

<b>Title of Meeting</b>	<b>Trust Board</b>
<b>Date of Meeting</b>	<b>31 July 2019</b>
<b>Report Title</b>	<b>Annual Equality, Diversity and Inclusion Report</b>
<b>Author</b>	<b>Sarah Stickland, HR Manager Engagement &amp; Wellbeing</b>
<b>Responsible Executive</b>	<b>Mark Warner, Director of Workforce and Organisational Development</b>

<b>Purpose of Report (e.g. for decision, information)</b>	
The report is intended to provide assurance on work undertaken during 2018/19 to ensure compliance with current legislation and NHS standards and to progress the Trust's equality and diversity agenda.	
<b>Summary c</b>	
Under the Equality Act (2010), public bodies have very specific duties and in particular, the Trust has a duty to promote equality and diversity and to publish information on compliance and to demonstrate how it is delivering improvement.	
The report details the work undertaken by the Trust during 2018/19 to demonstrate its commitment to promoting equality, diversity and human rights. An analysis of the workforce and the 2018/19 recruitment cycle are also included. Data contained within this report refers to the April 2018 – March 2019 reporting cycle.	
<b>Paper Previously Reviewed By</b>	
Workforce Committee	
<b>Strategic Impact</b>	
Actions undertaken in response to findings from equality and diversity monitoring have the potential to provide direct benefits for the workforce and improve access and quality of service for patients.	
<b>Risk Evaluation</b>	
Low, although breaches in duty could have an impact on the Trust's reputation and significant financial implications.	
<b>Impact on Care Quality Commission Registration and/or Clinical Quality</b>	
Embedding good equality practice has impacts on patient satisfaction and patient experience.	
<b>Governance Implications (legal, clinical, equality and diversity or other):</b>	
In accordance with the Equality Act Public Sector Equality Duty, the Trust has a legal obligation to promote equality and diversity and to produce and publish information on compliance.	
<b>Financial Implications</b>	
There are no direct financial implications although failure to comply with legislation could result in fines being levied on the Trust and successful discrimination claims brought against the Trust at employment tribunal.	
<b>Freedom of Information Implications – can the report be published?</b>	Yes

<b>Recommendations</b>	<ul style="list-style-type: none"> <li>a) Note the content of this report</li> <li>b) Provide continued support to the Trust in seeking to embed equality, diversity, inclusion and human rights.</li> </ul>
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# Annual Equality and Diversity Report

## 1.0 DCH approach

The Trust is part of the Dorset NHS E&D cluster with other local Dorset trusts, including Royal Bournemouth and Christchurch Hospital Foundation Trust, Poole Hospital Foundation Trust, Dorset HealthCare University NHS Foundation Trust and Dorset Clinical Commissioning Group. As part of this partnership a Dorset wide engagement exercise was undertaken and the outputs of this work have been used to build the equality objectives and action plan contained in Appendix 2.

## 2.0 Promoting Equality and Celebrating Diversity

The Equality Act (Equality Act) came into effect in 2010, replacing previous anti-discrimination laws with a single act, this and other Legislative and Compliance Framework is detailed within Appendix 1. The Trust continually reviews its policy framework to ensure that it is meeting its legal obligations and providing a supportive workplace environment for staff and a supportive care provision environment for patients. All Trust policies, strategies, services and business plans are assessed prior to implementation to ensure equality issues are considered by means of an Equality Impact Assessment (EIA). Whilst the Equality Act does not impose a legal requirement to conduct EIAs, this process helps managers identify areas for a potential claim and to take corrective action.

In 2016 the Two Ticks Disability Symbol scheme changed to the Disability Confident Employer scheme, for which the Trust retained its accreditation this year.

The trust has its own Equality, Diversity and Inclusion Steering Group which was established in 2016, with responsibility for the equality and diversity agenda. This group is attended by staff from across the Trust representing all staff groups and works with Dorset diversity networks to promote equality and diversity and provide accessible staff support groups. The Steering Group will monitor progress against the Trust Equality and Diversity Action Plan (Appendix 2).

## 3.0 Our Patients

The West Dorset area has a total population of 102,064\*; the table below shows the age demographics of this population compared to the national average.

	Aged 0-15	Aged 16-64	Aged 65+
West Dorset*	15%	54%	30%
England & Wales*	19%	63%	18%
Our patients	17.5%	46.7%	35.8%

\*Source: 2017 Mid-year Estimates, Office of National Statistics

The percentage of the West Dorset population who are white is 98% while the total percentage of the population who are from BME communities is 1.9%. The table below shows the race/ethnic origin split of the West Dorset population compared to the national average.

	<b>White</b> <i>(British, Irish, other white)</i>	<b>Mixed</b> <i>(White and Black Caribbean, White and Black African, White and Asian, Other mixed)</i>	<b>Asian</b> <i>(Indian, Pakistani, Bangladeshi, other Asian)</i>	<b>Black</b> <i>(Black Caribbean, Black African, other Black)</i>	<b>Chinese/ Other</b> <i>(Chinese, other ethnic group)</i>
<b>West Dorset</b>	98.0%	0.8%	0.9%	0.1%	0.1%
<b>England &amp; Wales</b>	85.9%	2.2%	7.5%	3.4%	0.1%
<b>Our patients*</b>	71.68%	0.44%	0.38%	0.10%	0.15%

\* 27.25% of patients' ethnicity data was not recorded

The table below shows the gender split of the West Dorset population compared to the national average.

	<b>Men</b>	<b>Women</b>
<b>West Dorset</b>	48%	52%
<b>England &amp; Wales</b>	49%	51%
<b>Our patients</b>	46.8%	53.2%

Detailed charts showing the demographic split of patients by characteristic can be found at Appendix 3.

#### 4.0 Our Staff

Although the Trust's monitoring systems support the collection of data across all the 'protected characteristics', the limited number of individuals within some categories is too small to support statistical analysis and to protect the confidentiality of individuals and may therefore not be included within the present report. It must also be noted that the number of people disclosing their status varies by protected characteristic, which means that in some instances there are a high number of staff members whose status is undisclosed or undefined. Detailed charts showing the demographic split of staff by characteristic can be found at Appendix 4.

#### 4.1 Workforce Demographics

88.2% of staff in the Trust are white; a decrease of 0.5% from the previous year. While there is a high percentage of staff within the Trust from white backgrounds, this figure is more ethnically diverse than the Dorset population and only slightly higher than the UK population.

Just 2.7% of staff reported that they have a disability within the Trust. However, 24.25% of staff have either not declared their status or are recorded as 'undefined' and it is therefore likely that the true proportion of disabled employees is much higher.

75.86% of staff are women in the Trust, which is representative of the gender split within the NHS more generally.

48.48% of our staff has recorded Christianity as their religious belief, with this being the dominant belief. However, 26.22% of staff did not disclose their religious belief.

77.14% of staff reported their sexual orientation as heterosexual, with other sexual preferences less well represented. However, 21.41% of staff did not declare their sexual orientation.

The largest age cohort of Trust staff is between 46 and 55 years old, with 28.31% of staff being between these ages; an increase of 2.23% from the previous year. The generally older population within the Trust is anticipated to be as a result of the type of roles which are prevalent within the NHS, which typically require longer periods of training, often meaning that workers are older when they qualify than in other sectors.

The earlier rate of retirement in clinical roles is representative of trends within the wider NHS and is reflective of the increased requirement for physical effort within clinical roles when compared to non-clinical roles; we are seeing an increase in staff retiring and then returning to the trust which enables us to continue to benefit from their knowledge and skills. This figure also illustrates the relatively low turnover rates in the Trust.

#### 4.2 Employee Relations Cases and Employment Tribunals

The Trust analyses data from grievance, disciplinary and other related procedures by the protected characteristics outlined in the Equality Act as well as the number of cases that proceed to an Employment Tribunal (ET).

ER Cases 2018/19	Gender		Ethnicity				
	Male	Female	White	Asian	Black	Other	Not Stated
Disciplinary	8	23	26	3	0	1	1
Grievance	3	1	3	1	0	0	0
Performance	3	11	13	0	0	0	1
Sickness Capability	42	231	234	4	1	6	28

74% of our disciplinary cases, 25% of our grievance cases, 79% of our performance cases and 85% of our sickness capability cases are with Females. (Females represent 76% of the workforce). We will undertake sampled quality assurance checks in relation to sickness capability and grievances to ensure fairness.

Type of Employment Tribunal Claim	Gender	
	Male	Female
Unfair dismissal (including constructive dismissal)	1*	1*
Race discrimination	0	0
Sex discrimination	0	0
Religion/belief discrimination	0	0
Disability discrimination	0	0
Breach of contract	0	1
Detriment of whistleblowing	0	0
County Court Claim	1	0
<b>Total</b>	<b>2</b>	<b>2</b>

\*These claims are currently ongoing so no outcome is yet available.

This analysis provides an indication of the Trust not discriminating against any employees with a protected characteristic.

### **4.3 Learning and Development**

The Trust is committed to promoting equal and fair access to learning opportunities for all staff and providing appropriate learning and development interventions that suit different learning styles and work patterns. All staff members receive training in a number of key areas which form Trust mandatory requirements. Additional training funding is decided as a result of completion of study application forms that assess learners' applications based on the relevance of training to Trust business and service plans, delivering improved quality to patients and increased productivity and innovation within the workplace.

The Trust takes a structured approach to ensuring that all staff members understand the importance of reducing discrimination and valuing inclusion and diversity. This is achieved through the provision of equality and diversity training, which is regularly reviewed and updated to ensure that it stays current. Messages on equality and diversity are communicated to staff as follows:

- All new staff are signposted to equality and diversity training as a key component of their Essential Skills Training at Trust Induction
- We are currently creating recruitment training; a key component of this will be reminding those who are required as part of their role to chair and/or participate in recruitment activity including selection panels have their knowledge updated in respect of any changes in legislation or best practice.
- Our leadership programme is being developed to include a module on Inclusion and Diversity.

### **4.4 Recruitment and Resourcing**

The Trust monitors equality data for all applicants for posts across conversion rates from application to appointment. The on-line application form used by NHS Jobs and TRAC addresses all of the protected characteristics covered by the Equality Act, including marriage and civil partnership, with the exception of pregnancy and maternity. Managers are not made aware of applicants' age, sex, race, religion, marital status or sexual orientation. This information is only used for monitoring purposes and managers complete shortlisting based on the strength of the application in relation to the person specification.

Statistically, applicants applying from ethnic backgrounds other than white British remain low, although higher than the average make-up of the local population. Statistically, candidates from BAME backgrounds advance better than white British candidates.

Christianity accounted for 48.11% of all applications received. 11.48% of appointed candidates did not disclose their religion or belief. Twelve candidates were appointed from four different declared faith groups other than Christianity or Atheism and thirty nine declared their religion was "other".

Applications by candidates indicating their sexual orientation as heterosexual represent 90% of all those received while 4.58% of respondents did not disclose their sexual orientation. The data shows no significant change in the proportion of applicants indicating their sexual orientation and applicants are now able to declare as being transgender or undecided.

Male applicant numbers remain lower than those for female candidates when compared to the relatively even gender split of the local population. This trend is representative of the NHS staffing population generally, in which women are over represented. Detailed charts showing the demographic split of recruitment stages by characteristic can be found at Appendix 5.

Despite having the Disability Confident Employer accreditation, the Trust receives relatively few applicants from disabled candidates. However, applicants who declare a disability do not report any disadvantage at interview or appointment stage (4.26% of applications were from candidates with declared disability compared to 3.64% of appointments).

#### 4.5 National Staff Survey

As part of the Trust’s participation in the 2018 National Staff Survey, the views of staff were sought on a number of equality and diversity related issues. There was little change in the Trust’s scores from 2017, demonstrating that the Trust’s performance in this area remains generally positive.

The following table shows the Trust’s position in relation to key questions from the Survey as compared to the Trust position in 2016 and 2017 and also the ranking relevant to all other acute trusts that participated.

Key Question from National Staff Survey	2016	2017	2018	Ranking, compared with all acute trusts in 2018
Staff believing the Trust provides equal opportunities for career progression or promotion	91%	92%	91%	Above (better than) average
BAME Staff believing the Trust provides equal opportunities for career progression or promotion	96%	92%	92%	Above (better than) average
Staff experiencing discrimination from patients/members of the public in the last 12 months	5.3%	4.2%	3.7%	Below (better than) average
BAME Staff experiencing discrimination from patients/members of the public in the last 12 months	23%	18%	23%	Below (better than) average
Staff experiencing discrimination from managers/team leaders in the last 12 months	6.0%	6.7%	6.1%	Below (better than) average
BAME Staff experiencing discrimination from managers/team leaders in the last 12 months	6%	19%	14%	Equal to the average

We will be working with our BAME staff network to explore the reasons behind the differences between the overall responses and those of the BAME respondents. We are really conscious of the difference between the reported experiences of our BAME staff and will use this when refreshing our training. We will also increase the publicity



of the freedom to speak up guardians (FTSUG's). We are in the process of exploring the possibility of cultural interventions which we hope will improve these results.

## 5.0 Workforce Race Equality Scheme (WRES)

The NHS Equality & Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

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

The WRES will continue to work to evidence the outcomes of the work that is done, publishing data intelligence and supporting the system by sharing replicable good practice.

A table detailing our WRES results can be found at Appendix 6. Our results in comparison to last year are encouraging. Key findings from the results are:

- Positive increase in BAME staff numbers in VSM and non-consultant career grades
- Significant positive increase in the likely appointment of BAME staff
- 13% more BAME staff responding favourably when asked about training learning and development
- Negative increase in BAME staff (+5%) reporting they have suffered bullying harassment or abuse from patients, relatives or members of the public
- Positive significant decrease in BAME staff (-13%) reporting they have suffered bullying harassment or abuse from staff members
- Significant positive decrease in BAME staff (-5%) reporting they have suffered bullying harassment or abuse from managers
- Significant negative decrease (-7%) in BAME staff believing the trust provides equal opportunities for career progression or promotion

## 6.0 Workforce Disability Equality Scheme (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. This information will then be used by the relevant NHS organisation to develop a local action plan, and enable them to demonstrate progress against the indicators of disability equality.

The implementation of the WDES will enable NHS Trusts and Foundation Trusts to better understand the experiences of their disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of trust.

A table detailing our WDES results can be found at Appendix 7. This is the first year we have reported against the WDES Metrics, so no comparison of the data is yet possible. 3% of our workforce has declared they have a disability. It should be noted that 699 staff (24%) have a disability status recorded as unknown or NULL.

Key findings from the results are:

- 4.64% of shortlisted applicants and 4.32% of all staff appointed had declared a disability.
- Disabled staff have 24% chance of being appointed in comparison to 26% of non-disabled staff
- 89% of disabled respondents for the 2018 Staff Survey felt the trust acts fairly with regards to career progression and promotion compared to 92% of not disabled respondents
- 27% of disabled respondents for the 2018 Staff Survey reported they have experienced bullying harassment or abuse from patients, relatives or members of the public in comparison to 23% of not disabled respondents
- 20% of disabled respondents for the 2018 Staff Survey reported they had experienced bullying harassment or abuse from managers compared to 8% of not disabled respondents
- 46% of disabled respondents for the 2018 Staff Survey reported that after experiencing harassment, bullying or abuse at work say they or a colleague reported it compared to 57% of not disabled staff
- 31% of disabled respondents for the 2018 Staff Survey reported feeling pressure their line manager to come to work despite not feeling well enough to do so compared to 21% of not disabled respondents
- 34% of disabled staff respondents for the 2018 Staff Survey said they were satisfied with the extent the organisation valued their work compared to 50% of not disabled respondents

## 7.0 Conclusions

The report shows that statistics of our staff and patients from a demographic perspective remain consistent with last year in all areas. The demographic split of DCH staff continues to be more diverse than that of the local population, and the demographics of our patients mirror those of the local population.

Listening events have been held with our BAME and Disabled staff and networks are in the process of being established. These networks will provide staff from minority groups assurance they have a way to raise concerns and a forum to share both positive and negative experiences. The learnings from these events will also inform our training and development interventions. However engagement beyond the event has been limited.

Our staff survey results indicate our BAME and disabled staff are being treated differently to their colleagues; specifically in relation to experiencing discrimination. We have no apparent areas of discrimination in relation to the protected characteristics within our policies and processes and our analysis of formal HR processes does not highlight any. We will be discussing the differences and areas of concern with our staff networks to enable us to tackle these moving forwards.

We are particularly mindful of the increase in the percentage (+5%) of BAME staff experiencing discrimination from patients/members of the public in the last 12 months; whilst below the national average this is still of concern and indicate an area requiring further action. Likewise, staff experiencing discrimination from managers/team leaders stands at 14% of respondents. Although this has reduced by 5% since the 2017 survey it still remains an area of concern.



We are investing in board development sessions with an equality specialist in October 2019 and January 2010; after those sessions our areas of priority will be finalised and our action plans updated accordingly. The Workforce Committee is scheduled to receive an update on this area in December 2019; this timescale will be reviewed following the October board session.

More legislation is expected to provide further guidance relating to the other protected groups going forward. It is the intention of the Equality, Diversity and Inclusion Steering Group to strengthen our focus on staff and patient diversity needs and further develop relationships within the Dorset network.

## Appendix 1 – Background Information

### Legislative and Compliance Framework

#### Equality Act (2010)

The Equality Act (Equality Act) came into effect in 2010, replacing previous anti-discrimination laws with a single act. The duties contained within the Equality Act cover the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief (including atheist)
- Gender
- Sexual orientation

Contained within the Equality Act is the Public Sector Equality Duty (PSED), which established a general duty for all public bodies to demonstrate due regard for enhancing equality by:

- Eliminating unlawful discrimination, harassment and victimisation
- Advancing equality of opportunity between different groups
- Fostering good relations between different groups

Also contained within the Equality Act and imposed by secondary legislation are specific duties, which require public bodies to:

- Publish relevant, proportionate information demonstrating their compliance with the general equality duty at least annually
- Set and publish specific, measurable equality objectives

#### NHS Equality Delivery System 2 (EDS2)

As a result of a consultation by NHS England, EDS2 was developed and launched in November 2013, as a refreshed delivery system for equality within the NHS. EDS2 is a generic tool designed for use by both NHS commissioners and NHS providers, at the heart of which are 18 core outcomes. These outcomes are grouped under 4 goals relating to the issues that matter to those who use and work within the NHS. The implementation of EDS2 locally was mandated in 2015 and the system affords trusts a good deal of flexibility with regard to language and approach used, in order to ensure that the system can be bespoke to meet the requirements of individual trusts.

#### Workforce Race Equality Standard (WRES)

In 2015 the WRES was mandated for all trusts to ensure employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. This report contains the Trust's annual WRES results for 2018/19.

#### Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated in England from April 2019. This report contains DCH's first return.

## **Gender Pay Gap (GPG)**

Following government consultation, it became mandatory on 31 March 2017 for public sector organisations with over 250 employees to report annually on their gender pay gap (GPG).

Since the Equality Act 2010 (Specific Duties) Regulations 2011 (SDR) came into force on 10 September 2011, there has been a duty for public bodies with 150 or more employees to publish information on the diversity of their workforce. Although the SDR did not require mandatory GPG reporting, the Government Equalities Office (GEO) and the Equality and Human Rights Commission (EHRC) provided guidance that made it clear that employers should consider including GPG information in the data they already publish. It was evident that not all employers did this, so the government made GPG reporting mandatory by amending the SDR so that all public sector employers with more than 250 employees have to measure and publish their gender pay gaps.

Our Gender Pay Gap Report is published separately.

**Appendix 2 – Equality Objectives and Action Plan**

**EQUALITY, DIVERSITY & INCLUSION ACTION PLAN 2019 – 2021  
FROM EDS2 PUBLIC/STAKEHOLDER CONSULTATION MAY-JUNE 2018**

**EDS GOAL 1 – BETTER HEALTH OUTCOMES FOR ALL**

<b>Objective **</b>	<b>Action</b>	<b>Measures of Success</b>	<b>Lead</b>	<b>Date Added</b>	<b>Timescale</b>	<b>Progress Update</b>
1.3 (Developing) Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Ensure that patient leaflets are available in a variety of formats and work with parties across the health community	<ul style="list-style-type: none"> <li>• Availability of resources in several different formats</li> <li>• Improvement of questionnaire scores next year</li> </ul>	Patient and Public Experience Lead	March 2019	Ongoing	Reviewing leaflet process and formats available
	Publicise the use of patient care passports to staff, patients, carers and local interest groups	<ul style="list-style-type: none"> <li>• Increased use of patient care plan passports</li> </ul>	Patient and Public Experience Lead	March 2019	Ongoing	LD passports Dementia ‘This is me’ Carers Awareness – John’s Campaign
	Seek engagement opportunities with Patient Engagement Groups. To establish a Public & Youth Forum (Volunteers) Utilise Health Watch. Link with small local groups	<ul style="list-style-type: none"> <li>• Patient survey responses relating to accessibility of services</li> <li>• Feedback from Carers, patient forums and HealthWatch reports</li> </ul>	Patient and Public Experience Lead	March 2019	Ongoing	HealthWatch Dorset Discharge project Pan Dorset Carers Groups Engagement with local LD Speak Up groups Attendance at Dorset Carer Hub
	Creation of Patient & Public Engagement Strategy	<ul style="list-style-type: none"> <li>• Implementation of Patient &amp; Public Engagement Strategy in line</li> </ul>	Patient and Public Experience Lead	March 2019	Ongoing	Ongoing piece of work



		with Trust aims & objectives				
	Ensure compliance with the accessible information standard	<ul style="list-style-type: none"> <li>• Increase awareness of patient communication needs</li> <li>• Evidence of information accessible in other format</li> </ul>	Patient and Public Experience Lead	March 2019	Dec 2019	PPE lead to work with Head of Access to develop policy and implementation Interpretation policy reviewed to confirm that the Trust can access other formats of information via K International.
<b>EDS GOAL 2 IMPROVED PATIENT ACCESS AND EXPERIENCE</b>						
Objective	Action	Measures of Success	Lead	Date Added	Timescale	Progress Update
2.1 (Achieved) Patients' carers and communities can readily access services and should not be denied access on unreasonable grounds	Include patient representatives in the development of Trust travel plans	<ul style="list-style-type: none"> <li>• Development of inclusive travel plan</li> </ul>	AM	March 2019	Ongoing	Green Travel Plan – G Troop
	Accessibility audits relating to protected groups to be completed with local patient forums	<ul style="list-style-type: none"> <li>• Audit outcomes and related action plans</li> <li>• PLACE inspections</li> </ul>	AM	March 2019	Ongoing	
	Communication methods with patients to be reviewed	<ul style="list-style-type: none"> <li>• Accessible Information Standard</li> </ul>	AS	March 2019	Ongoing	Hearing Loop – A Savin
	Site signage to be reviewed	<ul style="list-style-type: none"> <li>• Audit outcomes and related action plans</li> <li>• PLACE Inspection</li> <li>• Estates Master</li> </ul>	AM / Estates	March 2019	Ongoing	



		Plan				
2.4 (Achieved) Patients and carers complaints about services and subsequent claims for redress should be handled respectfully and efficiently	Review of Complaints Policy	<ul style="list-style-type: none"> <li>Complaints Survey</li> </ul>	AM	March 2019	December 2019	Complaints Policy currently being updated
2.2 (Developing) People are informed and supported to be as involved as they wish to be in decisions about their care	Develop co-production opportunities as part of the Engagement Strategy.	Service improvements made with the involvement of patients/service users.	AM	March 2019	December 2019	OPD Listening event to inform the OPD transformation project Co-design training for staff PPE Lead working with Transformation team to ensure that patients part of improvement projects.
2.3 (Developing) People report positive experiences of the NHS	Patient Experience Team to share positive feedback	Compliments recorded FFT comments Care Opinion & NHS Choice	AM	March 2019	Ongoing	

**EDS GOAL 3 – EMPOWERED, ENGAGED AND WELL SUPPORTED STAFF**

<b>Objective **</b>	<b>Action</b>	<b>Measures of Success</b>	<b>Lead</b>	<b>Date Added</b>	<b>Timescale</b>	<b>Progress Update</b>
3.2 (Achieving) The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil legal obligations	Undertake Gender Pay Gap audits as part of workforce planning processes Repeat annually GPG in line with statutory requirements Analyse areas of significant variance and identify key actions	<ul style="list-style-type: none"> <li>Communicate variances in GPG data</li> <li>Communicate action plan to address variances</li> <li>Regular communication of progress against action plan</li> </ul>	SS	March 2019	July 2019 Annual requirement	





3.4 (Achieving) When at work, staff are free from abuse, harassment, bullying and violence from any source	Promotion of the whistleblowing process and policy Publicise whistleblowing process by using leaflets, posters, communication updates, team brief, FTSUG's and focus groups Analyse annual Staff Survey Data	<ul style="list-style-type: none"> <li>• Staff surveys</li> <li>• Feedback through staff side forums</li> <li>• Staff survey outcomes are published</li> <li>• Whistleblowing process updates are publicised in communications updates/team brief quarterly</li> <li>• Evidence of leaflets/posters in the organisation</li> </ul>	SS	March 2019	Ongoing	
	Analysed anonymised summary of disciplinary cases relating to dignity & respect to be provided to the HRD to ensure all cases were appropriately implemented and managed. Identify any actions required to address (WRES)	<ul style="list-style-type: none"> <li>• Present analysis at ED&amp;I steering group and review actions</li> </ul>	SS	March 2019	July 2019	Detail included within annual ED&I report
	Engage with trade union representatives to inform staff engagement and equality initiatives	<ul style="list-style-type: none"> <li>• Staff Side involvement in planning and delivery of equality and engagement initiatives</li> </ul>	SS/CG/JK	March 2019	Ongoing	
	Engage with staff to ensure initiatives are having desired	<ul style="list-style-type: none"> <li>• Staff feedback received</li> </ul>	SS/CG/JK	March 2019	Ongoing	



	effect					
	Analyse Staff Survey results for incidences and trends	<ul style="list-style-type: none"> <li>Staff survey outcome will identify reducing trend in incidences of B&amp;H</li> </ul>	SS	March 2019	Sept 19	
3.1 (Achieving) Fair NHS Recruitment & Selection processes lead to a more representative workforce at all levels	Promote schemes that support underrepresented groups securing placements and/or employment at DCH	<ul style="list-style-type: none"> <li>Supported Internship</li> <li>Accredited as a Disability Confident employer</li> </ul>	SS / HH / Education	March 2019	Ongoing	
	Provide options for different recruitment methods	<ul style="list-style-type: none"> <li>Evidence that methods other than face to face are offered for recruitment activities (skype/assessments)</li> </ul>	HH	March 2019	Ongoing	
	Delivery of Recruitment Training for 95% of recruiting staff which will include D&I module	<ul style="list-style-type: none"> <li>Evidence of training records</li> <li>Staff being signed off by manager as competent fair recruiter</li> <li>Updates on progress will be reported to the workforce committee</li> </ul>	HH	March 2019	May 2019	
3.5 (Achieving) Flexible working options are available to all staff consistent	To review and refresh flexible working policy Promote policy to all staff	<ul style="list-style-type: none"> <li>Local staff survey to be carried out to ascertain views</li> <li>Evidence of policy</li> </ul>	SS	March 2019	Sept 19	

with the needs of the service and the way people lead their lives		<p>promotion in communications following review</p> <ul style="list-style-type: none"> <li>• Carry out in year audit of requests and policy application</li> </ul>				
3.3 (Achieving) Training & Development opportunities are taken up and positively evaluated by all staff	Develop process pre-education centre involvements to allow collection of anonymised summary of training refusal. (informal and formal requests) (WRES)	<ul style="list-style-type: none"> <li>• Data published in WRES/WDES</li> </ul>	SS / Education	March 2019	Ongoing	
3.6 (Achieving) Staff report positive experiences of their membership of the workforce	Staff Survey results disseminated to departments and action plans developed	<ul style="list-style-type: none"> <li>• Evidence of analysis and trends in comms</li> </ul>	SS	March 2019	May 2019	Completed
	Develop support networks for minority groups	<ul style="list-style-type: none"> <li>• Details of groups published to all staff</li> </ul>	SS	March 2019	Ongoing	
	Staff Engagement Event to be held annually	<ul style="list-style-type: none"> <li>• Event to be publicised and reviewed in trust communications</li> </ul>	SS	March 2019	April 2020	

**EDS GOAL 4 INCLUSIVE LEADERSHIP AT ALL LEVELS**

Objective **	Action	Measures of Success	Lead	Date Added	Timescale	Progress Update
4.3 (Achieving) Middle managers and other line managers support their staff to work in culturally competent ways	D&I training to form part of recruitment training (see objective 3.1 above)	<ul style="list-style-type: none"> <li>• Monitor attendance</li> </ul>	HH	March 2019		
	Create and deliver Diversity Awareness sessions for staff of all levels	<ul style="list-style-type: none"> <li>• Monitor attendance</li> <li>• Review impact and content with minority</li> </ul>	SS	March 2019	September 2019	



within a work environment free from discrimination	groups					
	Staff Cultural Appreciation Event to be held annually	<ul style="list-style-type: none"> <li>Event to be publicised and reviewed in Trust Communications</li> </ul>	SS / HH	March 2019	Ongoing	Annual event – starting September 2019
	Deliver bullying and harassment training for line managers	<ul style="list-style-type: none"> <li>Monitor attendance</li> </ul>	HR Team	March 2019	Ongoing	Part of HR Training
	Support staff from minority groups to have a voice and to share experiences	<ul style="list-style-type: none"> <li>Membership of staff networks</li> </ul>	All	June 2019	Ongoing	BAME and Disabled listening events held
	Ensure representative from each of the divisions is in attendance at the D&I steering group Strengthen “reporting up” and feedback from divisions relating to D&I	<ul style="list-style-type: none"> <li>Membership of D&amp;I Steering group</li> <li>Minutes of D&amp;I steering group published on intranet</li> </ul>	MW / SS	March 2019	Ongoing	
4.1 (Achieving) Boards and senior leaders routinely demonstrate their commitment	D&I updates to be provided at workforce committee monthly – deep dive twice per year.	<ul style="list-style-type: none"> <li>Meeting minutes</li> <li>Attendance at board development days</li> </ul>	MW / SS	March 2019	July 2019 October 2019 March 2020	
	Development opportunities to be provided to board member and senior leaders	<ul style="list-style-type: none"> <li>Meeting minutes</li> <li>Attendance at board development days</li> </ul>	MW / SS	March 2019	August 2019	
	Senior Leaders to support an annual listening/engagement event for staff partnership / BAME / Disability Network	<ul style="list-style-type: none"> <li>Meeting minutes</li> </ul>	MW / SS	March 2019	March 2020	
4.2 (Achieving) Papers that come before board and other major committees identify	Review trust reporting template to ensure D&I is adequately addressed	<ul style="list-style-type: none"> <li>Updated template and review minutes in D&amp;I meeting</li> </ul>	MW / SS	March 2019	August 2019	

equality related impacts including risks, and say how these risks should be managed						
OTHER ACTIONS						
Objective	Action	Measures of Success	Lead	Date Added	Timescale	Progress Update
N/A	To work with BAME and Disabled staff networks to explore differences in SoS responses	<ul style="list-style-type: none"> <li>Improvement in response in 2019 survey</li> </ul>	MW / SS	June 2019	December 2019	
N/A	To undertake sampled quality assurance checks in relation to sickness capability and grievances	<ul style="list-style-type: none"> <li>Improvement in data</li> </ul>	SS	June 2019	December 2019	



### Appendix 3 – Patient Demographic Data

Any patient who has had activity between 1 April 2018 – 31 March 2019 is included (but counted only once)  
This includes inpatients, outpatients and ED

Gender	No of Patients
Female	60703
Male	53411
INDETERMINATE/OTHER	2
UNKNOWN/NOT STATED	1

Ethnic Group	No of Patients
ASIAN/ASIAN BRITISH - ANY OTHER	210
ASIAN/ASIAN BRITISH - BANGLADESHI	76
ASIAN/ASIAN BRITISH - INDIAN	120
ASIAN/ASIAN BRITISH - PAKISTANI	30
BLACK/BLACK BRITISH - AFRICAN	48
BLACK/BLACK BRITISH - ANY OTHER BACKGROUND	24
BLACK/BLACK BRITISH - CARIBBEAN	46
MIXED - ANY OTHER	154
MIXED - WHITE AND ASIAN	157
MIXED - WHITE/BLACK AFRICAN	65
MIXED - WHITE/BLACK CARIBBEAN	123
NOT STATED	6828
NULL	24271
OTHER - ANY OTHER	85
OTHER - CHINESE	86
WHITE - ANY OTHER BACKGROUND	6358
WHITE - BRITISH	75174
WHITE - IRISH	262

Marital Status	No of Patient
Divorced	919
Married/Separated	15341
Not Applicable	246
Not Known	10005
NULL	72640
Single	14402
Widowed	563
Separated	1

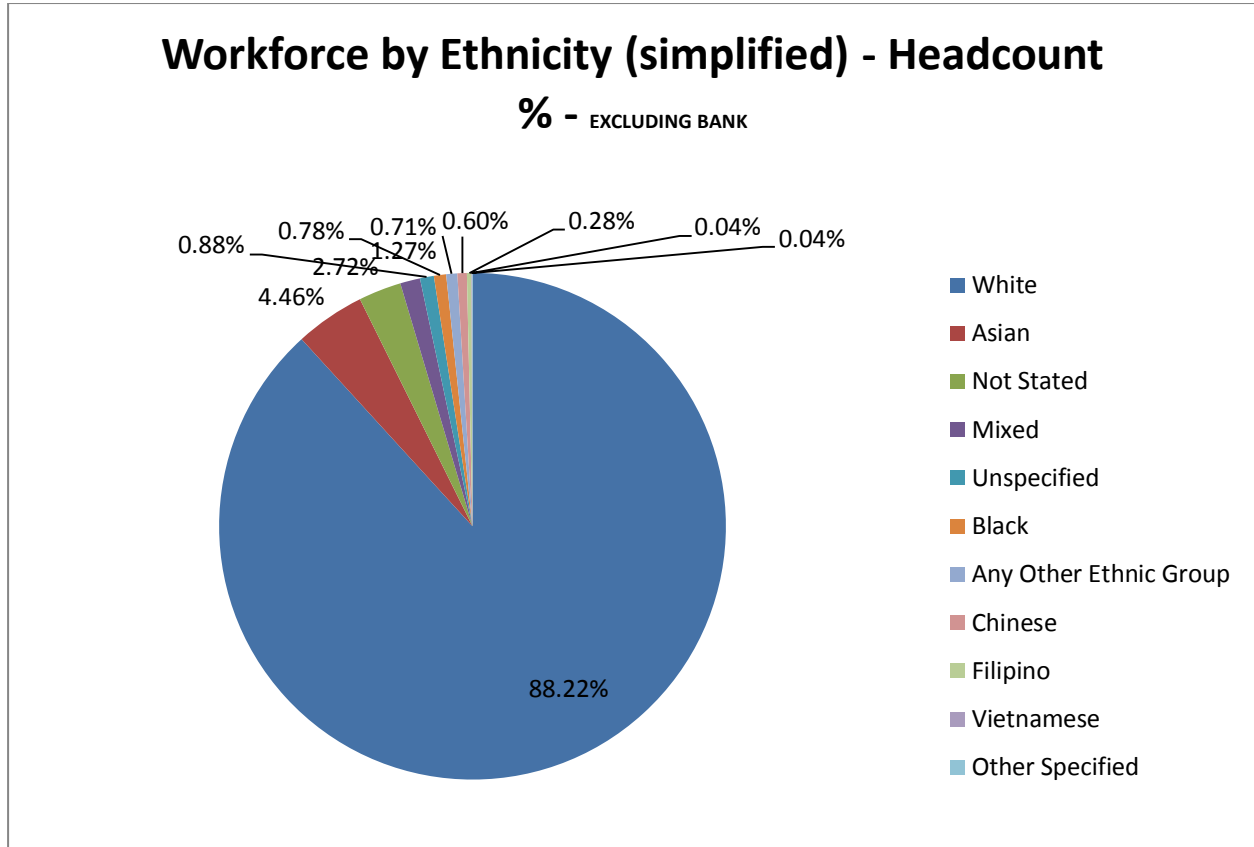
Religion	No of Patients
Armenian Catholic	7
Baptist	114
Buddhist	19
Christian Scientist	6
Chritadelphian	5
Church of England	11866
Church of Ireland	2
Church of Scotland	37
Church of Wales	2
Hindu	10
Jehovah's Witness	88
Jewish	19
Methodist	408
Mormon	9
Muslim	51
Nonconformist	11
None	4808
Not Known	14483
NULL	80646
Orthodox	14
Other	162
Other Free Church	52
Pentecostal	6
Presbyterian	4
Quaker	11
Roman Catholic	1229
Salvation Army	16
Sikh	1
United Reformed	29
Unitarian	2

Age	No of Patient
NULL	3
0-18	19937
19-35	14995
36-50	14807
51-65	23486
66+	40889

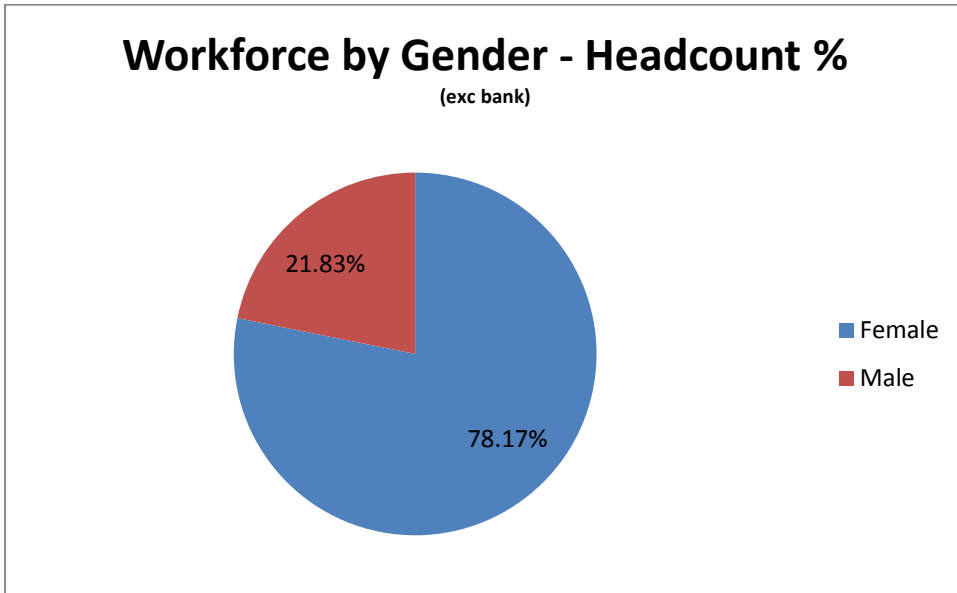


## Appendix 4 – Workforce Demographics Data

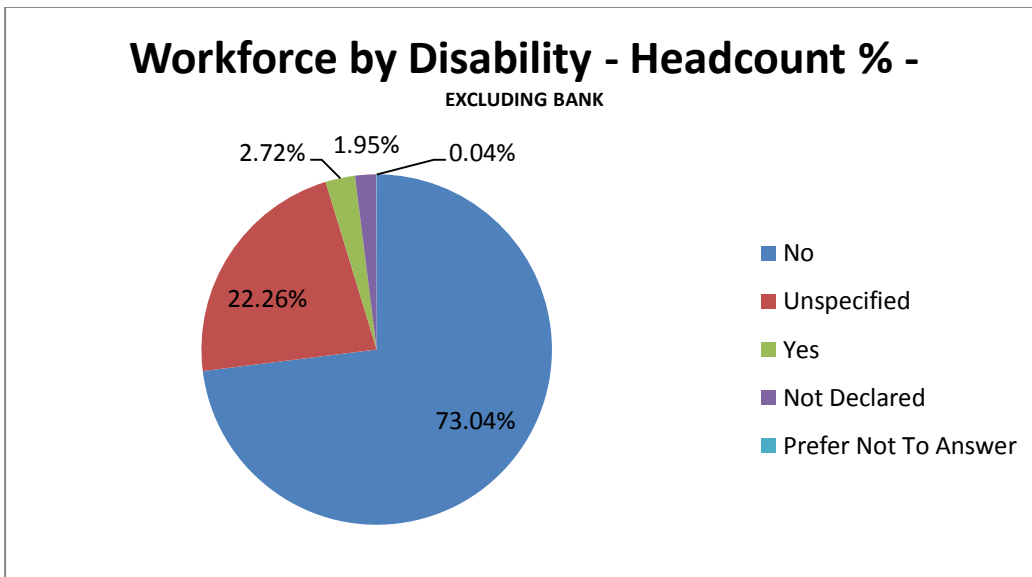
All Measures are %



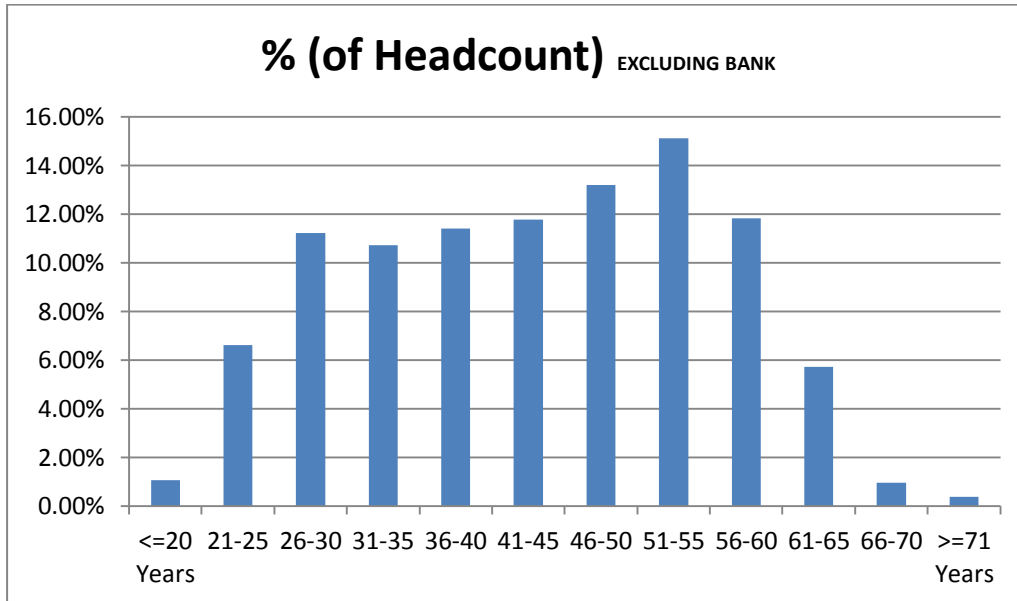
ETHNICITY	HEADCOUNT	% (of headcount)	FTE
White	2493	88.22%	2089.7
Asian	126	4.46%	117.1
Not Stated	77	2.72%	66.187
Mixed	36	1.27%	32.36
Unspecified	25	0.88%	20.71
Black	22	0.78%	20.92
Any Other Ethnic Group	20	0.71%	17.297
Chinese	17	0.60%	14.895
Filipino	8	0.28%	7.4
Vietnamese	1	0.04%	1
Other Specified	1	0.04%	0.8
<b>GRAND TOTAL</b>	<b>2826</b>	<b>100.00%</b>	<b>2388.3</b>



Gender	Headcount	% (of Headcount)	FTE	% (of FTE)
Female	2209	78.17%	1811.698	75.86%
Male	617	21.83%	576.6332	24.14%
<b>GRAND TOTAL</b>	<b>2826</b>	<b>100.00%</b>	<b>2388.331</b>	<b>100.00%</b>



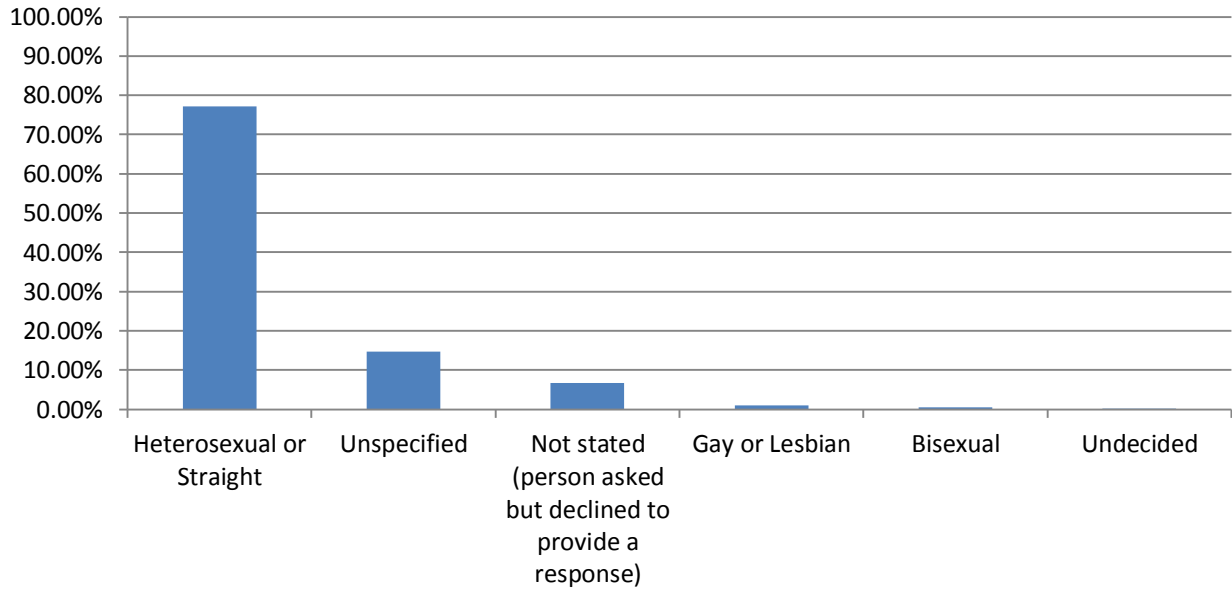
Disability Flag	Headcount	% (of Headcount)	FTE
No	2064	73.04%	1765.5592
Unspecified	629	22.26%	514.13828
Yes	77	2.72%	63.45999
Not Declared	55	1.95%	44.17333
Prefer Not To Answer	1	0.04%	1
<b>GRAND TOTAL</b>	<b>2826</b>	<b>100.00%</b>	<b>2388.3308</b>



Age Band	Headcount	% (of Headcount)	FTE
<=20 Years	30	1.06%	29.8
21-25	187	6.62%	180.64665
26-30	317	11.22%	289.72264
31-35	303	10.72%	247.69965
36-40	322	11.39%	264.36766
41-45	333	11.78%	280.06842
46-50	373	13.20%	310.99085
51-55	427	15.11%	369.27467
56-60	334	11.82%	274.68256
61-65	162	5.73%	116.57921
66-70	27	0.96%	17.52862
>=71 Years	11	0.39%	6.96987
<b>GRAND TOTAL</b>	<b>2826</b>	<b>100.00%</b>	<b>2388.3308</b>

## Workforce by Sexual Orientation - Headcount % -

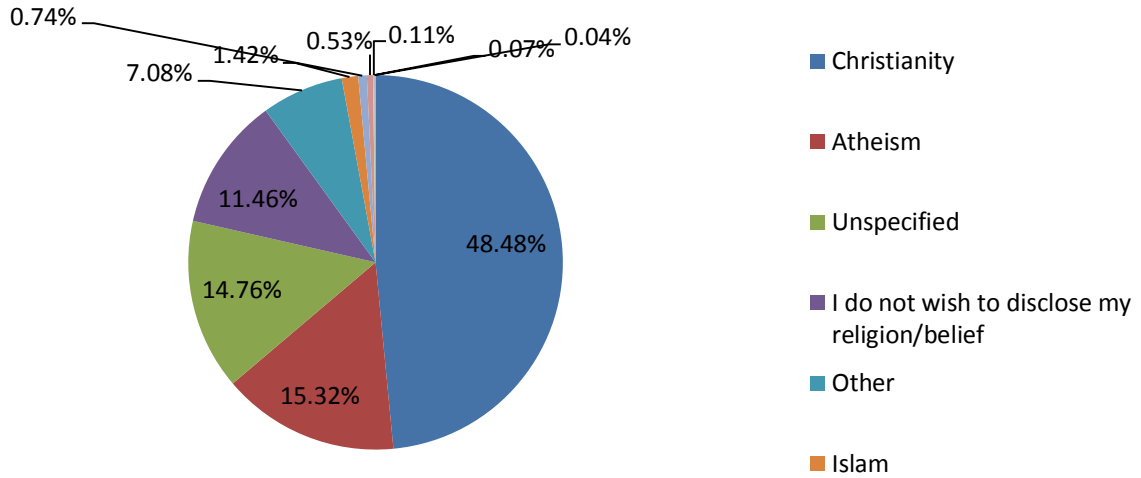
EXCLUDING BANK



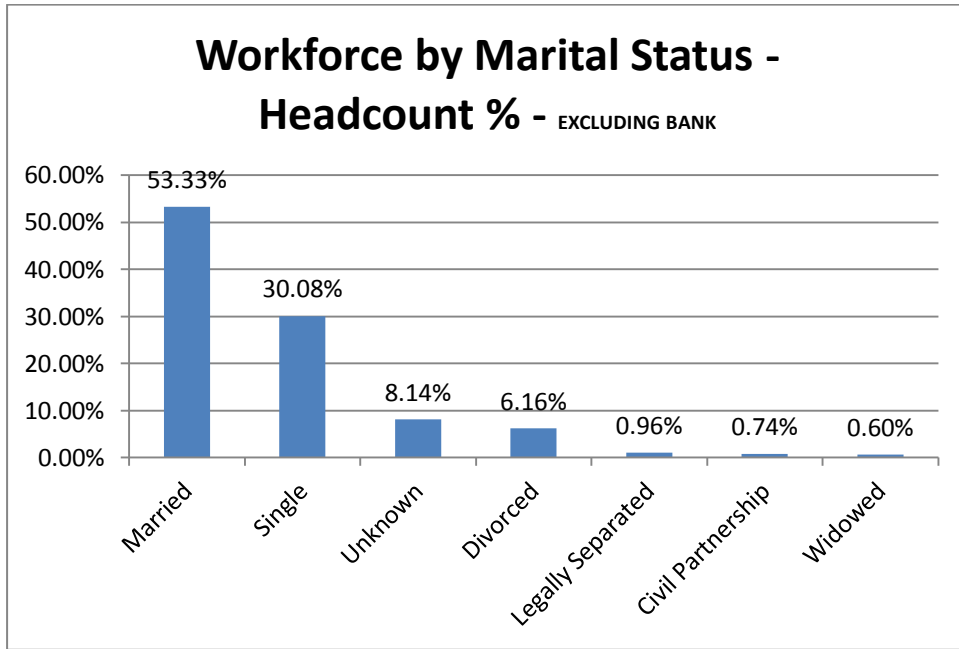
Sexual Orientation	Headcount	% (of Headcount)	FTE
Heterosexual or Straight	2180	77.14%	1860.66284
Unspecified	414	14.65%	332.18354
Not stated (person asked but declined to provide a response)	191	6.76%	155.86192
Gay or Lesbian	27	0.96%	26.46
Bisexual	13	0.46%	12.1625
Undecided	1	0.04%	1
<b>GRAND TOTAL</b>	<b>2826</b>	<b>100.00%</b>	<b>2388.3308</b>

## Workforce by Religious Belief - % of Headcount

EXCLUDING BANK



Religious Belief	Headcount	% (of Headcount)	FTE
Christianity	1370	48.48%	1151.14677
Atheism	433	15.32%	381.33571
Unspecified	417	14.76%	334.98354
I do not wish to disclose my religion/belief	324	11.46%	272.78575
Other	200	7.08%	170.33303
Islam	40	1.42%	38.95
Hinduism	21	0.74%	20.2
Buddhism	15	0.53%	12.596
Judaism	3	0.11%	3
Sikhism	2	0.07%	2
Jainism	1	0.04%	1
<b>GRAND TOTAL</b>	<b>2826</b>	<b>100.00%</b>	<b>2388.3308</b>



Marital Status	Headcount	% (of Headcount)	FTE
Married	1507	53.33%	1218.38115
Single	850	30.08%	767.78629
Unknown	230	8.14%	196.99673
Divorced	174	6.16%	150.4333
Legally Separated	27	0.96%	22.86666
Civil Partnership	21	0.74%	17.81334
Widowed	17	0.60%	14.05333



### Appendix 5 – Recruitment Demographics Data

Answer	Non-medical						Medical					
	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Under 20	132	62	30	3.38%	46.97%	48.39%	0	0	0	0.00%	0.00%	0.00%
20 - 24	554	193	50	14.20%	34.84%	25.91%	32	1	0	4.42%	3.13%	0.00%
25 - 29	710	229	64	18.20%	32.25%	27.95%	286	39	19	39.50%	13.64%	48.72%
30 - 34	592	185	49	15.18%	31.25%	26.49%	146	43	18	20.17%	29.45%	41.86%
35 - 39	410	153	51	10.51%	37.32%	33.33%	109	49	22	15.06%	44.95%	44.90%
40 - 44	314	136	32	8.05%	43.31%	23.53%	57	23	8	7.87%	40.35%	34.78%
45 - 49	388	179	45	9.95%	46.13%	25.14%	37	14	3	5.11%	37.84%	21.43%
50 - 54	393	199	49	10.07%	50.64%	24.62%	23	13	3	3.18%	56.52%	23.08%
55 - 59	259	118	26	6.64%	45.56%	22.03%	20	5	2	2.76%	25.00%	40.00%
60 - 64	129	62	19	3.31%	48.06%	30.65%	3	0	0	0.41%	0.00%	0.00%
65+	19	5	2	0.49%	26.32%	40.00%	8	4	3	1.10%	50.00%	75.00%
Not stated	1	0	0	0.03%	0.00%	0.00%	3	3	0	0.41%	100.00%	0.00%
<b>Total</b>	3901	1521	417	100.00%	38.99%	27.42%	724	194	78	100.00%	26.80%	40.21%

% shortlisted is the % of applications in each category shortlisted - so, for example, for Under 20s non medical, there were 132 applications; of which 62 were shortlisted. 62 is 46.97% of 132. (cells highlighted in yellow above).

% appointed is the percentage of those shortlisted who were appointed - for example 30 of the 62 non medical applicants who were shortlisted were then appointed (48.39%) – These are the figures in **bold red** text

Answer	Non-medical						Medical						
	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	
Ethnic Origin	White	3153	1375	370	80.83%	43.61%	26.91%	97	39	15	13.40%	40.21%	38.46%
	Black	297	20	1	7.61%	6.73%	5.00%	110	13	2	15.19%	11.82%	15.38%
	Asian	245	57	11	6.28%	23.27%	19.30%	324	57	3	44.75%	17.59%	5.26%
	Other	83	20	5	2.13%	24.10%	25.00%	74	13	1	10.22%	17.57%	7.69%
	Mixed	77	21	8	1.97%	27.27%	38.10%	31	5	3	4.28%	16.13%	60.00%
	Not disclosed	27	9	3	0.69%	33.33%	33.33%	22	2	0	3.04%	9.09%	0.00%
	Not stated	19	19	19	0.49%	100.00%	100.00%	66	65	54	9.12%	98.48%	83.08%
<b>Total</b>	<b>3901</b>	<b>1521</b>	<b>417</b>	<b>100.00%</b>	<b>38.99%</b>	<b>27.42%</b>	<b>724</b>	<b>194</b>	<b>78</b>	<b>100.00%</b>	<b>26.80%</b>	<b>40.21%</b>	

Answer	Non-medical						Medical						
	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	
Disability	Not stated	21	21	21	0.54%	100.00%	100.00%	65	64	53	8.98%	98.46%	82.81%
	I do not wish to disclose	83	35	4	2.13%	42.17%	11.43%	3	0	0	0.41%	0.00%	0.00%
	No	3601	1392	375	92.31%	38.66%	26.94%	655	129	24	90.47%	19.69%	18.60%
	Yes	196	73	17	5.02%	37.24%	23.29%	1	1	1	0.14%	100.00%	100.00%
<b>Total</b>	<b>3901</b>	<b>1521</b>	<b>417</b>	<b>100.00%</b>	<b>38.99%</b>	<b>27.42%</b>	<b>724</b>	<b>194</b>	<b>78</b>	<b>100.00%</b>	<b>26.80%</b>	<b>40.21%</b>	

Answer	Non-medical						Medical						
	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	
Gender	Male	1015	290	76	26.02%	28.57%	26.21%	461	120	42	63.67%	26.03%	35.00%
	Female	2884	1230	341	73.93%	42.65%	27.72%	261	74	36	36.05%	28.35%	48.65%
	I do not wish to disclose	2	1	0	0.05%	50.00%	0.00%	2	0	0	0.28%	0.00%	0.00%
<b>Total</b>	<b>3901</b>	<b>1521</b>	<b>417</b>	<b>100.00%</b>	<b>38.99%</b>	<b>27.42%</b>	<b>724</b>	<b>194</b>	<b>78</b>	<b>100.00%</b>	<b>26.80%</b>	<b>40.21%</b>	

Answer	Non-medical						Medical					
	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Not stated	19	19	19	0.49%	100.00%	100.00%	66	65	54	9.12%	98.48%	83.08%
Heterosexual or Straight	3562	1392	373	91.31%	39.08%	26.80%	618	118	22	85.36%	19.09%	18.64%
Gay	10	2	1	0.26%	20.00%	50.00%	0	0	0	0.00%	0.00%	0.00%
Lesbian	12	6	2	0.31%	50.00%	33.33%	0	0	0	0.00%	0.00%	0.00%
Bisexual	71	23	4	1.82%	32.39%	17.39%	2	1	1	0.28%	50.00%	100.00%
I do not wish to describe	182	64	16	4.67%	35.16%	25.00%	30	9	1	4.14%	30.00%	11.11%
Gay or Lesbian	37	13	1	0.95%	35.14%	7.69%	4	1	0	0.55%	25.00%	0.00%
Other sexual orientation	2	0	0	0.05%	0.00%	0.00%	0	0	0	0.00%	0.00%	0.00%
Undecided	6	2	1	0.15%	33.33%	50.00%	4	0	0	0.55%	0.00%	0.00%
<b>Total</b>	<b>3901</b>	<b>1521</b>	<b>417</b>	<b>100.00%</b>	<b>38.99%</b>	<b>27.42%</b>	<b>724</b>	<b>194</b>	<b>78</b>	<b>100.00%</b>	<b>26.80%</b>	<b>40.21%</b>

Answer	Non-medical						Medical					
	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Not stated	19	19	19	0.49%	100.00%	100.00%	64	63	53	8.84%	98.44%	84.13%
Atheism	739	336	103	18.94%	45.47%	30.65%	31	13	6	4.28%	41.94%	46.15%
Buddhism	32	14	6	0.82%	43.75%	42.86%	41	9	1	5.66%	21.95%	11.11%
Christianity	2061	774	207	52.83%	37.55%	26.74%	164	41	11	22.65%	25.00%	26.83%
Hinduism	69	12	0	1.77%	17.39%	0.00%	77	15	1	10.64%	19.48%	6.67%
Islam	87	12	0	2.23%	13.79%	0.00%	282	37	3	38.95%	13.12%	8.11%
Jainism	1	1	0	0.03%	100.00%	0.00%	1	1	0	0.14%	100.00%	0.00%
Judaism	2	1	1	0.05%	50.00%	100.00%	0	0	0	0.00%	#DIV/0!	0.00%
Sikhism	0	0	0	0.00%	#DIV/0!	0.00%	3	2	0	0.41%	66.67%	0.00%
Other	410	167	39	10.51%	40.73%	23.35%	11	2	0	1.52%	18.18%	0.00%
I do not wish to disclose	481	185	42	12.33%	38.46%	22.70%	50	11	3	6.91%	22.00%	27.27%
<b>Total</b>	<b>3901</b>	<b>1521</b>	<b>417</b>	<b>100.00%</b>	<b>38.99%</b>	<b>27.42%</b>	<b>724</b>	<b>194</b>	<b>78</b>	<b>100.00%</b>	<b>26.80%</b>	<b>40.21%</b>

Answer	Non-medical						Medical					
	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	Appointed %
Not stated	2510	1029	251	64.34%	41.00%	24.39%	665	176	72	91.85%	26.47%	40.91%
No	1358	474	161	34.81%	34.90%	33.97%	56	16	5	7.73%	28.57%	31.25%
Yes	2	0	0	0.05%	0.00%	0.00%	1	0	0	0.14%	0.00%	0.00%
I do not wish to answer	31	18	5	0.79%	58.06%	27.78%	2	2	1	0.28%	100.00%	50.00%
<b>Total</b>	<b>3901</b>	<b>1521</b>	<b>417</b>	<b>100.00%</b>	<b>38.99%</b>	<b>27.42%</b>	<b>724</b>	<b>194</b>	<b>78</b>	<b>100.00%</b>	<b>26.80%</b>	<b>40.21%</b>

### Appendix 6 – WRES Detailed Data

WRES Indicator		Data for Reporting year (up to 31 March 2019)	Data for previous year (up to 31 March 2018)	Implications for the data and any additional background narrative																																																																								
<b>Workforce Metrics</b> – For each of these four workforce indicators the standard compares the metrics for white and BME Staff																																																																												
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3	Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process	Number of staff entering the formal disciplinary process <ul style="list-style-type: none"> <li>• White 26 (1.09%)</li> <li>• BAME 4 (1.71%)</li> </ul>	Number of staff entering the formal disciplinary process <ul style="list-style-type: none"> <li>• White 23 (0.77%)</li> <li>• BAME 3 (1.21%)</li> </ul>	There was an increase in disciplinary processes involving both white and BAME staff in 2018/19.
4	Relative likelihood of BAME staff accessing non-mandatory training and CPD as compared to white staff	Information relating to non-mandatory training participation and CPD is not recorded centrally by the trust	Information relating to non-mandatory training participation and CPD is not recorded centrally by the trust	2018 National Staff Survey finding showed that BAME staff responded 13% more favourably when asked if they received training, learning or development in the previous 12 months (not including mandatory training)
<b>National NHS Staff Survey Findings – For each of the below indicators the standard compares the metrics for each survey question response for white and BME Staff</b>				
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the previous 12 months	29% of BAME respondents reported experiencing bullying, harassment or abuse from patients, relatives or the public in the previous 12 months compared to 23% of white respondents	18% of BAME respondents reported experiencing bullying, harassment or abuse from patients, relatives or the public in the previous 12 months compared to 25% of white respondents	Incidences of bullying, harassment or abuse from patients, relatives or the public have increased significantly (+11%) for BAME staff
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the previous 12 months	28% of BAME respondents reported experiencing bullying, harassment or abuse from staff in the previous 12 months compared to 18% of white respondents	31% of BAME respondents reported experiencing bullying, harassment or abuse from staff in the previous 12 months compared to 24% of white respondents	A small decrease in the number of BAME staff reporting they had experienced bullying, harassment or abuse from staff members, but the percentage is still higher than that reported by their white colleagues.



7	Percentage of staff believing that the trust provides equal opportunities for career progression or promotion	85% of BAME respondents feel the Trust acts fairly with regard to career progression and promotion, compared to 92% of white respondents	92% of BAME respondents feel the Trust acts fairly with regard to career progression and promotion, compared to 92% of white respondents	A significant negative decrease in the percentage of BAME staff who believe the trust provides equal opportunities for career progression or promotion.
8	Percentage of staff experiencing discrimination at work from managers in the previous 12 months	14% of BAME respondents experienced discrimination from managers in the previous 12 months compared to 10% of white respondents	19% of BAME respondents experienced discrimination from managers in the previous 12 months compared to 6% of white respondents	A significant and positive decrease occurred in the number of BAME staff experiencing discrimination at work from their managers
<b>Board Composition – Does the board meet the requirement on Board membership</b>				
9	Percentage difference between the organisations Board voting membership and its workforce overall	Board members <ul style="list-style-type: none"> <li>• White 13 (92.9%)</li> <li>• BAME 1 (7.1%)</li> </ul> Voting Board members <ul style="list-style-type: none"> <li>• White (85.7%)</li> <li>• BAME (14.3%)</li> </ul> Overall Workforce by ethnicity <ul style="list-style-type: none"> <li>• White (87.8%)</li> <li>• BAME (8.7%)</li> </ul>	Board members <ul style="list-style-type: none"> <li>• White 14 (93.3%)</li> <li>• BAME 1 (6.7%)</li> </ul> Voting Board members <ul style="list-style-type: none"> <li>• White (85.7%)</li> <li>• BAME (14.3%)</li> </ul> Overall Workforce by ethnicity <ul style="list-style-type: none"> <li>• White (88.5%)</li> <li>• BAME (7.4%)</li> </ul>	A marginal change has occurred in this indicator due to there being 1 less non-executive director in post.



## Appendix 7 – WDES Detailed Data

WDES Indicator		Data for Reporting year (up to 31 March 2019)																																																																
<b>Workforce Metrics</b> – For each of these four workforce indicators the standard compares the metrics for disabled and not disabled staff																																																																		
1	<p>Percentage of Disabled Staff in bands 1-9 and VSM compared with the percentage of Disabled Staff in the overall workforce</p> <p>*699 Staff have their disability status recorded as unknown or null</p>	<table border="1"> <thead> <tr> <th></th> <th>Disabled</th> <th>Not Disabled</th> <th>Not declared / prefer not to say*</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Non – Clinical Staff</td> </tr> <tr> <td>Band 1-4</td> <td>3%</td> <td>70%</td> <td>26%</td> </tr> <tr> <td>Band 5-7</td> <td>2%</td> <td>71%</td> <td>26%</td> </tr> <tr> <td>Band 8a-8b</td> <td>3%</td> <td>81%</td> <td>17%</td> </tr> <tr> <td>Band 8c-9 and VSM</td> <td>0%</td> <td>89%</td> <td>11%</td> </tr> <tr> <td>Other Staff</td> <td>0%</td> <td>43%</td> <td>57%</td> </tr> <tr> <td colspan="4" style="text-align: center;">Clinical Staff</td> </tr> <tr> <td>Band 1-4</td> <td>2%</td> <td>80%</td> <td>17%</td> </tr> <tr> <td>Band 5-7</td> <td>3%</td> <td>74%</td> <td>23%</td> </tr> <tr> <td>Band 8a-8b</td> <td>0%</td> <td>77%</td> <td>23%</td> </tr> <tr> <td>Band 8c-9 and VSM</td> <td>0%</td> <td>100%</td> <td>0%</td> </tr> <tr> <td>Consultant</td> <td>1%</td> <td>60%</td> <td>39%</td> </tr> <tr> <td>Non Consultant Career Grades</td> <td>5%</td> <td>60%</td> <td>35%</td> </tr> <tr> <td>Medical &amp; Dental Trainee Grades</td> <td>2%</td> <td>64%</td> <td>34%</td> </tr> <tr> <td>Other Staff</td> <td>0%</td> <td>83%</td> <td>17%</td> </tr> </tbody> </table>		Disabled	Not Disabled	Not declared / prefer not to say*	Non – Clinical Staff				Band 1-4	3%	70%	26%	Band 5-7	2%	71%	26%	Band 8a-8b	3%	81%	17%	Band 8c-9 and VSM	0%	89%	11%	Other Staff	0%	43%	57%	Clinical Staff				Band 1-4	2%	80%	17%	Band 5-7	3%	74%	23%	Band 8a-8b	0%	77%	23%	Band 8c-9 and VSM	0%	100%	0%	Consultant	1%	60%	39%	Non Consultant Career Grades	5%	60%	35%	Medical & Dental Trainee Grades	2%	64%	34%	Other Staff	0%	83%	17%
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3	Relative likelihood of Disabled staff entering the formal capability process, compared to that of Not Disabled Staff entering the formal capability process	<p>Number of staff entering the formal capability process</p> <ul style="list-style-type: none"> <li>Disabled 3 (4%)</li> <li>Not Disabled 165 (8%)</li> </ul>																																																																
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		23% of Not Disabled respondents
	Percentage of staff experiencing harassment, bullying or abuse from managers in the previous 12 months	20% of Disabled respondents reported experiencing bullying, harassment or abuse from managers in the previous 12 months compared to 8% of Not Disabled respondents
	Percentage of staff experiencing harassment, bullying or abuse from colleagues in the previous 12 months	24% of Disabled respondents reported experiencing bullying, harassment or abuse from staff in the previous 12 months compared to 17% of Not Disabled respondents
4b	Percentage of staff who after experiencing harassment, bullying or abuse at work say they or a colleague reported it	46% of Disabled respondents reported that after experiencing harassment, bullying or abuse at work say they or a colleague reported it compared to 57% of Not Disabled Staff
5	Percentage of staff believing that the trust provides equal opportunities for career progression or promotion	89% of Disabled respondents feel the Trust acts fairly with regard to career progression and promotion, compared to 92% of Not Disabled respondents
6	Percentage of staff saying they had felt pressure from their line manger to come to work despite not feeling well enough to perform their duties in the previous 12 months	31% of Disabled respondents felt pressure from their line manger to come to work despite not feeling well enough to perform their duties in the previous 12 months compared to 21% of Not Disabled respondents.
7	Percentage of staff saying they are satisfied with the extent to which their organisation values their work	34% of Disabled respondents said they were satisfied with the extent to which their organisation values their work compared to 50% of Not Disabled respondents
8	Percentage of staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	78% of Disabled respondents reported their employer has made adequate adjustment(s) to enable them to carry out their work compared to 0% of Not Disabled respondents
9a	Staff Engagement score	Staff engagement score is 6.7 for Disabled Staff compared to 7.3 for Not Disabled staff. The overall staff engagement score is 7.2
9b	Has the Trust taken action to facilitate the voices of disabled staff to be heard	Yes - A Disabled Staff listening Event was held and we are in the process of scoping and establishing a more regular forum for this group.
<b>Board Composition</b>		
10	Percentage difference between the organisations Board voting membership and its workforce overall	<p>Board members</p> <ul style="list-style-type: none"> <li>• Disabled 0%</li> <li>• Not Disabled 100%</li> </ul> <p>Voting Board members</p> <ul style="list-style-type: none"> <li>• Disabled 0%</li> <li>• Not Disabled 0%</li> </ul> <p>Overall Workforce by disability</p> <ul style="list-style-type: none"> <li>• Disabled 3%</li> <li>• Not Disabled 73%</li> <li>• Unknown / Null 24%</li> </ul>