Barking, Havering and Redbridge University Hospitals NHS Trust

DELIVERING HIGH QUALITY CARE WITH PRIDE

Annual Equality Diversity and Inclusion Report 2017/18

We are diverse, we are inclusive, we are you.

LEADERSHIP THE PRIDE WAY

EQUALITY DIVERSITY AND INCLUSION

ANNUAL WORKFORCE REPORT 2017/18

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FOREWORD FROM THE HEAD OF INCLUSION

Welcome to our annual Equality Diversity and Inclusion Report for 2017/18. Valuing the diversity of all our people - our community, patients and staff – is fundamental to realising our vision to provide outstanding healthcare to our community delivered with pride.

London is the most diverse city in the United Kingdom in terms of demographics. Understanding the characteristics of our people is fundamental to our work and monitoring information is included in the appendices to this report. It is important that as our challenges are addressed we do not lose sight of the need to ensure a positive experience for our people.

Understanding the changes in our communities is also important. We have evidence to better understand this from the Equality Screening undertaken in March 2016 on the potential impact of the proposals set out in the North East London Sustainability and Transformation Plan (STP) draft submitted to NHS England on 21 October 2016.

North East London faces a population growth of about 120,000 people in the next five years. This is expected to be differentially high in ethnic groups at increased risk of some priority health conditions. Over 15 years the increase is expected to be about 345,000 people. A particular highlight is that North East London faces a stiff challenge in diabetes prevention, as the biggest components of its expected population growth are in ethnic groups at higher risk and which may be harder to reach.

The report details initiatives, work and activities throughout 2017/18. However, we know there is more to do from our Workforce Race Equality Standard Analysis and annual NHS Staff Survey findings. Improving our services to patients is also key as at the heart of our success as an organisation is the involvement of our patients, their relatives, carers and community to give them the best experience of care possible.

There is no room for complacency in these areas so the report concludes by setting out our direction of travel. Our aim in 2018/19 is to raise the bar and act decisively to make our hospitals more inclusive, where our people are valued and treated as individuals and supported to achieve our aspirations.

This report draws strongly on our staff and patient experience and what they have shared about our hospitals as places to work and receive care. We will continue to collaborate and ensure these powerful voices are heard.

Claire O'Toole
Head of Inclusion

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1. ABOUT US

Our 6,551 staff and our volunteers deliver primarily acute hospital care to the populations of Barking, Havering, Redbridge and Essex. Our staff work hard to deliver services that reflect our Trust PRIDE behaviours of passion, responsibility, innovation, drive and empowerment, all of which are strengthened by our commitment to equity, diversity and inclusion.

Our hospitals have been on an improvement journey and in March 2017 we came out of Special Measures. We have continued to build on the improvements we have made, mindful of the contemporary research that clearly demonstrates diverse and inclusive workplaces increase staff engagement, retention, productivity and service user satisfaction. There is also increasing evidence that positive staff and patient experience leads to positive clinical outcomes and organisational performance.

2. THE COMMITMENTS THAT UNDERPIN OUR WORK

Our priority in 2017/18, as with our services, was to listen and act on what our staff and patients told us about how we could improve our hospitals as places to work and receive care. Collaboration and co-design are key to success in these areas.

To provide outstanding care for our local community, we need to be hospitals where our staff are motivated and supported. We respect the diversity of everyone who works for us.

This ensures our patients are cared for, and our staff work in, a culture that embraces and acts on equality, diversity and inclusion. Successful organisations are those in which diversity is celebrated and every person feels valued and is respected.

Many of our staff live locally and are key stakeholders in what we do. We will continue our work and ensure their voice and that of our people is at the forefront of what we do.

3. OUR STATUTORY AND NATIONAL OBLIGATIONS

We are required to comply with the Equality Act 2010. This protects people from being treated less favourably because they have the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

A requirement of the Act is that public sector organisations ensure equality, diversity and human rights are embedded into all our functions and activities. This is also a requirement of the Human Rights Act 1998 and NHS Constitution, updated 2015. We must ensure service users and staff with protected characteristics are not discriminated against and we must publish information annually, as detailed in this report, to demonstrate our progress.

The equality strategy "Building a fairer Britain" 2012, sets out the Government's vision for a strong, modern and fair country built on the two principles of equality: equal treatment and equal opportunity. As a provider of health care services and local employer we must make a significant contribution to realising these principles in our communities. The Health and Social Care Act 2012 also places a duty of care on us to tackle health inequalities.

In April 2015 the NHS Equality Delivery System2 (EDS2) and NHS Workforce Race Equality Scheme (WRES) were mandated. This was because equality and inclusion issues within healthcare were too often viewed as side issues to the real work. We now publish this annual report after our annual WRES submission to ensure this is referenced and a driver of our overall approach.

Our EDS2 and WRES goals for 2017/18 are a result of active stakeholder involvement and therefore reflect an understanding of the actual issues colleagues face and what they want to address. We have

also looked to our own local data analysis and staff survey findings as well as the increasing body of research on the challenges facing protected groups in the workplace.

Our Steering Group and Ethnic Minorities Network have contributed to determining our staff focused NHS Equality Delivery System 2 objectives for 2017/18:

- tackling stereotypes through raising awareness of unconscious bias and how to manage this in key settings such as shortlisting, interviewing, Performance Reviews
- aspire: ensuring BAME staff are able to realise their full potential

In 2016/17 we agreed two staff objectives which we have rolled over to 2017/18:

- promote diversity at all levels
- address bullying and harassment

We engaged with our Steering Group and Network members to understand how better to promote diversity at all levels and gained a clear insight into a range of actions which are being taken forward in 2017/18.

A Workforce Disability Equality Standard (WDES) for the NHS is currently being consulted on. It is anticipated this will be mandated and launched in 2019 with local reports first due in August 2019. We welcome the introduction of the WDES and have used this in 2018 as a platform and driver to hear the voice of our disabled staff and ensure they are supported.

4. OUR YEAR 2017/18

The following details our activities, highlights progress and other actions in 2017/18.

5. OUR YEAR 2017/18 WORKFORCE

5.1 NHS Equality Diversity and Human Rights Week May

Our local themes this year were diverse, inclusive and together. These were drawn from our 2016 annual NHS Staff Survey as they were identified as values that we could improve on. As in 2016, we used the week to engage with our people, creating opportunities to share experiences, ideas and suggestions. The following activities were held:

- **Drop in event, 15 May:** staff invited to come by for a coffee, share experience, stories, ideas and suggestions to help make our hospitals truly inclusive
- **People's Calendar walkabout, 16 May:** opportunity for staff to contribute to our People's Calendar, telling us what holy days, special events and cultural festivals mean the most to them so we can ensure they are celebrated
- **Menopause Awareness Training, 17 May**
- **Disabled staff breakfast, 18 May:** opportunity for staff with a disability or long term condition to tell us how we can better support them at work
- **LGBT lunch, 18 May**: hosted by LGBT staff for LGBT staff
- **EDI steering Group, 18 May:** open to all staff as part of the month so they can hear about what we are doing across the equality, diversity and inclusion agenda

78% of our workforce are female and the menopause awareness training was suggested by our Staff Side Equalities Lead. It was such a success we went on to hold three further sessions in year.

During the month we wanted to engage with our disabled and LGBT+ staff. We did this successfully and have created informal networks of disabled and LGBT staff who are championing how we can better support staff in the workplace.

We were represented at the NHS Employers Disability Summit during the week. Learning from the day has informed how we are improving the support available to staff.

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5.2 Joint conference with North East London Foundation Trust (NELFT) June

We planned and delivered a joint conference with our colleagues at NELFT, out second annual event together. This followed NHS Equality Diversity and Human Rights Week 2017 to provide a collaborative platform to involve and engage people across our organisations.

The conference was open to all our people - staff, volunteers, patient representatives and stakeholders. 120 attended and gave positive feedback. Our aim was to create a space to bring people together and consider the importance of diversity and inclusion to us as health care providers and large employers.

The conference highlighted the importance of equality and diversity in everything we do, fundamental to our mutual goals to be fair, inclusive and responsive to individual need in the services we provide and how we support our staff and volunteers.

We had an inspirational key note speaker, Miles Hylton Barber, blind adventurer and international motivational speaker. Other speakers included Professor Dame Elizabeth Anionwu and Alex Gwynne of Stonewall and the conference included an interactive session with ENACT Solutions. Entertainment was provided by IROKO Theatre Company with traditional African story telling and drumming.

5.3 Dignity at work month July

We held our first Dignity at Work month in response to our goal to create a culture of respect where poor behaviours are not tolerated. Our aim was to create a highly visible and active demonstration of our commitment to addressing concerns about inappropriate behaviour in the workplace.

When planning for the month we took into account our local drivers. Each week had a theme and supporting events:

- **Week One, “Let’s start the conversation”**
  - cross site atrium events and pop ups promoting start small and have a genuine conversation, promotion of NHS Personal Fair and Diverse Champions
- **Week Two, “Supporting and engaging with our staff”**
  - world café events providing staff with opportunities to share lived experiences and stories and review/input into our Dignity at Work Policy review
  - talk on what we can learn from our Employee Assistance Programme interactions
- **Week Three, “Partnership Working”**
  - Dignity at Work themed Joint Staff Council
  - Dignity at Work focused Equality Diversity and Inclusion Steering Group
- **Week Four, “Speaking Up”**
  - talk on what we can learn from the Guardian Service
  - talk by Steve Turner, NHS Whistleblower Turned Campaigner of Care Right Now
  - talk on what we can learn from how we interact with our patients by Sara Turle, Patient Partner, “Make Me Visible”

Throughout the month we promoted the NHS Employers Personal Fair and Diverse initiative. This campaign encourages staff from across health and social care organisations to be part of a network of champions who are committed to taking action, however small, to create a personal, fair and diverse NHS and within our hospitals championing PRIDE values and behaviours. We now have over 60 champions across the Trust. The following wordle captures the pledges they made as part of becoming a Champion:

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Our Communications plan included an Executive Lead article in the Link and twitter #DAWMonth to create an extended platform for engagement and to promote our activities. We also produced leaflets on meaningful conversations and prompted managers to talk to their staff as part of the month.

We promoted the use of Appreciative Inquiry as a positive methodology for communicating and engaging with each other.

Locally, our clinical divisions got involved and held their own discussions. As a part of the #DAWMonth it was important we took the message to the front-line, especially as many clinical colleagues are unable to leave clinical areas to participate in the corporate activities.

To ensure we captured as many individuals as possible we visited wards/departments on our #DAWMonth walkabouts, communicated through divisional newsletters, added a section in the Essential Skills for Managers Training and championed the subject at local speciality/business meetings.

On the 29 September we held a welcome and lunch for the Personal, Fair and Diverse Champions. Paul Deemer, Head of Diversity and Inclusion at NHS Employers, and one of the creators of the champions initiative, led the session. We discussed and agreed how the role can support making our hospitals better places to work, free from bullying, harassment and discrimination. The aim, with the Champions input and agreement, is to create a network of knowledgeable and empathetic points of information and support for staff as well as a collective voice to tap into as appropriate

5.4 Publication of our Workforce Race Equality Standard Report (WRES), August

We are committed to acting on our WRES analysis which supports our compliance with the Equality Act 2010. Our 2017 WRES action plan in year was largely driven through our Ethnic Minorities Network meetings and members raising and discussing the actions they believe from personal and shared will make a difference.

Mandated in 2015 the main aims of WRES are to:

- improve workplace experiences and employment opportunities for BME people
- address race inequalities in the recruitment process
- improve BME representation at Senior Management and Board level
- provide better working environments for the BME workforce
- support achievement of our NHS Equality Delivery System2 goals in relation to a representative workforce

We published our report with a complimentary action plan.

We have had frank conversations about our WRES indicators and BME staff experience as reported in the 2017 Staff Survey. We continue to challenge ourselves.

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5.5 Black History Month October

Our aim this year was to have events appealing to a broad range of tastes to broaden engagement and provide platforms to share our approach to equality, diversity and inclusion.

BME Network members planned for and led activities throughout the month. This was a great example of engagement and ownership.

We had a series of musical events - steel pans and African drumming and storytelling - in our public spaces for all our people - patients, visitors and staff.

Our great speakers spoke to a range of subjects:

- acclaimed author Stephen Bourne spoke about the contribution of black Britons, many of African and West Indian heritage, in the Second World War
- Akala, MOBO award winning artist, writer, historian, gave a talk on black history in Britain
- Vasco Stevenson, African history lecturer and health campaigner, led a discussion on black men and health

Throughout the month contacts for our Ethnic Minority Network grew.

5.6 Our Leaders Agreement launched, November

We launched our Leaders' Agreement. This sets out the behaviours we expect from all our leaders working across our hospitals and what they can expect from our Board.

It is a standard created to facilitate change in our existing culture so all have the power to make the improvements that matter most to our patients and staff.

The agreement captures behaviours that support and promote inclusion.

5.7 Implementation of our new approach to addressing workplace concerns, January

Following Dignity at Work month, working in partnership with Staff Side colleagues and our mediators, we discussed, agreed and implemented in January 2018 a new approach to dealing with concerns about behaviour in the workplace.

This is based on restorative practice and is designed to be:

- more inclusive
- less adversarial
- quicker
- engaging and positive with outcomes that support sustained behavioural change

We now offer restorative practice as an alternative to mediation. The approach has been embraced successfully, enbabling colleagues to rebuild and repair relationships and sustain these going forward.

5.8 International Women's Day, March

We closed the year with a celebration of International Women's Day and 100 years since women got the vote. We were delighted to welcome back Professor Dame Elizabeth Anionwu OBE to our hospitals. An inspiring talk was followed by a display of women's achievements over the last 100 years, social gathering and cake and conversation corner for networking and sharing experiences.

5.9 Annual NHS Staff Survey findings 2017, March

Our annual NHS Staff Survey findings are an important source of intelligence and feedback from our staff on our progress in relation to equality, diversity and inclusion. Findings were published nationally in March.

Our response rate increased in 2016 to 43.2% with 2537 complete surveys compared to a response rate of 37% with 2093 completed surveys in 2015.

An analysis of our survey responses by available demographic characteristics showed the following high level themes:

- men and women report a broadly similar experience
- disabled staff report a poorer working experience across a significant number of key findings
- the experience of white and BAME colleagues varies depending on different factors for each group
- our younger (16 – 30) and older (51 +) staff report a poorer experience compared to colleagues in the 31 – 50 age range, again depending on different factors

The findings help us understand our people's responses to the following important questions:

- do our people have equal opportunities within our employment?
- how might the experience of our people at work be different if they possess a protected characteristic?
- do we have any evidence of discrimination on the grounds of a protected characteristic (directly or indirectly)?

Sharing the staff survey findings and our people demographics locally to really understand what these are telling us is a critical part of our stakeholder engagement approach in 2017/18.

Percentage scores: calculated as the percentage out of 100 of respondents who gave a specific answer to a question, or a defined set of responses to a series of questions
Scale scores: calculated by assigning numbers to a series of responses, and calculating the average score on a scale of 1 to 5 with 5 being the higher or better response

The survey includes key findings that are used in our 2018 Workforce Race Equality Standard Report.

5.10 Mary Seacole Programme

We supported two BME staff to be part of this NHS leadership Academy initiative, a six month leadership development programme designed by the Academy in partnership with global experts, Korn Ferry Hay Group.

It aims to provide the balance between learning the theory and putting it into practice. Designed for those looking to move into their first formal leadership role, or those new to first time leadership, it empowers people to turn their success into consistent team success and to champion compassionate patient care.

On successful completion our delegates had this to say:

"I was proud to have attended this programme. I have attended lots of training before but the difference with Mary Seacole is that it allows you to go back into work the very next day, observe how things can change and reflect back. I also found the cross-system learning element of it very valuable – you can mix with other people outside your own environment". Promise Phillips, Quality and Safety Advisor - Anaesthetics

"The Mary Seacole programme provides learning in a wide range of leadership approaches. The face to-face sessions were fantastic because it allowed me to gain knowledge on the practical aspects of leadership. I have done lots of training but I found the programme interesting. Most of the online

learning translates so well into the day Job. I would definitely recommend it !!!!.''. Ucheoma Ugoji, Biomedical Scientist

6.0 IMPROVEMENT THROUGH INCLUSION

We commenced two key projects supported by the NHS London Leadership Academy (LLA) in January in 2018 to improve BME Staff experience which we are collectively calling “Improvement through Inclusion”:

- realising and promoting BME talent: supported by the LLA Talent Management Innovation Fund to encourage innovative Talent Management activity across London and support the sharing of good practice and learning through a community of practice and run a pilot talent management and mentoring programme for BME staff internally.
- making recruitment processes more inclusive: supported by the LLA Inclusion Lab initiative to identify bespoke local initiatives to improve inclusion through our internal improvement programme, The PRIDE Way

The aim of these two programmes is to create the conditions for inclusive recruitment so our BME talent can realise opportunities for growth and career progression.

7.0 ENSURING THE DIVERSITY OF OUR PEOPLE IS CELEBRATED ALL YEAR ROUND

Our People’s Calendar celebrates the cultural, religious and spiritual events that are important to our people throughout the year. This ensures events, highlighted to us by our staff, patients and visitors, are celebrated throughout the year. This is an organic, grass roots initiative that we will continue to promote and grow throughout the year. Celebrations in 2017 included Ramadan and Diwali.

Diwali celebration

Rosh Hashanah Jewish New Year

8.0 IMPROVING BME STAFF EXPERIENCE

Our Ethnic Minority Network is well established and members initiate and deliver supporting actions and ideas.

Our main data sources on BME staff experience are the annual NHS Staff Survey and NHS Workforce Race Equality Standard (WRES).

WRES particularly supports outcomes 3 and 4 of the NHS Equality Delivery System 2 (EDS2) to ensure a representative and supported workforce and inclusive leadership. Our complimentary EDS2 goals are published in our annual Equality Diversity and Inclusion Report 2016/17.

The Network and contacts continue to grow.

9.0 TRAIN/DEVELOP/PROMOTE LINE-MANAGERS WITH SENSITIVITY TO EQUALITY, DIVERSITY AND INCLUSION (EDI)

We are committed to training, developing and promoting line-managers with sensitivity to engagement, EDI, unconscious bias and micro-aggressions.

EDI is a theme throughout our training programmes from our "Get On" band 2 to 6 development programme through to Horizons and Dynamics for senior leaders. We have also designed and delivered masterclasses on "Understanding diversity and how to unlock your potential and that of your teams".

We have incorporated unconscious bias into our Personal Performance Review training.

Training in equality diversity and inclusion is mandatory for all staff. We ensure robust compliance with the 95% target for completion. We also offer bespoke training when requested.

A session is also delivered on our volunteers induction.

10.0 TOWARDS A POSITIVE INCLUSIVE CULTURE

We are committed to moving from a deficit to positive culture as this creates the conditions for celebrating diversity and being truly inclusive.

How we respond when conflict arises in the workplace is a key indicator of how inclusive we are, is how we support staff in difficult circumstances.

We promote Appreciative Inquiry as a positive culture tool with training sessions and masterclasses. Our PFD Champions will be trained in Appreciative Inquiry so the reach of this is across all areas of our hospitals.

Key to our cultural shift work is engaging with our senior and divisional leaders as key enablers of supporting actions, thereby enabling them to model positive behaviours such as those in the Leaders Agreement.

11.0 ON BOARDING

We have committed to all staff having a consistently good induction and being informed of initiatives relevant to them eg the BME Network, LGBT+ get togethers. We currently have a programme in place to improve the on-boarding experience with the aim of creating standards so all new starters get a fair and inclusive experience. We have introduced a new managers induction where we promote our work in these areas.

12.0 PARTNERSHIP WORKING

We have a Staff Side Equalities Lead who works with the Head of Inclusion.

As part of the Inclusive Recruitment Project we will be proposing a mandatory training package for lead recruiters.

13.0 IMPROVING DISABLED STAFF EXPERIENCE

In the 2016 NHS Staff Survey our staff that responded and declared a disability reported a poorer experience in 28 out of the 32 key findings.

We started to hear the voice of our disabled staff at the Disabled Staff breakfast during NHS EDI week. A member of staff came to the August meeting to share her powerful experiences of becoming disabled during the course of her employment with the Trust.

During Dignity at Work month we heard more stories about how we can support our disabled staff and those with long term conditions. We are finalising a Managers guide for supporting these staff,

working with our Personal Fair and Diverse Champions to ensure this reflects and responds to specific staff experience. The Guide will be launched at our next Dignity at Work month in June 2018.

Our Champions have already been introduced to our new Dignity at Work approach. Divisions have been introduced to their Champions and our next step is to create a proactive group driving positive change based on the Community of Practice model. We will engage with the Champions on action planning in response to our 2017 NHS Staff Survey findings.

We have yet to engage as fully with our disabled staff as we would like and understand if a Network or similar would be supported. We have however approached Disability Rights UK to partner on work that will bring staff and patients together to explore disability as an asset when understanding how we can better support staff, patients, carers and visitors.

14.0 ENSURE OUR LESBIAN, GAY, BISEXUAL AND TRANS (LGBT) COLLEAGUES ARE VISIBLE, HAVE A COLLECTIVE VOICE AND ARE COMFORTABLE TO USE IT

Anecdotal evidence suggests there is a degree of comfort in being LGBT in our hospitals. However, this voice has come from few numbers and we continue to create opportunities to hear our LGBT staff voice.

During NHS Equality Diversity and Human Rights week a group of staff came together and agreed to be LGBT Leaders for our hospitals. They will ensure LGBT activities and events are incorporated into the People's Calendar and we now have a calendar of LGBT activities published.

15.0 OUR PATIENTS

We have been on a significant improvement journey since being placed in special measures in 2013 and coming out of these in 2017. Our improvements have been cited in the Driving Improvement Report by the Care Quality Commission. This explores how eight NHS trusts, including us, have made significant changes, improving the quality of care provided to patients and ensuring a better CQC rating in the process. All of these map back to the CQC five key questions.

Our Patient Experience Strategy enables and empowers staff to put the patient experience at the heart of all we do. We recognise the moral and ethical case for a health system that considers what matters to individuals, respecting diversity and thereby being more inclusive.

We continue to work collaboratively with Patient Partners to ensure their perspective is understood and acted on to improve services. We continue to grow the number of our Patient Partners.

Our Accessible Information Standard (AIS) Task and Finish Group continues to meet, ensuring the health needs of people with communication needs are considered and appropriate adjustments made.

We are able to understand patient experience through the Friends and Family Test. A particular drive is to ensure response rates are high and to regularly share findings with services areas. We also have a number of groups that regularly meet who have responsibility for ensuring improvements in access to services for specific groups e,g, Deaf Patient Access Group, Visually Impaired Patient Access Group, Learning Disabilities Group. Each of the groups is responsible for helping to identify any concerns or gaps in accessibility that impacts on a patient group due to their health condition.

We continue to support staff to recognise and overcome patient access barriers for people with communication, physical and sensory impairment. We have translating and interpreting services and access to other support options such as large print documents, Braille, hearing loops or signing.

Patient partnership working is central to that we do. Our Patient Experience Strategy recognises the importance of partnership working which is one of the three strategy strands. We have a strategic Patient Partnership Council with patient partners who lead their own workstreams within the Trust.

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Each PPC is aligned to a Division and is part of the make-up of that Division. In addition, we have operational patient partners on many groups, committees and workstreams across the Trust.

Ensuring the needs of our more vulnerable patients were understood and met was the priority for our Patient Experience Team in 2017/18.

15.1 Deaf Patient Access Group

The Deaf Patient Access Group has continued to meet. A work plan, based on issues the deaf community advised are the most important to resolve, was prepared. Following this we worked with the Royal Association for the Deaf (RAD) and Queen's Hospital become the first NHS organisation to achieve the RAD Quality Mark in March 2017 in recognition of being a deaf aware hospital. We have continued to work towards King George receiving the RAD Gold Standard this year.

We have introduced British Sign Language videos on our website and in our hospitals, giving deaf patients information about accessing services and emergency care.

In 2017/18 we trained 132 Trust staff in deaf awareness and how to improve communication for people with a hearing impairment.

15.2 Learning disability

We are committed to ensuring the views of patients with a learning disability, their family and carers are heard to ensure needs are met. We have signed up to the Mencap Charter.

We have a designated Learning Disability Liaison Nurse and Paediatric Learning Disability Nurse who support our patients and staff to provide excellent care through the provision of:

- practical support and information for families and carers
- expert advice and support
- learning disability awareness training
- up to date information and policies

A Trust Learning Disability Working Group was established in April 2014 to ensure the Trust meets its statutory obligations and delivers good practice. Members include local people with a learning disability and their family, Trust Learning Disability Champions as well as representatives from local Community Learning Disability Teams, Healthwatch, advocacy services, commissioning and provider services. Easy read minutes are also available on the Trust external learning disability web.

Since its introduction the Group has taken action to improve service delivery for patients. Initiatives implemented, many with the involvement of local advocacy and Learning Disability Services, include:

- Paediatric Learning Disability Phlebotomy Service, shortlisted for a National Patient Safety Award in 2017
- Learning Disability Liaison Nurse Team recognised as outstanding by the CQC
- easy read leaflets and communications
- introduction of a Hospital Passport for children with learning disabilities.
- improved Treatment Plan and Transitional documents for patients with a Learning Disability
- quarterly workshops with external speakers
- de-mystifying what happens in a hospital environment with regular social visits for patients and carers to different parts of the hospital

A sub group meets at the Avelon Road Centre to ensure the views of a wider, more diverse user group are captured and feed into the Working Group.

We now have 80 Safeguarding and Learning Disability Champions across our hospitals.

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15.3 Hello my name is…

"Hello, my name is…" was started by Dr Kate Granger, who passed away in 2016 after a battle with cancer. Her campaign was designed to improve the first impressions of patients and their families in hospitals and has been adopted by NHS Trusts nationally.

We have added further elements to "Hello, my name is.." at BHRUT. We have set some introduction principles which include asking people how we can help and explaining clearly what we are doing. This is now presented to staff at Corporate Welcome events and student nurse inductions to ensure that all staff joining the Trust are aware of our expectations.

We have conducted two audits in to how well these introduction standards are being used across the Trust and we are engaging student volunteers to undertake twice yearly audits going forward.

15.4 Accessible information standard

The Accessible Information Standard (AIS) ensures that we provide information and communicate with people with a disability, impairment or sensory loss in a way that meets their needs. It also aims to ensure that a patient's communication and information needs are recorded and shared effectively with and between health and social care services.

The Task and finish group established to ensure the Trust is meeting the AIS. Each of the divisions are represented on the group along with ICT, administrative services and Healthwatch colleagues. We have made progress in a number of areas. Focus going forward is on how we ensure our patient information systems are working in a way that enables staff to record and flag AIS needs of our patients. We also need to develop our links in this area with the CCG's as in many cases, the first contact where an AIS need should be identified is at a GP referral.

Over 90% of BHRUT staff have completed the basic AIS online training. This training is now mandatory for all staff. Divisions have identified AIS champions who have undertaking an advanced AIS training module on BEST.

We have created Accessible Information Standard pages on the internet and intranet to provide information about how we are supporting our visitors who have additional communication or information needs and how that support can be accessed.

We have added Browse Aloud software to our website to visitors can access information about our hospitals in a way that is accessible and relevant to their needs.

15.5 Patient stories

Everyone has experienced the power of narrative and storytelling at some time or another in their professional or personal lives, or both. Patient stories have continued to play an important role in our hospitals and are part of our Board meetings and new staff induction programme.

In 2017/18 we continued to use Patient Stories to inform care and decision-making at all levels. Patient stories are taken to staff corporate induction and Trust Board meetings.

15.6 Patient headboards

We continue to use magnetic symbols on patient headboards to highlight important information and the following magnets are used to alert staff members to individual patient needs:

- more time please, for patients with learning disabilities
- hearing difficulties
- sight difficulties
- dementia
- memory loss

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We regularly audit and report on the use of magnets.

15.7 Dementia care

We are recognised by the Dementia Action Alliance as a Dementia Friendly Trust. Our patients and staff are also supported by a dedicated Dementia Team who provide advice and support as well as ensure patients receive appropriate dedicated care.

Patients with dementia admitted to our hospitals receive specialist and personal care. Our Dementia Team includes senior registered nurses and healthcare assistants. Members are on hand to support the care we provide to meet individual needs.

The senior nurses in the Team also provide services away from wards - from training staff to helping carers find support for their loved ones.

We have strong ties to our community care colleagues, including the Memory Clinics in all three of our Boroughs and Community Psychiatric Services to support diagnosis.

Our focus in 2017/18 was to improve care for our people with dementia. We have:

- introduced Integrated Care Management multi-disciplinary teams of GP's, community matrons, social services and geriatricians to collectively discuss complex patients with high service usage
- introduced a new referral system for dementia patients at risk of emergency admission or who need urgent investigation; these patients are now referred via the Frail Older People Advisory Liaison Service
- rolled out dementia friendly modifications on our elderly care wards, including painting colour-coded bays, installing time and date clocks, and using signs on toilet doors and walls.
- trained 2,900 staff
- all our Executive directors have undergone Dementia Friend awareness training
  embedded our Dementia Team across our hospitals which has had a positive impact on the Dementia CQUIN and led to improved diagnosis rates in older people; over 90% of our patients over the age of 75 have received dementia screening as part of the Dementia National CQUIN

15.8 Patient and Stakeholder engagement

The Patient Partnership Council (PPC) which brings our patient partners and staff together to help improve the quality and safety of the care we provide has completed its first full year and conducted an annual review. Following a review of the membership in 2017, the PPC changed the way that members were aligned with areas.

There is now a PPC member for each division in addition to the Chair and the staff members who support the group. This has enabled each PPC member to develop a closer relationship with the division. This is supported by regular with the Divisional Nurse/ Manager in addition to undertaking observations in the division, meeting patients and service users.

The Council is our primary patient forum, helping us oversee patient and public involvement and providing our hospitals with independent and objective recommendations for the way we care for our patients. The work of the Council touches on all aspects of the care we provide, services and pathways, with a particular focus on:

- Emergency Care
- Outpatient s
- The Older Person
- Maternity & Women's Health

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- Surgery
- Specialist Medicine
- Cancer and Clinical Services
- Children and Young Persons
- Learning Disabilities
- Anaesthetics

Our Patient Experience, Engagement and Assurance Group,, continues to be an important forum for our staff to discuss patient feedback and Trust performance in the Friends and Family Test. Each month a Division presents to the group to share what the Division is doing to improve Patient Experience.

15.9 Blind and Visual Impairment Access

In 2017/18 we established a blind and visual impairment patient access group. The group reflects the deaf patient access group, with terms of reference and action plan for activity to improve the experiences of our blind and visually impaired patients and visitors.

We have improved signage to the Eye clinic and we also secured funding for six vision impairment awareness training sessions which will be delivered in 2018/19.

15.10 Communicating with our patients

Our patients expect care that is respectful and responsive to their individual needs and values. The data we collect, and how we use it, is fundamental to understanding if we are making improvements in response to feedback. We need to ensure there is uniformity in the way patient is collected, analysed and displayed. We use a range of methods to collect positive and negative feedback and this is shared with our divisions to support learning and service improvement.

We have worked in 2016/17 to improve how we communicate. Initiatives that recognise the diversity of our patients include:

- making our Friends and Family surveys available to as many patients as possible
- introduction of new ways for patients with communication needs to provide feedback
- use of hearing and sight difficulty magnets to alert staff to individual patient needs

Examples of improvements we have made as a direct result of feedback include adjustments to an Outpatient clinic setting to improve the experience of children with autism and a new child and young people's A&E at Queen's with a welcoming, non-threatening environment.

16.0 CLOSING COMMENTS

It is a privilege carrying out my role in such a diverse organisation. The richness of the conversations led by BME colleagues and the honesty with which experiences are shared is invaluable.

It is these experiences which sit behind our WRES analysis and it is evident in 2017 our Trust must take decisive action as detailed above.

I hope this is the year our BME colleagues - and as a result all of us – experience a seachange as we start to deliver our commitment to be hospitals that are truly diverse, inclusive and together.

A key focus in 2018/19 will be the development of an Equality Diversity and Inclusion Strategy as we believe this will enable the cultural conditions in which we can be truly inclusive.

7.0 STATEMENT OF INTENT 2018/19

The evidence supporting the importance of equality and diversity in our NHS shows these are fundamental to:

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- our reputation: a good reputation attracts talent from all communities, helping us meet service needs
- we provide better care when our people reflect the diversity of our users and community
- recruitment and retention: valuing diversity enables us to recruit and retain the best
- excellence: people work and perform better when their diversity is valued and due care is given to ensuring a culture of respect and support
- organisations that embrace and act on diversity and inclusion are ones in which positive workplace relationships can thrive

In support of our operational plan objective to be an employer of choice we want to attract and retain the very best people to work with us, developing and supporting them to flourish and deliver excellent performance whatever their role. This ensures consistent and high quality of care and a better work experience.

Successful workplaces are those in which diversity is celebrated and every person feels valued for their contribution.

A report published in August 2011[1], based on the NHS staff survey results, further demonstrates the case for diversity. The researchers analysed how NHS staff experience at work links with performance and quality measures. The research highlighted the link between ethnic discrimination against staff and patient satisfaction and demonstrated the greater the proportion of staff from a BME background who experience discrimination at work the lower the levels of patient satisfaction

Claire O'Toole
Head of Inclusion

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[1] NHS Staff Management and Health Service Quality Michael West and Jeremy Dawson

Data

The following table confirms the different data sources used - please note different sources use classifications that vary for some datasets and some figures have been rounded up.

Data	Source
Local population	March 2011 national census. This forms the most comprehensive data set on the population and its characteristics and is used to inform national and local policy and spending decisions, identify community needs and shape local priorities.
Patients	Trust systems, Medway for Inpatients and Symphony for A&E. Data is based on the 2016 calendar year. The category of unknown is where data has not been captured on these systems.
Workforce	Our workforce data is drawn from our national NHS Electronic Staff Record as at the 1 March 2018. This is a national system and we are bound to use the pre-determined categories for data entry and reporting.
Rounding up	Please note percentages have been rounded up or down in line with usual conventions for ease of reference. Small percentages of less than 1% are denoted by <1%.

Please note the following explanations for some data classifications:

Category	Definition
I do not wish to disclose	A member of staff has chosen not to disclose the characteristic requested
Other	A member of staff's preferred characteristic is not a stated option
Unknown	No record is held on the Electronic Staff Record

According to the 2011 censures our hospitals covered a local population of 667,551 broken down as follows:

Population combined	Barking and Dagenham	Havering	Redbridge
667,551	175,603	224,248	267,700

Our workforce of 6,551 treated or supported the following patient attendances:

A&E	Elective	Non Elective	Outpatients
163981	7968	53092	694435

3.2 Gender

3.2.1 Local population

	Barking and Dagenham	Havering	Redbridge
Males	48%	48%	49%
Females	52%	52%	51%

3.2.2 Patients 2018

Gender Group	A%E		Elective		Non elective			Outpatients
	No.	%	No.	%	No.	%	No.	%
Female	130868	51	4516	56	31587	53	477155	65
Male	124881	49	3578	44	27473	47	262367	35
Not Known	318	<1	--	--	11	<1	96	<1
Not Specified	22	<1	--	--	1	<1	25	--
Unknown	--	--	--	--	--	--	1	--

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Unknown/Indeterminate	1	--	--	--	--	--	--	--
Grand Total	**256090**	**100%**	**8094**	**100%**	**59072**	**100%**	**739644**	**100%**

3.2.3 Workforce 2018

Gender	Number	%
Males	1501	23%
Females	5050	77%

3.3 Ethnicity

3.3.1 Local population

Ethnicity	Barking and Dagenham	Havering	Redbridge
White	57%	95%	50%
Asian	14%	2%	30%
Black	17%	1%	12%
Chinese	<1%	<1%	1%
Mixed	<1%	<1%	5%
Other	<1%	<1%	<%

3.3.2 Patients 2018

Ethnic Group	A&E		Elective		Non elective		Outpatients	
	No.	%	No.	%	No.	%	No.	%
Any other Black background	3975	2	81	1	686	1	8566	1
Any other ethnic group	9024	4	150	2	1491	3	18939	3
Any other mixed background	2455	<1	28	<1	358	<1	4460	<1
Any other White background	27130	11	503	6	4560	8	63069	9
Asian - other	10275	4	218	3	1996	3	26001	4
Bangladeshi or British Bangladeshi	8373	3	126	2	1351	2	21894	3
Black African or Black British African	14308	6	287	4	2534	4	36267	5
Black Caribbean or Black British Caribbean	5603	2	152	2	1159	2	14716	2
Chinese	807	<1	36	<1	155	<1	3261	<1
Indian or British Indian	17319	7	388	5	3547	6	51357	7
Mixed White and Asian	1050	<1	8	<1	149	<1	1732	<1
Mixed White and Black African	1760	<1	29	<1	229	<1	3115	<1
Mixed White and Black Caribbean	1968	<1	36	<1	255	<1	3778	<1
Not Set	150	<1	--	--	--	<1	9	<1
Not Stated	3865	2	27	<1	308	<1	9368	1
Pakistani or British Pakistani	14167	6	234	3	2541	4	36226	5
Refused	75	<1	2	<1	16	<1	246	<1
Unknown	7178	3	114	1	618	1	24697	3
White British	124796	49	5616	70	36577	62	407651	55
White Irish	1812	<1	59	<1	542	<1	4292	<1
Grand Total	**256090**	**100%**	**8094**	**100%**	**59072**	**100%**	**739644**	**100%**

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3.3.3 Workforce

55% of our workforce are white compared to 45% who are black and minority ethnic. The following table shows the diversity amongst our workforce:

Ethnic Origin	Total	%
An unlisted ethnic group	140	2
Asian or Asian British but Unlisted	413	6
Asian or Asian British:Bangladeshi	107	2
Asian or Asian British:Indian	510	8
Asian or Asian British:Pakistani	177	3
Black or Black British but not Caribbean or African	231	4
Black or Black British:African	769	12
Black or Black British:Caribbean	189	3
Chinese	50	<1
Filipino	332	5
Mixed:Other Mixed Background	67	1
Mixed:White & Asian	29	<1
Mixed:White & Black African	27	<1
Mixed:White & Black Caribbean	40	<1
Not stated or unavailable	90	1
White but not British or Irish	526	8
White:British	2711	41
White:Irish	143	2
Grand Total	6551	100.00%

3.4 Religion

3.4.1 Local population

Religion	Barking and Dagenham	Havering	Redbridge
Christian	69%	76%	51%
Buddhist	<1%	<1%	<1%
Hindu	1%	<1%	8%
Jewish	<1%	1%	6%
Muslim	4%	1%	12%
Sikh	1%	<1%	6%
Other	<1%	<1%	<1%
No religion	15%	13%	10%
Not stated	8%	8%	7%

As well as Christianity we have a large number of different religions in our communities and workforce; our Spiritual and Pastoral Care Team provide support to all, religious or not, based on the principle our hospitals treat the soul as well as the body.

3.4.2 Patient main religions

	A&E		Elective		Non Elective		Outpatients	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Christian	24314	10	531	7	4096	7	61878	9
Church of England	61381	25	3313	44	21068	38	235624	34
Hindu	8802	4	220	3	1823	3	28839	4
Muslim	32167	13	532	7	5531	10	81679	12
None	33619	14	824	11	6039	11	72337	10
Not Set	31668	13	542	7	4593	8	57084	8
Roman Catholic	19995	8	793	11	5234	9	64805	9

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Sikh	7098	3	155	2	1431	3	20264	3
Unknown	23304	10	637	8	5716	10	70088	10
Grand Total	242348	100%	7547	100%	55531	100%	692598	100%

3.4.3 Workforce

Religious Belief	Total	%
Atheism	495	8
Buddhism	61	<1
Christianity	3571	55
Hinduism	362	6
Did not wish to disclose my religion/belief	554	8
Islam	535	8
Jainism	9	<1
Judaism	36	<1
Other	370	6
Sikhism	101	2
Undefined	457	7
Grand Total	6551	100.00%

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3.5 Disability

3.5.1 Local population

	Barking and Dagenham	Havering	Redbridge
Population with long term illnesses	15%	17.6%	16%

3.5.2 Patients

We are unable to accurately report on the disability of our patients.

3.5.3 Workforce

Disabled	Total	%
No	5809	89
Not Declared/ Prefer not to say	61	<1
Unknown	513	8
Yes	168	3
Total	6551	

The figures to the left are from ESR; these numbers are in stark contrast to our 2017 annual NHS Staff Survey when out of 2869 respondents, 495 (19%), stated they are disabled.

3.6 Age

3.6.1 Local population

Area	16 - 17	18 - 19	20 - 24	25 - 29	30 - 44	45 - 59	60 - 64	65 - 74	75 - 84	over 85	Mean age	Median age
Barking and Dagenham	5,246	4,805	13,053	14,971	43,463	29,955	6,799	9,276	6,982	3,063	33	32
Havering	6,439	5,787	14,976	14,662	46,289	47,853	14,561	20,561	15,660	6,056	40	40
Redbridge	7,527	6,721	18,894	23,814	64,231	48,962	12,578	16,817	11,553	5,015	36	34
Sub total	19,212	17,313	46,923	53,447	153,983	126,770	33,938	46,654	34,195	14,134	Total: 546,569	
Total %	4%	3%	9%	10%	28%	23%	6%	9%	6%	3%		

3.6.2 Patients

Age Group	A&E		Elective		Non elective		Outpatients	
	No.	%	No.	%	No.	%	No.	%
Under 16	61710	24	325	4	5732	10	52242	7
16 - 25	29800	12	297	4	4279	7	58421	78
26 - 35	34955	14	533	6	5775	10	136782	18
36 - 45	28381	11	763	9	5318	9	84113	11
46 - 55	26623	10	1268	16	5973	10	89367	12
56 - 65	21130	8	1481	18	6170	10	97553	13
66 - 75	19442	8	1777	22	7816	13	105741	14
Over 75	34049	13	1650	20	18009	30	115425	16
Grand Total	**256090**	**100%**	**8094**	**100%**	**59072**	**100%**	**739644**	**100%**

3.6.3 Workforce

Age Range	Total	%
16 – 25	453	7
26 – 35	1606	25
36 – 45	1673	26
46 – 55	1662	25
56 – 65	1011	15
66+	146	2
Total	6551	100%

The younger age group in our local population is under represented in our workforce.

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3.7 Sexuality

3.7.1 Local population

Lesbian, gay, bisexual and transgender	Barking and Dagenham	Havering	Redbridge
	10%	10%	10%

3.7.2 Patients: we do not collect data on the sexuality of our patients.

3.7.3 Workforce

Sexual Orientation	Total	%
Bisexual	45	<1
Gay/lesbian	69	1
Heterosexual	5369	82
Did not wish to disclose	568	9
Unknown	500	8
Total	6551	100%

3.8 Marital status

3.8.1 Local population

	All categories: Marital and civil partnership status	Single (never married or never registered a same-sex civil partnership)	Married	In a registered same-sex civil partnership	Separated (still legally married, still legally in a same-sex civil partnership)	Divorced or formerly in a same-sex civil partnership now legally dissolved	Widowed or surviving partner from a same-sex civil partnership

Barking and Dagenham	137,613	39%	42%	<1%	4%	9%	6%
Havering	192,844	33	49%	<1%	2%	8%	8%
Redbridge	216,112	35%	50%	<1%	3%	6%	6%

3.8.2 Patients

Marital Status	A&E		Elective		Non elective		Outpatients	
	No.	%	No.	%	No.	%	No.	%
Divorced/Dissolved Civil partnership	8567	3	542	7	2963	5	32948	4
Married/Civil Partnership	79181	31	4378	54	24936	42	376722	51
Not disclosed	274	<1	6	<1	92	<1	496	<1
Not Set	18657	7	349	4	2663	5	26311	4
Parted/Separated	2454	1	120	1	655	1	8692	1
Single	126289	49	1941	24	19029	32	225327	30
Unknown	7922	3	195	2	2274	4	28404	4
Widowed/Surviving Civil Partner	12746	5	563	7	6460	11	40744	5
Grand Total	**256090**	**100%**	**8094**	**100%**	**59072**	**100%**	**739644**	**100%**

3.8.3 Workforce

	civil partnership	divorced	legally separated	married	single	unknown	Widowed
Number	40	321	54	3357	2369	353	57
%	<1	5	<1	51	36	5	<1

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Appendix B

ADDITIONAL WORKFORCE ANALYSIS

The following tables follow the national WRES Indicator conventions. They show the % of white and BME staff at May 2017. In line with WRES recommendations the breakdowns differentiate between clinical and non clinical roles.

ALL STAFF 2017

	White		BME	
AfC Band/grade	Number	%	Number	%
2	579	57	426	42
3	453	70	188	29
4	388	5	97	20
5	527	49	546	51
6	529	45	636	54
7	419	62	239	36
8	245	65	127	34
9	20	80	5	20
Non Consultant Medical grades	336	35	556	59
VSM*	18	82	2	9
Grand Total	3514	100	2822	100

ALL STAFF 2016

	White		BME	
AfC Band/grade	Number	%	Number	%
2	668	62	405	38
3	398	75	131	25
4	369	82	80	18
5	476	43	630	57
6	474	44	603	56
7	352	57	265	43
8a, b and c	219	64	123	36
9	17	81	4	19
Non Consultant Medical grades	215	37	374	63
VSM	13	81	3	19
Grand Total	3201	100	2618	100

NON CLINICAL 2017

	White		BME	
AfC Band	Number	%	Number	%
1	3	60	2	40
2	130	75	39	23
3	286	78	78	21
4	318	82	65	17
5	111	73	42	27
6	54	68	26	33
7	45	66	23	34
8a, b and c	87	67	41	32
9	10	83	2	17
VSM	17	81	2	10
Grand Total	989	77	279	22

NON CLINICAL 2016

	White		BME	
AfC Band	Number	%	Number	%
1	2	40	3	60
2	151	80	30	16
3	270	78	69	20
4	296	82	58	16
5	101	71	41	29
6	50	75	16	24
7	50	68	22	30
8a, b and c	69	62	40	36
9	8	80	2	20
VSM	13	65	3	15
Grand Total	989	77	279	22

CLINICAL 2017

	White		BME	
AfC Band/grade	Number	%	Number	%
2	449	53	387	46
3	167	60	110	40
4	70	69	32	31
5	416	45	504	54
6	475	43	610	56
7	374	62	216	36
8a, b and c	158	64	86	35
9	10	77	3	23
Non Consultant Medical grades	336	35	556	59
Consultant	125	38	200	62
Grand Total	2780	100	2704	100

CLINICAL 2016

	White		BME	
AfC Band/grade	Number	%	Number	%
2	517	55	375	40
3	128	66	62	32
4	73	77	22	23
5	375	38	589	59
6	424	40	587	56
7	302	54	243	43
8a, b and c	130	61	77	36
9	9	75	2	17
Non Consultant Medical grades	215	33	374	58
Consultant	108	34	180	56
Grand Total	2164	46	2329	50

There are pockets of over and under representation of BME staff across all bands and roles.

The following additional analysis is drawn from our Electronic Staff Record.

Whilst more than three quarters of our workforce are female they are under represented in bands 8a to Very Senior Manager as shown in the adjacent table.

4.1 Pay band by gender

Pay Band	Female	%	Male	%	Both	%
Band 2	763	12%	197	3%	960	15%
Band 3	628	10%	95	1%	723	11%
Band 4	471	7%	57	<1%	528	8%
Band 5	932	14%	124	2%	1056	16%
Band 6	1029	16%	181	3%	1210	18%
Band 7	567	9%	145	2%	712	10%
Band 8a	259	4%	140	2%	399	6%
Band 9	17	<1%	12	<1%	29	<1%
non AfC	384	6%	550	8%	934	14%
Grand Total	5050	77%	1501	23%	6551	100%

4.2 Pay band by ethnicity

	Pay band	2	3	4	5	6	7	8	9	Non AFC
BME	Number	431	217	116	13	644	273	131	4	523
	%	7%	3%	2%	<1%	10%	4%	2%	<1%	8%
White	Number	494	489	406	426	530	417	262	25	331
	%	8%	7%	6%	6%	8%	6%	4%	<1%	5%
Not stated	Number	35	17	6	28	36	22	6	-	80
	%	<1%	<1%	<1%	<1%	<1%	<1%	<1%	-	1%

BME staff are under represented at bands 7 to 9.

4.3 Pay band by disability

Pay Band	No	Not Declared/ Prefer not to say	Undefined	Yes	Total
Band 2	839	7	96	18	960
Band 3	636	5	54	28	723
Band 4	478	2	32	16	528
Band 5	970	8	36	42	1056
Band 6	1073	12	106	19	1210
Band 7	594	10	85	23	712
Band 8a	340	1	48	10	399
Band 9	28	-	1	-	29
non AfC	851	16	55	12	934
Total	5809	61	513	168	6551

4.4 Pay band by age

Age range	16 - 25		26 - 35		36 - 45		46 - 55		56 - 65		66+	
Band	No	%	No	%	No	%	No	%	No	%	No	%
2	88	1%	199	22%	235	7%	231	3%	176	3%	31	<1%

3	61	<1%	143	16%	126	2%	192	3%	174	3%	27	<1%
4	43	<1%	100	17%	104	2%	131	2%	131	2%	19	<1%
5	132	2%	321	24%	266	4%	215	3%	110	2%	12	<1%
6	73	1%	313	25%	360	5%	312	5%	140	2%	10	<1%
7	3	<1%	151	20%	219	3%	235	4%	98	1%	6	<1%
8	1	<1%	68	17%	127	2%	140	2%	59	<1%	4	<1%
9	-	-	-	-	9	<1%	14	<1%	6	<1%	-	-
non AfC	52	<1%	341	36%	227	3%	192	3%	117	11%	37	<1%

4.5 Pay band by marital status

Pay Band	Civil Partnership	Divorced	Legally Separated	Married	Single	Unknown	Widowed	Grand Total
2	7	58	6	482	343	58	6	960
3	10	54	8	370	240	24	17	723
4	2	41	6	263	192	15	9	528
5	6	44	15	473	474	34	10	1056
6	4	42	11	659	436	52	6	1210
7	7	33	4	424	212	27	5	712
8	1	26	1	230	111	29	1	399
9	-	2	-	17	8	1	1	29
non AfC	3	21	3	439	353	113	2	934
Total	40	321	54	3357	2369	353	57	6551

4.6 Pay band by sexual orientation

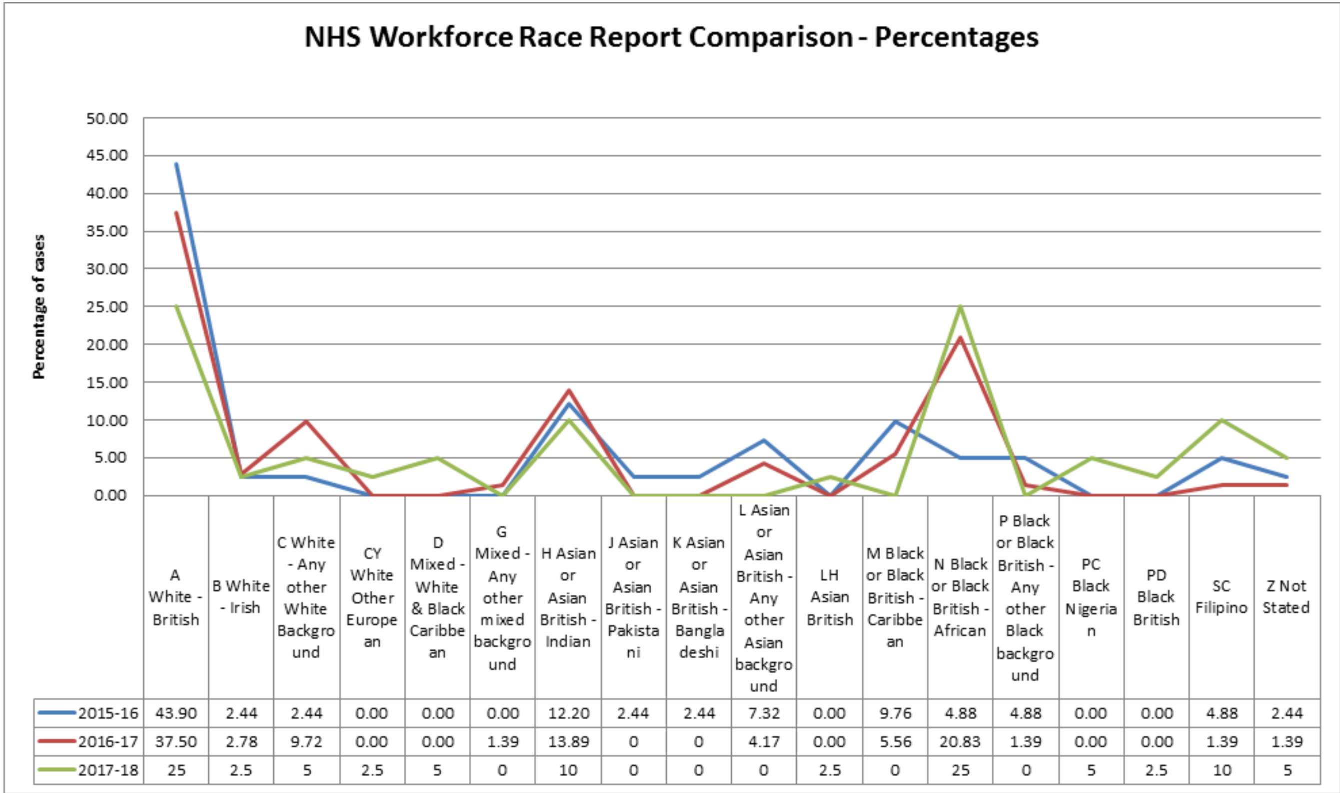
Pay Band	Bisexual	Gay or Lesbian	Heterosexual	I do not wish to disclose my sexual orientation	Undefined	Grand Total
2	10	10	754	90	96	960
3	6	8	591	67	51	723
4	2	3	451	35	37	528
5	5	11	928	71	41	1056
6	11	6	983	110	100	1210
7	3	13	574	50	72	712
8	4	8	322	25	40	399
9	-	1	24	3	1	29
non AfC	4	9	742	568	62	934
Total	45	69	5369	568	500	6551

Appendix C

WORKFORCE RELATIONS

6.1 Employee Relations activity 2017/18

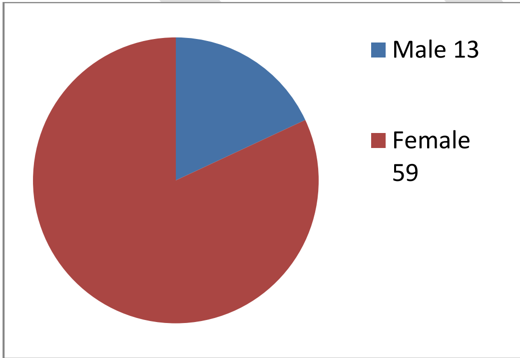
In 2017/18 we recorded 64 formal cases. The following tables show cases by demographics.

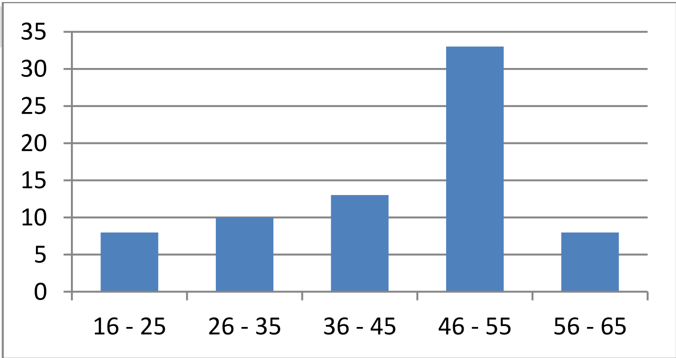


	A White - British	B White - Irish	C White - Any other White Background	CY White Other European	D Mixed - White & Black Caribbean	G Mixed - Any other mixed background	H Asian or Asian British - Indian	J Asian or Asian British - Pakistani	K Asian or Asian British - Bangladeshi	L Asian or Asian British - Any other Asian background	LH Asian British	M Black or Black British - Caribbean	N Black or Black British - African	P Black or Black British - Any other Black background	PC Black Nigerian	PD Black British	SC Filipino	Z Not Stated
2015-16	43.90	2.44	2.44	0.00	0.00	0.00	12.20	2.44	2.44	7.32	0.00	9.76	4.88	4.88	0.00	0.00	4.88	2.44
2016-17	37.50	2.78	9.72	0.00	0.00	1.39	13.89	0	0	4.17	0.00	5.56	20.83	1.39	0.00	0.00	1.39	1.39
2017-18	25	2.5	5	2.5	5	0	10	0	0	0	2.5	0	25	0	5	2.5	10	5

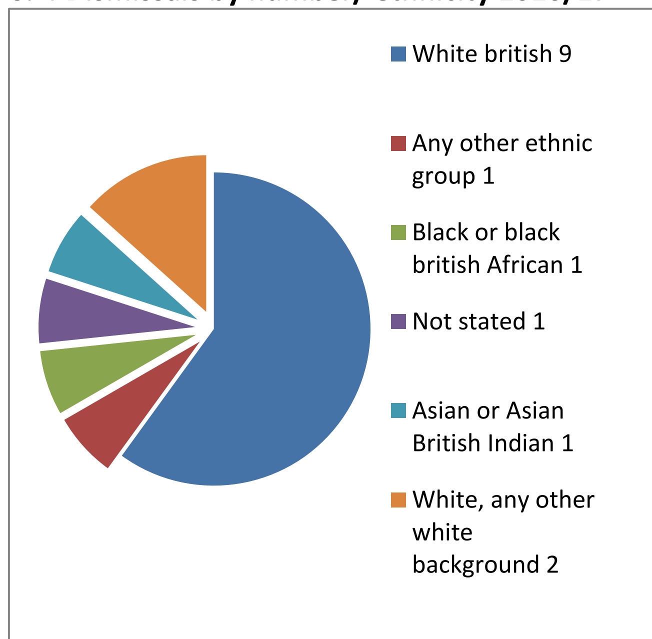
6.2 Employee relations activity by Gender

6.3 Employee relations activity by Age

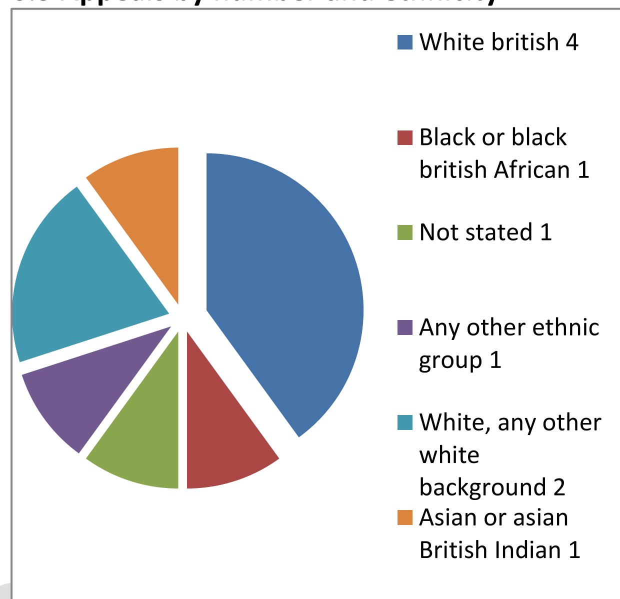




6. 4 Dismissals by number/ ethnicity 2016/17



6.5 Appeals by number and ethnicity



The following tables follow the national WRES Indicator conventions. They show the % of all white and BME staff as at May 2017. In line with WRES recommendations the breakdowns differentiate between clinical and non clinical roles.

ALL STAFF 2017				
	White		BME	
AfC Band/grade	Number	%	Number	%
2	579	57	426	42
3	453	70	188	29
4	388	5	97	20
5	527	49	546	51
6	529	45	636	54
7	419	62	239	36
8	245	65	127	34
9	20	80	5	20
Non Consultant Medical grades	336	35	556	59
Very Senior Manager	18	82	2	9
Grand Total	3514	100	2822	100

ALL STAFF 2016				
	White		BME	
AfC Band/grade	Number	%	Number	%
2	668	62	405	38
3	398	75	131	25
4	369	82	80	18
5	476	43	630	57
6	474	44	603	56
7	352	57	265	43
8a, b and c	219	64	123	36
9	17	81	4	19
Non Consultant Medical grades	215	37	374	63
Very Senior Managers	13	81	3	19
Grand Total	3201	100	2618	100

NON CLINICAL 2017				
	White		BME	
AfC Band	Number	%	Number	%
1	3	60	2	40
2	130	75	39	23
3	286	78	78	21
4	318	82	65	17
5	111	73	42	27
6	54	68	26	33
7	45	66	23	34
8a, b and c	87	67	41	32
9	10	83	2	17
Very Senior Manager	17	81	2	10
Grand Total	989	77	279	22

NON CLINICAL 2016				
	White		BME	
AfC Band	Number	%	Number	%
1	2	40	3	60
2	151	80	30	16
3	270	78	69	20
4	296	82	58	16
5	101	71	41	29
6	50	75	16	24
7	50	68	22	30
8a, b and c	69	62	40	36
9	8	80	2	20
Very Senior Manager	13	65	3	15
Grand Total	989	77	279	22

CLINICAL 2017				
	White		BME	
AfC Band/grade	Number	%	Number	%
2	449	53	387	46
3	167	60	110	40
4	70	69	32	31
5	416	45	504	54
6	475	43	610	56
7	374	62	216	36
8a, b and c	158	64	86	35
9	10	77	3	23
Non Consultant Medical grades	336	35	556	59
Consultant	125	38	200	62
Grand Total	2780	100	2704	100

CLINICAL 2016				
	White		BME	
AfC Band/grade	Number	%	Number	%
2	517	55	375	40
3	128	66	62	32
4	73	77	22	23
5	375	38	589	59
6	424	40	587	56
7	302	54	243	43
8a, b and c	130	61	77	36
9	9	75	2	17
Non Consultant Medical grades	215	33	374	58
Consultant	108	34	180	56
Grand Total	2164	46	2329	50

Draft