



**Public Sector Equality Duty
Annual Report
January to December 2020**

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Appendix 1

Equality in our Workforce Report

1 Introduction

2020 saw the greatest challenge that the NHS has ever faced. CHFT's response to the global Covid-19 pandemic focused on the safety of our patients, colleagues and the communities that we serve.

Covid-19's disproportionate impact on some protected characteristics also accelerated our understanding of, and ambition to address, health inequalities. CHFT has therefore used the challenges and opportunities that Covid-19 has brought, to re-emphasise the importance of equality, diversity and inclusion both for our patients, and colleagues.

By adopting differing ways of working, capitalising on digital mechanisms and developing stronger partnerships, CHFT has worked hard to maintain connections with communities, further strengthening our relationships with our patients and their families and friends.

This equality report for the period January to December 2020 provides assurance to the Board that Calderdale and Huddersfield NHS Foundation Trust (CHFT) continues to meet its responsibilities under the Equality Act 2010 and in particular that it meets the requirements of the Public Sector Equality Duty.

The report complies with the specific duties outlined within the Equality Act, which are legal requirements designed to help the Trust meet the general equality duty. The report also contains the Equality in our Workforce Report, at Appendix 1.

Our purpose is to provide outstanding Compassionate Care to the communities that we serve. We will do that by creating One culture of Care in our Workforce, ensuring that our values and behaviours (our 4 pillars) are embedded in everything we do.

Equality, diversity and inclusion activities and principles are fundamental to the Trust's work to improve the experience and health outcomes for everyone in its care.

This report highlights our approach and work to address any additional needs of those patients or colleagues who identify with a range of protected characteristics. Examples of what we have been doing at CHFT to address these needs are included in the report. The examples are, however, only a sample of the work going on overall to improve services for patients and colleagues from protected groups.

NHS Employers defines Equality, Diversity and Inclusion in the following way:
"Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. Inclusion is about an individual's experience within the workplace and in wider society and the extent to which they feel valued and included."

By adopting this definition, we can be clear with both patients and colleagues about what we mean by equality, diversity and inclusion and therefore develop a shared understanding of what we are trying to achieve.

2 The Legal and Compliance Framework

2.1 Equality Act 2010

The Equality Act came into force from October 2010 providing a modern, single, legal framework with clear, streamlined law to more effectively tackle disadvantage and discrimination. On 5 April 2011, the public sector equality duty came into force. The equality duty was created under the Equality Act 2010.

The equality duty consists of a general equality duty, with three main aims (set out in section 149 of the Equality Act 2010) and specific duties for public sector organisations. The Equality Act requires public bodies like CHFT to publish relevant information to demonstrate their compliance with the duty.

The Act applies to service users and Trust employees who identify with the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy or maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The **general equality duty** means that the Trust must have due regard to the need to:

- Eliminate unfair discrimination, harassment and victimisation;
- Advance equality of opportunity between different groups; and
- Foster good relationships between different groups

By:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people; and
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The **specific duties** are legal requirements designed to help the Trust meet the general equality duty. These require the publication of:

- Annual information to demonstrate our compliance with the general equality duty published on our website by 30 March each year;

- Equality Objectives (which are specific and measurable) published for the first time by 5 April 2012, reviewed annually and re-published at least every four years.

2.2 Care Quality Commission Requirements

The Care Quality Commission (CQC) expects to find evidence that the Trust is actively promoting equality and human rights across all its services and functions. Equality and diversity considerations are specifically addressed as part of its key line of enquiry around a Trust's responsiveness to patient needs. The CQC asks "Are services planned and delivered to meet the needs of people?" and "Do services take account of needs of different people, including those in vulnerable circumstances?" The Trust was rated as 'Good' at the last inspection in April 2018. Due to the pandemic CQC have scaled back the inspection regime in order to concentrate on urgent inspections. The Trust's monitoring has been based on a schedule of engagement meetings and submission of evidence.

3 Our progress in 2020

3.1 Embedding equality, diversity and inclusion

Embedding equality, diversity and inclusion

For the period 2016 to 2020 we identified four priority outcomes (from the 18 outcomes against which we are required to assess and grade ourselves under the EDS2) as follows:

1.2 Individual people's health needs are assessed and met in appropriate and effective ways.

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.

3.4 When at work, colleagues are free from abuse, harassment, bullying and violence from any source.

4.2 Papers that come before the Board and other major committees identify equality-related impacts including risks and say, how these risks are to be managed.

Some examples of what we have done in 2020 to achieve these outcomes are shown below (it should be noted that this is not an exhaustive list, and these are only examples of the work going on around the Trust).

Key actions and objectives for the year 2021 are identified in section 5 of the report.

To support Executive Directors in the Trust objective of ensuring that Board papers identify equality-related impacts a training session was delivered by the Equality, Diversity and Inclusion Manager.

Using technology to narrow accessibility gaps

During the Covid-19 pandemic the Trust committed to exploring other ways by which patients and relatives could be connected. This led to the formation of the Relatives' Line where a designated relative can contact a dedicated team to provide them with up to date information about the patient's condition. This was twofold – it allowed frontline staff time to care for patients and shielding staff to continue to be part of the workforce. The service has proved to be a great success with positive feedback from relatives who receive information from qualified nurses in a calm and relaxed environment. Alongside this virtual in hospital visiting was also set up which allows face to face calls predominantly for our elderly patients who do not have the ability to be able to instigate such a call using a device of their own.

The Virtual In Hospital Visiting Service has been used for the facilitation of end of life calls using a hand held device to connect members of their family who are unable to visit the hospital either due the current visiting restrictions and associated risk assessments.

Disability

Physical

The need for upgrade of the public toilets in the main entrance on the HRI site was identified in 2019. During 2020 a suitable location at Huddersfield Royal Infirmary was identified for a Changing Places toilet. A detailed bid has been prepared for government funding to support this development. The trust seized 'Go See' opportunities as trust learning approaching other trusts who have already been successful with a bid and implementation.

Dementia care

The Trust has for many years supported and promoted the nationally recognised Butterfly scheme for patients living with dementia. The scheme continues to be promoted alongside "Johns Campaign" and 'Herbert Protocol'.

During 2020 our engagement support workers continued to provide diversional and therapeutic care for our dementia patients on an individual basis adapting the activities in line with restrictions. The enhanced care and support team have also continued to provide increased 1:1 care for our most vulnerable patients during the acute period of their care and supported patients who were unable to see their families during the Covid restrictions but supported with arranging virtual visits and contacted family members to obtain information to further enhance personalised patient centred care for the individual patient by completion of the see who I am care plan.

Unfortunately, the memory café that had proved such a success in the previous year was closed and the reopened for a short period with themed events on a smaller scale. The memory café is awaiting relocation with plans to extend the service from one to three sessions a week.

Colleagues in the Prevention of Delirium team introduced pocket-sized selfies based on Kate Granger's "Hello my Name Is" initiative. Wearing masks, goggles and or

face shields has made it difficult, so the card is aimed at supporting communications and keeping care personalised.

The successful appointment of a Lead practitioner for Dementia to start early Spring will help promote and embed the local and national improvements identified in the CHFT Dementia Strategy.

The Quest for Quality team in the Community Division are along with colleagues from the Mental Health Trust implementing the CLEAR dementia programme into Care homes across Calderdale. The CLEAR Dementia Care model is designed as a quicker method of assessing and understanding behaviour in dementia, equipping care home staff to respond more effectively. The main premise of the model is that behaviour staff find challenging is the result of unmet need experienced by the person with dementia. The person-centered assessment includes cognition, life story and personality, emotional and physical wellbeing, activity and the environment, and relationships.

Hearing and Visual Impairment

The Trust has worked with the British Sign Language (BSL) interpreting service to set up a suitable platform to enable video consultations during the pandemic. Appointments requiring BSL are taking place using MS Teams and feedback to date is indicating this service is being well received

Following some patient feedback via the Disability Partnership, Calderdale, the Trust has commenced a quality improvement project, working with service users and carers to improve the experience of patients with a visual impairment.

The Audieband system currently used for COVID information at the entrances to the main hospitals and Acre Mill is fully programmable to enable any range of information and messages to be broadcasted to the public as they enter the premises

Covid-19 Response easy read leaflets and information promoting the availability of British Sign Language and signposting to approved national websites are available on the trust website.

Audiology- During the Covid-19 response patients became unable to contact service to order batteries for hearing aids as drop in repair sessions were stood down. An online order form was implemented to allow patients to order which has been positively received by both staff and patients.

Mental Health

All patients that attend Emergency Department (ED) with mental health issues are seen by the Rapid Assessment Interface and Discharge (RAID) team within 2 hours. If they have a prolonged wait within ED they are assessed every 2 hours thereafter to assess their needs. Mental Health patients who have had a prolonged wait have their episode of care reviewed by the ED matron using a proforma looking at care given during their time in the department

A formal assessment tool for high risk patients has been devised and is available on the Electronic patient record (EPR). This is predominantly for the use on the assessment areas for the assessment, initial management, and referral of high-risk patients thus supporting staff to ensure the psychological and emotional needs of patients are met and support robust and safe handover of care.

The Trust has an identified a clinical lead to undertake training with staff regarding safe care and management in the indentation and immediate care of high-risk patients.

The trust's mental health strategy and operations group provides a joint forum between the Trust and the mental health services via the mental health liaison team to facilitate partnership working and sharing of information to drive better practice. A detailed dashboard has been developed to support performance review against key performance indicators. In measuring itself against these key performance measures based on national standards the trust is able to understand how well they are looking after people with mental health needs.

Learning

In response to the pandemic the Trust has worked closely with South West Yorkshire Partnership Foundation Trust to ensure individuals with a learning disability are flagged on the Electronic Patient Record. In addition, people were offered a VIP hospital passport and further supporting information called a 'COVID grab sheet'.

A VIP Passport gives the hospital staff important information about individuals with learning disabilities. This record enables staff to give personalised care to people with reasonable adjustment needs. Over 800 hospital passports were uploaded on to individual's records and over 400 flags set during this time.

The Trust ensured easy read leaflets produced nationally on the Covid pandemic were readily available on both the Trust intranet and internet.

The Trust engaged in the NHS England and Improvement Learning Disability Improvement Standards data collection which took place from October 2020 to January 2021. A total of 100 patient surveys were distributed to adults with a learning disability who used the Trust services over a 12-month period, and 50 staff surveys were also completed. The Trust is waiting the final report due out in 2021.

The Trust has developed a learning disability dashboard on its KP+ electronic platform and can capture all adults known with a learning disability who are flagged on EPR, capturing patient demographics including deprivation of index score.

Currently the dashboard reports all Did not Attend (DNA) clinic appointments which is audited each month. The dashboard will be developed to record emergency department attendances, inpatient attendance, and new referrals to outpatients.

The Trust is working towards ensuring people with a learning disability are high priority on the health inequalities work it is undertaking, especially during the reset work post Covid.

The Treat me well Group unfortunately has not met face to face due to the pandemic. The group is looking forward to meeting again and being part of the transformation work the Trust is undertaking and ensuring the voice of people with a learning disability is listened to.

The Trust continues to remain committed to working with people with a learning disability, their family and carers to shape and redesign its services.

As part of Covid-19 restoration phase, service provision being restored in the trust. And we are looking at learning disability friendly theatre environments and focusing on the patients rather than the specialty they are under and ensuring that they are not delayed any longer than necessary regardless of priority status.

Age

Older

Advanced Care Planning - The Trust, in conjunction with the West Yorkshire and Harrogate Healthcare Partnership, has produced a video with which encourages people to have a conversation about end of life and putting plans in place. Arrangements have been put into place which has enabled bereavement support for relatives.

Frailty Same Day Emergency Care unit (SDEC) - The unit which has moved to a new location near ward 3 at Huddersfield Royal Infirmary provides a multi-disciplinary (MDT) response as soon as a patient presents there. Patients are triaged into the unit after being identified as frail and having the potential to be discharged home the same day with appropriate community support and follow up. It provides a quiet, calm environment where patients are seen by the MDT as soon as they arrive, and a comprehensive geriatric assessment starts. This assessment reviews the condition and their long-term medical conditions, social, mobility, mental health and activities of daily living at home.

Age

Younger

Specialist children & young people roles

A Lead Nurse for Children and Young People, with a portfolio for the Voice of the Child across the Trust has been appointed.

The Trust is looking to support the introduction of a Band 7 Transitional Care nurse post.

The Trust has commenced the process to fund a Registered children's nurse to support the Paediatric congenital heart disease service.

The Trust has developed guidance for young people admitted with mental health needs including improved risk assessment /care plans. Daily professionals' meetings between CAMHS and the Children's ward to support the young person's pathway has been introduced

Covid-19 initiatives

A drive through clinic (previously clinic based) is in place to ensure that children & young people with diabetes continue to receive a high level of care and remain safe during the global pandemic.

A child friendly display (window of rainbows) on the Paediatric ward is in place to explain to children why staff need to wear masks, along with child friendly information booklets explaining what Covid-19 is about.

The Lead Nurse and the Play and Family Support team worked with NHS England & Improvement to support a virtual Halloween live streaming a short story and recording a film to promote the importance of 'play & distraction' in helping children to feel less anxious when attending hospital for treatment.

The service vision has been co created with children from the Youth Forum and nursing staff - Young Persons Charter.

Young Service Users have been involved with recruitment of key staff e.g. Paediatric Consultant posts.

Distraction packs have been developed for children and younger people who are isolated during their care and treatment.

Race

The Trust worked with The Big Word interpreting service to set up a suitable platform to enable video consultations during the pandemic.

The Trust is reviewing the access to surgery for the BAME population as some reports are showing an in balance of patients being listed for their operations. Early work involves consideration to language barriers, economic aspects and availability of technology when understanding further how this issue can be addressed.

The Trust is engaging with the Pakistani community to look at cancer information needs for newly diagnosed patients. This is being facilitated through NHS England Cancer Improvement Collaborative and will result in the provision of appropriate and timely information designed and deliver in partnership with the community. This work has formed a template for engaging with other BAME communities to support coproduction of other cancer services.

Work is ongoing with menu choices available in 4 main locally spoken languages.

The Trust has in place a Health Inequalities working group to look at a range of issues relating to the IMDs. Working in partnership with local authority the Trust has invested significant time into understanding how the BAME community have been impacted by Covid. The process of clinical prioritisation of those patients where treatment may have been delayed as a result of the pandemic response has been mapped across to all IMD groups. Work is ongoing to understand any differential between in relation to delays and IMD grouping.

Work has commenced to understand the Lived Experience of women and families using maternity services in relation to the BAME population.

The Trust continues to review the demand profile of its BAME population with specific focus on Emergency Department attendances.

Pregnancy/Maternity and Race

Continuity of Carer is a key component of Better Births with an aim of ensuring safe care based on a relationship of mutual trust and respect in line with the woman's decisions. Every woman should have a midwife, who is part of a small team of 4 to 6 midwives based in the community who know the women and family, and can provide continuity throughout the pregnancy, birth and postnatally. It enables the co-ordination of a woman's care, so that a named individual takes responsibility for ensuring all the needs of a woman and her baby are met, at the right time and in the right place. It enables the development of a relationship between the woman and the clinician who cares for her over time and for the specific and personal needs to be responded to without variation.

Within CHFT focus has been given to the implementation of this standard for BAME mothers given the known link between poor perinatal outcomes.

There is an expectation that 35% of women who are 29 weeks pregnant in March 2021 will be booked on to a continuity of carer (COC) pathway. At January 2021 22% of women were booked on to a COC pathway, with a forecast of 24% by the end of March. However, 40% of BAME women were booked onto a COC pathway. There is an expectation that 50% of women would be booked onto a COC pathway by March 2022 and 74% of women from a BAME background by 2024.

Religion/Belief

During 2020 the chaplaincy team have continued to support patients and staff through this difficult year. Providing pastoral support for families through appropriate telephone calls and virtual sessions as visiting was initially prohibited and remains restricted within tight parameters for their loved ones.

Virtual services of worship and prayer took place at Remembrance Day and a Christmas service was well received led by our Chaplain Sue Naughton. There are plans for further services in 2021 to reach a wider audience after its success.

The chaplaincy has also been working on an “End of Life Faith Card” which looks at the religious and cultural needs patients and their carers may have. The card will further enhance End of Life Care and was introduced across the Trust in early 2020.

Marriage and Civil Partnerships

The Trust is committed to delivering compassionate care through inclusion. We recognise that our patients expect high quality compassionate care. Some may also have additional needs through having a characteristic which is protected under the Equality Act and some may need this consideration because it is the human compassionate thing to do. At times couples may find themselves in hospital at the same time with differing care needs. The Trust is committed to keeping couples together and strive to locate couples together on the same ward where possible.

Pregnancy/Maternity

During the pandemic the Trust worked with partners across local authorities and education to undertake a survey of women’s experiences through Covid and the findings from this survey influenced the development of information leaflets for women about what to expect during Covid.

The trust has provided online birth preparation classes and all other maternity services continued throughout pandemic with use of both virtual and face to face appointments.

In light of national guidance our visiting approach was impact assessed and revised arrangements put in place to support families during birth.

There are seven Better Birth workstreams, one of which is the continuity of carer workstream, which aims to support improving outcomes for all women and babies.

Trusts have the following national targets to achieve:

- 35% of pregnant women will be on a continuity of carer model by March 2021
- Most women (24%) will receive continuity of carer by 2021

It is well known that pregnant women from BAME communities have worse outcomes in pregnancy. Although the target is for 75% of women from BAME communities to receive continuity of carer by 2024, at CHFT work started during 2019 to plan and implement continuity of carer teams for BAME women. Currently this year the trust is predicted to be at 24% of all women and 40% of BAME women. CQC National Maternity Experience Survey action plan (results published Jan 2020) incorporating feedback from the Maternity Voices Partnership.

Maternity Covid-19 survey out in circulation and encouraging women's feedback of their experience of all aspects maternity care including infant feeding support during the pandemic. Results to be fed up nationally to Chief Midwifery Officer for England.

OPD Covid-19 survey results are being reviewed – impact of appointments / treatment being cancelled / postponed and views of video and telephone appointments.

Sex

The privacy and dignity of all our patients remains a priority for us. An existing mixed sex accommodation group policy is in place at trust which will undertake a refresh in 2021. During 2020 it was recognised that in some situations during Covid-19, mixing of the sexes may have been necessary due to the clinical needs of each individual patient i.e. needing critical care. The Trust considers mixing to be an exception and never the norm. In order to manage the privacy and dignity needs during times of extraordinary circumstance further specific processes were developed. Key measures that are currently in place are as follows:

- Standard Operating Procedures
- Monitoring and recording
- Understanding triggers
- Dignity screens

Gender Reassignment

Our group policy takes into account how we care for, and support service users who may be going through a transgender process. In 2019 work was commenced to train and support ward staff via ward managers how to care for our transgender communities, unfortunately this work was paused during 2020 in light of the Covid–19 response. The Trust intends to recommence this training programme at the earliest possible opportunity during 2021.

Sexual Orientation

Recognising the significant impact that Covid–19 has had on our communities and the vulnerabilities that younger people may experience at the point of realising their sexuality, the safeguarding team has undertaken training to raise awareness with staff around the importance of creating safe spaces and culture that enable people to discuss sexual safety and sexuality.

Commitment to Carers

The Equality Act will protect people who by association with someone who has a protected characteristic may be at risk of discrimination, e.g. protecting carers who are caring for a disabled child or relative. They will be protected by virtue of their association to that person.

Considered in the Trust as a 10th protected characteristic group, a Carers workstream has been established as part of the Trust's 'Experience, Participation and Equalities programme'. The objective is to deliver against corporate priorities and national policy with the ultimate aim of transforming carers experiences of care at the trust. Initial priorities include:

- Introducing processes for early recognition of carers
- Developing a charter to agree the role of recognised carers e.g. inclusion of the carer in the patient's journey and the provision of services such as free parking / discounted meals
- Exploring a means of recognising carers e.g.
- Go see work to identify good practice from other Trusts and Carer services

3.2 EDS (Equality Delivery System)

EDS is a framework that helps the Trust, in discussion with local partners including local people, review and improve performance for people with protected characteristics. During 2019 in collaboration with CCGs and other local partners an engaging, interactive and informative event discussing initiatives such as Project Search, Youth Forum, End of Life Care for different cultures and Learning Disability transition of care occurred. This approach was well received by our communities and the plan for 2020 was to repeat this successful engagement approach. However, in light of Covid-19 response this engagement activity will now happen late summer / early autumn 2021.

2020 saw the Trust working with NHS England and Improvement to refresh the framework and the reporting approach to be taken in the future.

3.3. Learning from Experiences & Personalised Care Planning

Observe and Act - Project work commenced in 2020 to introduce 'Observe and Act' within the trust. This 'through the patient eyes' observation / improvement tool is to be utilised virtually as part of the focussed support framework approach. This module will be predominately supported/ delivered by volunteers, governors, members and non-executive directors. One of the key elements of this module relates to observing how our patients and carers with accessibility, inclusion and diversity needs are cared for. Key findings at each observation then drives local improvement at ward level in the trust.

Making Complaints Count - Following an internal review and external audits an improvement collaborative has been convened. A key objective for the collaborative is to ensure the service is accessible to all. In order to inform this project work existing complaints data has been reviewed against ethnicity and health deprivation data. A service survey has been developed and internal work to strengthen our data capture system has been undertaken. By capturing very specific data in this way we are able to more fully understand the needs of our diverse communities.

Covid-19 Response & Winter Volunteering – Following public concerns raised and submission of a successful bid to NHS England and Improvement a project is now underway which is currently project led by redeployed staff . The aim of the project is to:

- step back up the front of house service,
- patient belonging drop off service,
- discharge / community support service,
- and job marketing support for the volunteers who are keen to be employed by the Trust.

A key aim as part of the subsequent recruitment drive is to target specific community groups in order ensure that our volunteers are more fully representative of the communities we serve and for the trust to support volunteers keen to utilise this as an opportunity to step into the NHS job market.

Learning from Survey Insights - CQC National Maternity Experience Survey action plan (results published Jan 2020) incorporating feedback from the Maternity Voices Partnership.

Maternity Covid-19 survey out in circulation encouraged women's feedback of their experience of all aspects maternity care including infant feeding support during the pandemic. Results of this local survey have been fed up nationally to the Chief Midwifery Officer for England.

The Outpatients Department Covid-19 survey revealed significant insight around the impact of appointments / treatment being cancelled / postponed and views of video and telephone appointments

Web App for FFT feedback is on trial on the Children's Ward.

A short survey was developed in order to monitor progress with National children and young people's action plan.

Personalised Care

2020 has seen the comprehensive introduction of Personalised Care and Support Planning across services supporting cancer patients. This takes into consideration what really matters to individuals and their families receiving care at Calderdale and Huddersfield NHS Foundation Trust. The Macmillan eHNA (electronic Holistic Needs Assessment) platform supports the development of focussed care plans, developed in partnership with the patient that set out responsibilities for health and social care staff as well as responsibilities for the patients. These care plans are shared across relevant health and social care platforms to support continuity of care.

Personalised Care and Support planning online training has been developed for staff to improve the quality of conversations and HNAs to focus on true personalised care. The training was developed for cancer teams but can be used more widely to support the Personalised Care and Support Planning.

Virtual Visiting and Relatives line was introduced very quickly into the trust in response to the Covid-19 pandemic. Significant positive feedback has been received in relation to both of these initiatives.

3.3 Engagement Activities

As a Foundation Trust, CHFT has a Council of Governors (CoG), which is actively engaged through divisional reference groups and corporate sub-groups with members and service users about quality improvement and service change.

During 2020 we have reviewed the make-up of the CoG focusing specifically on diversity. Going forward we are taking a number of steps to broaden the diversity of our CoG in the areas of youth, ethnicity, LGBTQ+ and disability.

The Trust has a large public membership which is compared with its local population to assess whether it is representative of the diverse communities that we serve. The data (see below) shows that we continue to have under representation in three sectors of our communities, namely younger people, males and those with an ethnic group of Asian/Asian British:

	Members	% of total members	Eligible membership*	% of eligible membership
Age (years)				
17-21	33	0.5%	51927	8.2%
22+	7594	99.5%	571194	90.2%
Ethnicity				
White	6503	85.3%	529668	83.3%
Mixed	160	2.1%	9659	1.5%
Asian or Asian British	709	9.3%	79829	12.6%
Black or Black British	216	2.8%	10162	1.6%
Other	39	0.5%	3935	0.6%
Gender				
Female	5003	65.6%	325492	51.4%
Male	2623	34.4%	307761	48.6%
Transgender	1	0.01%	Not available	Not available

* 2011 Census Data

Totals approximate as not all Trust members declare their age or ethnicity

These groups have been given special focus during recruitment activities in 2020, although activities have been hampered to an extent due to the Covid-19 pandemic restrictions.

The Trust continues to focus on efforts to engage with as wide a range of service users and stakeholders as possible. During 2020 we have made progress against the priorities in our Membership and Engagement strategy (despite the restrictions mentioned above). Specifically, we have:

- Identified specific areas within our communities that have a high BAME population and targeted organisations/groups within those areas to encourage membership;
- Promoted membership and the governor role at the University of Huddersfield via its Pakistani Student Society, its BAME staff network and its BAME Ambassador Scheme;

- Established links with a number of organisations which either have a high BAME membership, or existing links with BAME communities including:
 - The Ahmadiyya Muslim Community
 - Locala
 - Healthwatch
- Made initial enquiries about becoming involved in a project between Global Diversity Positive Action (GDPA) and the University of Huddersfield looking at health/economic outcomes. Global Diversity is a Huddersfield-based charity that supports socially excluded people to improve their lives through digital technology and community action. It was set up in 2014 to provide support, guidance, functional and employability skills for young people who were NEETs (not in education employment or training).

4 Strengthening Equality, Diversity and Inclusion – Workforce

4.1 Why Equality, Diversity and Inclusion was even more important to us in 2020

The period from March to December 2020 was significantly impacted by CHFTs response to Covid-19.

However, rather than pausing the activities identified in our [Inclusion Strategy](#), CHFT took the opportunity to progress several high level activities that have improved our approach to Equality, Diversity and Inclusion.

The Trust's vision is to provide compassionate care to the populations of Calderdale and Kirklees. To do this we adopted 'One Culture of Care', focusing on caring for ourselves and each other so that we can offer outstanding care to our patients.

During 2020, 'One Culture of Care' became a crucial element in our response to Covid-19.

Our Covid Health and Wellbeing Strategy was launched as soon as the nation went into lockdown in March 2020. At its helm was a 'friendly ear' service, focused on mental health - which disproportionately affects BAME people and LGBTQ groups. In designing the Health and Wellbeing Strategy it was important to understand the different needs of our workforce and what compassionate care looked like to them. By understanding our colleagues' different needs, we were then able to adapt our wellbeing services to better suit them.

Our BAME colleagues played an important part in our communications during 2020. Not just as colleagues of CHFT, but as citizens of the communities they serve, our colleagues delivered important messages about the Covid vaccination programme and raising awareness of the symptoms of Covid-19.

4.2 The benefits of Equality, Diversity and Inclusion

We aim to create an inclusive culture where all employees feel engaged, valued and included. Leadership will be inclusive and compassionate in order that colleagues feel supported by their line managers. Greater accountability and engagement from senior managers in the equality, diversity and inclusion (EDI) agenda, taking ownership of the issues affecting different diverse groups of staff.

A diverse and inclusive work environment will help CHFT better understand and meet different patient expectations and improve their experience. As ~80% of our workforce live in the communities CHFT serves, harnessing the insight and views of our colleagues also enabled us to understand the needs of our communities. Moving forward, it will also help us to attract and retain a whole range of people from different walks of life, with different experiences.

This plan embraces our values and vision ([our four pillars](#)) , and explains what we are working towards, our goals, commitments and activities, as well as mechanisms and timescales for reporting our progress.

Our approach will be to 'seek to understand' and to 'stand in the shoes' of our colleagues to better understand their needs and differences.

Our [Inclusion Strategy](#) identifies 4 key aims:

- We will have a workforce that champions and celebrates our diverse communities. Our board and senior clinical and non clinical teams will be fully inclusive
- We will support current and future colleagues and enable them to make the most of their skills and talents
- We will engage a whole range of colleagues to create an inclusive culture where all staff feel engaged and valued
- We will engage and work with our partner organisations to share best practice, learn from one another, build relationships and work together for the benefit of colleagues and the communities we serve

4.3 Equality and Diversity Training

We will provide a high quality service for all of our patients and be an employer of choice in the local area.

We will fulfil our legal obligation under the Equality Act 2010 to provide services and employment in a manner that eliminates discrimination, advances equality and fosters good relationships between protected groups.

Our Equality, Diversity and Inclusion (ED&I) education approach aims to raise awareness of equality and inclusion via peer to peer communications and support.

Equality and diversity training is mandatory for all employees. Compliance rates are monitored by Executive Board as part of the Weekly Essential Safety Training paper.

Colleagues are required to repeat their equality and diversity training every three years and essential safety training compliance is closely monitored at a divisional level by HR Business Partner colleagues.

Our Leadership Development Programme, mandatory for all people managers but also open to all colleagues across CHFT has a focus on Inclusion. As the programme is online, colleagues will be able to learn at a time and in a way that suits them.

4.4 Equality, Diversity & Inclusion Activity

Our journey into Health Inequalities

Throughout 2020, the disparity of outcome for protected groups infected with Covid-19 was evident. Analysing patient data confirmed that BAME patients have longer waiting time for care, are less likely to Trust health organisations and suffer greater incidents of multiple deprivation (IMD). Men, and older patients also suffered poorer outcomes from Covid-19.

From a workforce point of view, initial queries were made into the health inequalities that may be suffered by our colleagues. This has offered CHFT the opportunity to become curious and interested in our workforce data.

An exercise carried out with our Executive team looked at the IMD standing of our Executives and Directors for the area in which they grew up, and the area in which they now lived.

A further exercise carried out into an identified Ward has also made us more curious about the health inequalities of our colleagues, with the aim of understanding disproportionate outcomes in recruitment, promotion, engagement and absence.

BAME Network

Our BAME Network continues to offer a powerful insight into the needs and views of our BAME colleagues. Meeting regularly with the Chief Executive, the group informs and responds to key workforce activity. In particular in 2020, the BAME Network was pivotal in defining our approach to Health and Wellbeing Risk Assessments.

Our BAME network is chaired by a colleague of our partner organisation, Calderdale and Huddersfield Solutions.

Black History Month

CHFT celebrated black history month with a strong and innovative campaign that made CHFTs position on racism clear. A series of events took place to celebrate black history by using famous quotes and stories.

Health and Wellbeing Risk Assessments and strategy

Early on in the pandemic, all hospital Trusts were asked to carry out physical risk assessments with their staff. It was clear that the virus had a disproportionate impact on certain protected groups – sex (male) ethnicity and age. The requirement was to carry out physical risk assessments with all BAME colleagues. In consultation with our BAME Network, CHFT took a broader and more wide ranging approach to

Health and Wellbeing Risk Assessments, with BAME colleagues feeding back that they did not wish to be the only people subject to risk assessments. Our Health and Wellbeing Risk Assessments were designed to not only cover physical risk, but mental health risk and also personal circumstances. This allowed us to respond to colleagues needs whilst also understanding more about the needs of all protected groups.

Colleague Disability Network

2020 saw the creation of our disability network. The disability network brings together colleagues from across CHFT to identify improvements for our colleagues. This includes improvement to the built environment, our policies and procedures and our understanding of the different needs of our disabled colleagues. Meeting regularly, the network is chaired by a colleague.

LGBTQ Network

Our LGBTQ network has grown further and meets regularly to discuss the needs of our gay, lesbian, bisexual, transgender and queer colleagues. Celebrating LGBTQ month, CHFT flew the rainbow flag at both locations and developed a series of activities to cement our support and celebration of our colleagues. The network is chaired by a colleague of CHFT.

Empower Programme

In October 2020, CHFT launched the '[Empower Programme](#)' open to all colleagues to improve their confidence and help overcome barriers to advancement and promotion. Championed by our Deputy Medical Director, the programme offers CHFT colleagues an opportunity to develop new skills and to understand more about what CHFT can do to improve the success of colleagues developing at CHFT.

Leadership Development Programme open to all

Our Leadership Development Programme, launched in July 2020, is open to all colleagues and is mandatory for all people managers. Included in the programme is a strong emphasis on inclusion, with dedicated sessions to help colleagues understand the impact of their actions on protected groups, and how we can all become a champion for equality, diversity and inclusion.

West Yorkshire & Harrogate report into the impact of COVID 19

In June 2020, Public Health England (PHE) published their findings into a review of the disparities in risk outcomes of COVID 19. To build on this review, West Yorkshire and Harrogate (WY&H) Health and Care Partnerships launched a further [review into the impact of COVID 19 on health inequalities](#) and support needed for Black, Asian and Minority Ethnic (BAME) communities and staff.

The review was independently commissioned, and was chaired by Professor Dame Donna Kinnair, Chief Executive and General Secretary of the Royal College of Nursing (RCN.)

The review was co-produced by leaders from the NHS, Local Government and the Voluntary and Community Sector (VCS) with the report findings launched in October 2020.

CHFT participated in this review and was supported by our Chief Executive, Owen Williams.

CHFTs progress against the actions identified in the review can be found below:

Recommendation	CHFT progress and support
Improving access to safe work for BAME people in WY&H	<p>~17% of CHFTs workforce is from a BAME background – higher than the local community average in Calderdale (10.3%) but lower than the community average in Kirklees (20.9%)</p> <p>All CHFT roles are subject to equality of opportunity</p> <p>CHFT's Health and Wellbeing Risk Assessment was co-produced with our BAME network. It covers physical and mental health risk as well as any personal circumstances which may impact on the risk to colleagues of COVID 19</p> <p>CHFT ran a local anti-racism campaign as part of Black History month 2020</p> <p>Equality, Diversity and Inclusion role created and recruited to in 2019 offering support to our BAME network and colleagues</p> <p>Five year Inclusion Strategy launched 2020</p> <p>Positive action recruitment for a Colleague Engagement Advisor conducted successfully in 2020</p> <p>BAME Community Engagement colleagues appointed February 2021</p>
Ensuring partnership leadership is reflective of the communities it serves	<p>15.4 % of the Board of CHFT is BAME</p> <p>CHFT's leadership behaviours developed as part of our COVID Health and Wellbeing Strategy</p> <p>Disciplinary and grievances are reviewed and monitored as part of our WRES data</p> <p>2 x Board appointments have adopted an inclusive approach to ensure that we attract BAME candidates with the skills and experience to fulfil the roles successfully</p> <p>CHFT's new recruitment strategy to launch July 2021, including positive statements for candidates thinking about choosing CHFT for their employer</p>

Diverse range of FTSU Ambassadors, Inclusion Champions and Wellbeing Ambassadors

CHFT has a wide range of Ambassadors to ensure that all colleagues feel confident to approach them and to share their ideas and thoughts.

International Womens Day Event

The aim of the session is to celebrate women and their achievements. The theme focussed on Empowerment and how we can channel our energies into taking accountability for achieving our aspirations. We hosted a range of internal and external speakers and at this face to face session approx. 60 diverse colleagues from different divisions / grades across the Trust attended the session. The event also enabled the Trust to launch its Empower (Inclusive Personal Development) Programme. Feedback from the event highlighted colleagues left feeling energised, inspired and committed to making a difference.

Wellbeing Hour/Wellbeing Ambassadors

The Trust has over 100 local wellbeing ambassadors who promote all things wellbeing within their local area. One of the main responsibilities of a wellbeing ambassador is supporting the implementation of the wellbeing hour. All colleagues in the Trust can take one-hour wellbeing time per week to support 'self care' and 'take time out' to relax and reflect'.

Equality Impact Assessments

The Equality Impact Assessment process was modernised in 2020 and supports an evidence-based approach designed to help CHFT ensure that our policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups from participation. This covers both strategic and operational activities.

The EIA will help to ensure that:

- we understand the potential effects of the policy by assessing the impacts on different groups both external and internal
- any adverse impacts are identified, and actions identified to remove or mitigate them
- decisions are transparent and based on evidence with clear reasoning.

National Inclusion Week

The theme of National Inclusion Week 2020 was Each One, Reach One, were we celebrated everyday inclusion in all its forms! Sharing, promoting, and inspiring colleagues to demonstrate One Culture of Care, where we care for each other the same way we care for our patients, every day.

Overseas Community

We launched our Overseas Colleague Community Network last year. A chance for overseas colleagues to share what is on their mind, ask for help and support and generally meet other colleagues, network and share experiences. This network is sponsored by a Clinical Director.

5 Conclusions/Looking ahead to 2021

We will help colleagues feel confident and competent when caring for or dealing with people with any of the protected characteristics, and to ensure that equality and diversity considerations are an everyday, intrinsic part of being a valued Trust colleague and of delivering excellent, compassionate care.

In 2021 the Trust will focus on the Health Inequalities experienced by our patients and colleagues as a powerful next step in our Inclusion journey.

Key Objectives for the Trust during 2021 - 2025 are as follows:

- Development of a mechanism for systematic involvement of BAME communities from community groupings with known health inequalities
- Development of a transformation programme: Focus On: addressing inequalities in health, participation and experiences for patients and carers
- Development of a learning portal for staff. Focus On: Learning from complaints and incidents.
- Develop a deep understanding of complaints service access inequalities by strengthening relevant monitoring and reporting to drive improvements and engaging with service users on specific complaints service codesign projects

6 Contacts and Enquiries

If you have any questions or comments on this report, or would like to receive it in alternative formats, e.g. large print, braille, languages other than English, please contact Nikki Hosty at Nicola.Hosty@cht.nhs.uk

APPENDIX 1

EQUALITY IN OUR WORKFORCE REPORT

1. Introduction

Equality and diversity related to the workforce is led by the Director of Workforce and Organisational Development. This report provides information about equality in the Trust's workforce. It is based on data that is held about the workforce as at 31 December 2020. In accordance with the Equality Act 2010, we have a duty to "publish information relating to persons who share a relevant protected characteristic who are its employees."

The Trust published its Workforce Race Equality Standard (WRES) in October 2020. The WRES is a national equality standard for employment against which all NHS organisations are assessed. The WRES became operational from 1 April 2015. The standard has been developed to improve workforce race equality across the NHS. It aims to improve the opportunities, experiences and working environment for BAME staff, and in so doing, help lead improvements in the quality of care and satisfaction for all patients.

The Trust also published its Workforce Disability Equality Standard (WDES) in October 2020. Again, the WDES is a national equality standard for employment against which all NHS organisations are assessed.

2. Staff profile

The staff profile shown in the graphs below are based on a 'snapshot' of all the staff working for the Trust as at 31 December 2020 against the same date in the previous four financial years.

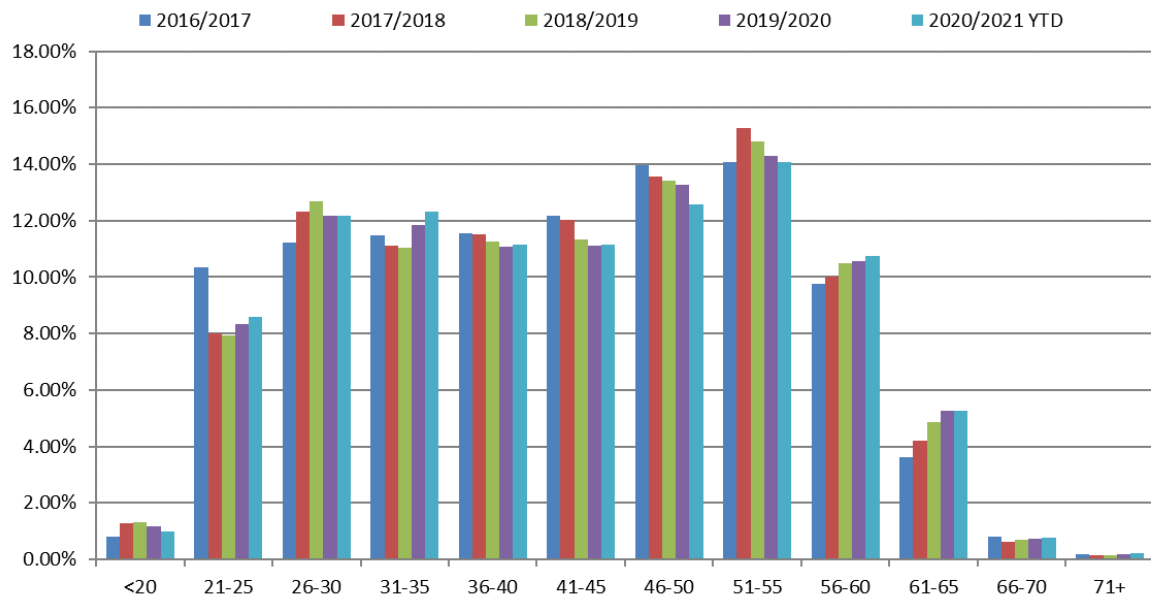
Following good practice in data protection and to ensure personal privacy, some categories have been combined. This helps to protect the anonymity of staff.

We have analysed the Trust's workforce information from the last four years using key equality and diversity indicators to try and identify any significant trends in the data. The categories used are:

- Age
- Disability
- Ethnicity
- Gender
- Religious Belief
- Sexual Orientation

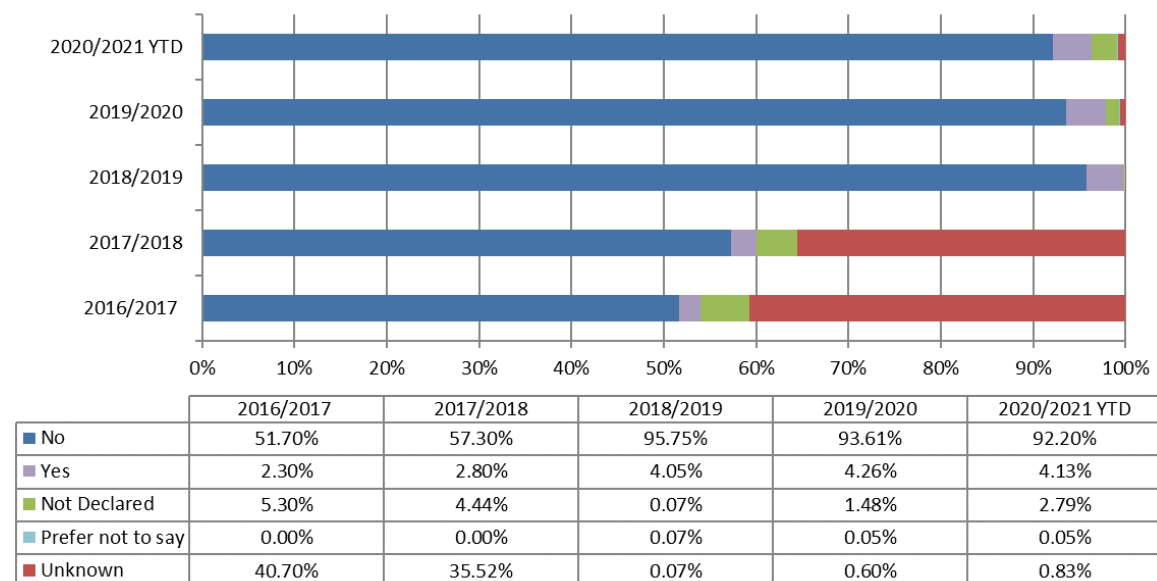
Age Profile

The highest proportion of Trust employees (14.09%) are in the age bracket 51-55.



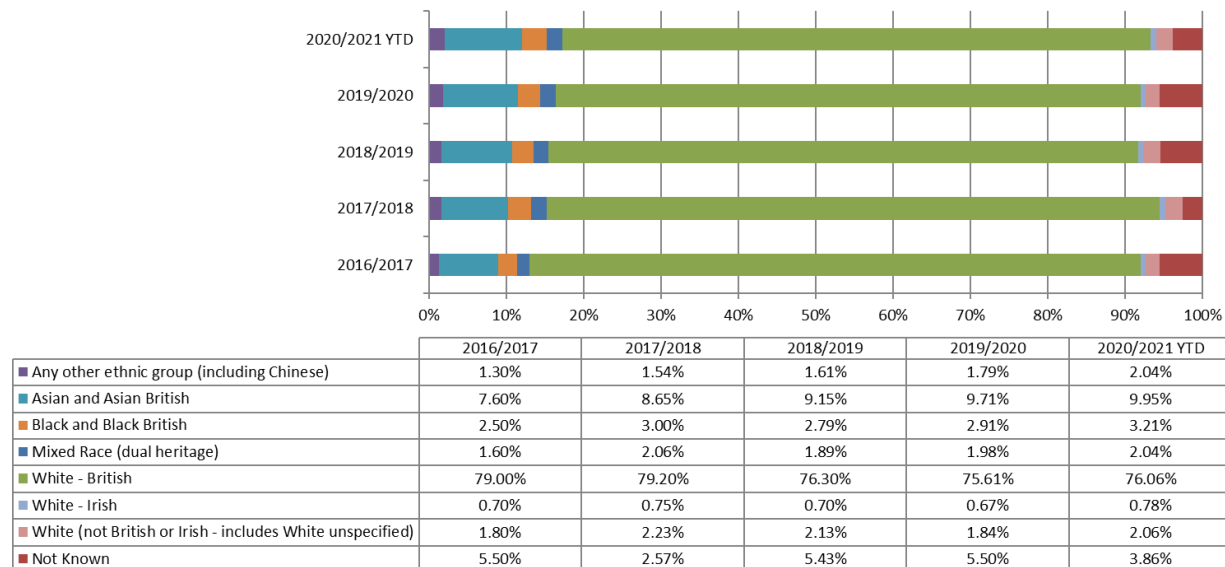
Disability

Information on the profile of the Trust's workforce in terms of disability is not sufficiently clear in order to provide a valid analysis of the data. Data quality has improved over the last 5 years, with a significant data quality exercise taking place in 2018; however detail level data on type of disability is currently not available. This are reviewed on an on-going basis and continuous improvements made.



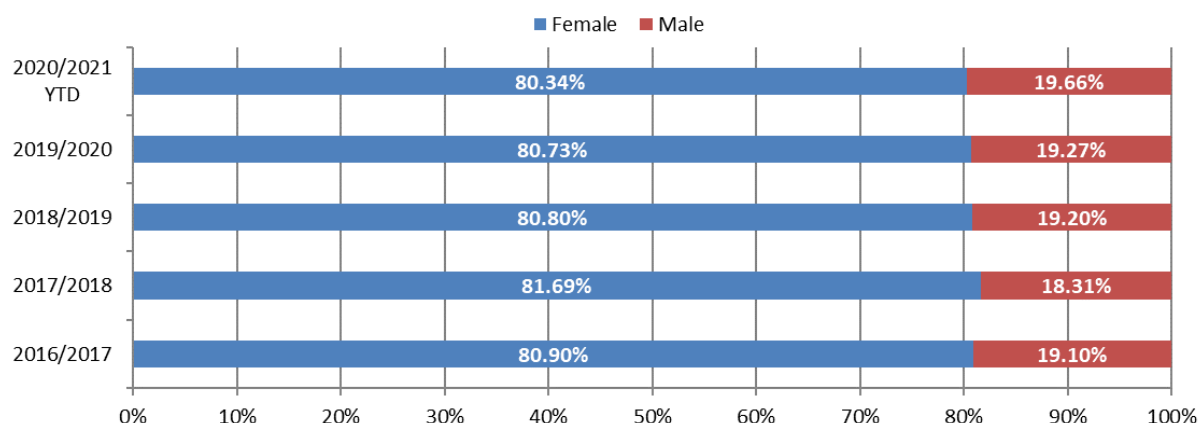
Ethnicity

The ethnicity profile of the Trust has seen gradual increases within the Asian and 'Any Other' ethnic groups, however the largest profile remains White - British (76.06%).



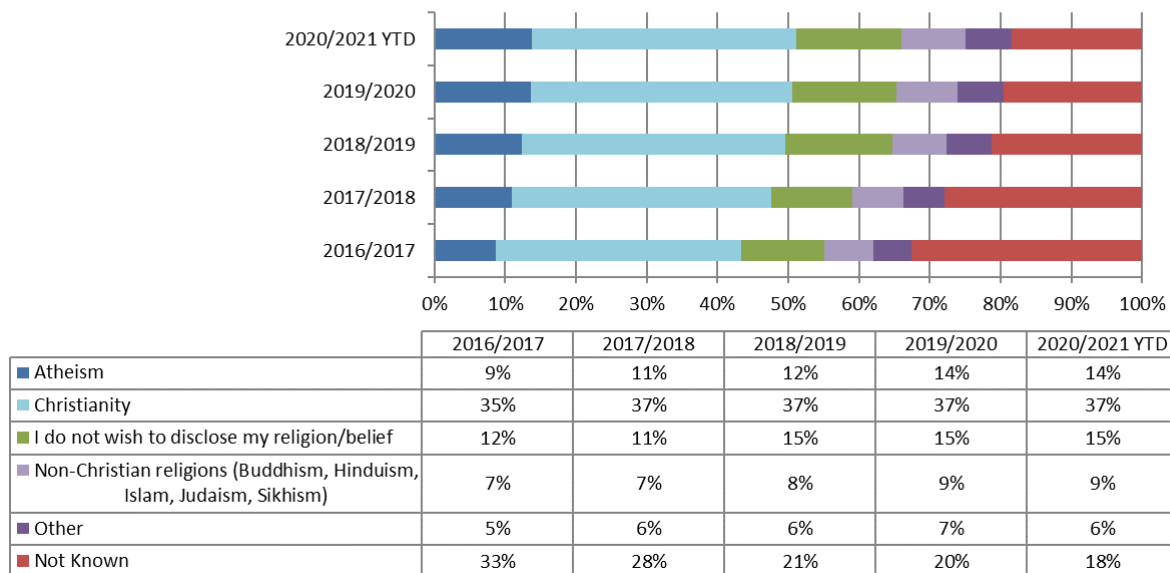
Gender

The gender split in the Trust has not shown much change over the reporting period, with the proportion of men significantly lower than the national workforce average. However, the health and social care sector traditionally employs more women than men.



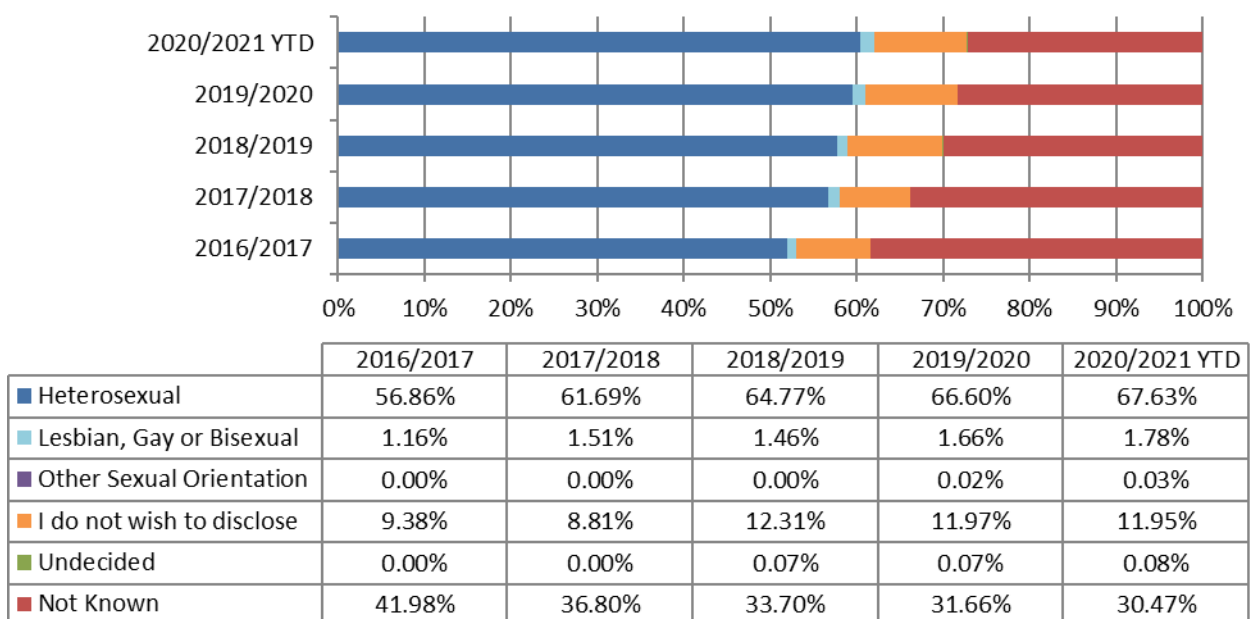
Religion & Belief

Data quality has continued to improve; however, at the time of reporting 18% of the workforce has not recorded their religious belief.



Sexual Orientation

Data quality on Sexual Orientation has continued to improve. At the time of reporting 30.47% of the workforce has an unknown sexual orientation, a decrease of 1.19% from the end of the prior year.



3. Staff joining the Trust

This section shows demographic data for the recruitment of staff and has been broken down using equality and diversity indicators. All information in this section is sourced from Trac, an online recruitment tool used by Calderdale and Huddersfield NHS Foundation Trust.

The charts below reflect all recruitment activity for the period 1 January 2020 to 31 December 2020, and provide a breakdown (%) of applicants, applicants shortlisted and applicants recruited.

Age Profile

The majority of applications (27.10%) come from the 25-29 age group. This group is also the most likely to be shortlisted (27.49%) and appointed (21.70%).

Age Group	Applications	%	Shortlisted	%	Appointed	%
Under 20	454	3.30%	302	3.42%	38	3.23%
20 - 24	2198	15.90%	1534	17.37%	174	14.81%
25 - 29	3739	27.10%	2428	27.49%	255	21.70%
30 - 34	2498	18.10%	1604	18.16%	212	18.04%
35 - 39	1416	10.30%	923	10.45%	142	12.09%
40 - 44	986	7.20%	614	6.95%	91	7.74%
45 - 49	909	6.60%	544	6.16%	75	6.38%
50 - 54	784	5.70%	469	5.31%	71	6.04%
55 - 59	551	4.00%	293	3.32%	74	6.30%
60 - 64	207	1.50%	102	1.15%	36	3.06%
65+	37	0.30%	20	0.23%	7	0.60%

Disability

4.10% of applicants, 3.80% of those shortlisted and 3.50% of appointed staff declared themselves as disabled.

NHS Jobs Equal Opportunites Report (TRAC) - Disability

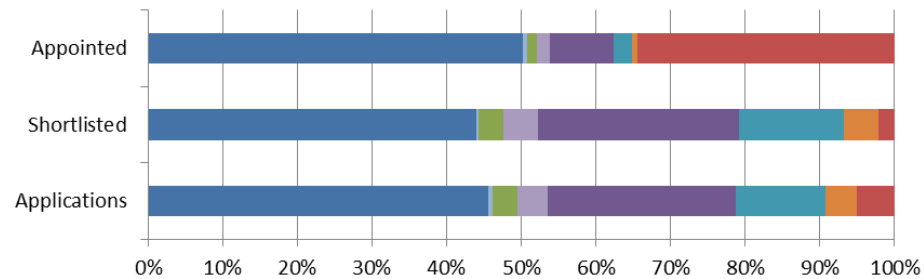


	All applications (%)	Shortlisting: (%)	Appointed (%)
I do not wish to disclose whether or not I have a disability	1.3%	1.28%	1.11%
No	90.9%	94.65%	59.66%
Yes	4.1%	3.81%	3.49%
Not stated	3.6%	0.26%	35.74%

Ethnicity

The majority of applications (45.7%), applicants shortlisted (44.1%) and applicants recruited (50%) identify as 'White – British'. 25.2% of applicants identify as 'Asian & Asian British' however this group only accounts for 8.5% of those successfully appointed.

NHS Jobs Equal Opportunities Report (TRAC) - Ethnicity

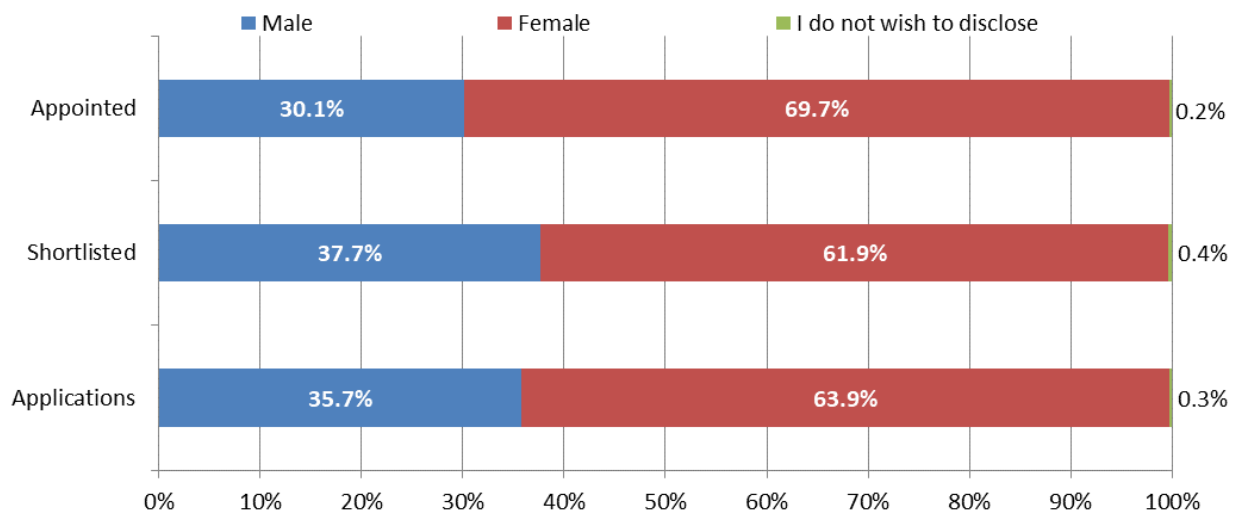


	Applications	Shortlisted	Appointed
WHITE - British	45.7%	44.1%	50.0%
WHITE - Irish	0.5%	0.3%	0.6%
WHITE - Any other white background	3.4%	3.4%	1.4%
Mixed Race	4.1%	4.6%	1.7%
Asian & Asian British	25.2%	27.1%	8.5%
Black & Black British	12.0%	14.1%	2.4%
Any other group (Including Chinese)	4.2%	4.7%	0.7%
Undisclosed	5.1%	2.1%	34.4%

Gender

The majority of applications, applicants shortlisted and applicants recruited are female.

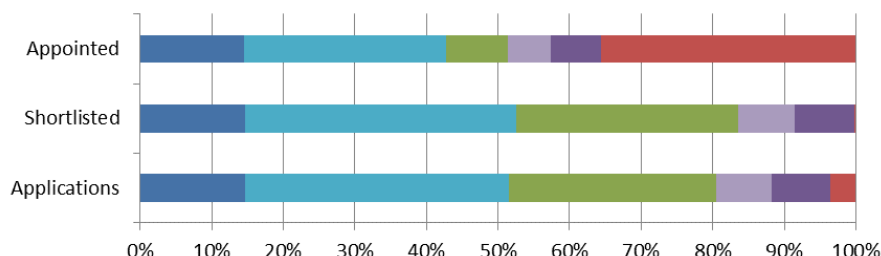
NHS Jobs Equal Opportunitites Report (TRAC) - Gender



Religion & Belief

The majority of applicants (36.9%), applicants shortlisted (37.9%) and applicants recruited (28.2%) identify as Christian.

NHS Jobs Equal Opportunities Report (TRAC) - Religious Belief

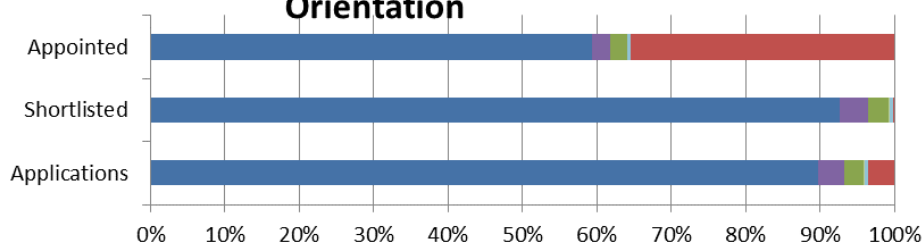


	Applications	Shortlisted	Appointed
Atheism	14.7%	14.7%	14.6%
Christianity	36.9%	37.9%	28.2%
Non Christian Religions	28.9%	31.0%	8.7%
Other	7.8%	7.9%	6.0%
I do not wish to disclose my religion/belief	8.1%	8.3%	7.0%
Not stated	3.6%	0.2%	35.6%

Sexual Orientation

The majority of applications, applicants shortlisted and applicants recruited identify as heterosexual.

NHS Jobs Equal Opportunities Report (TRAC) - Sexual Orientation



	Applications	Shortlisted	Appointed
Heterosexual or Straight	89.8%	92.7%	59.3%
Lesbian, Gay or Bisexual	3.6%	3.8%	2.6%
I do not wish to describe my sexual orientation.	2.6%	2.6%	2.2%
Other sexual orientation not listed	0.2%	0.2%	0.1%
Undecided	0.4%	0.4%	0.3%
Undisclosed	3.6%	0.2%	35.5%

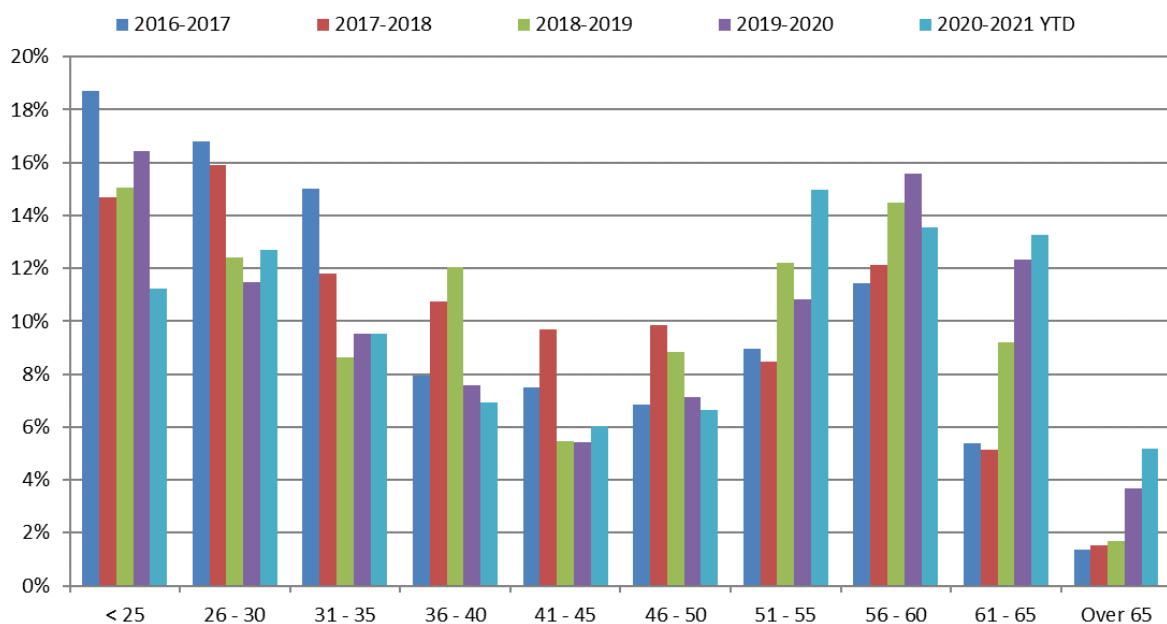
4. Staff leaving the Trust

This section shows data regarding staff that left the Trust between 1 April 2016 and 31 December 2020; broken down using the equality and diversity indicators.

Age Profile

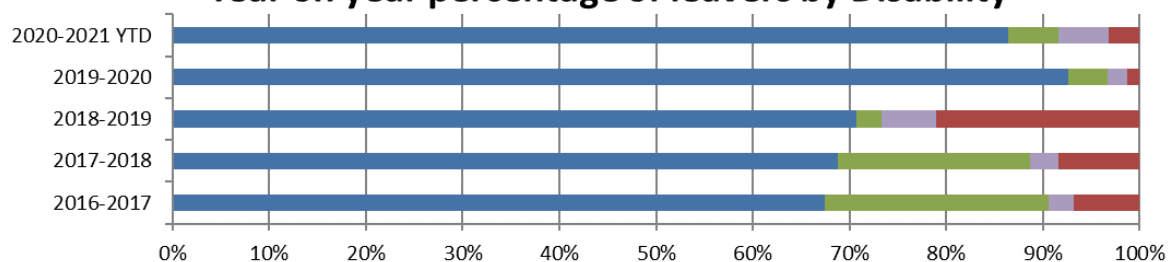
During the current year to date turnover is highest amongst staff aged 51-55 (14.99%) closely followed by the 56-60 (13.54%) and 61-65 (13.26%) age groups.

Year on year percentage of leavers by Age



Disability

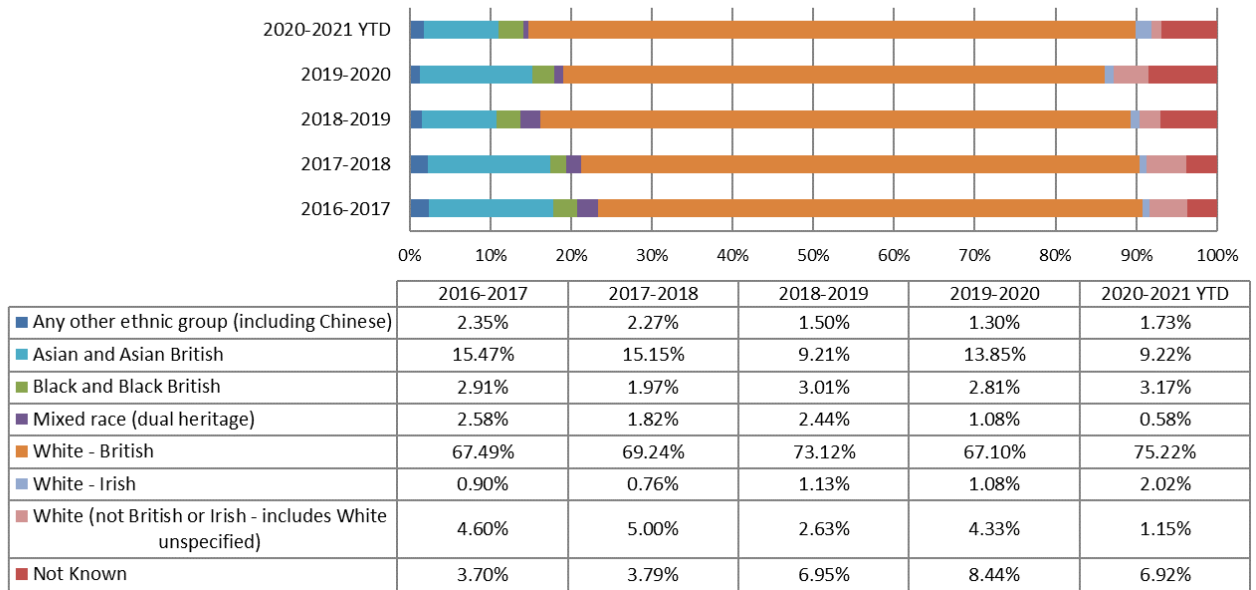
Year on year percentage of leavers by Disability



	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021 YTD
No	67.38%	68.79%	70.68%	92.64%	86.46%
Yes	23.09%	19.85%	2.63%	4.11%	5.19%
Not Declared	2.58%	3.03%	5.64%	1.95%	5.19%
Not Known	6.84%	8.33%	21.05%	1.30%	3.17%

Ethnicity

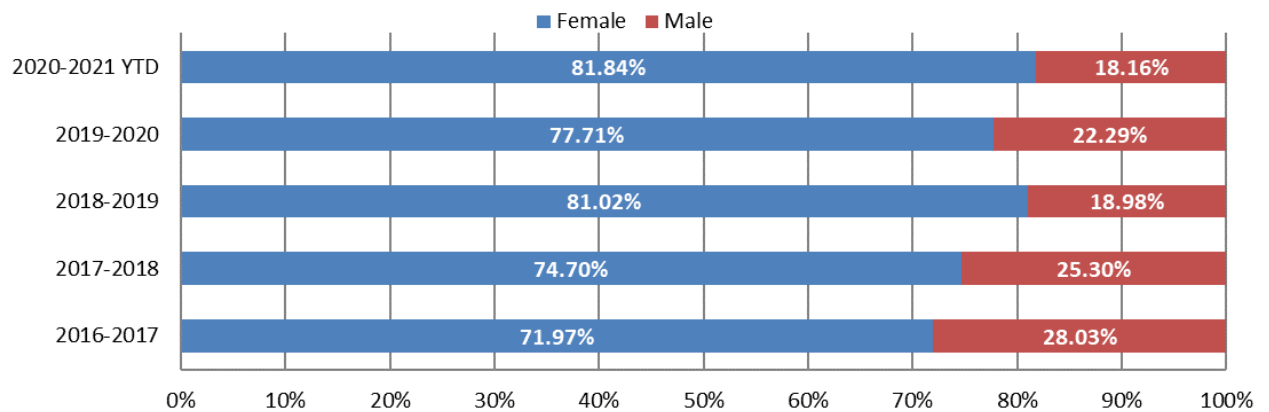
Year on year percentage of leavers by Ethnic Group



Gender

81.84% of leavers are female employees, however with the Trust employing a significantly higher amount of female employees this is expected.

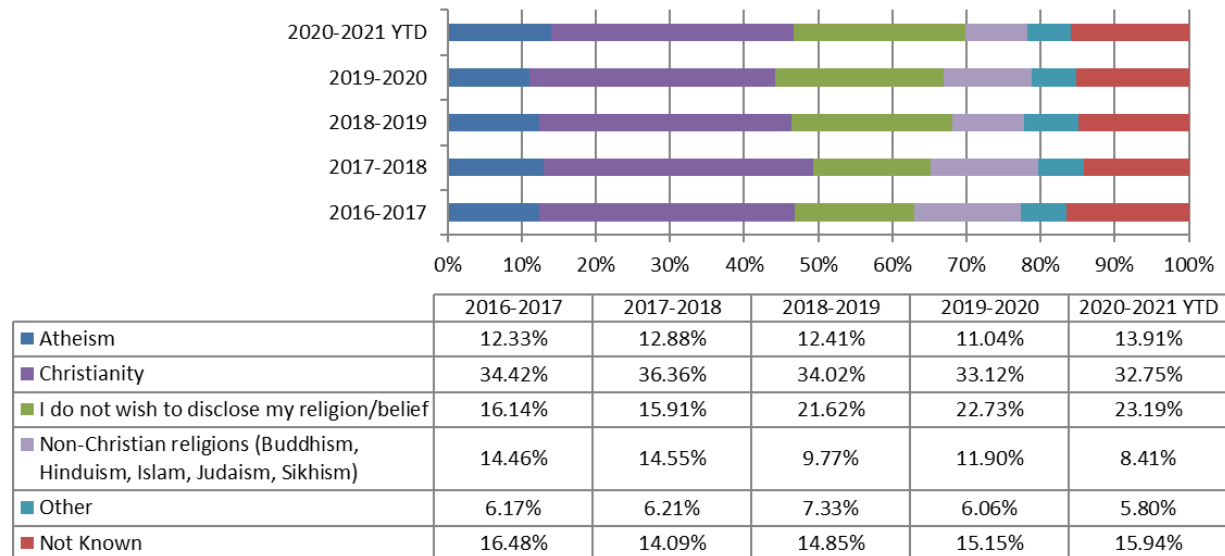
Year on year percentage of leavers by Gender



Religion & Belief

As with 2019-20, the majority of leavers in 2020-21 are Christians (32.75%).

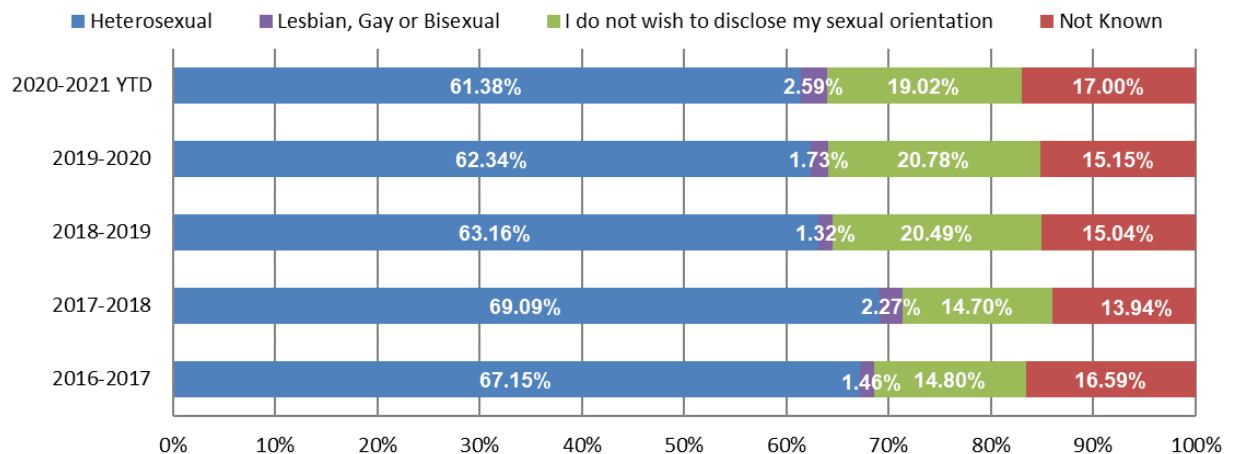
Year on year percentage of leavers by Religious Belief



Sexual Orientation

The majority of leavers in 2019-20 are Heterosexual (61.38%) The percentage of leavers with an unknown sexual orientation has increased from 15.15% to 17%.

Year on year percentage of leavers by Sexual Orientation



5. Staff profile by pay

The data below is a 'snapshot view' of the pay levels for all Trust employees as at 31 December 2020. This section looks at the organisation pay and measures this against the key equality and workforce indicators.

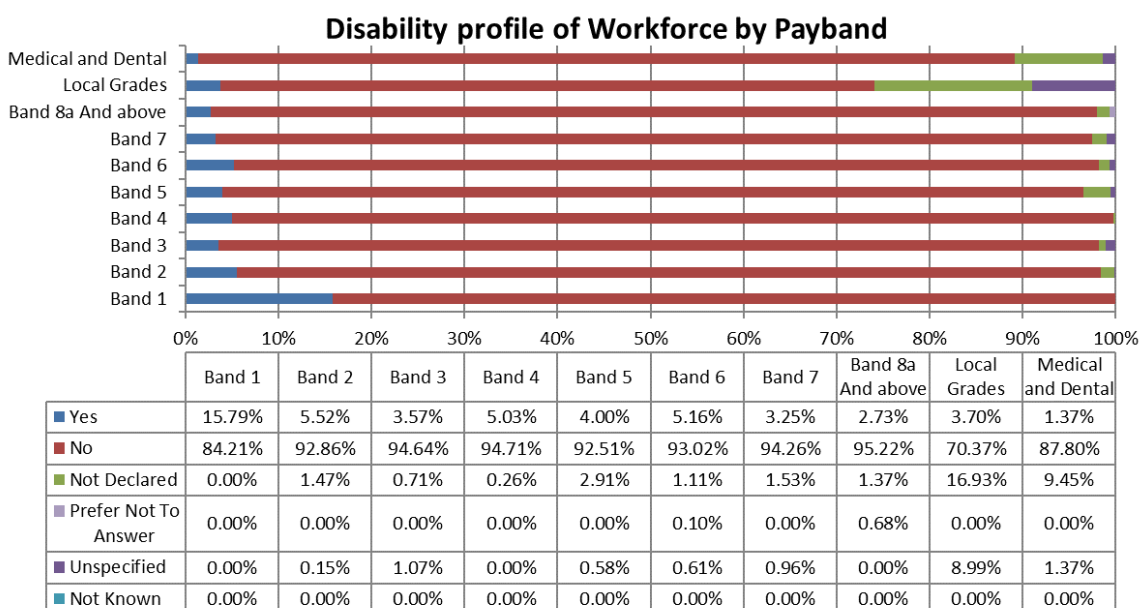
Age Profile

The most common pay band in the Trust is Agenda for Change band 5 with 21.69% of colleagues in this band. Band 2 comes in a close second with 21.44% of staff in this band. Within Band 5 the largest majority (16.36%) of people are in the age band 26-30.

Age Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a And above	Other	Medical and Dental
<25	0.00%	9.86%	13.21%	5.56%	15.05%	3.85%	0.19%	0.00%	41.80%	8.54%
26 - 30	0.00%	9.20%	12.32%	7.94%	16.36%	12.04%	10.90%	2.73%	8.99%	18.90%
31 - 35	5.26%	9.93%	11.07%	9.79%	12.87%	17.11%	10.71%	9.56%	6.35%	15.40%
36 - 40	5.26%	9.12%	9.11%	8.99%	9.96%	14.47%	14.72%	13.65%	7.41%	12.96%
41 - 45	0.00%	7.43%	10.18%	12.43%	10.98%	12.55%	12.62%	18.77%	4.76%	13.57%
46 - 50	26.32%	11.48%	12.32%	13.49%	10.47%	13.16%	17.97%	18.09%	8.99%	11.74%
51 - 55	26.32%	15.16%	12.68%	20.11%	10.40%	15.18%	19.50%	24.23%	8.47%	9.60%
56 - 60	26.32%	15.53%	11.43%	16.67%	8.87%	8.00%	10.52%	9.90%	6.35%	6.10%
61 - 65	5.26%	10.60%	6.43%	4.50%	4.29%	3.34%	2.10%	2.05%	5.29%	2.13%
Over 65	5.26%	1.69%	1.25%	0.53%	0.73%	0.30%	0.76%	1.02%	1.59%	1.07%

Disability

Information on the profile of the Trust's workforce in terms of disability has improved over the last 5 years and from work completed for the WDES submission. Progress has been made with regards data capture within the Trust's information technology systems. These are reviewed on an on-going basis and continuous improvements made.



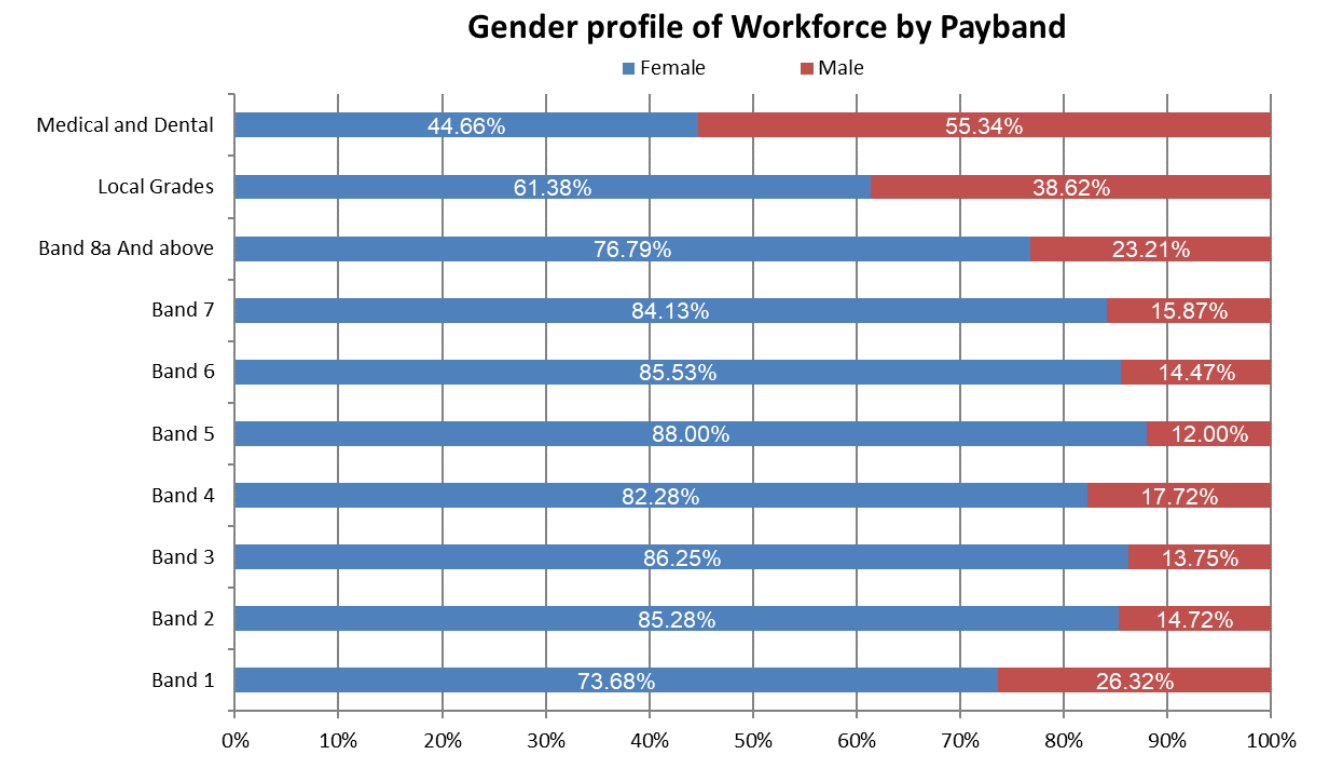
Ethnicity

Over all the Agenda for Change pay scales, the majority of colleagues are White British. Medical and Dental have a more even split between White and other ethnic backgrounds, with a large proportion of those being Asian/Asian British.

Ethnicity	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a And above	Local Grades	Medical and Dental
Any other ethnic group (including Chinese)	0.00%	1.25%	0.18%	0.53%	2.91%	1.11%	0.38%	0.34%	0.00%	8.54%
Asian and Asian British	5.26%	6.33%	7.14%	3.70%	12.07%	5.67%	5.54%	3.41%	7.41%	34.76%
Black and Black British	15.79%	4.64%	1.61%	2.12%	4.29%	1.82%	1.53%	0.68%	4.23%	3.66%
Mixed race (dual heritage)	0.00%	2.50%	2.32%	2.65%	1.75%	1.32%	1.72%	1.71%	2.12%	3.20%
Not Known	10.53%	4.86%	3.04%	2.91%	3.78%	2.83%	1.91%	2.05%	5.82%	7.01%
White - British	63.16%	77.48%	84.11%	86.51%	71.64%	85.02%	87.57%	89.08%	79.37%	37.50%
White (not British or Irish - includes White unspecified)	5.26%	2.06%	1.07%	1.06%	2.40%	1.32%	0.76%	2.05%	1.06%	5.03%
White - Irish	0.00%	0.88%	0.54%	0.53%	1.16%	0.91%	0.57%	0.68%	0.00%	0.30%

Gender

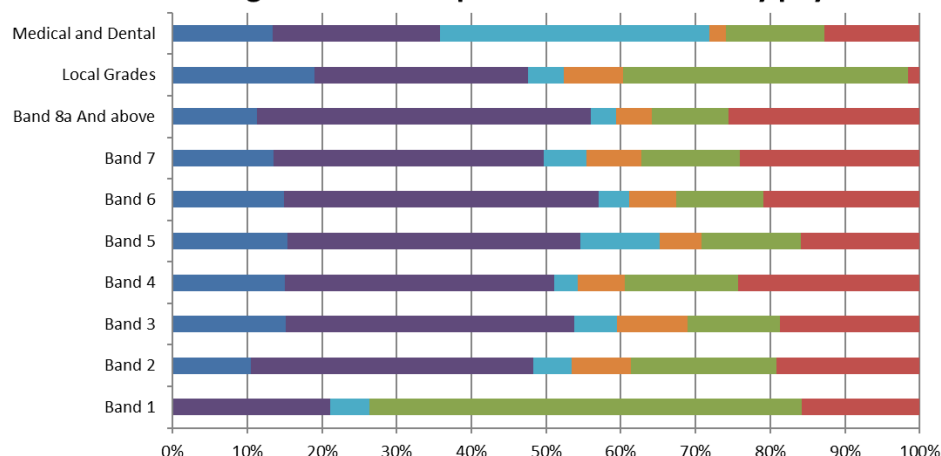
Men are over-represented in the Medical and Dental pay band (55.34%) compared with the workforce profile, where the majority of colleagues are female (80.34%)



Religion & Belief

Progress is been made with regards data capture within the Trust's information technology systems. These are reviewed on an on-going basis and continuous improvements made.

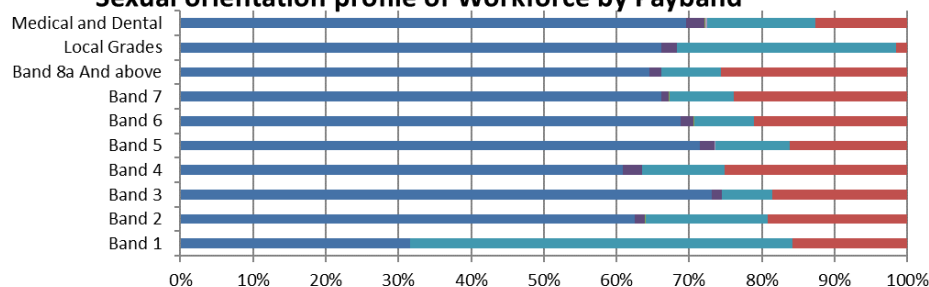
Religion and Belief profile of Workforce by payband



Sexual Orientation

Heterosexual is the predominant selection across the majority of pay bands. There is still a relatively high proportion of each pay band who do not wish to disclose their sexual orientation (the most significant being in Band 1 (52.63%).

Sexual orientation profile of Workforce by Payband



6. Disciplinary, grievance and bullying and harassment

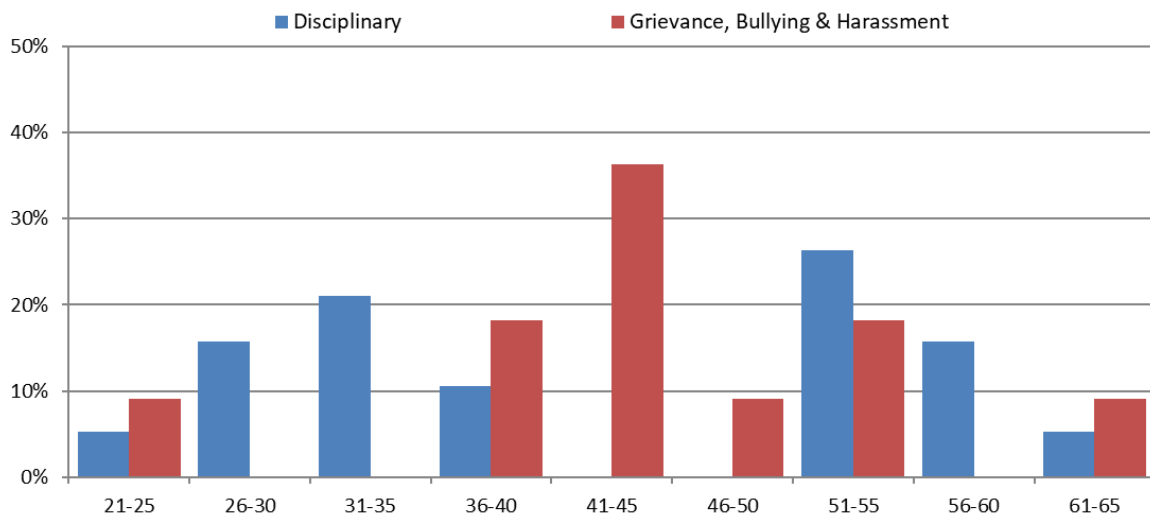
Overall, between January 2020 and December 2020 there were:

- 19 disciplinary investigations
- 8 grievance investigations
- 3 bullying and harassment investigations

To ensure anonymity of the data, bullying, harassment, and grievance cases have been combined for reporting purposes. This section looks at the number employee relation cases and measures this against the key equality and workforce indicators.

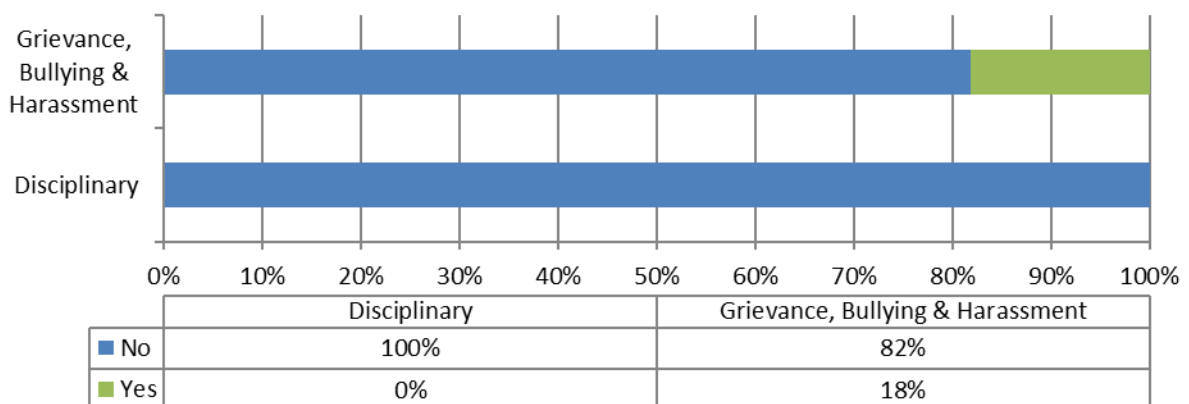
Age Profile

HR Case Work by Age Range



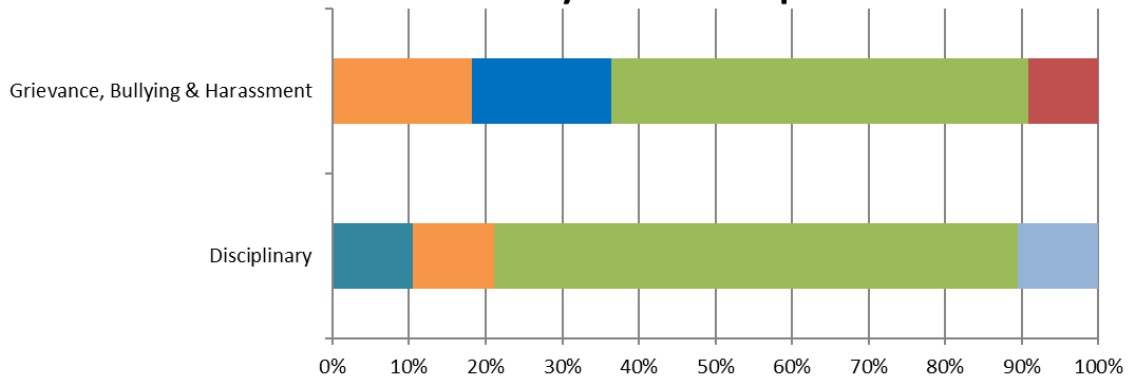
Disability

HR Case Work by Disability



Ethnicity

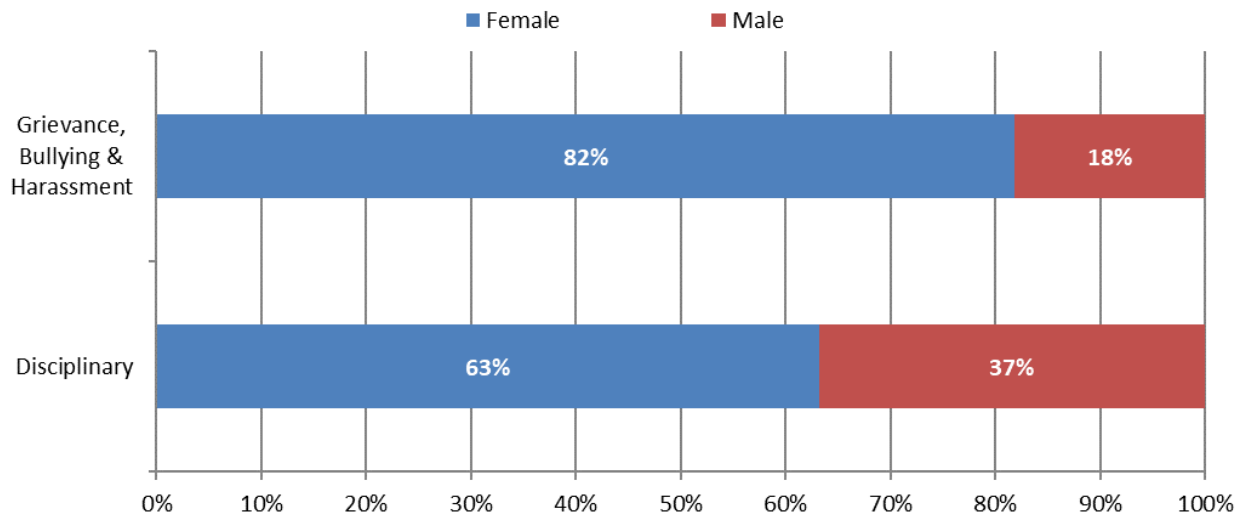
HR Case Work by Ethnic Group



	Disciplinary	Grievance, Bullying & Harassment
Any other ethnic group (including Chinese)	0%	0%
Asian and Asian British	11%	0%
Black and Black British	11%	18%
Mixed Race (dual heritage)	0%	18%
White - British	68%	55%
White - Irish	11%	0%
White (not British or Irish - includes White unspecified)	0%	0%
Not Known	0%	9%

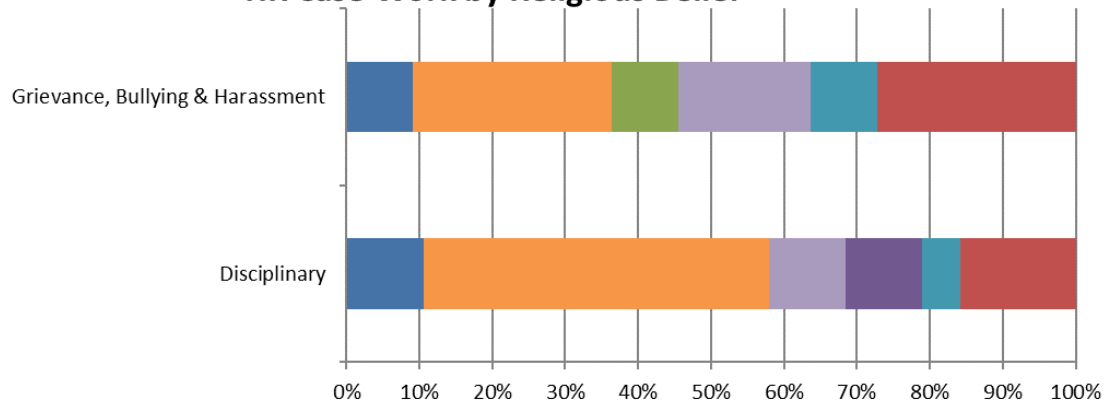
Gender

HR Case Work by Gender



Religion & Belief

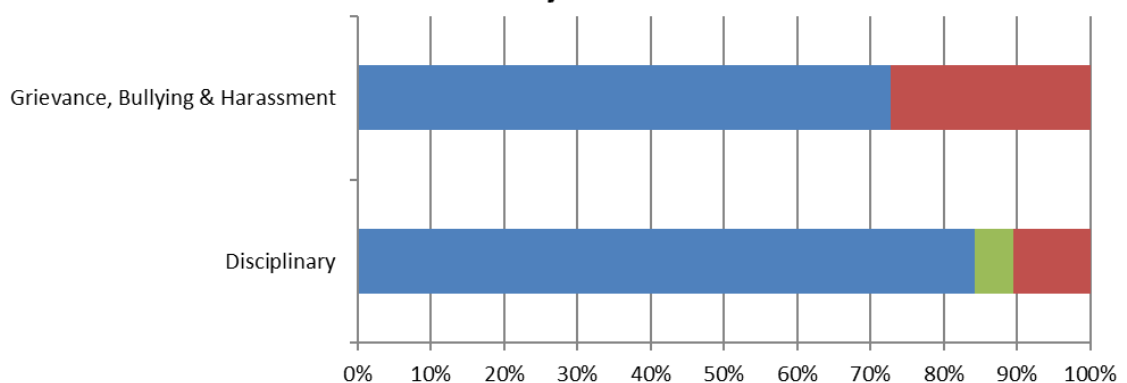
HR Case Work by Religious Belief



	Disciplinary	Grievance, Bullying & Harassment
Atheism	11%	9%
Christianity	47%	27%
Hinduism	0%	9%
I do not wish to disclose my religion/belief	11%	18%
Islam	11%	0%
Other	5%	9%
Unknown	16%	27%

Sexual Orientation

HR Case Work by Sexual Orientation



	Disciplinary	Grievance, Bullying & Harassment
Heterosexual or Straight	84%	73%
Not stated (person asked but declined to provide a response)	5%	0%
Unknown	11%	27%

7. Policies and programmes in place to address equality issues

The Trust continually reviews its policy framework in order to ensure that it is meeting its legal obligations and providing a supportive workplace environment for all of its employees. The Trust policies apply to all employees regardless of gender, ethnicity, disability and sexual orientation.

An Equality, Diversity and Inclusion lead has been appointed by the Trust to ensure that the Trust board and all staff understand their collective and individual responsibilities and ensure compliance within the legal framework.

The Trust strives to widen participation into apprenticeship opportunities through ensuring the scheme continues to support people with disabilities, those without qualifications, those from ethnic communities and from areas of significant deprivation into the employment market. CHFT is a lead employer for Calderdale Project Search, an initiative to support young people with learning disabilities to gain valuable work experience. The Trust is an active player in the local job market and through employment it can make a significant difference to life opportunities for its local population as well as impacting health and wellbeing. In most cases, completion of an apprenticeship at CHFT leads to a substantive position and therefore the opportunity to further develop and progress via advanced and higher apprenticeships.

Work is progressing within the Trust to ensure that we have accurate information about the workforce. This involves encouraging all colleagues to update their personal information via ESR Employee Self Service. The focus in early 2019 was on Disability Status in line with the Workforce Disability Equality Standard (WDES) which is a set of specific measures that will enable the Trust to compare the experiences of disabled and non-disabled staff.

The Trust is committed to interviewing all applicants with a disability who meet the minimum criteria for a job vacancy and considering them on their abilities; to ensuring there is a mechanism in place to discuss the development of disabled employees; to making every effort when employees become disabled to make sure they stay in employment and, to taking action to ensure that all employees develop the appropriate level of disability awareness needed.

The Trust published its annual Workforce Race Equality Standard (WRES) in September 2020. The WRES is a national equality standard for employment against which all NHS organisations are assessed. The standard has nine indicators and has been developed to improve workforce race equality across the NHS. It aims to improve the opportunities, experiences and working environment for Black, Asian and Minority Ethnic (BAME) staff, and in so doing, help lead improvements in the quality of care and satisfaction for all patients.

The Trust is rolling out a unique and innovative programme, which allows all participants to learn from each other. The aim of the Inclusive Mentoring Programme is to support colleagues from Black, Asian and Minority Ethnic (BAME) groups by providing development opportunities and to offer support and advice on career progression.

As part of the Trust's BAME network, the Trust is committed to ensuring that a BAME representative is allocated to all interview panels for Bands 6, 7 and 8a posts to ensure equity and transparency during the selection process.

As a Trust our aim is to engage colleagues in a whole range of Diversity & Inclusion activities in order to bring our staff together, learn from one another and enhance levels of awareness around all types of difference. This year we have taken part in a Candy Dance challenge, implemented the LGBTQ pledge where colleagues sign up to wear a visible symbol of support for LGBT patients, colleagues, friends and family, and have attended local Pride events at Hebden Bridge and Halifax. We launched our Colleague Disability Action Group: engaging colleagues in identifying barriers and providing recommendations for change. Our BAME forum goes from strength to strength with the Mayor of Huddersfield attending one of the sessions and we launched our Inclusion Facebook page 'CHuFT about Inclusion' and held a number of activities during National Inclusion Week ranging from 'Let's Talk about Race', Introduction to Sign Language and Transgender Awareness workshops.

8. Improving workforce equality data

In 2020, we have:

- Improved the quality of diversity information stored within the Electronic Staff Record (ESR).
- Encouraged colleagues to update their personal information via ESR Self Service.
- The Trust continued to support and recruit staff using the apprenticeship scheme.
- Published the Workforce Race Equality Standard (WRES) in August 2020 and the Workforce Disability Equality Standard (WDES) in September 2020.