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**Public Sector Equality Duty**

**Annual Report**

**January 2021 to December 2021**



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**Appendix 1**

Equality in our Workforce Report

**1 Introduction**

This equality report for the period January to December 2021 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 Trust is committed to ensuring equality, diversity and inclusion are central to the way we deliver compassionate healthcare services to our service users and how we wrap One Culture of Care and support around our colleagues.

We are a progressive organisation that promotes equality, celebrates diversity and is working towards building inclusive and compassionate environments where our colleagues provide services that are delivered with kindness, dignity, and respect.

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.

**3 Our progress in 2021**

**3.1 Health Inequalities**

The link between poor health outcomes and social deprivation has long been established and has been the subject of several significant independent reviews and research studies over many years. The Covid 19 pandemic exposed and exacerbated long standing inequalities particularly among the Black, Asian and Minority Ethnic (BAME) communities.

The NHS commissioned a review of the impact of Covid 19, reporting in July 2020 the report made clear there are 8 urgent actions that needed to be progressed namely:

1. Protect the most vulnerable from COVID-19
2. Restore NHS services inclusively
3. Develop digitally enabled care pathways in ways which increase inclusion
4. Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
5. Particularly support those who suffer mental ill-health
6. Strengthen leadership and accountability
7. Ensure datasets are complete and timely
8. Collaborate locally in planning and delivering action

In response to this the Trust has set up a Health Inequalities Working Group to oversee progress and activity. Its work is guided by four themes, each led by a senior director to help shape our response and disseminate any learning across our organisation and wider Health and Social care system in Calderdale and Huddersfield.

* The external environment, how we connect with our communities and use this to inform our business-as-usual planning
* The lived experience, with initial focus on families accessing our maternity service
* Health inequalities data and how we use data to compliment clinical prioritisation and our post Covid-19 delivery model
* The staff experience, ensuring we have a workforce that reflects our local population

Progress on the key objectives for 2021 – 2025 that we set out in 2020 includes:

**Development of a mechanism for systematic involvement of BAME communities from community groupings with known health inequalities**

The Trust appointed a BAME Community Engagement Advisor Engagement to work alongside the Trust’s BAME network group and create engagement opportunities with the local BAME communities, following are examples of initiatives she is involved in: -

* Developing links with community centres in Huddersfield and Calderdale e.g., Women’s Activity Centre (organisation which supports women from South Asian backgrounds exposed to social isolation and deprivation)
* Raising awareness of Root Out Racism and how the Trust supports the movement
* Carrying out walk arounds at both Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) speaking with patients around care and experience

**Development of a transformation programme: Focus On: addressing inequalities in health, participation and experiences for patients and carers**

The Trust is improving access to healthcare for disadvantaged groups (homeless, refugees, asylum seekers). This work is being led by the Transformation team and focused within the Emergency Department (ED), as this is where individuals attend at a point of crisis. The aim is to create a directory of services for ED staff to provide acute signposting and safety netting for individuals to ensure continuity of care and so that the ED is a safe and empathic environment.

Community colleagues are working with St Augustine’s Centre which supports asylum seekers and refugees. After an initial assessment of health needs and assessing what support is required, Community Matrons now attend to support health needs, prescribing and access to GPs.

District Nurses are working alongside the “Gathering Place” (drop in for the homeless) in Halifax targeting hard to reach patients. The nurses are running drop-in clinics twice a week. The number of services attending has grown, Sexual Health now run a weekly clinic and Podiatry are attending when the nurses identify a need for their input for foot ulceration / footwear.

**Development of a learning portal for staff. Focus On: Learning from complaints and incidents.**

The impact of the pandemic has led to the development of a learning portal being delayed until 2022.

**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**

A dashboard has been developed in our Knowledge Portal Plus (KP+) tool which maps complaints to Index of Multiple Deprivation (IMD), strengthening our monitoring mechanisms. The tool is still in its infancy, but early analysis of the data indicates that there is a higher level of advocacy amongst the BAME community than the non-BAME community when it comes to making complaints.

We also use data to compliment clinical prioritisation and our post Covid-19 delivery model. A Health inequalities dashboard enables a review of patients awaiting access to outpatient, diagnostic and inpatient services in terms of their clinical priority, alongside other risk factors:

* Patients with a learning disability
* By ethnicity
* By Index of Multiple Derivation
* By their Frailty score

Reviewing the waiting list data in this way has enabled a more holistic profile of patient groups and individuals with a view to moving away from the traditional urgency profile, then chronological dating of patients to one where we may want to prioritise based on different risks factors.

The Trust has also strengthened processes for conducting and reviewing Equality Impact Assessments (EQIA), recent examples that have been completed include:

* Children’s Community Hub Elland as part of the reconfiguration of the Child Development Service
* Children’s Community Nursing, Children’s Epilepsy and Diabetes services, some therapy services
* Children’s Emergency Department Business case

The EQIA of the clinical model for reconfigured services has also been refreshed which involved engagement with groups representing protected characteristics. The Trust engaged Calderdale Disability Group, Youth Forum, Equality Network, Chaplains, BAME Network, and Learning Disability Networks.

Alongside this we’ve also seen progress in the following areas:

**Pregnancy/Maternity and Race**

Maternity services now have two Continuity of Carer teams which are based in areas of high deprivation. They focus on the provision of Maternity care for women from black, minority ethnic groups/areas of deprivation, supporting greater engagement in decisions about their personal care. Engagement initiatives are being carried out to gain a better understanding of experiences and needs of these women, which will help to direct the development of the service provided by these teams. We also hosted face to face discovery interviews with women to share their experience of maternity services.

Given the link with clinical outcomes and service user engagement, the maternity service is undertaking some anonymous interviews with staff to gain insight into the challenges of caring for service users from vulnerable groups and different ethnic backgrounds. The Trust is part of a Maternity Services Community Action Network which captures insight on specific topics from teen mums, refugees and asylum seekers, poverty and deprivation (including homeless), English not a first language, BAME population groups, women in prison or detention centres, and addiction. Through a co-production session, the main findings have been discussed to identify any required change or support.

**Learning Disabilities**

We continue to connect with other Trusts and Integrated Care Systems (ICS) nationally, sharing our work and experience in the delivery of a Health Inequalities guided recovery framework. Particular interest is evident around Learning Disabilities with CHFT increasingly viewed as a thought leader.

The Trust now has a project manager for health inequalities in post whose main focus is the development of the enhanced care pathway for people with learning disabilities.

**Visual Impairment**

Working with representatives from Disability Partnership Calderdale, Halifax Society for the Blind and Kirklees Visual Impairment Network, the team are leading on developing awareness raising messages for sharing across the Trust. These are being informed by local patients with visual impairments. Members of all organisations have been involved in reviewing the signage internal and external, sharing views and recommendations as part of the Transformation programme.

**Children**

There has been engagement with service users and families who access the Rainbow Child Development Service (currently at CRH) regarding the relocation of the service into a community facility. This included contact being made with 800 families in relation to the future development of a Children’s Community Hub. Families from a range of IMD and ethnic backgrounds have been encouraged to be involved in the design work for the new facility. Interactive puppets - Star, Thunder and Sunny have been used as a communication aid for to facilitate children and young people having a voice in this project.

**3.2 EDS2 (Equality Delivery System 2)**

The EDS2 helps the Trust to meet and respond to the Public Sector Equality Duty as set out in the Equality Act 2010. Giving ‘due regard’ is a legal duty – it means proactively and consciously engaging and considering the impact of our decisions – which helps to provide better health outcomes for diverse groups. It will assist to meet the general duty to eliminate discrimination, harassment, and victimisation; advance equality of opportunity; and foster good relations.

The Trust worked in partnership with local organisations including Clinical Commissioning Groups (CCG) and Locala to host a joint EDS2 virtual forum to share progress and hear from local Calderdale and Kirklees service users. We believe that everyone in our community deserves the opportunity to lead a healthy, happy life and our differences, our diversity should not lead to disadvantage. Delivering compassionate care is at the heart of what we do.

The events were well received, and we received ‘Good’ score at both the Kirklees and Calderdale events.

**3.3 Membership and Engagement**

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

We strive to ensure that we have a diverse membership that represents the people we serve and our community. This table shows how representative our membership community was, compared with our local populations, as at 31 December 2021:

|  |  |  |
| --- | --- | --- |
|  | **CHFT members as**  **% of total members** | **CHFT members as**  **% of eligible\*\* members** |
| **Age**  0-16 | 0.03% | n/a |
| 17-21 | 0.5% | 8.2% |
| 22+ | 99.5% | 90.2% |
| **Ethnicity** |  |  |
| White | 85.3% | 83.3% |
| Mixed | 2.1% | 1.5% |
| Asian/Asian British | 9.3% | 12.6% |
| Black/Black British | 2.8% | 1.6% |
| Other | 0.5% | 0.6% |
| **Gender** |  |  |
| Female | 65.6% | 51.4% |
| Male | 34.4% | 48.6% |
| Transgender | 0.01% | Not available |

The data shows that our membership community is under-represented in three sectors: younger people; those from Asian/Asian British backgrounds; males.

In 2021 we put plans in place to establish a Membership and Engagement Working Group through which we will develop strategies for encouraging membership from under-represented sectors of our communities. The group will have its first meeting in March 2022.

In 2021 we reviewed the make-up of the Council of Governors in order to broaden its diversity, as a result of which the Equality and Diversity Manager from one of our local CCGs is now invited to attend our public Council of Governors meetings as an observer.

We held governor elections in 2021 and were successful in broadening the diversity of the Council of Governors further through the election of one governor from a BAME background and another with a declared disability. In addition, the age profile of our governors reduced over 2021, with 83% of governors aged 60 or over in January 2021, compared with 69% in December 2021.

We continue to focus on efforts to engage with as wide a range of service users and stakeholders as possible and during 2021 we have made progress against the priorities in our Membership and Engagement strategy despite the restrictions placed on our work by the COVID-19 pandemic.

The Trust continues to focus on efforts to engage with as wide a range of service users and stakeholders as possible. In 2019 the Trust’s Membership and Engagement Strategy for the three-year period 2020-2023 was reviewed and a number of priorities were identified for the next 12 months. These were:

|  |  |  |
| --- | --- | --- |
| We will analyse our membership on a regular basis, and have targeted campaigns to recruit members from any group that is under-represented | We will actively promote membership and raise the profile of our governors and the Council of Governors in a variety of settings and forums | We will have a Patient Panel through which members and members of the public can feed back on service changes and forward plans |
| Within our public membership body, we will have a youth membership constituency | Our governors will have opportunities, and the necessary skills, to actively seek out the views of members and the public on material issues or changes being discussed at the Trust |  |
| We will have established links with local organisations through whom we can recruit members |  |  |

**4 Strengthening Equality, Diversity, and Inclusion – Workforce**

**4.1 Why Equality, Diversity and Inclusion was even more important to us in 2021**

As with 2020, 2021 was significantly impacted by the Trust’s response to COVID 19.

However, rather than pausing the activities identified in our [Inclusion Strategy](https://intranet.cht.nhs.uk/non-clinical-information/equality-and-diversity/our-five-year-plan-for-inclusion), we 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.

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.

**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 the Trust better understand and meet different patient expectations and improve their experience. As ~80% of our workforce live in the communities the Trust 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](https://intranet.cht.nhs.uk/about-us/compassionate-care-four-pillars-and-our-one-10-year-plans)) , 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](https://intranet.cht.nhs.uk/non-clinical-information/equality-and-diversity/our-five-year-plan-for-inclusion) 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.

The Trust’s workforce development approach centres on leadership, personalised learning, building networks, experiential learning and focussing on unlocking talent for all. Our colleagues are placed at the centre of our programme. This inclusive approach helps the organisation, and our colleagues define the skills and capabilities needed for the future; to provide our colleagues with the tools they need to deliver positive outcomes and identify key gaps in the current workforce; and create innovative strategies and programs to apply those capabilities.

Ultimately our aim is to build a resilient, emotionally intelligent, and inclusive workforce that can bounce back, express compassion, promote positive relationships with One Culture of Care at the heart of everything we do.

Formal Programmes include:

* + Enhance – Inclusive Talent Framework and Toolkit
  + Empower – Inclusive Personal Development Programme
  + Elevate – stepping into leadership
  + Leadership Development Programme
  + Management Essentials

Equality, Diversity & Inclusion is threaded into all formal learning programmes

**4.4 Equality, Diversity & Inclusion Activity**

The Trust has a number of Equality Networks to offer colleagues a safe place to receive support, advice and encouragement. The networks provide an open forum to exchange views, experiences and raise concerns. All colleagues at the Trust are welcome to join the Networks. Each Network has an Executive Sponsor and a member of the Executive team, who actively champions the protected characteristic, attends Network meetings, and supports the Networks with their respective work programmes.

**BAME Network**

The BAME Network has continued to meet over Microsoft Teams and hosted a variety of events to support BAME colleagues during the pandemic. 2021 highlights for the network included celebrating Windrush Day with the flying of the Windrush flag outside HRI, positive BAME representation in the Freedom to Speak up Ambassadors team, Workforce Race Equality Standard (WRES) monitoring and action planning, championing and challenging change and supporting the Root out Racism campaign.

**Pride Network**

The Pride Network meets bi-monthly. Achievements include: -

* Flying the Progress Pride flag outside HRI in June 2021
* Attending Happy Valley Pride with members of the sexual health team
* Celebrating Pride in the NHS week in September with charity Just Like us providing an information session on trans access to healthcare
* Virtual social events including quiz nights
* Pride network representatives supporting inclusive recruitment panels
* Participated in the lived experience series (podcasts / videos)
* Facilitated a LGBTQ+ History Month lunch and learn
* Hosted a World Aids Day stall with support from our Sexual Health team.

**Colleague Disability Action Group**

The Colleague Disability Group has continued with peer support meetings throughout the pandemic, offering regular slots for colleagues to engage with each other and exchange advice.

It meets quarterly with achievements in 2021 including free colleague car parking agreement for blue badge holders, participating in the lived experience series (videos/podcasts), promoting importance of person-centred decision making, inclusive recruitment panellists and Workforce Disability Equality Standard (WDES) monitoring and action planning.

**Women’s Voices**

As an outcome of International Women’s Day session, a group of colleagues in the organisation formed Women’s Voices. This is a community where colleagues come together quarterly to discuss women’s issues (topics include as domestic abuse, career pathways and menopause), share lived experiences and have the opportunity to network. This network contributes to Gender Pay Gap Action Plan, supports inclusive recruitment and our lived experience series.

These discussions led to the development of a separate menopause wellbeing group, highlights of which include the development of an 8-point workforce wellbeing plan to support colleagues going through the menopause and management advice and guidance.

We also have four further employee led networks:

* + Carers Network
  + Armed Forces Network
  + BAME Nursing and Midwifery Group
  + International Network

**Black History Month**

Black History Month aims to celebrate the culture, history and achievements of black communities and promote knowledge of black history, culture, and heritage. Celebrating Black History Month has raised awareness and the importance of equality and equity for our colleagues, patients, carers, and communities.

We launched the Root Out Racism campaign during Black History Month where all the Executive team signed a Root out Racism pledge. The Root out Racism movement was launched by West Yorkshire and Harrogate Health and Care Partnership and the West Yorkshire Violence Reduction Unit. The Trust joined several other local organisations to join together to root out racism and signed a commitment agreement at the Piece Hall in October.

**Project SEARCH**

Project SEARCH is a transition to work programme committed to transforming the lives of young people with learning disabilities and autism. The Trust works with the local college in Calderdale to provide offer a 12-month work experience programme for 10 - 15 interns per year. This programme enables transformative change, supporting and helping young people with autism and learning disabilities into the world of work.

**Health and Wellbeing Risk Assessments**

At the start of the pandemic, we launched our Health and Wellbeing Risk Assessment to give colleagues the opportunity to tell us about the factors that impact their health and wellbeing, their experiences at work, how they are feeling and highlight any concerns they might have.

The assessment covers three main areas: physical health, mental health, and personal circumstances. The responses help us to support individual colleague needs and work through the key issues and themes by establishing health and wellbeing information directly from colleagues.

In 2021, 833 risk assessments were completed.

**Inclusive Recruitment**

Volunteers from our Equality Networks have been trained by the Workforce and Organisational Development team to participate in recruitment processes. The training included gaining the confidence to challenge decision-making on the panel and how to reduce bias in the process.

**Inclusion Week**

An opportunity for everyone to work together and design and deliver a range of events to highlight that ‘everyone is welcome at the Trust.

Activities in 2021 included:

* + Mental Health First Aid sessions
  + Jerusalama dance
  + Root out Racism Pledge
  + Women’s voices lived experience event
  + Andy’s Man Club presented at Wellbeing ambassador meeting
  + Virtual Quiz
  + Inclusion Schwartz round – Pride and Prejudice

**Wellbeing**

Employee wellbeing has become a particular concern throughout the pandemic. Mental ill health rates are rising; the Office for National Statistics (2021) reports the number of adults diagnosed with depression has more than doubled since before the pandemic. Many people have suffered loss, isolation, illness, and stress during this time, as an inclusive employer the need for an understanding, compassionate, and flexible approach to work is more critical than ever.

The Trust has significantly increased their attention on the wellbeing offer / strategy to support the diverse needs of our colleagues with One Culture of Care at the heart of the programme.

Events and networks include: -

* + Long Covid network
  + Mental Health Network
  + Menopause Network
  + Danny Sculthorpe, State of Mind, delivering a presentation to the wellbeing ambassador network
  + A programme of Schwartz round sessions

Through focussing on Once Culture of Care for our colleagues and compassionate care for our patients we aim to embed a culture where wellbeing is at the forefront of colleagues’ minds, and we aim to become an inclusive employer of choice.

**5 Conclusions/Looking ahead to 2022**

The Trust is actively addressing the 8 urgent actions to tackle health inequalities as set out by the NHS. While this is a significantly challenging area the Trust can demonstrate significant progress and remain a leader in this arena. While the Trust has made good progress there is an acknowledgment there remains much to do and we are at the start of the journey to outstanding in tackling health inequalities.

We will continue to build on the progress made against the key objectives for 2021 – 2025 which 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

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.

**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](mailto: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 2021. 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 2021. 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 2021. 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 2021 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 (12.99%) are in the age bracket 26-30.

### 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 data is 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 (73.94%).

### 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 14% of the workforce has not recorded their religious belief. (an improvement of 1% points on the previous year)

### Sexual Orientation

Data quality on Sexual Orientation has continued to improve. At the time of reporting 14.08% of the workforce has an unknown sexual orientation, a decrease of 1.26% from the end of the previous 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 2021 to 31 December 2021, and provide a breakdown (%) of applicants, applicants shortlisted, and applicants recruited.

### Age Profile

Most applications (24.5%) come from the 25-29 age group. This group is also the most likely to be shortlisted (27.6%) and appointed (21.5%).

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### Disability

4.2% of applicants, 3.7% of those shortlisted and 3.6% of appointed staff declared themselves as disabled.

### Ethnicity

Most applications (36.3%), and applicants recruited (53.0%) identify as ‘White – British’. Asian & Asian British are the most shortlisted group at 30.3%, however this group only accounts for 10.9% of those successfully appointed.

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### Gender

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

### 

### Religion & Belief

The majority of applicants (38.5%), applicants shortlisted (43.8%) and applicants recruited (29.7%) identify as Christian.

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### Sexual Orientation

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

## 4. Staff leaving the Trust

This section shows data regarding staff that left the Trust between 1 April 2017 and 31 December 2021; broken down using the equality and diversity indicators.

### Age Profile

During the current year to date turnover is highest amongst staff aged Under 25 years (30.45%) followed by the 26-30 (17.17%) and 31-35 (12.55%) age groups.

### Disability

### Ethnicity

### Gender

77.63% of leavers are female employees, however with the Trust employing a significantly higher number of female employees this is expected.

### Religion & Belief

As with 2020-21, the majority of leavers in 2021-22 are Christians (32.47%).

### Sexual Orientation

The majority of leavers in 2021-22 are Heterosexual (78.64%) The percentage of leavers with an unknown sexual orientation has increased from 1.59% to 2.31%.

## 5. Staff profile by pay

The data below is a 'snapshot view' of the pay levels for all Trust employees as at 31 December 2021. 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 2 with 21.32% of colleagues in this band. Band 5 comes in a close second with 21.20% of staff in this band. Within Band 2 the largest majority (15.24%) of people are in the age band 56-60.

Table

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### 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.

A screenshot of a computer

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### Ethnicity

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

Table

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### Gender

Men are more equally represented in the Medical and Dental pay band (55.88%) compared with the workforce profile where the majority of colleagues are female (79.95%)

### Religion & Belief

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.

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### Sexual Orientation

Heterosexual is predominant across the majority of pay bands. There is still a relatively high proportion of each pay band who do not which to disclose their sexual orientation (the most significant being in Band 1 (64.29%) – though this group contains a low number of staff.

## 6. Disciplinary, grievance and bullying and harassment

Overall, between January 2021 and December 2021 there were:

* 30 disciplinary investigations
* 23 grievance 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

**Disability**

### Ethnicity

### Gender

### Religion & Belief

### Sexual Orientation

## 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.

The Trust Equality, Diversity and Inclusion lead ensures 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. The Trust 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 the Trust 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 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 October 2021. 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.

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.

## 8. Improving workforce equality data

In 2021, 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 October 2021 and the Workforce Disability Equality Standard (WDES) in October 2021.