

EQUALITY, DIVERSITY & INCLUSION ANNUAL REPORT 2018-2019



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1.FOREWORD

Welcome to the Southport and Ormskirk NHS Trust Equality Diversity & Inclusion Report for 2018/2019. This document includes information about our patient's workforce and our local population and outlines the Trust's commitment to promoting equality in all its functions and to valuing the diversity of staff patients and the local communities.

The provision of high quality patient care is our key driver and the principles of equality, diversity and human rights are intrinsic to the Trust's core business. We are committed to delivering high quality services that are accessible, responsive and appropriate to meet the needs of all our patients. In this respect, patient pathways have been designed to reduce variations in care and improve outcomes, whilst recognising the needs of individual patients.

We aim to be an employer of choice and ensure that all our staff have equality of access to jobs, to promotion and to training opportunities.

The Trust is committed to creating an environment where everyone is treated with dignity, fairness and respect and to developing a culture of support and inclusion for all our employees and for those patients who access our services.

2. ABOUT US

Our Hospitals

Acute care is provided at Southport and Formby District General Hospital and Ormskirk and District General Hospital. This includes adults' and children's accident and emergency services, intensive care and a range of medical and surgical specialities. Women's and children's services, including maternity, are provided at Ormskirk hospital.

The North West Spinal Injuries Centre at Southport hospital provides specialist care for spinal patients from across the North West, North Wales and the Isle of Man.

Our vision and values

The Trust aims to establish and embed exemplary healthcare. Our values are expressed through "Scope", developed from what staff told us was important to them about the Trust.

They are:

Supportive

Caring

Open and honest

Professional

Efficient

Objectives of the Trust strategy

The Trust's corporate strategy contains five objectives or "strategic domains":

- Work with our partner organisations to provide lifelong, integrated care across the local health economy
- Ensure excellence in treatment and care
- Deliver performance, within resources, comparable with the best the NHS can offer
- Empower and develop staff to achieve their objectives
- Maintain organisational sustainability

3. OUR POPULATION

Southport and Ormskirk Hospital NHS Trust provides healthcare to a population of 258,000 people across Southport, Formby and West Lancashire.

After a review of the 2011 census for the local demographics of Sefton and West Lancashire the following information is available that covers ethnicity and commonly used languages:

Sefton: Ethnicity Population Summary: Census 2011

Ethnicity	% Percentage of the Population in Sefton
White	97.40%
Mixed	1.1%
Asian	0.5%
Black	0.3%
Other	0.7%
Totals	100%

Source: ONS, 2011 Census: Note: BME includes all other ethnicities besides White. Within Sefton, 97.4% of the population has a White ethnic background and 2.6% of the Sefton population has a Black, Minority Ethnic background (BME).

Sefton's most commonly used languages:

98.0% of people living in Sefton speak English. The other top languages spoken are 0.6% Polish, 0.1% Portuguese, 0.1% All other Chinese, 0.1% Latvian, 0.1% Spanish, 0.1% Lithuanian, 0.1% Arabic, 0.1% Bengali, 0.1% Turkish.



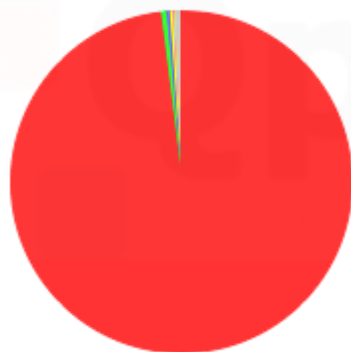
1.	English	98.00%
2.	Polish	0.60%
3.	Portuguese	0.10%
4.	All other Chinese	0.10%
5.	Latvian	0.10%
6.	Spanish	0.10%
7.	Lithuanian	0.10%
8.	Arabic	0.10%
9.	Bengali	0.10%
10.	Turkish	0.10%
11.	Other	0.60%

West Lancashire: Ethnicity Population Summary: Census 2011

Ethnicity	% Percentage of the Population in West Lancashire
White	98.10%
Mixed	0.7%
Asian	0.9%
Black	0.1%
Other	0.2%
Totals	100%

Source: ONS, 2011 Census: Note: BME includes all other ethnicities besides White. Within West Lancashire, 98.1% of the population has a White ethnic background and 1.9% of the West Lancashire population has a Black, Minority Ethnic background (BME).

West Lancashire's most commonly used languages: 98.0% of people living in West Lancashire speak English. The other top languages spoken are 0.5% Polish, 0.3% Latvian, 0.3% Portuguese, 0.1% Hungarian, 0.1% Slovak, and 0.1% Russian.



1.	English	98.00%
2.	Polish	0.50%
3.	Latvian	0.30%
4.	Portuguese	0.30%
5.	Hungarian	0.10%
6.	Slovak	0.10%
7.	Russian	0.10%
8.	Other	0.60%

4. THE LEGAL CONTEXT

The Equality Act 2010

The Equality Act 2010 (“the Act”) provides the legislative framework to protect the rights of individuals and advance equality of opportunity for all. The Act harmonises and simplifies previous equality legislation with the aim of delivering an accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Act consolidated 116 separate pieces of equality legislation, principally:

Sex Discrimination Act 1975

Race Relations Act 1976

Disability Discrimination Act 1995

The Act introduced the new terminology of “protected characteristics” to which it then applies, in a consistent way, the traditional elements of direct and indirect discrimination, victimisation and harassment.

The protected characteristics are as follows:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race (includes ethnic or national origins, colour or nationality)
- religion or belief (Including lack of belief)
- sex
- sexual orientation

Public Sector Equality Duty

The Equality Duty is a duty on public bodies and others carrying out public functions. It ensures that public bodies consider the needs of all individuals in their day to day work – in shaping policy, in delivering services, and in relation to their own employees.

The Equality Duty supports good decision-making – it encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people’s opportunities, public bodies are better placed to deliver policies and services that are efficient and effective. The Equality Duty therefore helps public bodies to deliver the Government’s overall objectives for public services.

The Equality Duty has three main aims. It requires the Trust, in the exercise of all its functions, to have “due regard” to the need to:

- eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- foster good relations between people who share a relevant characteristic and those who do not share it

(in respect of the protected characteristic of marriage and civil partnership, only the duty to eliminate discrimination applies)

Having “due regard” means that the Trust must always consciously think about the three aims of the Equality Duty as part of process of day to day decision-making. This means that consideration of equality issues influences the Trust’s decision-making process in how we act as employers; how we

develop, evaluate and review policy; how we design, deliver and evaluate services and how we commission and procure from others.

Equality Impact Assessment (Analysis)

Equality Impact Assessment/Analysis (EIA) is a requirement for all Policies and is part of the Cost Improvement Programmes (CIPs) process which contains both a quality impact assessment and an equality impact assessment. The responsible manager must complete both sections. These steps will help the Trust to ensure that it pays due regard to its obligations under the Public Sector Equality Duty of the Equality Act 2010.

The Trust in 2018-2019 aims to develop the Equality Impact Assessment Template which will increase the level of guidance in the template and will increase staffs understanding of completing the EIA.

Further information about the Equality Act 2010 can be found at the Equality and Human Rights Commission. <http://www.equalityhumanrights.com/>

Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council agreed in July 2014 that action across the NHS needs to be taken to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The move follows recent reports which have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

Following a period of consultation, the NHS Equality and Diversity Council agreed two measures that complement each other whilst being distinct to improve equality across the NHS and these would be mandatory requirements embedded within the NHS Contract from April 2015.

1. The Workforce Race Equality Standard (WRES)
2. NHS Equality Delivery System 2 (EDS2)

There are nine WRES metrics. Four of the metrics are specifically on workforce data and four of the metrics are based on data derived from the national NHS Staff Survey indicators. The latter will highlight any differences between the experience and treatment of White staff and BME staff in the NHS, with a view to closing the gaps highlighted by those metrics. The final metric requires provider organisations to ensure that their Boards are broadly representative of the communities they serve.

The CQC will take this into account within the 'Well Led' domain.

WRES Highlights:

The information below provides a comparison for the WRES reports for 2017-18 and 2018-19, the information also provides the Trust figures compared to the average for combined acute and community hospital.

Q1/ BME staff in clinical and non-clinical bands 8a-9

Non Clinical: The 2018-19 WRES report highlights that there has been no increase in non-clinical BME staff in bands 8b to 9 and there are no BME staff in band 8b 8c 9 these figures are the same in the 2017-18 WRES report.

Clinical: The WRES report highlights that there has been no increase in clinical BME staff in bands 8b – 8d and there are no BME staff in band 8b, 8c, 8d these figures are the same in the 2017-18 WRES report.

Q2/ Relative likelihood of BME and white staff being appointed from shortlisting across all posts

3.70% of BME staff were hired from those shortlisted compared to 5.96% of white applicants hired from shortlisting in 2018-19.

The 2018-19 WRES data highlights that there has been an increase in BME staff being successful at interview and being hired by the Trust. 2018-19 = 3.70% compared to 1.78% in 2017-18 this is an increase of 1.78%

Q3/ Relative likelihood of BME and white staff entering the formal disciplinary process.

The number of BME staff (1) entering the disciplinary process in 2018-19 is the same as the 2017 - 18 WRES figures, the figure for white staff has decreased to 23 in 2018-19 compared to 38 in 2017-18.

NHS staff survey responses that are specific to WRES questions:

Q5/ The percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

In the last 12 months Trust figures for white staff has seen a decrease of 0.1% and a 9.2% increase for BME staff.

The Trust figures compared to the average combined acute and community Trusts is 0.2% higher for white staff and 0.4% lower for BME staff.

Q6/ Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Experiences of Trust staff experiencing harassment; bullying or abuse from staff in last 12 months has seen a 1.8% increase for white staff and a decrease of 6.5% for BME staff.

The Trust figures compared to the average combined acute and community Trusts is 0.7% lower for white staff and 2.1%% lower for BME staff.

Q7/ Percentage of Trust staff believing that Trust provides equal opportunities for career progression or promotion.

Experiences of white staff have seen an increase of 1.2% and an increase of 5.4% for BME staff.

The Trust figures compared to the average combined acute and community Trusts is 6% lower for white staff and 8.2% higher for BME staff.

Q8/ In the last 12 months have you personally experienced discrimination at work from any of the following manager/team leader or other colleagues?

Experience of white staff has seen a 0.3% increase from 2017 and there has been an increase of 3.5% from 2017 for BME staff

Workforce Race Equality Standard Indicators:

Workforce: For each of these four workforce indicators, the Standard compares the metrics for White and BME staff were the figures don't equate to 100% this is due to the information not stated / not given.

Indicator		Data for reporting year 2018-19		
1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: <ul style="list-style-type: none"> • Non-Clinical staff • Clinical staff - of which <ul style="list-style-type: none"> - Non-Medical staff - Medical and Dental staff <p>Note: Definitions are based on Electronic Staff Record</p>	Non - Clinical Staff		
		Band	BME	White
		Band 1	7.17%	84.75%
		Band 2	1.29%	93.89%
		Band 3	4.0%	86.40%
		Band 4	0.61%	95.09%
		Band 5	1.96%	90.20%
		Band 6	1.96%	94.12%
		Band 7	3.45%	86.21%
		Band 8a	4.76%	90.48%
		Band 8b	0.00%	100%
Band 8c	0.00%	100%		
Band 8d	14.29%	85.71%		
Band 9	0.00%	100%		

	<p>occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>	<table border="1"> <tr> <td>2017-18</td> <td></td> <td></td> </tr> <tr> <td>VSM</td> <td>16.67%</td> <td>83.33%</td> </tr> <tr> <td>CQIR</td> <td>0.00%</td> <td>100%</td> </tr> <tr> <td>IRPM</td> <td>0.00%</td> <td>100%</td> </tr> <tr> <td>WCOO</td> <td>0.00%</td> <td>100%</td> </tr> </table>	2017-18			VSM	16.67%	83.33%	CQIR	0.00%	100%	IRPM	0.00%	100%	WCOO	0.00%	100%																																	
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		<p>Clinical Staff</p> <table border="1"> <tr> <td>Band</td> <td>BME</td> <td>White</td> </tr> <tr> <td>Band 2</td> <td>9.68%</td> <td>80.24%</td> </tr> <tr> <td>Band 3</td> <td>2.97%</td> <td>91.82%</td> </tr> <tr> <td>Band 4</td> <td>0.00%</td> <td>96.08%</td> </tr> <tr> <td>Band 5</td> <td>7.10%</td> <td>87.33%</td> </tr> <tr> <td>Band 6</td> <td>5.32%</td> <td>90.05%</td> </tr> <tr> <td>Band 7</td> <td>1.35%</td> <td>91.89%</td> </tr> <tr> <td>Band 8a</td> <td>8.62%</td> <td>86.21%</td> </tr> <tr> <td>Band 8b</td> <td>0.00%</td> <td>91.30%</td> </tr> <tr> <td>Band 8c</td> <td>0.00%</td> <td>100%</td> </tr> <tr> <td>Band 8d</td> <td>0.00%</td> <td>100%</td> </tr> <tr> <td>VSM</td> <td>0.00%</td> <td>100%</td> </tr> <tr> <td>FMWC</td> <td>0.00%</td> <td>100%</td> </tr> <tr> <td>MT02</td> <td>80%</td> <td>0.00%</td> </tr> <tr> <td>WHO3</td> <td>0.00%</td> <td>100%</td> </tr> <tr> <td>WHO7</td> <td>16.67%</td> <td>66.67%</td> </tr> </table>	Band	BME	White	Band 2	9.68%	80.24%	Band 3	2.97%	91.82%	Band 4	0.00%	96.08%	Band 5	7.10%	87.33%	Band 6	5.32%	90.05%	Band 7	1.35%	91.89%	Band 8a	8.62%	86.21%	Band 8b	0.00%	91.30%	Band 8c	0.00%	100%	Band 8d	0.00%	100%	VSM	0.00%	100%	FMWC	0.00%	100%	MT02	80%	0.00%	WHO3	0.00%	100%	WHO7	16.67%	66.67%
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2	<p>Relative likelihood of staff being appointed from shortlisting across all posts</p> <p>Note: This refers to both external and internal posts</p>	<p>Recruitment: The information below highlights the ratio of BME and White Staff being appointed from short listing; please note this refers to both internal and external posts 2018-19 & 2017-18</p> <p>2018-19</p> <table border="1"> <thead> <tr> <th rowspan="2">WRES Category</th> <th colspan="2">Head Count</th> <th colspan="2">Ratio</th> </tr> <tr> <th>Shortlisted</th> <th>Hired</th> <th>Shortlisted</th> <th>Ratio</th> </tr> </thead> <tbody> <tr> <td>BME</td> <td>432</td> <td>16</td> <td>0.96</td> <td>0.04</td> </tr> <tr> <td>White</td> <td>2515</td> <td>150</td> <td>0.94</td> <td>0.06</td> </tr> <tr> <td>NULL</td> <td>31</td> <td>8</td> <td>0.79</td> <td>0.21</td> </tr> <tr> <td>Not Stated / Not Given</td> <td>49</td> <td>1</td> <td>0.98</td> <td>0.02</td> </tr> </tbody> </table>	WRES Category	Head Count		Ratio		Shortlisted	Hired	Shortlisted	Ratio	BME	432	16	0.96	0.04	White	2515	150	0.94	0.06	NULL	31	8	0.79	0.21	Not Stated / Not Given	49	1	0.98	0.02																			
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3	Relative likelihood of	Disciplinary Process: Overall breakdown of cases by ethnic origin																																																

<p>staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two year rolling average of the current year and the previous year. For consistency, organisations should use the same methodology as they have always used.</p>	<p>categorised in line with WRES requirements as at 31.3.2019</p> <p>2018-19</p> <table border="1" data-bbox="550 286 1361 506"> <thead> <tr> <th>WRES Category</th> <th>Head Count</th> </tr> </thead> <tbody> <tr> <td>BME</td> <td>1</td> </tr> <tr> <td>White</td> <td>23</td> </tr> <tr> <td>Not Stated</td> <td>1</td> </tr> <tr> <td>Total</td> <td>25</td> </tr> </tbody> </table>	WRES Category	Head Count	BME	1	White	23	Not Stated	1	Total	25										
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<p>4 Relative likelihood of staff accessing non-mandatory training and CPD</p>	<p>Training: The information below highlights the ratio of BME and White staff accessing training in 2018-19</p> <p>2018-19</p> <table border="1" data-bbox="550 835 1361 1059"> <thead> <tr> <th>WRES Category</th> <th>Head Count</th> <th>Enrolment Headcount</th> <th>Ratio</th> </tr> </thead> <tbody> <tr> <td>BME</td> <td>244</td> <td>226</td> <td>0.93</td> </tr> <tr> <td>White</td> <td>2551</td> <td>2219</td> <td>0.87</td> </tr> <tr> <td>NULL</td> <td>12</td> <td>8</td> <td>0.67</td> </tr> <tr> <td>Not Stated / Not Given</td> <td>178</td> <td>160</td> <td>0.84</td> </tr> </tbody> </table>	WRES Category	Head Count	Enrolment Headcount	Ratio	BME	244	226	0.93	White	2551	2219	0.87	NULL	12	8	0.67	Not Stated / Not Given	178	160	0.84
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NHS Staff Survey (WRES):

NHS Staff Survey:

The 2018 NHS Staff Survey was completed by 1,147 staff this is a response rate of 40% which is average for combined acute and community trusts in England (43%) and compares with a response rate in the Trust in 2017 of (45%) ,

For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.

Key Findings KF25, KF26, and KF21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

Note that for question Q17, the percentage featured is that of “Yes” responses to the question.

Key Finding and question numbers are the same in 2018 as 2017.

Figures in bold highlight BME figures

	Indicator	Data for reporting year 2018	Data for previous year 2017
5	<p>Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</p> <p>Experiences of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months has seen the figures for white staff decrease by 0.1% and a 9.2% increase for BME staff.</p>	<p>White staff 28.4 %</p> <p>BME staff : 29.4%</p> <p>Average (median) for combined Acute and Community Trusts</p> <p>White staff– 28.2%</p> <p>BME staff- 29.8%</p>	<p>White staff: 28.5%</p> <p>BME staff: 20.2%</p>
6	<p>Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p> <p>Experiences of experiencing harassment,</p>	<p>White staff: 25.7%</p> <p>BME staff: 26.5%</p>	<p>White staff: 23.9%</p> <p>BME staff: 33%</p>

	bullying or abuse from staff in last 12 months has seen a 1.8% increase for white staff and a decrease of 6.5% for BME staff.	Average (median) for combined Acute and Community Trusts White staff– 26.4% BME staff- 28.6%	
7	Percentage believing that trust provides equal opportunities for career progression or promotion Experience of white staff has seen an increase of 1.2% for white staff and an increase of 5.4% for BME staff.	White staff: 80.5% BME staff: 80.4% Average (median) for combined Acute and Community Trusts White staff: 86.5% BME staff: 72.3%	White staff:79.3% BME staff: 75%
8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues Experience of white staff has seen a 0.3% increase from 2017 and there has been a increase of 3.5% from 2017 for BME staff.	White staff: 7% BME staff: 13.6% Average (median) for combined MH/LD and Community Trusts White staff: 6.6% BME staff: 14.6%	White staff: 6.7% BME staff: 10.1%

Board Representation Indicator (WRES):

For this indicator, compare the difference for White and BME staff

	Indicator	Data for reporting year																									
9	Percentage difference between the organisations' Board membership and its overall workforce disaggregated: • By voting membership of the Board • By executive membership of the Board Note: This is an amended version of the previous definition of Indicator 9	The information below provides information on the headcount and percentage difference between the organisations board membership and its overall workforce for BME and White Staff By executive and non-executive board membership = White: 14.29% BME:78.57% Not Stated: 7.14% 2018-19 <table border="1"> <thead> <tr> <th>WRES Category</th> <th>Head Count</th> <th>Head count %</th> <th>Board Head Count</th> <th>Board Headcount %</th> </tr> </thead> <tbody> <tr> <td>BME</td> <td>258</td> <td>8.18%</td> <td>2</td> <td>14.29%</td> </tr> <tr> <td>White</td> <td>2679</td> <td>84.97%</td> <td>11</td> <td>78.57%</td> </tr> <tr> <td>Null</td> <td>23</td> <td>0.73%</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Not Stated /Not Given</td> <td>193</td> <td>6.12%</td> <td>1</td> <td>7.14%</td> </tr> </tbody> </table>	WRES Category	Head Count	Head count %	Board Head Count	Board Headcount %	BME	258	8.18%	2	14.29%	White	2679	84.97%	11	78.57%	Null	23	0.73%	0	0.00	Not Stated /Not Given	193	6.12%	1	7.14%
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Trust Actions taken to be compliant with the WRES

- WRES Reporting template completed and sent to NHS England
- WRES Report completed and will be uploaded onto the Trust website
- WRES Action plan completed and to be reviewed and updates to be provided at each Valuing Our Peoples Assurance Group and Workforce Committee meeting

Recommendations

WRES paper to be presented to the appropriate Trust Valuing Our Peoples Assurance Group and

Workforce Committee meeting.

The Valuing Our Peoples Assurance Group and Workforce Committee meeting to:

- Note that the Trust has put in place WRES action plan and agree that the performance against the plan will be reported through the various Trustwide Valuing Our Peoples Assurance Group and Workforce Committee meeting
- An annual report will be compiled for submission to the NHS England Co-ordinator, Commissioner outlining progress on the Workforce Race Equality Standards.
- Workforce Race Equality Standard report will be published on the Trust website
- A copy of the WRES Indicators has been sent to NHS England

Workforce Disability Equality Standard (WDES)

Introduction

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and will apply to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of Disabled staff in the NHS.

The WDES comprises ten Metrics. All of the Metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) with the exception of one; Metric 9b asks for narrative evidence of actions taken, to be written into the WDES annual report

The Metrics have been developed to capture information relating to the experience of Disabled staff in the NHS. Research has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to non-disabled staff. The ten Metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England, and by Disability Rights UK on behalf of NHS Employers.

The annual collection of the WDES Metrics will allow NHS Trusts and Foundation Trusts to better understand and improve the employment experiences of Disabled staff in the NHS.

The WDES Metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

WDES Highlights

The information below provides highlights from the WDES report for 2018-19, the information also provides the Trust figures compared to the average for combined acute and community hospital. Please note this is the first year the WDES report have been compiled so there are no comparisons available.

Q/ Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more? (NHS staff survey 2018)

Southport Ormskirk Hospital NHS Trust response is 19.8% other Trusts average is 17.1%, therefore SOHT is 2.7% above the national average response.

The 2018-19 Trust ESR figures for staff highlighting they have a disability is 2.55% although 19.8% of staff highlighted they have a disability in the NHS staff survey 2018.

The Trust are in the process of promoting to staff the process they should follow to register having a disability on ESR, staff are also informed in a letter after supporting attendance meetings that they can record their disability on ESR or their manager can support them with updating ESR.

The Trust is also looking at introducing a Reasonable Adjustment / Disability Passport for staff with a disability.

The Trust is aiming to set up a Disability staff network group which will look at why 30.48% of Trust staff have not disclosed if they do or don't have a disability.

Metric 2/ Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting

432 disabled staff were shortlisted and 16 were hired this is a success rate of 3.70% compared to 2515 non-disabled staff shortlisted and 150 who were successful which is a 5.96% success rate.

Metric 3/ Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process

For the purposes of Year 1 WDES report, capability is defined as capability on the grounds of performance, not ill health.

The figures highlight that no disabled or non-disabled staff entered the formal capability process on the grounds of performance in 2018-19.

Metric 4/ Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i/ Patients/service users, their relatives or other members of the public in the last 12 months
 Disabled staff = 37.3% Non-disabled 26.7% Difference = 10.6%

ii/ Managers
 Disabled staff = 24.4% Non-disabled 11.5% Difference = 12.9%

iii/ Other colleagues
 Disabled staff = 30.8% Non-disabled 15.9% Difference = 14.9%

Metric 5,6,7/ Staff with a disability highlighted in questions 5, 6, 7 of the report a score / response that is worse than staff without a disability the responses highlight that appropriate actions need to be complied to address the issues raised.

Metric 8 / Has your employer made adequate adjustment(s) to enable you to carry out your work?(NHS staff survey)

The Trust response rate is 77% other Trusts average is 72%, SOHT is 5% above the national average response.

Staff Profile

As of March 2019 Southport and Ormskirk Hospital NHS Trust employed 2986 people of which 2.55% disclosed they have a disability.

Disability – Non Disabled Staff Information: 2.55% of the Workforce have disclosed that they consider themselves to have a Disability, 66.97% of staff have told us they don't consider themselves to have a Disability with the remainder 30.48% either not declaring, preferring not to say and the others unspecified

Disability	Headcount	Percentage %
No	2000	66.97% of staff don't consider themselves to have a disability
Not Declared	127	
Prefer Not To Answer	1	
Unspecified	782	30.48% not disclosed
Yes	76	2.55% of staff consider themselves to have a disability
Grand Total	2986	100%

Workforce Disability Equality Standard Indicators:

For each of workforce indicators, the standard compares the metrics for disabled and non-disabled

staff were the figures don't equate to 100% this is due to the information not stated / not given.

Workforce Metrics

Three workforce Metrics, compares the data for both Disabled and non-disabled staff.

Note: Definitions for these categories are based on Electronic Staff Record occupation codes with the exception of medical and dental staff, which are based upon grade codes.

Workforce Metrics

For the following three workforce Metrics, compare the data for both Disabled and non-disabled staff.					
Metric:		Data for reporting year			
		Non – Clinical			
1	<p>Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.</p> <p>Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p> <p>Cluster 1 (Bands 1 - 4) Cluster 2 (Band 5 - 7) Cluster 3 (Bands 8a - 8b) Cluster 4 (Bands 8c - 9 & VSM Cluster 5 (Medical & Dental Staff, Consultants) Cluster 6 (Medical & Dental Staff, Non-Consultants career grade) Cluster 7 (Medical & Dental Staff, Medical and dental trainee grades)</p> <p>Note: Definitions are based on Electronic Staff Record occupation codes with the exception of Medical and Dental staff, which are based upon grade codes.</p>	2018-19			
		Cluster	Disabled	Non-Disabled	
		Cluster 1	4%	58%	
		Cluster 2	4%	67%	
		Cluster 3	0%	69%	
		Cluster 4	0%	89%	
		Clinical		2018-19	
		Cluster	Disabled	Non-Disabled	
		Cluster 1	2%	70%	
		Cluster 2	2%	71%	
		Cluster 3	3%	64%	
		Cluster 4	0%	86%	
		Cluster 5: Med & Dental Consultant		2018-19	
		Disabled		Non-Disabled	
		0%		58%	
Cluster 6: Med & Dental Consultant Non –Consultant Career Grade		2018-19			
Disabled		Non-Disabled			
2%		64%			
Cluster 7: Medical & Dental Trainee Grades		2018-19 2017-18			
Disabled		Non-Disabled			
1%		94%			

Metric 2:

2	<p>Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.</p> <p>Note:</p> <p>i) This refers to both external and internal posts.</p> <p>ii) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.</p>	<p>Recruitment: The information below highlights the ratio of Disabled and Non-Disabled staff being appointed from short listing; please note this refers to both internal and external posts</p> <p>2018-19</p> <table border="1" data-bbox="550 344 1353 660"> <thead> <tr> <th rowspan="2">WDES Category</th> <th colspan="2">Head Count</th> <th colspan="2">Ratio</th> </tr> <tr> <th>Shortlisted</th> <th>Hired</th> <th>Shortlisted</th> <th>Ratio</th> </tr> </thead> <tbody> <tr> <td>Disabled</td> <td>432</td> <td>16</td> <td>0.96</td> <td>0.04</td> </tr> <tr> <td>Non-Disabled</td> <td>2515</td> <td>150</td> <td>0.94</td> <td>0.06</td> </tr> <tr> <td>NULL</td> <td>31</td> <td>8</td> <td>0.79</td> <td>0.21</td> </tr> <tr> <td>Not Stated / Not Given</td> <td>49</td> <td>1</td> <td>0.98</td> <td>0.02</td> </tr> </tbody> </table> <p>Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts: 1.6,</p> <p>A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting</p>	WDES Category	Head Count		Ratio		Shortlisted	Hired	Shortlisted	Ratio	Disabled	432	16	0.96	0.04	Non-Disabled	2515	150	0.94	0.06	NULL	31	8	0.79	0.21	Not Stated / Not Given	49	1	0.98	0.02
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Metric 3:

3	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.</p> <p>Note:</p> <p>i) This Metric will be based on data from a two-year rolling average of the current year and the previous year.</p> <p>ii) This Metric is voluntary in year one.</p>	<p>Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process</p> <p>2018-19</p> <table border="1" data-bbox="550 1238 1353 1458"> <thead> <tr> <th>WDES Category</th> <th>Head Count</th> </tr> </thead> <tbody> <tr> <td>Disabled</td> <td>0</td> </tr> <tr> <td>Non-Disabled</td> <td>0</td> </tr> <tr> <td>Not Stated</td> <td>1</td> </tr> <tr> <td>Total</td> <td>1</td> </tr> </tbody> </table> <p>Figure for disabled and none disabled staff is the same 0%</p>	WDES Category	Head Count	Disabled	0	Non-Disabled	0	Not Stated	1	Total	1
WDES Category	Head Count											
Disabled	0											
Non-Disabled	0											
Not Stated	1											
Total	1											

National NHS Staff Survey Metrics
For each of the following four Staff Survey Metrics, compare the responses for both Disabled and non-disabled staff

Metric 4:		
4	<p>a/ Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <p>i/ Patients/service users, their relatives or other members of the public in the last 12 months</p>	<p>i/ Patients/service users, their relatives or other members of the public:</p>

		Disabled : 37.3 %	Non-Disabled 26.7%
	ii/ Managers	ii/ Managers: Disabled 24.4%	Non-Disabled 11.5%
	iii/ Other colleagues	iii/ Other colleagues: Disabled 30.8%	Non-Disabled 15.9 %
	b/ Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	b/ % of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. Disabled 52.8%	Non-Disabled 46.5%
Metric 5: Q14			
5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled 78.5%	Non-Disabled 80.9 %
Metric 6: Q11			
6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled 31.8%	Non-Disabled 19.7%
Metric 7: Q5			
7	Percentage of Disabled staff compared to non – disabled staff saying that they are satisfied with the extent to which their organisation values their work	Disabled 26.9%	Non-Disabled 37.8%
The following NHS Staff Survey Metric only includes the responses of Disabled staff			
Metric 8: Q28b			
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Disabled 76.2%	
NHS Staff Survey and the engagement of Disabled staff For part a) of the following Metric, compare the staff engagement scores for Disabled, non-disabled staff and the overall Trust's score For part b) add evidence to the Trust's WDES Annual Report			
Metric 9:			
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No) Note: For your Trust's response to b) If yes, please provide at least one practical example of current action being taken in the relevant section of your WDES annual report.	Disabled 6.2	Non-Disabled 6.6
		Yes: Staff & Family Friends Test NHS Staff Survey Big Brew / Conversation Setting Up of a Disability Staff Network So Proud Pulse Check	

	If no, please include what action is planned to address this gap in your WDES annual report. Examples are listed in the WDES technical guidance.																																											
Board Representation Metric																																												
For this Metric, compare the difference for Disabled and non-disabled staff																																												
Metric 10:																																												
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:	<ul style="list-style-type: none"> Trust board headcount Executive and Non-executive Workforce Please note were figures don't equate to 100% this is due to staff responses unknown or null response <table border="1"> <thead> <tr> <th></th> <th>Non-Disabled</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td>Trust board members – Headcount:</td> <td>14</td> <td>0</td> </tr> <tr> <td>of which: Voting Board Members</td> <td>11</td> <td>0</td> </tr> <tr> <td>:Non-Voting Board Members</td> <td>3</td> <td>0</td> </tr> <tr> <td>Trust Board Members</td> <td></td> <td></td> </tr> <tr> <td>of which: Exec Board Members</td> <td>11</td> <td>0</td> </tr> <tr> <td>:Non Exec Board Members</td> <td>3</td> <td>0</td> </tr> <tr> <td>Workforce</td> <td></td> <td></td> </tr> <tr> <td>Overall workforce % by disability</td> <td>67%</td> <td>2%</td> </tr> <tr> <td>Differences</td> <td></td> <td></td> </tr> <tr> <td>Total Board –overall workforce</td> <td>33%</td> <td>-2%</td> </tr> <tr> <td>Voting membership –Overall workforce</td> <td>33%</td> <td>-2%</td> </tr> <tr> <td>Executive-Overall Workforce</td> <td>33%</td> <td>-2%</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Non-Disabled	Disabled	Trust board members – Headcount:	14	0	of which: Voting Board Members	11	0	:Non-Voting Board Members	3	0	Trust Board Members			of which: Exec Board Members	11	0	:Non Exec Board Members	3	0	Workforce			Overall workforce % by disability	67%	2%	Differences			Total Board –overall workforce	33%	-2%	Voting membership –Overall workforce	33%	-2%	Executive-Overall Workforce	33%	-2%			
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5. Trust Actions taken to be compliant with the WDES

- WDES Reporting template completed and sent to NHS England
- WDES Report completed and will be uploaded onto the Trust website
- WDES Action plan completed and to be reviewed and updates to be provided at each Valuing Our Peoples Assurance Group and Workforce Committee meeting

6. Recommendations

- WDES paper to be presented to the appropriate Trust Valuing Our Peoples Assurance Group and Workforce Committee meeting

The Valuing Our Peoples Assurance Group and Workforce Committee meeting to:

- Note that the NHS Workforce Disability Equality Standard (WDES) came into effect on the 1st April 2019 and will be completed by the Trust on an annual basis.
- Note that the Trust will put in place WDES action plan and agree that the performance against the plan will be reported through the various Trustwide Valuing Our Peoples Assurance Group and Workforce Committee meeting
- An annual report will be compiled for submission to the NHS England Co-ordinator, Commissioner outlining progress on the Workforce Disability Equality Standards.
- Workforce Disability Equality Standard report will be published on the Trust website
- A copy of the WDES Indicators has been sent to NHS England

5. EQUALITY GOVERNANCE

The Equality Act 2010 and the Human Rights Act 1998 provide the legal framework within which the Trust operates its equality governance. Additionally, the Health & Social Care Act 2008, NHS England, the Operating Framework and the NHS Constitution all highlight the need to reduce discrimination in services, improve accessibility and reduce health inequalities for all.

The refreshed Equality Delivery System (EDS2) is the framework by which the Trust can demonstrate how it is performing on issues of equality and health inequality to its patients, staff, communities and commissioners.

At Board level the lead accountability sits with the Director of HR and there is a Non-Executive Director who also acts as an Equality Champion.

The Trust's Valuing People Group, reports through the Workforce Committee and ensures that the Trust complies with externally set standards and establishes, monitors and reviews content and methods of assurance to the Workforce Committee and Patient Experience Groups in relation to all areas of Equality and Diversity.

Governance Structure: Fig 1.



6. THE EQUALITY DELIVERY SYSTEM (EDS2)

The EDS2 is a public commitment of how NHS Organisations plan to meet the needs and wishes of local people and staff, and meet the duties placed on them by the Equality Act 2010. It also sets out how, they recognise the differences between people, and how they aim to make sure that any gaps and inequalities are identified and addressed.

The EDS2 is split into four measurable areas:

1. Better Health Outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Against these four areas there are a set of 18 outcomes. These range from service quality to how staff, are managed in the Trust.

In February 2019 the Trust undertook its EDS2 assessment against the EDS2 goals 1 & 2 and invited key stakeholders to the assessment process Healthwatch Lancashire and representatives from Sefton CCG attended

The EDS2 partner’s assessment graded the Trust as follows:

Equality Delivery System 2: Goal 1		Verified by: Stakeholders	
1. 'Better health outcomes for all'			
individual Outcome grades for Goal 1:		2017-18	2018-19

EDS2 Outcome 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Developing	Achieving
EDS2 Outcome 1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Developing	Achieving
EDS2 Outcome 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing	Achieving
EDS2 Outcome 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Achieving
EDS2 Outcome 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	Achieving

Equality Delivery System 2: Goal 2		
2. 'Improved patient access and experience'	Verified by: Stakeholders	
Individual Outcome grades for Goal 2:	2017-18	2018-19
EDS2 Outcome 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	Developing	Achieving
EDS2 Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Developing	Achieving
EDS2 Outcome 2.3 People report positive experiences of the NHS	Developing	Developing
EDS2 Outcome 2.4 People's complaints about services are handled respectfully and efficiently	Developing	Achieving

Equality Delivery System 2: Goal 3		
Goal 3. 'Empowered, engaged and well-supported staff'	Verified by:	Staffside 2019
Individual Outcome grades for Goal 3:	2017-18	2018-19
EDS2 Outcome 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing	Achieving
EDS2 Outcome 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing	Developing
EDS2 Outcome 3.3 Training and development opportunities are taken up and positively evaluated by all staff	Developing	Developing

EDS2 Outcome 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing
EDS2 Outcome 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Developing
EDS2 Outcome 3.6 Staff report positive experiences of their membership of the workforce	Developing	Developing

Equality Delivery System 2: Goal 4		
4. 'Inclusive Leadership'	Verified by:	Staffside 2019
Individual Outcome grades for Goal 4:	2017-18	2018-19
EDS2 Outcome 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	Achieving
EDS2 Outcome 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	Developing	Achieving Board Only
		Developing Other committees
EDS2 Outcome 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing

EDS2 assessment comparison between 2017-2018 and 2018-19

The information above highlights the difference in the Trust EDS2 assessment scoring for each goal and outcome between last year 2017-18 and this year 2018-19. Of the 18 outcomes the Trust has seen 10.5 outcomes improve from developing to achieving.

The Trust has seen a significant improvement in goals 1 and 2 which are patient focused with 8 of the 9 outcomes progressing from developing to achieving in 2018-2019

For goals 3 and 4 which covers workforce and the organisation being well lead, of the 9 outcomes the Trust has seen an improvement from developing to achieving in 2.5 outcomes.

The EDS2 outcome 3.3: Training and development opportunities are taken up and positively evaluated by all staff, the assessment panel have highlighted that if the Trust can provide additional evidence they would change the scoring from developing to achieving, evidence has been requested.

For goal 4 outcome 4.2 the assessment panel requested that the scoring should be divided into two as the board was achieving the objective but thought other committees at the Trust were developing

The EDS2 assessment completed by the Trust and its partners highlights its commitment of how Southport and Ormskirk Hospital Trust aims to meet the needs of local people and staff, and meets the duties placed on it by the Equality Act 2010. It also sets out how, the Trust recognises the differences between people and how we aim by working in partnership with our partners from the diverse communities to aim to make sure that any gaps and inequalities are identified and addressed.

The Trust will continue to be active members of the EDS2 Merseyside Collaborative Group that consists of NHS Merseyside organisations who aim to work together on implementing the EDS2 toolkit to develop robust and effective equality objectives across the area jointly and collectively on a number of key priority areas that advance equality of opportunity.

- Committee meeting

7. CARING FOR OUR PATIENTS

Learning Disability

The Trust has a learning disability liaison service which supports care of a patient with a learning disability in a number of ways. The service can be contacted by patients, carers, and community teams regarding any reasonable adjustments required to support access to health services within the Trust i.e. quiet waiting areas in out-patients, specific appointment times, and facilities for carers/family to stay with patient. The Trust has purchased a number of beds through its charitable funds that can be accessed by family/carers who wish to stay overnight to support the hospital admission.

Patients who have moderate to severe learning disability can be assessed to have their own funded carer to stay with them throughout admission. This supports familiarity in a strange environment, support with nutritional needs and compliance with treatment which contributes to a positive patient experience and outcome for the patient. The use of Medway alerts allows us to identify patients who have a learning disability and benefits the patient by allowing the communication of any necessary reasonable adjustments, the use of the LD health/hospital passport also supports the sharing of information of the needs of the patient. The service also has a strong relationship with both West Lancashire and Sefton Community LD teams, which enhances care and communication for both planned and unplanned admissions of a patient with a learning disability.

Accessing Trust Services

The Trust are legally obligated under the Public Sector Equality Duty 2010 to ensure that our services are fully accessible for all people who access Trust services and the provision of a high quality communication service is an essential element that demonstrates compliance with the act.

The Trust aim to actively promote information on the Accessible Information Standard which was implemented on 31 July 2016; the Accessible Information Standard will begin to address any disparity in the care received by disabled people. It will ensure that information is provided to all people who access Trust services in a way they can understand.

Southport and Ormskirk Hospital NHS Trust aim to provide a full range of interpreting and translation services to ensure that the services provided by the Trust are equally and easily accessible to the diverse communities it serves.

The Trust offers the following interpretation and translation services and will provide other services as requested:

- Foreign language translation of Trust documents
- Braille translation of Trust documents
- Face-to-face and telephone interpretation
- British Sign Language interpreting
- Easy-read or large font translation of Trust documents
- Moon Literacy

The Trust has an Interpretation and Translation Service Policy CORP 30 (Appendix A) that provides general guidance for staff on the process and organisations they should use for interpretation & translation.

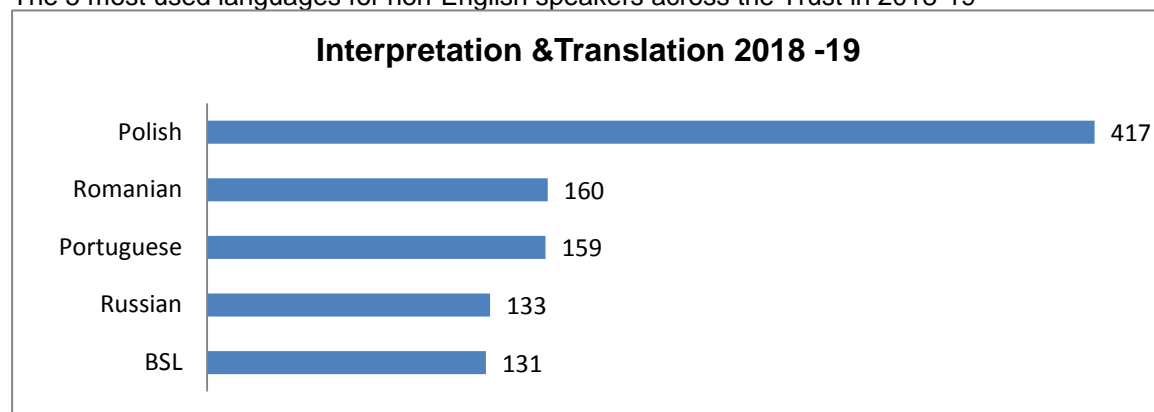
The Trust has been an active member of the Translation & Interpretation collaborative group that has consisted of all Merseyside NHS Trusts and CCG's and the group have compiled a best practice guidance for translation and interpretation.

Monitoring and analysing quarterly translation / interpretation use across the Trust

In order for the Trust to understand who is using our services and to obtain an understanding of the various languages used by carers and patients who access Trust services, quarterly translation and interpretation usage is compiled by the Trust. The information allows the Trust to analyse what languages are most frequently used. We are then able to cross reference the information against the local demographics of the various localities.

7.4 Translation / interpretation use across the Trust April 2018 to March 2019 Trustwide

The 5 most used languages for non-English speakers across the Trust in 2018-19



The chart above highlights the top 5 most used different languages and the number of occasions an interpreter was used for non-English speakers across the Trust from April 2018 to March 2019 in total the Trust provided interpreters for 34 different languages.

The 5 most common languages requested for interpretation and translation were as follows (1) Polish (2) Romanian (3) Portuguese (4) Russian (5) British Sign Language (BSL).

The chart above also highlights the use of British Sign Language (BSL) interpreter's for members of the Deaf Community April 2018 to March 2018 in total a BSL interpreter was used on 131 occasions.

Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

The Mental Capacity Act (MCA) 2005, covering England and Wales, provides a statutory framework for decision-making in relation to people who lack capacity to make decisions for themselves.

The MCA applies to everyone involved in the treatment, care, or support of someone who lacks capacity (including carers and family carers). The Trust staff providing care and treatment to these individuals have a legal obligation to comply with the MCA and associated Mental Capacity Act 2005 Code of Practice. The Trust has a policy which outlines the working practice to embed the requirements of the Act into usual custom, practice and commissioned contracts.

The Mental Health Act 2007 has amended the MCA to introduce a system known as the "Deprivation of Liberty Safeguards" (DoLS). The safeguards came into force on 1st April 2009. The manager must look at all the circumstances of the individual's case and take into account all relevant information, in deciding whether an individual is being deprived of their liberty as a result of their admission to hospital for care and treatment.

The Trust has a named clinical lead for MCA & DOLS.

Patients with Mental Health Needs

The Trust recognises the evidence that one third of all inpatients are likely to have some sort of mental illness. This means that managing patients with mental health needs is a mainstream part of Trust activity.

Within the Accident and Emergency department there is a designated room for mental health patients under 136 mental health section. The clinical team in the department work closely with Mersey Care NHS Trust to ensure timely assessments and plans for care are implemented. The frail elderly unit have an in reach service from a mental health practitioner to support/advise on the care of patients on the ward. The wards work closely with the mental health liaison nurses from Mersey Care completing timely referrals for mental health assessments. The mental health liaison nurses are

integral part of the MDT when best interest meetings are held. Patients are assessed as individual and care is tailored to their needs, additional support with close or continuous supervision is available. Side room facilities are available, with open visiting for relatives / families to support the patient as required.

Carers Support

The Trust has signed up to John's Campaign to welcome carers whenever they are needed. The campaign recognises the rights of carers to stay with people with dementia at all times. This may be during the day or night. The Trust has purchased a number of beds through its charitable funds that can be accessed by family/carers who wish to stay overnight to support the hospital admission. There are also a number of areas in the Trust which have facilities for carers to utilise to have some quiet space away from the patient bedside. There is a relative's room on critical care, Ward 15a has developed a room for carers to rest and make refreshments, and there is the OASIS room to support family members of patients who are receiving end of life care. For patients on the Regional Spinal Unit, carers who are not local residents are supported in finding local accommodation, for individual cases the Spinal Unit Action Group may also offer an amount of financial support towards this. On the Paediatric unit there is a parent's room where they store food and make refreshments. Comfort bags are available with showering facilities for parents who have children admitted as an emergency.

The Trust Patient Experience Strategy – 'Developing The Experience of Care' is a two year strategy which was launched in July-17. The strategy was co-produced and used themes from complaints, listening events and results from National Surveys to develop and implement eight pledges which aim to improve the patient, family and carer experience. The pledges include implementation of a carer/family charter, improving access to information, improving the collection and profile of patient feedback within the Trust and reviewing discharge processes

8. PATIENT INFORMATION

Patient Profile Highlights

Headlines: As of March 2018 Southport and Ormskirk Hospital NHS Trust provided services to 35,886 Inpatients and 92,638 Outpatients a total of 128,524 of which:

Gender: 56.64% of patients are Female 43.34% Male and 00.02% Not Known

Age: 28.03% of the patients are aged 34yrs and under, 18.18% of patients are 35yrs to 54yrs of age and 53.79% are aged over 55 years of age

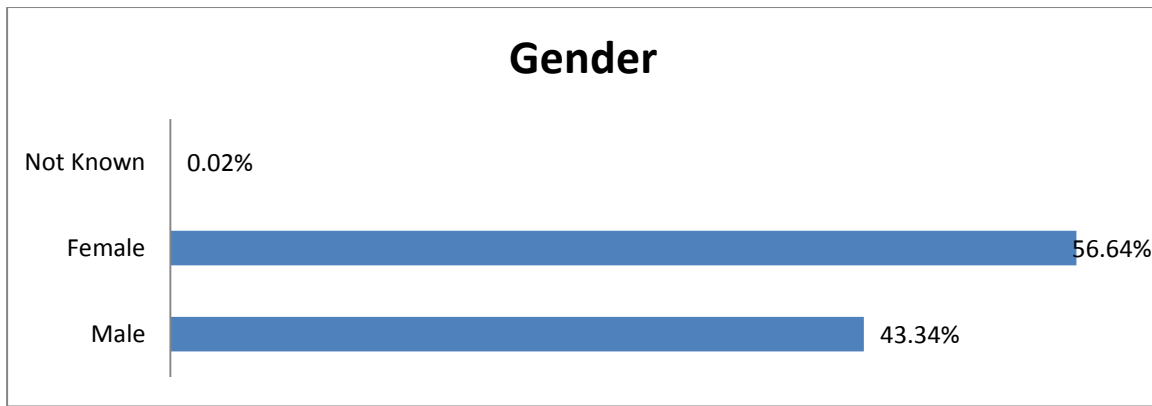
Ethnicity: The patients accessing Trust services consists of 4.29% from Black Minority and Ethnic groups 89.32% White and 6.39% Not Stated or Unspecified.

Religion & Belief: the 4 highest religions & beliefs for patients accessing Trust services are as follows 41.21% Church of England, 18.93% Roman Catholic, 20.53% unknown 3.54% Christian, 2.39% Methodist

Marital Status: 43% of patients are Married or in a Civil Partnership, 34.7% Single, 8.2% Widow / Surviving Civil Partnership, 5.7% Divorced/Dissolved Civil Partnership, 4.3% All Others 4.1% Unknown

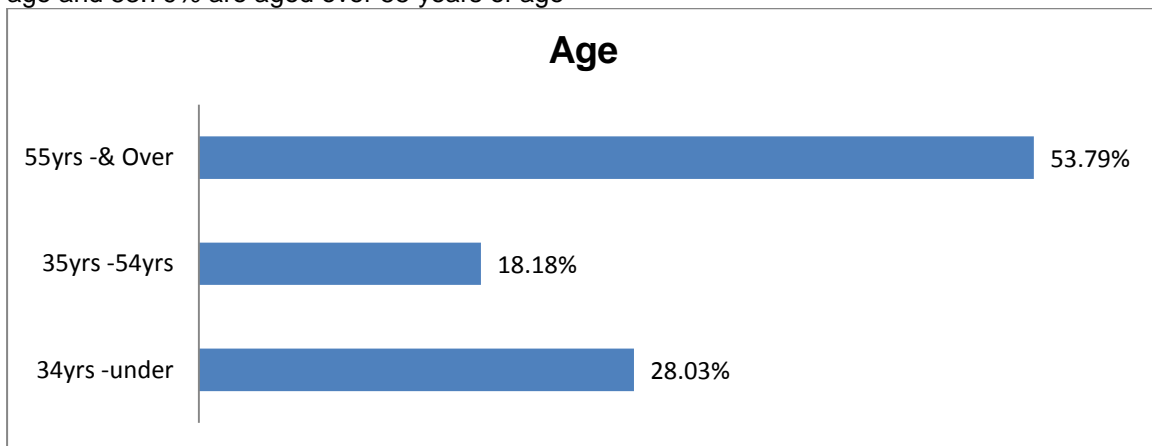
Patient data below provides a general overview of patient gender, age, ethnicity, religion and belief, marital status. Appendix A provides a more comprehensive overview of all the data for the 5 protected characteristics. Data figures in the various graphs are rounded up to the nearest point.

Gender: 56.64% of the patients are Female 43.34% are Male and 00.02% Not Known



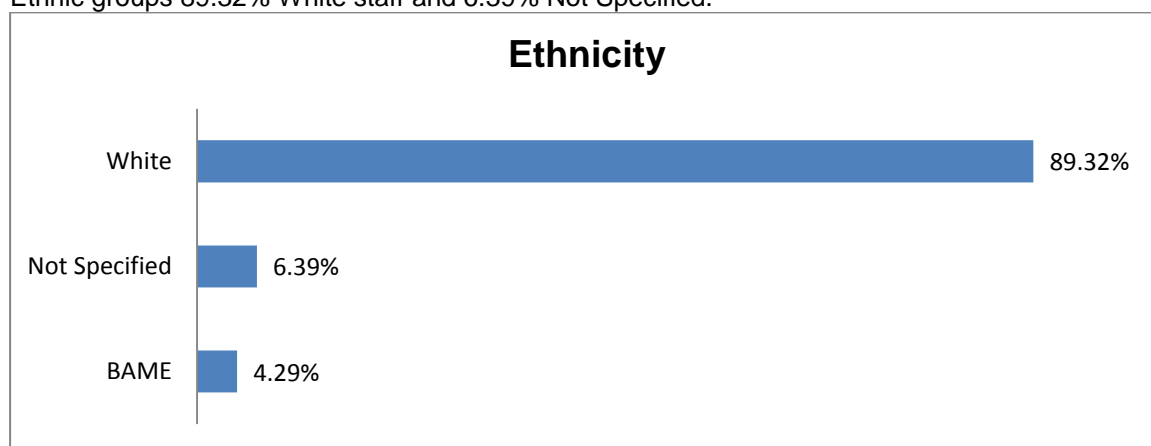
Gender	Headcount	Percentage %
Female	75,997	56.64%
Male	58,161	43.34%
Not Known / Specified	15	00.02%
Grand Total	1234,173	100%

Age Profile: 28.03% of Patients are aged 34yrs and under, 18.18% of patients are 35yrs to 55yrs of age and 53.79% are aged over 55 years of age



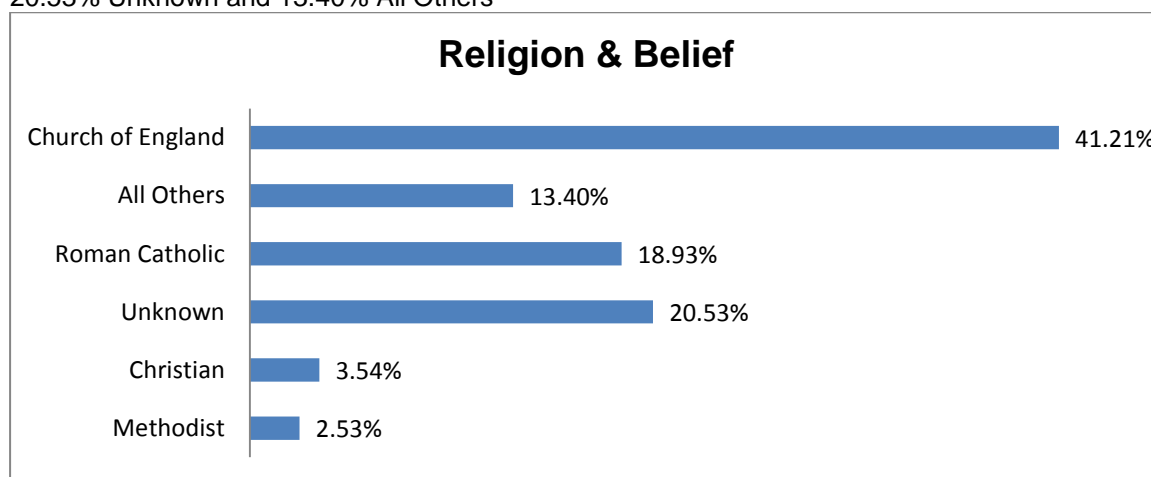
Age Band	Headcount Inpatients	Headcount Outpatients	Headcount Inpatients & Outpatients
<=18 Years	6,126	12,760	18,886
18-24	1,851	4,084	5,935
25-34	3,823	8,955	12,778
35-44	2,914	7,318	10,232
45-54	3,788	10,369	14,157
55-64	4,826	13,322	18,148
65-74	6,249	16,481	22,730
75 +	10,588	20,683	31,271
Total	40,201	93,972	134,173

Ethnicity: The ethnicity of patients accessing Trust services are 4.29% from Black Minority and Ethnic groups 89.32% White staff and 6.39% Not Specified.



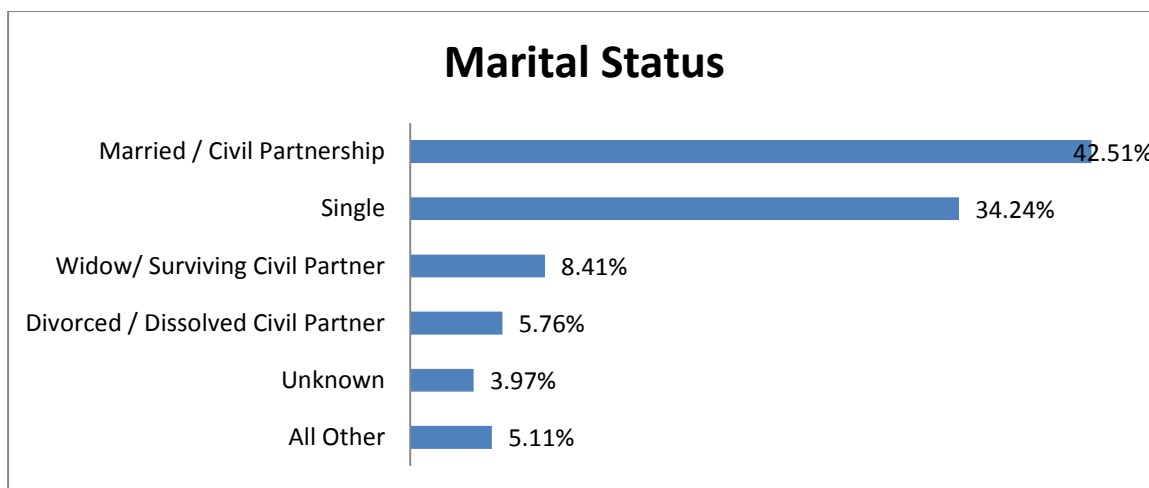
Ethnic Group	Headcount	Percentage %
White	119,851	89.32%
Not Specified	8,576	6.39%
BAME	5,746	4.29%
Total	134,173	100%

Religion & Belief: The 4 highest religions & beliefs for patients accessing Trust services are as follows 41.21% Church of England, 18.93% Roman Catholic, 3.54 %Christian, 2.39% Methodist, 20.53% Unknown and 13.40% All Others



Religious Belief	Headcount	Percentage %
Church of England	55,294	41.21%
Roman Catholic	25,405	18.93%
Christian	4,752	3.54%
Methodist	3,212	2.53%
Unknown	27,557	20.53%
Others	17,953	13.40%
Total	134,173	100%

Marital Status: 42.51% of patients are Married or in a Civil Partnership, 34.24% Single, 8.41% Widow / Surviving Civil Partnership, 5.76% Divorced/Dissolved Civil Partnership, 5.11% All Others, 3.97% Unknown



Marital Status	Headcount	Percentage %
Divorced/Dissolved Civil Partnership	7,727	5.76%
Married/Civil Partnership	57,039	42.51%
Not disclosed	49	0.03%
Not Set	5,739	4.28%
Separated	1,074	0.80%
Single	45,935	34.24%
Unknown	5,322	3.97%
Widow / Surviving Civil Partnership	11,288	8.41%
Grand Total	134,173	100%

9. OUR WORKFORCE

This report is published to ensure that Southport and Ormskirk Hospital NHS Trust has the information it needs to promote workforce equality and meet its public sector equality duty, as outlined in the Equality Act 2010.

The report details an analysis of the Southport and Ormskirk Hospital NHS Trust workforce for April 2018–March 2019. Southport and Ormskirk Hospital NHS Trust are pleased to say that the Trust workforce reasonably reflects the characteristics of the local population across the areas that Southport and Ormskirk Hospital NHS Trust serves. The challenges for the Trust in developing a diverse workforce is understanding the distinct differences in community make up across the area the Trust serves.

Staff Profile Highlights

Headlines: As of March 2019 Southport and Ormskirk Hospital NHS Trust employed 2986 people of which:

- **Gender:** 78.90% of the workforce are Female and 21.10% are Male
- **Age:** 24.54% of the workforce are aged 35yrs and under, 51.11% of staff are 36yrs to 55yrs of age and 24.35% are aged over 55 years of age
- **Ethnicity:** The Trust workforce consists of 10.95% from Black Minority and Ethnic groups 82.65% White staff and 6.40% not stated unspecified prefer not to answer.
- **Disability:** 2.55% of the Workforce have disclosed that they consider themselves to have a Disability, 66.97% of staff have told us they don't consider themselves to have a Disability with the remainder 30.48% either not declaring, preferring not to say and the others unspecified.
- **Sexual Orientation:** 81.69% of staff have disclosed their sexual orientation as Heterosexual or Straight, 1.07% as Lesbian, Gay, 0.26% Bisexual with the remainder Not stated (person asked but declined to provide a response) 7.91% and 9.07% Unspecified.

- **Religion & Belief:** 63.37% Christian, 7.77% Atheists the third biggest group is Islam 1.74% with Not Disclosed and Unspecified 21.56% and all other 5.56%
- **Employment Status:** the workforce consist of 55.52% Fulltime Staff and 46.48% Part time Staff .
- **Length of Service:** The highest proportion of the workforce have been employed by the Trust for between 1-5 years 27.33%, 12.99% of the workforce have been with the with the Trust for under 1 year and 3.88% of the Trust have been employed by the Trust for 30 years and above

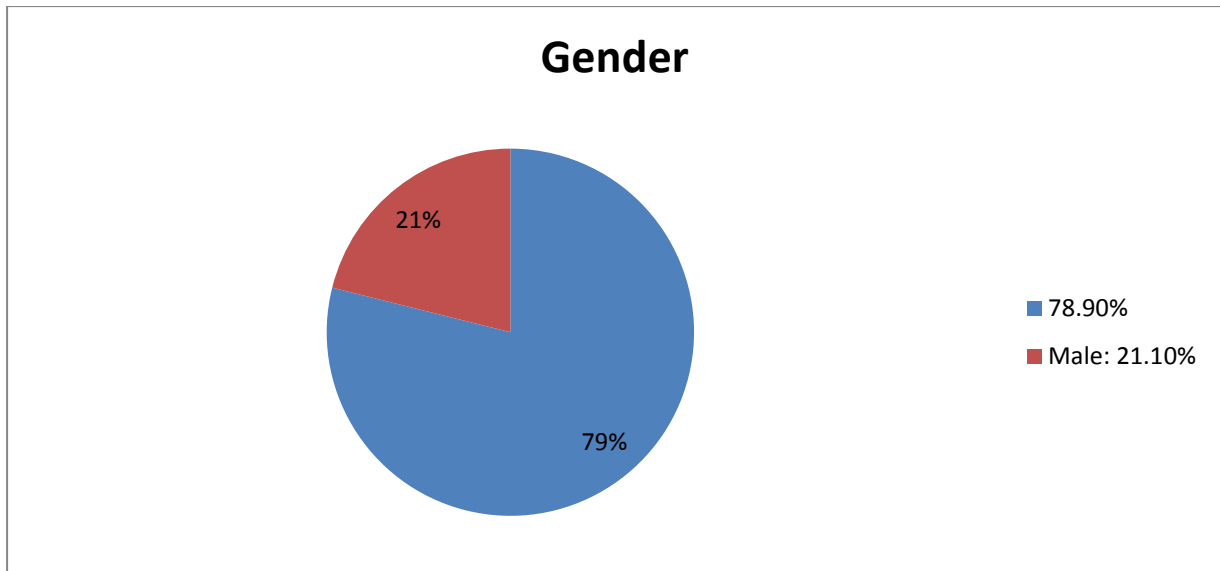
Workforce data below provides a general overview of staff ethnicity, gender, religion and belief, sexual orientation, disability employment status, length of service and recruitment.

Data figures in the various graphs are rounded up to the nearest point, the exact data figures are highlighted to the right of the graph.

Workforce pay banding and grades highlight by percentage White and BME staff in each band or grade, the data in Appendix A was compiled as part of the evidence submitted for the Workforce Race Equality Standard (WRES) 2018 -2019.

Consensus data for 2011 Appendix B highlights the ethnicity of residents in the Sefton and West Lancashire area, this data has been used as a comparator to cross reference the Trust workforce, The evidence highlights that the Trust is representative of the local regions

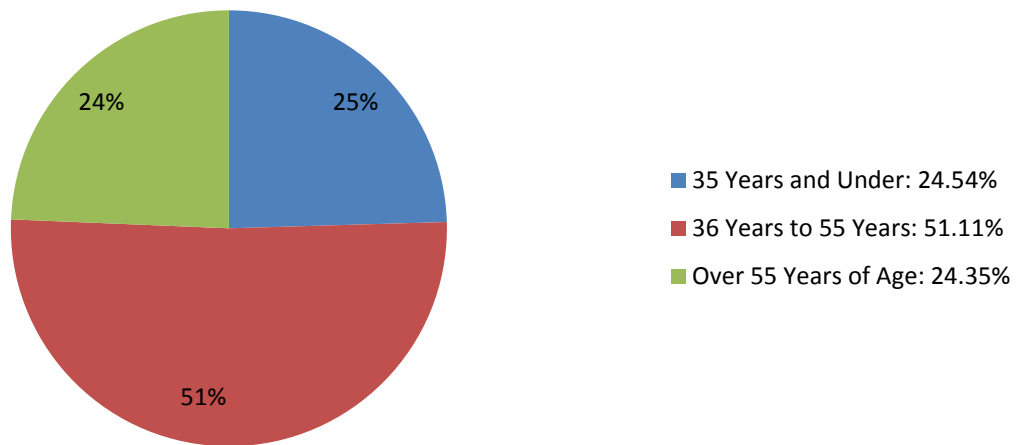
Gender: 78.90% of the workforce is Female and 21.10% are Male



Gender	Headcount	Percentage %
Female	2355	78.90%
Male	631	21.10%
Grand Total	2986	100%

Age Profile: 24.54% of the workforce is aged 35yrs and under, 51.11% of staff are 36yrs to 55yrs of age and 24.35% are aged over 55 years of age

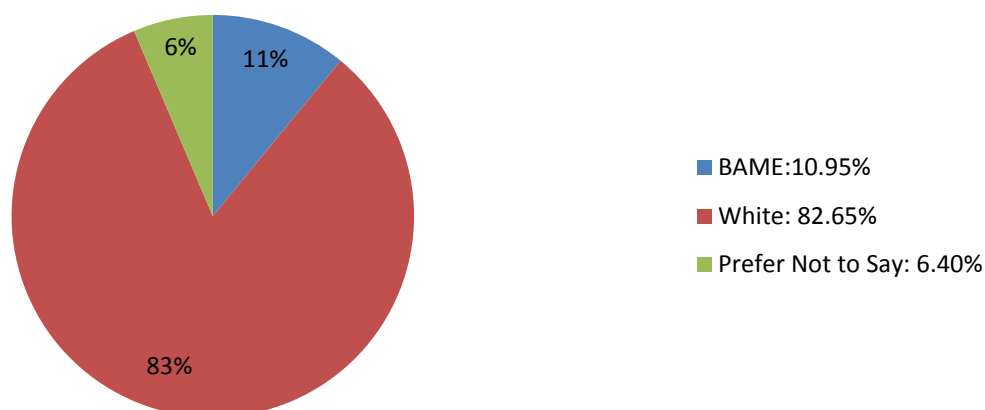
Age



Age	Headcount	Percentage %
<=20 Years	9	24.54% of the workforce is aged 35yrs and under
21-25	164	
26-30	247	
31-35	313	
36-40	316	51.11% of staff are 36yrs to 55yrs of age
41-45	340	
46-50	388	
51-55	482	
56-60	409	24.35% are aged over 55 years of age
61-65	238	
66-70	69	
>=71 Years	11	
Grand Total	2986	100%

Ethnicity: The Trust workforce consists of 10.95% from Black Minority and Ethnic groups 82.65% White staff and 6.40% Not Stated or Unspecified.

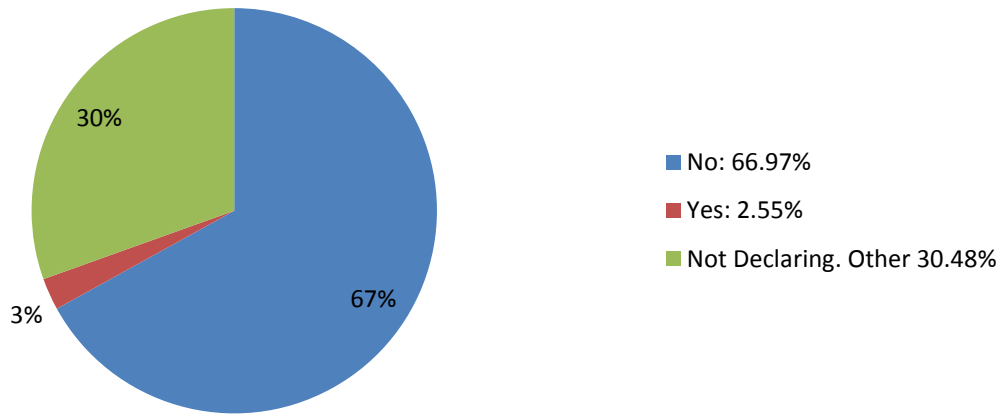
Ethnicity



Ethnic Origin	Headcount	Percentage
A - White British	2445	82.65% White staff
B - White Irish	23	
C - Any Other White	83	
D - Mixed White/Black Caribbean	7	
E - Mixed White/Black African	5	
F - Mixed White/Asian	6	
G - Mixed Other	4	
H – Indian	79	10.95% from Black Minority and Ethnic groups
J – Pakistani	15	
K – Bangladeshi	1	
L - Other Asian	57	
M - Black Caribbean	2	
N - Black African	16	
P - Black Other	8	
R – Chinese	5	6.40% Not Stated or Unspecified
S - Other Ethnic Group	39	
Unspecified	12	
Z - Not Stated	179	
Grand Total	2986	100%

Disability: 2.55% of the Workforce informed the Trust that they consider themselves to have a disability, 66.97% of staff have told us they don't consider themselves to have a disability with the remainder 30.48% either not declaring, preferring not to say and the others unspecified

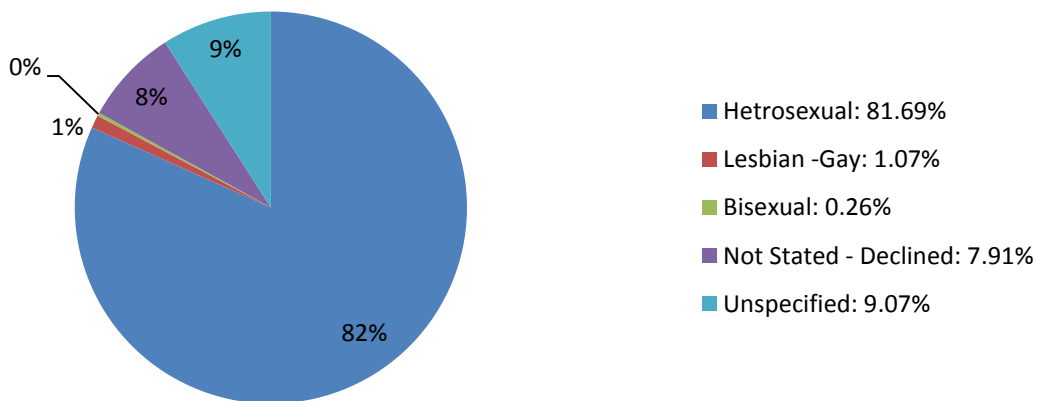
Disability



Disability	Headcount	Percentage %
No	2000	66.97% of staff don't consider themselves to have a disability
Not Declared	127	30.48% not disclosed
Prefer Not To Answer	1	
Unspecified	782	
Yes	76	2.55% of staff consider themselves to have a disability
Grand Total	2986	100%

Sexual Orientation: 81.69% of staff have disclosed their sexual orientation as Heterosexual or Straight, 1.07% as Lesbian, Gay, 0.26% Bisexual with the remainder Not stated (person asked but declined to provide a response) 7.91% and 9.07% Unspecified.

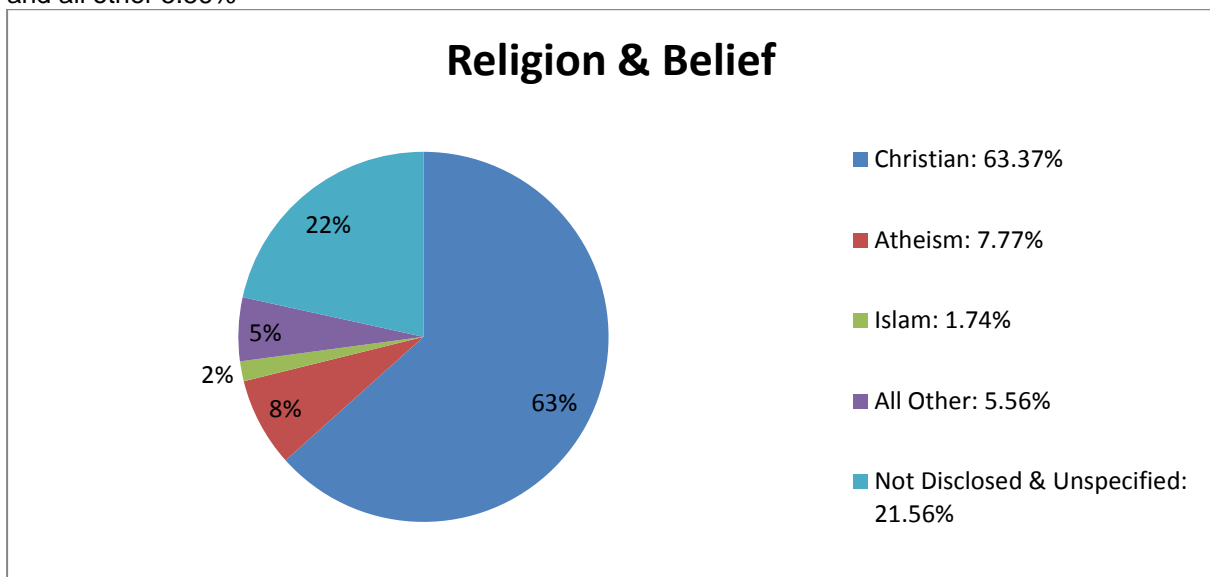
Sexual Orientation



Sexual Orientation	Headcount	Percentage %
Bisexual	8	0.26% Bisexual

Gay or Lesbian	32	1.07% as Lesbian, Gay
Heterosexual or Straight	2439	81.69% of staff have disclosed their sexual orientation as Heterosexual
Not stated (person asked but declined to provide a response)	236	Not stated (person asked but declined to provide a response) 7.91%
Unspecified	271	9.07% Unspecified
Grand Total	2986	100%

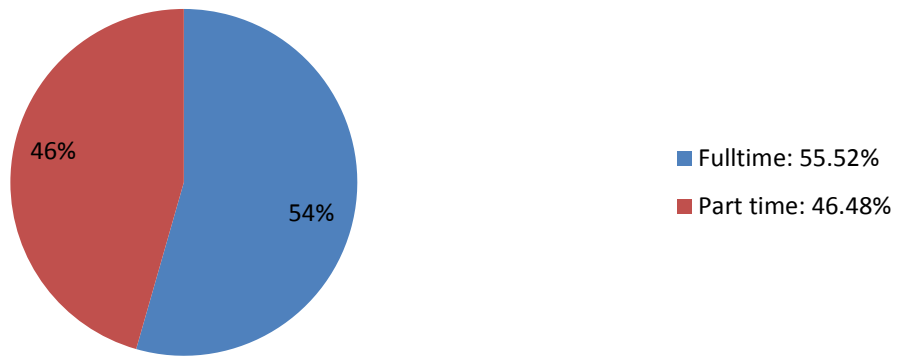
Religion & Belief: the 3 highest religions & beliefs at the Trust are as follows 63.37% Christian, 7.77% Atheists the third biggest group is Islam 1.74% with Not Disclosed and Unspecified 21.56% and all other 5.56%



Religious Belief	Headcount	Percentage %
Atheism	232	7.77%
Christianity	1892	63.37%
Islam	52	1.74%
Other + Sikhism + Hinduism + Buddhism + Judaism	166	5.56%
I do not wish to disclose my religion/belief - Unspecified	644	21.56%
Grand Total	2986	100%

Employment Status: The workforce consist of 53.52% Fulltime Staff and 46.48% Part time Staff

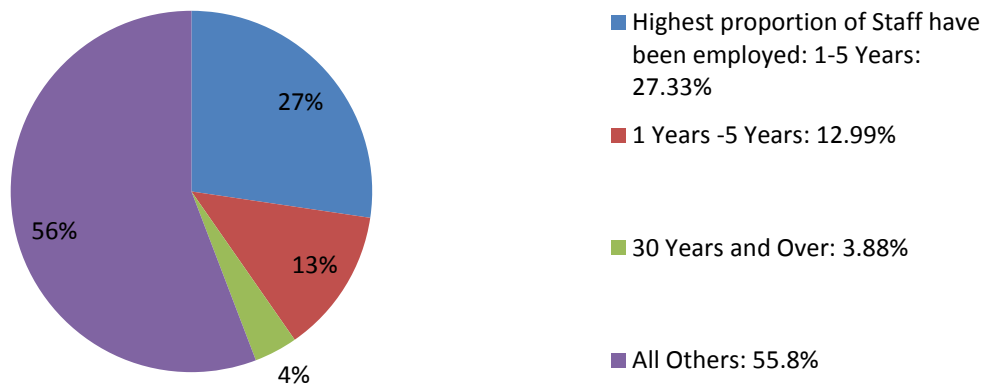
Employment Status



Employee Category	Headcount	Percentage %
Fulltime	1,598	53.52%
Part Time	1,388	46.48%
Grand Total	2,986	100%

Length of service: The highest proportion of the workforce have been employed by the Trust for between 1-5 years 27.33%, 12.99% of the workforce have been with the with the Trust for under 1 year and 3.88% of the Trust have been employed by the Trust for 30 years and above

Length of Service



Length of Service	Headcount	Percentage %
<1 Year	388	12.99%
1<5 Years	816	27.33%
5<10 Years	575	19.26%
10<15 Years	376	12.59%
15<20 Years	424	14.20%
20<25 Years	173	5.79%
25<30 Years	118	3.95%
30+ Years	116	3.88%
Total	2,986	100%

Recruitment: The information below highlights the ratio of BME and White Staff being appointed from short listing; please note this refers to both internal and external posts

WRES Category	Headcount		Ratio	
	Shortlisted	Hired	Shortlisted	Hired
BME	432	16	0.96	0.04
White	2515	150	0.94	0.06
Z NULL	31	8	0.79	0.21
Z Not Stated/Not Given	49	1	0.98	0.02

10. GENDER PAY GAP

The Trust is passionate about creating a fulfilling, diverse and inclusive place to work, with equality and fairness at the heart of our values, policies and everyday practices. That is why we are committed to be an employer of choice and work hard to ensure that our staff have equality of access to jobs, promotion and training and why we highlight to all our staff strategies to overcome Unconscious Bias in all manner of decisions. This and other supportive policies are making SOHT a more inclusive place to work.

As from 30 March 2018 we must publish on our website and on a government website, the following:

- mean gender pay gap
- median gender pay gap
- mean bonus gender pay gap
- median bonus gender pay gap
- proportion of males and females receiving a bonus payment
- proportion of males and females in each pay quartile

The Trust has met its Gender Pay Gap reporting obligations and the results are published on the Trust's website.

11. OTHER TRUST EQUALITY INFORMATION

NAVAJO Chartermark (LGBT+)

The NAVAJO Chartermark was first achieved in March 2015 the Trust was reassessed at the beginning of 2018 and was awarded the NAVAJO charter mark for another year. The NAVAJO Merseyside & Cheshire LGBT+ Charter Mark is an equality mark sponsored by In-Trust Merseyside & Sefton Embrace and supported by the LGBT+ Community networks across Merseyside– a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing lesbian, gay, bisexual, transgender and other (LGBT+) people in Merseyside.

Disability Confident Employers Scheme

The Disability Confident scheme is an initiative which shows employers how to commit to recruiting, retaining and developing disabled people. Through Disability Confident, the Government aims to work with employers in the UK to: challenge attitudes towards disability; increase understanding of disability. The Trust signed up to the Scheme in 2017.

12. NEXT STEPS

Action Plan and Next Steps

It is acknowledged by Southport and Ormskirk NHS Trust that positive actions to support Equality, Diversity and Inclusion underpin the principles of positive staff engagement.

The Trust has developed an action plan to address the areas of shortfall identified. The Action Plan is attached as Appendix1 and is monitored through the Valuing Our People Group, HR Governance and Workforce Committee which is a subcommittee of the board of directors. The Trust has a separate WRES and WDES Action Plan which is monitored through the same governance structure.

Equality Objective Plan 2018 - 2020

Equality Objective Themes:

- 1. Improving our Intelligence**
- 2. Developing our Staff**
- 3. Working within our Communities**

Southport & Ormskirk Hospital NHS Trust Equality Objectives 2018-2020

Southport & Ormskirk Hospital NHS Trust Values: SCOPE Supportive Caring Open & Honest Professional Efficient

Improving our Intelligence	Developing our Staff	Working within our Communities
<ul style="list-style-type: none"> • Develop a Trust-wide approach to collecting equality information • Review current patients accessing Trust services data/information in order to address gaps in equality and diversity information reporting. • Develop in partnership with representatives of local community group processes and information sessions for improving staff collection of equality data / information • Work with patients and carer representatives who access the Trust to assist the Trust in developing its E&D objectives and action plan • Formalise relationship with Local Authority, third sector and other statutory bodies to enable greater sharing of data and intelligence information in relation to equality groups and health inequalities 	<ul style="list-style-type: none"> • Provide training and development opportunities for all staff across the Trust and provide a summary of mandatory and non - mandatory training by ethnic groups providing data for the Trustwide Valuing Peoples Group • The Trust to develop a diverse workforce in the various bandings and attract minority staff across the range of job opportunities and in particular into senior roles. • Develop a range of successful community and staff engagement events and activities that highlight different communities and demonstrate the Trusts commitment to being a personal, fair and diverse organisation • Develop successful Staff Network Groups and a Equality Champions Network that plays a meaningful role within the Trust and local community 	<ul style="list-style-type: none"> • Corporately and locally develop robust partnership working with third sector providers including the sharing of information and intelligence, partnership service delivery and shared training events • Develop leaflets with partnership organisations to ensure they are reflective and meet the needs of our targeted communities and ensure our website is truly reflective of our personal, fair and diverse services we deliver • Invite representatives from the various diverse community to present information and training sessions on issue relating to their specific group, • Support local community events across the Trusts footprint

