

Title of Meeting	Finance and Performance Committee (FPC)
Date of Meeting	August 2018
Report Title	Annual Equality and Diversity Report
Author	Sarah Stickland, HR Manager Engagement & Wellbeing
Responsible Executive	Mark Warner, Director of Workforce and Organisational Development

Purpose of Report (e.g. for decision, information) The report is intended to provide assurance on work undertaken during 2017/18 to ensure compliance with current legislation and NHS standards and to progress the Trust's equality and diversity agenda.	
Summary 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 2017/18 to demonstrate its commitment to promoting equality, diversity and human rights. An analysis of the workforce and the 2017/18 recruitment cycle are also included. Data contained within this report refers to the April 2017 – March 2018 reporting cycle.	
Paper Previously Reviewed By Equality and Diversity Steering Group	
Strategic Impact 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.	
Risk Evaluation Low, although breaches in duty could have an impact on the Trust's reputation and significant financial implications.	
Impact on Care Quality Commission Registration and/or Clinical Quality Embedding good equality practice has impacts on patient satisfaction and patient experience.	
Governance Implications (legal, clinical, equality and diversity or other): 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.	
Financial Implications 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.	
Freedom of Information Implications – can the report be published?	Yes

Recommendations	a) Note the content of this report b) Provide continued support to the Trust in seeking to embed equality, diversity and human rights.
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Annual Equality and Diversity Report

July 2018

1.0 DCH approach

The Trust is part of an 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.

In 2016 a Trust Equality and Diversity Steering Group was established, 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 Equality and Diversity 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 99,500*; 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	15.8%	56.7%	27.5%
UK average	31%	66%	16%
Our patients	15.03%	45.7%	39.27%

*Source: 2011 UK Census Data

The percentage of the West Dorset population who are white is 98.67% while the total percentage of the population who are from BME communities is 1.35%. The table below shows the race/ethnic origin split of the West Dorset population compared to the national average.

	White (British, Irish, other white)	Mixed (White and Black Caribbean, White and Black African, White and Asian, Other mixed)	Asian (Indian, Pakistani, Bangladeshi, other Asian)	Black (Black Caribbean, Black African, other Black)	Chinese/ Other (Chinese, other ethnic group)
West Dorset	98.67%	0.51%	0.22%	0.13%	0.49
UK average	86%	2.2%	7.5%	3.3%	1%
Our patients*	75%	0.41%	0.41%	0.10%	0.14%

* 23.94 % of patients' ethnicity data was not recorded

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

	Men	Women
West Dorset	48%	52%
UK average	49%	51%
Our patients	46%	54%

Detailed charts showing the demographic split of patient usage by service can be found at Appendix 2.

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.

4.1 Workforce Demographics

- 88.7% of staff in the Trust are white. 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 2.3% of staff reported that they have a disability within the Trust. However, 26.4% 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.

- 77.6% of staff are women in the Trust, which is representative of the gender split within the NHS more generally.
- 48.21% of our staff has recorded Christianity as their religious belief, with this being the dominant belief. However, 12.67% of staff did not disclose their religious belief upon recruitment.
- 74.52% of staff reported their sexual orientation as heterosexual, with other sexual preferences less well represented. However, 24.15% of staff did not declare their sexual orientation.
- The largest age cohort of Trust staff is between 46 and 55 years old, with 26.08% of staff being between these ages. 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. 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 2017/18	Gender		Ethnicity				
	Male	Female	White	Asian	Black	Other	Not Stated
Disciplinary	3	23	23	1	2	0	0
Grievance	1	4	2	1	2	0	0
Capability	75	203	259	7	0	2	10

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	1
Breach of contract	0	0
Detriment of whistleblowing	*2	0
Total	3	2

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

These results are in line with the trust profile with the majority of cases falling within the white female category. 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 provision 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 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
- It is a mandatory requirement that all staff, including medical staff and managers who are required as part of their role to chair recruitment panels, undertake equality and diversity awareness training every three years to update their knowledge in respect of any changes in legislation or best practice.

4.4 Recruitment and Resourcing

The recruitment and resourcing data contained within the present report refers to the April 2017 – March 2018 reporting period due to a change to the TRAC resourcing system.

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.

- 4.4.1 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 BME backgrounds advance better than white British candidates.
- 4.4.2 Christianity accounted for slightly less than 50% of all applications received. 12% of appointed candidates did not disclose their religion or belief. Sixteen candidates were appointed from four different declared faith groups other than Christianity or Atheism.

- 4.4.3 Applications by candidates indicating their sexual orientation as heterosexual represent 89% of all those received while 6% of respondents did not disclose their sexual orientation. The data shows no significant change in the proportion of applicants indicating their sexual orientation.
- 4.4.4 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.
- 4.4.5 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 (5.0% of applications were from candidates with declared disability compared to 4.1% of appointments).
- 4.5 Staff survey: as part of the Trust's participation in the 2017 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 2016, 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 also the ranking relevant to all other acute trusts that participated.

Key Finding	2016	2017	Ranking, compared with all acute trusts in 2017
Staff believing the Trust provides equal opportunities for career progression or promotion	91%	92%	Above (better than) average
Staff experiencing discrimination from patients/members of the public in the last 12 months	25%	25%	Below (better than) average
Staff experiencing discrimination from colleagues/managers of the public in the last 12 months	26%	25%	In line with average

5.0 Summary

The report shows that statistics 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.

There appear to be no apparent areas of discrimination in relation to the protected characteristics within our policies and processes.

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

6.0 Recommendation

The Finance and Performance Committee (FPC) is asked to note the content of this report and provide continued support to the Trust in embedding equality, diversity and human rights.

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. The Trust reports in line with the WRES annually in a separate report.

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 Autumn 2018, we are still awaiting further clarification.

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.

Appendix 2 – Equality Objectives and Action Plan

EDS GOAL 1 BETTER HEALTH OUTCOMES FOR ALL

Objective	Action	Measures of Success	Lead	Date Added	Timescale	Progress Update
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"> • Availability of resources in several different formats • Improvement of questionnaire scores next year 	Patient and Public Experience Lead		March 2017 April 2017 September 2017	Complete 17/11/17: BP – we now have a Patient Information Facilitator in place who is leading on patient leaflets, and a new Patient Information Group (PILIT) has been formed to review existing and new leaflets, this will provide assurance moving forward. All existing leaflets are now available to patients on the DCH website.
	Publicise the use of patient care passports to staff, patients, carers and local interest groups	<ul style="list-style-type: none"> • Increased use of patient care plan passports 	Patient and Public Experience Lead		September 2017	Complete 17/11/17: On-going work around passports, particularly with patients with learning disabilities. Dementia steering group, Safeguarding Adults and specialist nurse involvement – this is me being merged with learning disability passport so only 1 for staff to complete

	Participation in Dorset Trusts E&D Cluster to see how we are engaging with Patient Engagement Groups. To establish a Public and Patient Engagement Group. Utilise Health Watch. Link with small local groups.	<ul style="list-style-type: none"> • Patient survey responses relating to accessibility of services 	Patient and Public Experience Lead		September 2017	Complete 17/11/17: Various Dorset-wide patient engagement groups in progress including pan Dorset stroke Group and STP Patient Engagement Network.
	Creation of Communication and Engagement Strategy	<ul style="list-style-type: none"> • Implementation of Communication and Engagement Strategy 	Patient and Public Experience Lead HR Manager – Engagement & Wellbeing	January 2018	September 2018	Complete Strategy group created, initial meeting occurred 08/01/18
	Ensure compliance with the accessible information standard	<ul style="list-style-type: none"> • Evidence of community engagement initiatives 	Patient and Public Experience Lead		Feb 2017 April 2017 May 2017 September 2017 January 2018 March 2018	Complete <ul style="list-style-type: none"> • Dorset CCG to obtain quote for county-wide licence for BrowseAloud and CopyCert for acute trusts, county councils and DHUFT. UPDATE – Browse Aloud not being pursued by NHS England • New Patient Information postholder will also assist with implementation of the AIS. • PAS now has an Accessible Information

						<p>Group. DC advised that patient information should have been collected initially by the GP; adequate sharing is not occurring. MW queried whether this issue should be placed onto the Risk Register. With regards to the accessible information standard, the Trust is not compliant; this is being raised at Quality Committee. Information is on NHS England Website – there are resources there.</p> <ul style="list-style-type: none"> • UPDATE - This is being discussed and monitored at IG, briefing paper to be shared with group.
EDS GOAL 2 IMPROVED PATIENT ACCESS AND EXPERIENCE						
Objective	Action	Measures of Success	Lead	Date Added	Timescale	Progress Update
People, carers and communities can readily access hospital, community health or primary care services and should not be denied	Include patient representatives in the development of Trust travel plans	<ul style="list-style-type: none"> • Development of inclusive travel plan 	Director of Finance and Resources		January 2016	Complete. Patient governor sits on Trust Travel Working Group, involved in Trust travel planning

access on unreasonable grounds	Accessibility audits relating to protected groups to be completed with local patient forums	<ul style="list-style-type: none"> Audit outcomes and related action plans 	Patient and Public Experience Lead		September 2017	Complete PLACE audit does include disability – recent PLACE results are attached. PLACE carried out annually (next audit May 2018, results expected in June 2018) PLACE results are reviewed at Patient Experience Group
	Communication methods with patients to be reviewed	<ul style="list-style-type: none"> Feedback through patient groups 	Head of Access	March 2018	Ongoing	Query re: hearing loop
	Site signage to be reviewed	<ul style="list-style-type: none"> Audit outcomes and related action plans 	Estates Project Manager	March 2018	Ongoing	Complete Part of Estates Masterplan

EDS GOAL 3 EMPOWERED, ENGAGED AND WELL SUPPORTED STAFF

Objective	Action	Measures of Success	Lead	Date Added	Timescale	Progress Update
When at work, staff are free from abuse, harassment, bullying and violence from any source	Promotion of the whistleblowing process and policy	<ul style="list-style-type: none"> Staff surveys Feedback through staff side forums 	HR Managers		April 2016	Complete Whistleblowing policy re-launched and poster campaign completed. Subject to annual review in March 2017
	Re-launch of Harassment Support Advisor service, including a training programme for new HSA's	<ul style="list-style-type: none"> Monthly reports on use of Harassment Support Advisors service. 	HR Manager		July 2016	Complete. A new cohort of Harassment Support Advisers in place. Monitoring reports ongoing; only gender of users of the service is recorded currently. The monitoring reports are

						forwarded to HR prior to submission to FPC. It was noted that harassment is being reported on staff survey but not being reported at this Group. It was stated that more information is required on activity. The Trust is relaunching the Freedom to Speak up Guardian role as two people have been appointed.
	Annual bullying and harassment audits completed and action plan developed then communicated to staff	<ul style="list-style-type: none"> Results of bullying and harassment audit 	HR Manager		October 2016	Complete.
	Anonymised summary of disciplinary cases to be provided to the HRD to ensure all cases were appropriately implemented and managed (WRES)	<ul style="list-style-type: none"> No identifiable trends by protected characteristic 	HR Manager		December 2016	Complete.
	Engage with trade union representatives to inform staff engagement and equality initiatives	<ul style="list-style-type: none"> Staff Side involvement in planning and delivery of equality and engagement initiatives 	HR Business Partner		January 2016	Complete. Staff Side representatives participate in Equality Steering Group and Trust Partnership Forum. Ongoing.

EDS GOAL 4 INCLUSIVE LEADERSHIP AT ALL LEVELS

Objective	Action	Measures of Success	Lead	Date Added	Timescale	Progress Update
Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Review of Equality and Diversity training for line managers; which is designed to meet the required EDS2 standards	<ul style="list-style-type: none"> Managers attendance at E&D training Raised awareness, evidence of E&D inclusion within management practices 	HR Manager		April 2017	Complete. New e-learning package introduced.
	Review bullying and harassment training for line managers	<ul style="list-style-type: none"> Results of Bullying and Harassment Audit - any allegations of bullying and harassment made against line managers not being upheld 	HR Manager		January 2017	Complete. Ongoing review & updated with relevant cases or changes in legislation Delivered quarterly
	Equality standards included in leadership training programmes for managers	<ul style="list-style-type: none"> Training programmes compliant with equality standards 	Head of Workforce Engagement and Development		January 2017	Complete.
	Staff Survey results disseminated to departments and action plans developed	<ul style="list-style-type: none"> Divisional action plans developed 	HR Business Partner		May 2017	Complete Staff survey results currently being disseminated
	Broaden engagement in the	<ul style="list-style-type: none"> Completion of 	HR Manager		Ongoing	Complete

	<p>Equality & Diversity agenda via quarterly divisional E&D performance metrics, to feed into the annual E&D Board report</p>	<p>divisional reviews</p> <ul style="list-style-type: none"> Engagement of Divisional representatives at Steering Group 	<p>– Engagement & Wellbeing</p>			<p>Divisions to provide assurance around how staff are developed for key leadership roles, in line with development of new divisions.</p> <p>Equality to be discussed within division in order to raise awareness. Action: JK/SW to meet to raise awareness in order that this is included in the monthly divisional discussions.</p> <p>HR Monthly report to divisions to include diversity of new appointments as a starting point – removed at division request. Commentary to be added – are there any E&D issues to be discussed / exception report</p> <p>Feedback from E&D Steering group to be incorporated</p> <p>Board Sub-committee (workforce) being created, E&D will be included as a standing agenda item</p>
	<p>Trust to consider the feasibility of central collection of non-mandatory training and CPD records to</p>	<ul style="list-style-type: none"> Completed feasibility study 	<p>Head of Education, Learning and Development</p>		<p>Ongoing</p>	<p>Complete.</p> <p>Reporting is possible via existing reporting channels.</p> <p>DC stated that DHC enquired</p>

	facilitate the collection of this data (WRES /)					of staff (BME) to ascertain if they were denied access to training. Action: Engage Tina and her Team to see what else can be asked. To be recorded on OLM/ESR
	Anonymised summary of training refusal to be provided to the HRBP to ensure all applications were appropriately implemented and managed (WRES)	<ul style="list-style-type: none"> No identifiable trends by protected characteristic 	Head of Education, Learning and Development HR Business Partner	January 2018	Ongoing	Complete TNA Linking to ESR discussed, will be raised at Learning Needs regional meeting To be recorded in OLM/ESR, (only at point of reaching Education Centre)
	Undertake Gender Pay Gap audits as part of workforce planning processes	<ul style="list-style-type: none"> Outcomes of Gender Pay Gap audits 	HR Business Partner		March 2018 July 2018	Complete Update: To be published by 31 March 2018, ESR to create reports in December release Update: Infographic created and discussed, Data @ 31/03/17, will be refreshed @ 31/03/18 Data refreshed, report created and will be circulated and published when finalised
	Develop support networks	<ul style="list-style-type: none"> Establishment of 	HR Manager –		March 2018 Sept 2018	Complete

	and for minority groups	support groups and networks	Engagement & Wellbeing			<p>Work currently underway to establish Dorset-wide groups that staff can access.</p> <p>Details being published of local groups, will look at feasibility of DCH groups being set up. Staff contacted regarding groups, discussions ongoing</p>
	Promote schemes for equal opportunities recruitment	<ul style="list-style-type: none"> Recruitment scheme for colleagues with learning disabilities 	Head of Workforce Resourcing		March 2018 Sept 2018	<p>Update: Supported Internship - Established links, placements being undertaken (need to track activity, explore further opportunities)</p> <p>Potential to advertise schemes internally</p> <p>Accredited as a Disability Confident employer</p>
	Review options for different recruitment methods	<ul style="list-style-type: none"> Increased recruitment of colleagues with disabilities / special needs 	Head of Workforce Resourcing	March 2018	Sept 2018	<p>Face to face / online / assessments</p> <p>Gather further information from DHC/DHUFT regarding "disability as an asset"</p>
	Creation of Recruitment Training	<ul style="list-style-type: none"> Raised awareness, evidence of E&D inclusion within recruitment practices 	Head of Workforce Resourcing	January 2018	Sept 2018	<p>Level 2 Training options being reviewed including e-learning</p> <p>Accredited as a Disability Confident employer</p> <p>To include unconscious bias module/section within training</p>

Appendix 3 – Patient Demographic Data

Any patient who has had activity between 1 April 2017 – 31 March 2018 is included (but counted only once) This includes inpatients, outpatients and ED

Gender	No of Patients
Female	80576
Male	69640
INDETERMINATE/OTHER	2
UNKNOWN/NOT STATED	2

Ethnic Group	No of Patients
ASIAN/ASIAN BRITISH - ANY OTHER	289
ASIAN/ASIAN BRITISH - BANGLADESHI	102
ASIAN/ASIAN BRITISH - INDIAN	183
ASIAN/ASIAN BRITISH - PAKISTANI	37
BLACK/BLACK BRITISH - AFRICAN	58
BLACK/BLACK BRITISH - ANY OTHER BACKGROUND	36
BLACK/BLACK BRITISH - CARIBBEAN	52
MIXED - ANY OTHER	165
MIXED - WHITE AND ASIAN	205
MIXED - WHITE/BLACK AFRICAN	74
MIXED - WHITE/BLACK CARIBBEAN	166
NOT STATED	8767
NULL	26706
OTHER - ANY OTHER	117
OTHER - CHINESE	95
WHITE - ANY OTHER BACKGROUND	8562
WHITE - BRITISH	104232
WHITE - IRISH	374

Marital Status	No of Patient
Divorced	1396
Married/Separated	23180
Not Applicable	281
Not Known	14169
NULL	91765
Single	18406
Widowed	1023

Religion	No of Patients
Armenian Catholic	8
Baptist	187
Buddhist	45
Christian Scientist	12
Chritadelphian	9
Church of England	18132
Church of Scotland	55
Church of Wales	1
Hindu	22
Jehovah's Witness	126
Jewish	33
Methodist	590
Mormon	11
Muslim	70
Nonconformist	22
None	7753
Not Known	20926
NULL	99789
Orthodox	22
Other	271
Other Free Church	94
Pentecostal	10
Presbyterian	11
Quaker	23
Roman Catholic	1920
Salvation Army	22
Sikh	10
United Reformed	43
Unitarian	3

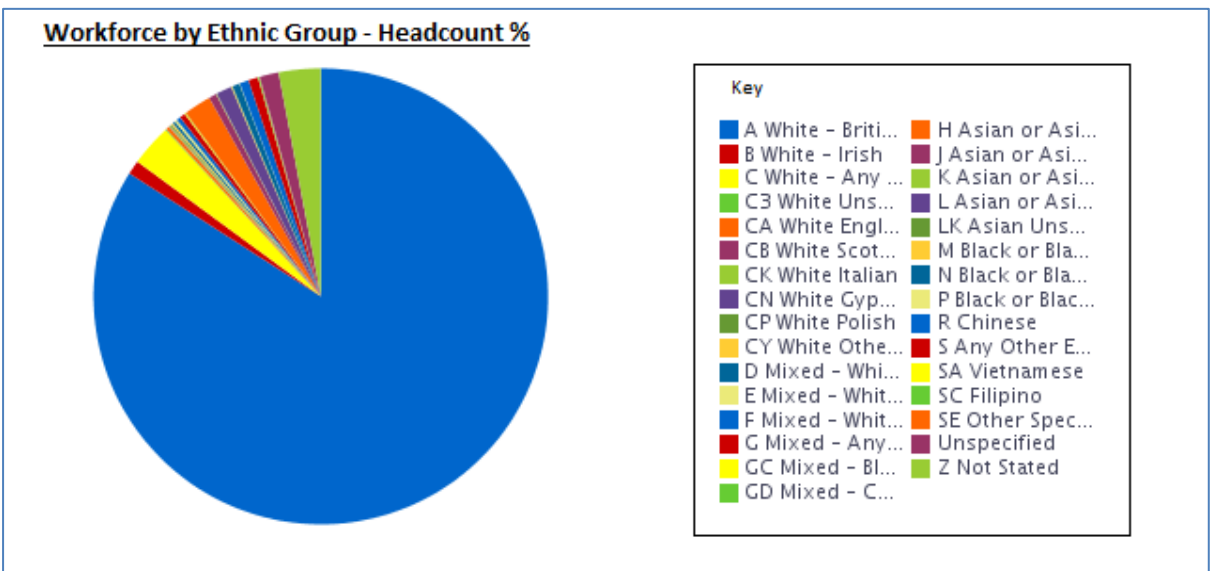
Age	No of Patient
NULL	
0-18	
19-35	
36-50	
51-65	
66+	

Appendix 4 – Workforce Demographics Data

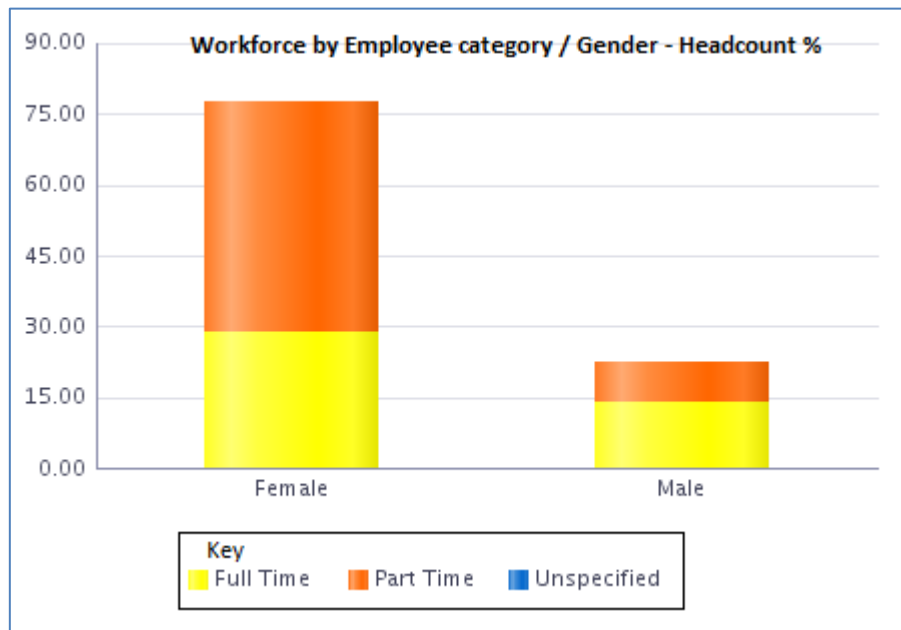
All Measures are %

Workforce by Ethnic Group

Ethnic Group	Headcount	%	FTE
White	3,130	88.7	2086.86
Mixed	41	1.2	28.68
Asian	130	3.7	105.08
Black	22	0.6	16.24
Chinese	23	0.7	17.85
Any Other Ethnic Group	24	0.7	15.95
Vietnamese	1	0.0	1.00
Filipino	3	0.1	2.00
Other Specified	1	0.0	0.80
Unspecified	48	1.4	5.26
Not Stated	105	3.0	71.24
Grand Total	3,528	100.0	2350.96

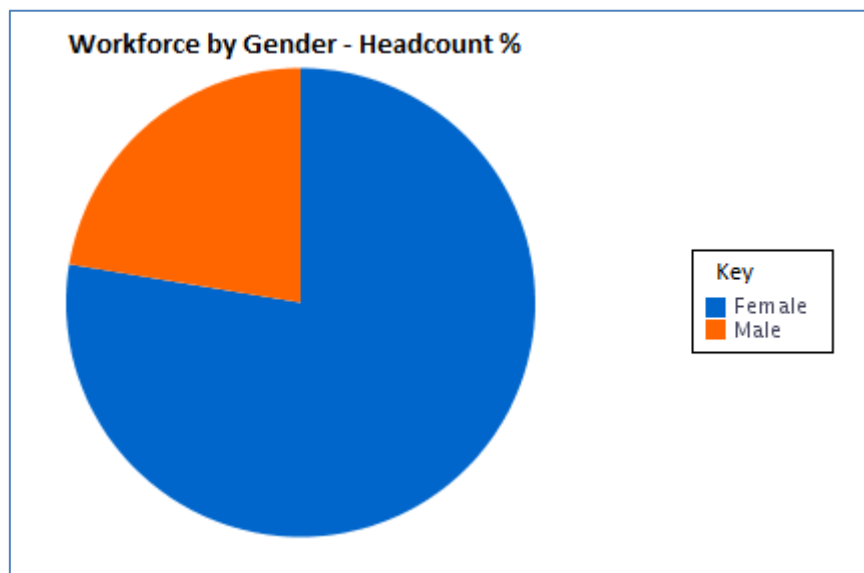


Workforce by Employee Category / Gender



Gender	Female	Male
Unspecified	0.11	0.00
Part Time	47.81	8.25
Full Time	28.88	14.95
Grand Total	76.80	23.20

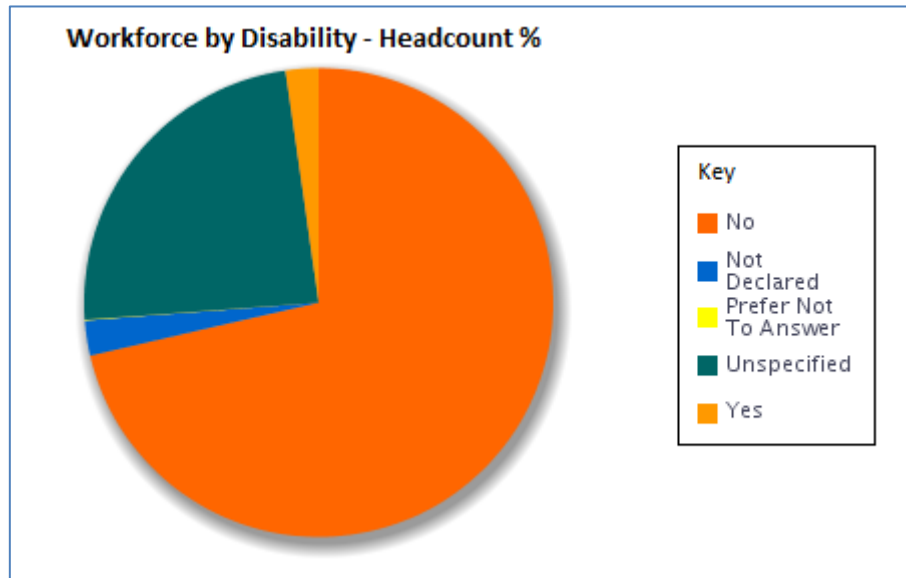
Workforce by Gender



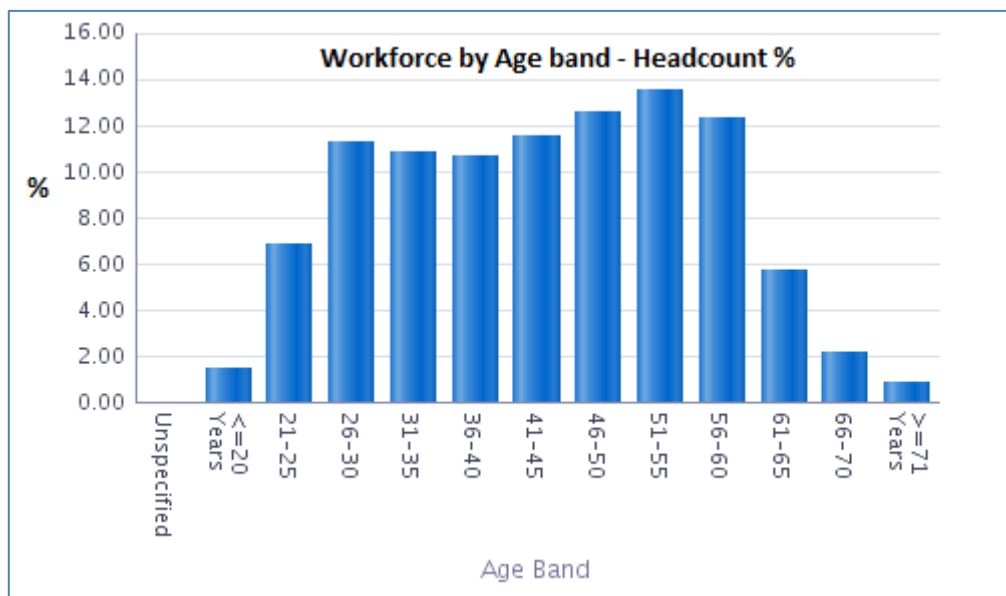
Gender	Headcount	%	FTE
Female	2,738	77.6	1778.42
Male	790	22.4	572.54
Grand Total	3,528	100.0	2350.96

Workforce by Disability

Disability Flag	Headcount	%	FTE
No	2,518	71.4	1667.58
Not Declared	85	2.4	55.14
Prefer Not To Answer	2	0.1	0.00
Unspecified	843	23.9	572.68
Yes	80	2.3	55.55
Grand Total	3,528	100.0	2350.96

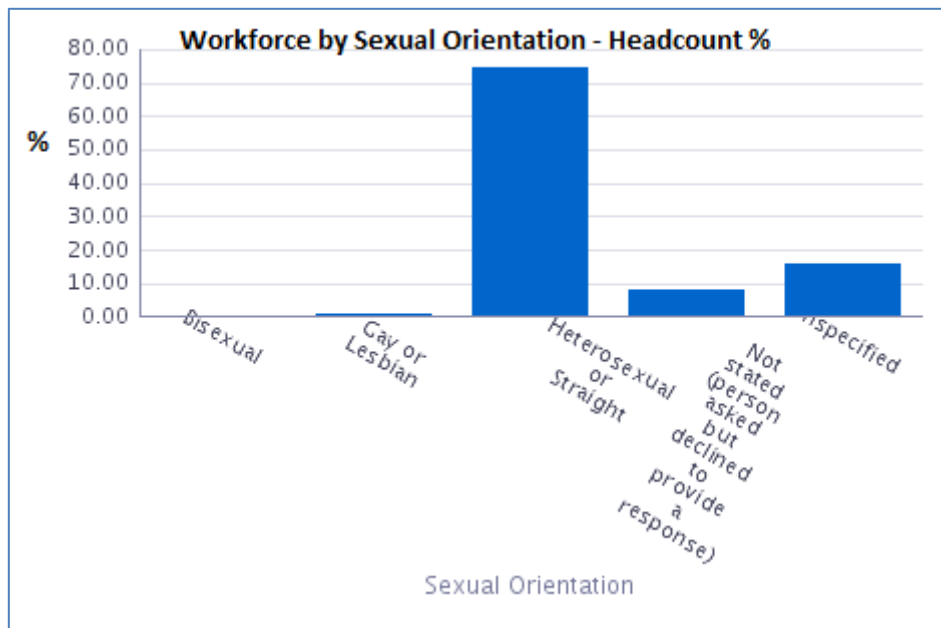


Workforce by Age Band



Age Band	Headcount	%	FTE
Unspecified	3	0.09	
<=20 Years	54	1.53	29.85
21-25	241	6.83	173.47
26-30	399	11.31	277.51
31-35	382	10.83	252.71
36-40	376	10.66	255.00
41-45	407	11.54	278.25
46-50	444	12.59	332.68
51-55	476	13.49	340.03
56-60	435	12.33	289.87
61-65	202	5.73	94.69
66-70	76	2.15	19.80
>=71 Years	33	0.94	7.09
Grand Total	3,528	100.00	2350.96

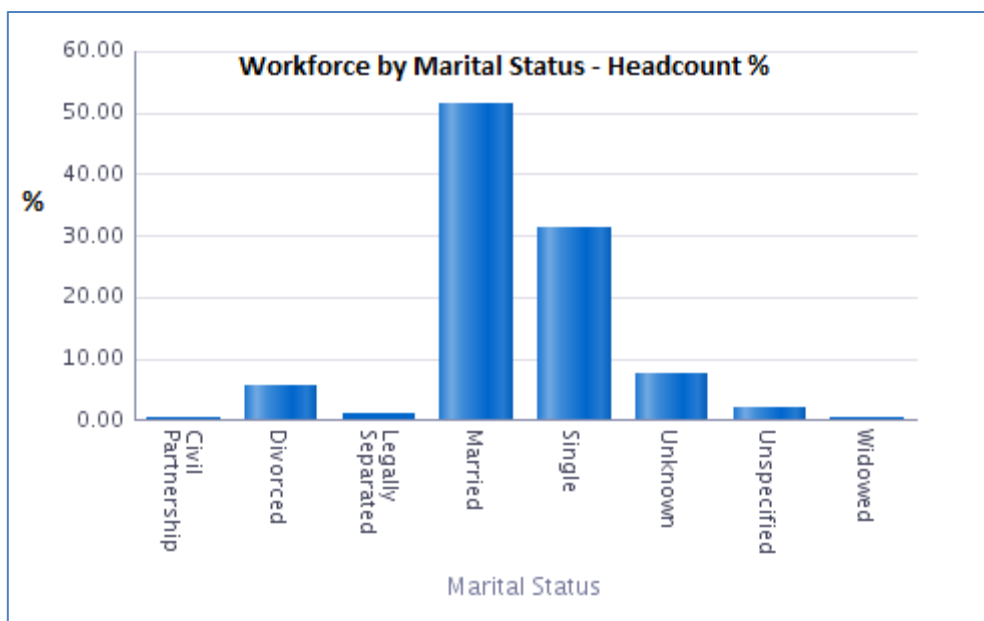
Workforce by Sexual Orientation



Sexual Orientation	Headcount	%	FTE
Bisexual	11	0.31	7.72
Gay or Lesbian	36	1.02	31.29
Heterosexual or Straight	2,629	74.52	1768.46
Not stated (person asked but declined to provide a response)	289	8.19	187.62
Unspecified	563	15.96	355.86
Grand Total	3,528	100.00	2350.96

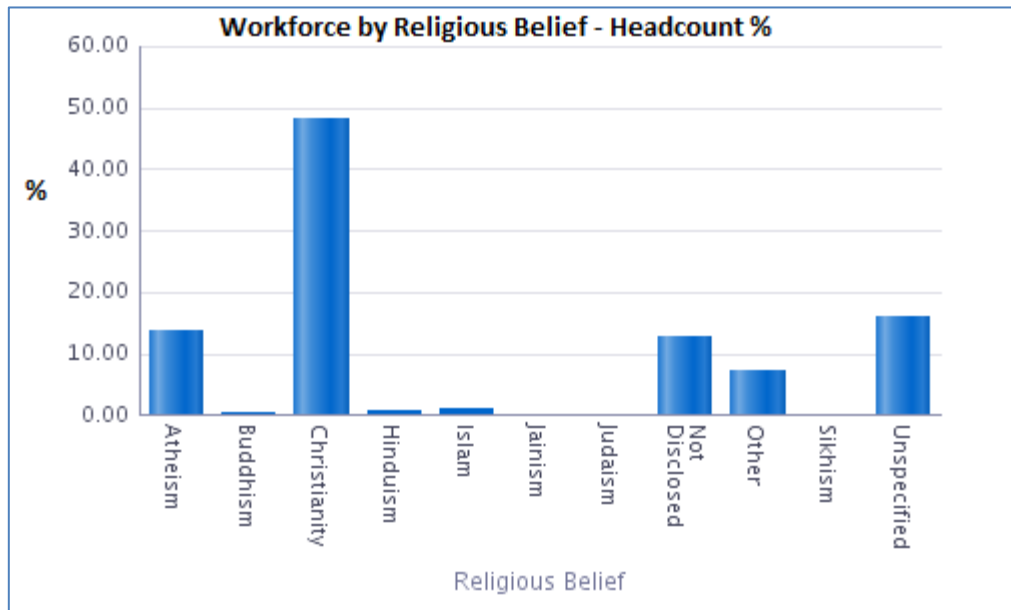
Workforce by Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	17	0.48	12.64
Divorced	202	5.73	138.10
Legally Separated	34	0.96	26.76
Married	1,811	51.33	1187.73
Single	1,103	31.26	760.10
Unknown	270	7.65	179.90
Unspecified	74	2.10	35.66
Widowed	17	0.48	10.07
Grand Total	3,528	100.00	2350.96



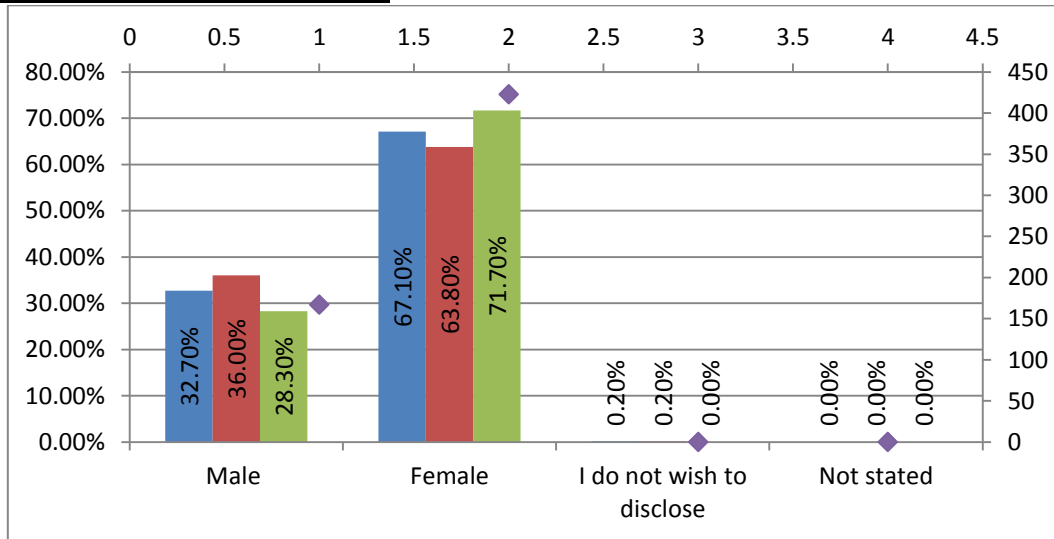
Workforce by Religious Belief

Religious Belief	Headcount	%	FTE
Atheism	482	13.66	328.53
Buddhism	16	0.45	10.24
Christianity	1,701	48.21	1134.04
Hinduism	21	0.60	16.00
Islam	39	1.11	30.71
Jainism	1	0.03	1.00
Judaism	4	0.11	3.40
Not Disclosed	447	12.67	302.35
Other	250	7.09	166.03
Sikhism	1	0.03	1.00
Unspecified	566	16.04	357.66
Grand Total	3,528	100.00	2350.96



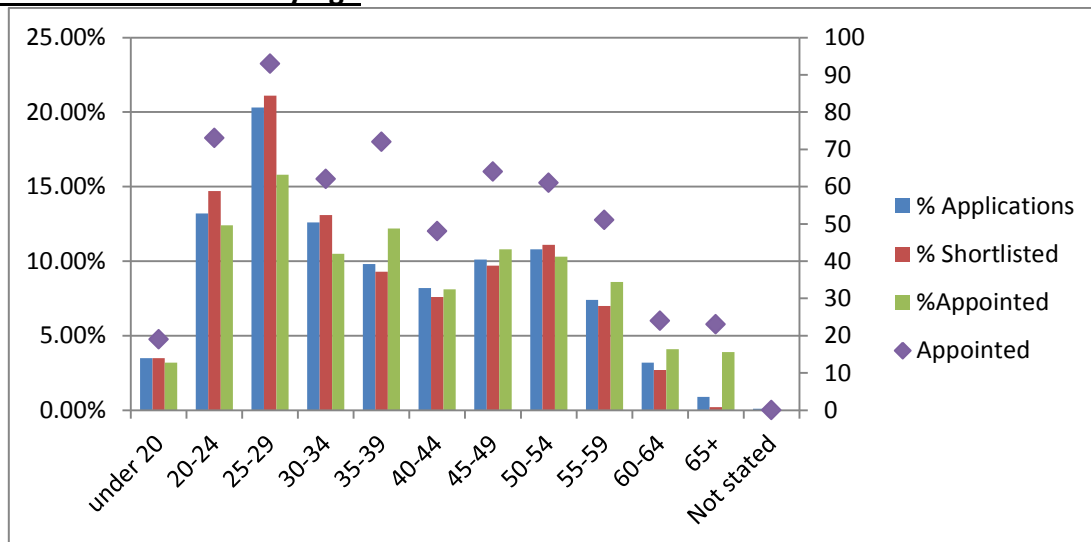
Appendix 5 - Recruitment and Resourcing data

Recruitment Outcomes by Gender



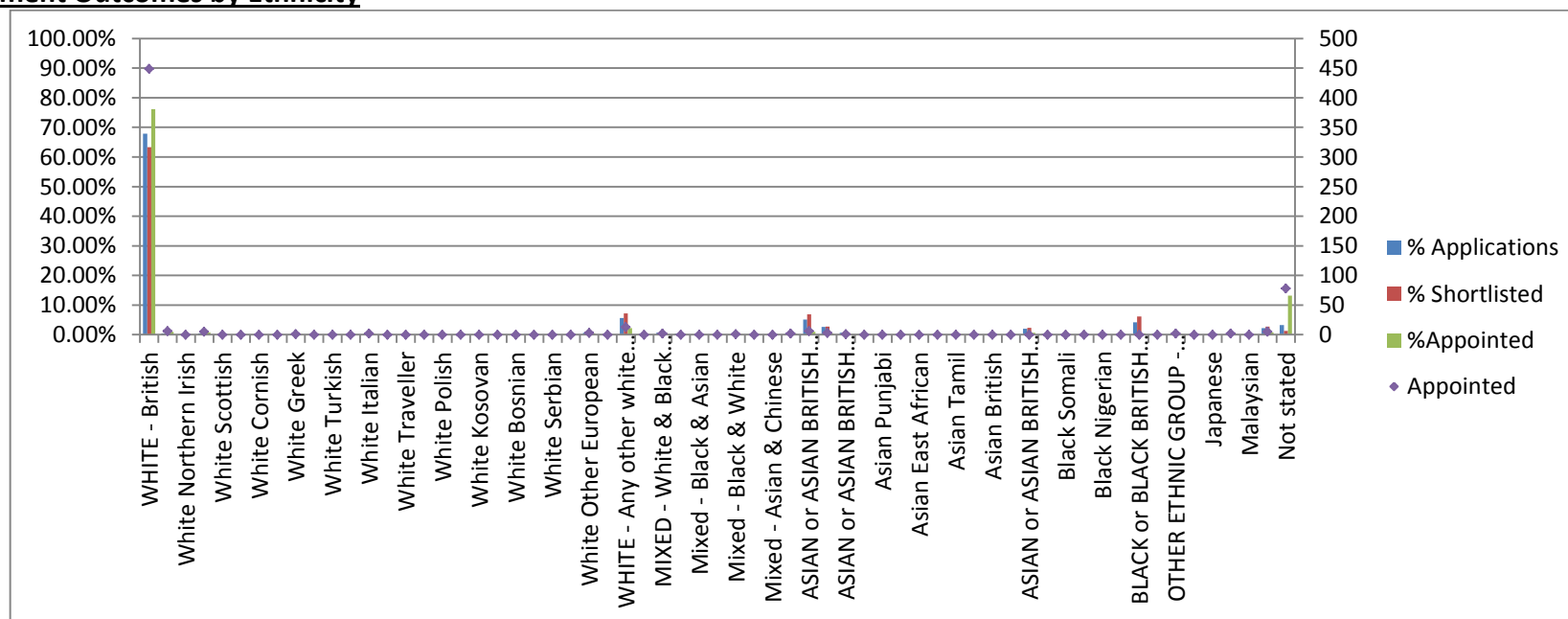
	Male	Female	I do not wish to disclose	Not stated
% Applications	32.7%	67.1%	0.2%	0.0%
% Shortlisted	36.0%	63.8%	0.2%	0.0%
%Appointed	28.3%	71.7%	0.0%	0.0%
Appointed	167	423	0	0

Recruitment Outcomes by Age



	under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Not stated
% Applications	3.5%	13.2%	20.3%	12.6%	9.8%	8.2%	10.1%	10.8%	7.4%	3.2%	0.9%	0.1%
% Shortlisted	3.5%	14.7%	21.1%	13.1%	9.3%	7.6%	9.7%	11.1%	7.0%	2.7%	0.2%	0.0%
%Appointed	3.2%	12.4%	15.8%	10.5%	12.2%	8.1%	10.8%	10.3%	8.6%	4.1%	3.9%	0.0%
Appointed	19	73	93	62	72	48	64	61	51	24	23	0

Recruitment Outcomes by Ethnicity

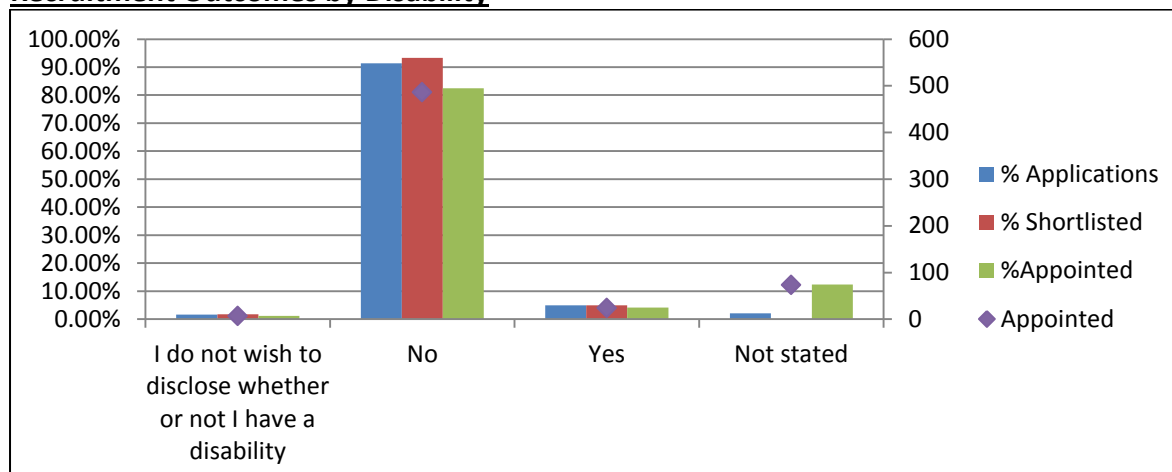


	WHITE - British	WHITE - Irish	White Northern Irish	White English	White Scottish	White Welsh	White Cornish	White Cypriot	White Greek	White Greek Cypriot	White Turkish	White Turkish Cypriot	White Italian	White Irish Traveller
% Applications	67.90%	0.50%	0.00%	0.50%	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	0.40%	0.00%
% Shortlisted	63.30%	0.30%	0.00%	0.40%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	0.20%	0.00%
%Appointed	76.10%	1.00%	0.00%	0.80%	0.00%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	0.30%	0.00%
Appointed	449	6	0	5	0	0	0	0	1	0	0	0	2	0

	White Traveller	White Gypsy/Romany	White Polish	White ex-USSR	White Kosovan	White Albanian	White Bosnian	White Croatian	White Serbian	White other ex-Yugoslav	White Other European	White mixed	WHITE - Any other white background	MIXED - White & Black Caribbean
% Applications	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.70%	0.00%	5.60%	0.20%
% Shortlisted	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.90%	0.00%	7.20%	0.10%
%Appointed	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	0.00%	2.20%	0.00%
Appointed	0	0	0	0	0	0	0	0	0	0	3	0	13	0
	MIXED - White & Black African	MIXED - White & Asian	Mixed - Black & Asian	Mixed - Black & Chinese	Mixed - Black & White	Mixed - Chinese & White	Mixed - Asian & Chinese	MIXED - any other mixed background	ASIAN or ASIAN BRITISH - Indian	ASIAN or ASIAN BRITISH - Pakistani	ASIAN or ASIAN BRITISH - Bangladeshi	Asian Mixed	Asian Punjabi	Asian Kashmiri
% Applications	0.70%	0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	5.10%	2.60%	0.70%	0.10%	0.10%	0.00%
% Shortlisted	0.80%	0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.50%	6.90%	2.70%	1.00%	0.10%	0.10%	0.00%
%Appointed	0.30%	0.20%	0.00%	0.00%	0.20%	0.00%	0.00%	0.30%	1.00%	0.50%	0.20%	0.00%	0.00%	0.00%
Appointed	2	1	0	0	1	0	0	2	6	3	1	0	0	0
	Asian East African	Asian Sri Lankan	Asian Tamil	Asian Sinhalese	Asian British	Asian Caribbean	ASIAN or ASIAN BRITISH - Any other Asian Background	BLACK or BLACK BRITISH - Caribbean	Black Somali	Black Mixed	Black Nigerian	Black British	BLACK or BLACK BRITISH - African	BLACK or BLACK BRITISH - Any other black background
% Applications	0.00%	0.10%	0.00%	0.00%	0.10%	0.00%	2.00%	0.30%	0.00%	0.00%	0.20%	0.00%	4.20%	0.30%
% Shortlisted	0.00%	0.00%	0.00%	0.00%	0.10%	0.00%	2.30%	0.30%	0.10%	0.00%	0.40%	0.00%	6.20%	0.50%
%Appointed	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.70%	0.00%	0.00%	0.00%	0.20%	0.00%	0.50%	0.00%
Appointed	0	0	0	0	0	0	4	0	0	0	1	0	3	0

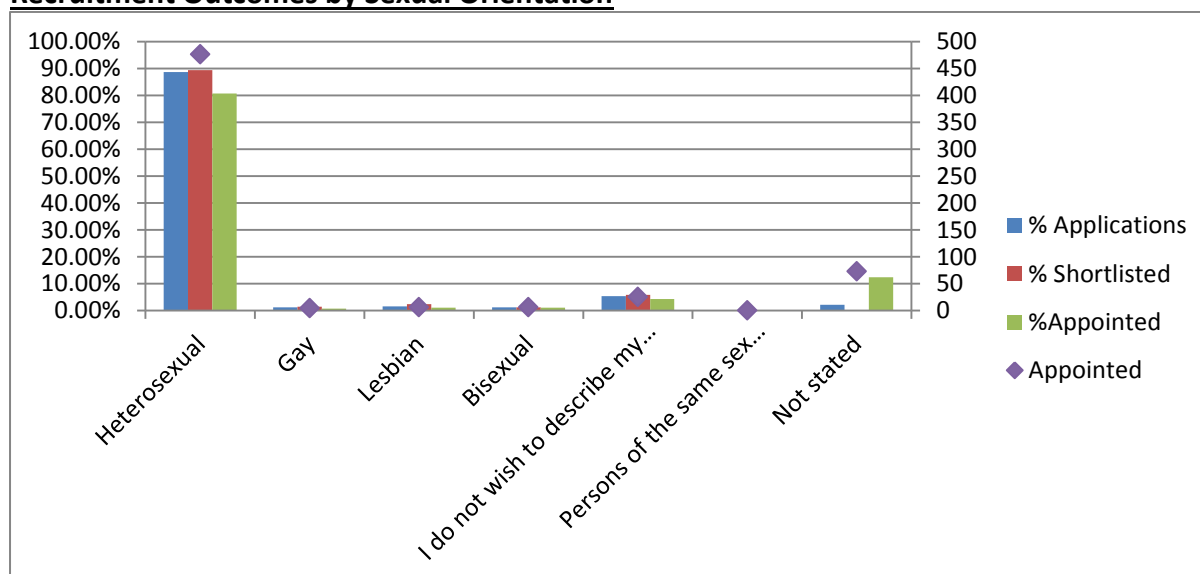
	OTHER ETHNIC GROUP - Chinese	Vietnamese	Japanese	Filipino	Malaysian	OTHER ETHNIC GROUP - Any other ethnic group	Not stated
% Applications	0.40%	0.00%	0.00%	0.20%	0.00%	2.20%	3.30%
% Shortlisted	0.30%	0.00%	0.00%	0.20%	0.00%	2.70%	1.30%
%Appointed	0.30%	0.00%	0.00%	0.30%	0.00%	0.80%	13.20%
Appointed	2	0	0	2	0	5	78

Recruitment Outcomes by Disability



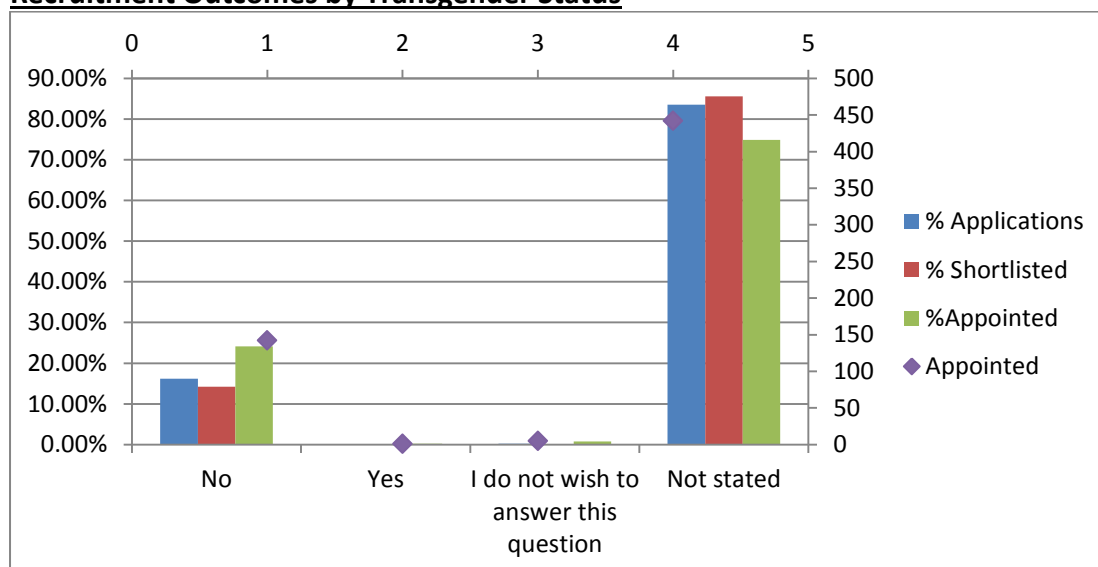
Disability	I do not wish to disclose whether or not I have a disability	No	Yes	Not stated
% Applications	1.6%	91.4%	5.0%	2.1%
% Shortlisted	1.8%	93.3%	5.0%	0.0%
%Appointed	1.2%	82.4%	4.1%	12.4%
Appointed	7	486	24	73

Recruitment Outcomes by Sexual Orientation



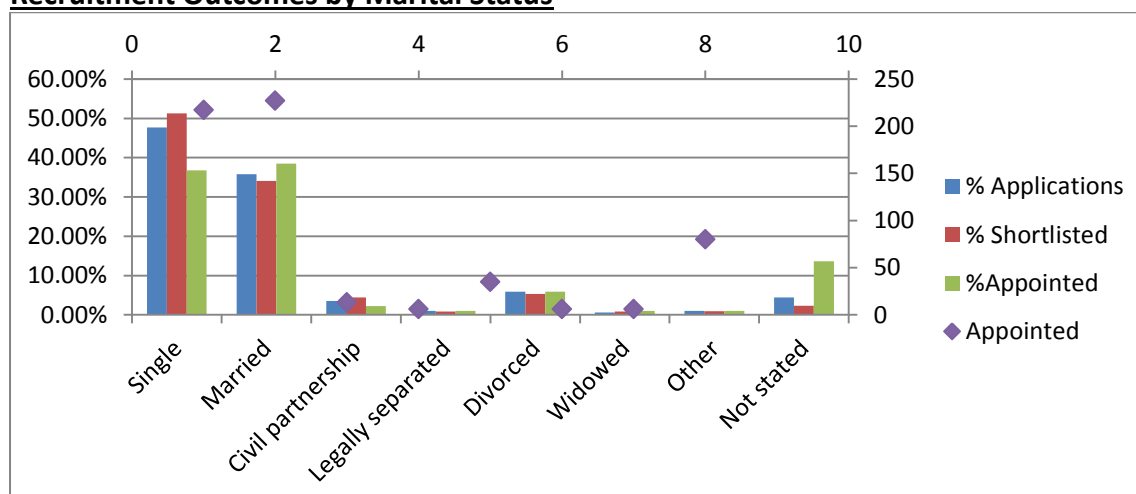
Sexual Orientation	Heterosexual	Gay	Lesbian	Bisexual	I do not wish to describe my sexual orientation.	Persons of the same sex (Gay or Lesbian)	Not stated
% Applications	88.6%	1.2%	1.5%	1.2%	5.3%	0.0%	2.1%
% Shortlisted	89.3%	1.4%	2.3%	1.1%	5.8%	0.0%	0.0%
%Appointed	80.7%	0.7%	1.0%	1.0%	4.2%	0.0%	12.4%
Appointed	476	4	6	6	25	0	73

Recruitment Outcomes by Transgender Status



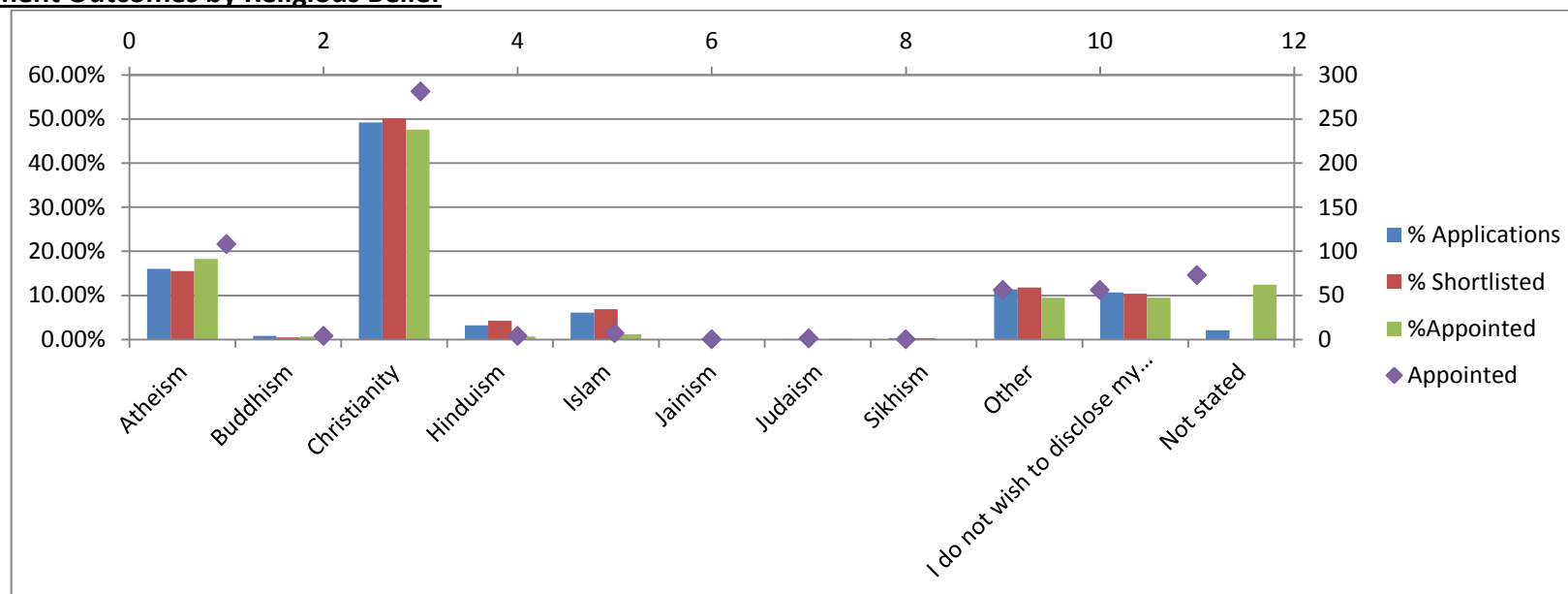
Transgender	No	Yes	I do not wish to answer this question	Not stated
% Applications	16.2%	0.1%	0.2%	83.5%
% Shortlisted	14.2%	0.0%	0.1%	85.6%
%Appointed	24.1%	0.2%	0.8%	74.9%
Appointed	142	1	5	442

Recruitment Outcomes by Marital Status



Marital Status	Single	Married	Civil partnership	Legally separated	Divorced	Widowed	Other	Not stated
% Applications	47.7%	35.8%	3.5%	1.0%	5.9%	0.6%	1.0%	4.4%
% Shortlisted	51.3%	34.1%	4.4%	0.8%	5.3%	0.8%	0.9%	2.3%
%Appointed	36.8%	38.5%	2.2%	1.0%	5.9%	1.0%	1.0%	13.6%
Appointed	217	227	13	6	35	6	6	80

Recruitment Outcomes by Religious Belief



Religion	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	I do not wish to disclose my religion/belief	Not stated
% Applications	16.0%	0.8%	49.2%	3.2%	6.1%	0.0%	0.1%	0.3%	11.4%	10.7%	2.1%
% Shortlisted	15.5%	0.5%	50.1%	4.3%	6.9%	0.0%	0.0%	0.3%	11.8%	10.4%	0.0%
%Appointed	18.3%	0.7%	47.6%	0.7%	1.2%	0.0%	0.2%	0.0%	9.5%	9.5%	12.4%
Appointed	108	4	281	4	7	0	1	0	56	56	73