



Humber Teaching
NHS Foundation Trust

Equality, Diversity & Inclusion Annual Report | 2020-2021



**Caring, Learning
& Growing Together**

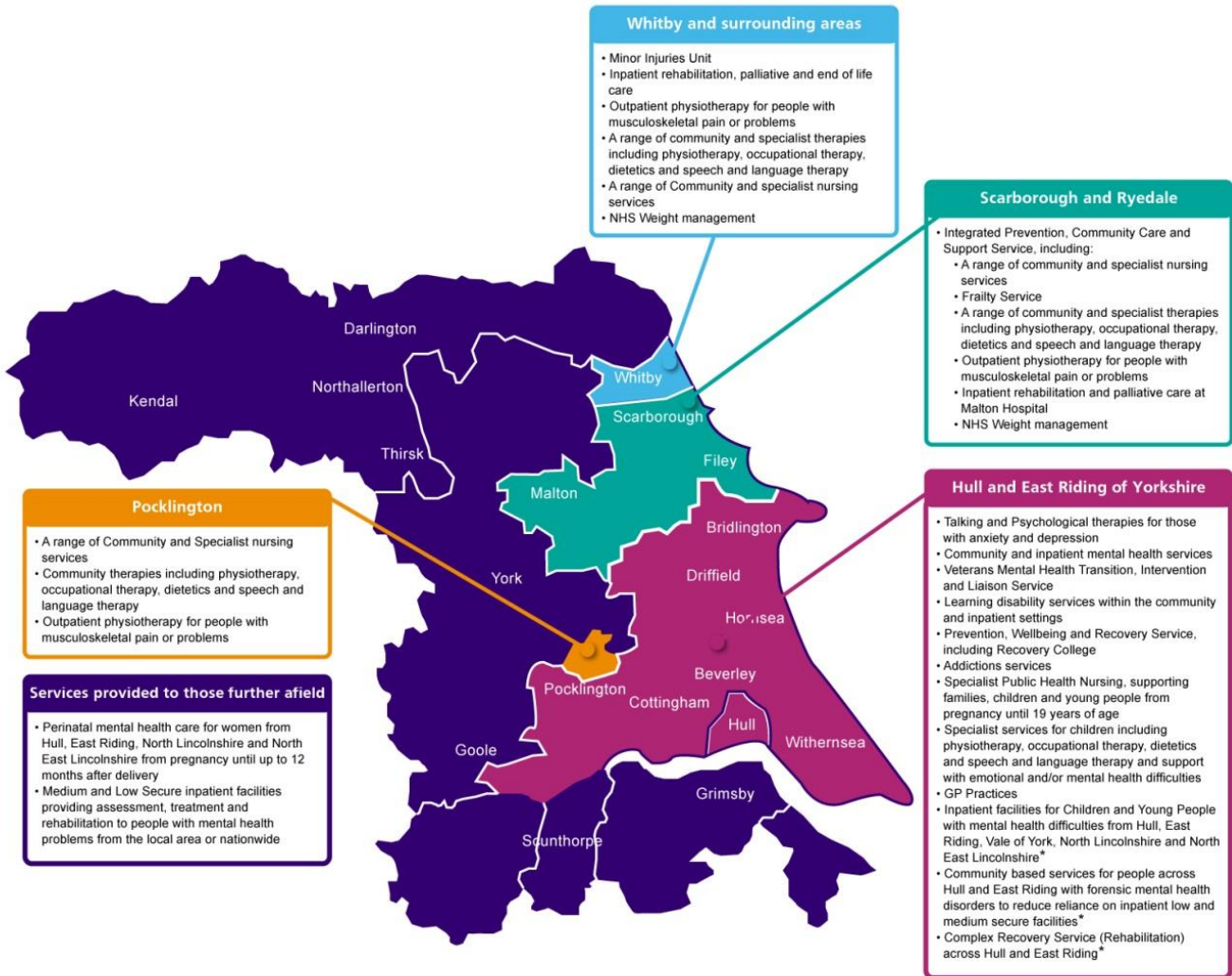


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*** Please note all photos were taken pre COVID**

1. Introduction

Humber Teaching NHS Foundation Trust provides a broad range of services across a wide geographical area.



Services marked with an asterisk * are new services for 2020/2021

We employ approximately 2,800 staff across more than 79 sites at locations throughout five geographical areas; Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale. We provide care to a population of 765 thousand people of all ages who live within an area of more than 4,700 square kilometres, which contains some areas of isolated rurality, dispersed major settlements and pockets of significant deprivation.

As a teaching Trust, we work closely with our major academic partners; Hull York Medical School and University of Hull and other educational establishments. This close working relationship enables us to nurture the future generation of doctors, nurses and other health care professionals.

Our workforce is paramount to delivering high quality care for our patients and the organisation strives to be an employer of choice locally and one which offers long term employment opportunities combined with structured personal and professional development.

This Equality Diversity and Inclusion Annual Report has been approved by the Trust Board and will be reviewed regularly to ensure it evolves and adapts to the changing environment in which we operate. All data in the report is as at 31st March 2021 unless explicitly stated otherwise.

The Patient and Carer Experience strategy defines how Humber Teaching NHS Foundation Trust will engage with people, listen and respond to their experiences so that we can improve patient and carer experience and satisfaction within our services. *The Humber Way* is about continuing to engage and involve patients, service users, carers and staff in the design and delivery of our services. The strategy has been designed to support delivery of the Trust vision and values, as shown below. The 'Operational Plan on a Page' for 21/22 is currently under development but will provide further detail on our Strategic Goals.





Patient and Carer Experience Strategy 2018–2023



2. Governance and Regulations of Equality, Diversity and Inclusion

The Trust has governance mechanisms in place to ensure assurances are provided in relation to our equality duties.

2.1 Patients, Service Users and Carers

Equality, Diversity and Inclusion (ED&I) is a standard agenda item at our Patient and Carer Experience forums and Staff Champions of Patient Experience forum. A six monthly update is presented to the Quality and Patient Safety group and Quality Committee within the Patient and Carer Experience report. An annual update is presented to the Quality and Patient Safety group, Quality Committee and Trust board within the Patient and Carer Experience annual report.

2.2 Staff

In line with its public sector duty to improving Equality and Diversity, the Trust measures its staff EDI data and annually actions improvements through the Equality Delivery Standard (EDS2), the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) as well as Gender Pay Gap reporting. From November 2019, Equality and Diversity initiatives have been driven through an EDI Working Group, with representation from across the Trust and inclusive of all protected characteristics. This group reports into the Workforce and OD Committee.

2.3 Community Consultation through Networks

The Trust ensures decision making regarding Equality, Diversity and Inclusion is in consultation with the community through a range of local and regional networks, these include:

- Local groups such as the Equality, Diversity and Inclusion Partnership
- Regional groups such as the Yorkshire and Humber Regional E&D leads network
- East Riding Disability Advisory Group
- Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum
- East Riding Carers Advisory Group (CAG)
- Humber All Nations Alliance (HANA)

2.4 Mandatory Equality, Diversity and Inclusion training for all Trust Staff

All staff new to the Trust undertook mandatory Equality, Diversity and Inclusion training in 2020/21 via the online ESR system, where classroom based training took place via MS Teams due to COVID-19 restrictions. In March 2020 the Trust rolled out ESR self-enrolment which has enabled staff to undertake their statutory and mandatory training from any device and also book onto classroom learning. This has helped reduce administration and improve access. Existing staff are required to undertake the same training every three years to ensure compliance with regulations.

In 2020 -2021 – Humber Teaching NHS Foundation Trust staff completed EDI online training ensuring 94.8% compliance, an improvement of 5.16% on 19/20. The Trust target is upwards of 85%.

The training covers the following Equality, Diversity and Inclusion criteria:

- Explaining the terms Equality, Diversity and Human Rights and why they are important
- Explain how policies and the law can help us create a more inclusive workplace
- Explain what we mean by health inequalities and how they can be reduced
- Explain why we need to know about peoples different backgrounds and why it is important not to make assumptions about individuals
- Describe what you can do to challenge prejudice and discrimination

The Trust EDI training module is reviewed on a quarterly basis to ensure it is current and fit for purpose.

2.5 Freedom to Speak Up

As a Trust we believe that speaking up about any concern staff have at work is really important. The Trust has responsibility to have the systems and processes in place to ensure that the staff feel 'free to speak up'. It is the responsibility of the Trust Board of Directors to engender an open culture which invites and encourages both the positive and negative feedback from all who use and work with our services. Patient safety is the prime concern and our staff are often best placed to identify where care may be falling below the standard of our patients deserve.

The Trust has a dedicated Freedom to Speak Up Guardian. This is a required role for the Trust which was identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, outside the organisation. Additionally, two new deputies have been recruited to support the Guardian and they have been trained in receiving concerns and will give staff information about where they can go for further support.

In the past 12 months the Trust has received a total of 24 speak up contacts. This is nearly half the numbers recorded during 2019/20, which was 44. During the year, the Freedom to Speak Up Guardian (FTSU) has been joined by two newly created Deputy FTSU positions to support the work undertaken. In particular one of the roles will specifically support the work to reach out in the North Yorkshire area. Of the concerns raised, some required onward signposting to other services within the Trust but a significant number of concerns raised were able to be resolved through Trust procedures and policy.

3. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty (PSED)



When the Equality Act 2010 came into statute, it brought together and replaced all previous equalities legislation. The Equality Act 2010 is the primary piece of legislation around equalities.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011. The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

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

These are referred to as the three aims of the General Equality Duty.

The protected characteristics and other groups

The Equality Act 2010 brought together previous gender, race and disability duties and extended the protection from discrimination to nine protected characteristics.

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, which may be vulnerable to potential discrimination for a range of reasons.

Protected characteristic groups	Other potentially disadvantaged groups, people living with / in
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty
Pregnancy and maternity	Geographical isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug use
Sexual orientation	Limited family or social network

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

3.1 Publication of an equality, diversity and inclusion annual report

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion. The equality, diversity and inclusion annual report includes a wide range of information, including the Trusts work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS2).

Once approved the annual report is published on the Trust's website ([Equality Diversity and Inclusion Annual Report 201920.pdf \(humber.nhs.uk\)](https://www.humber.nhs.uk/equality-diversity-and-inclusion-annual-report-201920.pdf))

3.2 Equality Impact Assessment

Equality Impact Assessment is the mechanism through which the Trust is able to demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality Impact Assessment ensures that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of Equality Impact Assessment (EIA) in place and from 2018 all significant papers and documents going to the Trust Board are underpinned by an equality impact analysis, through which the potential equality related impacts are identified, mitigated and removed.

3.3 Gender Pay Gap Reporting

From March 2018 a new statutory requirement in relation to gender pay gap reporting was introduced. Information about the Trust's gender pay gap can be found on the government website at <https://gender-pay-gap.service.gov.uk/Employer/MR7rAEq0/2019>.

The associated report and proposed actions can be located on the Trust's website at [Gender Pay Gap Report 2020.pdf \(humber.nhs.uk\)](#)

The full Trust Gender Pay Gap Report can be found in Appendix **7.3 Gender Pay Gap Report 2020** with a summary of the key information below as at the reporting period during 2019/20:

- The Trust's mean gender pay gap is 12.59%
- The Trust's median gender pay gap is 1.75%
- The Trust's mean bonus gender pay gap is 3.11%
- The Trust's median bonus gender pay gap is 59.92%
- The proportion of males receiving a bonus payment is 1.20%
- The proportion of females receiving a bonus payment is 0.25%

Whilst the Trust has a Gender Pay Gap of 12.59%, which is significantly lower than the National average of 17.9%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.28% Females and 21.72% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 14 people receiving additional benefits and these are all Clinical Excellence Awards for Medical Staff.

3.4 Hard to Reach Groups

The EDI leads for staff, patients, service users and carers attend regular forums across the local area to engage with partnership organisations and community members where a range of protected characteristics are represented.

During 20/21, in collaboration with the Trust's Health Stars, the HEY Smile Foundation appointed a Black Asian and Minority Ethnic Wellbeing Coordinator. The role is to work with the wider local communities in order to reduce health inequalities by improving access to services and Enhance the physical and mental wellbeing of our BAME communities. The Black Asian and Minority Ethnic Wellbeing Coordinator has worked with the EDI leads for staff, patients, service users and carers on a number of projects including the DOST BAME Befriending and Signposting Scheme.

The forums include: Hull Independent Advisory Group, East Riding Equalities Network, Hull Engagers Network, the Hull and East Riding Lesbian, Gay, Bisexual and Transgender (LGBT) forum, East Riding Carers Advisory Group (CAG) and the Equality, Diversity and Inclusion local network. Partnerships are strengthening with local Black, Minority Ethnic (BME) groups in particular the Humber All Nations Alliance (HANA) and Ashiana.

We have representation from the majority of these groups on our Patient and Carer Experience forum.

The Trust's Chaplain provides a range of spiritual and pastoral care needs and has knowledge of a range of religious faiths and practices and supports individuals on a variety of issues, often complex and multi-cultural.

To ensure inclusion and collaboration with hard to reach staff groups the Trust has expand upon its staff networks and in 20/21 established a BAME staff network to complement our existing LGBT+ network. The BAME staff network will be instrumental in the Trusts work with the Workforce Race Equality Standard (WRES). Further to this, the Trust developed the guidance Staff Networks a Framework for Operating to better support staff network chairs in the operation of the networks and establish both the support available from the Trust as well as the Trusts expectations.

Transitioning is a challenging period in a person's life and our refreshed Supporting Transgender Patients Policy will contribute to contributing to improving the experience of trans patients when receiving care at the Trust as well as guide clinicians on how to better support trans patients going through transition.

4. Mandatory Duties – NHS Standard Contract



4.1 Impact of Covid-19 Pandemic on NHS reporting

During 20/21, the NHS was still subjected to the strict measures to curtail the spread of the virus which were introduced by the UK Government in March 2020, as a response to the international Coronavirus pandemic.

However, a business as usual approach has ensured that despite the restrictions the Trust has maintained its analysis and gathering of WDES, WRES and gender pay gap information and is reported normally.

4.2 Implementation of the NHS Equality Delivery System (EDS2)

Implementation of EDS2 is mandated for all NHS organisations in the NHS Standard Contract.

EDS2 is a toolkit designed around four primary goals:

- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – A representative and supported workforce
- Goal 4 – Inclusive leadership

The EDS2 is implemented in a three-staged process:

- Self-assessment

- Peer reviewed assessment
- Stakeholder Reviewed assessment

The Trusts ES2 Summary Report can be found in Appendix 6 - Equality Delivery System (EDS2) Summary Report 2020

4.3 Implementation of the NHS Workforce Race Equality Standard (WRES)

The WRES is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. Built around nine indicators, the WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

In the 2020 staff survey - only 4.79% of staff (an increase of 0.09% on the 2019 figure of 4.7%) are of a non-white origin this compares to our geographical area, as shown in the table below.

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

Information about the Trust's WRES work can be located on the Trust website: [Workforce Race Equality Standard Report 2020.pdf \(humber.nhs.uk\)](https://www.humber.nhs.uk/workforce-race-equality-standard-report-2020.pdf)

The 2021 Workforce Race Equality Standard submission process will commence from 1 July 2021 with a final submission deadline of 1 August 2021 for the last financial year (2020/21).

Summary analysis of the Trust's Workforce Race Equality Standard (WRES) data for 2020:

- 20% of BAME staff believe they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 26.1% for white colleagues. However, 20% is a decrease on the previous year by 19.5%.
- 28.6% of BAME staff believe they experienced harassment, bullying or abuse from staff in the last 12 months, this compares with 21.4% for white colleagues. However, 28.6% is a decrease of 1.1% on 2018 when 29.7% of BAME staff believed they experiencing harassment, bullying or abuse from staff in the last 12 months.
- 81.8% of BAME staff believe that the organisation provides equal opportunities for career progression or promotion, this compares with 83% for white colleagues.

However, 81.8% demonstrates a decline of 7.5% on 2018 where 89.3% of BAME staff believed the organisation provides equal opportunities for career progression or promotion.

- 11.4% of BAME staff believe they experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 5.9% for white colleagues. However, 11.4% demonstrates a slight rise of 0.9% on 2018 where 10.5% of BAME staff believe they experienced discrimination at work from a manager/team leader or other colleagues in the last 12 months.

The Trust will continue to review the experiences of our BAME employees and, in collaboration with our BAME staff network, establish objectives and action plans to support our staff. The information will be provided to our Equality, Diversity and Inclusion Group.

A Model Employer

A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS outlines the ambitions set by NHS England and NHS Improvement and reflected in the Long Term Plan, for each NHS organisation to set its own target for BME representation across its leadership team and broader workforce. The strategy will provide accelerated, intensive support to local NHS organisations on increasing the recruitment of BME staff at senior levels

At the time of submitting the WRES in 2020, the BAME workforce represented 4.79% of the overall workforce which is very representative of BAME communities in North Yorkshire, Humber and East Riding of Yorkshire, all of which have less than 5% BAME population.

There were a total of 9 BAME staff in roles 8a to VSM and 22 in senior medical roles (consultant, trainee etc.), as such that represents 1.09% of the overall workforce are BAME staff in 8a or higher positions, the NHS England comparative figure for BAME workforce in 8a or higher positions is 11.20%. This compares to 170 White Staff in roles 8a to VSM and 76 in senior medical roles (consultant, trainee etc.), which represents 8.65% of the workforce.

Subsequently, the Trust has a gap of 7.56% ($8.65\% - 1.09\% = 7.56\%$) and compares with the NHS England comparison figure of 7.74%.

4.4 Implementation of the NHS Workforce Disability Equality Standard (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. 5.32% of the Trusts workforce has an LTC or illness.

By 1st August 2021 NHS Trusts and Foundation Trusts must:

- Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service.
- Complete and submit the WDES online reporting form.

Summary analysis of the Trust's Workforce Disability Equality Standard (WDES) data for 2020:

- 34.9% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of staff without a LTC or illness. However, 34.9% represents a slight increase of 1.2% on 2018 where 33.7% of staff with a LTC or illness believed they experienced harassment, bullying or abuse from patients, relatives or the public.
- 20% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of staff without a LTC or illness. However, 20% is a decrease of 4.1% on the 2018 figure of 24.1% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from a manager in the last 12 months.
- 18.3% of staff with a LTC or illness believe they experienced harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of staff without a LTC or illness. However, 18.3% demonstrates a decrease of 5.3% on 2018 figure of 23.6% of staff without a LTC or illness who believe they experienced harassment, bullying or abuse from other colleague in the last 12 months.
- 57% of staff with a LTC or illness reported the last time they believe they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 52.5% of staff without a LTC or illness. However, 57% demonstrates 0.9% increase on 2018 figure of 56.1% of staff with a LTC or illness reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.
- 79.5% of staff with a LTC or illness believe that their organisation provides equal opportunity for career progression or promotion, this compares with 84.5% of staff without a LTC or illness. However, 79.5% represents a decline of 5.3% on 2018 figure of 84.8% of staff with a LTC or illness who believe that their organisation provides equal opportunity for career progression or promotion.
- 25.2% of staff with a LTC or illness believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of staff without a LTC or illness. However, 25.2% represents a decline of 3.2% on 2018 figure of 28.4% of staff with a LTC or illness who believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- 36.4% of staff with a LTC or illness are satisfied with the extent to which their organisation values their work, this compares to 45.7% of staff without a LTC or illness. However, 36.4% represents a slight improvement of 0.7% on 2018 figure of 35.7% of staff with a LTC or illness reporting they were satisfied with the extent to which their organisation values their work.
- 79.4% of staff with a LTC or illness believe their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.

The Trust will continue to review the experiences of our Disabled employees and, in collaboration with Humber Ability the Trust's Disability Staff Network, establish objectives and action plans to support our staff. This information will be provided to our Equality, Diversity and Inclusion Group.

4.5 NHS Accessible Information Standard (AIS)

The AIS came into effect for all NHS organisations in July 2016. In order to ensure that the Trust complies with the standard clinicians identify if a patient or service user has additional communication needs during the initial assessment. The information is captured within the patient record to inform teams of any communication needs. An alert is placed on the patient's record and is visible for clinicians to see.

In December 2018 the Trust purchased software called Browsealoud for the website. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language. The website can now be translated into 99 languages and read aloud in 40 of the most commonly spoken languages in the world. Any of the website content can be converted into an audio file and listened to offline. Also, distractions can be blocked or removed from the page allowing the individual to focus on the most important parts. In 2020/21 the Browsersaloud software was accessed 1592 times, 3.8 times more than 2019.

Our Communication's team produce information to ensure it is written in simple, plain English and is easy to understand and produce information in larger font sizes for the visually impaired. Patients who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language can access our interpreter and translation services. The Trust has access to a Healthwatch Read Right panel (East Riding Healthwatch) who provides feedback on our patient information.

Our Learning Disability (LD) Service has access to an information sheet including hints and tips for making information accessible and the service has a subscription to Widgit. The community and inpatient LD staff have access to Speech and Language Therapy Services who can advise on specific accessible information for a patient centred approach.

Further to this, in March 2021, the Trust was we scored at #4, out of 211 NHS Trusts nationwide for website accessibility. Silktide, a company that compares millions of websites, has analysed NHS trust and CCG websites for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. Website accessibility is the practice of making a website usable by everyone, regardless of ability or disability. Its primary aim is inclusion, no matter what a user's circumstance, and aims to ensure support for a variety of users, such as those with low vision who may have trouble reading low-contrast text on a web page or a user on a mobile device in bright sunlight. The article can be accessed here: [Humber Teaching NHS Foundation Trust #4 for accessibility online](#)

4.6 Provision of a System for Delivery of Interpretation and Translation Services

The Trust has three organisations that provide interpreter and translation services support to individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language. Hull City Council provides these services to our patients in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language.

Hull City Council meet 90% of our patient's requirements, if Hull City Council cannot meet the needs then they go to a different provider (including out of area); British Sign Language, Global Accent, AA Global Languages, DA Languages, Leeds City Council and Kirklees Council and book interpreters from them. Hull City Council provides interpreters in over 60 languages.

The Trust continues to utilise the Interpreter on Wheels initiative in mental health inpatient units, the Mental Health Response Service and West Hull and East Hull Community Mental Health Teams. This digital solution aids communication for our patients, service users and carers who speak English as their second language or require a British Sign Language interpreter.

5. The NHS Staff Survey 2020 – Equality, Diversity and Inclusion



In 2020 the Trust Staff Survey response rate was 43% which is an increase on the previous year of 40%. The Staff Survey score for Equality, Diversity and Inclusion was only 0.1pt off the very top score and ensured the Trust has come in 5th in the Top 10 Mental Health and Community Trusts on the theme of equality, diversity and inclusion. The article by Leading Healthcare can be accessed here: [NHS Staff Survey: Equality, diversity and inclusion, highest and lowest revealed – Leading Healthcare](#)

5.1 Areas of Strength for Equality, Diversity and Inclusion:

- We have seen an improvement in the accuracy of ESR workforce disability declarations, the figure now stands at 5.32%, this is an improvement on the previous year by 1.2% and reflects the work undertaken to clear over 1600 unspecified ESR entries regarding equalities data. This brings us nearer to the Staff Survey figure.
- 74% of BAME staff say they enjoy coming into work, which is +16% higher than is reported by their white peers and higher than the average of 58% for the benchmarking of the Trusts staff;
- 88% of BAME staff say they are enthusiastic about their job which is +14% higher than is reported by their white peers and higher than the Trust average of 75%;
- 72% of BAME Staff are able to meet all the conflicting demands on their time at work, which is +24% higher than white colleagues and higher than the average of 49%;
- 66% of BAME staff reported being satisfied with the extent to which the organisation values their work, which is +14% higher than their white peers and is considerably higher than the average of 52%;

- 84% of staff over the age of 66 reported in the last three months they have not come to work despite not feeling well enough to perform their duties, this is +25% higher than younger age groups and considerably higher than the average which is 57%.
- 51% of LGBT+ staff reported that learning and development activities they have completed in the last 12 months have helped to improve their chances of career progression, which is +9% higher than non-LGBT+ staff and higher than the average which is 41%;
- 89% of staff with a religion other than Christian reported that they are able to make suggestions to improve the work of their team / department, which is +10% higher than the Trust average;
- 95% of staff with a religion other than Christian reported in their experience when patients / service users ask an allied health professional an important question, they get answers that can be clearly understood, this is +17% higher the Trust average.

5.2 Areas for Improvement for Equality, Diversity and Inclusion:

- 54% of BAME staff believe their immediate manager asks for their opinion before making decisions that affect their work, this is lower than the incidence reported by white staff which is 65%;
- 18.4% of BAME staff believe they have experienced discrimination at work from manager/team leader or other colleagues in the last 12 months, this compares with 3.8% for white colleagues
- 25.2% of staff with a LTC or illness believe they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of staff without a LTC or illness;
- 38% of staff with a LTC or illness reported in the last three months they have not come to work despite not feeling well enough to perform their duties, this compares to 57% of staff without a LTC or illness;
- 50% of staff who support others reported in the last three months they have not come to work despite not feeling well enough to perform their duties, this is -11% lower than staff who do not support others;
- 63% of LGBT+ staff reported they believe patients / service users receive enough emotional support from staff in the organisation, this is -15% lower than non-LGBT+ staff. However, the numbers involved are very low and statistically one staff member can significantly impact the percentage;
- 53% of staff over the age of 66 believe staff involve patients / service users in decisions about their care and treatment, which is -31% lower than the Trust average;
- 57% of staff with a religion other than Christian reported they had a conversation with their manager about fulfilling their potential at work, which is -10% lower than the Trust average.

6.1 Equality Objectives – What we did last year



Despite the Covid-19 restrictions, during 2020/2021 the Trust undertook a wide range of initiatives to meet with Trust equality objectives and ensure the Trust works toward the Public Sector Equality Duty, these included:

- Introduced BAME Staff Network;
- Established an EDI and Inequalities Operational Group
- Trust Chaplain hosted a virtual Pride service to open our Pride Awareness week
- In collaboration with the BAME Staff Network, the trust celebrated Black History Month with a schedule of events, speakers and resources in during October 2020;
- Held a Virtual Pride Event to celebrate Hull Pride with a schedule of events, speakers and resources in July 2020;
- In collaboration with Learning & Development offered MESMAC LGBT+ training;
- Produced Supporting Transgender Patients Procedure in collaboration with internal and external stakeholders;
- Produced Reducing Aggression Towards Staff by Patients, Carers and the public Procedure in collaboration with internal and external stakeholders;
- Celebrated Chinese new year in Feb 2021;
- Introduced Staff Network – Framework for Operation guidance to provide structure for Trust Staff Networks;
- Partnered with Midlands Police Authority as part of their Inclusion Week events;

- ESR Project worked to reduce over 1600 'unspecified' ESR entries relating to workforce protected characteristics led to 55% reduction by Feb 2021 and more accurate ESR records for equality staff groups such as LGBT, BAME and Disability
- Reviewed and renewed partnership with Stonewall, the Leading LGBT Rights Organisation, as Diversity Champion to support inclusive working culture and acceptance without exception;
- Celebrated LGBT History Month with a schedule of events in Feb 2021;
- Refreshed an Equality, Diversity and Inclusion Working Group with new Chair, new Terms of Reference and enhanced membership;
- Introduced EDI Insight Report to provide equalities intelligence for directorates
- Provided Equality Impact Assessment (EIA) for a range of new policy and procedures ensuring staff groups with protected characteristics are not unfairly disadvantaged;
- Produced WDES and WRES action plans and published on Trust Website;
- Produced Gender Pay Gap Report for the Trust and published on Trust Website;
- Worked with a number of specific areas/teams to provide bespoke and ad hoc EDI training, updates and awareness for staff;
- Developed a range of communications for staff to support wider diversity awareness such as Ramadan, Trans Visibility Day and Gypsy, Romany and Traveller History Month;
- Supported better use of gender neutral language through communications;
- Celebrated International Women's Day in March 2021;
- Championed the use of terms 'gender expression' and 'gender identity' throughout policy and procedure to ensure better inclusivity for the LGBT+ community;
- Developed and held LGBT+ and Trans Awareness training with Workforce and OD staff;
- Developed a range of communications for staff to support diversity such as LGBT+ History Month, Ramadan, Trans Visibility Day, Black History Month and Gypsy, Romany and Traveller History Month;
- Developed podcasts for Trans Awareness, Gender pay gap and Stonewall Diversity Champions;
- Refreshed intranet EDI pages and developed new resources;
- Supported Menopause for Managers and Staff workshop with resources and intranet update;
- Supported Hull Pride Working Group;
- Supported better use of gender neutral language through communications;
- Improved use of terms 'gender expression' and 'gender identity' throughout policy and procedure to ensure better inclusivity for the LGBT+ community;

6.2 Patients, Service Users and Carers Objectives 2020/21 – Outcomes

Over the past year the Trust has been delivering on the patient, service user and carer priorities identified in the 8th March 2020 workshop. Due to the national Covid-19 restrictions we will continue to work on these priorities during 2021/22.

The table below highlights progress made on the priorities over the past twelve months.

Nº	Objective	Outcome
1	To improve access to digital technology in particular for hard to reach groups.	<p>The Trust renewed its Browsealoud licence for a further three years.</p> <p>A working group meets regularly to look at a digital offer for deaf people in crisis.</p> <p>Due to Covid- 19 digital platforms (in particular MS Teams) were introduced and this is helping some of our patients, service users and carers access meetings in particular where they find it difficult to leave the house to get to a meeting.</p> <p>The Trust has made significant improvements to the website, including enhancements for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. To this end it has been scored number 4 out of 211 NHS Trusts nationwide for website accessibility.</p> <p>The Patient Information Project commenced in the Autumn 2020 and will create a single online repository of patient information resources on our Trust website in a searchable, accessible and supportive way for patients and their families. It aims to improve patient communication and ensures that everyone has access to a range of useful health and wellbeing information resources, ensuring consistency of patient information across services, improves accessibility and allowing staff to share patient information across services.</p> <p>The project is collaboration between the Communications Team, Patient Experience Team and University of Hull Students Computer Science Masters Students who are completing the project as part of their course. It has been done at no cost to the Trust and is due for complete in May 2021. There has been patient, carer and stakeholder engagement through a workshop and a future plan is in place for a panel of testers once the second phase of development has taken place.</p>
2	To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected	<p>The Patient Experience Team is working with patients, service users, carers and staff to develop a Patient and Carer Experience (PACE) training package. Work is underway to develop PACE training modules which will be hosted on the new Recovery College platform.</p> <p>The Trust has been working with local Carers Support</p>

Nº	Objective	Outcome
	characteristics.	organisations to develop a training package to support staff and carers. The Carers Champion training is now available for our staff to access on ESR and soon our patients, service users and carers will be able to access the training on our Recovery College platform. The training has been designed to help identify unpaid carers, raise awareness in our services, families or community and be fully equipped to signpost a carer to the support available from local carers support service organisations. By undertaking this training individuals and teams are able to help carers access the right support to improve their wellbeing and those who they are caring for.
3	To continue to develop interpretation and translation services for people who speak English as their second language.	The Trust continues to provide these services to our patients; Hull City Council provide Interpretation and Translation services for people living in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language. At the start of Covid- 19 the Trust rolled out Language Line's three way telephone Interpretation service to all teams across the Trust.
4	To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	An Equality, Diversity, Inclusion and Inequalities Operational Group was created in November 2020 and has representation from all four Divisions and Corporate Services and has a patient/carers representative . A task and finish group has been created to develop strengthened reporting processes for collecting demographical data including protected characteristics and inequalities personal information on people accessing our services. A co-produced patient information leaflet is in the design phase to support patients, service users, carers and staff to help inform people as to why we collect this information.

6.3 Proposed Patient, Service Users and Carer Equality Objectives 2021/22

	Trust Strategic Goals						
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values	
Objective							Outcome
To improve access to digital technology in particular for hard to reach groups.	✓	✓			✓	✓	A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.
To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics.	✓	✓		✓			A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.
To continue to develop interpretation and translation services for people who speak English as their second language.	✓		✓	✓		✓	Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.
To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.	✓	✓				✓	A greater understanding of who accesses our services and from what protected group. The will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.

6.4 Patient, Service Users and Carer Equality Objectives 2021/22 Road Map

Apr 2022

“A greater understanding of who accesses our services and from what protected group. This will influence which communities we need to actively engage with to help inform the provision and development of our service offer for this cohort of patients.”

“Individuals who speak English as their second language will be actively involved in decisions about their care and the Trust will have assurance that this group will have their needs understood and met in a co-produced way.”

“A culturally competent workforce to demonstrate empathy, care and compassion from an EDI perspective which will lead to improved patient, service user, carer and staff experience.”

Dec 2021

“A wider reach of individuals with a protected characteristic will be actively engaged in the EDI agenda and their voices will be heard to help inform the provision and development of our services.”

July 2021

6.5 Staff Objectives 2020/21 - Outcomes

Nº	Objective	Outcome
1	The introduction of a Disability Staff Group.	<ul style="list-style-type: none"> Humber Ability Staff Disability Network introduced July 2020 Bi-monthly meetings held
2	Deliver bullying and harassment awareness training for managers	<ul style="list-style-type: none"> Learning outcomes agreed Training development completed by external consultant GB and IMP Training. Delivery will commence when face to face training can return.
3	Review and revise the Bullying and Harassment Policy and procedure.	<ul style="list-style-type: none"> Bullying and harassment policy due for renewal in December 2021. Policy and procedure linked with learning outcomes for bullying and harassment awareness training for managers.
4	Disability Awareness training for managers will help support managers dealing with sickness related to disability and ensure staff only attend work when well enough to do so.	<ul style="list-style-type: none"> Consultation identified a need for a programme of awareness and advice Guidance documentation produced for staff and managers
5	Produce a Reasonable Adjustments guidance document.	<ul style="list-style-type: none"> Reasonable Adjustments Disability guidance developed Guidance documents produced for managers, staff and the application form.
6	Reduce the number of 'unspecified' in staff records when reporting disability, religion and sexual orientation.	<ul style="list-style-type: none"> ESR Project has reduced 'unspecified' ESR entries relating to workforce protected characteristics by 55% (March 2021)
7	Provide support to BME staff with preparing applications for regional 'Stepping Up Programmes' to develop career progression opportunities.	<ul style="list-style-type: none"> NHS Leadership Academy 'Stepping Up' Programme for 20/21 has been delayed and will recommence when face to face training returns. The Trust will then provide workshops/resources to help improve likelihood of applications being successful
8	Set up a Multi-Faith Staff Group.	<ul style="list-style-type: none"> Moved to June 2021 Will be developed in line with the Trust's framework for operating staff network guidance
9	Establish a Women's Career Development Group to provide peer support for ambitious female staff.	<ul style="list-style-type: none"> Consultation identified this should be a programme of coaching and mentoring and advice network from women of influence and position. 'Growing your own' aspect is met by Trust leadership development programmes and the High Potential Development Scheme.
10	Deliver recruitment and selection training for managers	<ul style="list-style-type: none"> Learning outcomes agreed Training development completed by external consultant GB and IMP Training. Delivery will commence when face to face training can return.

6.6 Proposed Staff Equality Objectives 2021/22

	Trust Strategic Goals					
	Innovating Quality & Patient Safety	Enhancing prevention, wellbeing and recovery.	Fostering innovation, partnership and alliances.	Developing an effective and empowered workforce	Maximising an efficient and sustainable organisation.	Promoting people, communities and social values
Objective						
Produce quarterly EDI insight deep dive report April, July, Oct, Jan		✓	✓	✓	✓	✓
Roll out bullying and harassment face to face training for managers (previously postponed due to COVID).	✓	✓	✓	✓	✓	✓
Roll out recruitment and selection face to face training for managers (previously postponed due to COVID).	✓	✓	✓	✓	✓	✓
Develop EDI action plans for: <ul style="list-style-type: none"> • MH unplanned • MH Planned • Children's and LD • Community and PC • Secure Services • Corporate functions 	✓	✓	✓	✓	✓	✓
Establish Staff Network log of activity and actions to formulate a wider EDI plan and ensure EDI Steering Group is sighted on the short, medium and long term activities of the networks.				✓	✓	✓
Develop Workforce Race Equality Action Plan (WRES) in co-production with BAME Staff Network			✓	✓	✓	✓
Develop Workforce Disability Equality Action Plan (WDES) in co-production with Disability Staff Network			✓	✓	✓	✓

7.1 Appendix 1 - Staff Survey Communications

Where we did well...

The figures, which are published today (11th March 2021), show that we had a **significant improvement against 68% of questions answered** compared to 2019. The results identify **77 areas of strength** as a Trust including:



We continue to see improvements to scores linked to our work on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) helping meet our vision of being a fully inclusive workplace.

Where we can improve...

The following results have improved against our 2019 results, but remain areas of focus.



Over the coming months, work will continue to build on the positive difference that is already being seen, including the ongoing development of our leadership teams, the evaluation of our learning and development offer, and looking at more ways in which to further support your well-being and make our Trust a great place to work.

7.2 Appendix 2 - PROUD – Investing in You, Valuing You



Progress So Far...



PROUD is our internal programme of Organisational Development with U at the heart of it. This programme was developed following feedback from the National Staff Survey, which told us what was important to you and how it feels working at Humber Teaching NHS Foundation Trust.

We are committed to **investing in you** and **valuing you** and during 2020/21 we have:

- EMT and SMT Performance Coaching
- Action Learning Sets
- Humber High Potential Scheme
- Nye Bevin Funding
- Business Partnering Programme
- EMT and board development
- Proud Working Group
- Appraisal process and support
- CMHT Hull West OD Support
- Leadership and Senior Leadership Development Programme
- Staff Health, Wellbeing and Engagement

Next Steps:

- Staff Charter Review
- Values Based Recruitment
- Behavioural Standards Workshop
- In house Coaching and Mentoring
- Impact Analysis
- Winning Awards

Gender Pay Gap Report 2020



- 1. Introduction**
- 2. What is the Gender Pay Gap?**
- 3. Gender Profile across the Humber Teaching NHS Foundation Trust**
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 - 4.4 Median Bonus Gender Pay Gap**
 - 4.5 The proportion of males and females receiving a bonus payment**
 - 4.6 The proportion of males and females in each quartile pay band**
- 5. Conclusion**
- 6. PROUD – Investing in You, Valuing You**
- 7. Action Plan**

1. Introduction

Humber Teaching NHS Foundation Trust – Gender Pay Gap Report

The Humber Teaching NHS Foundation Trust has three core values which are Caring, Learning and Growing. We have a Workforce and Organisational Development Strategy which has 4 strategic priorities:

1. Healthy Organisational Culture
2. Capable & Sustainable Workforce
3. Effective Leadership & Management
4. Enabling Transformation & Organisational Development

Our first priority: Healthy Organisational Culture includes promoting equality and valuing diversity. As an organisation we score higher than the national average in the staff survey for the percentage of staff believing that the organisation provides equal opportunities for career progression or promotion and lower than the national average for the percentage of staff experiencing discrimination at work.

Although we have achieved much in creating an environment where people feel we provide equal opportunities and take action against any discrimination we are not complacent and set annual priorities around our Public Sector Equality Duties.

We can use the results of this Gender Pay Gap report to assess:

- the levels of gender equality in our workplace
- the balance of male and female employees at different levels
- how effectively talent is being maximised and rewarded

Through analysis of the report's findings the challenge in our organisation and across Great Britain is to eliminate any gender pay gap. However, the gender pay gap should not be confused with equal pay.

Equal pay deals with the pay differences between male and females who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender. Humber Teaching NHS Foundation Trust supports the fair treatment and reward of all staff irrespective of gender or any other protected characteristic.

In producing this report we recognise that we have more to do to reduce the gender pay gap and we remain committed to a workplace that respects and harnesses equality and diversity. We will work to improve the gender pay gap by undertaking the actions set out at the end of this report.

2. What is the Gender Pay Gap?

The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings e.g. women earn 15% less than men. Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.

What is the difference between the gender pay gap and equal pay?

The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are. In some cases, the gender pay gap may include unlawful inequality in pay but this is not necessarily the case.

Guidance: Managing Gender Pay Reporting. ACAS

It is a legal requirement for all relevant employers to publish their gender pay report within one year of the 'snapshot' date: this year's date being 28th August 2020. All employers must comply with the reporting regulations for any year where they had a headcount of 250 or more employees on the 'snapshot' date.

Relevant employers must follow the rules in the regulations to calculate the following information:

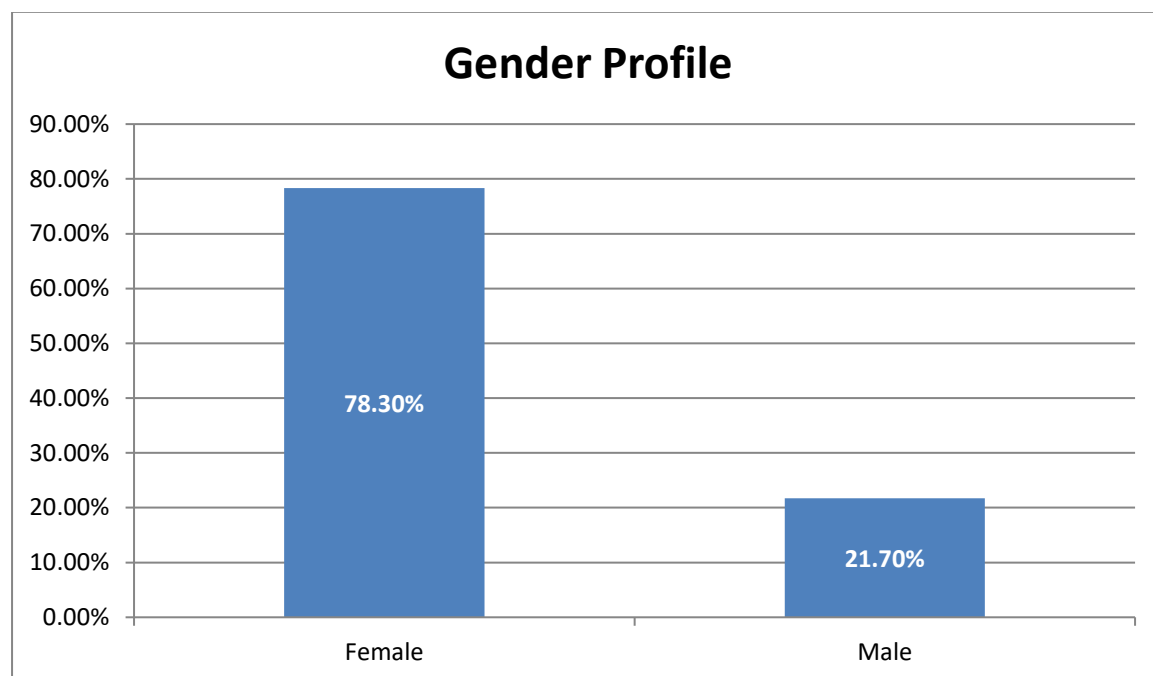
- Their mean gender pay gap
- Their median gender pay gap
- Their mean bonus gender pay gap
- Their median bonus gender pay gap
- Their proportion of males receiving a bonus payment
- Their proportion of females receiving a bonus payment
- Their proportion of males and females in each quartile pay band
- A written statement, authorised by an appropriate senior person, which confirms the accuracy of their calculations. However, this requirement only applies to employers subject to the Equality Act 2010 (gender Pay Gap Information) Regulations 2017.

Most NHS trusts will fall into the above category and thus must comply. With this in mind, IBM suppliers of the 'Electronic Staff Record' have developed a report which uses the required calculations to produce the gender pay gap data.

3. Gender Profile across the Humber Teaching NHS Foundation Trust

78.3% of the Trust's staff are female, with 21.7% being male. This is largely in line with the national NHS figures where 77% of employees are female.

This is shown graphically below:



4. Humber NHS Foundation Trust - Gender Pay Gap Report 2020

Below are 4 tables outlining the Trust's Gender Pay Gap, in summary:

- The Trust's mean gender pay gap is 12.59%
- The Trust's median gender pay gap is 1.75%
- The Trust's mean bonus gender pay gap is 3.11%
- The Trust's median bonus gender pay gap is 59.92%
- The proportion of males receiving a bonus payment is 1.20%
- The proportion of females receiving a bonus payment is 0.25%

The proportion of males and females in each quartile pay band is:

- Quartile 1: 82.50% Female and 17.50% Male
- Quartile 2: 75.23% Female and 24.77% Male
- Quartile 3: 81.10% Female and 18.90% Male
- Quartile 4: 74.97% Female and 25.03% Male

Gender Pay Gap Data

Average & Median Hourly Rates

Gender ▲ ▼	Avg. Hourly Rate	Median Hourly Rate
Male	17.6405	14.0274
Female	15.4187	13.7819
Difference	2.2218	0.2455
Pay Gap %	12.5951	1.7500

Number of employees | Q1 = Low, Q4 = High

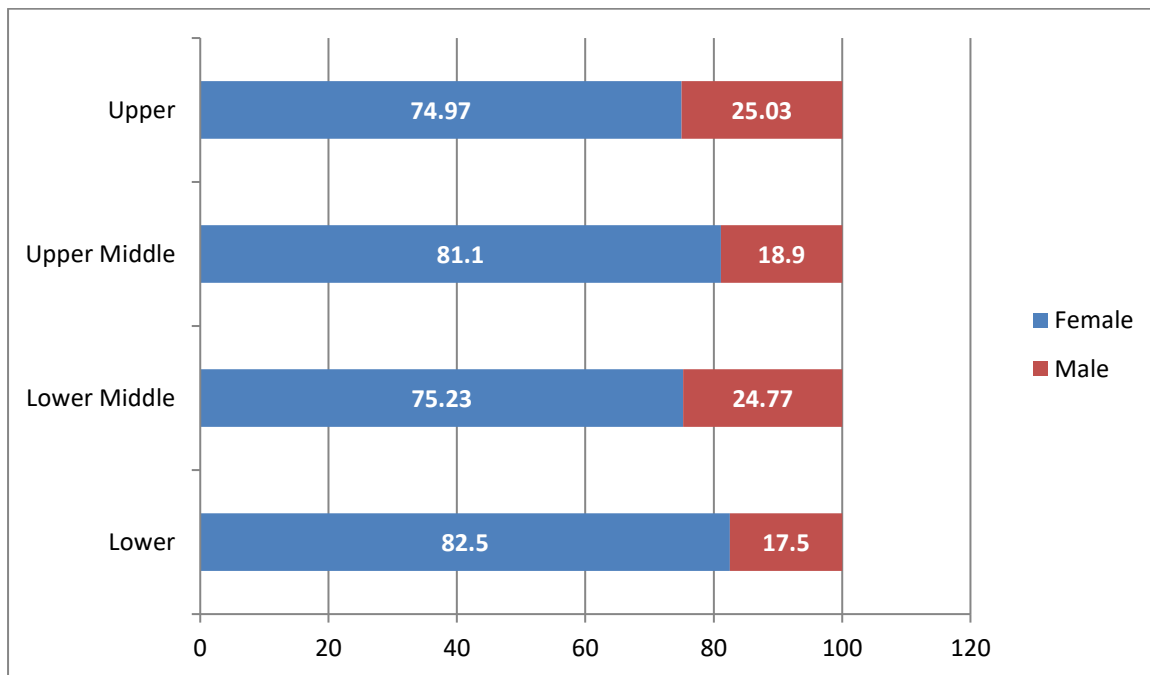
Quartile	Female	Male	Female %	Male %
1	575.00	122.00	82.50	17.50
2	568.00	187.00	75.23	24.77
3	562.00	131.00	81.10	18.90
4	569.00	190.00	74.97	25.03

Gender Pay Gap Bonus Data

Gender ▲ ▼	Avg. Pay	Median Pay
Male	9,727.52	7,540.02
Female	9,425.39	3,021.75
Difference	302.13	4,518.27
Pay Gap %	3.11	59.92

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	6.00	2414.00	0.25
Male	8.00	667.00	1.20

Proportions of Genders in each Quartile



4.1 Mean Gender Pay Gap:

The calculation shows the difference between the mean average hourly rate of pay that male and female full-pay relevant employees receive. For all calculations full pay does not mean full time, it means that a person has received their full pay therefor people on maternity leave with half pay and those on sick leave with half pay are excluded.

The calculation is undertaken by subtracting the mean average hourly rate of pay of all female full-pay employees from the mean average hourly rate of pay of all male full-pay employees and dividing the result by the mean average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean gender pay gap is 12.59%

4.2 Median Gender Pay Gap:

The calculation shows the difference between the median hourly rate of pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median hourly rate of pay of pay of all female full-pay employees from the median average hourly rate of pay of all male full-pay employees and dividing the result by the median average hourly rate of pay of all male full-pay employees and multiplying it by 100.

- The Trust's median gender pay gap is 1.75%

4.3 Mean Bonus Gender Pay Gap:

The calculation shows the difference between the mean average bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the mean average bonus pay of all female full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) from the mean average hourly rate of pay of all Caring Learning Growing male full-pay employees (who were paid bonus pay during the 12 month period ending with the snap shot date) and dividing the result by the mean average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's mean bonus gender pay gap is 3.11%

The only people reported to have received bonus pay are Medical Staff who have received Clinical Excellence Awards. There are 14 people who received bonus pay (8 Males and 6 Females). Despite being less in number due to their seniority, longevity of service and experience the female's awards were higher than the males.

4.4 Median Bonus Gender Pay Gap:

The calculation shows the difference between the median bonus pay that male and female full-pay relevant employees receive.

The calculation is undertaken by subtracting the median bonus pay of all female full-pay employees from the median average bonus pay of all male full-pay employees and dividing the result by the median average bonus pay of all male full-pay employees and multiplying it by 100.

- The Trust's median bonus gender pay gap is 59.92%

4.5 The proportion of males and females receiving a bonus payment:

These two calculations show the proportion of male employees who were paid bonus pay and the proportion of female employees who were paid bonus pay.

Male-This calculation is undertaken by dividing the number of males who were paid bonus pay in the qualifying period by the total number of male employees and multiplying by 100.

Female- This calculation is undertaken by dividing the number of females who were paid bonus pay in the qualifying period by the total number of female employees and multiplying by 100.

- The proportion of males receiving a bonus payment is 1.20%
- The proportion of females receiving a bonus payment is 0.25%

The difference in the figures can be explained by the high proportion of females in the organisation, however the numbers of staff receiving bonuses is still very low.

4.6 The proportion of males and females in each quartile pay band:

This calculation shows the proportions of male and females in four quartile pay bands, the calculation is undertaken by dividing the workforce into four equal parts;

- firstly, all relevant employees are ranked from lowest hourly rate of pay to the highest hourly rate of pay
- Secondly, the list is divided into four sections called quartiles with an equal number of employees in each section

The proportion of males and females in each quartile pay band is:

- Quartile 1: 82.50% Female and 17.50% Male
- Quartile 2: 75.23% Female and 24.77% Male
- Quartile 3: 81.10% Female and 18.90% Male
- Quartile 4: 74.97% Female and 25.03% Male

The highest proportion of male employees per quartile is in the highest bracket whilst the lowest proportion is in the lowest bracket which results in the gender pay gap of 12.59%.

5. Conclusion

In 2019, the gender pay gap in the UK was 17.3%, which means that on average, women were paid approximately 83p for every £1 men were paid. Whilst the Trust has a Gender Pay Gap of 12.59%, which is significantly lower than the National average of 17.3%, it is worth remembering that the gender pay gap is not the same as unequal pay. At Humber Teaching NHS Foundation Trust, the gender pay gap is not because people doing the same jobs are being paid differently according to their gender - which would also be unlawful - instead, it is because there are more men than women in higher paid roles. Nationally, NHS consultants, for example, are predominately male with only 36% of NHS Consultants being female.

The Trust as a whole has a proportion of 78.30% Females and 21.70% Male and whilst the Trust has a high proportion of Female staff overall this is generally in line with National NHS Figures (77%). There are proportionately more female staff than male staff working at lower bands and adversely proportionately more male staff working at higher bands however the numbers involved in the Trusts data are relatively small but make a significant difference to the percentages. Nevertheless, this is in line with National NHS Figures where men make up 20% of Band 1 - 4, 18% of Band 5 – 7 and 31% of band 8a – 9.

The number of staff being paid bonuses is very low with a total of 14 people receiving additional benefits and these are all Clinical Excellence Awards to Medical Staff.

6. PROUD – Investing in You, Valuing You



Our **PR**ogramme of **O**rganisational **D**evelopment with **U** at the heart of it ensures we continue to invest and value our workforce. Incorporating the views from the 2017 and 2018 staff survey, the PROUD work will enhance leadership and management development, improve the quality of appraisals and establish ways to recognise and harness the talent here at Humber.

The aim of PROUD is to:

- recognise and enhance the skills of staff
- celebrate our strengths as individuals and teams
- work collaboratively
- be solution focussed

PROUD initiatives that will support gender equality across the Trust include:

- Offering over 200 places on the leadership development programmes so all managers and those aspiring to be managers can attend
- creating a Humber Talent Pool
- launched the ShinyMind app to help us all to be more resilient, connect with each other and share positivity
- started a Leadership Forum (for managers band 3 – 7)
- increased the Trust training budget allocation by £150,000
- Provided bespoke support to departments to improve working relationships
- Refreshed our Senior Leadership Forum
- Embed our behavioural standards into the way we recruit to ensure it is based upon our values

7. Action Plan – What is Humber Teaching NHS Trust Going to Do?

Actions to improve the Trust's Gender Pay Gap align with the Trust's wider organisational strategic goals, in particular Goal 04 - Developing an effective and empowered workforce.

To meet this goal the Trust has committed to:

- Develop a healthy organisational culture;
- Invest in teams to deliver clinically excellent and responsive services;
- Enable transformation and organisational development through shared leadership.

Nº	Action	When	Review
1	Monitor and review gender pay gaps	Annually	Apr 2021
2	Use Equality Impact Assessments to monitor and review recruitment and promotion policies and processes to ensure any barriers to recruitment or promotion are identified and removed	Annually	Apr 2021
3	Implement "Positive Action" measures where necessary and appropriate, particularly in senior appointments, to advance gender equality in senior roles	As required	Monthly
4	Continue to develop flexible working options and workforce strategies to improve recruitment and retention of staff, including supporting female staff to return to work following maternity or adoption leave	Ongoing	Monthly
5	Share Gender Pay Gap data with the Trust's Equality & Diversity Steering Group, which will consider any further actions	Annually	Apr 2021
6	Implement Woman's Career Development Group, a programme of coaching, mentoring and advice network from women of influence and position - work alongside Proud and talent development programme	Sept 2020	Apr 2021



Humber Teaching

NHS Foundation Trust

Workforce Race Equality Standard (WRES) Report 2020

Humber Teaching NHS Foundation Trust



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 - 2.3 WRES Indicator 3 – Disciplinary Process**
 - 2.4 WRES Indicator 4 – Non-Mandatory Training and CPD**
 - 2.5 WRES Indicator 5 – Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**
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- 4. Recommendations**
- 5. Appendix 1 – Workforce Race Equality Standard (WRES) Submission at March 2020**
- 6. Appendix 2 - Workforce Race Equality Standard (WRES) Action Plan**

1. Introduction

The NHS Workforce Race Equality Standard (WRES) was made available to the NHS in April 2015. It was developed following sustained engagement and consultation with key stakeholders within NHS organisations across England and using expert advice on the factors that would provide measurable and meaningful indicators of equality performance on which organisations can develop and improve.

The main purpose of the WRES is:

- ✓ to help local, and national, NHS organisations (and other organisations providing NHS services) to review their data against the nine WRES indicators,
- ✓ to produce action plans to close the gaps in workplace experience between white and Black and Ethnic Minority (BAME) colleagues, and,
- ✓ to improve BAME representation at the Board level of the organisation.

Commissioned by the NHS Equality and Diversity Council (EDC) and NHS England, the design and development of the WRES is underpinned by engagement with, and contributions from, the NHS and national healthcare organisations, including the WRES Strategic Advisory Group.

There is considerable evidence that the less favourable treatment of BAME colleagues in the NHS, through poor treatment and opportunities, has a significant impact on colleague well-being, patient outcomes and on the efficient and effective running of the NHS and that the measures needed to address such discrimination will benefit patient care and organisational effectiveness.

Research and evidence show, for example, that white shortlisted applicants are on average much more likely to be appointed than BAME shortlisted applicants.

BAME colleagues are more likely than white colleagues to experience harassment, bullying or abuse from other colleagues; are more likely to experience discrimination at work from colleagues and their managers, and are much less likely to believe that their organisation provides equal opportunities for career progression.

In general, the proportion of NHS board members and senior managers who are of BAME origin is significantly smaller than the proportion within the total NHS workforce and the local communities served.

NHS Trusts, including ourselves, are committed to supporting the work on the WRES across the NHS. We also take seriously our responsibilities as an employer to review our own performance against the WRES, and we commit to publishing our data and action plans on our website and intranet, in addition to submitting our data to NHS England for them to publish as appropriate.

The following information provides insight into the Humber Teaching NHS Foundation Trust current position for the period 1 April 2019 to 31 March 2020 against WRES Indicators and offers a comparison to prior years in order to track progress over a sustained period.

2. Workforce Race Equality Standard (WRES) Indicators

There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator focuses upon BAME representation on Boards.

The WRES highlights any differences between the experience and treatment of White staff and BAME staff in the NHS with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

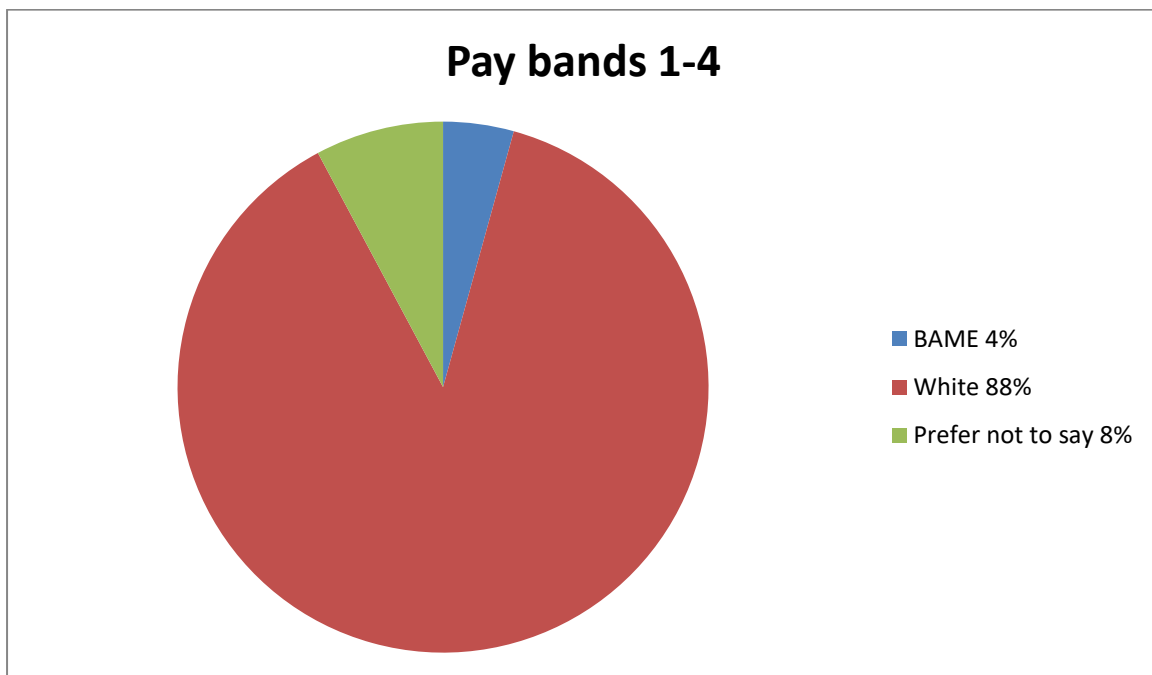
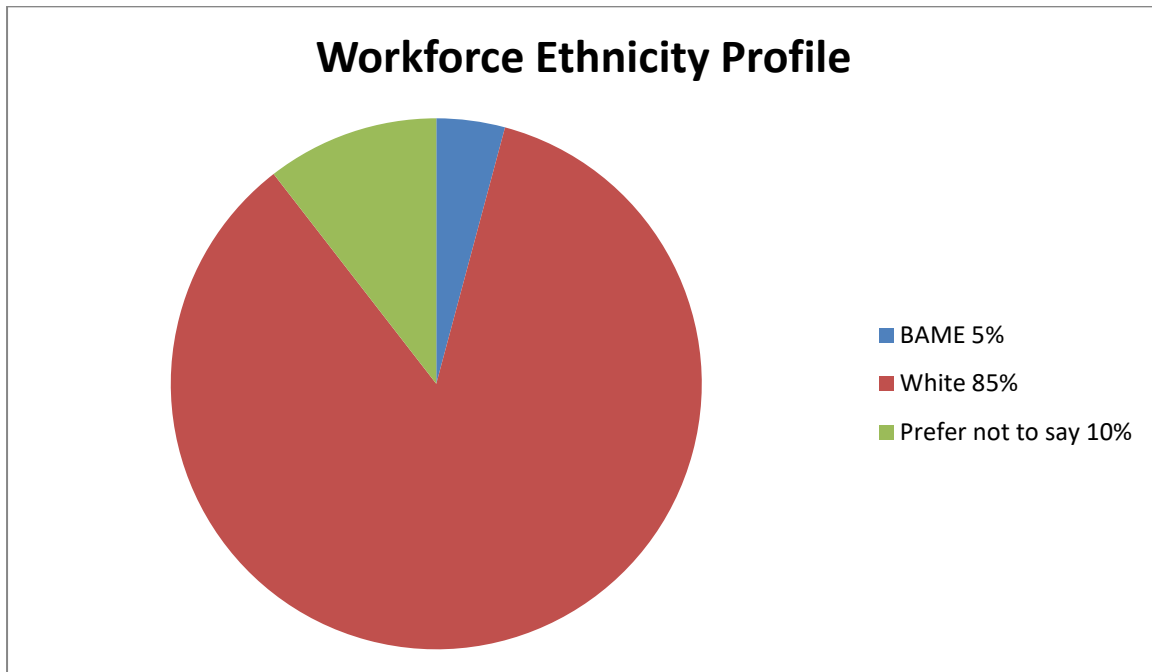
As a whole, the WRES Indicators have been chosen to be as simple and straightforward as possible and are based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and analysis requirements which good performing NHS organisations are already undertaking.

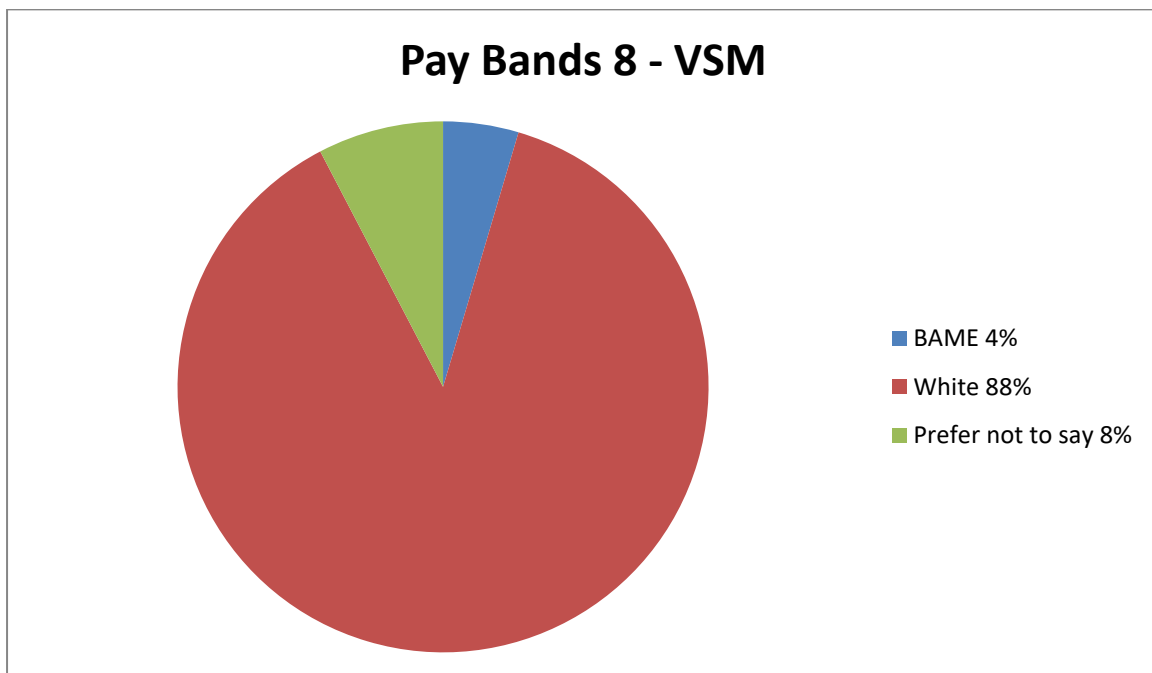
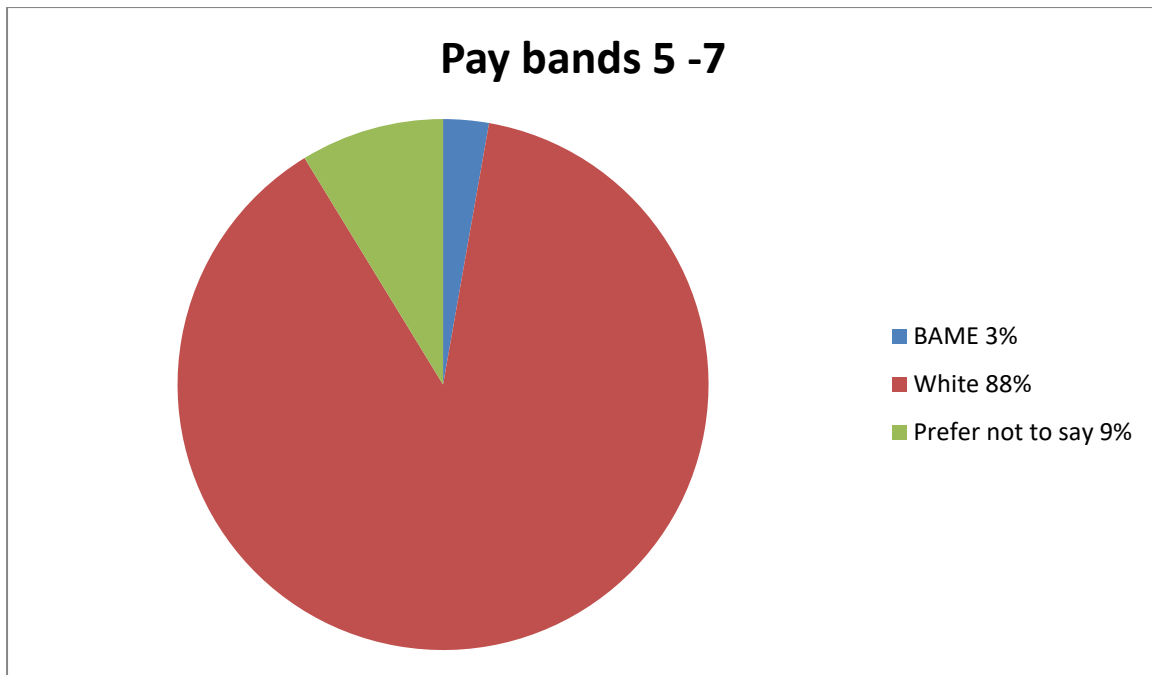
The development of the nine WRES indicators owes a great deal to consultation with and contributions from the NHS and key stakeholders.

The table below highlights the nine WRES indicators and where the information can be found.

Nº	WRES Indicator
Workforce Indicators (Source ESR)	
1	Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce
2	Relative likelihood of BAME staff being appointed from shortlisting compared to white staff
3	Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff
4	Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff
Staff Survey Findings (Source NHS Staff Survey)	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
8	Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues
Board Representation (Source ESR)	
9	Percentage difference between the organisations Board voting membership and its overall workforce

2.1 WRES Indicator 1 - Percentage of BAME staff in each of the AfC bands 1 – 9 or medical and dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.





Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 1 - Strength

In our 2019/20 WRES submission 4.7% of staff are BAME (an increase of 1.7% on the 2018/19 figure). This compares to our geographical area, as shown in the table below:

Trust Geographical Area and Ethnicity as detailed by the ONS 2016 and Census 2011

Data Observatory	Population (ONS 2016)	Ethnicity (Census 2011)
East Riding	337,696	3.8% non-White,
Humber	260,200	5.1% non-White
North Yorkshire	604,900 (Whitby 13,213)	2.6% non-White

The information provided with the WRES Indicator 1 shows that whilst BAME staff are marginally underrepresented in pay bands 5, 6 and 7 their representation at pay bands 1 - 4 as well as 8 and above is in line with the BAME representation in the overall workforce.

2.2 WRES Indicator 2 - Relative likelihood of BAME staff being appointed from shortlisting compared to white staff.

	Total	White	BAME	Unknown
Shortlisted applicants	829	774	47	8
Appointed from shortlisting	268	248	17	3
Relative Likelihood of appointment from shortlisting	32%	32%	36%	37.5%

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 2 - Strength

The relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 0.89 (where 1 indicates equal with BAME applicants) which compared to the national benchmark of 1.15 is showing a more positive position. Whilst this is a slight decline on last year, where the likelihood then was in favour of BAME staff at 0.83, any value near to 1 demonstrates equality of opportunity in shortlisting.

2.3 WRES Indicator 3 - Relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff.

	Total	White	BAME	Prefer not to say
Workforce	2843	2437	116	290
Number of staff entering the formal disciplinary process	18	14	0	4
Likelihood of staff entering the formal disciplinary process	0.0	0.57%	0%	1.38%

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 3 - Strength

The relative likelihood of BAME staff entering the formal disciplinary process (as measured by entry into a formal disciplinary investigation) compared to white staff is very low. This would suggest that across the Trust BAME staff are not disadvantaged by the disciplinary process or its application.

2.4 WRES Indicator 4 - Relative likelihood of BAME staff accessing non-mandatory training and CPD compared to white staff

	Total	White	BAME	Prefer not to say
Workforce	2843	2436	116	291
Number of staff accessing non-mandatory training and CPD	2470	2118	104	248
Likelihood of staff accessing non-mandatory training and CPD	0.97	87%	90%	85%

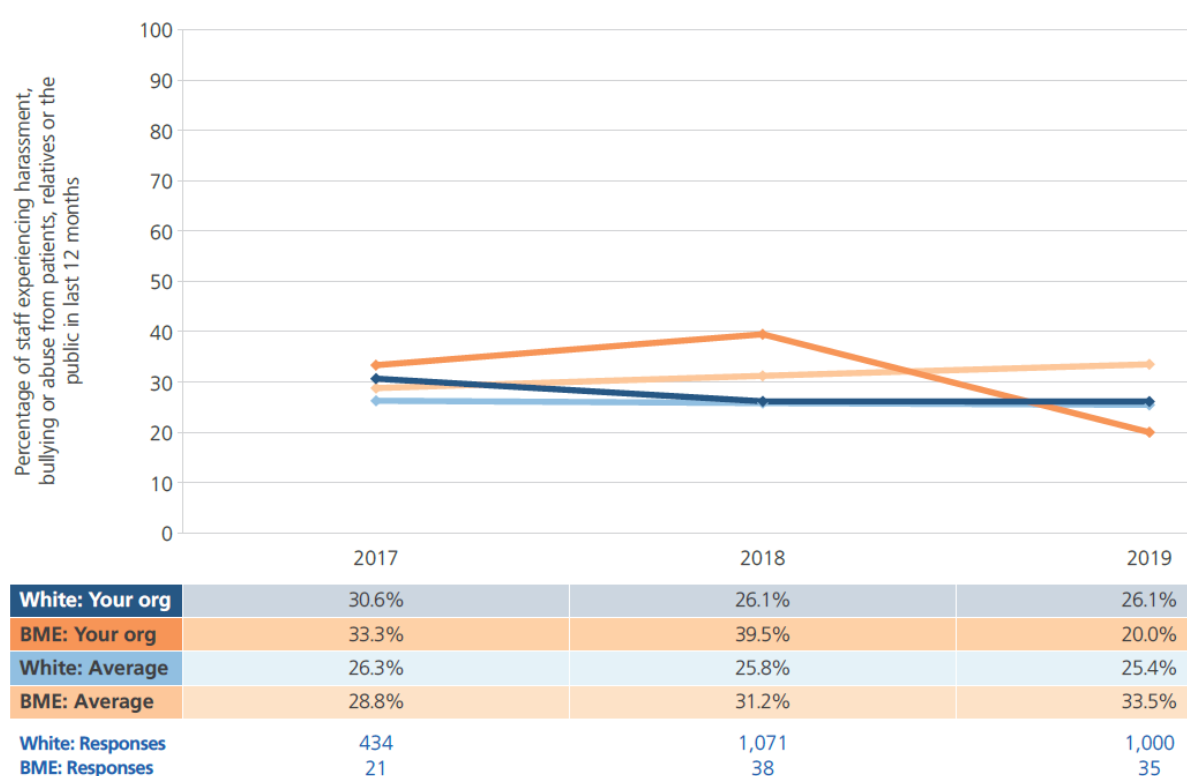
Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 4 - Strength

The Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 0.97 which demonstrates equality of opportunity in accessing non-mandatory training and CPD between BAME and White staff.

2.5 WRES Indicator 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Survey
Coordination
Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



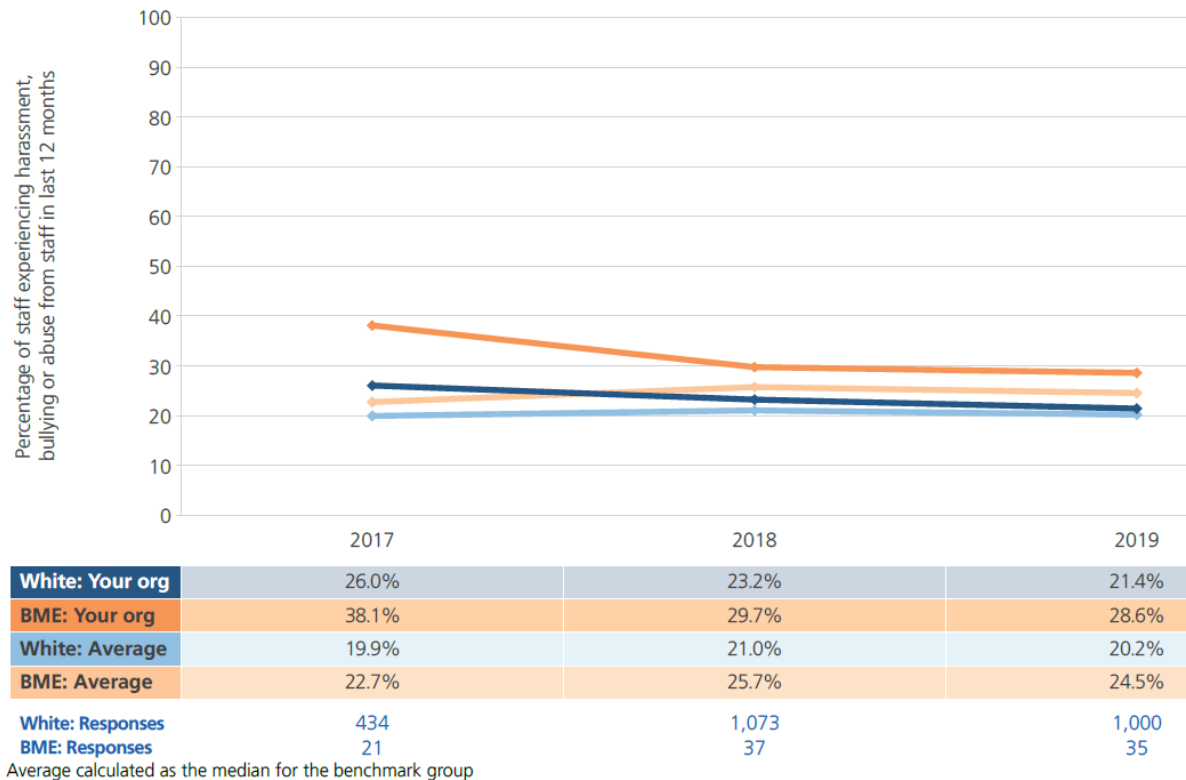
Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 5 - Strength

20% of BAME staff indicated that they experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares with 25.4% for white colleagues.

However, 20% is a significant drop of 19.5% on 2018 where 39.5% of BAME staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Significantly, the Trusts figure of 20% is considerably below the average for BAME staff which is 33% across the benchmark group.

It should be noted that the response to this question of 35 BAME staff is statistically very low.

2.6 WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 6 - Strength

Over the preceding three years the percentage of BAME staff who have reported experiencing harassment, bullying or abuse from staff in the last 12 months has declined from 38.1% in 2017 to 28.6% in 2019 which demonstrates the positive impact of initiatives to reduce harassment, bullying or abuse for BAME staff.

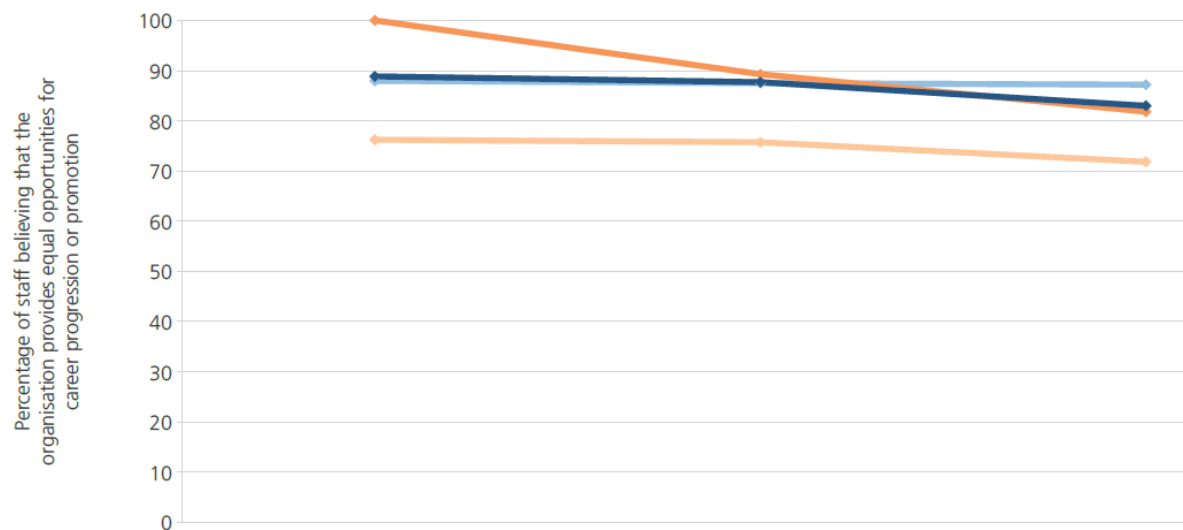
However, the results show 28.6% of BAME staff said they experienced harassment, bullying or abuse from staff in the last 12 months, which is above the average of the benchmark group of Trusts of 24.5%.

It should be noted that the response to this question of 35 BAME staff is statistically very low.

2.7 WRES Indicator 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Survey
Coordination
Centre

2019 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



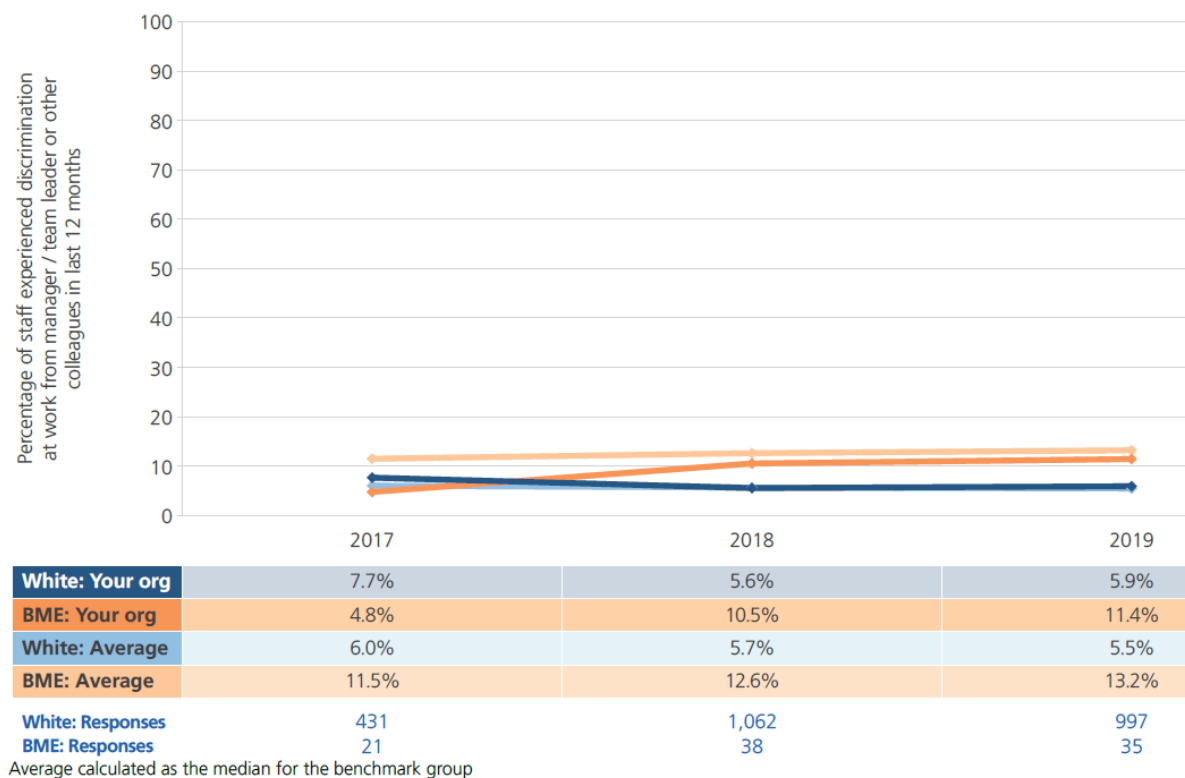
	2017	2018	2019
White: Your org	88.8%	87.7%	83.0%
BME: Your org	100.0%	89.3%	81.8%
White: Average	88.0%	87.5%	87.2%
BME: Average	76.2%	75.7%	71.8%
White: Responses	278	699	617
BME: Responses	15	28	22

Average calculated as the median for the benchmark group

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 7 - Strength

Whilst over the preceding three years the percentage of BAME staff who believe that the organisation provides equal opportunities for career progression or promotion has declined from 100% in 2017 to 81.8% in 2019, this remains 10% above the average of the benchmark group of Trusts of 71.8%.

2.8 WRES Indicator 8 - Percentage of staff experiencing discrimination at work from a manager, team leader or other colleagues



Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 8 - Concern

Over the preceding three years the percentage of BAME staff saying they experience discrimination at work from a manager, team leader or other colleagues has increased from 4.8% in 2017 to 11.4% in 2019 which compares with 5.5% for white colleagues.

However, the figure of 11.4% is below the average of the benchmark group of Trusts of 13.2% but the Trust recognises that further work is needed to reduce this figure further.

2.9 WRES Indicator 9 - Percentage difference between the organisations Board voting membership and its overall workforce

	White	BAME	Prefer not to say
Workforce	2436	116	291
Board Voting Members	11	0	0
Percentage	100%	0%	0%

Humber Teaching NHS Foundation Trust Analysis – WRES Indicator 9 - Concern

BAME representation on the Trust Board is 0% which compares unfavourably to the NHS average of 8.4%. However, recently the Trust worked with NHS Improvement when appointing its most recent non-executive director. Furthermore, the Trust has worked to ensure that the process for appointment of Executive and Non-Executive Director posts encourages applications from as diverse a pool of talent as possible and which demonstrates the Trusts commitment to diversity and inclusion. Similarly, the Trust has worked to ensure that all members of the recruitment panel for Executive and Non-Executive Directors have up to date training in diversity and inclusion.

3. Summary Analysis

Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to the median benchmark of Trusts relating to:

- BAME representation in the workforce
- the relative likelihood of BAME staff being appointed from shortlisting
- the relative likelihood of BAME staff entering the formal disciplinary process
- the relative likelihood of BAME staff accessing non-mandatory training and CPD
- the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.

However, this report also identifies further considerations relating to:

- the percentage of BAME staff experiencing harassment, bullying or abuse from staff
- the percentage of BAME staff experiencing discrimination at work from a manager, team leader or other colleagues.
- the percentage of BAME staff as part of the Trust Board representation.

4. Recommendations

The areas of concern highlighted in this report have been taken into account when identifying robust and effective actions for the equality, diversity and inclusion strategy for the next year. As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contain a strong set of actions to address the concerns contained in this report and can be found on the Trust website at the following address:

<https://www.humber.nhs.uk/downloads/Equality%20and%20Diversity/2020/Equality%20Diversity%20and%20Inclusion%20Annual%20Report%20201920.pdf>

5. Appendix 1 - Workforce Race Equality Standard (WRES) Annual Collection as at March 31 2020

				2019			2020		
INDICATOR	DATA ITEM	MEASURE	WHITE	BME	ETHNICITY UNKNOWN/NULL	WHITE	BME	ETHNICITY UNKNOWN/NULL	
1		1a) Non Clinical workforce	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	Verified figures	
	1	Under Band 1	Headcount	0	0	0	0	0	
	2	Band 1	Headcount	36	4	1	31	3	
	3	Band 2	Headcount	311	6	20	305	8	
	4	Band 3	Headcount	127	0	6	131	0	
	5	Band 4	Headcount	64	4	7	73	4	
	6	Band 5	Headcount	45	3	1	47	5	
	7	Band 6	Headcount	31	1	3	28	0	
	8	Band 7	Headcount	16	0	2	21	0	
	9	Band 8A	Headcount	20	0	0	20	0	
	10	Band 8B	Headcount	11	0	0	11	0	
	11	Band 8C	Headcount	4	0	0	3	0	
	12	Band 8D	Headcount	4	0	0	3	0	
	13	Band 9	Headcount	0	0	0	0	0	
	14	VSM	Headcount	6	0	1	5	0	
		1b) Clinical workforce of which Non Medical							
	15	Under Band 1	Headcount	0	0	0	0	0	0
	16	Band 1	Headcount	1	0	0	0	0	0
	17	Band 2	Headcount	54	8	19	52	10	16
	18	Band 3	Headcount	390	25	30	412	23	35
	19	Band 4	Headcount	85	3	4	104	3	8
	20	Band 5	Headcount	295	9	40	286	11	36
	21	Band 6	Headcount	416	13	32	463	15	44
	22	Band 7	Headcount	215	4	9	237	3	12
	23	Band 8A	Headcount	86	2	6	94	6	8
	24	Band 8B	Headcount	17	3	1	14	2	1
	25	Band 8C	Headcount	12	0	0	17	0	0
	26	Band 8D	Headcount	2	0	0	1	0	0
	27	Band 9	Headcount	1	1	0	1	1	0
	28	VSM	Headcount	1	0	0	1	0	0
		Of which Medical & Dental							
	29	Consultants	Headcount	17	15	7	14	13	5
	30	of which Senior medical manager	Headcount	0	0	0	0	0	0
	31	Non-consultant career grade	Headcount	3	2	4	4	3	4
	32	Trainee grades	Headcount	5	3	4	5	3	3
	33	Other	Headcount	61	5	78	53	3	70

Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount	721	54	10	774	47	8
		35	Number appointed from shortlisting	Headcount	200	18	2	248	17	3
		36	Relative likelihood of appointment from shortlisting	Auto calculated	27.74%	33.33%	20.00%	32.04%	36.17%	37.50%
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated	0.83			0.89		
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year	38	Number of staff in workforce	Auto calculated	2336	111	275	2436	116	291
		39	Number of staff entering the formal disciplinary process	Headcount	25	0	0	14	0	4
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated	1.07%	0.00%	0.00%	0.57%	0.00%	1.37%
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated		0.00			0.00	
4	Relative likelihood of staff accessing non-mandatory training and CPD	42	Number of staff in workforce	Auto calculated	2336	111	275	2436	116	291
		43	Number of staff accessing non-mandatory training and CPD:	Headcount	1926	89	239	2118	104	248
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated	82.45%	80.18%	86.91%	86.95%	89.66%	85.22%
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated	1.03			0.97		

Caring, Learning and Growing

9	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator	46	Total Board members	Headcount	12	0	0	12	0	0
		47	<i>of which: Voting Board members</i>	Headcount	11	0	0	11	0	0
		48	<i>: Non Voting Board members</i>	Auto calculated	1	0	0	1	0	0
		49	Total Board members	Auto calculated	12	0	0	12	0	0
		50	<i>of which: Exec Board members</i>	Headcount	6	0	0	6	0	0
		51	<i>: Non Executive Board members</i>	Auto calculated	6	0	0	6	0	0
		52	Number of staff in overall workforce	Auto calculated	2336	111	275	2436	116	291
		53	Total Board members - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		54	Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		55	Non Voting Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		56	Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		57	Non Executive Board Member - % by Ethnicity	Auto calculated	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%
		58	Overall workforce - % by Ethnicity	Auto calculated	85.8%	4.1%	10.1%	85.7%	4.1%	10.2%
		59	Difference (Total Board -Overall workforce)	Auto calculated	14.2%	-4.1%	-10.1%	14.3%	-4.1%	-10.2%

Caring, Learning and Growing

6. Appendix 2 - Workforce Race Equality Standard (WRES) Action Plan 20/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
1	Decrease in 'unspecified' Ethnicity on ESR	Review ethnicity monitoring information for staff and agree ESR updating processes.	Oct 2020	JD/JW	The Trust has a higher proportion of 'Unspecified' ethnicity declarations in ESR
1	Decrease in number of new BAME starters in the 'unspecified' categories.	Review OH paperwork for new starters to identify improvements that could encourage new starters to declare ethnicity status.	Dec 2020	JD/HM	
5	Reduce BAME staff experience of harassment, bullying or abuse from patients, relatives or public	Implement a new procedure for addressing verbal aggression towards staff by patients	Mar 2021	JD	A central procedure will provide consistency of approach and establish effective support for victims and provide confidence
3, 6, 8	Reduce BAME staff experience of discrimination at work from manager/team leader or other colleagues	Revise and implement new Bullying and Harassment training for managers	Mar 2021	KF	BAME staff experience of discrimination from managers/team leader or other colleagues is a concern
1, 2	Improved confidence in managers in dealing with recruitment of underrepresented groups	<ul style="list-style-type: none"> a) Review training for Recruitment and Selection b) Implement value based recruitment across the Trust 	Mar 2021	KF	To continue improvements to the relative likelihood of non-BAME staff being appointed from shortlisting compared to White staff
1, 2, 4, 7	Improve the number of BAME staff who believe that the organisation provides equal opportunities for career progression or promotion,	<ul style="list-style-type: none"> a) Introduction of the high potential development scheme b) Leadership development programmes to be signposted at the BAME Staff network. c) Support for regional Stepping Up Programme 	Mar 2021	KM/JD/JD	To identify and support the leadership development of future BAME leaders.
4, 7, 8	Improve engagement form BAME staff with equality planning and action planning	Involve BAME Staff Network on the Trusts approach to improving the working environment for BAME staff	Sept 2020	JD/MM	Improved feedback and wider discussion will allow the Trust to produce more relevant and effective action planning for BAME staff
1, 2, 3, 4, 5, 6, 7, 8, 9	Improve understanding of national WRES narratives at senior level	New Deputy COO to be nominated for the WRES expert scheme	Nov 2020	CJ	The WRES expert scheme will allow Trust engagement with the National WRES framework and initiatives



Humber Teaching
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2020

Humber Teaching NHS Foundation Trust

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1	Introduction
2	Executive summary
3	WDES progress in 2019/20
4	Conclusion and next steps
Appendix 1	WDES metrics report – 2019/20
Appendix 2	WDES action plan 2020/21

1 Introduction

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts.

The WDES is a data-based standard that uses a series of ten measures (metrics) to improve the experiences of Disabled staff in the NHS.

All of the metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, local HR data) with the exception of one; metric 9b asks for narrative evidence of actions taken, to be written into the trust's WDES annual report.

The metrics have been developed to capture information relating to the workplace and career experiences of Disabled staff in the NHS.

The national WDES 2019 Annual Report has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling unwell, when compared to non-disabled staff.

The ten metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England/Improvement, and by Disability Rights UK on behalf of NHS Employers.

The annual collection of the WDES Metrics will allow trusts to better understand and improve the workplace and career experiences of Disabled staff in the NHS.

The WDES metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

WDES metrics 2020

There have been three minor changes to the metrics this year:

- Metric 2 has been reworded for improved clarity.
- Metric 3 moves from a voluntary to a mandatory status.
- Metric 9a removes the requirement to compare the NHS Staff Survey staff engagement score between Disabled staff and the overall workforce.

The following information provides insight into the Humber Teaching NHS Foundation Trust current position against the Workforce Disability Equality Standard (WDES) Metrics.

2 Executive summary

The Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to other NHS Trusts, relating to:

- Disabled representation across the pay bands compared to overall workforce
- the relative likelihood of Disabled staff being appointed from shortlisting
- the relative likelihood of Disabled staff entering the formal disciplinary process
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
- the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

However, this report also identifies clear concerns relating to:

- the percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse
- the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- the percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

3 WDES progress in 2019/20

- 34% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months, this compares to 22.6% of non-disabled staff. However, 34% represents a small increase of 1.2% on 2018 33.7% of disabled staff reported experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.
- 20% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months, this compares to 10% of non-disabled staff. However, 20% is a decrease of 4.1% on 2018 24.1% of disabled staff reported experiencing harassment, bullying or abuse from a manager in the last 12 months.
- 18.3% of disabled staff reported experiencing harassment, bullying or abuse from other colleagues in the last 12 months, this compares to 13.3% of non-disabled staff. However, 18.3% demonstrates a decrease of 5.3% on 2018 23.6% of disabled staff reported experiencing harassment, bullying or abuse from other colleague in the last 12 months.
- 57% of disabled staff reported the last time they experienced harassment, bullying or abuse at work they or a colleague reported it, this compares 52.5% of non-disabled staff. However, 57% demonstrates 0.9% increase on 2018 56.1% of disabled staff reporting the last time they experienced harassment, bullying or abuse at work they or a colleague reported it.
- 79.5% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion, this compares with 84.5% of non-disabled staff. However, 79.5% represents a decline of 5.3% on 2018 84.8% of disabled staff believe that their organisation provides equal opportunity for career progression or promotion.
- 25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff. However, 25.2% represents a decline of 3.2% on 2018 28.4% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- 36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff. However, 36.4% represents a slight increase of 0.7% on 2018 35.7% of disabled staff reporting they were satisfied with the extent to which their organisation values their work.
- 79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.

4 Conclusion and next steps

The Humber Teaching NHS Foundation Trust has demonstrated a number of key strengths in the past 12 months when compared to other NHS Trusts, relating to:

- Disabled representation across the pay bands compared to overall workforce
- the relative likelihood of Disabled staff being appointed from shortlisting
- the relative likelihood of Disabled staff entering the formal disciplinary process
- the percentage of staff believing that the Trust provides equal opportunities for career progression or promotion.
- the percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

However, this report also identifies clear concerns relating to:

- the percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse
- the percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- The percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- the percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Next Steps

The areas of concern highlighted in this report have been taken into account when identifying robust and effective actions for the equality, diversity and inclusion strategy for the next year.

As such, the Trust's Equality, Diversity and Inclusion Annual Report for 2019/20 contain a strong set of actions to address the concerns contained in this report and can be found on the Trust website at the following address:

<https://www.humber.nhs.uk/downloads/Equality%20and%20Diversity/2020/Equality%20Diversity%20and%20Inclusion%20Annual%20Report%20201920.pdf>

Appendix 1 WDES metrics report

Detailed below is the organisation's WDES data which was submitted in August 2020 covering the period 1st April 2019 – 31st March 2020

Metric 1 **Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including executive board members) compared with the percentage of staff in the overall workforce.**

(Data source: ESR).

1a. Non-clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	6%	6.4%	+0.4%	73%	62%	-11%	21%	31.6%	+10.6%	706	595
Cluster 2 (Band 5 - 7)	3%	2.8%	-0.2%	72%	82.1%	+10.1%	25%	15.1%	-9.9%	101	106
Cluster 3 (Bands 8a - 8b)	7%	9.1%	+2.1%	67%	75.8%	+8.8%	26%	15.2%	10.8%	27	33
Cluster 4 (Bands 8c – 9 & VSM)	0%	0.0%	0%	65%	53.8%	-11.2%	35%	46.2%	+11.2%	17	13

1b. Clinical workforce

	Disabled staff in 2019	Disabled staff in 2020	Disabled staff in 2019/2020	Non-disabled staff in 2019	Non-disabled staff in 2020	Non-disabled staff in 2019/2020	Unknown/null staff in 2019	Unknown/null staff in 2020	Unknown/null staff in 2019/2020	Total staff in 2019	Total staff in 2020
	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Percentage (%)	Percentage (%)	% points difference (+/-)	Headcount	Headcount
Cluster 1 (Bands 1 - 4)	4%	5.13%	+1.13	75%	63.65%	-11.35%	21%	31.22%	+10.22%	625	633
Cluster 2 (Band 5 - 7)	17%	4.52%	-12.48%	52%	66.03%	+14.03%	30%	29.45%	-0.55%	1089	1107
Cluster 3 (Bands 8a - 8b)	0%	4.80%	+4.80	75%	73.60%	-1.4%	25%	21.60%	-3.4%	108	125
Cluster 4 (Bands 8c – 9 & VSM)	0%	0.0%	0%	80%	61.90%	-18.1%	20%	38.10%	+18.10%	19	21
Cluster 5 (Medical and Dental staff, Consultants)	3%	0.0%	-3%	47%	50%	+3%	50%	50%	0%	40	32
Cluster 6 (Medical and Dental staff, Non-consultant career grade)	8%	9.09%	+1.09	69%	54.55%	-14.45%	23%	36.36%	+13.36%	9	11
Cluster 7 (Medical and Dental staff, Medical and Dental trainee grades)	100%	27.27%	-72.73%	69%	54.55%	-14.45%	23%	18.18%	4.82%	13	11

Metric 2 – Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts

(Data source: Trust's recruitment data)

	Relative likelihood in 2019	Relative likelihood in 2020	Relative likelihood difference (+/-)
Relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff	0.08	0.30	+0.22

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

(Data source: Trust's HR data)

	Relative likelihood in 2018/19	Relative likelihood in 2019/20	Relative likelihood difference (+/-)
Relative likelihood of Disabled staff entering formal capability process compared to non-disabled staff	0.0	0.01	+0.01

Metric 4 – Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse.

(Data source: Question 13, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
4a) Staff experiencing harassment, bullying or abuse from patients/ service users, their relatives or other members of the public in the last 12 months	33.7%	24.1%	+9.6%	34.9%	22.6%	+12.3%
4b) Staff experiencing harassment, bullying or abuse from managers in the last 12 months	24.1%	11.1%	+13%	20%	10%	+10%
4c) Staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	23.6%	13.7%	+9.9	18.3%	13.3%	+5%
4d) Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	56.1%	55.9%	+0.2%	57%	52.5%	4.5%

Metrics 5 – 8

(Data source: Questions 14, 11, 5, 28b, NHS Staff Survey)

	Disabled staff responses to 2018 NHS Staff Survey	Non-disabled staff responses to 2018 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2018	Disabled staff responses to 2019 NHS Staff Survey	Non-disabled staff responses to 2019 NHS Staff Survey	% points difference (+/-) between Disabled staff and non-disabled staff responses 2019
	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)	
Metric 5 - Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion.	84.8%	88.7%	-3.9%	79.5%	84.5%	-5%
Metric 6 - Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	28.4%	16.4%	+12%	25.2%	17.1%	+8.1%
Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	35.7%	41.9%	-6.2%	36.4%	45.7%	-9.3%
Metric 8 - Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	80.3%	N/A	N/A	79.4%	N/A	N/A

Metric 9 – Disabled staff engagement

(Data source: NHS Staff Survey)

	Disabled staff engagement score for 2018 NHS Staff Survey	Non-disabled staff engagement score for 2018 NHS Staff Survey	Difference (+/-) between disabled staff and non-disabled staff engagement scores 2018	Disabled staff engagement score for 2019 NHS Staff Survey	Non-disabled staff engagement score for 2019 NHS Staff Survey	Difference (+/-) between Disabled staff and non-disabled staff engagement scores 2019
a) The staff engagement score for Disabled staff, compared to non-disabled staff.	6.4	6.8	-0.4	6.3	6.9	-0.6

b) Has your trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) - Yes

Please provide at least one practical example of action taken in the last 12 months to engage with Disabled staff.

Example 1: In March 2020, the Trust held a setting equality priorities workshop for 90 staff, patients and carers to identify barriers/issues related to disability (as well as other protected characteristics) where a range of feedback was taken and entered into strategic improvement plans

Example 2: In July 2020, the Trust established Humber Ability, the Trusts disability staff network who in the future will advise the Trust on issues around disability as well as evaluate the Trusts actions in response to the Workforce Disability Equality Standard

Metric 10 – Percentage difference between the organisation’s board voting membership and its organisation’s overall workforce

(Data source: NHS ESR and/or trust’s local data)

	Disabled Board members in 2019	Non-disabled Board members in 2019	Board members with disability status unknown in 2019	% points difference (+/-) between Disabled Board members and Disabled staff in overall workforce	Disabled Board members in 2020	Non-disabled Board members in 2020	Board members with disability status unknown in 2020	% points difference (+/-) Between Disabled and non-disabled Board members in 2020
	Percentage (%)	Percentage (%)	Percentage (%)		Percentage (%)	Percentage (%)		
Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated by Exec/non-exec and Voting/non-voting.	Exec = 0	Exec = 6	Exec = 0	Total Board = 8.3%	Exec = 0	Exec = 6	Exec = 0	Total Board = 8.3%
	Non-exec = 1	Non-exec = 6	Non-exec = 0	Overall workforce = 4.7%	Non-exec = 1	Non-exec = 6	Non-exec = 0	Overall workforce = 5.1%
	Voting = 1	Voting = 11	Voting = 0		Voting = 1	Voting = 11	Voting = 0	
	Non-voting = 0	Non-voting = 1	Non-voting = 0	Difference = +3.6%	Non-voting = 0	Non-voting = 1	Non-voting = 0	Difference = +3.2% percentage points

APPENDIX 2 - WDES action plan 2020/21

Metric	Objective	Action/s	Timescales	Lead/s	Why
1,2	Increase in staff declaring disability status	Review disability monitoring information for staff and agree ESR updating processes.	Sept 2020	JD/JW	The Trust has a higher proportion of 'prefer not to say' disability declarations in ESR
1,2	Decrease in number of new starters in the 'undeclared' and 'prefer not to say' categories.	Review OH paperwork for new starters to identify any improvements that could encourage new starters to declare disability status.	Dec 2020	JD/HM	
1,2	Work towards Level 3 Disability Confident Scheme Accreditation	Explore Disability Confident Leader Programme	Apr 2021	JD/JeD	Becoming a disability confident leader will demonstrate the Trust is inclusive workplace and lead to improvements in recruitment and retention of disabled staff
1,2,3,6,7,8	Improved confidence in managers in dealing with employment disability issues (local survey). Improved satisfaction for disabled staff in NHS Staff Survey. Also monitor impact via HR employee relations issues for disabled staff.	Review management disability awareness training.	Mar 2021	JD	25.2% of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, this compares to 17.1% of non-disabled staff.
1,2,3,4b,5,7,8	Improved satisfaction for disabled staff in NHS Staff Survey. Also monitor impact via HR employee relations issues for disabled staff.	Review staff disability awareness training.	Mar 2021	JD	
1	Improved confidence in managers in dealing with recruitment disability issues (local survey)	Review training for Recruitment and Selection	Mar 2021	JD	To continue improvements to the relative likelihood of non-disabled staff being appointed from shortlisting compared to Disabled staff
1,3,5	Improved satisfaction for disabled staff in NHS Staff Survey. Improved satisfaction for disabled staff regarding reasonable adjustments in NHS Staff Survey.	Promote internal and external structures which can support staff with disabilities	Mar 2021	JD/JR	79.4% of disabled staff say their employer has made adequate adjustments to enable them to carry out their work, this compares with 80.3% in 2018.
1	More effective actions to improve workplace for disabled staff	Involve Disability Staff Network on the Trusts approach to improving the working environment for staff with a disability	Sept 2020	JD/MM	
6	Improvement of disabled staff satisfaction specifically related to reasonable adjustments. Increase number of reasonable adjustments throughout the Trust.	Introduction of disability passports for reasonable adjustments	Nov 2020	JD/HM	
1, 4a, 7	Increased representation of disabled people in Trust communications and publications	Review how the Trust promotes disabled people in everyday communication, etc.	Nov 2020	JD/HW	36.4% of disabled staff were satisfied with the extent to which their organisation values their work, this compares to 45.7% of non-disabled staff
1	Improved declaration / representation of disabled staff in clinical roles	Deep dive into the underrepresentation of disabled staff in clinical role	Mar 2021	JD	61% of the Trusts disabled staff work in the lower pay bands.

7.6 Appendix 6 – Equality Delivery System (EDS2) Summary Report 2020

Equality Delivery System for the NHS

EDS2 Summary Report



Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Humber Teaching NHS Foundation Trust

Organisation's Board lead for EDS2:

Director of Workforce and OD

Organisation's EDS2 lead (name/email):

steve.mcgowan@nhs.net

Level of stakeholder involvement in EDS2 grading and subsequent actions:

Patients
Service Users
Carers
Staff (clinical and corporate)
External stakeholders (Public, private, voluntary and third sector organisations)

Involvement platforms include; workshops, forums, task and finish groups, meetings, surveys.

All the above carried out virtually or face to face, with external and internal stakeholders attending Humber Teaching NHS Foundation Trust involvement

Organisation's Equality Objectives (including duration period):

Patient and Carer's Objectives:

To improve access to digital technology in particular for hard to reach groups.
To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics.
To continue to develop interpretation and translation services for people who speak English as their second language.
To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic.

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

- Annual co-produced EDI event to determine EDI priorities for patients, service users, carers and workforce for 2021.
- Community mental health services transformation programme
- Provider collaborative
- Inpatient mental health services redesign
- Social mediation and self help service (SMASH)
- Interpreter on wheels
- Browsealoud tool (making information accessible on website)
- Safeguarding policies, procedures and service specifications
- Mental health liaison services at acute Trust emergency department

Publication Gateway Reference Number: 03247

Date of EDS2 grading		February	2021	Date of next EDS2 grading		March	2022
Goal	Outcome	Grade and reasons for rating			Outcome links to an Equality Objective		
Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities ↓ Grade Undeveloped Developing Achieving Excelling ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation ↓ Evidence drawn upon for rating Co-produced EDI annual event CMH services transformation programme Provider collaborative SMASH Inpatient MH services redesign			✓		
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways ↓ Grade Undeveloped Developing Achieving Excelling ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation ↓ Evidence drawn upon for rating CMH services transformation programme Provider collaborative SMASH Browsealoud Interpreter on wheels			✓		
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed ↓ Grade Undeveloped Developing Achieving Excelling ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation ↓ Evidence drawn upon for rating LD services have health action plans, positive behaviour support plans and accessible plans in paper format and electronic format LD services have the 'My Health Guide' on tablets for LD patients to allow them to share their own information LD services working closely with clinical commissioning group to support patient transition from inpatient unit to a independent living Patient electronic clinical systems for integrated use			✓		
Goal	Outcome	Grade and reasons for rating			Outcome links to an Equality Objective		
Better health outcomes, continued	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse ↓ Grade Undeveloped Developing Achieving Excelling ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation ↓ Evidence drawn upon for rating White Ribbon accreditation Co-produced leaflet 'supporting families, carers and loved ones following a patient safety incident' Safeguarding adult and childrens policies, procedures and service specifications in place Mandatory safeguarding training compliance Freedom to speak up policy, campaign and guardians			✓		
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities ↓ Grade Undeveloped Developing Achieving Excelling ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation ↓ Evidence drawn upon for rating Annual flu campaign Covid vaccination hub East Riding child health programme MH liaison service at acute Trust emergency services dept Virtual recovery college platform CMH transformation programme SMASH			✓		
Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds ↓ Grade Undeveloped Developing Achieving Excelling ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation ↓ Evidence drawn upon for rating Trust meets statutory duty under equalities act for disabled groups Most properties have access and egress Covid related works carried out to comply with health and safety legislation			✓		

Improved patient access and experience

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
	2.2	<p>People are informed and supported to be as involved as they wish to be in decisions about their care</p> <p>↓ Grade</p> <div><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div><div><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></div></div> <p>↓ Evidence drawn upon for rating</p> <div><p>CMH transformation programme</p><p>Provider collaborative</p><p>Patient survey results (National community, MH service user survey and inpatient survey)</p><p>Family induction meetings to support dementia patients</p><p>Inpatient unit community meetings</p><p>Patients asked who would they like their information shared with</p><p>Score identified based on patient experience survey</p></div>	<input checked="" type="checkbox"/>
	2.3	<p>People report positive experiences of the NHS</p> <p>↓ Grade</p> <div><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div><div><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></div></div> <p>↓ Evidence drawn upon for rating</p> <div><p>Overall, 88.5% of our patients were satisfied with the services they received.</p><p>Over 98% score for friendliness/helpfulness.</p><p>Over 98% score for "Were you given enough info?"</p><p>Over 97% score for involvement.</p><p>Patient and Carer Experience forums have continued throughout the year on a virtual basis</p></div>	<input checked="" type="checkbox"/>
	2.4	<p>People's complaints about services are handled respectfully and efficiently</p> <p>↓ Grade</p> <div><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div><div><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></div></div> <p>↓ Evidence drawn upon for rating</p> <div><p>Introduced new complaints process for the triage of formal and informal complaints</p><p>Complaints policy and procedure</p><p>Information leaflets</p></div>	<input checked="" type="checkbox"/>

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective						
A representative and supported workforce	3.1	<p>Fair NHS recruitment and selection processes lead to a more representative workforce at all levels</p> <table><tr><td>↓ Grade</td><td>↓ Which protected characteristics fare well</td><td>↓ Evidence drawn upon for rating</td></tr><tr><td><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div></td><td><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></td><td><div>The Trust adheres to NHS Standards for recruitment and selection</div><div>New recruitment and selection training</div><div>Mindful employer</div><div>Disability confident employment</div><div>Operate a guaranteed scheme where candidates meet the minimum criteria</div><div>Implemented an ESR project to ensure accurate and updated records for protected characteristics</div></td></tr></table>	↓ Grade	↓ Which protected characteristics fare well	↓ Evidence drawn upon for rating	<div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div>	<div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div> <div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div>	<div>The Trust adheres to NHS Standards for recruitment and selection</div> <div>New recruitment and selection training</div> <div>Mindful employer</div> <div>Disability confident employment</div> <div>Operate a guaranteed scheme where candidates meet the minimum criteria</div> <div>Implemented an ESR project to ensure accurate and updated records for protected characteristics</div>	<div><input checked="" type="checkbox"/></div>
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3.2	<p>The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations</p> <table><tr><td>↓ Grade</td><td>↓ Which protected characteristics fare well</td><td>↓ Evidence drawn upon for rating</td></tr><tr><td><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div></td><td><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></td><td><div>Job evaluation process</div><div>Training provided for the job evaluation process</div><div>No equal pay claims to date</div><div>Using standardised job descriptions where possible</div><div>Full agenda pay gap report analysis carried out</div><div>The Trusts mean gender pay gap is 12.59% which is slightly lower -0.31% on last year's figure of 12.9%</div></td></tr></table>	↓ Grade	↓ Which protected characteristics fare well	↓ Evidence drawn upon for rating	<div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div>	<div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div> <div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div>	<div>Job evaluation process</div> <div>Training provided for the job evaluation process</div> <div>No equal pay claims to date</div> <div>Using standardised job descriptions where possible</div> <div>Full agenda pay gap report analysis carried out</div> <div>The Trusts mean gender pay gap is 12.59% which is slightly lower -0.31% on last year's figure of 12.9%</div>	<div><input checked="" type="checkbox"/></div>	
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3.3	<p>Training and development opportunities are taken up and positively evaluated by all staff</p> <table><tr><td>↓ Grade</td><td>↓ Which protected characteristics fare well</td><td>↓ Evidence drawn upon for rating</td></tr><tr><td><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div></td><td><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></td><td><div>NSS 2019 54% staff accessing right training and materials</div><div>Evaluation and feedback process in place with 89% positive responses</div><div>New appraisal document and structured appraisal window</div><div>Proud programme</div><div>Training compliance report through workforce insight reports</div></td></tr></table>	↓ Grade	↓ Which protected characteristics fare well	↓ Evidence drawn upon for rating	<div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div>	<div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div> <div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div>	<div>NSS 2019 54% staff accessing right training and materials</div> <div>Evaluation and feedback process in place with 89% positive responses</div> <div>New appraisal document and structured appraisal window</div> <div>Proud programme</div> <div>Training compliance report through workforce insight reports</div>	<div><input checked="" type="checkbox"/></div>	
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A representative and supported workforce

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective										
	3.4	<p>When at work, staff are free from abuse, harassment, bullying and violence from any source</p> <p>↓ Grade</p> <div><div><input type="radio"/> Undeveloped</div><div><input type="radio"/> Developing</div><div><input checked="" type="radio"/> Achieving</div><div><input type="radio"/> Excelling</div></div> <p>↓ Which protected characteristics fare well</p> <table><tr><td><input checked="" type="checkbox"/> Age</td><td><input checked="" type="checkbox"/> Pregnancy and maternity</td></tr><tr><td><input checked="" type="checkbox"/> Disability</td><td><input checked="" type="checkbox"/> Race</td></tr><tr><td><input checked="" type="checkbox"/> Gender reassignment</td><td><input checked="" type="checkbox"/> Religion or belief</td></tr><tr><td><input checked="" type="checkbox"/> Marriage and civil partnership</td><td><input checked="" type="checkbox"/> Sex</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Sexual orientation</td></tr></table> <p>↓ Evidence drawn upon for rating</p> <div>NSS results Bullying and Harassment policy Zero tolerance procedure Bullying and Harassment discussed as part of appraisal process Bullying and Harassment awareness training</div>	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Pregnancy and maternity	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Religion or belief	<input checked="" type="checkbox"/> Marriage and civil partnership	<input checked="" type="checkbox"/> Sex		<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/>
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	3.5	<p>Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives</p> <p>↓ Grade</p> <div><div><input type="radio"/> Undeveloped</div><div><input type="radio"/> Developing</div><div><input checked="" type="radio"/> Achieving</div><div><input type="radio"/> Excelling</div></div> <p>↓ Which protected characteristics fare well</p> <table><tr><td><input checked="" type="checkbox"/> Age</td><td><input checked="" type="checkbox"/> Pregnancy and maternity</td></tr><tr><td><input checked="" type="checkbox"/> Disability</td><td><input checked="" type="checkbox"/> Race</td></tr><tr><td><input checked="" type="checkbox"/> Gender reassignment</td><td><input checked="" type="checkbox"/> Religion or belief</td></tr><tr><td><input checked="" type="checkbox"/> Marriage and civil partnership</td><td><input checked="" type="checkbox"/> Sex</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Sexual orientation</td></tr></table> <p>↓ Evidence drawn upon for rating</p> <div>NSS results Flexible workforce policy Flexible working requests Retire and return process</div>	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Pregnancy and maternity	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Religion or belief	<input checked="" type="checkbox"/> Marriage and civil partnership	<input checked="" type="checkbox"/> Sex		<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/>
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	3.6	<p>Staff report positive experiences of their membership of the workforce</p> <p>↓ Grade</p> <div><div><input type="radio"/> Undeveloped</div><div><input type="radio"/> Developing</div><div><input checked="" type="radio"/> Achieving</div><div><input type="radio"/> Excelling</div></div> <p>↓ Which protected characteristics fare well</p> <table><tr><td><input checked="" type="checkbox"/> Age</td><td><input checked="" type="checkbox"/> Pregnancy and maternity</td></tr><tr><td><input checked="" type="checkbox"/> Disability</td><td><input checked="" type="checkbox"/> Race</td></tr><tr><td><input checked="" type="checkbox"/> Gender reassignment</td><td><input checked="" type="checkbox"/> Religion or belief</td></tr><tr><td><input checked="" type="checkbox"/> Marriage and civil partnership</td><td><input checked="" type="checkbox"/> Sex</td></tr><tr><td></td><td><input checked="" type="checkbox"/> Sexual orientation</td></tr></table> <p>↓ Evidence drawn upon for rating</p> <div>NSS results Staff Friends and Family test Staff charter Staff awards Organisational values Inclusion and collaboration with hard to reach groups Protected characteristics staff network groups</div>	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Pregnancy and maternity	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Religion or belief	<input checked="" type="checkbox"/> Marriage and civil partnership	<input checked="" type="checkbox"/> Sex		<input checked="" type="checkbox"/> Sexual orientation	<input checked="" type="checkbox"/>
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Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective						
Inclusive leadership	4.1	<p>Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations</p> <table><tr><td>↓ Grade</td><td>↓ Which protected characteristics fare well</td><td>↓ Evidence drawn upon for rating</td></tr><tr><td><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div></td><td><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></td><td><div>CQC report</div><div>WRES initiatives</div><div>Chief Executive links with protected characteristics networks</div><div>Board members and senior leaders attend BAME staff network meetings</div><div>Trust's Chair is appointed as Wellbeing Guardian</div><div>Chief Executive attended Trust's EDI annual priority setting</div></td></tr></table>	↓ Grade	↓ Which protected characteristics fare well	↓ Evidence drawn upon for rating	<div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div>	<div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div> <div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div>	<div>CQC report</div> <div>WRES initiatives</div> <div>Chief Executive links with protected characteristics networks</div> <div>Board members and senior leaders attend BAME staff network meetings</div> <div>Trust's Chair is appointed as Wellbeing Guardian</div> <div>Chief Executive attended Trust's EDI annual priority setting</div>	<div><input checked="" type="checkbox"/></div>
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4.2	<p>Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed</p> <table><tr><td>↓ Grade</td><td>↓ Which protected characteristics fare well</td><td>↓ Evidence drawn upon for rating</td></tr><tr><td><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div></td><td><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input type="checkbox"/> Sexual orientation</div></div></td><td><div>Evidence based tools</div></td></tr></table>	↓ Grade	↓ Which protected characteristics fare well	↓ Evidence drawn upon for rating	<div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div>	<div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div> <div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input checked="" type="checkbox"/> Religion or belief</div><div><input checked="" type="checkbox"/> Sex</div><div><input type="checkbox"/> Sexual orientation</div></div>	<div>Evidence based tools</div>	<div><input checked="" type="checkbox"/></div>	
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4.3	<p>Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination</p> <table><tr><td>↓ Grade</td><td>↓ Which protected characteristics fare well</td><td>↓ Evidence drawn upon for rating</td></tr><tr><td><div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div></td><td><div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div><div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input type="checkbox"/> Religion or belief</div><div><input type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div></td><td><div>EDI mandatory training (94.8% compliance)</div><div>EDI training compliance levels reported through Workforce Insight report</div><div>Proud programme</div><div>Bullying and Harassment policy</div><div>Bullying and Harassment discussed during appraisal process</div></td></tr></table>	↓ Grade	↓ Which protected characteristics fare well	↓ Evidence drawn upon for rating	<div><div>Undeveloped</div><div>Developing</div><div>Achieving</div><div>Excelling</div></div>	<div><div><input checked="" type="checkbox"/> Age</div><div><input checked="" type="checkbox"/> Disability</div><div><input checked="" type="checkbox"/> Gender reassignment</div><div><input checked="" type="checkbox"/> Marriage and civil partnership</div></div> <div><div><input checked="" type="checkbox"/> Pregnancy and maternity</div><div><input checked="" type="checkbox"/> Race</div><div><input type="checkbox"/> Religion or belief</div><div><input type="checkbox"/> Sex</div><div><input checked="" type="checkbox"/> Sexual orientation</div></div>	<div>EDI mandatory training (94.8% compliance)</div> <div>EDI training compliance levels reported through Workforce Insight report</div> <div>Proud programme</div> <div>Bullying and Harassment policy</div> <div>Bullying and Harassment discussed during appraisal process</div>	<div><input checked="" type="checkbox"/></div>	
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7.7 Appendix 7 – Glossary of Terms (Equality, Diversity & Inclusion)

Age

- Refers to a person belonging to a particular age (e.g. 32 years old) or range of ages (e.g. 20-24, 25-29 year olds).

Ally

- A (typically) straight and/or cis person who supports members of the LGBT community.

Anticipatory Duty

- For service providers, the duty to make reasonable adjustments is anticipatory; within reason, it is owed to all potential disabled customers and not just to those who are known to the service provider.

BAME (Black and Minority Ethnic Group)

- “Black and Minority Ethnic Group” is used in the UK to describe people from minority groups of non-white descent, particularly those who are viewed as having experienced racism, or are in the minority because of their skin colour and/or ethnicity. The comparison between white and BAME has been criticised for being bureaucratic and failing to differentiate between non UK white minorities, e.g. those from Eastern Europe, and other white ethnic minority groups. As such, in this report, BAME refers to those categories which are distinct from “UK White” and “Other White”. Refer to Other White and UK White for more details.

Bi

- Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual, pan, queer, and some other non-monosexual and non-monoromantic identities.

Bullying

- Offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.

Cisgender or Cis

- Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out

- When a person first tells someone/others about their orientation and/or gender identity.

Deadnaming

- Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Disability

- A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. Remember, not all disabilities are physical or visible.

Discrimination

- Direct discrimination refers to discrimination because of a person's protected characteristic.
- Indirect discrimination occurs when a provision, criterion or practice is applied that creates disproportionate disadvantage for a person with a protected characteristic as compared to those who do not share that characteristic.
- Discrimination arising from disability occurs when a person is treated unfavourably because of something arising in consequence of their disability.
- Discrimination by perception occurs due to the belief that someone has a protected characteristic, whether or not they do have it.
- Discrimination by association occurs against a person who does not have a protected characteristic because of their association with someone who does.

Diversity

- Valuing everyone as a unique individual and celebrating this difference. Managing diversity successfully will help organisations to nurture creativity and innovation and thereby tap hidden capacity for growth and improved competitiveness.

Due Regard

- To 'have due regard' means that in carrying out all of its functions and day to day activities, a public authority subject to the duty must consciously consider the needs of the PSED as part of the decision-making process in any policy and practice. 'Due regard' comprises two linked elements: proportionality and relevance. The weight that public authorities give to equality should be proportionate to how relevant a particular function is to equality. The greater the relevance of a function to equality, the greater the regard that should be paid.

Equality

- Providing a level playing field for disadvantaged groups to ensure fairness. The approach is centred on: equality of opportunity (access); equality of process (experience and treatment); and equality of outcome (achievement).

Equality Act 2010

- The Equality Act 2010 replaces previous anti-discrimination laws with a single Act. It simplifies the law, removing inconsistencies and making it easier for people to understand and comply with. It also strengthens the law in important ways, to help tackle discrimination and inequality.

Equality Policy

- A statement of an organisation's commitment to the principle of equality in the workplace for staff, customers and stakeholders.

Gay

- Refers to a man who has a romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender

- Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender dysphoria

- Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

Gender expression

- How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender identity

- A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Gender Reassignment

- The process of transitioning from one gender to another. The individual does not need to undergo any medical or hormonal treatment or change their appearance. As soon as they identify and present as a woman/man they should be treated as such, using toilets and changing facilities accordingly.

Harassment

- Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Heterosexual/straight

- Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

Homophobia

- The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Inclusion

- Inclusion in education is regarded as a process of addressing and responding to the diverse needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion. Social exclusion is the outcome of multiple deprivations, which prevents individuals or groups from participating fully in the social, economic, and political life of the society in which they live.

Intersex

- A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female.

Lesbian

- Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

Lesbophobia

- The fear or dislike of someone because they are or are perceived to be a lesbian.

LGBTQ+

- The acronym for lesbian, gay, bi, trans, queer and questioning.

Marriage & Civil Partnership

- Marriage is recognised in the form of both civil and religious unions between individuals. Civil partners must be treated the same as married couples on a wide range of legal matters. In employment, civil partners must be treated no less favourably than married couples.

Monitoring

- An analysis of equality data to examine if people with protected characteristics are being treated fairly, for example, monitoring the representation of women or disabled people in the workforce or at senior levels within organisations. The Trust remains committed to encouraging and supporting staff and students in self-declaration.

More Favourably

- To treat somebody better than someone else. This is unlawful under the Act if it is because of a protected characteristic, except in very limited circumstances e.g. the duty to make reasonable adjustments for a disabled person. The law can require pregnant workers to be treated more favourably in some circumstances.

Non-binary

- An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Other White

- Refers to those other white ethnicity categories not included within the "UK White" category, i.e. "Irish"; "Gypsy/Traveller"; "Polish"; and "Any other white ethnic group". Refer to BAME and UK White for more details.

Positive Action

- Refers to a range of lawful actions that seek to overcome or minimise disadvantages (e.g. in employment opportunities) that people who share a protected characteristic have experienced, or to meet their different needs.

Pregnancy & Maternity

- Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Pronoun

- Words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Proportionality

- Refers to measures or actions that are appropriate and necessary. Whether something is proportionate will be a question of fact and involve weighing up the discriminatory impact of the action against the reasons for it, and asking if there is any other way of achieving the aim. The more discriminatory a measure, the harder it will be to justify.

Protected Characteristic

- Grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Public Sector Equality Duty (PSED)

- The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, advance equality of opportunity and foster good relations. The Public Sector Equality Duty is also known as the "general duty".

Queer

- Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc). Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Questioning

- The process of exploring your own sexual orientation and/or gender identity.

Race

- Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. Refer to BME, Other White and UK White for more details.

Reasonable

- What is considered reasonable will depend on all the circumstances of the case including the size of an organisation and its resources, what is practicable, the effectiveness of what is being proposed and the likely disruption that would be caused by taking the measure in question as well as the availability of financial assistance.

Religion or Belief

- Religion is generally associated with beliefs, but belief includes philosophical beliefs including lack of belief (e.g. Atheism, environmentalism, vegetarianism, etc.). Generally, a belief should genuinely be held and affect your life choices or the way you live for it to be included in the definition.

Sex (Formerly referred to as gender)

- Generally refers to a man or a woman. For a variety of reasons, some people do not identify according to these definitions.

Sexual Orientation

- Whether a person's sexual orientation is towards their own sex (homosexual), the opposite sex (heterosexual) or to both sexes (bisexual). For a variety of reasons, some people do not identify according to these definitions.

Trans

- An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Transitioning

- The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Transphobia

- The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

UK White

- Comprised of the following ethnic group categories: “Scottish”; “English”; “Welsh; and “Northern Irish”. This category is distinct from BAME and Other White. Refer to BAME and Other White for more details.

Sources:

CIPD (2020) Diversity in the Workplace: An Overview.

Equality and Human Rights Commission (2021)

Stonewall (2021)