



**Public Sector Equality Duty
Annual Report
January to December 2019**

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1 Introduction

This equality report for the period January to December 2019 provides assurance to the Board that Calderdale and Huddersfield NHS Foundation Trust (CHFT) continues to meet its responsibilities under the Equality Act 2010 and in particular that it meets the requirements of the Public Sector Equality Duty.

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

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

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

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

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

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

2 The Legal and Compliance Framework

2.1 Equality Act 2010

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

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

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

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

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

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

By:

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

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

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

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

2.2 Care Quality Commission Requirements

The Care Quality Commission (CQC) expects to find evidence that the Trust is actively promoting equality and human rights across all its services and functions. Equality and diversity considerations are specifically addressed as part of its key line of enquiry around a Trust's responsiveness to patient needs. The CQC asks "Are services planned and delivered to meet the needs of people?" and "Do services take account of needs of different people, including those in vulnerable circumstances?"

The Trust was rated as 'Good' at the last inspection in April 2018.

3 Our progress in 2019

3.1 Embedding equality, diversity and inclusion

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

- 1.2 Individual people's health needs are assessed and met in appropriate and effective ways.
- 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
- 3.4 When at work, colleagues are free from abuse, harassment, bullying and violence from any source.
- 4.2 Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed.

Some examples of what we have done in 2019 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).

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

Disability – Physical

The upgrade of the public toilets in the main entrance on the HRI site during 2019 included the introduction of a semi-accessible toilet in the same area.

Disability – Hearing Impairment

We continue to closely monitor the quality of British Sign Language (BSL) provision from our local provider, Topp Language Solutions. Fulfilment rates are monitored by our Procurement team and the rates during 2019 have been consistently high. Topp meet regularly with the local deaf community to get the views of users on the service they provide.

Disability – Mental Health

One of the priorities in our Quality Account for 2019/20 was to improve psychological and social support for mental health patients in the Emergency Department (ED).

We set ourselves specific objectives to achieve this, and good progress has been made against these during 2019, as follows.

South West Yorkshire NHS Partnership Trust (our local Mental Health Trust) has helped us to identify any environmental risks within our EDs, and changes have been made where possible.

Ligature light rooms have now been created in the ED on both our hospital sites and we are introducing a clear standard operating procedure to ensure staff have access to the best guidance on how to appropriately support and manage patients requiring access to these rooms.

We have continued to work with the mental health liaison team to ensure timely review and care planning for mental health patients and the mental health liaison team remains a core member of the trust's Mental Health Strategy and Operations group.

Disability – Learning

The Matron for the service and the Falls Collaborative have jointly reviewed the national falls guidance published in August 2019 against current policy and process at CHFT. As a result it has been agreed that in future the Learning Disability policy will contain a section on falls.

The national guidance also recommends having accessible information for DEXA (bone density) scans in a variety of formats, offering appointments at quieter times, having a supporter present and having access to specialist equipment such as a hoist. Since the review the Matron has been working with the lead for the Radiology Department to put plans in place to comply with the guidance.

The Trust's Treat Me Well group met regularly throughout 2019, and the group has agreed its priorities for 2020, which are training for staff, quiet areas across the Trust and Changing Places toilets. (People with profound and multiple learning disabilities, as well people with other physical disabilities such as spinal injuries, muscular dystrophy and multiple sclerosis, often need extra equipment and space to allow them to use the toilet safely and comfortably. These needs are met by Changing Places toilets.)

As part of the reconfiguration of hospital services, a Changing Places toilet has been built into the plans for the Emergency Department at Calderdale Royal Hospital.

Supported by government funding, work also started in 2019 to identify potential locations at Huddersfield Royal Infirmary for a Changing Places toilet.

Age – Older

The Trust has for many years supported and promoted the nationally recognised Butterfly scheme for patients living with dementia. We re-launched the scheme in September 2019, at an event attended by dementia champions who promote the scheme in their clinical areas. The event was a great success and was attended by a carer who shared her experiences.

Following the event, the principles of the Butterfly scheme and relevant documentation were reinforced in key areas such as the EDs and assessment areas.

During 2019 our engagement support workers became further embedded on our wards, providing diversional and therapeutic care and activities for our dementia patients. The enhanced care and support team have also continued to provide increased 1:1 care for our most vulnerable patients during the acute period of their care.

The Memory café is open on Wednesday mornings and is situated within the therapy department at HRI. This provides a meeting place for dementia patients and carers to socialise and get involved in themed events outside the ward environment. This initiative has been very successful and there are now plans to extend the sessions to other days.

Dementia awareness training is currently offered as a 'one-off' e-learning package but a review of national guidance in 2019 identified that the training should be repeated every three years. A draft training strategy has now been developed which reflects this.

Age – Younger

In May 2019 CHFT became part of the first transition collaborative with NHS Improvement looking at supporting young people transitioning to adult services.

The first cohort of patients was selected from our neuro-disability clinics. The Ready, Steady, Go transition documentation was introduced and tested and feedback received from the young people involved, parents, professionals and GPs. We also produced two videos showing what it is like for a young person with a chronic illness to go through the transition process.

There have now been three cohorts in total, with very positive results and feedback from the young people involved.

In November 2019 the inaugural meeting of the Trust's Youth Forum took place. The forum was created to allow a diverse range of children and young people to access and influence our services.

The first meeting generated a wealth of feedback, not only about children's services, but also about Trust services overall. Further meetings are planned and it is hoped to expand the group further.

Race

During 2019 a task and finish group was established to undertake a comprehensive review of the Trust's interpreting policy to ensure we are meeting the needs of our patients whose first language is not English, and also patients needing BSL provision. The policy has been updated and is currently going through our equality impact assessment process.

The Trust is reviewing the demand profile of its BAME population with specific focus on Emergency Department attendances and elderly care. Data analysis shared with the Trust Board indicated that there are geographical hotspots that suggest current service models do not meet the needs of this population. Therefore further work has been commissioned, through the system wide Urgent & Emergency care programme, to explore further with this group and ensure new models are co-produced to better meet their needs.

Religion/Belief

During 2019 our chaplaincy has been working with medical teams at their audit meetings to discuss End of Life Care with particular regard to religious and cultural expectations. Called 'Thinking Aloud', the venture has been characterised by open and humble thinking.

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

In November 2019 our chaplaincy joined with honorary chaplains and friends from the two Sikh Temples to celebrate Guru Nanak's 550th anniversary. This was done with prayer in both Hope Centres and a generous distribution of food in the main entrances.

Pregnancy/Maternity and Race

Better Births, the report of the National Maternity Review was published in February 2016 and set out a clear vision: for maternity services across England to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centered on their individual needs and circumstances.

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

Trusts have the following targets to achieve:

- 35% of pregnant women will be on a continuity of carer model by March 2020
- Most women (51%) will receive continuity of carer by 2021

- By 2024, 75% of women from Black/Black British and Asian/Asian British communities and women from the most deprived areas will receive continuity of carer from their midwife throughout pregnancy, labour and the postnatal period.

It is well known that pregnant women from BAME communities have worse outcomes in pregnancy.

Inequalities in maternal mortality UK 2014-16



Although the target is for 75% of women from BAME communities to receive continuity of carer by 2024, at CHFT work started during 2019 to plan and implement continuity of carer teams for BAME women. There will be teams of up to eight midwives, with each woman having a named midwife and being cared for in labour by a midwife known to her. This is likely to have a significant impact on overall outcomes and reduce health inequalities.

3.2 EDS2 (Equality Delivery System 2)

CHFT supports EDS2, a framework that helps the Trust, in discussion with local partners including local people, review and improve performance for people with protected characteristics. During 2019 we have collaborated with CCGs and Trusts in the local area to deliver an engaging, interactive and informative event discussing initiatives such as Project Search, Youth Forum, End of Life Care for different cultures and Learning Disability transition of care.

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.

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 2020.

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		

The full strategy is attached at Appendix 3.

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 previously.

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

The Trust's vision is to provide compassionate care to the populations of Calderdale and Kirklees. To do this, we need to adopt one culture of care, where we care for each other in the same way that we care for our patients. We need to understand the different needs of those changing populations, and our workforce and what compassionate care looks like to them. By understanding our patients' and colleagues' different needs, we can adapt our environment and services to better suit them.

Our intent in respect of our focus on Equality, Diversity & Inclusion is that will have happy, productive, motivated people where colleagues can be themselves and we will provide a supportive environment to enable them to succeed in their aspirations.

Not only will this have a positive impact on us and our colleagues, but on our patients too. Truly compassionate care involves understanding the particular needs of each individual patient. Having a whole range of different people working at CHFT means a whole range of ideas and solutions that in the end, deliver truly inclusive and compassionate care.

Our vision for our workforce is that there will be a more diverse range of people with the right skills working at CHFT and that they are able to develop to their full potential. We will see an increase in both the diversity of our 'talent pipeline' and of our senior managers and more disabled people will be attracted and retained with comprehensive workplace adjustments and a supportive culture.

4.2 The benefits of Equality, Diversity and Inclusion

A diverse and inclusive work environment can help our organisation better understand and meet different patient expectations and improve their experience. We will also be able to attract and retain a whole range of people from different walks of life, with different experiences.

We aim to create an inclusive culture where all employees feel engaged, valued and included.

Our vision is that CHFT provides a healthy, inclusive and compassionate environment for colleagues who feel supported by their line managers. There will also be 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.

We aim to have an organisation where all employees value an inclusive culture, feel comfortable to be themselves where we value one another and celebrate 'One Culture of Care'.

This plan embraces our values and vision, and explains what we are working towards, our goals, commitments and activities, as well as mechanisms and timescales for reporting our progress.

It involves big and small change. But the biggest change of all is the culture change that requires leadership and accountability from everyone in the Trust.

Our approach will be to focus on getting the basics right, have good quality conversations with the right people at the right time, encouraging curiosity and challenge whilst making improvements for colleagues, patients and stakeholders. At CHFT equality, diversity and inclusion is really important to us. We've developed a 5 year plan to embed equality, diversity and inclusion into everything we do in our Trust:

- 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

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.

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

4.3 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.

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

We will consider ways to expand knowledge and awareness of unconscious bias among all employees and provide practical advice on how colleagues can supportively challenge one another.

We aim to reduce the stigma associated with mental health by promoting mental and physical wellbeing among all our employees.

We will employ leaders who enable employees with health problems and disabilities to live and work as productively as they can.

Our vision is that our employees will feel supported to realise their full potential.

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.

4.4 Equality, Diversity & Inclusion Activity

BAME Network – our BAME network goes from strength to strength with over 100 colleagues becoming a member of the group. This forum enables colleagues to network with others, take part in reverse mentoring and promote development opportunities. Our CEO attends every network session.

Project Search – CHFT works with Calderdale Council and Calderdale College to provide real-life work experience combined with training in employability and independent-living skills to help young people with learning disabilities and autism spectrum conditions make successful transitions to productive adult life. The Project SEARCH model involves an extensive period of skills training and career exploration, innovative adaptations, long-term job coaching, and continuous feedback from instructors, job coaches and employers. As a result, at the completion of the training programme, students with significant learning disabilities are employed in non-traditional, complex and rewarding jobs. In addition, the presence of a Project SEARCH programme can bring about long-term changes in business culture that have far-reaching positive effects on attitudes about recruiting people with disabilities and the range of jobs in which they can be successful.

LGBTQ Pledge - The purpose of the pledge is to make a positive difference by promoting a message of inclusion. Many LGBT+ people say that they do not have anyone they can turn to or confide in. As advocates, people who work in healthcare can play a key role in making things better. Therefore we have developed the LGBTQ pledge where colleagues pledge to wear a rainbow lanyard, a positive visible symbol where colleagues can show that CHFT offers open, non-judgemental and inclusive care for people and their families, who identify as LGBT+ (lesbian, gay, bisexual, transgender, the + simply means that we are inclusive of all identities, regardless of how people define themselves.) By choosing to wear this lanyard, we are sending a message that “you can talk to me” about issues of gender and sexuality. Wearing the lanyard does not mean we will have all the answers but most importantly we are prepared to listen and signpost to relevant information. 450 colleagues have signed the LGBTQ pledge.

Colleague Disability Action Group – our national staff survey results highlighted that colleagues with a disability are less engaged than others so we have developed a Colleague Disability Action Group to enable the Trust to identify issues that disadvantage disabled colleagues and take positive action to create equitable change.

Working Carers Passport – A Carer Passport provides a way for you to explain to your manager about your situation so they understand the flexibility you need. Then if you change manager or team, the Carer Passport provides a straightforward way to carry that flexibility and support into your next role, without having to repeat the same conversations. A Carer Passport is a discussion about flexibility. This conversation will generally involve balancing the needs of the individual with the needs of the business. It does not normally involve a formal change to your contract of employment.

Inclusion Representatives – CHFT have engaged a number of volunteers this year who promote all things inclusion. They go above and beyond their role to promote awareness of Equality, Diversity & Inclusion. We believe peer to peer conversations and engagement is a really powerful way to educate one another and work better together

Candy Dance – this year CHFT colleagues took on the Candy Dance challenge. Over 50 colleagues of all different walks of life came together, danced together and promoted how when we work together, we can get results, have fun and learn from one another.

5 Conclusions/Looking ahead to 2020

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 2020 the Trust will focus on its revised Membership and Engagement strategy, which will generate more engagement with hard to reach/under-represented groups.

In order to continue to improve in terms of patient-facing E&D there are plans to identify a nurse lead during 2020.

6 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 2019. 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 2019. 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 September 2019. 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 2019 against the same date in the previous four financial years.

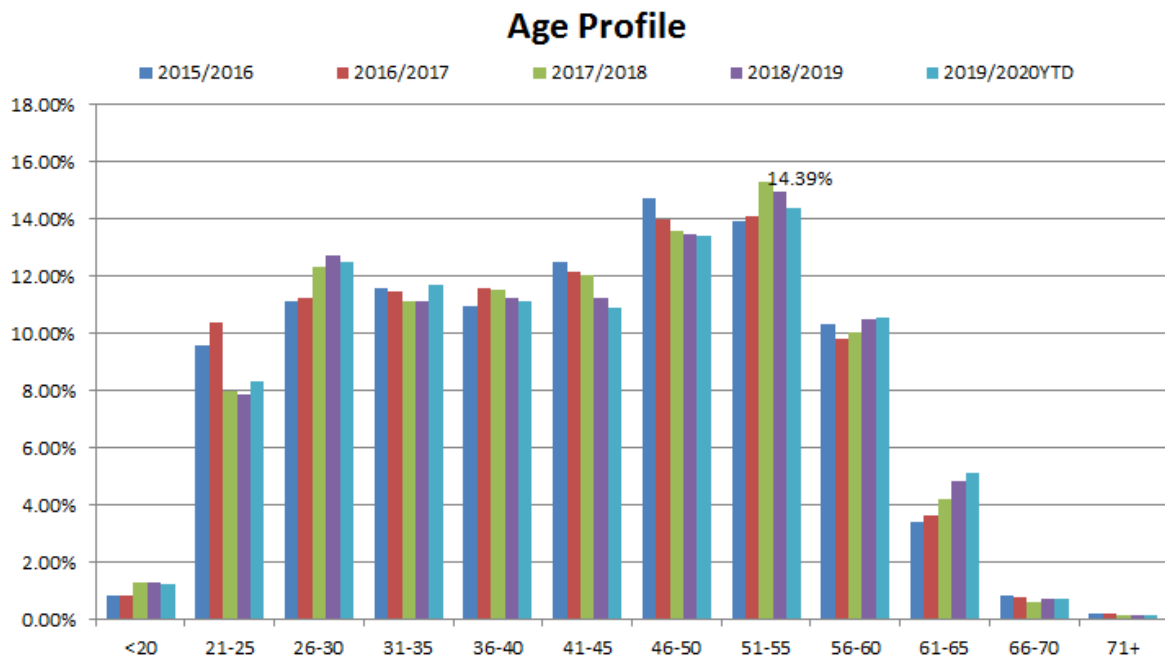
Following good practice in data protection and to ensure personal privacy, some categories have been combined. This helps to protect the anonymity of staff.

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

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

Age Profile

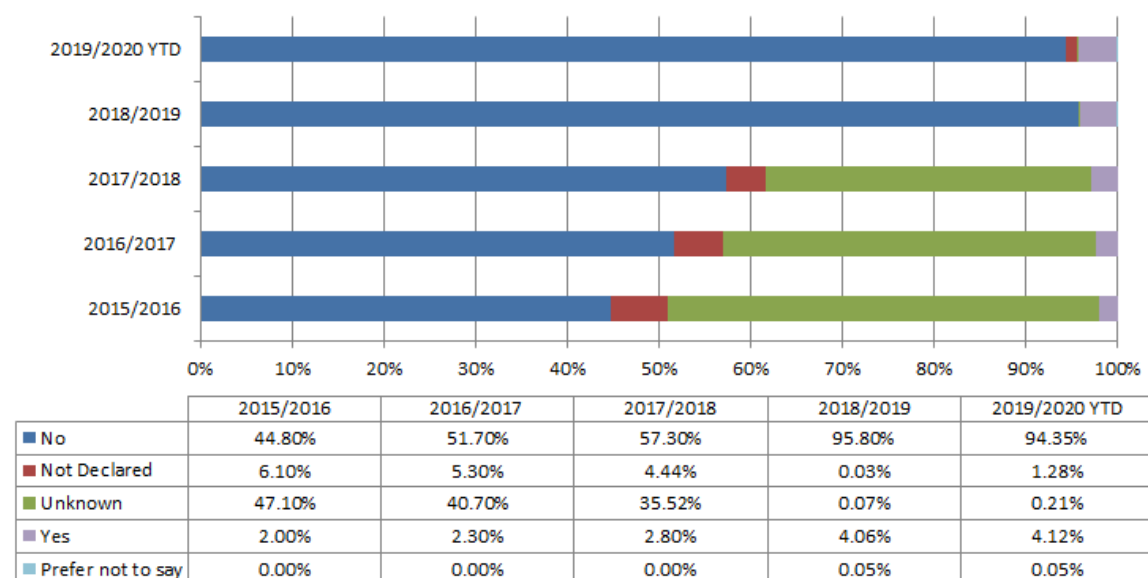
The highest proportion of Trust employees (14.39%) are in the age bracket 51-55.



Disability

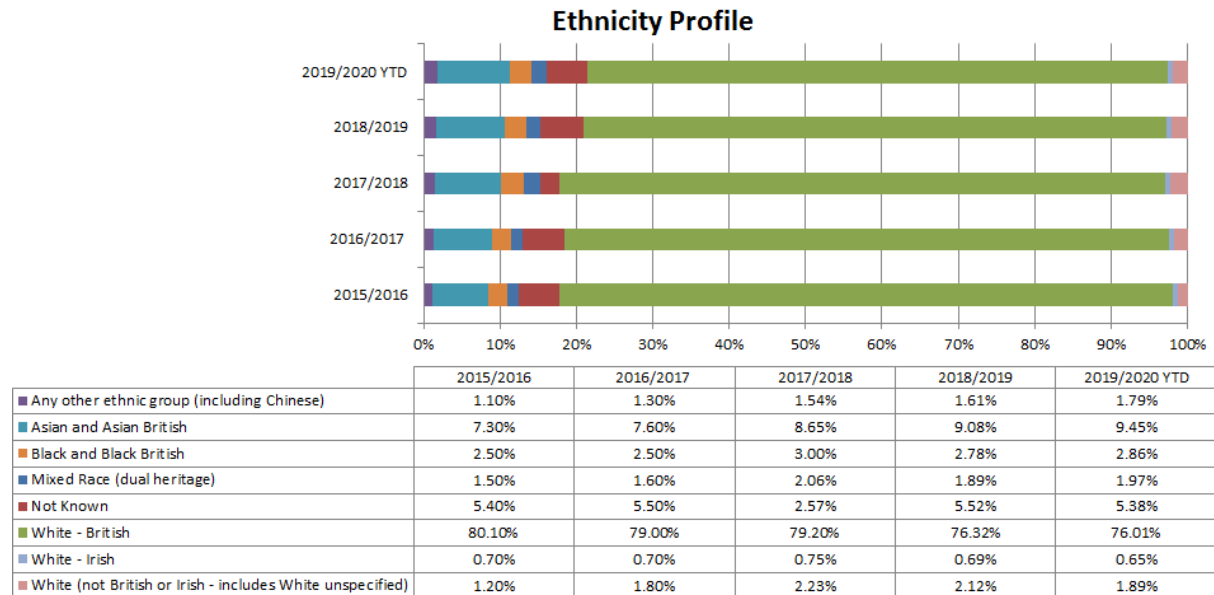
Information on the profile of the Trust's workforce in terms of disability is not sufficiently clear in order to provide a valid analysis of the data. Data quality has improved over the last 5 years, with a significant data quality exercise taking place in 2018; however detail level data on type of disability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

Disability



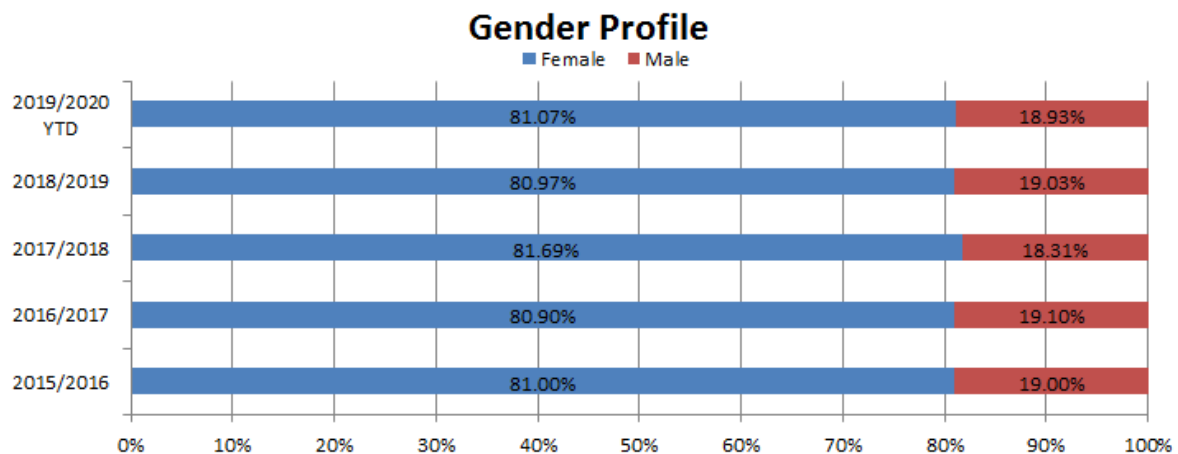
Ethnicity

The ethnicity profile of the Trust has not shown much change over the last 4 years, the largest profile remain white British (76.01%)



Gender

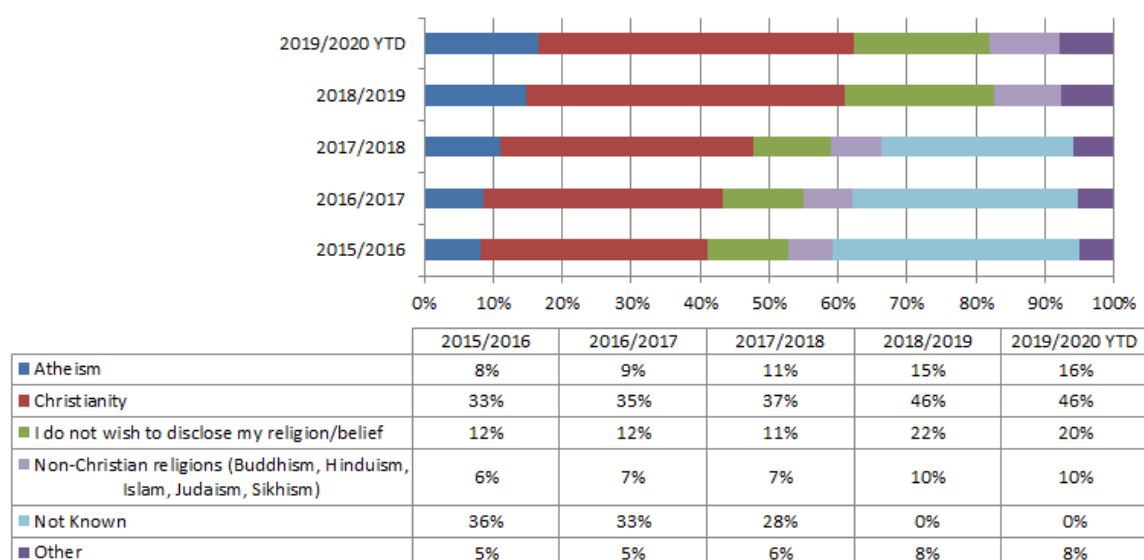
The gender split in the Trust has not shown much change over the reporting period, with the proportion of men significantly lower than the national workforce average. However, the health and social care sector traditionally employs more women than men.



Religion & Belief

Data quality has continued to improve; however there is still 20% of the workforce where information around religious belief has been chosen to remain undisclosed.

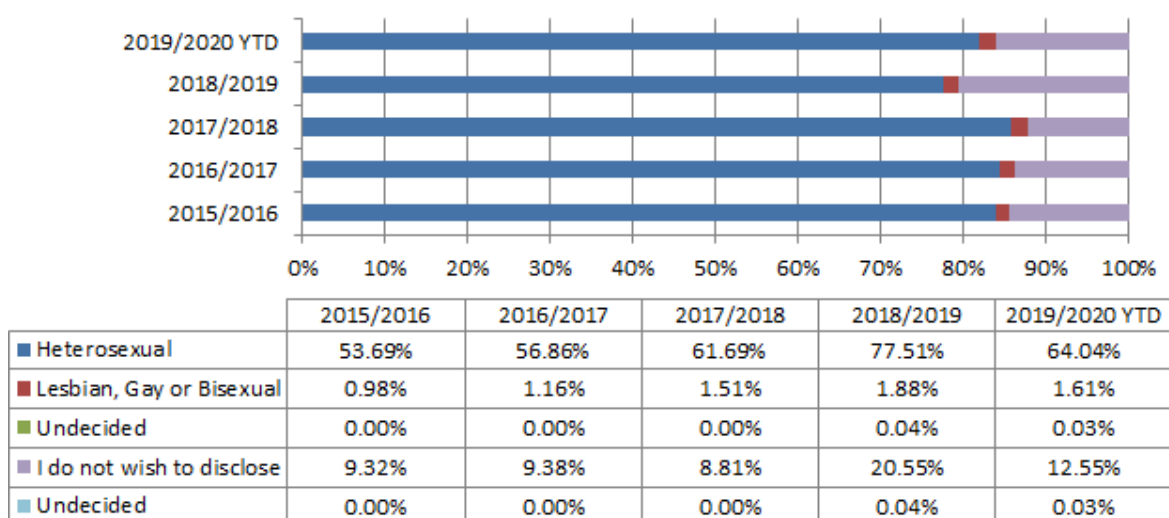
Religion & Belief Profile



Sexual Orientation

Data quality on Sexual Orientation of the colleagues in the Trust has fallen compared to the previous 18/19 Ytd figure, (27.3%), and there is approximately 34% of the workforce where information around sexual orientation is unknown.

Sexual Orientation



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 2019 to 31 December 2019, and provide a breakdown (%) of applicants, applicants shortlisted and applicants recruited.

Age Profile

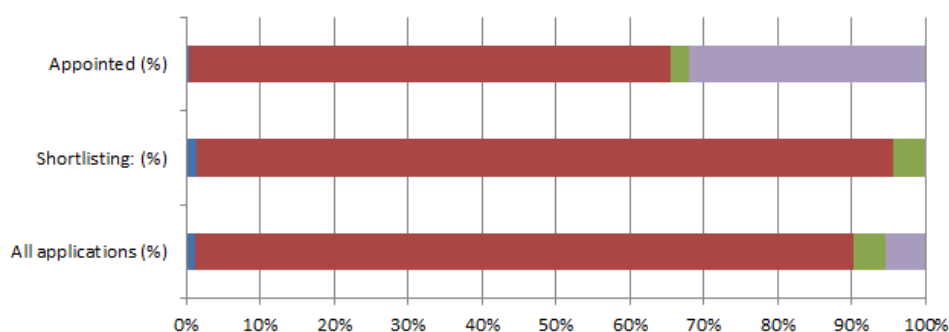
The majority of applications come from the 20-24 and 25-29 age groups. This is also the case with those shortlisted and appointed.

Age Group	Applications	%	Shortlisted	%	Appointed	%
Under 20	508	3.60%	294	3.40%	61	4.40%
20 - 24	2742	19.60%	1756	20.30%	280	20.10%
25 - 29	3223	23.00%	2033	23.50%	338	24.30%
30 - 34	2350	16.80%	1528	17.70%	220	15.80%
35 - 39	1455	10.40%	877	10.10%	147	10.60%
40 - 44	1052	7.50%	629	7.30%	94	6.80%
45 - 49	983	7.00%	541	6.30%	84	6.00%
50 - 54	923	6.60%	541	6.30%	77	5.50%
55 - 59	506	3.60%	284	3.30%	50	3.60%
60 - 64	227	1.60%	131	1.50%	33	2.40%
65+	47	0.30%	25	0.30%	7	0.50%

Disability

4.40% of the 14024 applicants, 4.30% of the 8643 shortlisted and 2.50% of the 1391 appointed declared as disabled.

NHS Jobs Equal Opportunities Report (TRAC) - Disability

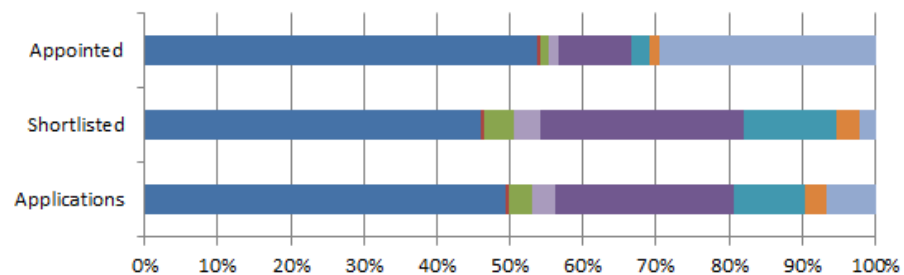


	All applications (%)	Shortlisting: (%)	Appointed (%)
I do not wish to disclose whether or not I have a disability	1.20%	1.30%	0.40%
No	88.90%	94.40%	65.00%
Yes	4.40%	4.30%	2.50%
Not stated	5.40%	0.10%	32.10%

Ethnicity

Over 45% of all applications, applicants shortlisted and applicants recruited identify as 'White – British'. 24.4% of applicants recruited identify as 'Asian & Asian British' but the number actually recruited drops to 9.8%

NHS Jobs Equal Opportunities Report (TRAC) Ethnicity Profile

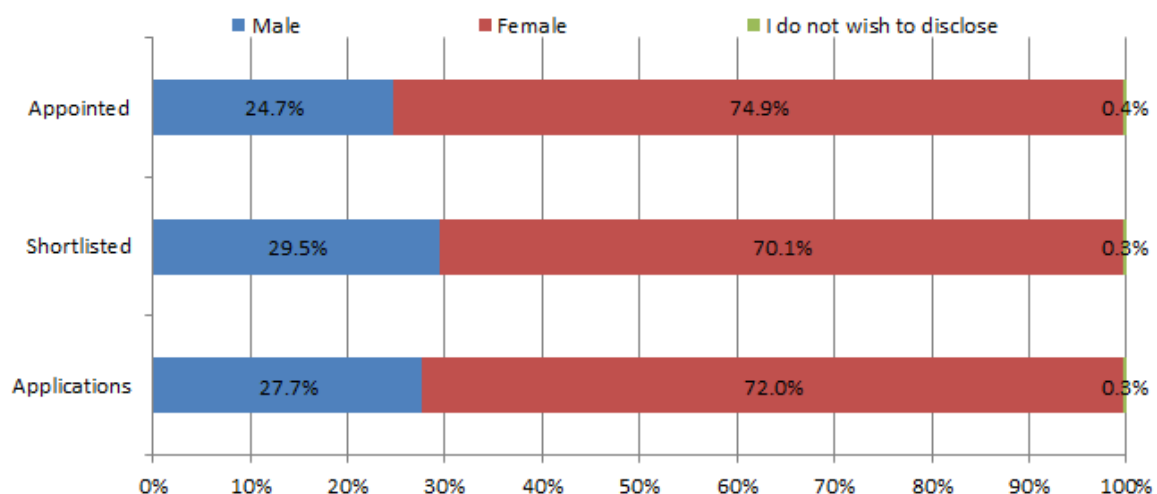


	Applications	Shortlisted	Appointed
WHITE - British	49.4%	46.0%	53.6%
WHITE - Irish	0.4%	0.4%	0.4%
WHITE - Any other white background	3.3%	4.0%	1.3%
Mixed Race	3.1%	3.7%	1.4%
Asian & Asian British	24.4%	28.0%	9.8%
Black & Black British	9.8%	12.6%	2.5%
Any other group (Including Chinese)	2.9%	3.3%	1.4%
Undisclosed	6.7%	2.1%	29.5%

Gender

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

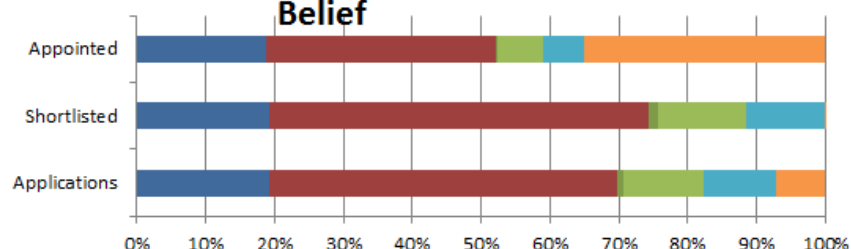
NHS Jobs Equal Opportunitites Report (TRAC) - Gender



Religion & Belief

Over 30% of all applicants, applicants shortlisted and applicants recruited identify as Christian.

NHS Jobs Equal Opportunities Report (TRAC) Religion and Belief

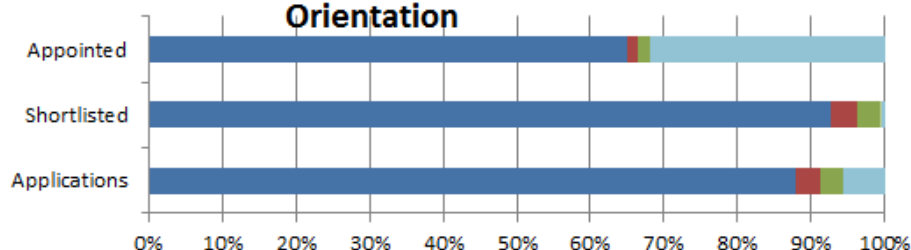


	Applications	Shortlisted	Appointed
Atheism	14.62%	13.85%	16.97%
Christianity	38.01%	39.60%	30.27%
Buddhism	0.86%	0.91%	0.36%
Other	8.75%	9.20%	5.90%
I do not wish to disclose my religion/belief	7.99%	8.32%	5.46%
Not stated	5.37%	0.06%	31.78%

Sexual Orientation

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

NHS Jobs Equal Opportunities Report (TRAC) - Sexual Orientation



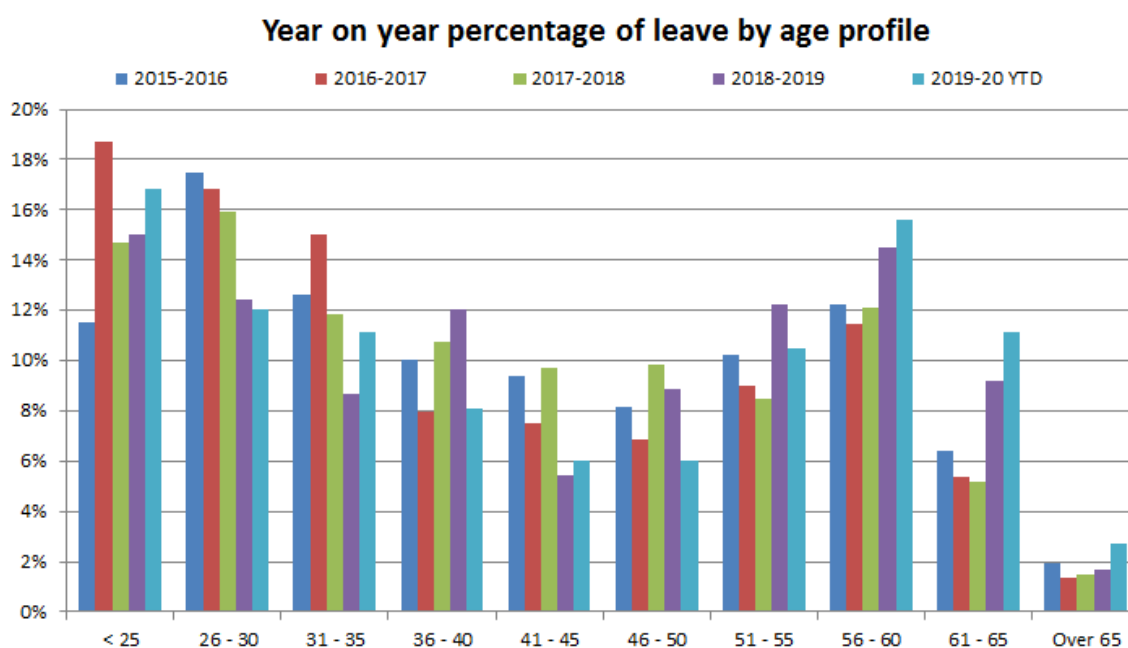
	Applications	Shortlisted	Appointed
Heterosexual or Straight	88.02%	92.70%	64.99%
Lesbian, Gay or Bisexual	3.29%	3.54%	1.58%
I do not wish to describe my sexual orientation.	2.98%	3.22%	1.58%
Other sexual orientation not listed	0.12%	0.16%	0.07%
Undisclosed	5.59%	0.38%	31.78%

4. Staff leaving the Trust

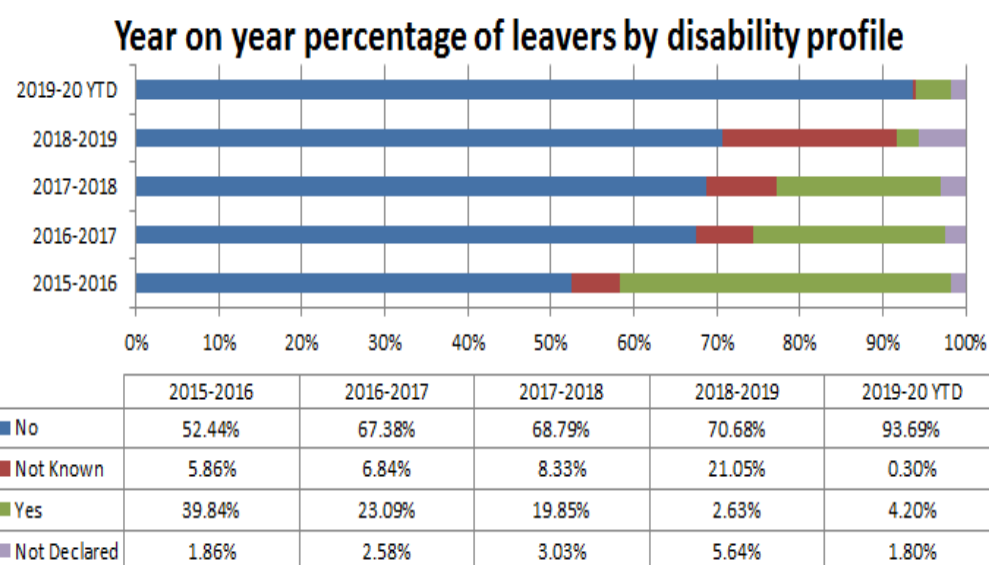
This section shows data regarding staff that left the Trust between 1 April 2015 and 31 December 2019; broken down using the equality and diversity indicators.

Age Profile

During the current year to date, turnover is highest amongst staff aged under 25 age group (16.8%) closely followed by the 56-60 age group (15.6%).

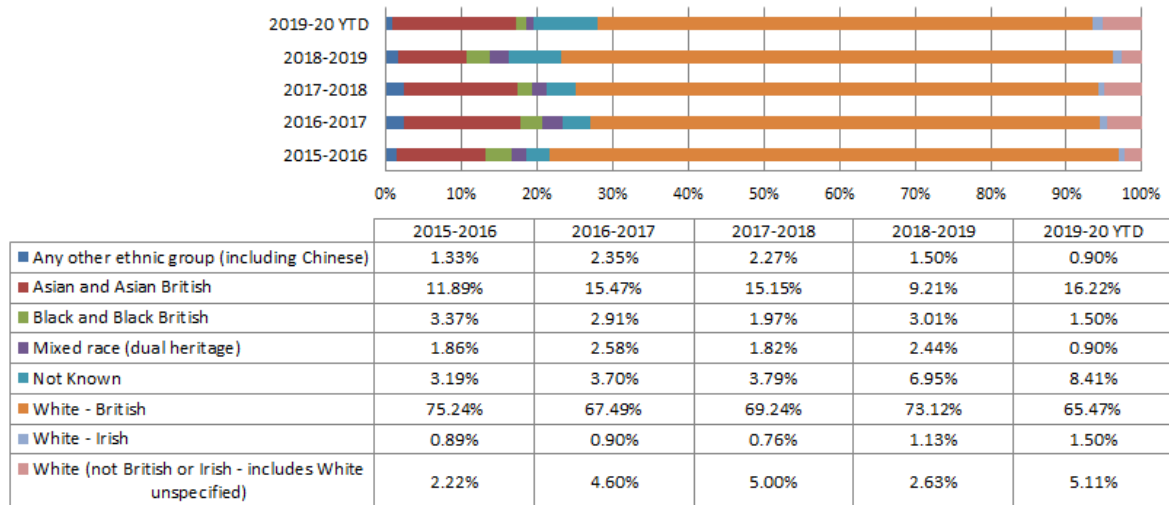


Disability



Ethnicity

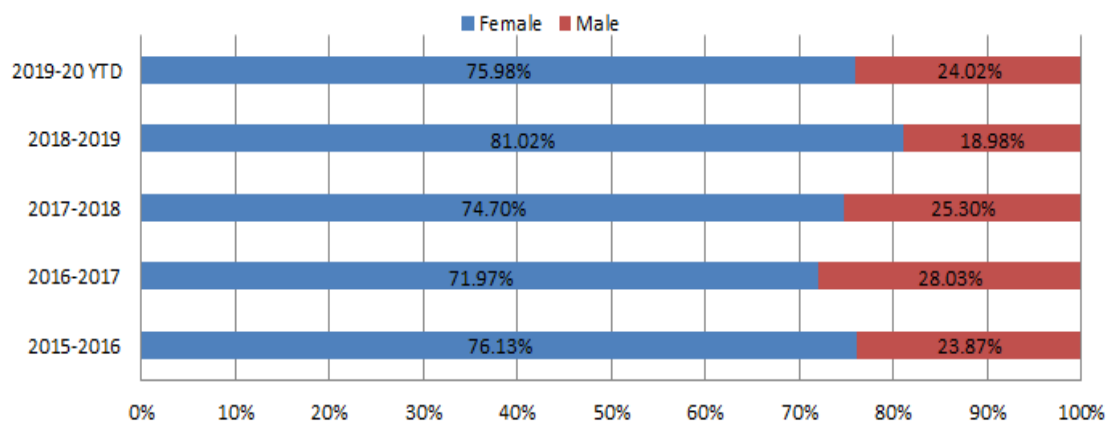
Year on year percentage of leavers by ethnic group profile



Gender

75.9% of turnover is female employees, however with the Trust employing a significantly higher amount of female employees to male this is expected.

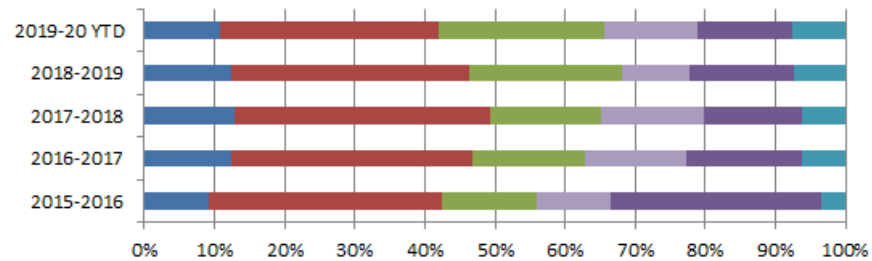
Year on year percentage of leavers by gender profile



Religion & Belief

As with 2018-19, the majority of leavers in 2019-20 are Christians (31.2%),

Year on year percentage of leavers by religion and belief profile

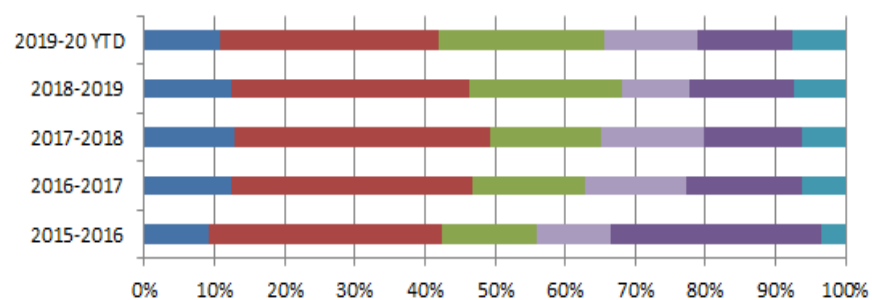


	2015-2016	2016-2017	2017-2018	2018-2019	2019-20 YTD
■ Atheism	9.14%	12.33%	12.88%	12.41%	10.81%
■ Christianity	33.36%	34.42%	36.36%	34.02%	31.23%
■ I do not wish to disclose my religion/belief	13.40%	16.14%	15.91%	21.62%	23.42%
■ Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism)	10.56%	14.46%	14.55%	9.77%	13.51%
■ Not Known	29.99%	16.48%	14.09%	14.85%	13.51%
■ Other	3.55%	6.17%	6.21%	7.33%	7.51%

Sexual Orientation

The majority of leavers in 2019-20 are Heterosexual. (62%) The percentage of Leaver with 'Not Known' sexual orientation has decreased from 15% to 13.5%.

Year on year percentage of leavers by religion and belief profile



	2015-2016	2016-2017	2017-2018	2018-2019	2019-20 YTD
■ Atheism	9.14%	12.33%	12.88%	12.41%	10.81%
■ Christianity	33.36%	34.42%	36.36%	34.02%	31.23%
■ I do not wish to disclose my religion/belief	13.40%	16.14%	15.91%	21.62%	23.42%
■ Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism)	10.56%	14.46%	14.55%	9.77%	13.51%
■ Not Known	29.99%	16.48%	14.09%	14.85%	13.51%
■ Other	3.55%	6.17%	6.21%	7.33%	7.51%

5. Staff profile by pay

The data below is a 'snapshot view' of the pay levels for all Trust employees as at 31 December 2019. This section looks at the organisation pay and measures this against the key equality and workforce indicators.

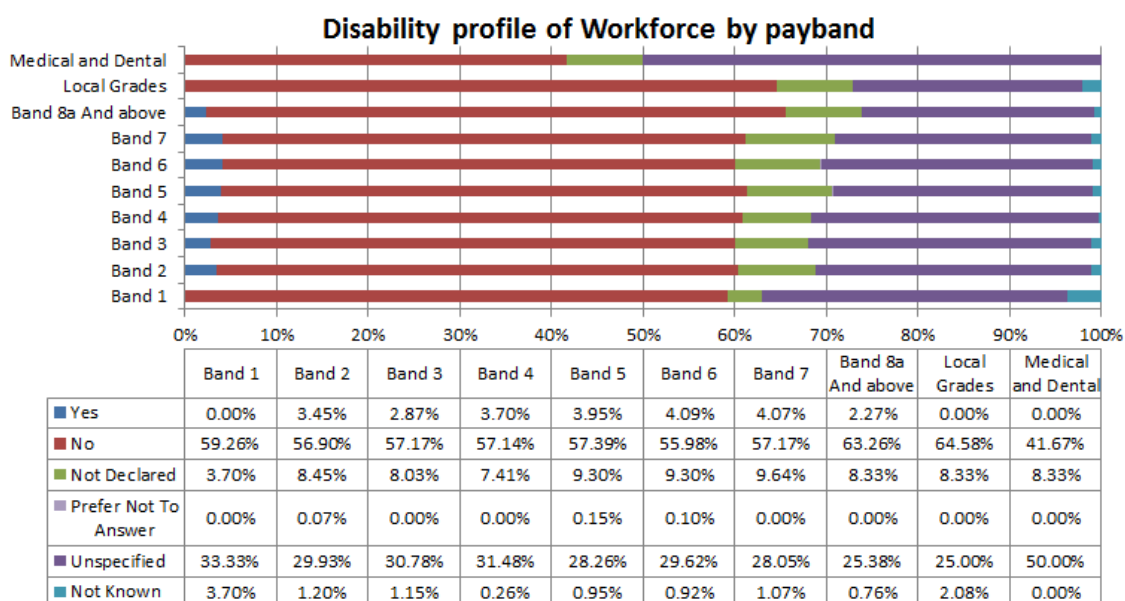
Age Profile

The most common pay band in the Trust is Agenda for Change band 2 with 23% of colleagues in this band. Within band 2 15% of people are in the age bands 51-55 and 56-60 years old.

Age Band	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a And above	Other	Medical and Dental
<25	7.41%	10.70%	14.15%	3.70%	14.06%	3.88%	1.50%	0.00%	48.82%	8.09%
26 - 30	0.00%	10.63%	10.52%	9.52%	16.18%	13.48%	8.14%	1.89%	9.45%	19.90%
31 - 35	3.70%	9.51%	9.94%	7.94%	12.59%	15.83%	11.35%	10.23%	11.81%	13.27%
36 - 40	3.70%	8.80%	8.99%	8.20%	10.83%	14.81%	12.21%	17.05%	2.36%	13.75%
41 - 45	11.11%	6.97%	11.09%	11.64%	11.57%	11.34%	14.35%	15.91%	5.51%	13.43%
46 - 50	11.11%	11.62%	13.77%	18.25%	10.69%	14.61%	17.99%	20.45%	7.09%	13.11%
51 - 55	22.22%	15.00%	12.43%	20.90%	10.32%	15.32%	20.34%	26.52%	7.09%	9.22%
56 - 60	22.22%	15.00%	12.24%	14.81%	9.30%	7.76%	10.71%	5.68%	6.30%	5.34%
61 - 65	11.11%	10.35%	6.12%	3.97%	3.95%	2.66%	2.36%	1.89%	0.79%	2.91%
Over 65	7.41%	1.41%	0.76%	1.06%	0.51%	0.31%	1.07%	0.38%	0.79%	0.97%

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, however there is still 29% of the workforce where information around disability is unknown and colleagues continue "Not specify" their status. Progress has been made with regards data capture within the Trust's information technology systems. These are reviewed on an on-going basis and continuous improvements made.



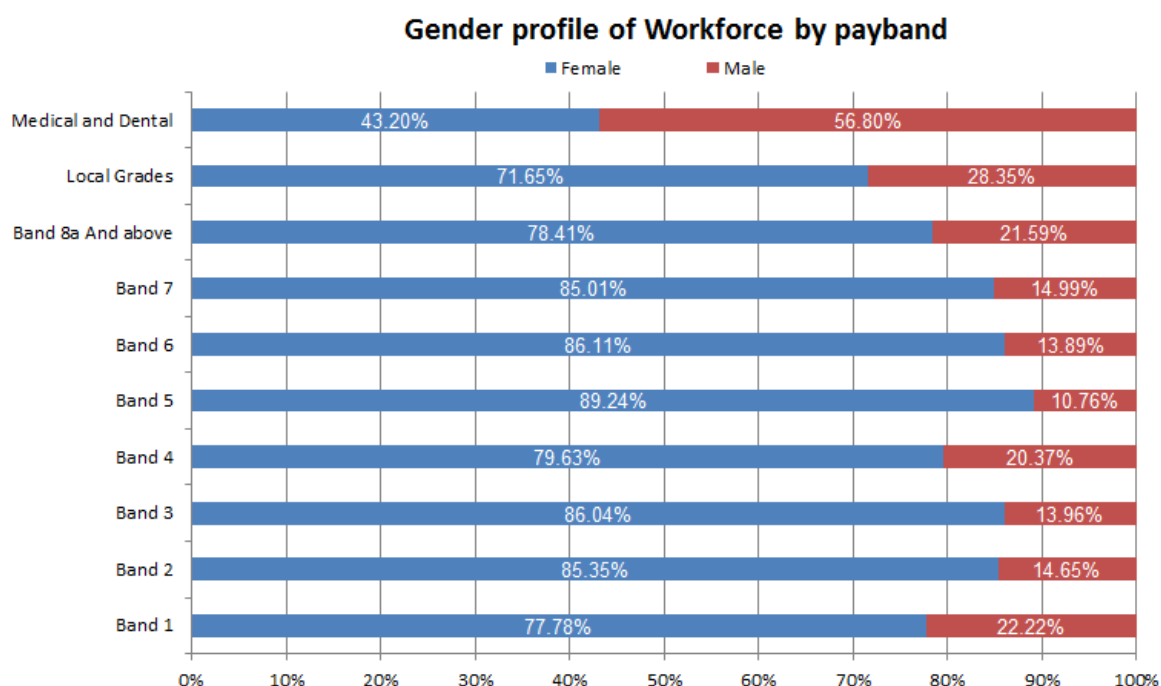
Ethnicity

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

Ethnicity	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a And above	Local Grades	Medical and Dental
White - British	0.00%	0.92%	0.19%	0.53%	2.34%	1.12%	0.43%	0.38%	0.00%	7.61%
White - Irish	3.70%	6.06%	6.12%	3.70%	10.32%	5.62%	4.50%	2.65%	7.09%	35.11%
White (not British or Irish - includes White unspecified)	14.81%	4.15%	1.53%	2.65%	3.37%	1.33%	1.71%	0.38%	1.57%	4.37%
Asian and Asian British	0.00%	2.39%	2.10%	2.12%	1.54%	1.23%	1.71%	1.89%	3.94%	3.07%
Black and Black British	18.52%	8.80%	5.54%	4.50%	3.88%	2.76%	2.57%	1.52%	19.69%	5.18%
Mixed race (dual heritage)	55.56%	75.07%	82.60%	84.92%	75.55%	86.01%	88.44%	92.05%	66.14%	39.16%
Any other ethnic group (including Chinese)	7.41%	1.76%	1.34%	1.06%	2.20%	1.02%	0.43%	0.76%	0.79%	5.50%
Not Known	0.00%	0.85%	0.57%	0.53%	0.81%	0.92%	0.21%	0.38%	0.79%	0.00%

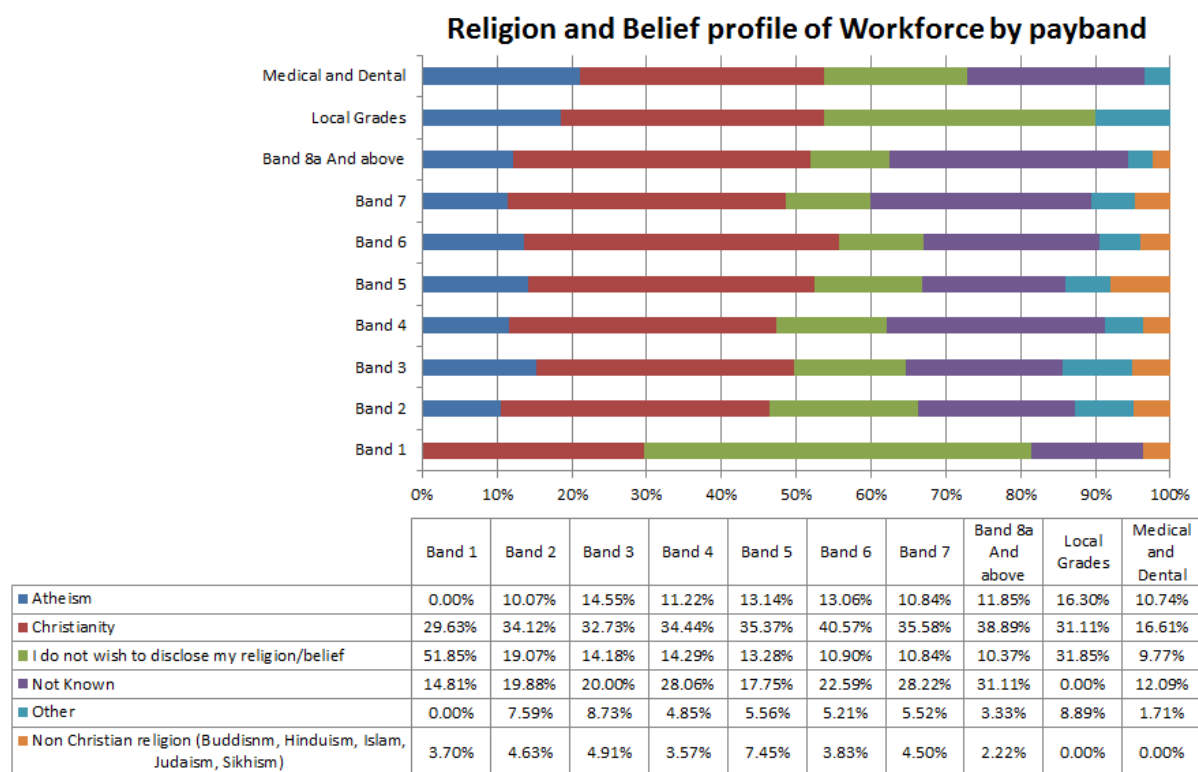
Gender

Men are over-represented in the Medical and Dental pay band (56.8%) compared with the workforce profile as a whole, where the majority of colleagues are female (81.07%)



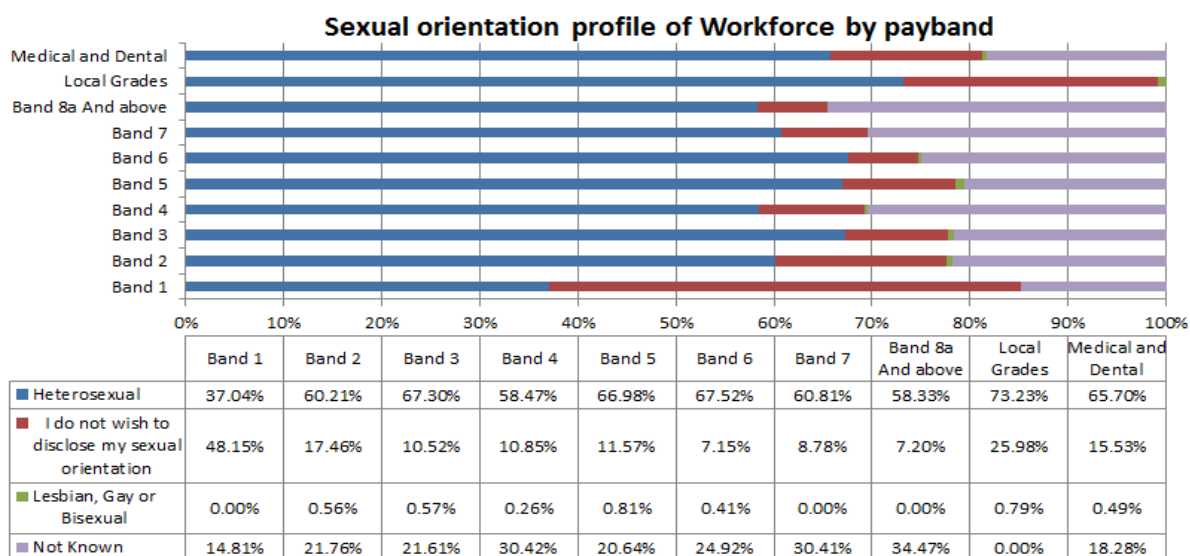
Religion & Belief

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.



Sexual Orientation

“Heterosexual” is the predominant selection across all pay bands. There is still a relatively high proportion of each pay band who do not wish to disclose their sexual orientation (the most significant being in Band 1 (37.04%) and also where the information is “Not Known” with all bands from 1 to 8a and above having at least 14% with this criteria



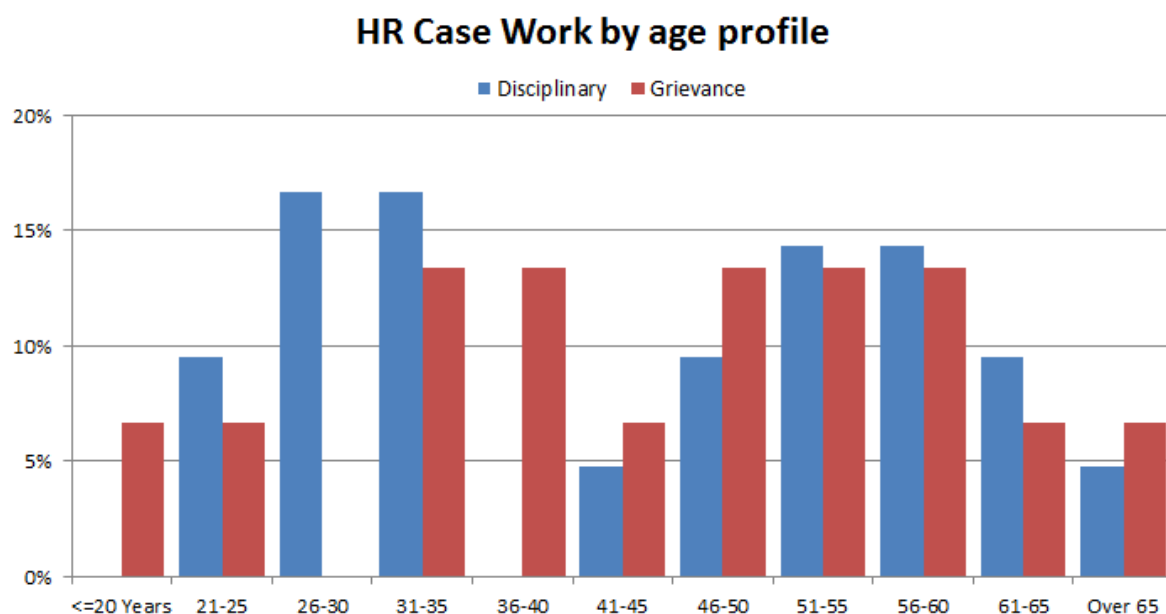
6. Disciplinary, grievance and bullying and harassment

Overall, between January 2019 and December 2019 there were:

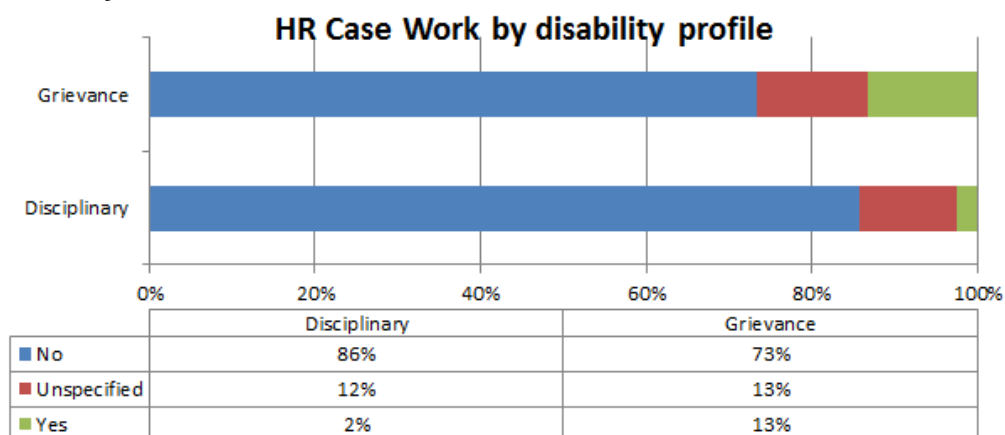
- 42 disciplinary investigations.
- 10 grievance investigations
- 5 bullying and harassment investigations

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.

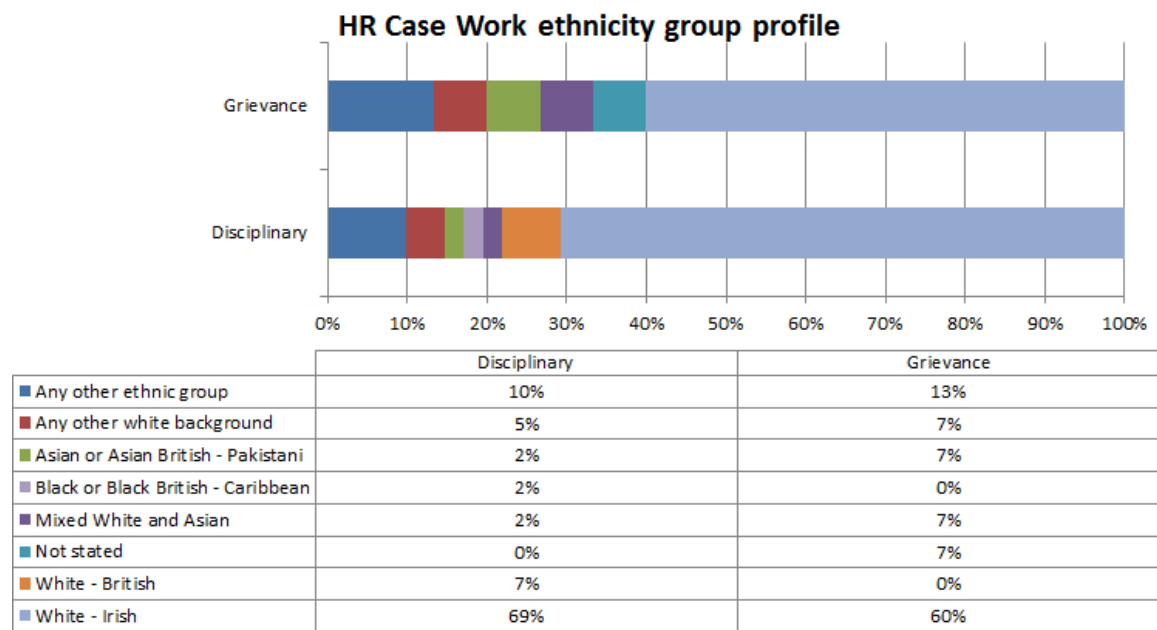
Age Profile



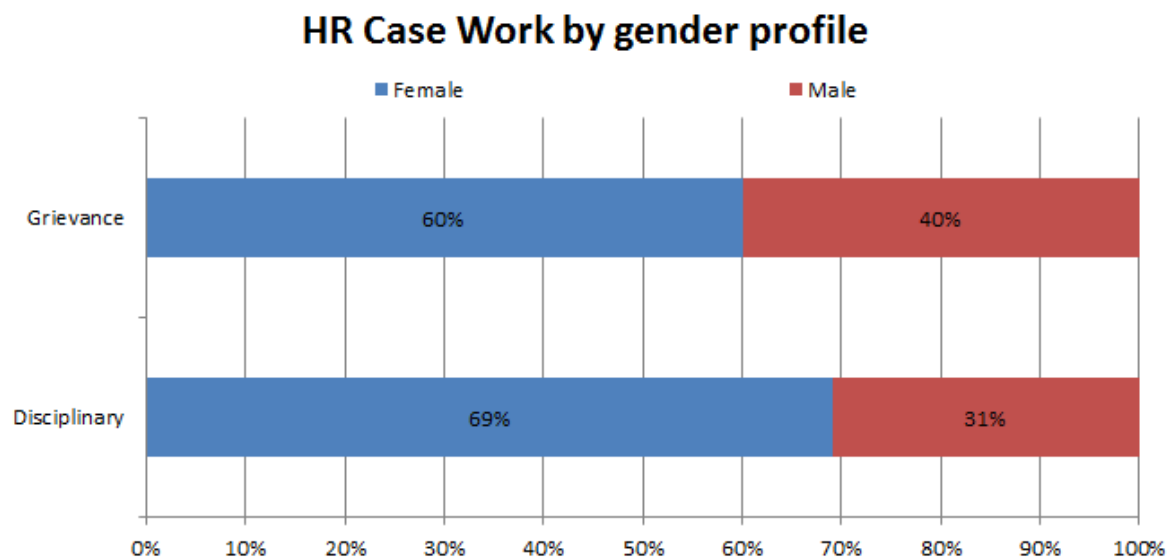
Disability



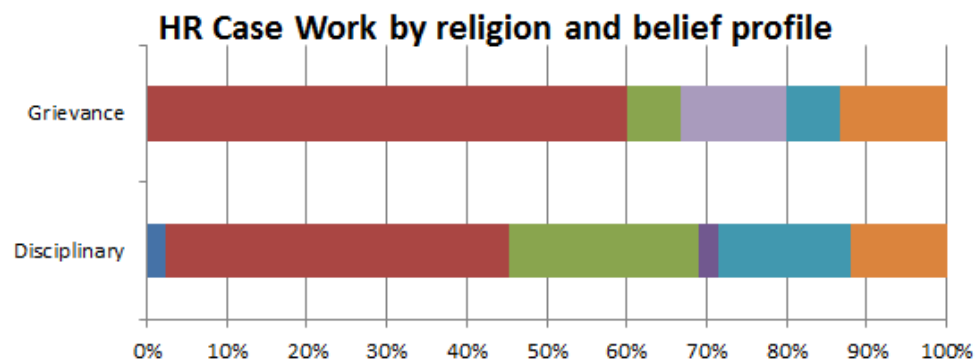
Ethnicity



Gender

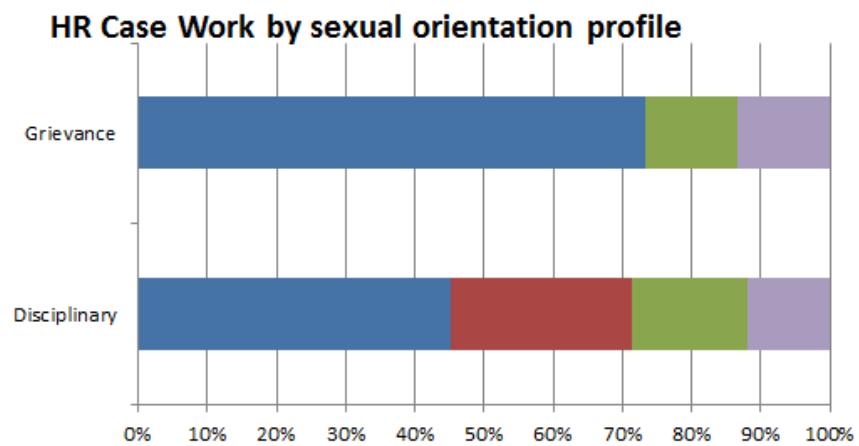


Religion & Belief



	Disciplinary	Grievance
■ Atheism	2%	0%
■ Christianity	43%	60%
■ I do not wish to disclose my religion/belief	24%	7%
■ Islam	0%	13%
■ Other	2%	0%
■ Unknown	17%	7%
■ Unspecified	12%	13%

Sexual Orientation



	Disciplinary	Grievance
■ Heterosexual or Straight	45%	73%
■ Not stated (person asked but declined to provide a response)	26%	0%
■ Unknown	17%	13%
■ Unspecified	12%	13%

7. Policies and programmes in place to address equality issues

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

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

The Trust strives to widen participation into apprenticeship opportunities through ensuring the scheme continues to support people with disabilities, those without qualifications, those from ethnic communities and from areas of significant deprivation into the employment market. CHFT is a lead employer for Calderdale Project Search, an initiative to support young people with learning disabilities to gain valuable work experience. The Trust is an active player in the local job market and through employment it can make a significant difference to life opportunities for its local population as well as impacting health and wellbeing. In most cases, completion of an apprenticeship at CHFT leads to a substantive position and therefore the opportunity to further develop and progress via advanced and higher apprenticeships. So far in 2019/20 CHFT have filled 74 entry level vacancies with apprentices and supported 43 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 was on Disability Status in line with the Workforce Disability Equality Standard (WDES) which is a set of specific measures that will enable the Trust to compare the experiences of disabled and non-disabled staff. This was 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 2019. The WRES is a national equality standard for employment against which all NHS organisations are assessed. The standard has nine indicators and has been developed to improve workforce race equality across the NHS. It aims to improve the opportunities, experiences and working environment for Black, Asian and Minority Ethnic (BAME) staff, and in so doing, help lead improvements in the quality of care and satisfaction for all patients.

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

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

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

8. Improving workforce equality data

In 2019, we have:

- Improved the quality of diversity information stored within the Electronic Staff Record (ESR).
- Encouraged colleagues to update their personal information via ESR Self Service.
- The Trust continued to support and recruit staff using the apprenticeship scheme.
- Published the Workforce Race Equality Standard (WRES) in August 2019 and the Workforce Disability Equality Standard (WDES) in September 2019.

APPENDIX 2

MEMBERSHIP DATA

Membership Representation as at December 2019 by Age, Ethnicity & Gender

	Members	% of total members	Eligible membership*	% of eligible membership
Age (years)				
17-21	35	0.5%	51927	8.2%
22+	7619	99.5%	571194	90.2%
Ethnicity				
White	6557	85.7%	529668	83.3%
Mixed	155	2.0%	9659	1.5%
Asian or Asian British	694	9.1%	79829	12.6%
Black or Black British	212	2.8%	10162	1.6%
Other	36	0.5%	3935	0.6%
Gender				
Male	5008	65.4%	325492	51.4%
Female	2645	34.6%	307761	48.6%
Transgender	1	0.01%	Not available	Not available

* 2011 Census Data

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

APPENDIX 3



Calderdale and Huddersfield
NHS Foundation Trust



Membership & Engagement Strategy 2020 - 2023



Our membership and engagement strategy

This strategy outlines what we will do over the next three years to achieve our vision for membership and engagement, which is that we will be directly accountable to local people by making the best use of our membership communities. It describes the methods we intend to use to create and maintain a representative membership and strengthen engagement and communication with members over the three-year period.

Our membership community

CHFT became a Foundation Trust in 2006, and as such, we are required to have a membership community. A fundamental part of being a NHS Foundation Trust is the way the organisation is structured, based upon the involvement of local people, patients, carers, partner organisations and staff employed by the Trust.

There are three main components to the way a NHS Foundation Trust is structured:

- A membership community made up of local people, patients, carers and staff employed by the Trust
- A Council of Governors consisting of public and staff governors elected from the membership community and also appointed representatives from the Trust's key partners in health and social care
- A Board of Directors made up of a chairman and non-executive directors

One of the greatest benefits of being a NHS Foundation Trust is that the structure helps us to work much more closely with local people and service users to help us respond to the needs of our communities.

We encourage membership applications from all sectors of our communities, to develop a wide and diverse membership, and we try to provide different ways for the people we serve to contribute to the success of our organisation. Through this strategy we aim to build on our existing membership to develop an active and engaged membership community that helps us with our forward plans.

The core benefit of becoming a member is that members have a voice and can be involved in shaping the way services are provided and contribute to the future direction of the organisation. Our strategy describes a number of ways in which we will develop in this area.

You can find out more about membership and how you can become a member via our website: <https://www.cht.nhs.uk/about-us/membership-and-the-council-of-governors/>

Our governors provide the link between members and the Trust and it is the role of the Council of Governors to represent the interests of members and hold the non-executive directors to account for the performance of the Board. It is crucial that governors have the skills and opportunities to engage with members, and our strategy has a particular focus on this area also.

Three Year Membership & Engagement Strategy – 2020 to 2023

Our vision	Together we will deliver outstanding compassionate care to the communities we serve		
Our overall membership objective	We will be directly accountable to local people by making the best use of our membership communities		
Our goals (the result)	Our membership community will be active and engaged; be representative of our local communities and increase year on year	Our governors will have regular, meaningful, two-way engagement with our membership community and members of the public	Our membership community will have a voice and opportunities to get involved and contribute to the organisation, our services and our plans for the future
Our response	We will have a recruitment and engagement plan for the next three years with annual targets for increasing membership numbers	We will have a recruitment and engagement plan for the next three years outlining all our engagement activities	We will have a series of regular events for members
	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	Members will have more opportunities to get involved in service changes and improvement projects
	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	Members will have more opportunities to express their views on service changes and improvement projects
	We will have a number of incentives to attract new members		
	We will have an accurate, up-to-date membership database which allows us to target members who wish to be actively engaged	Our governors will have opportunities to feed back to members and the public information about the trust, its vision, performance and material strategic proposals made by the trust board	Members will have the opportunity to comment on any forward plans
	We will have established links with local organisations through whom we can recruit members	We will have new methods of communicating/engaging with our members, including making more use of social media channels	We will have a Patient Panel through which members and members of the public can feed back on service changes and forward plans