



Public Sector Equality Duty Annual Report 2018

CONTENTS

SECTION

- 1 Executive Summary**
- 2 The Legal & Compliance Framework**
 - 2.1 Equality Act 2010
 - 2.2 Care Quality Commission Requirements
 - 2.3 The Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES)
- 3 Our Progress in 2018**
 - 3.1 Embedding equality & diversity
 - 3.2 EDS2
 - 3.3 Engagement activities
- 4 Strengthening Equality & Diversity**
 - 4.1 Why Equality, Diversity and Inclusion is important to us
 - 4.2 The benefits of Equality, Diversity and Inclusion
 - 4.3 Appointment of Equality, Diversity and Inclusion Lead
 - 4.4 Equality and Diversity Training
- 5 Conclusions/Looking ahead to 2019**
- 6 How we will measure progress and success**
- 7 Contacts and Enquiries**

Appendix 1
Equality in our Workforce Report

Appendix 2
Membership Data

1 Executive Summary

This equality report shows the progress Calderdale and Huddersfield NHS Foundation Trust (CHFT) has made during 2018 in meeting its equality duties under:

- Section 149 of the Equality Act 2010 (the public sector equality duty) and
- The Equality Act 2010 (Specific Duties) Regulations 2011

This report provides assurance to the Board on how the Trust is meeting 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.

CHFT strives to provide the highest quality of service to all of its patients. Equality and diversity considerations are part of 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 who identify with a range of protected characteristics. The report gives examples of what we have been doing at CHFT to do this. It should be noted that this is 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 staff 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 had its first full CQC inspection in March 2016 and a further well led inspection in April 2018. Following the second visit the Trust was rated as 'Good'.

2.3 Mandatory Requirements – the Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES)

The Equality Delivery System 2 (EDS2) is a generic framework designed for both NHS commissioners and NHS providers. The framework helps NHS organisations to review and improve their performance for people with protected characteristics, and through it, to deliver on the Public Sector Equality Duty. It emphasises engagement with stakeholders and users, and encourages local adaptation to focus on local issues.

The EDS2 comprises 18 outcomes focused on the achievement of four goals and under the framework, we are required, in conjunction with local stakeholders, to analyse our equality and diversity performance, taking account of each relevant protected group. In order to achieve this, the Trust worked collaboratively with its Clinical Commissioning Groups (CCGs) and other providers in the local area during 2018 (see section 3.2 for more detail).

The Workforce Race Equality Standard (WRES) is now part of standard NHS contracting arrangements and requires providers to address the low levels of Black and Minority Ethnic (BME) employees within their workforce and specifically at board level.

Work in this area is reported in the Equality in our Workforce Report for 2018 (see Appendix 1).

3 Our progress in 2018

3.1 Embedding equality and diversity

The outcomes of the NHS' Equality Delivery System 2 (EDS2) help us to focus our work around equality and diversity, and to decide on our equality objectives.

We have identified our priority outcomes for 2016 to 2020 as:

- 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, staff 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 2018 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):

Protected Group	What we have done	EDS2 Outcome
All	During 2018 we have worked with colleagues in our Project Management Office to further embed the EQUIP (equality impact process) into work schemes that may impact on patients with a protected characteristic. This has ensured that the needs of this group of patients are fully assessed before any schemes are implemented.	4.2
	Further work has been undertaken and a task and finish group set up to address the Accessible Information Standard requirements in our key patient facing areas: outpatients and diagnostics. An action plan has been developed.	2.1
Age (older people)	One of our elderly care wards at HRI introduced Dementia Pop-Up cafés during 2018. The aim of the cafes is to create a place where patients with dementia and memory problems can relax and interact with fellow patients, staff and their family and friends.	1.2
Age (older people) & Disability (visual impairment)	At CRH we have specifically introduced a new colour pallet to Wards 7A,D and 6A,B,C,D, which helps orientate patients with dementia. The scheme also helps patients with impaired vision as door frames/openings and bathroom facilities are highlighted.	1.2 & 2.1

Protected Group	What we have done	EDS2 Outcome
Age (younger people)	Children's Outpatients have linked with a local author and mother, to introduce books with a focus on cultural inclusion, differentiation and diversity for patients that may not be able to relate to some of the more common children's books. The author's books pull in all members of the community and as an example, "Bollywood Princess" has been used at Calderdale as a distraction technique for children coming in to have their bloods taken.	1.2 & 2.1
	The Children's Diabetes team has introduced a new app to help share key messages with local families of children who have diabetes. This is saving time for both the team and the families and has been well received. The app has been used for sending out patient surveys and favourable response rates have been achieved.	1.2
Age (younger people)/ Disability	In conjunction with a Consultant Paediatrician and our Paediatric Specialist Nurse Practitioner, our Matron Complex Care Needs Co-ordinator has introduced a policy for transition from children's to adults' services within secondary health care. Engagement with Kirklees Transition Group, patients and their parents took place prior to the policy being introduced.	1.2 & 2.1
Age (younger people)/ Sexual orientation	We invited a representative from the LGBTQ community from Barnardo's to attend the Paediatric Forum. The purpose was to provide training and raise awareness for staff about the issues faced by younger people around sexual orientation. Public facing supporting information has since been shared in clinical areas such as the teenage room and the OP clinics.	1.2
Disability (hearing impairment)	We continue to closely monitor the quality of BSL provision from our local provider, Topp Language Solutions. Fulfilment rates are monitored by our Procurement team and the rates during 2018 have been consistently high. Topp meet regularly with the local deaf community to get the views of users on the service they provide.	2.1
Disability (physical)	The upgrade of the public toilets in the main entrance on the HRI site during 2018 included the introduction of a semi-accessible toilet in the same area.	2.1
	We have held a number of Health and Wellbeing events, funded by Macmillan, aimed at cancer patients and their families who have completed treatment. They are education and support events to prepare the person for the transition to supported self-management. The events include advice on the relevant consequences of treatment and the recognition of issues, as well as details of who to	1.2 & 2.1

Protected Group	What we have done	EDS2 Outcome
	contact. They also provide information and support about psychological wellbeing, finance, healthy lifestyles and physical activity. The Lead Cancer Nurse, Clinical Psychologist, Macmillan Information Service and Cancer Nurse Specialist have input to the events and patient feedback has been extremely positive.	
Gender reassignment	Our Radiology Department has adapted its information posters which advise patients who may be pregnant to inform staff before their x-rays due to the risk of radiation to an unborn baby. This is to ensure that patients who are transitioning from female to male and who do not identify as female are protected in the same way.	1.2
	We have reviewed and updated our policy for eliminating mixed sex accommodation to ensure that the needs of transgender patients are met appropriately. The policy has a section containing comprehensive guidance for staff who may need to care for a transgender patient, including children and adolescents who may be exploring their gender identity.	1.2
Religion/ belief	Our work with the Horizon Group has continued in 2018, and its purpose has been to seek to promote end of life care amongst communities who may experience difficulty accessing services or be unclear about what services are available.	1.2 & 2.1
	Inter-faith relations continue to be an important part of the work of our Chaplaincy Department. In 2018, our Co-ordinating chaplain gave a presentation on peace-making and faith to a national symposium in Huddersfield.	1.2 & 2.1
Pregnancy/ Maternity	A new initiative has been introduced to enable parents to have a diary of their neonatal journey. The purpose is to give parents the best experience possible whilst on the unit and give them something that they can share with their friends and family as they can download the pictures to share. Parents' views on the initiative so far have been very positive.	1.2
	We have set up a facebook group for women and their families who are thinking of having a baby, have had a baby or are currently expecting a baby to share information. There is useful information for people to access such as links to antenatal courses, fetal movement information and public health information.	1.2
	A Maternity Voices Partnership (MVP) is a NHS working group: a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. The local MPV is currently engaging with local women via a survey to gain views of the Maternity	1.2

Protected Group	What we have done	EDS2 Outcome
	services – ‘Let’s Talk Maternity’. This has led to a proposal for a co-design event which will focus on the information that is made available to women during pregnancy and after delivery of their baby.	
Disability (learning)	<p>The Trust is part of the first phase of the “Treat me Well” campaign working with Royal Mencap to improve the care of patients with a learning disability in hospital. Our Matron Complex Care Needs Co-ordinator heads up the working group, which meets monthly with members from Mencap, Kirklees Council, Cloverleaf advocacy and members of Kirklees Involvement network self-advocacy group.</p> <p>An easy read survey has been co-created with people with learning disabilities to capture feedback on their care; this will be used to prioritise our improvements.</p>	1.2 & 2.1
	We have introduced easy read material in the Radiology Department for patients attending for an x-ray or a scan. The Radiology department, working in collaboration with the Matron Complex Care Needs Co-ordinator, patients, families and carers now offers “familiarisation” visits for any patient who may benefit from being familiar with the surroundings or conditions they will find themselves in before they come for their examinations.	1.2 & 2.1
	We have established a special needs blood clinic which takes place once a month for people with learning disabilities who have not managed to have bloods taken by mainstream services. The clinic uses distraction techniques tailored to the patient	1.2 & 2.1
Pregnancy/ Maternity & Disability (learning)	<p>In conjunction with the Trust’s Matron Complex Care Needs Co-ordinator, Maternity services have produced a toolkit – a pictorial guide – to help pregnant ladies with a learning disability and other ladies who may have additional communication needs.</p> <p>Easy read material is now also available for this group of patients.</p>	2.1
Disability (physical)	At CRH, our estates staff worked closely with the Rehab team, whose patients regularly use the Courtyard Garden adjacent to Ward 5, to improve wheelchair access through the space.	2.1

3.2 EDS2

As part of its collaborative approach to the EDS2, early in 2018 staff from CHFT attended two grading panels (made up of members of third sector organisations) in Kirklees and Calderdale.

They presented on the topic of Inclusive Engagement to Improve Patient Experience at CHFT. This was an area that was flagged as requiring improvement at the event the previous year.

Overall the panels agreed with our grading of 'developing', although four of the panel members graded the Trust as 'achieving'.

3.3 Engagement Activities

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.

In addition, governors attend familiarisation tours around clinical areas where they can observe services first hand and talk directly to staff and patients.

It is also Trust practice to involve governors and public members in recruitment panels for the appointment of hospital consultants, senior nursing staff and other senior staff.

The Trust has a large public membership which is compared with its local population to ensure that it is representative of the diverse communities that we serve. The data (see Appendix 2) shows that we continue to have under representation in three different sectors of our communities, namely younger people, males and those with an ethnic group of Asian/Asian British. These groups will be given special focus during recruitment activities in 2019.

In late 2018 we introduced a new method of recruiting members whereby patients receiving a new outpatient appointment letter would also receive details about membership to encourage them to join up. The impact of this change on membership numbers will be monitored during 2019.

The Trust continues to focus on efforts to engage with as wide a range of service users and stakeholders as possible. During 2018 we engaged fully with service users for a number of planned service changes, including the reconfiguration of our medical services which saw the Cardiology and Respiratory services being consolidated on the CRH site, and elderly services at HRI.

4 Strengthening Equality, Diversity and Inclusion - Workforce

4.1 Why Equality, Diversity and Inclusion is important to us

The UK's population is changing, and so is its workforce. Nationally and locally we have far more cultures and we are living much longer than we did when the NHS was born 70 years ago.

In addition, the rise of social media and higher customer expectations mean that patients and staff expect more involvement in the decisions that affect them and require more information in formats that suit them quicker than ever before.

More people are continuing to work instead of retiring, women make up more than 70% of the NHS working population (83% of the CHFT workforce is female) and around one in ten of the UK population are from an ethnic minority, while one in four primary school children are from an ethnic minority.

The Trust's vision is to provide compassionate care to the populations of Calderdale and Kirklees. To do this, we need to understand the different needs of those changing populations, and what compassionate care looks like to them. By understanding our patients' different needs, we can adapt our environment and services to better suit them.

We also need to respect the different needs of the people who provide that compassionate care – our staff. More than 80% of our staff reside in either Calderdale or Kirklees and will therefore be both a member of the team, a protected characteristic and a patient at some point in their lives. By understanding the different needs of our staff we can create a positive productive culture which will lead to better patient care.

4.2 The benefits of Equality, Diversity and Inclusion

Workforce

Having staff at all levels from a wide range of backgrounds and skills can help develop a working environment producing ideas and solutions that might not come from a smaller array of diverse groups. A diverse workforce can also help an organisation better understand and meet diverse patient expectations and ultimately improve the patient experience.

The workforce benefits of Equality and Diversity are clearly laid out in the ACAS guide to Equality and Diversity:

- Encouraging greater awareness and tackling discrimination can help to reduce the chance of complaints, disciplinary action or an employment tribunal claim - and avoid the costs and disruption to the organisation;
- Improve team spirit - an employee or groups of employees who are being discriminated against are likely to be unhappy, less productive and de-motivated, and this can have a negative impact on the whole workforce;

- Attract, motivate and retain staff, and enhance an organisation's reputation as an employer. If staff who have been discriminated against feel undervalued or 'forced out' and leave, the organisation will run up the costs of recruiting, training and settling in new staff when its reputation as both a business and employer may be damaged;
- The presence of a diversity of perspectives will mean there is less emphasis on conformity to past norms and more creativity;
- Heterogeneity in groups produces better decisions and problem solving through a wider range of perspectives.

Principles

We want to be a best practice organisation in the field of Equality, Diversity and Inclusion.

The following principles will guide us in the development of appropriate actions to achieve this aim:

- We will adopt a collaborative approach to improvement with staff and patients, constantly working with them to improve;
- Our staff will constantly seek to understand the different needs of our patients so that they can adapt their practices to deliver improved patient care and satisfaction;
- Each protected characteristic will be treated as important as the next;
- We will research successful organisations within the Health sector and beyond to learn lessons from leaders in the field;
- We will be an early adopter of all national NHS workforce E&D initiatives, eg WDES (workforce disability equality standard).

How we will collaborate with staff and patients on our plans

In line with our principles, we will develop consistent communications with both patients and staff to identify progress against current actions and identify any new actions that arise as part of their feedback. A BAME network already exists as does a patient forum. A key action identified in this strategy is to ensure that we treat each protected characteristic as important as the next and that we collaborate with staff and patients to continuously improve. We will therefore explore ways to create opportunities to work with staff and patients from each characteristic to identify ways to improve.

4.3 Appointment of Equality, Diversity and Inclusion Lead

In 2018 CHFT recognised the need to embed equality, diversity and inclusion more fully across the organisation, and appointed a Lead for Equality, Diversity and Inclusion. Previously responsibility for this important area had been shared between staff with Equality and Diversity as part of their portfolio. The post-holder will also be the Trust's Freedom to Speak Up Guardian.

4.4 Equality and Diversity Training

CHFT is committed to ensuring that it provides a high quality service for all of its patients and is an employer of choice in the local area. It also has a 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.

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.

5 Conclusions/Looking ahead to 2019

The Trust continues to strive to 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 2019 the Trust will give renewed focus to its “Putting Patients First – a strategy for involvement and equality”. This wider strategy identifies actions to enhance the patient experience, and to address specific needs of those with a protected characteristic. These in turn will also address the mandatory requirements of the EDS2 and the WRES.

As the Trust provides services to patients in both Calderdale and Greater Huddersfield, in 2019 it will run its own EDS2 event. This will give stakeholders from both areas the opportunity to assess us at the one event. It will also give us an opportunity to involve our wider membership as well as stakeholder groups.

Equality, Diversity and Inclusion will be a key component of the Trust’s Organisational Development Strategy (“The Cupboard”).

6 How we will measure progress and success

Workforce

An ED&I action plan will be developed each financial year which identifies the key in year activities that will help us achieve our ED&I vision.

1. Section 149 of the Equality Act 2010, through our annual report
2. WRES action plans
3. Staff Survey, IIP and FFT
4. E&D action plans, patients and workforce
5. Annual gender pay gap report
6. Workforce committee quarterly meeting

Key actions - 2019

Workforce

The key actions for workforce Equality, Diversity and Inclusion are outlined below. Identify key targets for the workforce across all protected characteristics:

- Develop a consistent forum for seeking views of staff from all protected characteristics
- Be an early adopter of the WDES
- Progress actions against our WRES
- Develop a plan to address our gender pay gap in medical and dental grades
- Identify barriers to progression and promotion in middle grades
- Assign aspirational targets to apprentice intake

7 Contacts and Enquiries

If you have any questions or comments on this report, or would like to receive it in alternative formats, eg large print, braille, languages other than English, please contact our Membership and Engagement Manager on 01484 347342 or e-mail equalityanddiversity@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 2018. 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 September 2018. 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 is progressing work to capture colleagues 'Disability Status' in line with the Workforce Disability Equality Standard (WDES) which is due to be published in August 2019.

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 2018 against the same date in the previous four financial years.

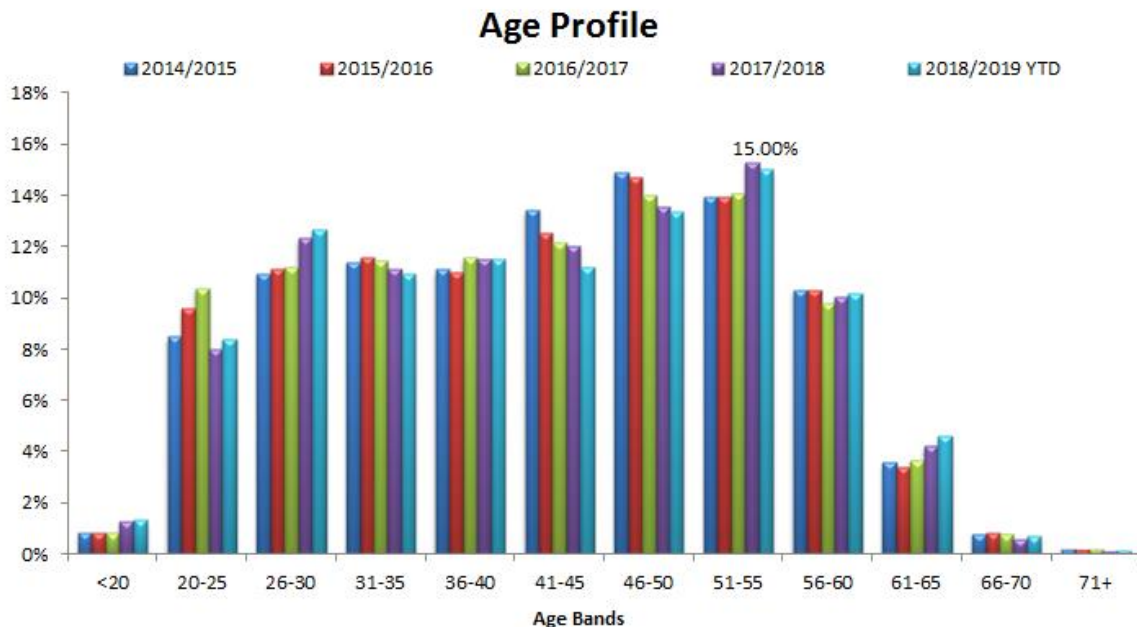
Following good practice in data protection and to ensure personal privacy, some categories have been combined. This helps to protect the anonymity of staff.

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

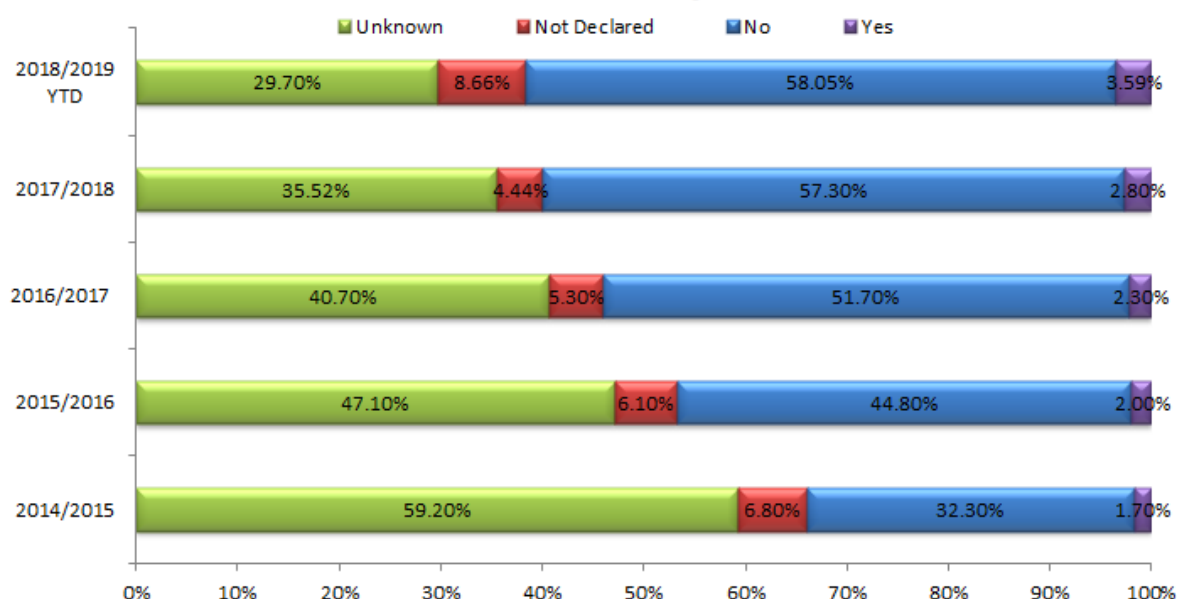
The highest proportion of Trust employees are in the age bracket 51-55.



Disability

Information on the profile of the Trust's workforce in terms of disability is not sufficient to provide a valid analysis of the data. Data quality has improved over the last 5 years; however there is still 38.4% of the workforce where information around disability is unknown. 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.

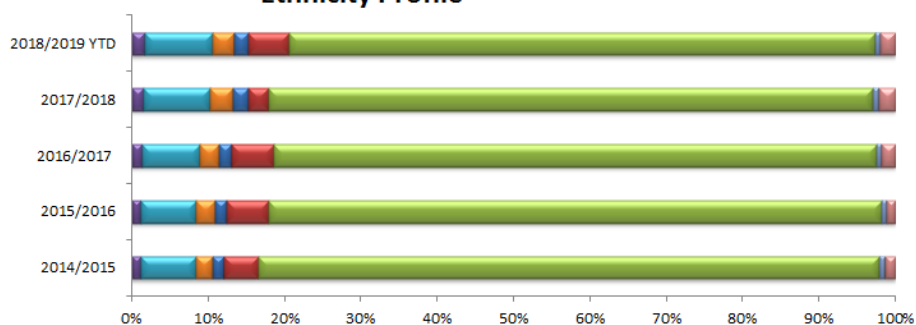
Disability



Ethnicity

The ethnicity profile of the Trust has not shown much change over the last 4 years, the biggest profile remain white British (76.77%)

Ethnicity Profile

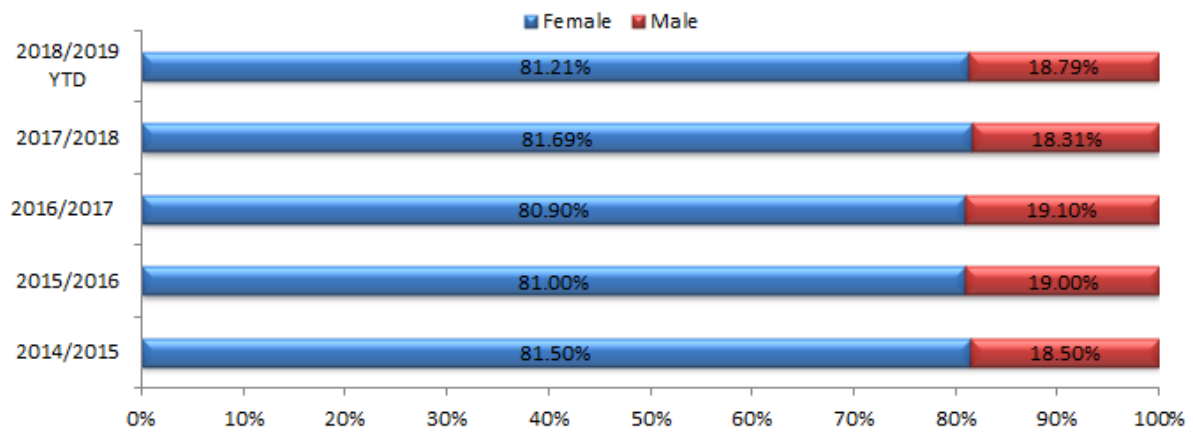


	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019 YTD
Any other ethnic group (including Chinese)	1.10%	1.10%	1.30%	1.54%	1.65%
Asian and Asian British	7.20%	7.30%	7.60%	8.65%	8.91%
Black and Black British	2.20%	2.50%	2.50%	3.00%	2.74%
Mixed Race (dual heritage)	1.40%	1.50%	1.60%	2.06%	1.93%
Not Known	4.50%	5.40%	5.50%	2.57%	5.29%
White - British	81.00%	80.10%	79.00%	79.20%	76.77%
White - Irish	0.70%	0.70%	0.70%	0.75%	0.73%
White (not British or Irish - includes White unspecified)	1.40%	1.20%	1.80%	2.23%	1.98%

Gender

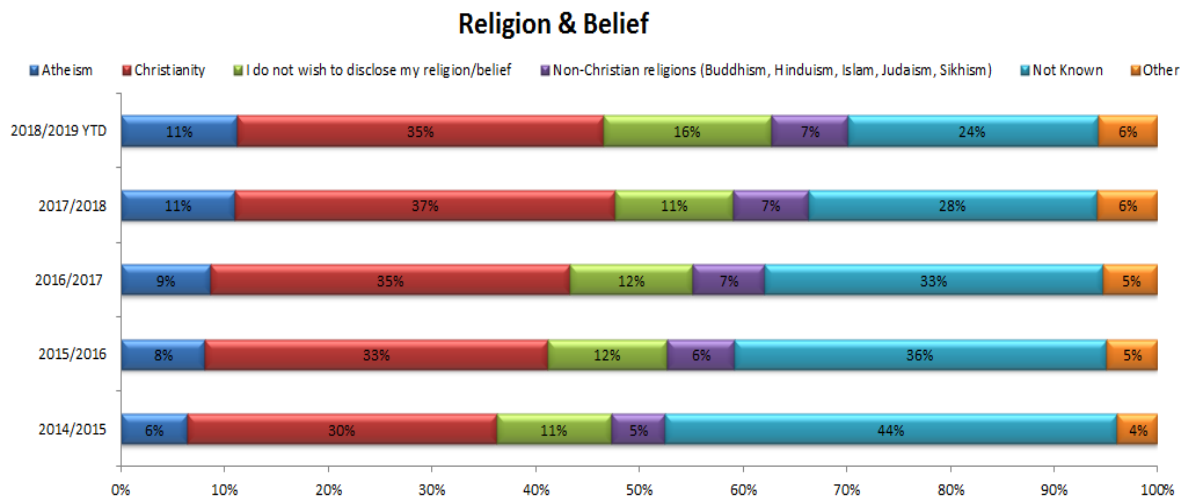
The proportion of men working for the Trust is significantly lower than the national workforce. However, the health and social care sector traditionally employs more women than men.

Gender Profile



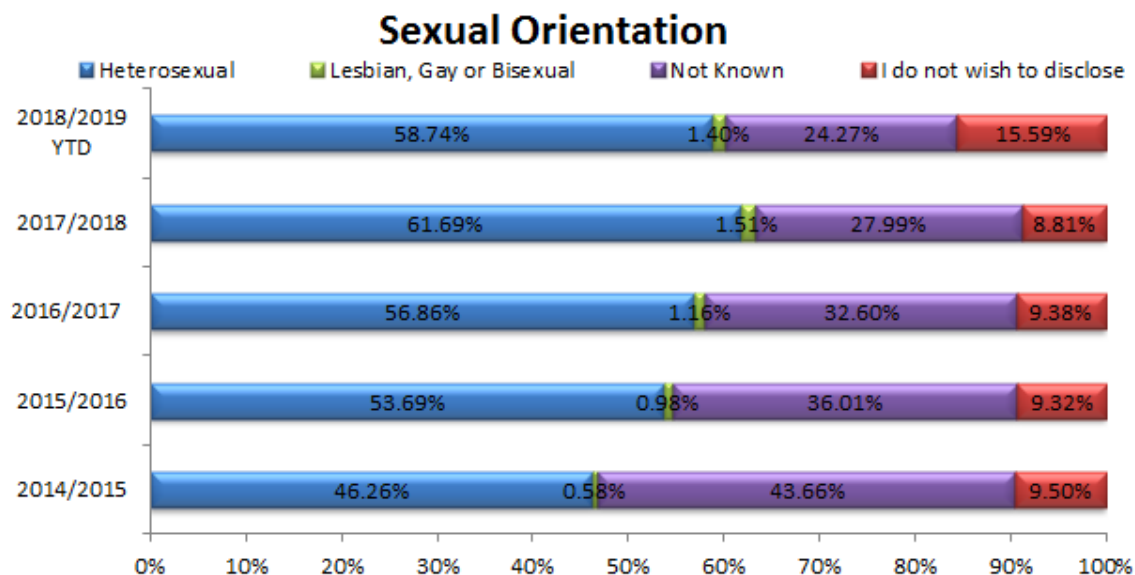
Religion & Belief

Data quality has continued to improve; however there is still 24% of the workforce where information around religious belief is unknown.



Sexual Orientation

Data quality has continued to improve; however there is still approximately 24% of the workforce where information around sexual orientation is unknown.



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 2018 to 31 December 2018, and provide a breakdown (%) of applicants, applicants shortlisted and applicants recruited.

Age Profile

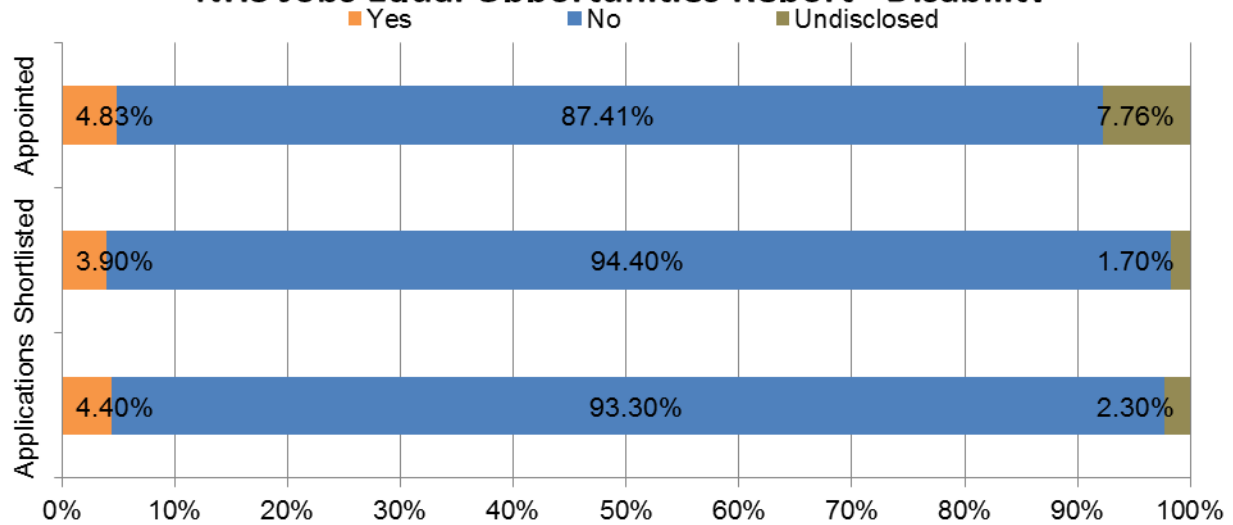
The majority of applications come from the 20-24 and 25-29 age groups. This is also the case with those shortlisted and appointed.

Age Group	Applications	%	Shortlisted	%	Appointed	%
Under 20	366	4.00%	271	4.40%	18	3.10%
20 - 24	1806	19.70%	1262	20.50%	131	22.59%
25 - 29	1825	19.90%	1292	21.00%	107	18.45%
30 - 34	1479	16.10%	1019	16.60%	74	12.76%
35 - 39	1003	10.90%	669	10.90%	53	9.14%
40 - 44	715	7.80%	423	6.90%	60	10.34%
45 - 49	778	8.50%	479	7.80%	56	9.66%
50 - 54	621	6.80%	381	6.20%	37	6.38%
55 - 59	424	4.60%	255	4.10%	32	5.52%
60 - 64	130	1.40%	81	1.30%	12	2.07%
65+	34	0.40%	15	0.20%	0	0.00%

Disability

4.40% of the 9181 applicants, 3.90% of the 6147 shortlisted and 4.83% of the 580 appointed declared as disabled.

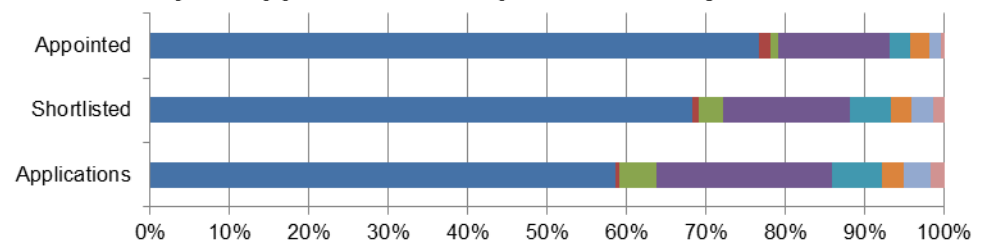
NHS Jobs Equal Opportunities Report - Disability



Ethnicity

Over 50% of all applications, applicants shortlisted and applicants recruited identify as 'White – British'. 25.4% of applicants recruited identify as 'Asian & Asian British' but the number actually recruited drops to 15.3%

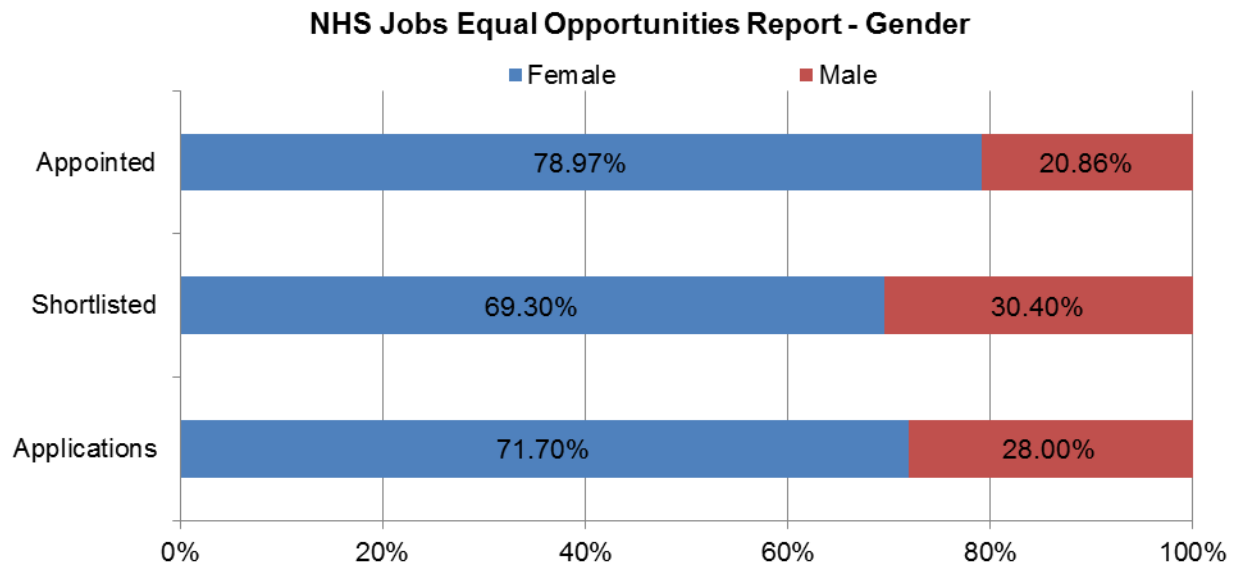
NHS Jobs Equal Opportunities Report - Ethnicity



	Applications	Shortlisted	Appointed
WHITE - British	59.60%	68.70%	83.90%
WHITE - Irish	0.50%	0.90%	1.60%
WHITE - Any other white background	4.70%	3.00%	1.00%
Asian & Asian British	22.50%	16.20%	15.30%
Black & British	6.40%	5.20%	2.94%
Mixed Race	2.80%	2.50%	2.58%
Any Other Group(Including Chinese)	3.40%	2.80%	1.57%
Undisclosed	1.70%	1.40%	0.50%

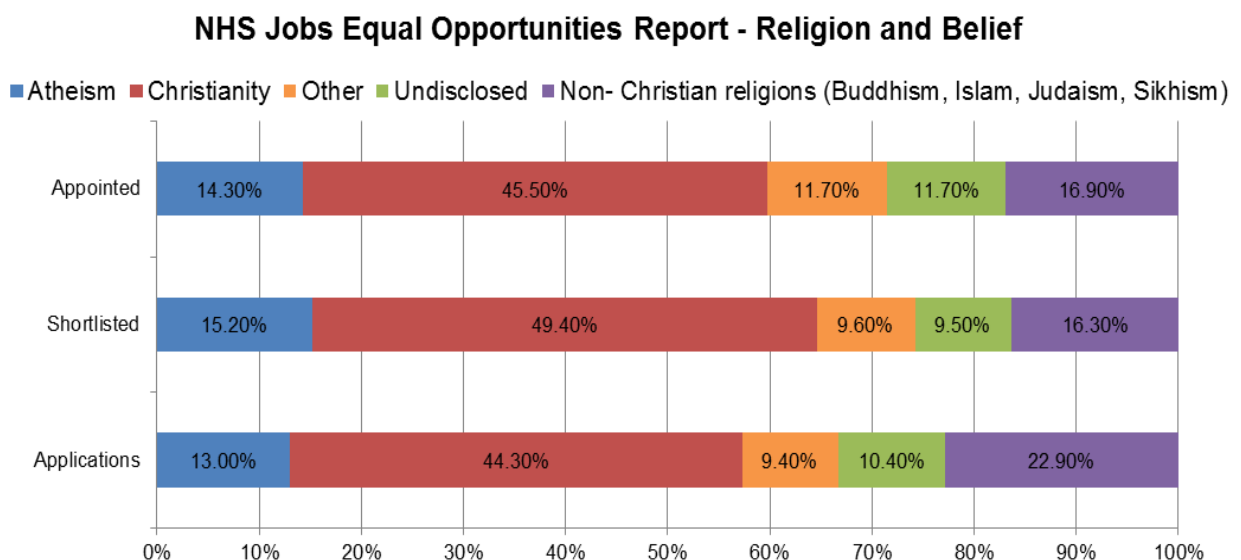
Gender

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



Religion & Belief

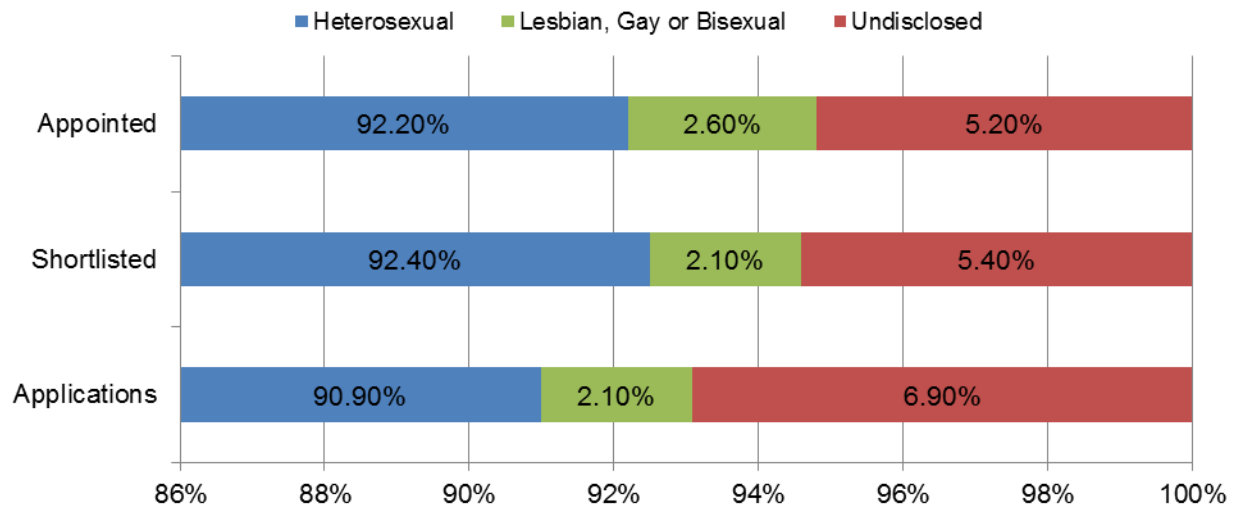
Over 40% of all applicants, applicants shortlisted and applicants recruited identify as Christian.



Sexual Orientation

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

NHS Jobs Equal Opportunities Report - Sexual Orientation



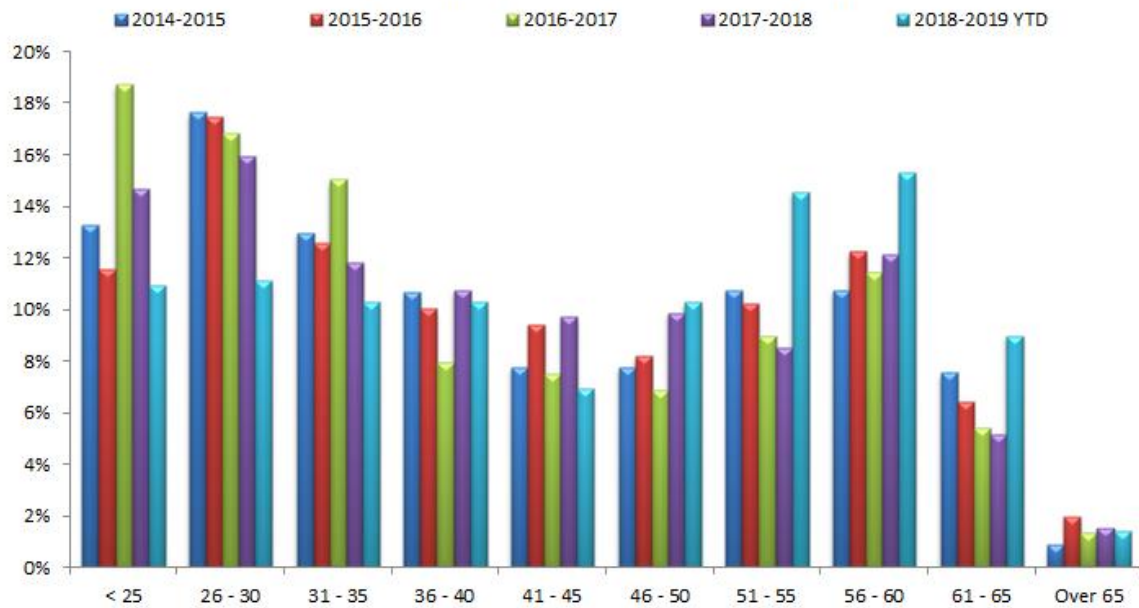
4. Staff leaving the Trust

This section shows data regarding staff that left the Trust between 1 April 2014 and 31 December 2018; broken down using the equality and diversity indicators.

Age Profile

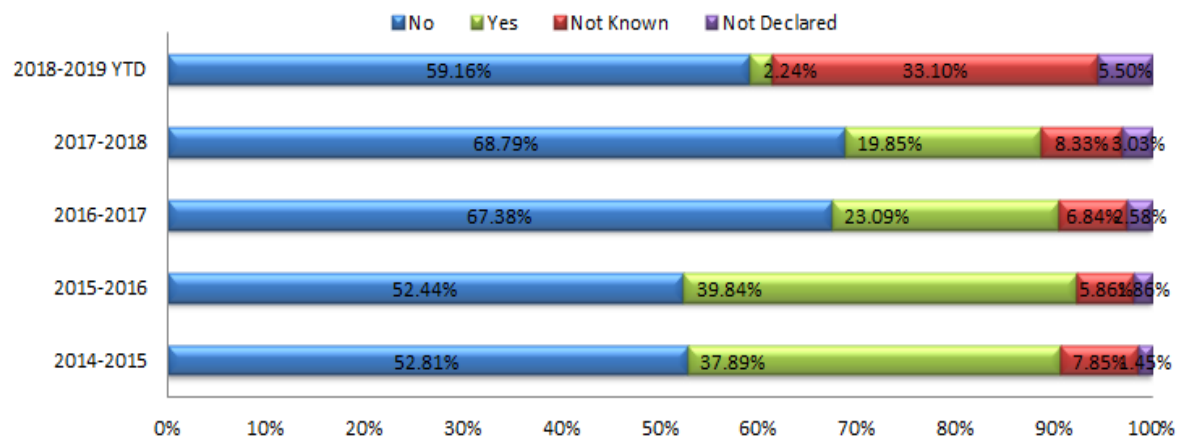
During the current year to date, turnover is highest amongst staff aged 55-60 (15.3%).

Year on year percentage of leave by age

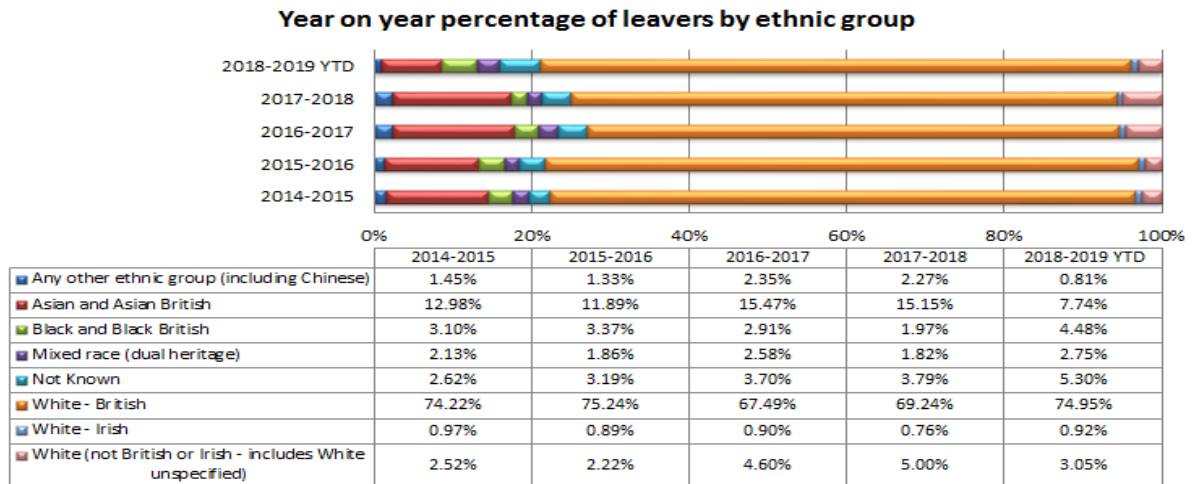


Disability

Year on year percentage of leavers by disability

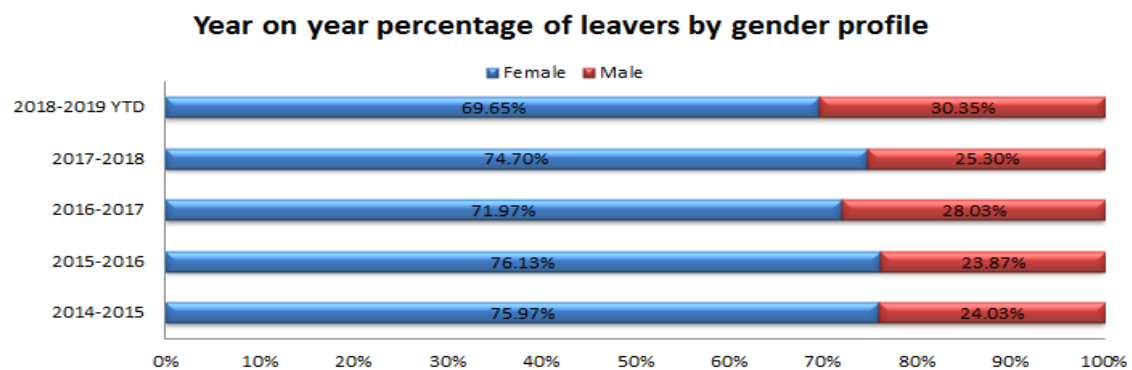


Ethnicity



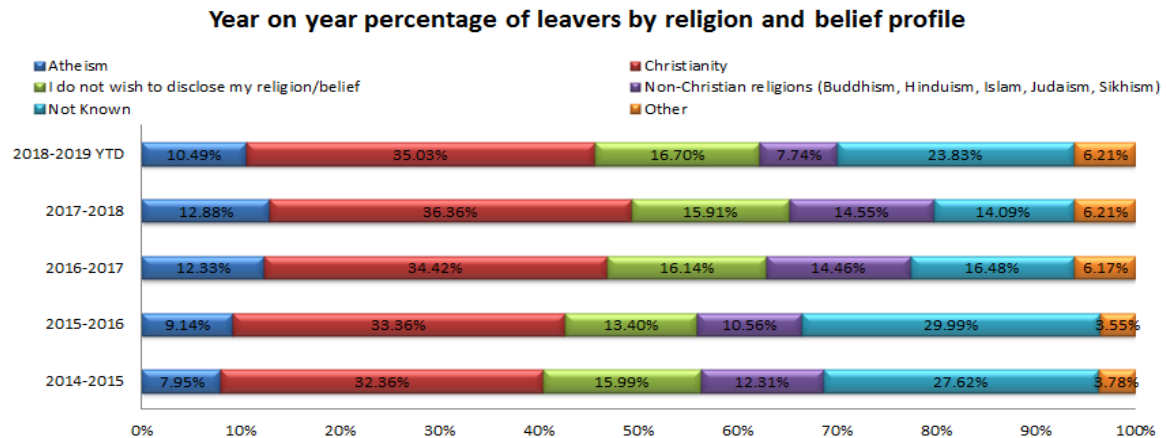
Gender

Again turnover is higher amongst female employees (69.7%) with the Trust employing a significantly higher amount of female employees to male. Therefore, this is expected.



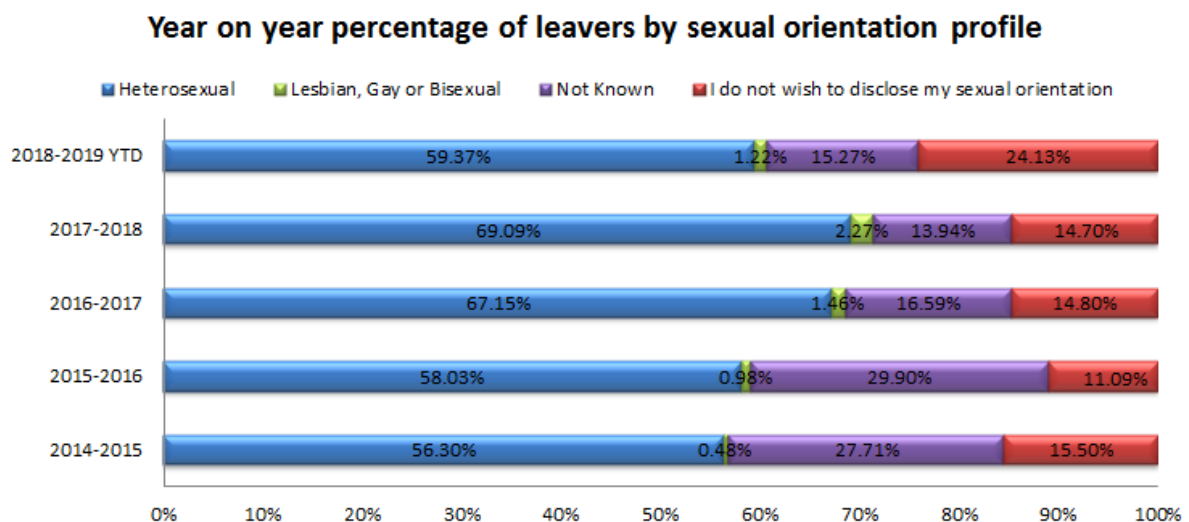
Religion & Belief

As with 2017-18, the majority of leavers in 2018-19 are Christians (35%),



Sexual Orientation

The majority of leavers in 2018-19 are Heterosexual. The percentage of Leaver with 'Not Known' sexual orientation has increased from 13.9% to 15.3%.



5. Staff profile by pay

The data below is a 'snapshot view' of the pay levels for all Trust employees as at 31 December 2018. This section looks at the organisation pay and measures this against the key equality and workforce indicators.

Age Profile

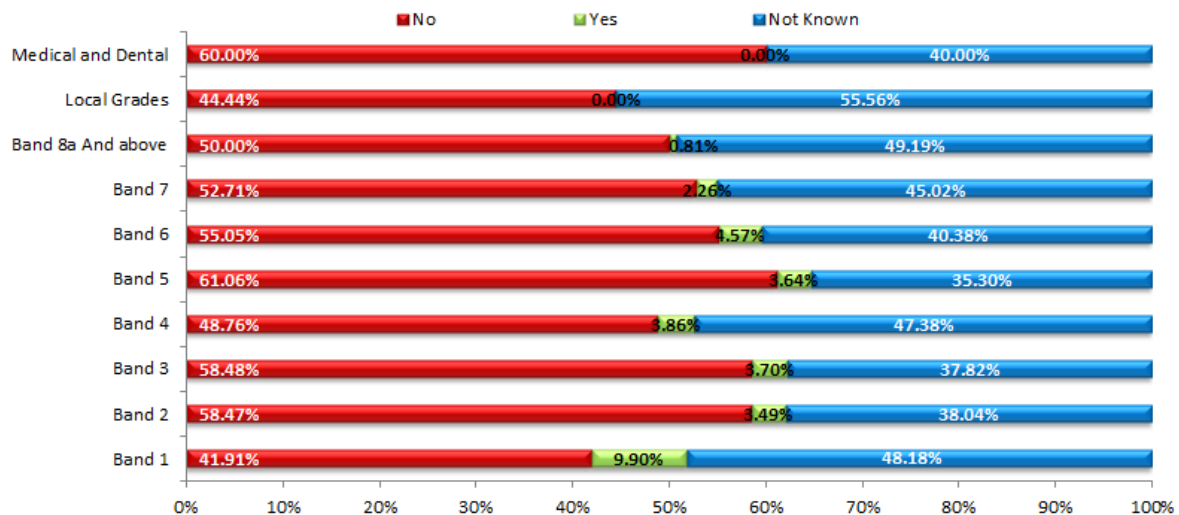
The most common pay band in the Trust is Agenda for Change band 5 with 22% of colleagues in this band. Within band 5 just over 16% of people on this band are between 26 and 30 years old.

Age Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a And above	Local Grades	Medical and Dental
<25	4.62%	12.29%	10.14%	4.41%	13.97%	3.61%	1.36%	13.49%	30.00%	10.22%
26 - 30	6.27%	12.38%	10.92%	11.02%	16.38%	12.54%	7.24%	14.00%	7.50%	19.59%
31 - 35	5.61%	9.63%	8.77%	8.26%	11.50%	15.30%	12.67%	10.34%	7.08%	11.58%
36 - 40	9.90%	8.39%	11.31%	8.82%	12.08%	15.20%	11.76%	12.58%	7.92%	14.48%
41 - 45	5.94%	8.31%	11.70%	11.85%	11.64%	12.22%	16.74%	11.76%	10.00%	12.44%
46 - 50	14.19%	11.46%	12.48%	18.46%	9.68%	15.20%	16.74%	15.82%	16.25%	13.63%
51 - 55	20.79%	14.12%	15.01%	20.11%	11.50%	16.58%	20.81%	13.18%	15.83%	9.37%
56 - 60	18.81%	14.12%	13.65%	12.95%	9.46%	6.16%	9.95%	4.77%	2.50%	4.60%
61 - 65	11.55%	8.22%	5.46%	3.58%	3.35%	2.55%	2.04%	2.74%	1.67%	2.90%
Over 65	2.31%	1.08%	0.58%	0.55%	0.44%	0.64%	0.68%	1.32%	1.25%	1.19%

Disability

Information on the profile of the Trust's workforce in terms of disability is not sufficient to provide a valid analysis of the data. Data quality has improved over the last 5 years; however there is still 38.4% of the workforce where information around disability is unknown. 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.

Disability profile of Workforce by payband



Ethnicity

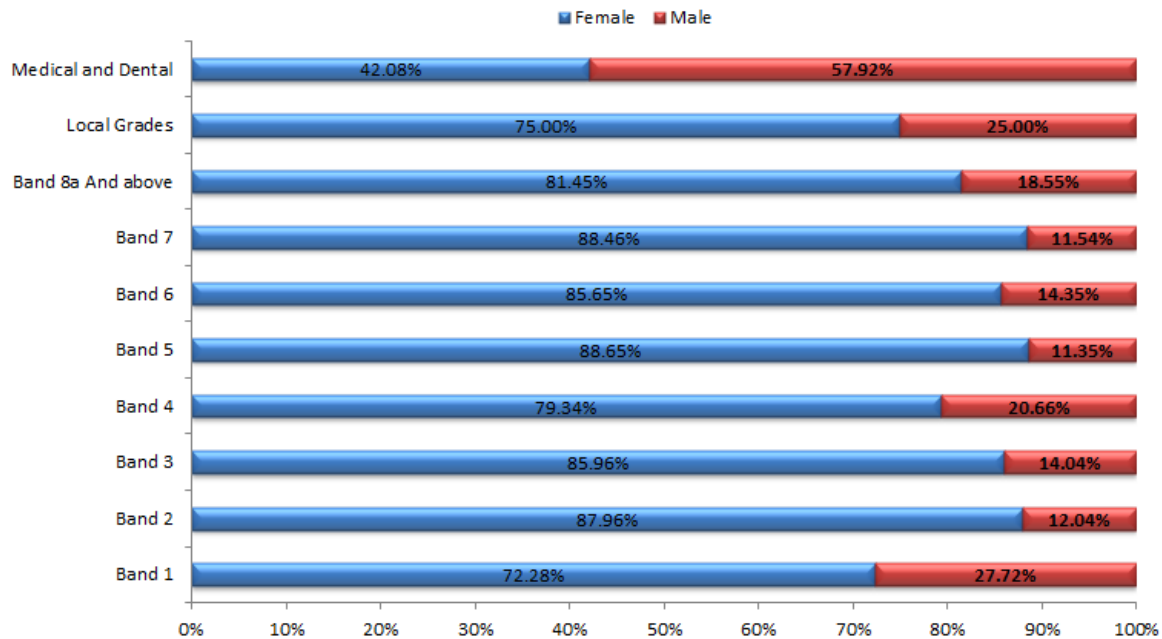
Over all the Agenda for Change pay scales, the majority of colleagues were White British. While Medical and Dental have a more even split between White and other ethnic backgrounds, with a large proportion of those being Asian/Asian British.

Ethnicity	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a And above	Local Grades	Medical and Dental
White - Irish	0.33%	0.91%	0.97%	0.28%	0.80%	1.17%	0.23%	0.00%	0.83%	0.34%
White - British	57.10%	78.99%	84.41%	85.12%	76.56%	87.25%	88.01%	92.57%	81.67%	39.52%
Any other white background	2.97%	1.58%	0.78%	0.83%	2.91%	1.28%	0.23%	0.00%	0.83%	5.28%
Asian & Asian British	2.31%	7.06%	5.46%	3.86%	9.24%	4.46%	4.98%	2.70%	6.67%	34.24%
Black and Black British	5.61%	3.99%	1.56%	2.75%	3.28%	1.17%	1.13%	0.00%	1.67%	3.41%
Mixed Race (Dual Heritage)	1.98%	2.66%	1.95%	1.93%	1.46%	0.74%	1.81%	2.03%	2.08%	3.41%
Other Ethnic (Including Chinese)	0.33%	0.83%	0.00%	0.55%	1.89%	1.28%	0.45%	0.68%	0.00%	8.01%
Not known	29.37%	3.99%	4.87%	4.68%	3.86%	2.66%	3.17%	2.03%	6.25%	5.79%

Gender

Men are over-represented in the Medical and Dental pay band (57.92%) compared with the workforce profile as a whole. Where the majority of colleagues are female (81.21%)

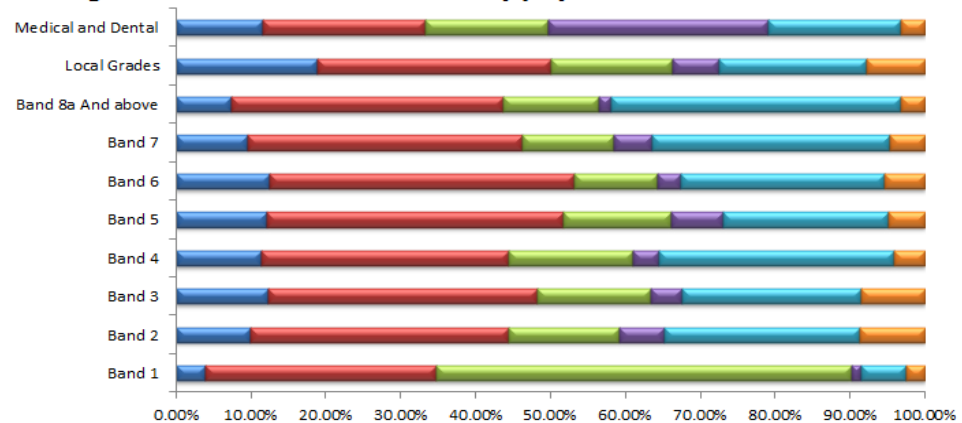
Gender profile of Workforce by payband



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.

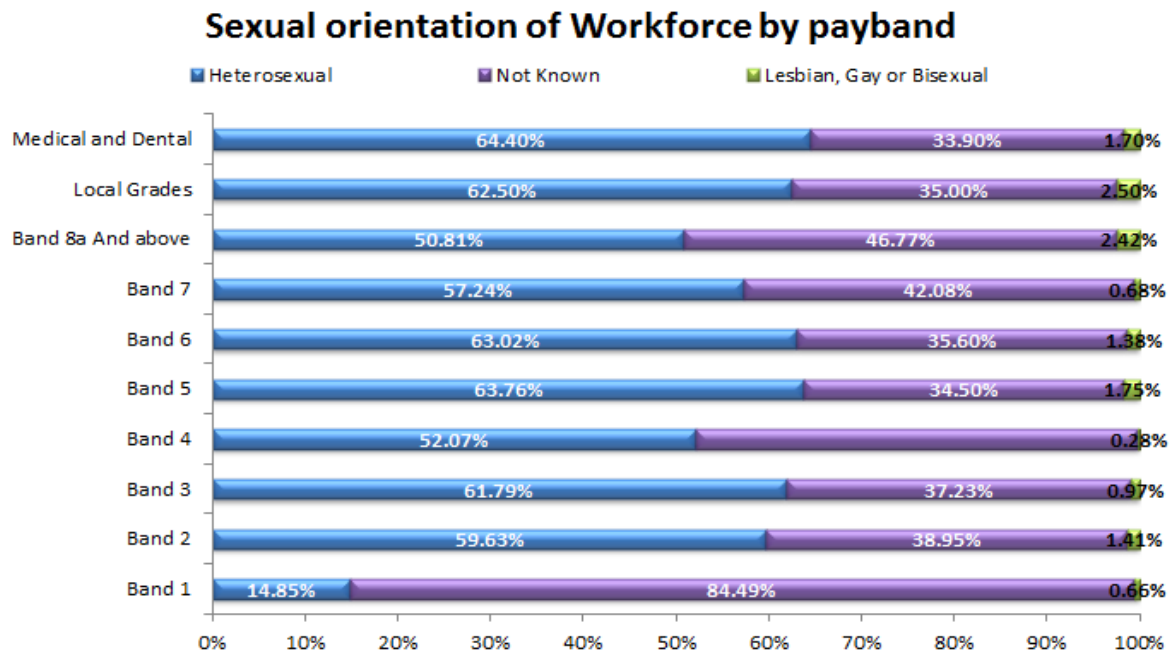
Religion and Belief of Workforce by payband



	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a And above	Local Grades	Medical and Dental
Atheism	3.96%	9.97%	12.28%	11.29%	12.15%	12.43%	9.50%	7.26%	18.75%	11.58%
Christianity	30.69%	34.47%	35.87%	33.06%	39.59%	40.70%	36.65%	36.29%	31.25%	21.64%
I do not wish to disclose my religion/belief	55.45%	14.78%	15.20%	16.53%	14.34%	11.05%	12.22%	12.90%	16.25%	16.35%
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism)	1.32%	5.90%	4.09%	3.58%	6.99%	3.19%	5.20%	1.61%	6.25%	29.47%
Not Known	5.94%	26.08%	23.98%	31.40%	21.98%	27.21%	31.67%	38.71%	19.58%	17.72%
Other	2.64%	8.80%	8.58%	4.13%	4.95%	5.42%	4.75%	3.23%	7.92%	3.24%

Sexual Orientation

Not known information is predominant in all pay bands with the most significant being in Band 1 (84.5%) and Band 8 and above (46.8%)



6. Disciplinary, grievance and bullying and harassment

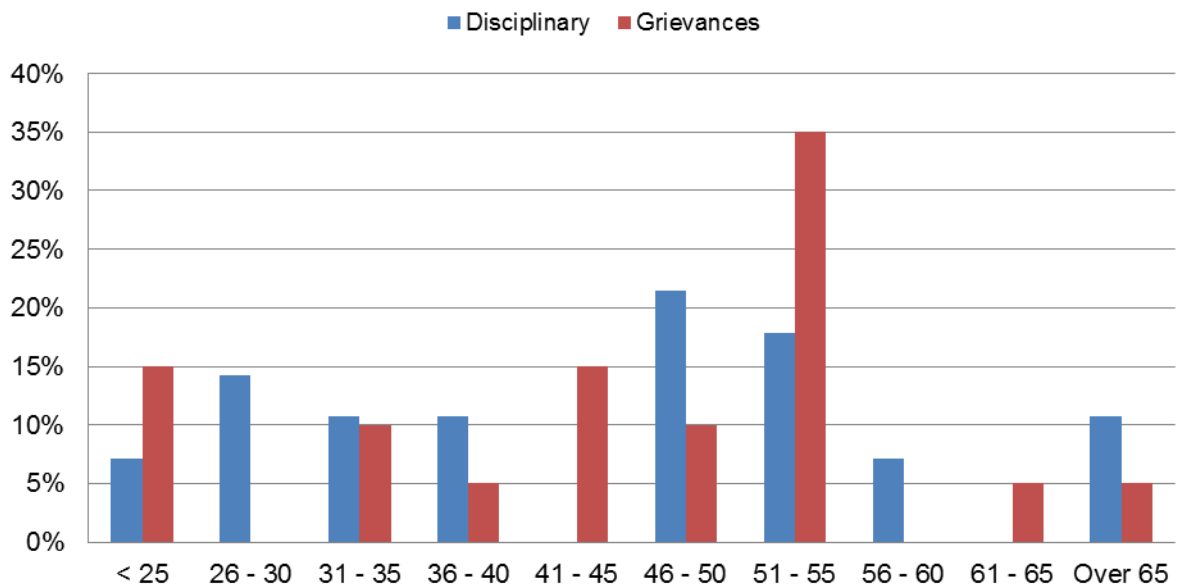
Overall, between January 2018 and December 2018 there were:

- 28 disciplinary investigations.
- 16 grievance investigations
- 4 bullying and harassment investigations

To protect the anonymity of the data we have merged the bullying and grievance cases together. This section looks at the number employee relation cases and measures this against the key equality and workforce indicators.

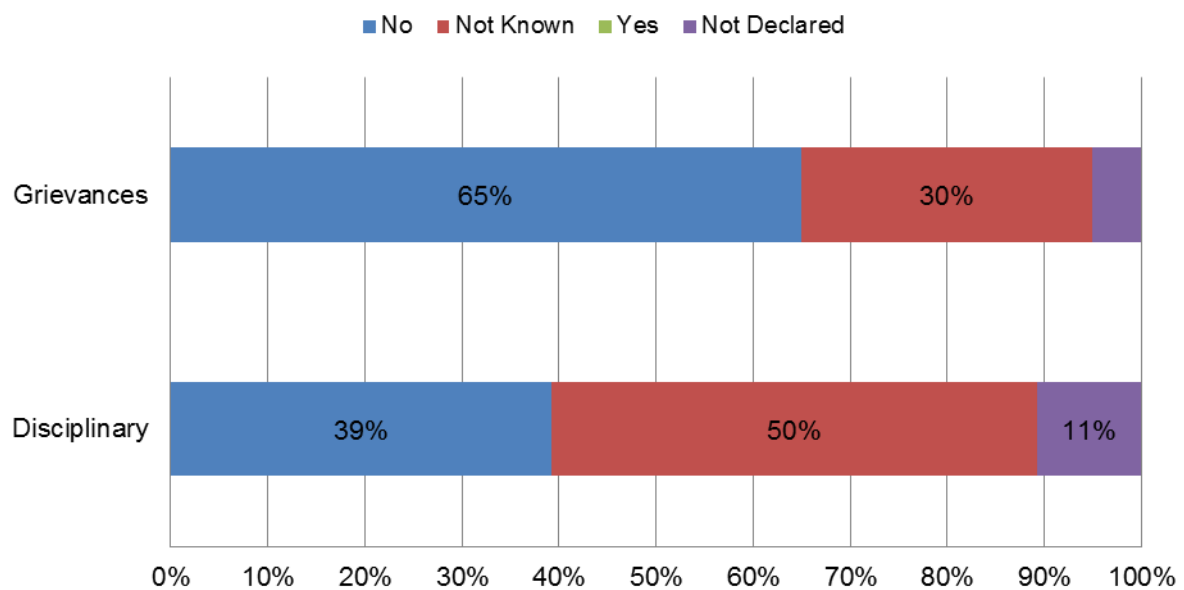
Age Profile

HR Case Work by age profile



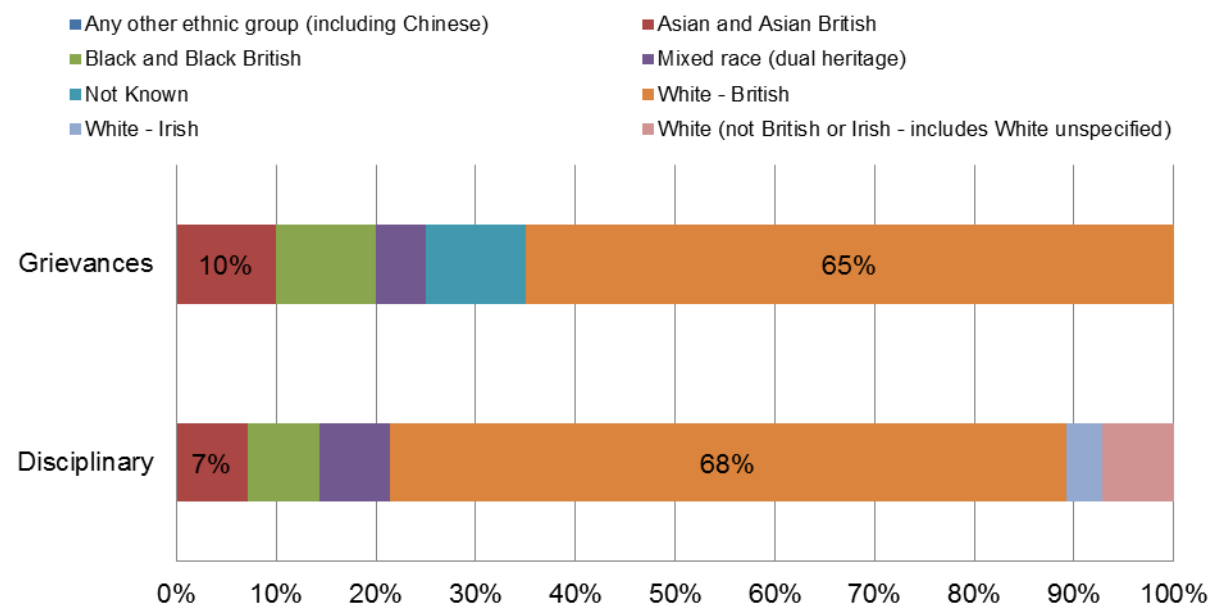
Disability

HR Case Work by disability profile



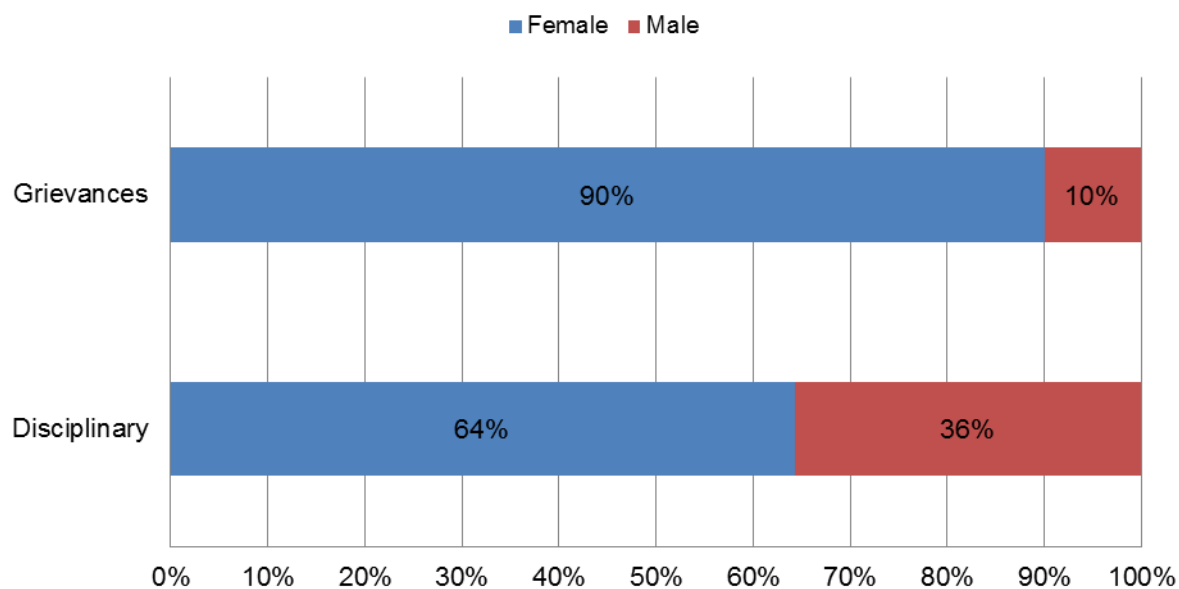
Ethnicity

HR Case Work ethnicity group profile

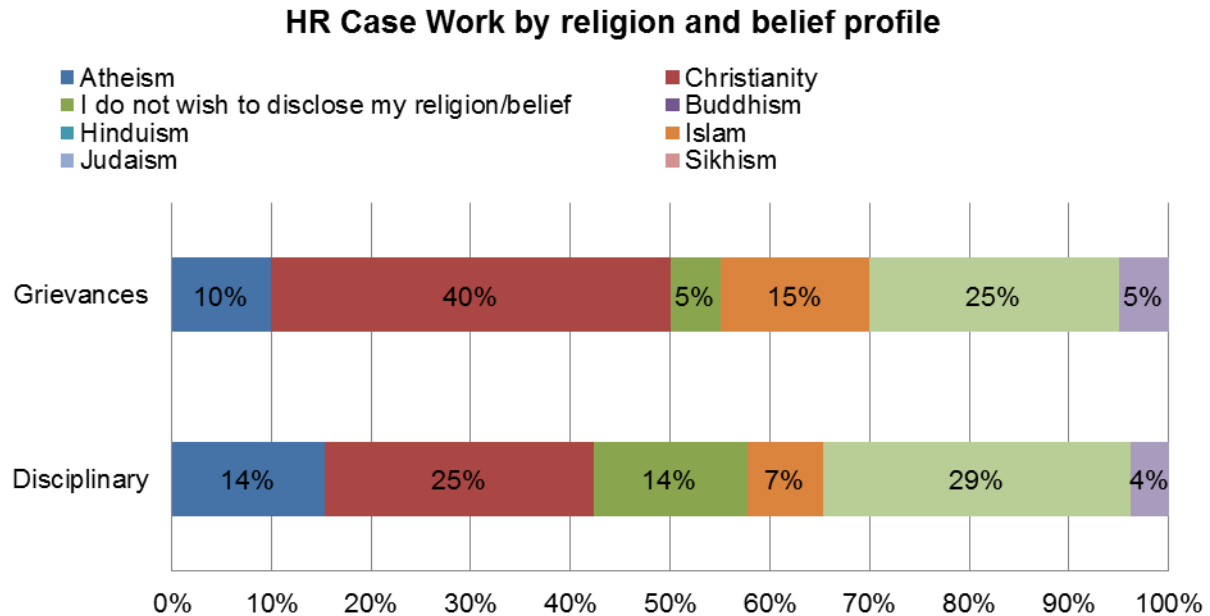


Gender

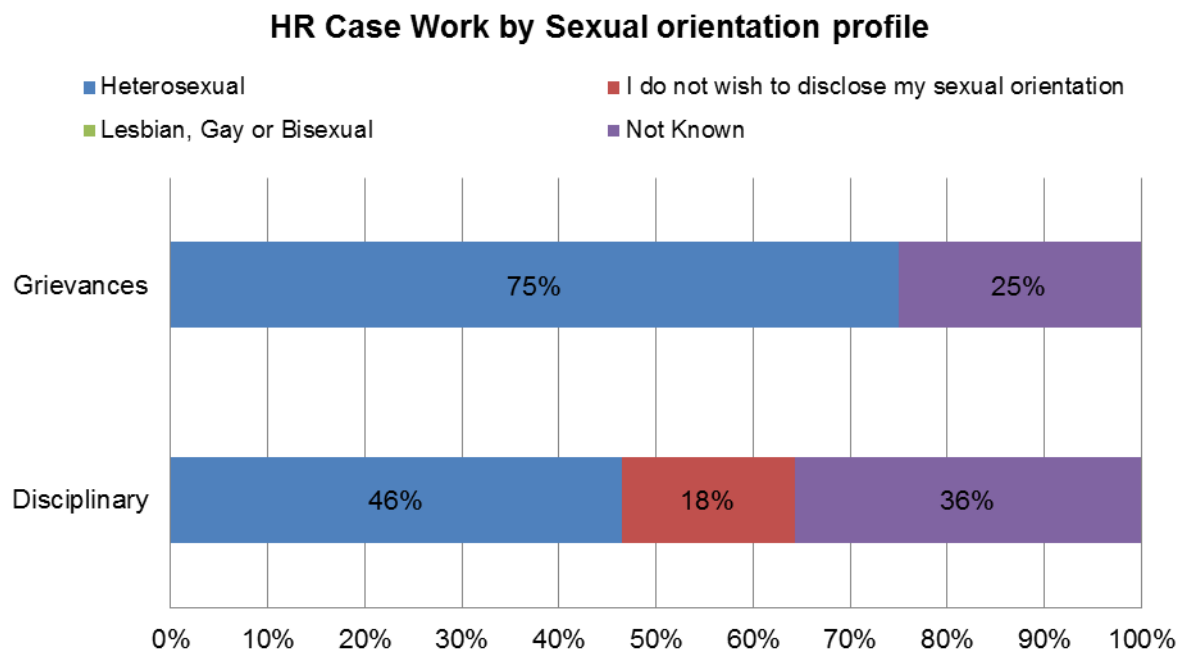
HR Case Work by gender profile



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.

An Equality, Diversity and Inclusion lead has been appointed by the Trust to ensure that the Trusts 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 a Calderdale Project Search 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. So far in 2018/19 CHFT have filled 85 entry level vacancies with apprentices and supported 66 existing staff to undertake an apprenticeship as part of their career development.

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 is 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. This will be published in August 2019.

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 2018. 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 part of the 'Moving Forward' programme which is led by Leeds Teaching Hospitals NHS Trust to develop BAME colleagues at bands 4, 5 and 6 into future leaders. This forms one of the actions in the Trust's WRES action plan.

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.

8. Improving workforce equality data

In 2018, 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 September 2018

APPENDIX 2

MEMBERSHIP DATA

Membership Representation as at December 2018 by Age, Ethnicity & Gender

	Members	% of total members	Eligible membership*	% of eligible membership
Age (years)				
17-21	95	1.2%	52215	8.2%
22+	7995	98.8%	573203	90.2%
Ethnicity				
White	7203	86.2%	529668	83.3%
Mixed	162	1.9%	9659	1.5%
Asian or Asian British	717	8.9%	79829	12.6%
Black or Black British	222	2.7%	10162	1.6%
Other	37	0.5%	3935	0.6%
Gender				
Male	2820	34.9%	309248	48.6%
Female	5269	65.1%	326568	51.4%
Transgender	1	0.0%	Not available	-

* 2011 Census Data

Please note these totals are approximate as not all Trust members declare their age or ethnicity.