHS Trusts. Other Trusts who are currently working on implementing this programme include Leeds and Rotherham.

Design

- The programme involves:
- An introductory 1.5 hour event (11th April)
- Three one day modules spread out over a number of months delivered by an external consultant. (19th May, 22nd June and 13th July)
- The formation of a 'shadow board' which runs in parallel with the Trust Board over a year. Members of the board are programme participants. It is chaired by either the Chair or Vice-Chair of the Trust. Terms of reference are created by participants on the programme. It considers past and/or future agenda items from Trust Board meetings.
- Mentoring opportunities for participants by non-executive directors.

It is proposed that for the first cohort potential participants are identified directly by Trust Executive Directors. 15 places are available, it is expected that more than 15 potential participants are identified. These individuals are then invited to an introductory session AND asked to complete an application form. The cohort is then created from those who've applied in order to maximise its diversity.

Costs of the programme:
The funding for the delivery of the three modules has come through the NHS NW Leadership Academy. There are other costs associated with the programme that the Trust will need to be aware of. These include: The cost of the time involved for each of the participants. This includes attendance at the three day modules, preparation for and participation in each of the shadow board meetings. The admin cost of setting up and running the shadow board meetings. This includes a member of admin staff attending to write the minutes.

Ensuring return on expectation:
In order to gain maximum return on expectation this programme needs the full support of the Trust Board. This support includes:

- **Time and commitment of the Chair** in; preparing for and running the Shadow Boards (it is anticipated that this Board would run for at least a year). The role of the Chair of the Shadow Board is to identify each Board agenda, provide feedback to the members of the Shadow Board on the quality of the conversations as well as feeding discussions back into the Trust Board. This includes attending at least 3 Shadow Board meetings over a 12 month period.

- **Time and commitment of all Non-Executive Directors** to provide mentoring to participants where required. The amount of time required would be negotiated on an individual by individual basis, but could be in the region of 3 meetings of approx. 1.5 hours over a 12 month period.

- **Commitment from the Executive Directors** to fully support the development of participants from their area. This may involve discussions around what needs to be done to enable participants to fully attend (i.e. having discussions to identify alternative arrangements to cover workload), setting expectations in terms of full commitment to attend etc.

- **Commitment from the Executive Directors** to identify a number of candidates (at least 15) who would provide diversity of thought and experience and who would benefit from the programme (it is expected that participants wouldn't just be identified through the current organisation structure).

- **Commitment from the Executive Directors** to identify a number of strategic projects for participants to work on/lead – by March 2019 in the first instance.

- **Commitment and involvement of the Board/Company Secretary** to ensure smooth exchange of board papers to the shadow board members and briefing of 'trust board etiquette' of the trust board. Identify 'admin support' to work with provider to ensure rooms set up with PowerPoint etc. and catering organized.

Providing lasting value – learning transfer:
As with all development programme formats it is the process of transferring learning into the workplace that lasting value can be harnessed.

It is suggested that in order to provide lasting value to the Trust a number of strategic projects are identified which members of the shadow board would be expected to take a strategic lead on either in partnership with a member of the Trust Executive or independently.

It is also suggested that participants are strongly encouraged to create action learning sets/learning exchanges outside of the formal learning programme

WHAT YOU NEED TO DO NEXT:

Identify potential staff in your directorate – Band 8b or higher – using the 9 box grid (see e/mail attachment)	**Notes**
Hold a discussion individually with each identified staff member BEFORE to: a) Let them know they've been identified as having potential; b) Clarify whether it's a development opportunity they are interested in; c) Inform them of the commitments required (including the dates – see below); d) Ask them to sign and return the expression of interest form (see below) by the deadline of 8th March 2019 to nazir.makda@elht.nhs.uk e) Ask them to attend the introductory event & assessment (see below)	
Plan future dates for 1:1 discussions with the individuals over the duration of the programme	

Timetable

Title	Date	Time	Venue	Notes
Assessment / Interviews	15th March 2019	9.30-16.00	Seminar room 3, Learning Centre RBTH	
Introduction	2nd April 2019	9.30-11.30	Seminar room 4, Learning Centre RBTH	
Module 1	2nd May 2019	9.00 - 17.00	Seminar room 3, Learning Centre RBTH	
Trust Board	8th May 2019	Information only Papers from Board made available to nominees prior to shadow board		
Shadow Board	3rd May 2019	9.30-12.00	Board Room, Trust HQ	
Module 2	11th June 2019	9.00 - 17.00	Seminar room 4, Learning Centre RBTH	
Trust Board	11th Sep 2019	Information only Papers from Board made available to nominees prior to shadow board		
Shadow Board	9th Sep 2019	9.30-12.00	Board Room, Trust HQ	
Module 3	23rd Oct 2019	9.00 - 17.00	Seminar room 3, Learning Centre RBTH	
Trust Board	13th Nov 2019	Information only Papers from Board made available to nominees prior to shadow board		
Shadow Board	11th Nov 2019	9.30-12.00	Board Room, Trust HQ	

Expressions of Interest	
Name	
Role	
Band	
Network	

What are your aspirations for the future? (E.g. what type of role, in what timeframe)

Max 250 words

What do you hope to gain from this development opportunity and why is now the right time?

Signature …….. Date
(Executive Sponsor)

Signature …… Date
(Nominee/Candidate)

Appendix 2 – WRES Indicators & Action Plan 2018/19

	Criteria	Tracking Progress against previous year	Target/ What success would look like	Where are we now?	Action Plan	By whom?	By when?
1	**Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.**		Increase the numbers of staff from BME groups across all AfC Bands 1-9 and VSM to 22%	The % of BME staff in the workforce has increased by 0.33% (60) in the current year, although most of the increase is in lower level roles. The total BME is at 15.69% still not reflective of the local population of 22%, 6% short. For non-clinical staff, BME staff were clearly over-represented at Band 6 and not represented at all among very senior management. For clinical staff, BME staff were clearly over-represented at Band 5 and not represented at all above Band 8C. Among medical staff, there was a clear over-representation of BME staff	• Internal promotion and positive action to support BME staff in achieving and sustaining promotion. • Advertising all our vacancies on an external website dedicated to attract BME staff. • Look at development process – facilitate individuals to apply for permanent post or acting up • Developing external relationships with BME organisations, local community groups, schools and networks to promote employment opportunities at all levels including apprenticeships • Talent management is absolutely critical here. ELHT cannot establish diversity if there are very few staff from diverse backgrounds already at senior management levels. There is a need to fill current vacancies and future leadership pipelines with the correct numbers of people from diverse backgrounds • 'acting-up' (secondment) opportunities	All Line managers Resourcing Manager All Line managers Workbased Learning Team All Line Managers All Line Managers	Mar 20

				at the non-consultant grades	is a key enabler for career progression. Access to such opportunities should be especially encouraged amongst BME staff, and should focus on positions and grades that are under-represented within the Trust		
2	**Relative likelihood of staff being appointed from shortlisting across all posts.**		The likelihood of BME and white staff being appointed from shortlisting is, on average, over time, the same.	The data suggests that the gap between white and BAME staff groups is closing and although white applicants are still relatively more likely to be appointed (2.63 times) this is an improvement when compared with last year when white staff were 3.08 times more likely to start work with the Trust.	• Interrogate recruitment data to evaluate external success in recruitment vs internal applicants • Hold the relevant individuals department or profession to account for their decisions in recruitment/career progression outcomes whilst considering what continuous improvement methods might assist in improving changing patterns of appointment and promotion. • Independent member to the interview panel (from another service, or a BME member of staff) to encourage accountability. Their role is not dissimilar to the role of a patient representative on some interviews. Research suggests that the positive impact of diversity on group performance (including on an interview panel) has less to do with what these additional panel members say, but rather that their presence affects expectations of others • Promote the use of Positive Action in recruitment/promotion i.e. encouraging particular groups to apply, apply the	Resourcing Manager Director of HR/OD All Recruiting managers	Mar 20

					Rooney Rule guaranteed interview scheme for BME groups, tie-breaker rule. • Unconscious Bias training mandatory for all recruiting managers • Asking shortlisting panels to be cautious when using "previous experience" as a criteria – in other words to recognise that BME staff will tend to have gained more qualifications to compensate for the likelihood of having had less opportunity to gain experience at a higher level e.g. through acting up • Explore TRAC to see if our BME staff are actually applying for our band 7+ posts and check outcomes (not being shortlisted or appointed or they are just not applying); monitor all applicants, internal and external to see how things look statistically (with a focus on encouraging our own staff)	Equality & Diversity Manager Recruiting Managers Equality & Diversity Manager / Resourcing Manager	
3	**Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.**	↑	Decrease the WRES score for indicator Three to 0.30 or below	Very slight improvement as BME staff is 1.76 times more likely to enter a formal disciplinary process than White staff compared to 1.78 times last year .	• Set up a panel to address the 'employment relation' issue (e.g. grievances, allegations of B/H, misuse of social media, competency issues etc.) – whether that be, an informal discussion with the staff concerned, formal reprimand, mediation, retraining, reflection, through to suspension and more formal action, if deemed necessary	Director of HR/OD Associate Director of HR Staff Guardian	Mar 20

					• Development of "resolution champions" to support staff who are having issues or problems at work. • Adopt good practice from the Mersey Care initiative "learning and just culture" • To review the checks and balances contained within the disciplinary policy and the feasibility of an added management filter before the formal disciplinary process is triggered • Undertake a detailed audit / root cause analysis of formal disciplinary cases in the last 12 months, to establish whether any trends or patterns are identifiable & address these issues appropriately • HR Best practice training for all managers • Publicise across the Trust HR Portal	Head of Engagement & wellbeing Head of HR HR Project Manager / Asst HR Business Partner	
4	**Relative likelihood of staff accessing non-mandatory training and CPD.**	↑	Decrease the WRES score for indicator Four to 0.50 or below	Relative likelihood of white staff being funded for training 1.16 times greater compared to the previous year 1.19 times greater.	• Clear definition of non-mandatory training and CPD • All line managers to identify BME development opportunities at Appraisal • BME staff access to mentoring (including reverse mentoring), shadowing, coaching and encouragement to join NHS Leadership Academy and other courses (Note ELHT should avoid a reliance on	Equality & Diversity Manager All Line managers	Mar 20

					sending staff away on courses as the sole or primary means of encouraging more BME staff development. Such courses can be invaluable but there is growing evidence that the key to staff development is whether such courses are complemented by opportunities for "stretch assignments" such as acting up, secondment, involvement in project teams or developing pilots). • Conduct appraisal audits and holding individuals accountable for their decisions • Engage with staff to ascertain whether there are examples and evidence of training requests not being supported	Equality & Diversity Manager / Integrated Diabetes Service Manager	
5	**KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.**	↔	The aspirational target for all staff would be 0% however a realistic target would be: BME percentage is equal to or less than White percentage	Fairly static between the two years but is still higher than the Trust would expect. Although BME staff still report high levels of harassment, bullying or abuse from patients the percentage was higher for White Staff in figures in the last 12 months.	• Publicise Zero Tolerance posters in hot spot areas • Support for staff that have experiencing harassment, bullying or abuse from patients, relatives	Communications manager All Line Managers	Mar 20
6	**KF 26. Percentage of staff**		BME percentage is equal to or	Small variance between White & BME Staff.	• Leaders at every level in the Trust must take responsibility for creating a culture in which difficult topics can be talked	All managers	Mar 20

	experiencing harassment, bullying or abuse from staff in last 12 months		less than White percentage	BME staff remains more likely than white staff to experience harassment, bullying or abuse from other staff this increased by 4% on last year.	about openly, honestly, and without fear of repercussion • Publicise widely the informal resolution mechanism available including Mediation, Resolution Champions, Staff Guardian, etc. • Train all managers in the application of the Resolution policy. • Raise awareness of Freedom to Speak up staff guardian • Facilitated conversations training for managers to enable early informal resolution of issues and champion roles for raising of concerns including bullying, harassment and discrimination. • HR Best practice training (which includes Bullying & Harassment)for all managers • Publicise across the Trust HR Portal	Head of Occupational Health / Staff Guardian HR Project Manager Assistant HR Business Partner	
7	**KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.**		BME percentage is equal to or more than White percentage	BME staff remain less likely than white staff to believe that their trust provides equal opportunities for career progression. The gap between white and BME staff on this indicator increased from 13 percentage points in 2016	• Making improvements to the appraisal process following an audit of Trust wide practice; focusing managers on leading conversations and identifying meaningful career progression or promotion for all staff • Capture BME staff stories of working in ELHT (positive or negative) and highlight best practice or barriers to	Education Business Manager Equality & Diversity Manager	Mar 20

				to 19 percentage point in 2017	career progression or promotion • Publicise BME Role Models so that people can take inspiration from them. • Implement the WRES communication Plan including articles in Team Brief, Staff Newsletter, CEO Blog, E-bulletin, Message of the Day, Staff App, intranet OLI	Integrated Diabetes Service Manager Communications Manager	
8	**Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? B) Manager/team leader or other colleagues**	↓	BME percentage is equal to or less than White percentage	BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers, the percentage of BME staff reporting that in the last 12 months they have personally experienced discrimination at work from staff increased by 2%	• Reinforce the trust's values and behaviours expected of all staff • Facilitated conversations training for managers to enable early informal resolution of issues and champion roles for raising of concerns including discrimination. • Raise awareness of Freedom to Speak up staff guardian • Cultural awareness training for managers • HR Best practice training (which includes Bullying & Harassment)for all managers • Publicise across the Trust HR Portal	Communications Manager Head of Occupational Health Staff Guardian Equality & Diversity Manager HR Project Manager Assistant HR Business Partner	Mar 20
9	**Percentage difference between the organisations'**	↔	Increase Board BME voting	At 31 March 2018, the Board voting membership included 1 Non-Executive Director from a BME Background 6.0%,	• The Trust Board to communicate a clear business case explaining why more diverse appointments (including in senior positions) are important	Chairman, Chief Executive All Exec Directors	Mar 20

	Board voting membership and its overall workforce.		members to 20%	compared to 94% White Board members.	• Accountability and holding decision-makers to account for their actions. Knowing that as a recruiting manager, shortlisting or interview panel member, you will have to justify your decision-making is likely to lead to more thorough thought processes • Trust board members to be trained as mentors for BME senior managers in bands 7 and above	Organisational Development Consultant	

Appendix 3 – Progress against 2017/18 WRES Action Plan

	Indicator	Action planned	Responsible for action	Completion Date	Evidence of Achievement/ exception
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	• Deep dive by collecting and analysing staff data to identify where the specific blocks to talent are in the Trust. • • Pilot an area where there is an under-representation, by review of HR/OD policies, processes, utilise positive action to recruit diversity. • Make Managing Difference/ Unconscious Bias training mandatory for all recruiting managers via inclusion in recruitment training accompanied with change in the process. • Work towards increasing representation of BME staff in overall workforce so its reflective of the local population • Develop partnership working with CCG's, Local council, Job Centre, NHS Trusts on shared initiatives i.e. WRES	WRES Working Group Diversity by Design Head of Engagement Equality & Diversity Manager	March 2018	• Deep dive data captured and analysed by department, service, and occupation. Data has remained broadly the same for the last 6 years. Identified specific areas where there is clearly a failure to recruit BME staff especially in more senior grades. • This action has slipped this will be carried forward to 2018 action plan. • Over 300 recruiting managers attended the Unconscious Bias training last year • Big conversation event held for BME staff to identify issues and concerns, stakeholders invited to be involved in various initiatives e.g. WRES working group, fair treatment champion, etc. • WRES work is communicated via internal communication channels • Partnership working with Job Centre • Jobs advertised in BME publications Inc. Asian Image
2	Relative likelihood of staff being appointed from shortlisting across all posts.	• Critically examine recruitment processes by piloting an area of under-representation including; Rejecting non-diverse shortlists; ○ Change in process, challenging and sifting out selection bias; (needs to be	WRES Group Diversity by Design	March 2018	• Recruitment process reviewed and recruitment policy updated • Unconscious bias training for recruiting managers is now mandatory • Diversity by Design have developed a matrix, working with recruitment team to adapt the matrix with the TRAC system

	Indicator	Action planned	Responsible for action	Completion Date	Evidence of Achievement/ exception
		designed out) ○ Drafting job specification & PS in a more inclusive way; (focus on a combination of excellence – e.g. level of skill etc. – and then crucially on the personal attributes (identity, background, experiences) the person brings – e.g. the difference they bring. ○ Skills mix creating opportunities for different skills, backgrounds and attributes, not just the chosen few ○ Re-design recruitment materials to specify Trusts desired values and behaviours • Recruitment panel members must have completed Unconscious Bias training accompanied with a change in process of shortlisting and interviewing • Spot checks / audits of vacancies, analysis by banding	Employment Services/ Equality and Diversity Manager	Ongoing	• Encouraged recruiting managers to use Positive action "Tie Breaker" rule • Vacancies are being audited and checked for any discrepancies • Positive action initiatives have taken place including, localised advertising of career opportunities in BME publication i.e. Asian image and Engagement activities within the local BME communities, schools and colleges to promote career opportunities within ELHT • Expressions of interest have been advertised across the Trust for some senior posts via global email. .
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	• Dealing with difference training to build confidence in managers in resolving disputes/incidents/problems so that they feel able to deal with BME colleagues in the same way as white colleagues • Unconscious bias training for disciplinary/appeal panels	Equality & Diversity Manager	February 2018	• Bullying & harassment training • A new resolution policy developed • A new panel is in the process of being set up. The aim is to agree the best way to address the 'employment relation' issue (e.g. grievances, allegations of B/H, competency issues etc.

	Indicator	Action planned	Responsible for action	Completion Date	Evidence of Achievement/ exception
		• The development of Diversity Ambassadors who review Disaplinaries			
4	Relative likelihood of staff accessing non-mandatory training and CPD.	• Monitor uptake of non-mandatory training and CPD, identify reasons/rationale why BME staff are refused funding for non-mandatory training and CPD	Equality & Diversity Manager	January 2018	• All courses are advertised to all staff via MOTD, Ebulletin, global emails, PDR, learning hub, etc. • 10 BME colleagues have completed Leadership Development Stepping Up Programme from the NW leadership academy • Majority of BME staff have received an appraisal/PDR
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	• High profile bullying and harassment campaign with executive leadership on tackling bullying and harassment.	All divisions HRBP's	March 2018	• A refreshed communications campaign regarding the Trust's zero tolerance approach to bullying, harassment, abuse and violence
6	**KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**	• Review of Bullying & Harassment policy • Encourage all staff to first pursue informal mechanisms to resolve issues i.e. Mediation, fair treatment champions, staff side, staff guardian, etc.	Bullying & Harassment working group	November 2017	• Bullying & Harassment task & finish group in place • Bullying and harassment policy reviewed and A new resolution policy developed • Fair Treatment Champions, Staff Guardian and Mediation service in place and have had positive impact on helping staff to address conflict and reduce the number of cases reaching a formal level. • Corporate Induction includes a section on what we expect of staff at work in relation to dignity and respect for one another. All staff are expected to carry out their work in ways which are consistent with the trust values and behaviours.

	Indicator	Action planned	Responsible for action	Completion Date	Evidence of Achievement/ exception
					• Managers evaluate staff performance against the Trust values and behaviours through the performance appraisal process. • Bullying & Harassment training • 12 staff has completed Accredited Mediation Training to support with resolving disputes and conflicts at work • Promotion of zero tolerance via the National Bullying & Harassment week • Ongoing promotion of fair treatment champions, Staff Guardian and Mediation service. • In areas where bullying is identified as an issue, interventions have been put in place including anti-bullying training, which sets out the Trust's expectations regarding acceptable and unacceptable behaviours
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	• 2 way mentoring- build into the objectives of all managers above band 5 including VSM to mentor BME colleagues to share experience, in how to manage mixed groups of staff and improve opportunities so that BME colleagues have access to internal/informal networks (this way we are not recruiting/promoting from the same pond)	All Senior managers	March 2018	• Increase in appraisal rates for all staff, managers evaluates staff performance against the Trust values and behaviours through the performance appraisal process. • 2 Senior BME Managers have agreed to become Role Models; more will be identified in the coming weeks, months
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? B) Manager/team leader or	• Tougher sanctions for those who are found to be discriminating, this will act as a deterrent. • Integrate diversity within the performance management processes, including measuring employees on their ability to work well with	Equality & Diversity Manager	March 2018	• Equality & Diversity master class including unconscious bias for all staff. • Recruitment and selection training for new managers or managers new to recruitment includes impact of equality and diversity for recruitment and selection. • Mediation service, staff guardian and fair treatment champions has had positive impact on helping staff to

	Indicator	Action planned	Responsible for action	Completion Date	Evidence of Achievement/ exception
	other colleagues	others and measuring managers on their ability to drive and implement diversity initiatives. Measurements for managers in their appraisals. 360 from staff contributing to measurement of achievement of the 'soft' targets e.g. behaviour etc. • Continue with employee engagement activities so that views are sought out; staff are listened to and see that their opinions count and make a difference to Safe Personal Effective care.	Staff Engagement Team	Ongoing	address conflict and reduce the number of cases reaching a formal level. • Corporate Induction includes a section on what we expect of staff at work in relation to dignity and respect for one another. All staff are expected to carry out their work in ways which are consistent with the trust values and behaviours. • Managers evaluate staff performance against the Trust values and behaviours through the performance appraisal process.
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	• Senior executives must take accountability by ensuring executive sponsorship for this target; consider using positive action for next Board member recruitment. • Explore the introduction of a 'reciprocal mentoring scheme' for BME staff to be paired up with members of the Exec/managers that report directly to the Exec team. • Explore succession planning that considers positive action for all board and senior positions and development of the talent pool generally.	Trust Board Executive Team/Senior Managers	March 2018	• 2 non-exec recruited in the last year by the NHS Improvements. • Reciprocal mentoring received by BME via the Diverse leader Programme and other leadership programs • NHS workforce race equality: a case for diverse boards publication disseminated to Board Members • Board receive regular updates on the WRES • Executive Directors attend the WRES group and feed back to Board

Appendix 4 – Workforce Race Equality standards metric 1 analysis by Agenda for Change bands Oct 2018

Key:			Increase	Decrease
Ethnicity Summary				
Ethnicity	**Headcount**	**Headcount %**	**Difference**	**Difference %**
White	6846	82.89%	185	0.13%
BME	1296	15.69%	60	0.33%
Not Stated	117	1.42%	-34	-0.46%
Grand Total	**8259**	**100.00%**	**211**	
Ethnicity by Band				
Ethnicity & Band	**Headcount**	**Headcount %**	**Difference**	**Difference %**
White	**6846**	**82.89%**	**185**	**0.13%**
Band 1	116	1.40%	7	0.05%
Band 2	1408	17.05%	35	-0.01%
Band 3	1021	12.36%	29	0.04%
Band 4	542	6.56%	5	-0.11%
Band 5	1416	17.14%	54	0.22%
Band 6	1190	14.41%	21	-0.12%
Band 7	546	6.61%	9	-0.06%
Band 8A	211	2.55%	4	-0.02%
Band 8B	59	0.71%	3	0.02%
Band 8C	22	0.27%	0	-0.01%
Band 8D	17	0.21%	2	0.02%
Band 9	10	0.12%	0	0.00%
Non AfC	288	3.49%	16	0.11%

Black Minority Ethnic	**1296**	**15.69%**	**60**	**0.33%**
Band 1	31	0.38%	4	0.04%
Band 2	238	2.88%	11	0.06%
Band 3	112	1.36%	1	-0.02%
Band 4	43	0.52%	3	0.02%
Band 5	318	3.85%	4	-0.05%
Band 6	162	1.96%	6	0.02%
Band 7	44	0.53%	3	0.02%
Band 8A	15	0.18%	0	0.00%
Band 8B	5	0.06%	0	0.00%
Band 8C	2	0.02%	0	0.00%
Non AfC	326	3.95%	28	0.24%
Not Stated/Undefined	**117**	**1.42%**	**-34**	**-0.46%**
Grand Total	**8259**	**100.00%**	**211**	

Key:

	High Under-representation of BME staff

Appendix 5 – WRES comparison by protected characteristics

	Indicator	Data 1st April 2017 to 31st March 2018				Narrative – the implications of the data and any additional background explanatory narrative
		RACE	GENDER	DISABILITY	SEXUALITY	
1	Percentage of BME/ Disabled/LGBT/Women staff, VSM (including executive Board members and senior medical staff) compared with the percentage of white staff in the overall workforce	Refer to appendix 1	Refer to appendix 2	Refer to appendix 3	Refer to appendix 4	
2.	Relative likelihood of BME/Disabled/LGBT/Women staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts	White staff 2.15 more likely to be appointed from shortlisting	Men are 0.38 times more likely to be appointed from shortlisting	Non-disabled people are staff 2.99 times more likely to be appointed from shortlisting	Heterosexual staff are 0.44 times more likely to be appointed from shortlisting	Gender and Sexuality are both very positive as it's below 1. Disability & Race are negative.
3.	Relative likelihood of BME/Disabled/LGBT/Women staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	BME staff 1.75 times more likely	Men staff 2.31 times more likely	Disabled staff are 1.02 times likely	LGB are 0.00 times likely	Men & BME staff fair worst LGB & Disability positive
4	Relative likelihood of BME/ Disabled/LGBT/Women staff accessing non-mandatory training and CPD as compared to White staff	White staff 1.19 times more likely to access CPD	Women 2.93 times more likely to access CPD	Non-disabled staff 0.99 times more likely to access CPD	No Data available, this will be reported from 2019.	Men & BME staff fair worst Disability positive

	Staff Survey Indicators 2017	RACE		GENDER		DISABILITY		SEXUALITY		
5.	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	**White**	**BME**	**Male**	**female**	**Yes**	**No**	**Heterosexual**	**LGB**	Disabled staff fair worst in this indicator
		26%	**22%**	**22%**	**26%**	**33%**	**24%**	**25%**	**29%**	
6.	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	**20%**	**24%**	**19%**	**20%**	**31%**	**18%**	**23%**	**20%**	Disabled staff fair worst in this indicator
7	KF21. Percentage believing that the Trust provides equal opportunities for career progression or promotion	**87%**	**68%**	**76%**	**87%**	**78%**	**86%**	**85%**	**91%**	BME staff fair worst in this indicator
8	Q17B. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	**5%**	**16%**	**17%**	**9%**	**16%**	**9%**	**6%**	**8%**	BME, Disability & Men fair worst
9	Boards are expected to be broadly representative of the population they serve	**94%**	**6%**	**62%**	**38%**	**0%**	**22%**	**78%**	**0%**	12% Undisclosed LGB 72% Undisclosed disability

Appendix 6 Staff in Post by Ethnic Origin

	Non-Clinical Staff					Clinical Staff					All Staff				
Payband	**White**	**BME**	**Total**	**White**	**BME**	**White**	**BME**	**Total**	**White**	**BME**	**White**	**BME**	**Total**	**White**	**BME**
				%	%				%	%				%	%
Non-contracted hours	18	7	25	72.0%	28.0%	1	0	1	100.0%	0.0%	19	7	26	73.1%	26.9%
Band 1	91	52	143	63.6%	36.4%	0	0	0	0.0%	0.0%	91	52	143	63.6%	36.4%
Band 2	557	441	998	55.8%	44.2%	418	209	627	66.7%	33.3%	975	650	1625	60.0%	40.0%
Band 3	454	48	502	90.4%	9.6%	529	100	629	84.1%	15.9%	983	148	1131	86.9%	13.1%
Band 4	388	48	436	89.0%	11.0%	136	14	150	90.7%	9.3%	524	62	586	89.4%	10.6%
Band 5	214	61	275	77.8%	22.2%	994	439	1433	69.4%	30.6%	1208	500	1708	70.7%	29.3%
Band 6	131	79	210	62.4%	37.6%	951	182	1133	83.9%	16.1%	1082	261	1343	80.6%	19.4%
Band 7	108	34	142	76.1%	23.9%	412	34	446	92.4%	7.6%	520	68	588	88.4%	11.6%
Band 8A	58	16	74	78.4%	21.6%	141	8	149	94.6%	5.4%	199	24	223	89.2%	10.8%
Band 8B	34	5	39	87.2%	12.8%	22	1	23	95.7%	4.3%	56	6	62	90.3%	**9.7%**
Band 8C	16	1	17	94.1%	**5.9%**	6	0	6	100.0%	**0.0%**	22	1	23	95.7%	**4.3%**
Band 8D	12	0	12	100.0%	**0.0%**	4	0	4	100.0%	**0.0%**	16	0	16	100.0%	**0.0%**
Band 9	11	0	11	100.0%	**0.0%**	0	0	0	0.0%	**0.0%**	11	0	11	100.0%	**0.0%**
VSM	19	0	19	100.0%	**0.0%**	3	0	3	100.0%	**0.0%**	22	0	22	100.0%	**0.0%**
Medical: Consultants	0	0	0	0.0%	**0.0%**	147	114	261	56.3%	43.7%	147	114	261	56.3%	43.7%
Medical: Non-consultant career grades	0	0	0	0.0%	**0.0%**	57	92	149	38.3%	61.7%	57	92	149	38.3%	61.7%
Medical: Trainee grades	0	0	0	0.0%	**0.0%**	14	120	134	10.4%	89.6%	14	120	134	10.4%	89.6%
TOTAL	**2111**	**792**	**2903**	**72.7%**	**27.3%**	**3835**	**1313**	5148	74.5%	25.5%	**5946**	**2105**	**8051**	**73.9%**	**26.1%**

Appendix 6 Staff in post by Gender

	Non-Clinical Staff					Clinical Staff					All Staff				
Payband	**Male**	**Female**	**Total**	**Male**	**Female**	**Male**	**Female**	**Total**	**Male**	**Female**	**Male**	**Female**	**Total**	**Male**	**Female**
				%	%				%	%				%	%
Non-cont. hours	6	19	**25**	24.0%	76.0%	1	0	**1**	100.0%	0.0%	7	19	**26**	26.9%	73.1%
Band 1	45	105	**150**	30.0%	70.0%	0	0	**0**	0.0%	0.0%	45	105	**150**	30.0%	70.0%
Band 2	277	751	**1028**	26.9%	73.1%	68	563	**631**	10.8%	89.2%	345	1314	**1659**	20.8%	79.2%
Band 3	74	430	**504**	14.7%	85.3%	78	563	**641**	12.2%	87.8%	152	993	**1145**	13.3%	86.7%
Band 4	51	385	**436**	11.7%	88.3%	19	131	**150**	12.7%	87.3%	70	516	**586**	11.9%	88.1%
Band 5	87	193	**280**	31.1%	68.9%	121	1329	**1450**	8.3%	91.7%	208	1522	**1730**	12.0%	88.0%
Band 6	60	151	**211**	28.4%	71.6%	83	1051	**1134**	7.3%	92.7%	143	1202	**1345**	10.6%	89.4%
Band 7	48	94	**142**	33.8%	66.2%	48	400	**448**	10.7%	89.3%	96	494	**590**	16.3%	83.7%
Band 8A	22	53	**75**	29.3%	70.7%	20	134	**154**	13.0%	87.0%	42	187	**229**	18.3%	81.7%
Band 8B	13	26	**39**	33.3%	66.7%	3	20	**23**	13.0%	87.0%	16	46	**62**	25.8%	74.2%
Band 8C	10	8	**18**	55.6%	44.4%	0	6	**6**	0.0%	100.0%	10	14	**24**	41.7%	58.3%
Band 8D	2	10	**12**	16.7%	83.3%	1	3	**4**	25.0%	75.0%	3	13	**16**	18.8%	81.3%

Band 9	5	6	**11**	45.5%	54.5%	0	0	**0**	0.0%	0.0%	5	6	**11**	45.5%	54.5%
VSM	14	5	**19**	73.7%	26.3%	1	2	**3**	33.3%	66.7%	15	7	**22**	68.2%	31.8%
Medical: Consultants	0	0	**0**	0.0%	0.0%	197	96	**293**	67.2%	32.8%	197	96	**293**	67.2%	32.8%
Medical: Non-consultant career grades	0	0	**0**	0.0%	0.0%	102	49	**151**	67.5%	32.5%	102	49	**151**	67.5%	32.5%
Medical: Trainee grades	0	0	**0**	0.0%	0.0%	72	70	**142**	50.7%	49.3%	72	70	**142**	50.7%	49.3%
TOTAL	**714**	**2236**	**2950**	**24.2%**	**75.8%**	**814**	**4417**	**5231**	**15.6%**	**84.4%**	**1528**	**6653**	**8181**	**18.7%**	**81.3%**

Appendix 6 Staff in Post by Disability Status

	Non-Clinical Staff							Clinical Staff												
Payband	**Yes**	**No**	**Unspecified**	**Total**	**Yes**	**No**	**Unspecified**	**Yes**	**No**	**Unspecified**	**Total**	**Yes**	**No**	**Unspecified**	**Yes**	**No**	**Unspecified**	**Total**	**Yes**	**No**
Non-contract hours	2	9	14	**25**	8.0%	36.0%	56.0%	0	1	0	**1**	0.0%	100.0%	0.0%	2	10	14	**26**	7.7%	38.5%
Band 1	9	79	62	**150**	6.0%	52.7%	41.3%	0	0	0	**0**	0.0%	0.0%	0.0%	9	79	62	**150**	6.0%	52.7%
Band 2	29	599	400	**1028**	2.8%	58.3%	38.9%	14	328	289	**631**	2.2%	52.0%	45.8%	43	927	689	**1659**	2.6%	55.9%
Band 3	28	359	117	**504**	5.6%	71.2%	23.2%	19	441	181	**641**	3.0%	68.8%	28.2%	47	800	298	**1145**	4.1%	69.9%
Band 4	12	342	82	**436**	2.8%	78.4%	18.8%	3	103	44	**150**	2.0%	68.7%	29.3%	15	445	126	**586**	2.6%	75.9%
Band 5	4	217	59	**280**	1.4%	77.5%	21.1%	41	777	632	**1450**	2.8%	53.6%	43.6%	45	994	691	**1730**	2.6%	57.5%
Band 6	2	136	73	**211**	0.9%	64.5%	34.6%	28	787	319	**1134**	2.5%	69.4%	28.1%	30	923	392	**1345**	2.2%	68.6%
Band 7	5	98	39	**142**	3.5%	69.0%	27.5%	9	322	117	**448**	2.0%	71.9%	26.1%	14	420	156	**590**	2.4%	71.2%
Band 8A	4	55	16	**75**	5.3%	73.3%	21.3%	6	108	40	**154**	3.9%	70.1%	26.0%	10	163	56	**229**	4.4%	71.2%
Band 8B	2	24	13	**39**	5.1%	61.5%	33.3%	0	17	6	**23**	0.0%	73.9%	26.1%	2	41	19	**62**	3.2%	66.1%
Band 8C	0	10	8	**18**	0.0%	55.6%	44.4%	0	2	4	**6**	0.0%	33.3%	66.7%	0	12	12	**24**	0.0%	50.0%

Band 8D	0	6	6	**12**	0.0%	50.0%	50.0%	0	4	0	**4**	0.0%	100.0%	0.0%	0	10	6	**16**	0.0%	62.5%
Band 9	0	6	5	**11**	0.0%	54.5%	45.5%	0	0	0	**0**	0.0%	0.0%	0.0%	0	6	5	**11**	0.0%	54.5%
VSM	0	5	14	**19**	0.0%	26.3%	73.7%	0	1	2	**3**	0.0%	33.3%	66.7%	0	6	16	**22**	0.0%	27.3%
Medical: Consultants	0	0	0	**0**	0.0%	0.0%	0.0%	0	247	46	**293**	0.0%	84.3%	15.7%	0	247	46	**293**	0.0%	84.3%
Non-consultant	0	0	0	**0**	0.0%	0.0%	0.0%	3	134	14	**151**	2.0%	88.7%	9.3%	3	134	14	**151**	2.0%	88.7%
Medical: Trainee	0	0	0	**0**	0.0%	0.0%	0.0%	3	134	5	**142**	2.1%	94.4%	3.5%	3	134	5	**142**	2.1%	94.4%
TOTAL	**97**	**1945**	**908**	**2950**	**3.3%**	**65.9%**	**30.8%**	**126**	**3406**	**1699**	**5231**	**2.4%**	**65.1%**	**32.5%**	**223**	**5351**	**2607**	**8181**	**2.7%**	**65.4%**

Appendix 6 Staff in Post by Sexuality

	All Staff										
Payband	**Heterosexual**	**Bisexual**	**Gay**	**Lesbian**	**Not Disclosed**	**Total**	**Heterosexual**	**Bisexual**	**Gay**	**Lesbian**	**Not Disclosed**
							%	**%**	**%**	**%**	**%**
Non-contracted hours	21	0	0	1	4	**26**	80.8%	0.0%	0.0%	3.8%	15.4%
Band 1	99	0	0	2	49	**150**	66.0%	0.0%	0.0%	1.3%	32.7%
Band 2	1332	5	5	6	311	**1659**	80.3%	0.3%	0.3%	0.4%	18.7%
Band 3	883	2	6	5	249	**1145**	77.1%	0.2%	0.5%	0.4%	21.7%
Band 4	483	0	1	4	98	**586**	82.4%	0.0%	0.2%	0.7%	16.7%
Band 5	1433	4	9	12	272	**1730**	82.8%	0.2%	0.5%	0.7%	15.7%
Band 6	1103	3	5	10	224	**1345**	82.0%	0.2%	0.4%	0.7%	16.7%
Band 7	510	0	2	1	77	**590**	86.4%	0.0%	0.3%	0.2%	13.1%
Band 8A	191	0	1	2	35	**229**	83.4%	0.0%	0.4%	0.9%	15.3%
Band 8B	54	0	2	0	6	**62**	87.1%	0.0%	3.2%	0.0%	9.7%
Band 8C	18	0	1	0	5	**24**	75.0%	0.0%	4.2%	0.0%	20.8%
Band 8D	10	0	2	0	4	**16**	62.5%	0.0%	12.5%	0.0%	25.0%
Band 9	9	0	0	0	2	**11**	81.8%	0.0%	0.0%	0.0%	18.2%
VSM	16	0	0	0	6	**22**	72.7%	0.0%	0.0%	0.0%	27.3%

Medical: Consultants	210	0	1	1	81	**293**	71.7%	0.0%	0.3%	0.3%	27.6%
Medical: Non-consultant career grades	116	2	0	0	33	**151**	76.8%	1.3%	0.0%	0.0%	21.9%
Medical: Trainee grades	115	2	6	1	18	**142**	81.0%	1.4%	4.2%	0.7%	12.7%
TOTAL	**6603**	**18**	**41**	**45**	**1474**	**8181**	**80.7%**	**0.2%**	**0.5%**	**0.6%**	**18.0%**

Appendix 6 Staff in Post by Religious Belief

Payband	Christianity	Islam	Hinduism	Buddhism	Judaism	Sikhism	Other	Atheism	Undisclosed
	%	%	%	%	%	%	%	%	%
Non-contracted hours	26.9%	19.2%	0.0%	0.0%	3.8%	0.0%	11.5%	15.4%	23.1%
Band 1	39.3%	15.3%	0.0%	2.0%	0.0%	0.0%	5.3%	4.0%	34.0%
Band 2	55.1%	10.3%	0.1%	0.1%	0.1%	0.0%	6.4%	8.4%	19.5%
Band 3	57.4%	7.2%	0.1%	0.3%	0.0%	0.0%	6.0%	6.2%	22.9%
Band 4	63.1%	5.1%	0.0%	0.2%	0.0%	0.0%	6.0%	7.0%	18.6%
Band 5	60.6%	9.5%	0.3%	0.2%	0.1%	0.1%	4.9%	8.7%	15.7%
Band 6	60.4%	6.5%	0.5%	0.1%	0.1%	0.0%	4.9%	8.6%	18.8%
Band 7	66.8%	3.7%	1.0%	0.3%	0.2%	0.0%	4.6%	6.4%	16.9%
Band 8A	59.4%	3.1%	1.3%	0.0%	0.0%	0.0%	7.0%	11.4%	17.9%
Band 8B	74.2%	4.8%	0.0%	0.0%	0.0%	0.0%	1.6%	11.3%	8.1%
Band 8C	58.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	25.0%
Band 8D	62.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	25.0%
Band 9	72.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	18.2%
VSM	59.1%	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	4.5%	31.8%
Medical: Consultants	26.3%	13.3%	11.9%	1.0%	0.3%	1.0%	4.1%	10.2%	31.7%
Non-con grades	19.9%	33.8%	13.2%	2.0%	0.0%	0.0%	2.6%	6.0%	22.5%
Medical: Trainee grades	21.1%	32.4%	2.1%	1.4%	0.7%	0.7%	9.2%	14.1%	18.3%
TOTAL	**56.5%**	**8.9%**	**1.0%**	**0.3%**	**0.1%**	**0.1%**	**5.5%**	**8.1%**	**19.5%**

Appendix 7 – Employee Relations Data by protected characteristics

Bullying & Harrassment cases: Equality and Diversity data

01/04/2017 - 31/03/2018

Gender

	Number	%
Male	11	30.6%
Female	25	69.4%
Total	36	100%

Disability

	Number	%
Yes	2	5.6%
No	25	69.4%
Undisclosed	9	25.0%
Total	36	100%

Age Band

	Number	%
18-25	3	8.3%
26-35	8	22.2%
36-50	19	52.8%
51+	6	16.7%
Total	36	100%

Sexuality

	Number	%
Heterosexual	29	80.6%
Bisexual	0	0.0%
Gay	2	5.6%
Lesbian	1	2.8%
Undisclosed	4	11.1%
Total	36	100%

Religious Belief

	Number	%
Christianity	20	55.6%
Islam	3	8.3%
Hinduism	0	0.0%
Buddhism	1	2.8%
Other	5	13.9%
Atheism	2	5.6%
Undisclosed	5	13.9%
Total	36	100%

Grievance cases: Equality and Diversity data

01/04/2017 - 31/03/2018

Gender

	Number	%
Male	13	28.9%
Female	32	71.1%
Total	45	100%

Disability

	Number	%
Yes	2	4.4%
No	26	57.8%
Undisclosed	17	37.8%
Total	45	100%

Age Band

	Number	%
18-25	2	4.4%
26-35	8	17.8%
36-50	14	31.1%
51+	21	46.7%
Total	45	100%

Sexuality

	Number	%
Heterosexual	36	80.0%
Bisexual	0	0.0%
Gay	1	2.2%
Lesbian	0	0.0%
Undisclosed	8	17.8%
Total	45	100%

Religious Belief

	Number	%
Christianity	29	64.4%
Islam	4	8.9%
Hinduism	0	0.0%
Buddhism	0	0.0%
Other	3	6.7%
Atheism	1	2.2%
Undisclosed	8	17.8%
Total	45	100%

Appendix 8 - Equality Delivery System Scores

Goal	Outcome		Grade
1	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing
1	1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
1	1.3	Transitions from one service to another are made smoothly with everyone well informed	Developing
1	1.4	When people use services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving
1	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Achieving
2	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Excelling
2	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
2	2.3	People report positive experiences of the NHS	Achieving
2	2.4	People's complaints about services are handled respectfully and efficiently	Developing
3	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
3	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Undeveloped
3	3.3	Training and development opportunities are taken up and positively evaluated by all staff	Achieving
3	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving
3	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Undeveloped
3	3.6	Staff report positive experiences of their membership of the workforce	Achieving
4	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	Achieving
4	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	Undeveloped
4	4.3	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination.	Developing