

EQUALITY, DIVERSITY & INCLUSION ANNUAL REPORT 2017-2018



1. FOREWORD

Welcome to the Southport and Ormskirk NHS Trust Equality Diversity & Inclusion Report for 2017/2018. This document includes information about our patients 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.

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2. ABOUT US

2.1 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.

2.2 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

2.3 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

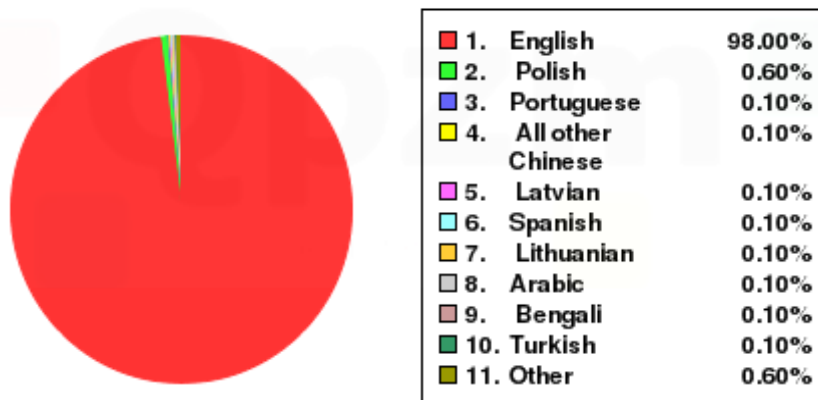
Ethnicity	% Percentage of the Population in Sefton
White	97.40%
Mixed	1.1%
Asian	0.5%
Black	0.3%
Other	0.7%
Totals	100%

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.



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

4.1 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

4.2 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.

4.3 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/>

4.4 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.

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.

1	Indicator	Data for reporting year 2017-18																																																																																																													
	<p>This question has been amended this year:</p> <p>2017: Percentage of staff in each of 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:</p> <p>Non-clinical</p> <p>Clinical staff –of which Non-Medical Staff Medical and Dental Staff</p> <p>2016:Question Percentage of staff in each of Afc Bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.</p>	<p>Non - Clinical Staff</p> <table border="0" data-bbox="820 831 1369 2038"> <thead> <tr> <th></th> <th>BME</th> <th>White</th> </tr> </thead> <tbody> <tr><td>Band 1</td><td>7.0%</td><td>84.7%</td></tr> <tr><td>Band 2</td><td>1.3%</td><td>93.7%</td></tr> <tr><td>Band 3</td><td>4.3%</td><td>84.5%</td></tr> <tr><td>Band 4</td><td>0.6%</td><td>95.8%</td></tr> <tr><td>Band 5</td><td>1.9%</td><td>90.4%</td></tr> <tr><td>Band 6</td><td>2.2%</td><td>93.5%</td></tr> <tr><td>Band 7</td><td>3.3%</td><td>90.0%</td></tr> <tr><td>Band 8a</td><td>5.0%</td><td>95.0%</td></tr> <tr><td>Band 8b</td><td>0%</td><td>100%</td></tr> <tr><td>Band 8c</td><td>0%</td><td>100%</td></tr> <tr><td>Band 8d</td><td>14.3%</td><td>66.7%</td></tr> <tr><td>Band 9</td><td>0%</td><td>100%</td></tr> <tr><td colspan="3"> </td></tr> <tr><td>VSM</td><td>33.3%</td><td>66.7%</td></tr> <tr><td>CQIR</td><td>0%</td><td>100%</td></tr> <tr><td>IRPM</td><td>0%</td><td>100%</td></tr> <tr><td>WCOO</td><td>0%</td><td>100%</td></tr> <tr><td>WQZZ</td><td colspan="2">Not Stated</td></tr> <tr><td colspan="3"> </td></tr> <tr><td>Board</td><td></td><td></td></tr> <tr><td>BME</td><td></td><td>White</td></tr> <tr><td>0%</td><td></td><td>100%</td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3">Clinical Staff</td></tr> <tr><td colspan="3"> </td></tr> <tr> <th></th> <th>BME</th> <th>White</th> </tr> <tr><td>Band 2</td><td>9%</td><td>80.2%</td></tr> <tr><td>Band 3</td><td>3.2%</td><td>92.2%</td></tr> <tr><td>Band 4</td><td>0%</td><td>98.1%</td></tr> <tr><td>Band 5</td><td>7.5%</td><td>87.2%</td></tr> <tr><td>Band 6</td><td>4.8%</td><td>90.6%</td></tr> <tr><td>Band 7</td><td>2.0%</td><td>91.2%</td></tr> <tr><td>Band 8a</td><td>8.9%</td><td>85.7%</td></tr> <tr><td>Band 8b</td><td>0%</td><td>90.5%</td></tr> <tr><td>Band 8c</td><td>0%</td><td>100%</td></tr> </tbody> </table>			BME	White	Band 1	7.0%	84.7%	Band 2	1.3%	93.7%	Band 3	4.3%	84.5%	Band 4	0.6%	95.8%	Band 5	1.9%	90.4%	Band 6	2.2%	93.5%	Band 7	3.3%	90.0%	Band 8a	5.0%	95.0%	Band 8b	0%	100%	Band 8c	0%	100%	Band 8d	14.3%	66.7%	Band 9	0%	100%				VSM	33.3%	66.7%	CQIR	0%	100%	IRPM	0%	100%	WCOO	0%	100%	WQZZ	Not Stated					Board			BME		White	0%		100%				Clinical Staff							BME	White	Band 2	9%	80.2%	Band 3	3.2%	92.2%	Band 4	0%	98.1%	Band 5	7.5%	87.2%	Band 6	4.8%	90.6%	Band 7	2.0%	91.2%	Band 8a	8.9%	85.7%	Band 8b	0%	90.5%	Band 8c	0%	100%
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2	<p>Relative likelihood of BME staff being appointed from shortlisting compared to that of White 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</p> <table border="1" data-bbox="547 1205 1359 1518"> <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>393</td> <td>7</td> <td>0.98</td> <td>0.02</td> </tr> <tr> <td>White</td> <td>2289</td> <td>98</td> <td>0.96</td> <td>0.04</td> </tr> <tr> <td>NULL</td> <td>10</td> <td>2</td> <td>0.83</td> <td>0.17</td> </tr> <tr> <td>Not Stated / Not Given</td> <td>47</td> <td></td> <td>1.00</td> <td></td> </tr> </tbody> </table>	WRES Category	Head Count		Ratio		Shortlisted	Hired	Shortlisted	Ratio	BME	393	7	0.98	0.02	White	2289	98	0.96	0.04	NULL	10	2	0.83	0.17	Not Stated / Not Given	47		1.00	
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3	<p>Relative likelihood of BME 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</p>	<p>Disciplinary Process: Overall breakdown of cases by ethnic origin categorised in line with WRES requirements as at 31.3.2018</p> <table border="1" data-bbox="547 1675 1359 1989"> <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>38</td> </tr> <tr> <td>Not Stated</td> <td>4</td> </tr> <tr> <td>Total</td> <td>43</td> </tr> </tbody> </table>	WRES Category	Head Count	BME	1	White	38	Not Stated	4	Total	43																			
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4	Relative likelihood of staff accessing non-mandatory training and CPD	Training: The information below highlights the ratio of BME and White staff accessing training in 2017-18			
		WRES Category	Head Count	Enrolment Headcount	Ratio
		BME	242	223	0.92
		White	2603	2447	0.94
		NULL	12	10	0.83
Not Stated / Not Given	206	191	0.93		

NHS Staff Survey (WRES):

The 2017 NHS Staff Survey was completed by 1265 staff this is a response rate of 45% which is average for combined acute and community trusts in England (43%) and compares with a response rate in the Trust in 2016 of (49%) ,

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 2017 as 2016.

Figures in green highlight an improvement in last year’s figures

	Indicator	Data for reporting year 2017	Data for previous year 2016
5	<p>KF 25. 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 a reduction of 3% for white staff and 10% for BME staff.</p>	<p>White staff 29 %</p> <p>BME staff : 20%</p> <p>Average (median) for combined Acute and Community Trusts</p> <p>White staff– 26%</p> <p>BME staff- 27%</p>	<p>White staff: 32%</p> <p>BME staff: 30%</p>
6	<p>KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months</p> <p>Experiences of experiencing harassment, bullying or abuse from staff in last 12 months has seen the same % figure for white staff and an increase of 4% for BME staff.</p>	<p>White staff: 24%</p> <p>BME staff: 33%</p> <p>Average (median) for combined Acute and Community Trusts</p> <p>White staff– 23%</p> <p>BME staff- 29%</p>	<p>White staff: 24%</p> <p>BME staff: 29%</p>

7	<p>KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion</p> <p>Experience of white staff has seen a reduction of 1% for white staff and an increase of 2% for BME staff.</p>	<p>White staff: 79%</p> <p>BME staff: 75%</p> <p>Average (median) for combined Acute and Community Trusts</p> <p>White staff: 88%</p> <p>BME staff: 73%</p>	<p>White staff:80%</p> <p>BME staff: 73%</p>
8	<p>Q17b. In the last 12 months have you personally experienced discrimination at work from any of the following?</p> <p>b) Manager/team leader or other colleagues</p> <p>Experience of white staff has seen a 1% decrease from 2016 and there has been a decrease of 50% from 2016 for BME staff.</p>	<p>White staff: 7%</p> <p>BME staff: 10%</p> <p>Average (median) for combined MH/LD and Community Trusts</p> <p>White staff: 6%</p> <p>BME staff: 15%</p>	<p>White staff: 8%</p> <p>BME staff: 20%</p>

Board Representation Indicator (WRES):

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

Indicator	Data for reporting year																																			
<p>9 Percentage difference between the organisations' Board and its overall workforce</p> <table border="1" data-bbox="263 1377 518 1590"> <thead> <tr> <th colspan="2">Board members:</th> </tr> </thead> <tbody> <tr> <td>BME</td> <td>3</td> </tr> <tr> <td>White</td> <td>6</td> </tr> <tr> <td>Not Stated</td> <td>1</td> </tr> <tr> <td>Total</td> <td>10</td> </tr> </tbody> </table>	Board members:		BME	3	White	6	Not Stated	1	Total	10	<p>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</p> <p>By executive membership of the board Board Directors: White: 60% BME:30% Not Stated:10%</p> <table border="1" data-bbox="606 1444 1332 1848"> <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>242</td> <td>7.9%</td> <td>3</td> <td>30%</td> </tr> <tr> <td>White</td> <td>2603</td> <td>85.01%</td> <td>6</td> <td>60%</td> </tr> <tr> <td>Null</td> <td>12</td> <td>0.39%</td> <td>0</td> <td>0.00</td> </tr> <tr> <td>Not Stated /Not Given</td> <td>206</td> <td>6.7%</td> <td>1</td> <td>10%</td> </tr> </tbody> </table>	WRES Category	Head Count	Head count %	Board Head Count	Board Headcount %	BME	242	7.9%	3	30%	White	2603	85.01%	6	60%	Null	12	0.39%	0	0.00	Not Stated /Not Given	206	6.7%	1	10%
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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 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
- WRES report to be presented to the Trust board and appropriate Trust groups / committees

The various Trust Groups / Committees are asked to:

- Note that the NHS Workforce Race Equality Standard came into effect on the 1st April 2015 and is completed by the Trust on an annual basis.
- 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 Groups / Committees
- An annual WRES 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

5. EQUALITY GOVERNANCE

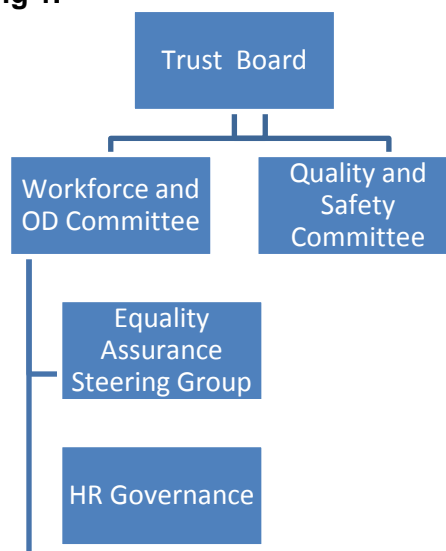
The Equality Act 2010 and the Human Rights Act 1998 provide the legal framework within which the Trust operates its equality governance. Additionally, the Health & Social Care Act 2008, NHS England, the Operating Framework and the NHS Constitution all highlight the need to reduce discrimination in services,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

Department of Health's Equality and Diversity Council (EDC) developed the original Equality Delivery System (EDS) to help the NHS improve its equality performance and embed equality considerations into mainstream business. It was designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS2 is about making positive differences to healthy living and working lives. In November 2013 a refreshed EDS2 was launched, EDS2, which encouraged local adaptation with a strong focus on local issues and problems.

The EDS2 assessment grading for 2017 was as follows:

Goal	Number	Southport and Ormskirk
Better health outcomes	1.1	Developing
	1.2	Developing
	1.3	Developing
	1.4	Developing
	1.5	Developing
Improved patient access and experience	2.1	Developing
	2.2	Developing
	2.3	Developing
	2.4	Developing
A representative and supported workforce	3.1	Developing
	3.2	Developing
	3.3	Developing
	3.4	Developing
	3.5	Developing
	3.6	Developing
Inclusive leadership	4.1	Developing
	4.2	Developing
	4.3	Developing

Moving forward the Trust will be part 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.

7. CARING FOR OUR PATIENTS

7.1 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 Lancs and Sefton Community LD teams, which enhances care and communication for both planned and unplanned admissions of a patient with a learning disability.

7.2 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

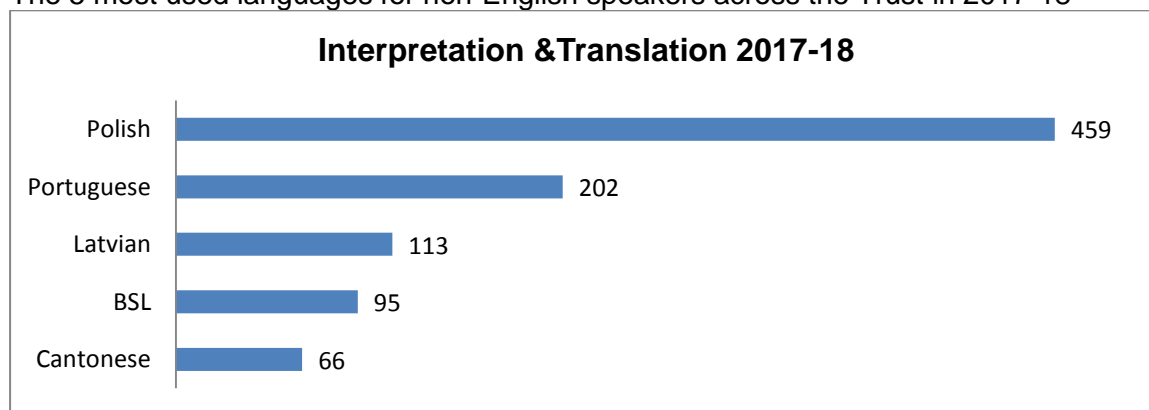
The Trust has an Interpretation and Translation Service Policy CORP 30 (Appendix A) that provides general guidance for staff on the process and organisations they should use for interpretation & translation.

7.3 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 2017 to March 2018 Trustwide

The 5 most used languages for non-English speakers across the Trust in 2017-18



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 2017 to March 2018 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) Portuguese (3) Latvian (4) British Sign Language (BSL) (5) Cantonese.

The chart above also highlights the use of British Sign Language (BSL) interpreter's for members of the Deaf Community April 2017 to March 2018 in total a BSL interpreter was used on 95 occasions.

7.5 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 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 there is a risk of deprivation of liberty.

Trust managers are required to look at all the circumstances of the individual’s case and take into account all relevant information, in deciding whether there is a risk of deprivation of liberty.

The Trust has a named clinical lead for DOLS.

7.6 Patients with Mental Health Needs

The Trust recognises the evidence that one third of all inpatients are likely to have some sort of mental disorder. 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.

7.7 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

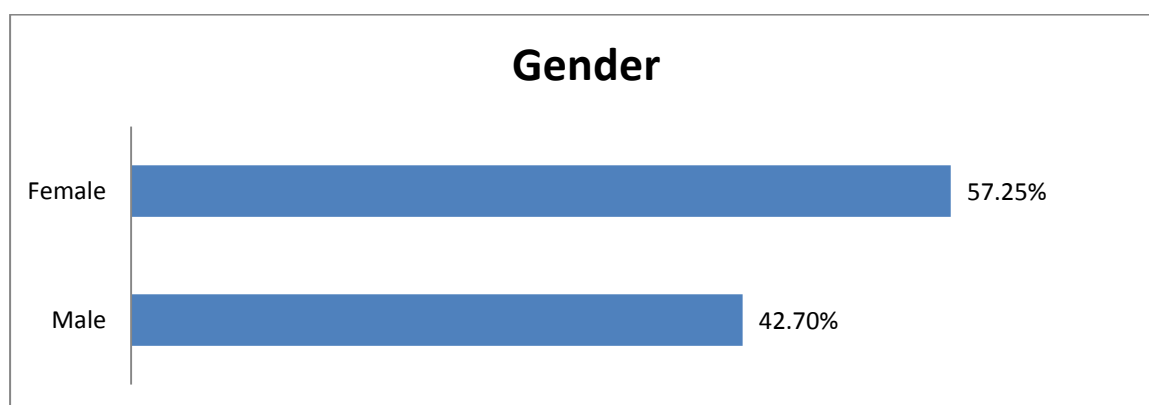
8.1 Patient Profile Highlights

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:** 57.2% of patients are Female and 42.7% Male
- **Age:** 28.6% of the patients are aged 34yrs and under, 18.2% of patients are 35yrs to 54yrs of age and 53.1% are aged over 55 years of age
- **Ethnicity:** The patients accessing Trust services consists of 4.1% from Black Minority and Ethnic groups 89.5% White and 6.4% Not Stated or Unspecified.
- **Religion & Belief:** the 4 highest religions & beliefs for patients accessing Trust services are as follows 42.4% Church of England, 19.2% Roman Catholic, 10.8% unknown 3.5% Christian, 2.3% 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

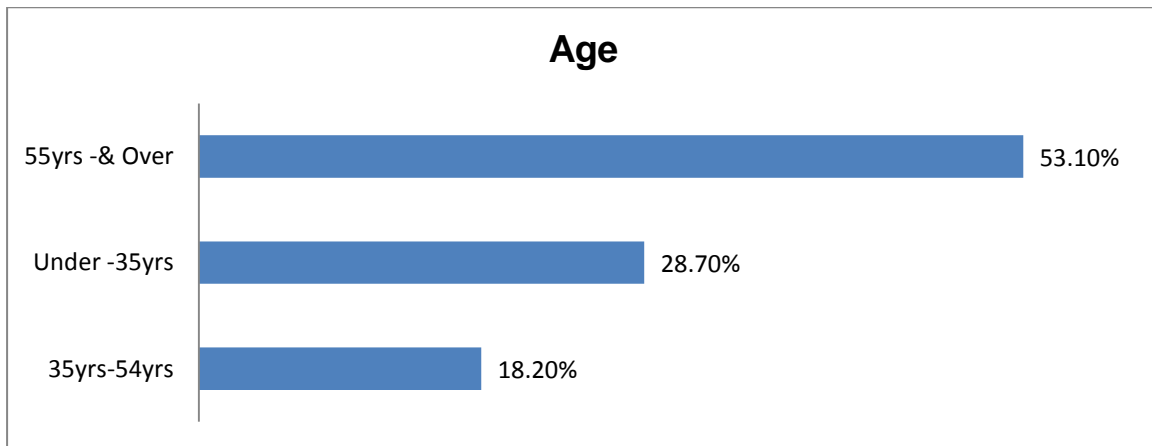
Patient data below provides a general overview of patient gender, age, ethnicity, religion and belief, marital status. Appendix A provides a more comprehensive overview of all the data for the 5 protected characteristics. Data figures in the various graphs are rounded up to the nearest point.

Gender: 57.2% of the patients are Female and 42.7% are Male



Gender	Headcount	Percentage %
Female	73,551	57.2%
Male	54,967	42.7%
Not Known / Specified	6	0.01%
Grand Total	128,524	100%

Age Profile: 28.7% of Patients are aged 34yrs and under, 18.2% of patients are 35yrs to 55yrs of age and 53.1% are aged over 55 years of age



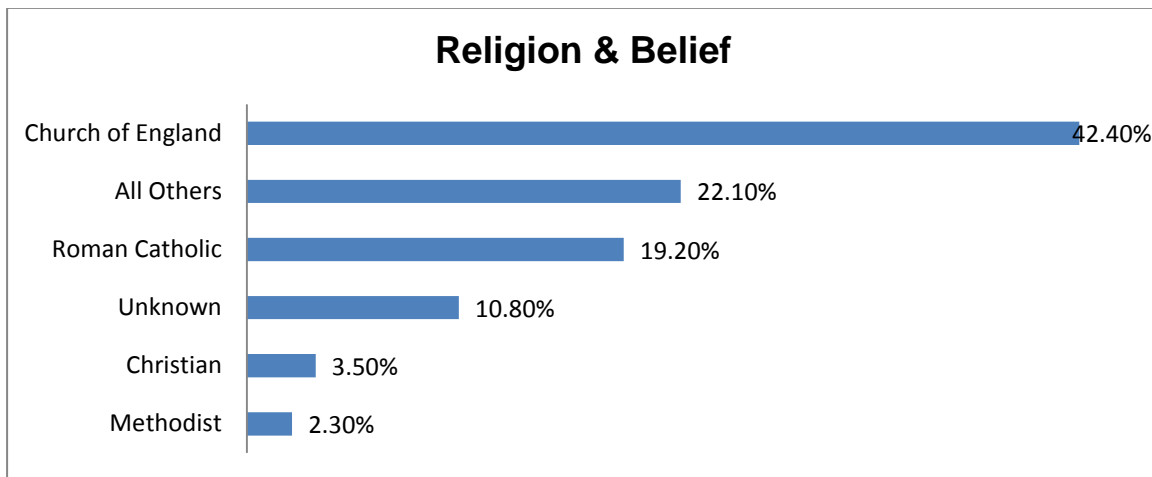
Age Band	Headcount Inpatients	Headcount Outpatients	Headcount Inpatients & Outpatients
<=18 Years	5933	12239	18172
18-24	1548	4440	6024
25-34	3410	9272	12682
35-44	2476	7291	9767
45-54	3257	10481	13738
55-64	4146	12794	16940
65-74	5555	16289	21844
75 +	9525	19832	29357
Total	35886	92638	128524

Ethnicity: The ethnicity of patients accessing Trust services are 4.1% from Black Minority and Ethnic groups 89.5% White staff and 6.4% Not Specified.



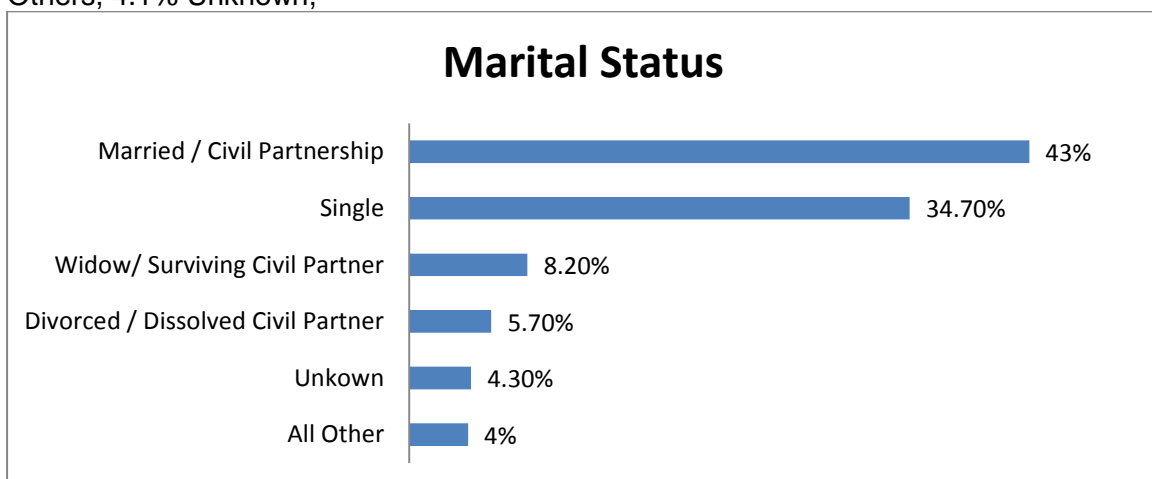
Ethnic Group	Headcount	%
White	114,856	89.5%
Not Specified	8,308	6.4%
BAME	5,360	4.1%
Total	128,524	100%

Religion & Belief: The 4 highest religions & beliefs for patients accessing Trust services are as follows 42.4% Church of England, 19.2% Roman Catholic, 3.5% Christian, 2.3% Methodist, 10.8% Unknown and 22.16% All Others



Religious Belief	Headcount	Percentage %
Church of England	54,505	42.4%
Roman Catholic	24,804	19.2%
Christian	4,626	3.5%
Methodist	3,063	2.3%
Unknown	13,966	10.8%
Others	27,560	22.1%
Total	128,524	100%

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,



Marital Status	Headcount	Percentage %
Divorced/Dissolved Civil Partnership	7362	5.7%
Married/Civil Partnership	55154	43%
Not disclosed	37	0.2%
Not Set	4390	3.4%
Separated	957	0.7%
Single	44632	34.7%
Unknown	5373	4.1%
Widow / Surviving Civil Partnership	10619	8.2%
Grand Total	128,524	100%

9. OUR WORKFORCE

Each year the Trust produces information in relation to the make-up of its workforce. Whilst being a legal requirement, this information is also useful for workforce planning. This section of the Equality Diversity Inclusion Annual Report 2017-18 outlines what we know about the make-up of our workforce.

Staff Profile Highlights

Headlines: As of March 2018 Southport and Ormskirk Hospital NHS Trust employed 3062 people of which:

- Gender: 78.10% of the workforce are Female and 21.90% are Male
- Age: 24.82% of the workforce are aged 35yrs and under, 51.01% of staff are 36yrs to 55yrs of age and 24.17% are aged over 55 years of age
- Ethnicity: The Trust workforce consists of 9.50% from Black Minority and Ethnic groups 84.40% White staff and 6.1% Not Stated or Unspecified. 4.06%
- Disability: 2.60% of the Workforce have disclosed that they consider themselves to have a Disability, 63.80% of staff have told us they don't consider themselves to have a Disability with the remainder 33.5% either not declaring, preferring not to say and the others unspecified.
- Sexual Orientation: 80.89% of staff have disclosed their sexual orientation as Heterosexual or Straight, 1.05% as Lesbian, Gay, 0.13% Bisexual with the remainder Not stated (person asked but declined to provide a response) 8.16% and 9.76% Unspecified.
- Religion & Belief: the 3 highest religions & beliefs at the Trust are as follows 63.65% Christian, 7.77% Atheists the third biggest group is Islam and Hinduism both at 1.44% with Not Disclosed Other and Unspecified 25.7%
- Employment Status: the workforce consist of 50.74% Fulltime Staff that consists of 34.49% Female and 16.25% Male, Part time Staff consists of 43.6% - 49% Female and 5.65% Male.
- Length of Service: The highest proportion of the workforce have been employed by the Trust for between 1-5 years 30.99%, 11.37% of the workforce have been with the Trust for under 1 year and 3.27% of the Trust have been employed by the Trust for 30 years and above

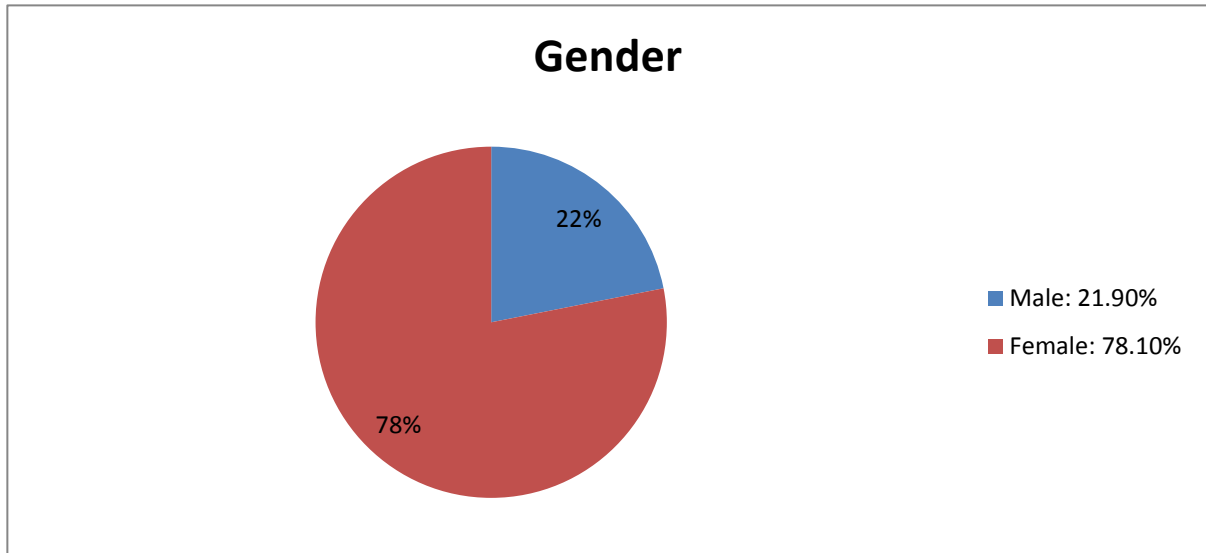
Workforce data below provides a general overview of staff ethnicity, gender, religion and belief, sexual orientation, disability employment status and length of service, disciplinary, training and recruitment.

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) 2017 -2018.

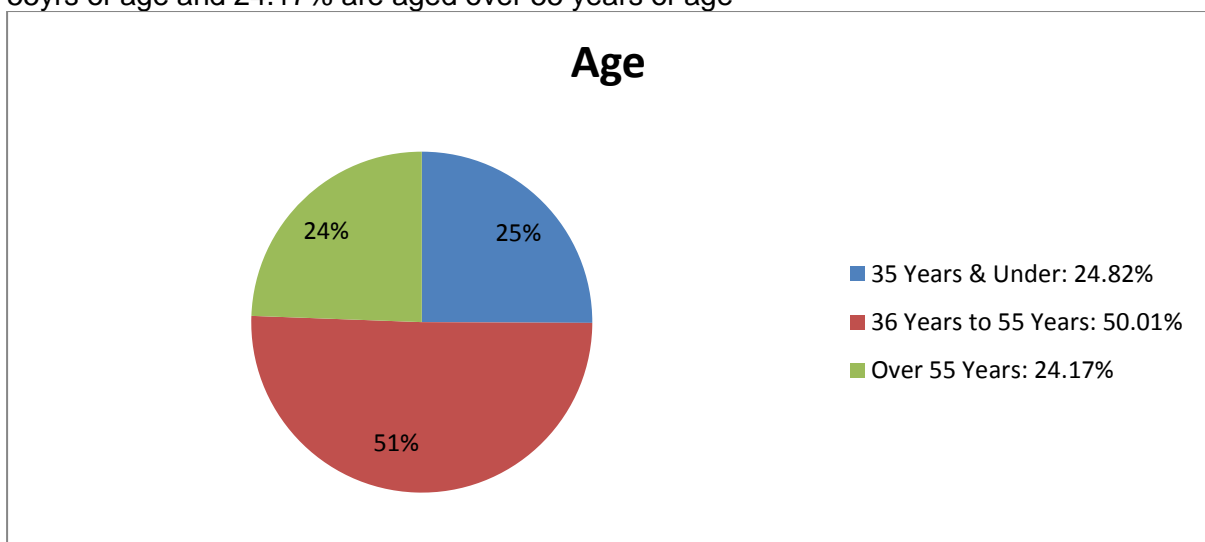
Consensus data for 2011 Appendix B highlights the ethnicity of residents in the Sefton and West Lancashire area, this data has been used as a comparator to cross reference the Trust workforce the evidence highlights that the Trust is representative of the local regions

Gender: 78.10% of the workforce is Female and 21.90% are Male



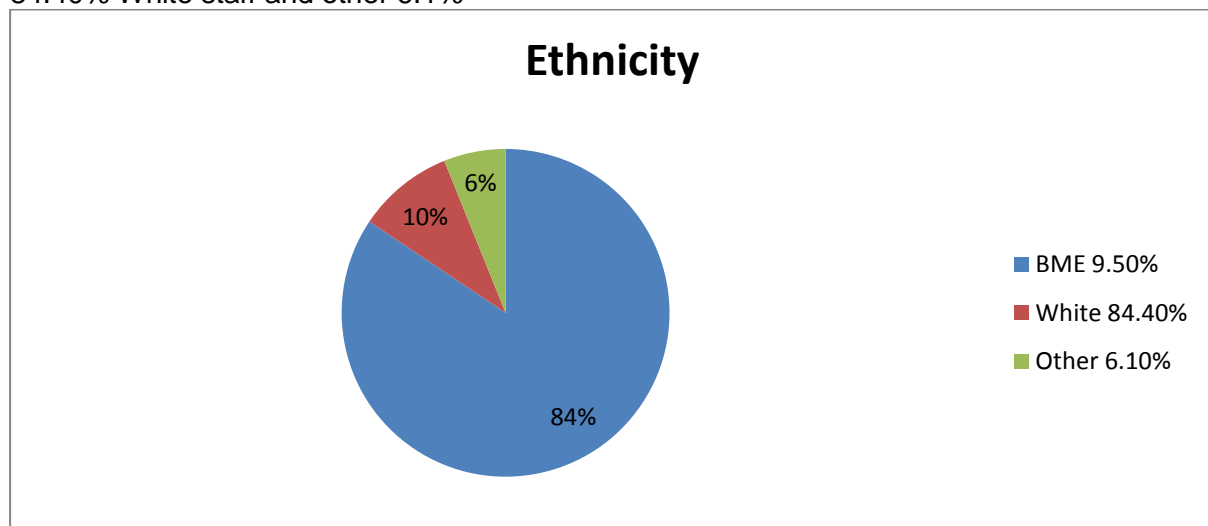
Gender	Headcount	%	FTE
Female	2,391	78.1	1905.93
Male	671	21.9	576.71
Grand Total	3,062	100.0	2482.64

Age Profile: 24.82% of the workforce is aged 35yrs and under, 51.01% of staff are 36yrs to 55yrs of age and 24.17% are aged over 55 years of age



Age Band	Headcount	%	FTE
<=20 Years	22	0.72	7.42
21-25	178	5.81	147.42
26-30	262	8.56	215.69
31-35	298	9.73	244.92
36-40	312	10.19	263.06
41-45	332	10.84	281.23
46-50	422	13.78	356.59
51-55	496	16.20	421.54
56-60	425	13.88	330.65
61-65	232	7.58	167.72
66-70	71	2.32	42.51
>=71 Years	12	0.39	3.89
Total	3,062	100.00	2482.64

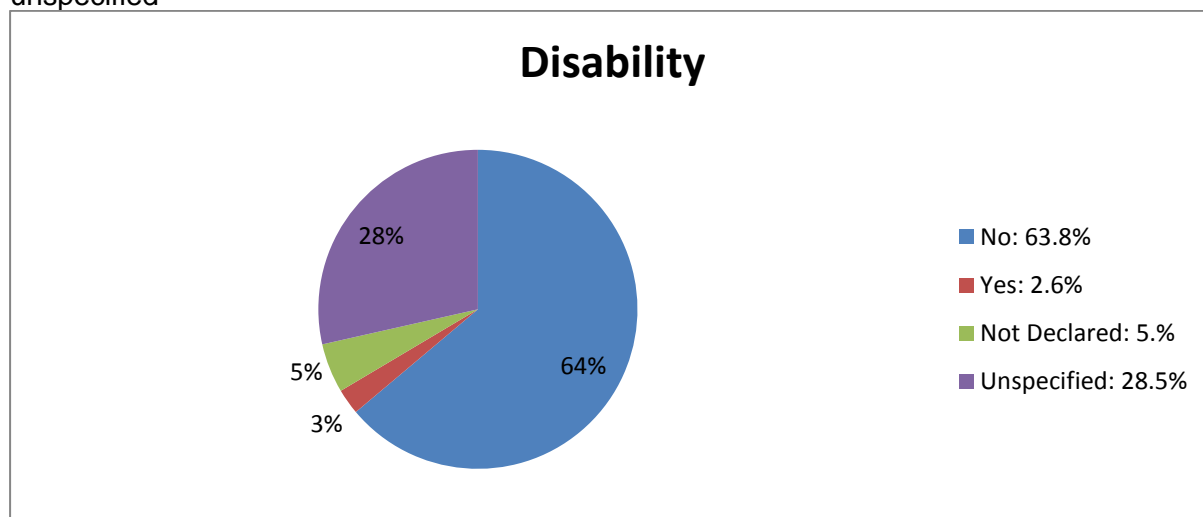
Ethnicity: The Trust workforce consists of 9.50% from Black Minority and Ethnic groups 84.40% White staff and other 6.1%



Ethnic Group	Headcount	%	FTE
A White - British	2,499	81.6	2014.79
B White - Irish	28	0.9	23.47
C White - Any other White background	54	1.8	48.59
C3 White Unspecified	1	0.0	0.64
CA White English	2	0.1	1.67
CF White Greek	2	0.1	2.00
CK White Italian	1	0.0	0.00
CP White Polish	5	0.2	4.67
CY White Other European	10	0.3	9.80
D Mixed - White & Black Caribbean	8	0.3	7.60
E Mixed - White & Black African	4	0.1	3.75
F Mixed - White & Asian	6	0.2	6.00

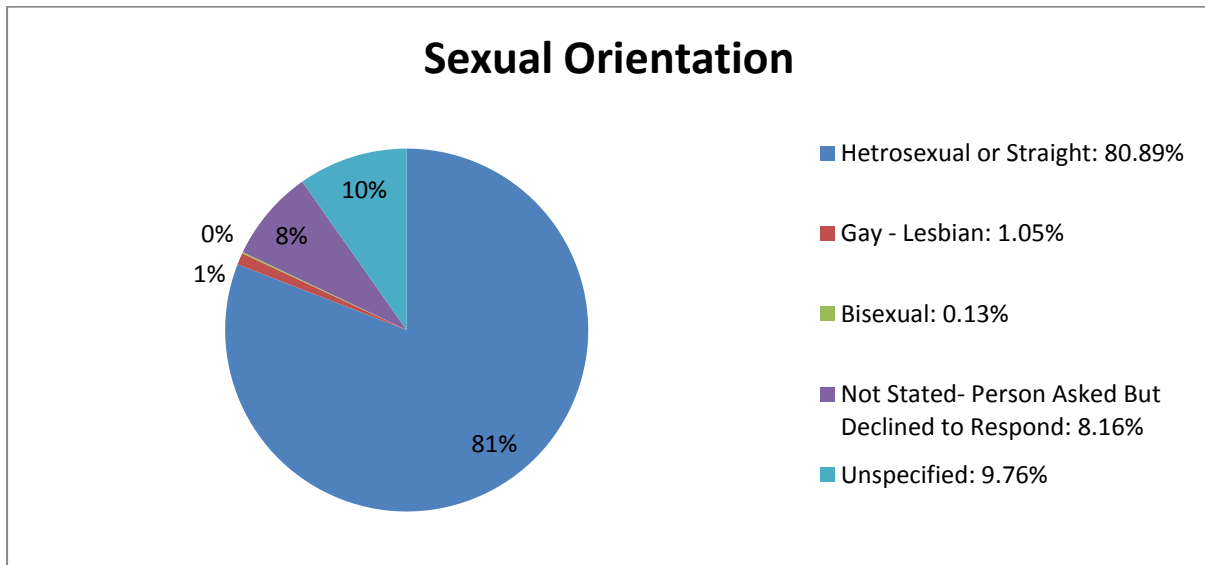
G Mixed - Any other mixed background	6	0.2	4.64
GD Mixed - Chinese & White	2	0.1	0.00
GF Mixed - Other/Unspecified	1	0.0	1.00
H Asian or Asian British - Indian	76	2.5	70.18
J Asian or Asian British - Pakistani	17	0.6	14.44
K Asian or Asian British - Bangladeshi	1	0.0	0.80
L Asian or Asian British - Any other Asian background	46	1.5	41.57
LE Asian Sri Lankan	2	0.1	2.00
LG Asian Sinhalese	1	0.0	1.00
LH Asian British	4	0.1	3.24
LK Asian Unspecified	6	0.2	5.80
M Black or Black British - Caribbean	2	0.1	1.56
N Black or Black British - African	19	0.6	16.86
P Black or Black British - Any other Black background	1	0.0	1.00
PC Black Nigerian	1	0.0	1.00
PD Black British	2	0.1	2.00
R Chinese	5	0.2	4.43
S Any Other Ethnic Group	21	0.7	17.37
SC Filipino	7	0.2	6.86

Disability: 2.60% of the Workforce informed the Trust that they consider themselves to have a disability, 63.80% of staff have told us they don't consider themselves to have a disability with the remainder 33.5% either not declaring, preferring not to say and the others unspecified



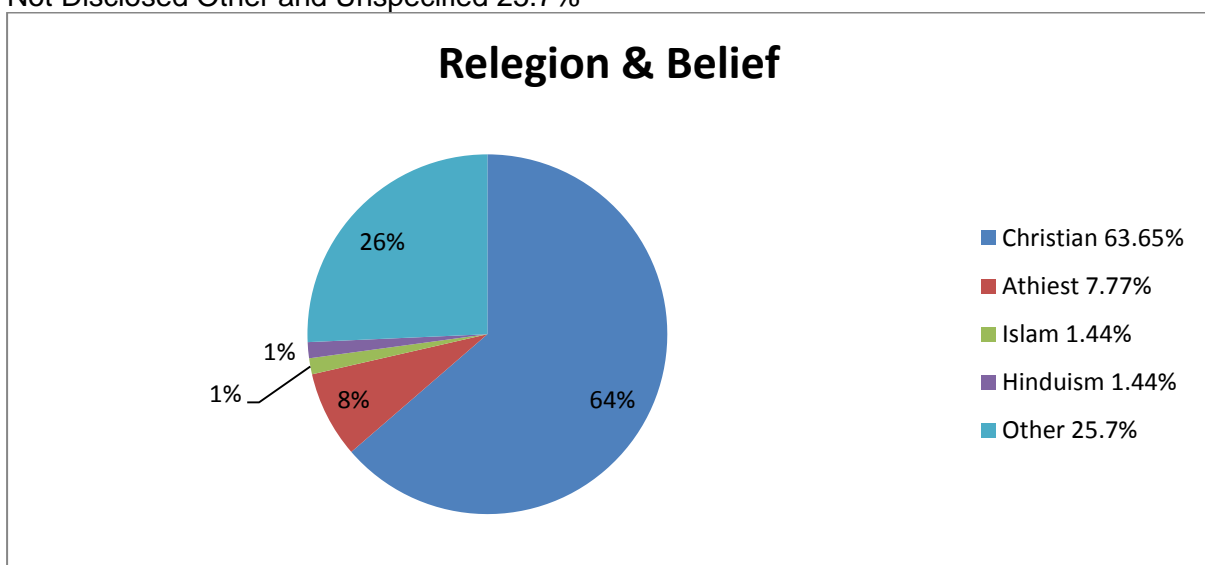
Disability	Headcount	%	FTE
No	1,955	63.8	1564.18
Not Declared	152	5.0	121.47
Prefer Not To Answer	1	0.0	1.00
Unspecified	873	28.5	730.27
Yes	81	2.6	65.72
Total	3,062	100.0	2482.64

Sexual Orientation: 80.89% of staff have disclosed their sexual orientation as Heterosexual or Straight, 1.05% as Lesbian, Gay, 0.13% Bisexual with the remainder Not stated (person asked but declined to provide a response) 8.16% and 9.76% Unspecified.



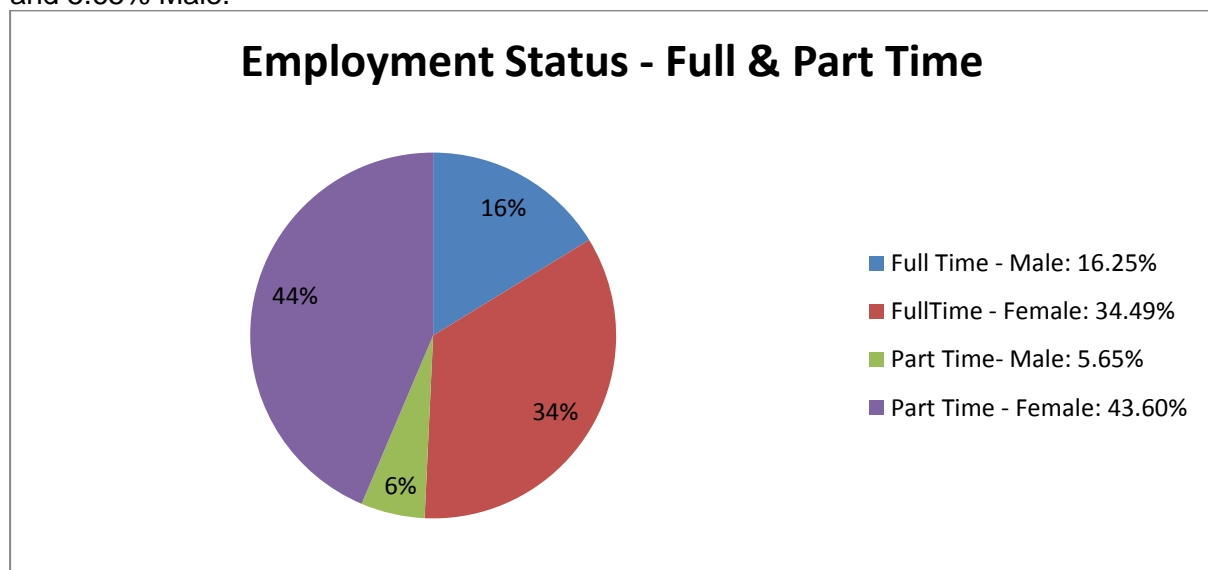
Sexual Orientation	Headcount	%	FTE
Bisexual	4	0.13	3.45
Gay or Lesbian	32	1.05	26.32
Heterosexual or Straight	2,477	80.89	1999.23
Not stated (person asked but declined to provide a response)	250	8.16	207.28
Unspecified	299	9.76	246.36
Total	3,062	100.00	2482.64

Religion & Belief: the 3 highest religions & beliefs at the Trust are as follows 63.65% Christian, 7.77% Atheists the third biggest group is Islam and Hinduism both at 1.44% with Not Disclosed Other and Unspecified 25.7%



Religious Belief	Headcount	%	FTE
Atheism	238	7.77	193.09
Buddhism	12	0.39	10.29
Christianity	1,949	63.65	1558.06
Hinduism	44	1.44	41.54
Islam	44	1.44	36.52
Judaism	3	0.10	2.64
Not Disclosed	377	12.31	306.20
Other	92	3.00	80.69
Sikhism	2	0.07	2.00
Unspecified	301	9.83	251.61
Total	3,062	100.00	2482.64

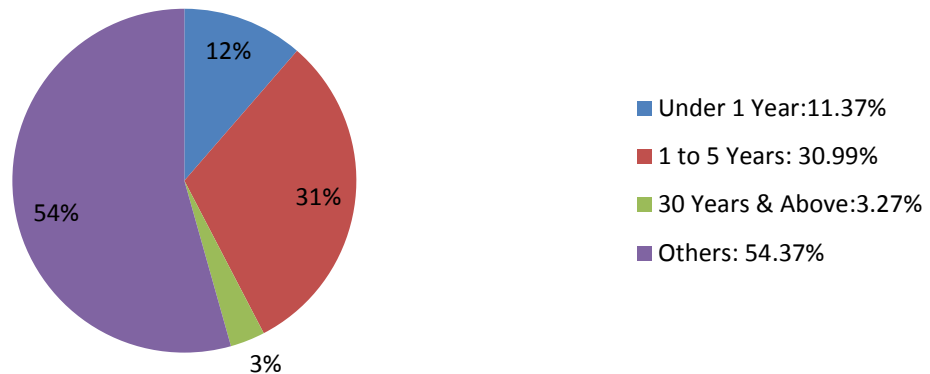
Employment Status: The workforce consist of 50.74% Fulltime Staff that consists of 34.49% Female and 16.25% Male, Part time Staff consists of 49.25.% - Female 43.60% and 5.65% Male.



Employment Status	Female	Male
Part Time	43.60	5.65
Fulltime	34.49	16.25

Length of service: The highest proportion of the workforce have been employed by the Trust for between 1-5 years 30.99%, 11.37% of the workforce have been with the with the Trust for under 1 year and 3.27% of the Trust have been employed by the Trust for 30 years and above

Length of Service



Length of Service Band	Headcount	%	FTE
<1 Year	348	11.37	280.10
1<5 Years	949	30.99	720.25
5<10 Years	539	17.60	442.49
10<15 Years	420	13.72	354.60
15<20 Years	403	13.16	344.91
20<25 Years	170	5.55	141.49
25<30 Years	133	4.34	114.42
30+ Years	100	3.27	84.36
Total	3,062	100.00	2482.64

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	393	7	0.98	0.02
White	2289	98	0.96	0.04
Z NULL	10	2	0.83	0.17
Z Not Stated/Not Given	47		1.00	

Training: The information below highlights the ratio of BME and White Staff accessing training in 2017-18

WRES Category	Headcount	Enrolment Headcount	Ratio
BME	242	223	0.92
White	2603	2447	0.94
Z NULL	12	10	0.83
Z Not Stated/Not Given	206	191	0.93

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

11.1 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 LGBTI Community networks across Merseyside– a signifier of good practice, commitment and knowledge of the specific needs, issues and barriers facing lesbian, gay, bisexual, and transgender (LGBT) people in Merseyside.

11.2 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

12.1 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 Equality Steering Group, HR Governance and Workforce Committee which is a subcommittee of the board of directors. The Trust has a separate WRES Action Plan which is monitored through the same governance structure.

Appendix 1 Equality Action Plan 2017/2019

This action plan will be updated as progress is made and or the objectives are reviewed/amended as appropriate including making any additional objectives to the action plan.

RAG Rating	Incomplete	In Progress/on track	Ongoing	Complete
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Objective	Action	Progress	Lead	Target/Review Date	RAG Rating
Equality Act 2010 (including Public Sector Equality Duty)					
Publication of annual workforce strategy including the workforce report in December each year	Produce draft report for publication		Assistant Director of HR Governance	December 2017/2018	
Review of Equality Impact Assessment documents for policies and procedures	Update toolkit		Equality & Diversity Lead	December 2018	
Equality is mainstreamed through the organisation's business through effective implementation of the Equality Delivery System (EDS2) and equality analysis	Equality impact assessments are used for all CIP's, Policies, Service changes and organisational change.	Equality Impact Assessments are conducted for all CIP's, Policies, Service Changes and Organisational Change	CBU ADO's/HR Managers, PMO Office	Ongoing	
Benchmarking with other NHS Trusts and sharing of best practice	Conduct benchmarking exercise		Equality & Diversity Lead	January 2018	
Publication of WRES Indicators and progress against these	Board sign off of WRES Action plan and publication on intranet alongside associated data. Report results and progress against action plan to Equality and Diversity Assurance Group and HR Governance group	Action plan developed and circulated to board for sign off.	Assistant Director of HR Governance	March 2018	

All papers to Executive and Board include equality impact declaration by author	Company secretary to monitor papers and ensure equality impact assessed		Company Secretary	December 2017	
Governance systems in place to clearly demonstrate compliance with Public Sector Equality Duty.	Equality & Diversity Lead to attend HR Governance and Workforce Committee to ensure compliance and involvement across Trust activity		E&D Lead	Ongoing	Post not yet appointed to
Revise Equality & Diversity Assurance Group Terms of Reference	ToR to be revised and circulated at and agreed with attendees and sent to Workforce Committee for sign off		Assistant Director of HR Governance and E&D Lead	December 2017	
Establish Navajo Task & Finish Group for re-assessment in 2018	Ensure stakeholder involvement from all staff groups and schedule of dates publicised on internet	Not yet started	Exec lead for Equality/Assistant Director of HR Governance	December 2017	
Establish responsibility for E&D Lead for service	E&D Lead post to be put in place with responsibility for Equality Duties associated with service delivery and Equality Impact Assessments.	Not yet progressed	Director of Nursing	November 2017	Post not yet appointed to
Update Transgender Staff Support Policy	Policy revisions to be agreed with sign off from E&D Assurance Group, JNC and QA		Assistant Director of HR Governance	December 2017	
Circulate schedule of HealthWatch meetings 2017/18 for specific focus on EDS2 progress	Meetings to be circulated to E&D Assurance group members and attendees identified.	Not yet progressed in absence of E&D Lead	E&D Lead (?)	Ongoing	

Review Equality Policy to include Equality and Inclusion			E&D Lead	December 2017	
EDS2 Self assessment and submission and sign off by HealthWatch against Outcomes	Submission completed and published on intranet	E&D Lead not yet appointed to	E&D Lead	December 2017	
EDS Goal 2. Improved patient access and experience					
Ensure all services are accessible – consider both physical access and access to information Accessible Information Standard (from April 2016)	All services accessible to required regulations and standards	E&D Lead not yet appointed to	Director of Nursing	Ongoing	
EDS Goal 3: A Representative and Supported Workforce					
WRES – publish data and continue with actions in line with action plan	Data published and action plan monitored through E&D Assurance and HR Governance	Action plan developed for board sign off. Actions progressing in accordance with timescales.	Assistant Director of HR Governance	April 2017 – March 2018	
Employee Network Groups are well supported and actions are delivered as appropriate	Currently the Trust has an established disability staff network. Currently promotes LGBT and BME staff network formation via the internet. The take up is very low. Associate Director of HR and Assistant Director of HR Governance to take forward focus groups also in line with WRES action plan	Start December 2017	Associate Director of HR/Head of HR	December 2017 – March 2018	
Recruitment & Retention Strategy reflective of Equality and Diversity Initiatives	Review R&S policies and strategy to ensure compliance		Recruitment Manager	December 2017	
EDS Goal 4: Inclusive Leadership					
Senior Leaders are engaged and drive equality through attendance at	Board to identify E&D Exec Lead and Equality Champion NED.	WRES report presented at July board. E&D champion to be	CEO and Company	Sept 2017	

E&D group. .		identified at future board.	Secretary		
Training and development opportunities are available to all staff irrespective of background	Training and development opportunities to be advertised on the training and development website Training data to be added to workforce diversity report	Training and development opportunities are advertised on the training and development website	Head of Education and Training	June 2017	
Leaders are equipped with the skills to manage a diverse workforce	Development of a module to be delivered within Leadership and Management programmes facilitated by Education & Training		Head of Human Resources	March 2018	
Workforce Race Equality Standard – increase diversity at all levels of organisation	Proposed internal talent management programmes to support the development of junior staff into senior positions		Assistant Director of Organisational Development	Ongoing	
Workforce Race Equality Standard – increase diversity at all levels of the organisation	Review recruitment practices to gain assurance of the removal of unconscious and conscious bias.		CBU HR Managers/A DO's	March 2018	Not yet started