East Lancashire Hospitals **NHS**
NHS Trust

TRUST BOARD

	Item	**TB/2021/08**

Purpose Information
Action
Monitoring

September 2021

Title	Diversity and Inclusion Report 2021
Author	Nazir Makda, Diversity & Inclusion Lead
Executive Sponsor	Mr K Moynes, Executive Director of HR and OD
	Mrs K Quinn, Operational Director HR & OD

Summary:

The purpose of this report is to:

- Demonstrate compliance with the Public Sector Equality Duty;
- Provide an update on areas of progress within equality, diversity and inclusion agenda over the past 2 years
- Highlight areas of concern relating to advancing equality, diversity, and inclusion within the Trust and provide an overview of the diversity of the workforce; and
- Detail priorities for the upcoming year as well as acknowledging challenges for the future.

The Committee is asked to;

- Members are requested to receive the report and note the information provided.
- Support the development of the WRES, WDES and Gender pay gap reports and associated action plans
- Commit to making further progress on the Trust's Equality, Diversity and Inclusion Agenda.
  Sign off the report for publication on various mediums as per legal requirement

Report linkages

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TB/2021/08 Diversity & Inclusion Annual Report

Related strategic aim and corporate objective (Delete as appropriate)	Put safety and quality at the heart of everything we do
	Invest in and develop our workforce
	Work with key stakeholders to develop effective partnerships
	Encourage innovation and pathway reform, and deliver best practice
Related to key risks identified on assurance framework (Delete as appropriate)	Transformation schemes fail to deliver their anticipated benefits, thereby impeding the Trust's ability to deliver safe personal and effective care.
	Recruitment and workforce planning fail to deliver the Trust objectives
	Lack of effective engagement within the partnership organisations of the Integrated care System (ICS) for Lancashire and South Cumbria and the Integrated Care Plan (ICP) for Pennine Lancashire results in a reduced ability to improve the health and wellbeing of our communities.
	The Trust fails to earn significant autonomy and maintain a positive reputational standing as a result of failure to fulfil regulatory requirements

Impact (delete yes or no as appropriate and give reasons if yes)

Legal	Yes	Financial	Yes
Equality	Yes	Confidentiality	No

Previously considered by: N/A

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Purpose

1. The purpose of this report is to:

    - Provide an update on areas of progress and achievements within equality, diversity and inclusion agenda over the past 2 years

    - Highlight areas of concern relating to advancing equality, diversity, and inclusion within the Trust

    - Detail priorities for the upcoming year as well as acknowledging challenges for the future.

    - Demonstrate compliance with the Public Sector Equality Duty (PSED).

Background

2. The Equality Act requires public sector bodies to publish relevant information to demonstrate their compliance with the Public Sector Equality Duty (PSED). This Annual Report forms part of this information.

Key Achievements from April 2019 to July 2021

3. In the last two years we have seen some key developments relating to our Equality, Diversity & Inclusion Agenda.

    - Following the intense and in-depth judging process, ELHT was shortlisted for the HSJ Race Equality Award. This accolade recognises the important work being carried out by our Black Asian Minority Ethnic Staff Network that supports our wider workforce. The network group was established in 2019 and has been instrumental in overcoming barriers and driving forward positive change in the Trust.

    - We have established our Inclusion Group, grown our Employee Networks and put in practice positive actions to address areas of inequality, including:

    - Growing our existing staff networks and establishing new ones e.g. Womens and Muslim employee network groups

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- Creation of the BAME Strategic Oversight Committee to hold divisions to account around their EDI performance

- Embarking on a reverse mentoring programme for under-represented employees to understand lived experience and impact of working in ELHT

- Launching the Rainbow Badge initiative within the Trust in support of our LGBT+ patients and staff

- The Trust has complied with all national reporting including the Gender Pay Gap and Workforce Race and Disability Equality Standard reports

- Held a "Big Conversation" event for BAME colleagues which have informed the 2021-2023 Race Equality (WRES) action plan which are at **Appendix 4** on page 40.

- Continued to identify and 'flag' people with an accessible information need

- The Chaplaincy Department continues to offer high quality pastoral and spiritual care to all patients, clients, carers and staff within the Trust and is available to all and welcomes referrals from colleagues and carers alike

- Celebrated our second Festival of Inclusion during October 2020

- Launched our Equality Diversity & Inclusion Statement of Intent which can be found at **Appendix 2** on page 20**.**

- Developed an Employee Relations Case Review Group to ensure all employee relations issues are received, considered, investigated where appropriate, and managed in the interest of patient safety and high standards of patient care

- Developed Freedom to Speak Up champions to enable employees to discuss and raise concerns they may have.

- The Trust joined the NHS Employers Diversity and Inclusion Partners Programme 2021/22 which supports NHS organisations to integrate and embed diversity and inclusion within their organisations.

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- Through a regular drum beat of communications the profile and visibility of our diverse workforce is raised in many of our publications, channels, events and web resources

- The Trust recognised, and took part in, a number of awareness days and events relating to EDI in order to raise awareness of the issues different groups might face, and to celebrate cultural events.

- The Trust offered Covid-19 risk assessments to all staff and put appropriate measures in place to mitigate any identified risk.

4. **Appendix 1** on page 12 details achievements and activities that have been undertaken in the last two years to advance equality, diversity and inclusion within the Trust.

Workforce Race Equality Standard (WRES) 2021 Results

5. The WRES is designed to help NHS organisations understand and actively address differences in the experience between Black, Asian and Minority Ethnic (BAME) and white staff. The WRES comprises nine indicators; indicators 1 – 4 are taken from the Trust's HR data systems; indicators 5 – 8 are taken from the national NHS Staff Survey and indicator 9 appertains to the Trust's senior leadership. The WRES provides a robust reporting framework and supports NHS organisations to address and close any gaps through the development and implementation of action plans for improvement.

6. The 2021 WRES results show that we have improved slightly on 3 metrics, 5 metrics have deteriorated and 1 metric remaining the same, details of the Trust's 2021 WRES results can be found in **Appendix 3** page 21, along with Trust's scores against the previous years. Some highlight points from the report are

    - There remain huge disparities between BAME and White staff in their distribution across the pay bands for both non-clinical and clinical roles. Only with the data for Doctors do we see a greater likelihood for BAME staff to be employed at higher grades.
    - The percentage of Board members by ethnicity compared to the Black, Asian and Minority Ethnic workforce remained the same as in the previous year. It is

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recommended that the Board reviews this issue and develops plans to redress this imbalance.

- White job applicants are two times more likely to be appointed from shortlisting compared to BAME applicants.
- The WRES submission contains 9 metrics, of which 4 metrics are based on staff survey questions, our scores are down on the 2019 survey on all 4 metrics below
    - Two on bullying harassment or abuse – patient/staff
    - One on the belief that the Trust provides equal opportunities
    - One on experiencing discrimination from managers.

7.   The equality and diversity theme of the national staff survey needs to be understood in the context of a sadly deteriorated set of staff survey results in 2020. As we enter 2021-2022, each of the questions and feedback will be analysed in more detail, shared with the relevant staff networks for consideration and further action for improvement identified and undertaken. This engagement will actively inform the actions each of our networks choose to focus on in their plans of work, as well as inform the higher level plans of action the Trust needs to deliver in the coming year.

8.   The Trust's Black Asian and Minority Ethnic (BAME) employee network has developed a detailed WRES Race Equality action plan, which can be found in **Appendix 4** on page 40**,** which shows a number of actions that will be undertaken during 2021-2022 for improvement in all 9 metrics.

Workforce Disability Equality Standards (WDES) 2021 Results

9.   Similar to the WRES, the WDES comprises of a set of metrics against which NHS Trusts must report and following analysis of the local data, and in partnership with staff members, develop actions for improvement.

10.   The 2021 WDES results show that we have improved slightly on 3 metrics, 4 metrics have deteriorated and 3 metrics remaining the same, details of the Trust's 2021 WDES results can be found in **Appendix 4** on page 23 along with Trust's scores against the previous years.

11.   In 2020 The Trust identified four primary actions for improvement in relation to the WDES and progress was made in relation to each of the actions.

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- Undertake further meaningful steps to improve staff self-disclosure rates around disability
- Support the emerging disability employee network
- Include employees with a disability in the first cohort of Reverse Mentoring with members of the Trust Board.
- Raising awareness of disability via employee stories

12. A detailed WDES action plan can be found in **Appendix 5** on page 53**,** which shows a number of actions that will be undertaken during 2021-2022 for improvement.

13. It is important to note the Trust's continued commitment to a Disability Confident Employer (level 2) and the guaranteed interview scheme for disabled people who meet the essential criteria for the post.

14. The Trust is committed to ensuring staff with a disability and those with long term health conditions feel confident and supported within their working environment, hence the WDES action plan will be developed with the support of the disability and mental health & wellbeing employee networks via the "Big Conversation" events during September 2021. The Trust looks forward to the networks developing its own plan of work in 2021-2022.

15.

Gender Pay Gap

16. Although Gender Pay Gap reporting was suspended due to the pandemic, the Trust had already posted its gender pay gap data and report in March 2020, both on the government and Trust websites. Although Gender Pay Gap reporting will be reinstated for 2021-2022 the submission deadline has been pushed back to early October 2021. The Trust will ensure its Gender Pay Gap reporting is completed and submitted in a timely manner. The Trust publishes information about the gender pay gap, which can be found on the government website at https://www.gov.uk/government/collections/gender-pay-gap-reporting. The associated report and proposed actions can be located on the Trust's website at https://elht.nhs.uk/about-us/equality-diversity-inclusion

Patient Experience

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17.   Patient care is at the heart of everything we do and ensuring equality in the provision of care and services is a top priority.

18.   In the last year the Trust has continued to identify and 'flag' people with an accessible information need.

19.   We have established a patient experience group that have provided opportunities for service users and staff to come together to discuss and explore issues and actions.

20.   The Trust also has a Learning Disabilities Liaison Practitioner to ensure reasonable adjustments are made for patients when required. The Trust has worked hard in the last five years at reducing inequalities for patients with dementia and delirium. Through the Trust's Dementia strategy elderly care wards have been transformed into dementia friendly environments and developed fantastic therapeutic activities.

21.   The Trust will address inequalities in patient care and involving patients in the development of Trust Strategy and Action plans via the Patient Safety and Experience Group.

22.   The Trust has a system in place whereby complaints and PALS incidents can be reviewed to establish whether there are trends, from an equality perspective, which need to be addressed.

23.   Although the Trust records equality monitoring data for patients and service users for most of the protected characteristics of the Equality Act 2010, the data is currently not in a format which would be appropriate or meaningful for publication. However, in late 2021 work will commence on establishing an equality dashboard for patient and service user equality monitoring data, which will enable our clinical divisions and directorates to review their service delivery in an intelligent manner and ensure our local population groups are accessing clinical services. A regular review of this data, will also enable clinical divisions and directorates to identify population groups which might not be accessing services as we would expect and ensure measures are taken to ensure potential health inequalities are addressed. Further, the equality dashboard will also assist clinical divisions and directorates in the planning of future service delivery. By April 2022 the first draft of the dashboard will be completed, with testing planned for June 2022. Once tested and finalised the equality dashboard will be rolled out across all clinical divisions and directorates.

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24. In early 2021 work commenced on a workforce equality dashboard for clinical divisions and directorates, as well as all other corporate directorates in the Trust. The workforce equality dashboard will enable Trust divisions and directorates to review the equality monitoring information of their staff and ensure they are able to develop a fair and representative workforce.

Implementation of the NHS Accessible Information Standard (AIS)

25. The AIS came into force for all NHS organisations in July 2016. The Trust has faced significant challenges in ensure that electronic patient or service user administration and record systems include electronic flags or alerts to indicate that an individual has a recorded information and / or communication need. There are many reasons for this including;

   - Not every system will store alerts, although a paper-based system with 'Use of Additional Needs Alert Sticker' on the patient record to identify, flag and record if a patient/ service user has communication or information needs relating to a disability, impairment or sensory loss was implemented.
   - There are a wide range of systems that the Trust uses which produces printed documentation to our patients. A lot of this relies on manual intervention when printing information out, therefore very reliant on employees remembering to alter the way that the letters are produced and sent out.
   - In the Patient Administration System (PAS) if you increase the font size to 14 the whole text is distorted. Also Arial font is not available only courier font which would disrupt majority of patient letters

26. The Trust has in place the Accessible Information Standards Task and Finish group that works in partnership with patients, carers and other health and social care providers to implementing the Accessible Information Standard which aims to make sure that disabled people who are our patients, service users and their carers and parents have access to information that they can understand and any communication support they need.

27. The Trust has agreed to move to an Electronic Patient Record system (EPR) system within the next 2 years. This will reduce the number of systems used for patient

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information. This will hopefully reduce the manual intervention in meeting the AI standard and improve the information sent out to our patients. As we enter 2021-2022, we look forward to continued integration of the AIS in the Trust's IT systems to support patients and service users in accessing care services appropriate to their communication requirements.

Next Steps - Key Objectives for 2021/2022

28. The setting, monitoring and delivery of equality objectives form part of our Public Sector Equality Duty. There are areas of work that require further attention to ensure the Trust meets the needs of its diverse workforce and patient population, these are outlined in **Appendix 6** on page 56**.**

29. The objectives outlined in appendix 6 are ambitious and will require a commitment to doing things differently and having courage to question practices when things don't look or feel right. Achieving a shift in organisational culture to one that is truly inclusive and supportive for all is challenging and will require commitment from all staff and in particular from managers at every level in the Trust. The ability as individuals for us to reflect on our own behaviours and to educate ourselves through active listening to the experiences of others will be a key foundation in achieving success.

30. The trust's Inclusion Steering Group will oversee the implementation of the action plans and ensure delivery remains on track and progress and assurance in relation to the delivery of our equality objectives will be provided to the Trust Board.

Conclusion

31. The past 2 years has been particularly challenging for the Trust and the wider NHS, as we have actively responded to the challenges of the COVID-19 pandemic. It has also been a watershed moment for equality, diversity and inclusion with Covid and Black Lives Matter shone a spotlight on racism and the inequalities that exist within our society, this presents ELHT with an opportunity to take bold actions to improve equality measures for both staff and patients.

32. Of all the many achievements in 2019-2021, the primary highlights have been:

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- Significant equality, diversity and inclusion focused response to the COVID-19 pandemic for patients, service users, our communities and our staff.
- The strengthening of all our employee networks
- Launching the Rainbow Badge initiative within the Trust in support of our LGBT+ patients and staff
- High levels of vaccination uptake from Black Asian and Minority Ethnic staff and other vulnerable staff groups at higher risk from COVID-19
- The Trust's leadership's commitment to equality, diversity and inclusion across all its activity and function and best articulated in the development of the BAME Strategic oversight committee.
- Embarking on a reverse mentoring programme for under-represented employees to understand lived experience and impact of working in ELHT

Recommendations

33.   The Board is asked to;

- Receive the report and note the information provided.
- Support the implementation of the WRES action plan
- All Board members to personally commit to making further progress on the Trust's Equality, Diversity and Inclusion Agenda.
- Sign off the report for publication on various mediums as per legal requirement

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APPENDIX 1 - KEY ACHIEVEMENTS FROM APRIL 2019 TO JULY 2021

The following details achievements and activities that have been undertaken in the last two years to advance equality, diversity and inclusion within the Trust.

Employee Network Groups

1. It is recognised that staff equality networks are an excellent mechanism through which the general duties of the Act can be supported in relation to staff from the protected groups and other groups at potential risk of inequality. The Trust is extremely proud of its four networks. Although the experience of the COVID-19 pandemic has been a significant challenge to all working in the NHS, our employee networks have risen to the challenges in relation to the cessation of face-to-face meetings and actively embraced the MS Teams virtual meeting platform and effectively utilised the online platform as an important way to connect and support one another.

2. The Trust currently has four established employee networks
    *   BAME (Black Asian Minority ethnic) Employee Network with Kevin McGee, Chief Executive, as the executive sponsor
    *   LGBTQ+ (The Lesbian, Gay, Bisexual, Trans, Queer, Plus) Employee Network with Kate Quinn, operational Director of HR&OD, as the executive sponsor
    *   Disability Employee Network, with Michelle Brown, Director of Finance, as the executive sponsor
    *   Mental Health & Wellbeing Employee Network, (Executive sponsor to be identified).

3. The employee networks are now coordinated and aligned and promoted with oversight through the Inclusion Committee. The BAME network has been shortlisted for the 2021 HSJ Race Equality Award. All of the networks have developed action plans with the exception of the Disability Employee network who will develop these in September 2021 following the Big Conversation event.

4. Through the pandemic the importance of staff networks has been formally recognised at a national level and articulated in the NHS People Plan. The Trust has further strengthened its commitment to our staff networks, to ensure the voices of our staff

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network are further amplified and acted upon, there are plans in 2021/2022 to develop a Veterans, EU, Muslim and Womens employee networks with plans for a formal launch spring next year. Alongside this, during 2021-2022 the Trust will further engage with our workforce to ascertain whether any further staff networks are required to support staff from other protected groups and / or groups requiring further support to ensure their voices are heard and acted upon.

5. The BAME Big Conversation event and a report "Let's talk about race" by Arif Patel which have both been presented to the Board have informed the 2021-2023 Race Equality (WRES) action plan which are at **Appendix 4** on page 40**.**

6. Board visibility in terms of EDI has increased. This includes the identification of Board Champions for each of the Staff Networks. The Champions will act as a voice for those Networks at Board and provide a route for Networks to escalate any issues or concerns if required.

BAME Strategic Oversight Committee

7. The creation of the BAME Strategic Oversight Committee will provide the opportunity to hold divisions to account around their EDI performance – a key objective being our aim to reduce inequalities and improve outcomes for both workforce and patients.

Reverse Mentoring Programme

8. 12 employees from all protected characteristics are reverse mentoring Executive Directors to understand lived experience and impact of working in ELHT.

Festival of Inclusion

9. Despite the constraints of the COVID-19 pandemic, ELHT celebrated its second Festival of Inclusion during 5 th – 9 th October 2020. Once again, this was a great success and highlighted the diversity of our workforce and the many benefits of that diversity. Employees at all levels participated in a variety of activities and presentations, focusing on creating a diverse and inclusive work environment that cultivates a sense of belonging for all employees.

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10. Key note guest speaker at the festival conference was David Knight, Senior Lecturer in the School of Art & Design and Fashion at UCLan. David gave an inspirational talk based on the books quoted in his presentation; The Miseducation of the Negro by Carter G Woodson, Staying Power by Peter Fryer, How Europe Underdeveloped Africa – Walter Rodney, Capitalism and Slavery – Eric Williams, Black Athena Trilogy – Martin Bernal Neo-Colonialism the Last Stage of Imperialism – Kwame Nkrumah

11. During the festival the Trust launched its Equality Diversity & Inclusion Statement of Intent which can be found at **Appendix 2** on page 20

12. The theme for the 2021 festival of inclusion is **"civility & respect"** with plans to develop a behavioural framework to ensure staff feel safe at work and have confidence that that they will be supported if they experience incidents of violence or aggression/ harassment or bullying.

NHS Rainbow Badges initiative

13. The Trust implemented the NHS Rainbow Badges initiative in order to promote visible support for LGBT+ staff and patients. The project was supported by the LGBTQ+ employee network. The project aims to help LGBT+ people feel safe to discuss aspects of their sexual or gender identity; this is especially important to people accessing healthcare, as they may already be feeling vulnerable. The project was highly successful, with the initial stock of badges running out and over 1000 employees have completed the LGBTQ+ e-Learning training, there was also a very strong positive reaction on social media images and videos taken of the scheme.

Tackling Discrimination

14. An Employee Relations Case Review Group has been formed to ensure that all employee relations issues are received, considered, investigated where appropriate, and managed in the interest of patient safety and high standards of patient care

15. As part of the development of the trust's commitment to Freedom to speak up, 8 colleagues from protected characteristics have been trained to support the Freedom to speak up guardian and be a link for staff to discuss and raise concerns they may have. The champions will be a point of contact for individuals who require advice, to inform them of the options available, whether informal or formal and to direct individuals to the

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support available. With regular support from the trust's Freedom to speak up guardian, the champions will act as role models for creating an open, honest and transparent culture which values speaking up

16. Our Chief Executive wrote personal messages about racism following the events that have unfolded following the impact of Covid on BAME communities, Black Lives matter and more recently the final of Euro 2020 that the Trust is an anti-racist organisation, we will not and do not tolerate racism. He stated that *"simply being against racism is no longer enough. If we see something, we must actively say something. If you face abuse, do not accept it. If you see someone else being abused, do not ignore it. Be in no doubt – unacceptable language or behaviour towards others has no place in our culture, within our wards, in our community or our workplaces. We encourage you to speak up, call it out and reject it. We want staff, service users and carers to feel supported and safe, irrespective of skin colour, culture, ethnicity or faith, gender, sexuality or if they have a disability*".

NHS Employers Partners Programme

17. East Lancashire Hospitals NHS Trust has been chosen for the NHS Employers – Diversity and Inclusion Partners Programme 2021/22. The programme supports health and care organisations to integrate and embed diversity and inclusion within their organisations.

18. The programme is delivered across four modules - standards, capacity, delivery and evaluation. It provides partners with detailed strategic policy support, the opportunity to undertake personal development and a forum to share good practice and network with fellow colleagues in the NHS, and other diversity and inclusion subject matter experts. The modules are held quarterly in the form of a one-day event which bring together diversity and inclusion partners from across the country.

Communication

19. Through a regular drum beat of communications the profile and visibility of our diverse workforce is raised in many of our publications, channels, events and web resources including:

- Publication of an ELHT Inclusion calendar to provide a selection of key dates, awareness raising days and some events which reflect the diverse

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local population of our staff and service users. The calendar has been developed as a resource for staff to demonstrate a visible and supportive role which is committed to respecting and celebrating diverse communities, cultures and faiths.

- Captured "Staff Stories" on the lived experiences and highlighting staff who are positive about working in ELHT and feel valued

- Amplify the voices of staff who are seldom heard

- We're also promoting our fantastic and diverse workforce with an upcoming 'Inclusion Wall', demonstrating that each and every individual who passes through our corridors is valued and respected.

Events and Awareness Days

20. The Trust recognised, and took part in, a number of events relating to EDI in order to raise awareness of the issues different groups might face, and to celebrate cultural events. These events were:

- **Black History Month** - During the month the BAME employee network were instrumental in delivering a varied programme of activities and resources that celebrate the lives of Black People in the UK and raise levels of awareness about issues that affect the lives of these communities in the UK. Throughout the month a campaign was running sharing information and David Knight, Senior Lecturer in the School of Art & Design and Fashion at UCLan shared interesting historical facts about Black History

  During the month a number of staff read Reni Eddo-Lodge's debut book 'Why I'm No Longer Talking to White People About Race'. The book begins with a summary of the experience of Black and Asian people in the UK, including the Atlantic slave trade, Indian soldiers in World War 1, the Bristol Bus Boycott and the 1981 riots.

- **Disability History Month 2020** - Was celebrated from 18 November until Friday 18 December 2020. We organised and run several activities in collaboration with our Disabled Employee Network planned to mark the

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month. Employees used the commemorative Teams Backdrop on 3 December to mark the International Day of Disabled People.

- **International Women's Day**: Senior Directors shared messages on video, Trust bulletin, social media, etc. encouraging colleagues to challenge "I #ChooseToChallenge and call out gender bias and inequality. Our Chief executive choose to seek out and celebrate women's achievements within ELHT and encouraged everyone to create an inclusive ELHT.

- **LGBT History Month** - The LGBTQ+ Staff Network hosted an online twitter event during February. The event was recorded and has been added to the growing bank of resources that has been developed by the LGBT+ Staff Network.

- **Celebrating PRIDE month** - Colleagues across ELHT came together to celebrate Pride Day on 24th June, a day to recognise and celebrate the LGBTQ+ communities all around the world. Whether it was wearing an item of rainbow clothing or using the dedicated MS Teams backgrounds, colleagues all came together to promote the importance of equality and diversity across the Trust. The day was organised by the Trust's LGBTQ+ network, which works hard to create a culture and environment where everyone feels comfortable to be themselves. The network is firmly committed to ELHT's Inclusion agenda and promotes and champions LGBTQ+ diversity, inclusion and equality in the workplace and makes recommendations to the Trust on appropriate initiatives and activities that will enable this.

Across the Trust at RBTH, BGTH and our Community sites, staff were asked to wear an item of rainbow clothing to take part in the celebrations. Specially decorated cakes were brought round to various departments supplied by the Catering Team and sites such as the Rakehead Rehab Centre organised their own party with a special board created to showcase significant figures in Pride history. As well as the celebrations, a number of colleagues also signed up to the Trust's Rainbow Badge Training which is an e-learning module on the Learning Hub and a 'Rainbow badge' is received on completion. This initiative is a way for NHS staff to demonstrate that they are aware of the issues that the

LGBTQ+ community can face when accessing healthcare and the badge is intended to be a visual symbol identifying its wearer as someone who you can feel comfortable talking to about issues relation to sexuality or gender identity.

- **The United Nation's International Day for Elimination of Racial Discrimination** – This was marked by a call for each NHS organisation in the North West to take "bold and effective" action to tackle racism and inequalities. The call has been made by the North West Black, Asian and Minority Ethnic Strategic Advisory Group (also known as the NHS North West Assembly), following the UN event last Sunday 21 March. The Assembly was formed last year and consists of 70 senior NHS BAME leaders from NHS organisations across the region. At ELHT, we have taken the time to engage with our BAME colleagues through our Big Conversation and separate research piece, led by our BAME network, to understand the experiences that they have at work. We have also started to facilitate 'conversations about race' within teams to help develop understanding about the impact of conscious and unconscious bias and prejudice, to understand where some of our perceptions and misconceptions come from. As well as this, a Trust-wide Quality Improvement initiative was launched in June 2021 using the Anti-Racist Inclusive Multi Cultural Continuum was approved through the Inclusion Committee with QI faculty support.

Covid-19 and Equality Diversity and Inclusion

21. Nationally, the Covid-19 pandemic has had a disproportionate impact on people from BAME communities, on older people, men, those with obesity and those with a disability or long-term health condition. The Trust has offered Covid-19 risk assessments to all staff falling within the vulnerable groups and put appropriate measures in place to mitigate any identified risk.

22. Key work on this was a BAME conversation with members of the Trust Board and the development of a set of frequently asked questions to help inform and guide staff and managers in the process. This work has also been linked into that taking place in the staff networks – particularly the BAME and Disabled Staff networks, where the risk has

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been deemed to be greater. The networks have helped to influence the development of the decision aid and frequently asked questions.

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Appendix 2

Equality Diversity & Inclusion Statement of Intent

Uniqueness is Powerful

ELHT is striving for Equality, Fairness and Sense of Belonging. We want this for everyone. When we say everyone, we mean all employees.

To do that well, we need a workforce that's more representative of the communities we serve. That's why we've embraced a refreshed and accelerated approach to inclusion Many of the greatest ideas, innovation and discoveries come from a diverse mix of minds, backgrounds and experiences we are committed to cultivating a thriving, inclusive work environment.

So we're building a culture where differences in race, gender, age, neurodiversity, disability status, religion & belief, sexual orientation, identity, national origin or any other protected characteristics, are valued and celebrated.

We want diversity, equality, fairness and inclusion practices in everything we do. We want all of our processes, systems and policies to promote equality of opportunity without bias and discrimination. We want all employees to feel included, welcomed, respected, supported, developed, appreciated and recognised.

We want an inclusive workplace where everyone feels empowered and comfortable to bring their full, authentic selves to work.

We respect the visible and invisible qualities that make you who you are. We strive to build and nurture a culture where inclusiveness is a default, not an initiative; where there is a deep sense of pride, passion and belonging that transcends any role.

We know through experience that diversity of ideas, perspectives and backgrounds creates a stronger and more creative work environment that delivers better results.

To support an environment where employees feel empowered to share their experiences, ideas and influence change, we've encouraged the creation of Employee Network Groups including Black Asian Minority Ethnic (BAME), LGTBQ+, and Disability and Mental Health for staff.

There is more to do, but with the help of our entire ELHT family - employees, volunteers, service users, partners, and community- we're greater when we're Equal and Together, we can achieve Equality for All.

Signed

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Kevin McGee, Chief Executiv

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WORKFORCE RACE EQUALITY STANDARD (WRES) RESULTS 2021							
		2019		**2020**		**2021**		**RAG**	**Narrative – the implications of the data and any additional background explanatory narrative**

	Indicator	White	BAME	White	BAME	White	BAME	RAG	Narrative
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: • Non-Clinical staff • Clinical staff - of which - Non-Medical staff - Medical and Dental 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					**See Appendix 5 below**	**See Appendix 5 below**	↑	Overall BAME employees in the workforce have increased by 1% (216) in the last 12 months, Total BAME is 19% although not reflective of the local population of 26%, still 7% short. While a number of the pay bands are closely aligned to the Trust's overall ethnicity ratio, there is a clear underrepresentation of BAME staff at senior level. The information also shows that there is an over-representation of BAME staff within the lower pay bands.
2	Relative likelihood of white staff being appointed from shortlisting across all posts Note: This refers to both external and internal posts	2.15		1.10		2.03		↓	White colleagues are 2.03 times more likely to be appointed from shortlisting. This figure needs to be below 1 to reach parity.
3	Relative likelihood of BAME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to white staff Note: Data should be taken at year end.		1.42		0.88		0.87	↑	A figure below "1" indicates that BAME staff are less likely than white staff to enter the formal disciplinary process
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff	1.14		1.22		1.17		↑	Slight improvement although BAME colleagues are less likely to access non-mandatory training and CPD compared to white staff

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STAFF SURVEY RESULTS		2018		2019		2020		RAG	Narrative – the implications of the data and any additional background explanatory narrative
Note: Staff Survey results are always a year behind		White	BAME	White	BAME	White	BAME		
5.	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	25%	22%	24%	23%	23%	26%	↓	3% deterioration on last year, more BAME colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6.	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	22%	25%	20%	24%	20%	25%	↓	1% deterioration on last year
7	KF21. Percentage believing that the Trust provides equal opportunities for career progression or promotion	88%	67%	90%	73%	90%	72%	↓	1% deterioration on last year
8	Q17B. In the last 12 months have you personally experienced discrimination at work from any of the following? a) Manager/team leader or other colleagues	6%	16%	5%	14%	5%	16%	↓	2% deterioration on last year
9	Boards are expected to be broadly representative of the population they serve. % of Board Voting members	88.2%	11.8%	78%	22%	79%	22%	↔	No change

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		2019	2020	2021	RAG	Narrative – the implications of the data and any additional background explanatory narrative
	WORKFORCE DISABILITY EQUALITY STANDARD (WDES) 2021 RESULTS					
1	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.				↑	Currently the Trust employs 349 employees 4% of the workforce that have disclosed their disability. A huge challenge is the 34% of employees who have not disclosed their disability status. Disabled employees are highly under-represented at senior levels.
2	Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	0.70	1.05	1.13	↓	A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting. This means that in 2020-2021, a likelihood on 1.13 non-disabled people were appointed from shortlisting than disabled people. This is a slight deterioration from a likelihood of 1.05 in 2019-2020.
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	2.83	3.50	0.00	↑	Disabled staff are less likely to enter the formal capability process due to zero cases.

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STAFF SURVEY RESULTS Note: Staff Survey results are always a year behind		2018	2018	2019	2019	2020	2020	RA G	Narrative – the implications of the data and any additional background explanatory narrative
4. % of Disabled staff experiencing harassment, bullying or abuse from		Disability	Non - Disability	Disability	Non - Disability	Disability	Non - Disability		
4	I. Patients/Service users, their relatives or other members of the public	32%	23%	31%	22%	31%	21%	↔	No Change same as last year
	II. Managers	18%	9%	16%	8%	17%	9%	↓	1% decline on last year
	III. Other colleagues	26%	16%	24%	14%	25%	13%	↓	1% decline on last year
4b	Percentage of Disabled staff compared to non-disabled reporting harassment, bullying or abuse at work	47%	49%	53%	49%	56%	49%	↑	3% improvement on last year

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5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	79%	87%	81%	89%	82%	89%	↑ 1% more Disabled staff feel that they receive equal opportunities in terms career progression or promotion at work compared to non-disabled staff.
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	25%	22%	30%	20%	33%	25%	↓ 3% more Disabled staff felt pressured to attend work, despite not feeling well enough to perform their duties compared to non-disabled staff.
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	44%	57%	45%	59%	42%	54%	↓ 3% decline on last year for both
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	76%	N/A	77%	N/A	78%	N/A	↑ 1% improvement on last year
9	a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	7%	7%	7%	7%	7%	7%	↔ It is encouraging to note that the engagement scores have remained the same

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	b) b) Has your organisation taken action to facilitate the voices of your Disabled staff to be heard? (yes) or (no) Note: For your 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.	Yes	N/A	Yes	N/A	Yes	N/A		The Trust has a disability and mental health and wellbeing employee network groups.
10	Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated: • By Voting membership of the Board • By Executive membership of the Board This is a snapshot as of at 31st March 2020.	20%	20%	20%	20%	20%	20%	↔	The makeup of the board has remained the same for the past year

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Workforce Equality Standards

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

(i)   Workforce Race Equality Standard (WRES) 2020 NHS Staff Survey Results

	2017	2018	2019	2020
White: Your org	26.1%	24.5%	23.8%	22.9%
BME: Your org	22.5%	22.2%	23.4%	25.6%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%
White: Responses	2,824	3,012	3,218	3,782
BME: Responses	374	406	496	571

Average calculated as the median for the benchmark group

Survey Coordination Centre

2020 NHS Staff Survey Results > WRES > Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

NHS England

	2017	2018	2019	2020
White: Your org	20.0%	22.4%	20.2%	20.4%
BME: Your org	24.2%	25.9%	23.5%	24.5%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%
White: Responses	2,812	2,956	3,220	3,771
BME: Responses	372	402	489	567

Average calculated as the median for the benchmark group

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2020 NHS Staff Survey Results > WRES > Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion
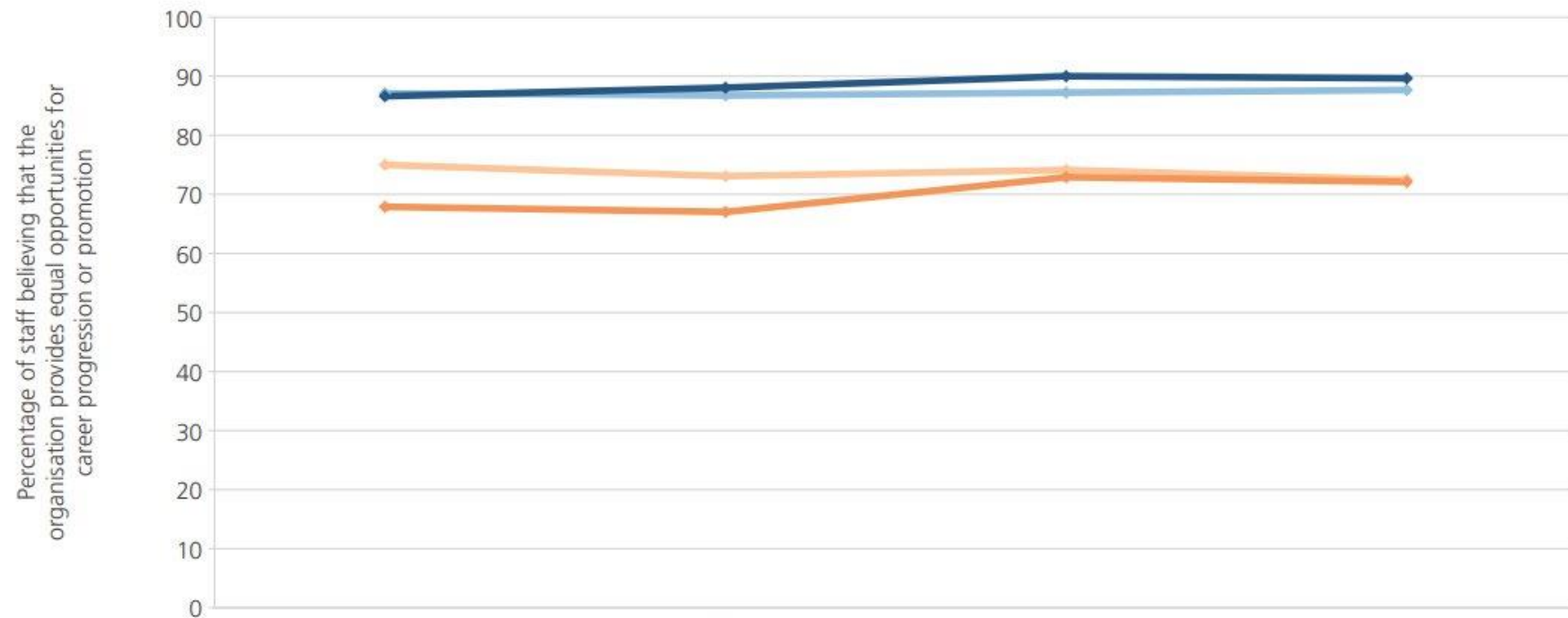
	2017	2018	2019	2020
White: Your org	86.6%	88.1%	90.0%	89.7%
BME: Your org	67.9%	67.0%	72.9%	72.1%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	2,064	2,161	2,342	2,861
BME: Responses	271	282	347	398

Average calculated as the median for the benchmark group

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NHS England

	2017	2018	2019	2020
White: Your org	5.1%	5.9%	4.8%	4.9%
BME: Your org	15.8%	16.0%	13.7%	16.3%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%
White: Responses	2,837	2,998	3,214	3,883
BME: Responses	367	401	495	583

Average calculated as the median for the benchmark group

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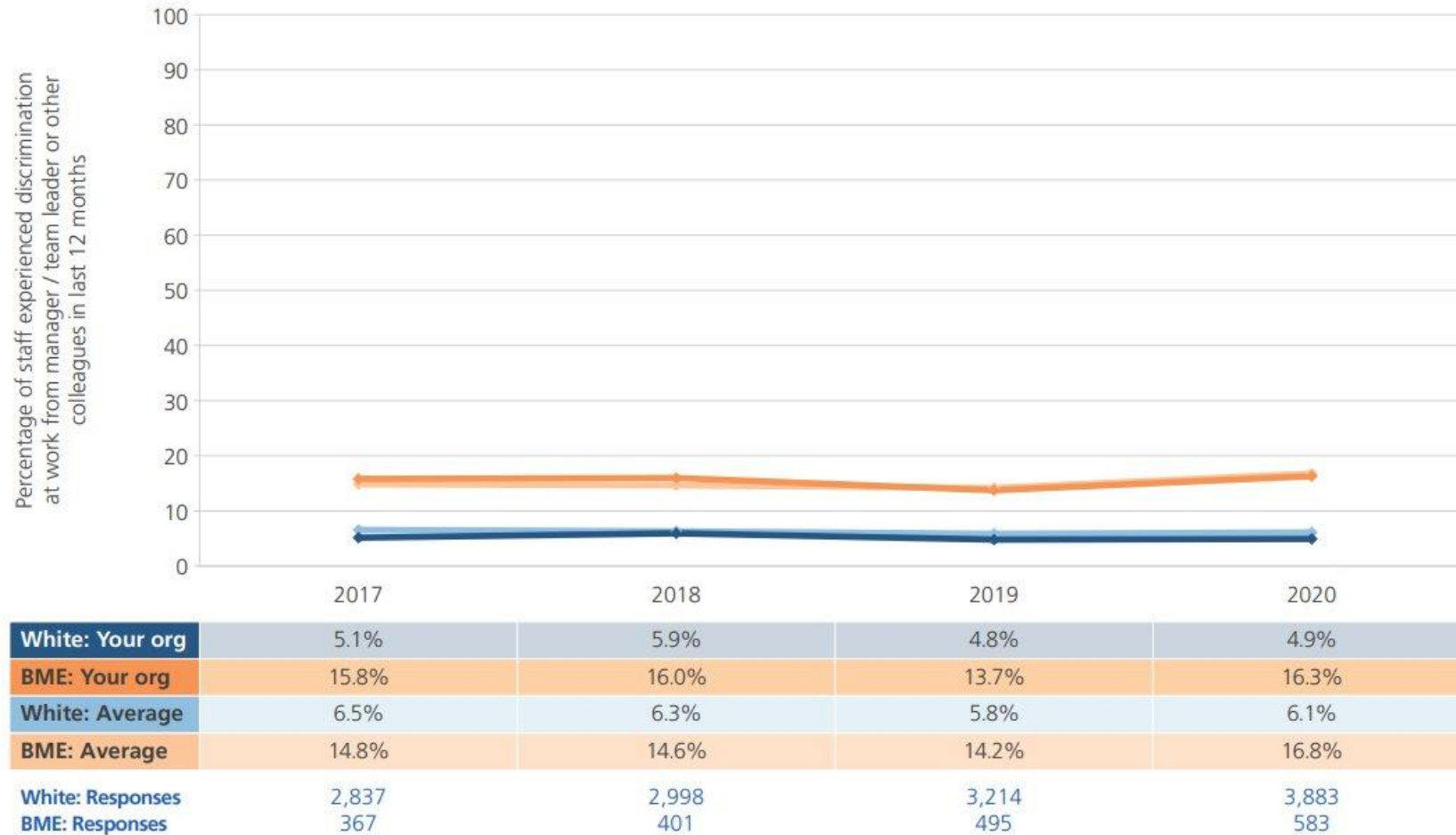
(ii) **Workforce Disability Equality Standard (WDES)** 2020 NHS Staff Survey Results

Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

NHS England

	2018	2019	2020
Staff with a LTC or illness: Your org	32.0%	31.0%	31.0%
Staff without a LTC or illness: Your org	22.9%	22.1%	21.4%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%
Staff with a LTC or illness: Responses	519	665	860
Staff without a LTC or illness: Responses	2,825	3,115	3,562

Average calculated as the median for the benchmark group

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2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months
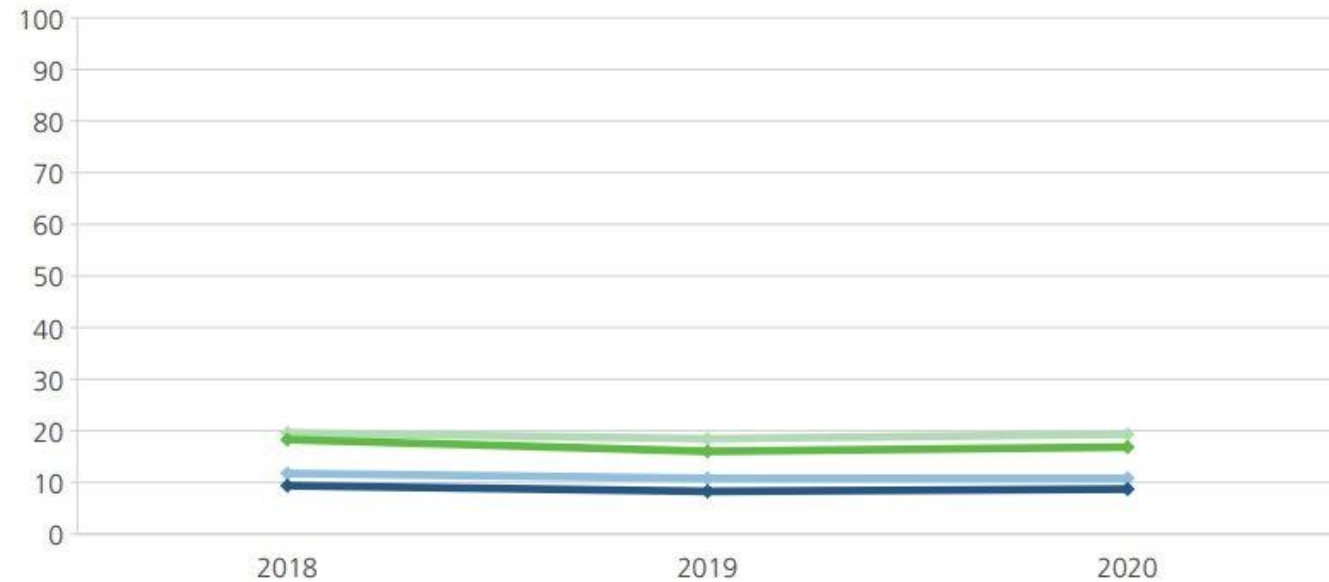
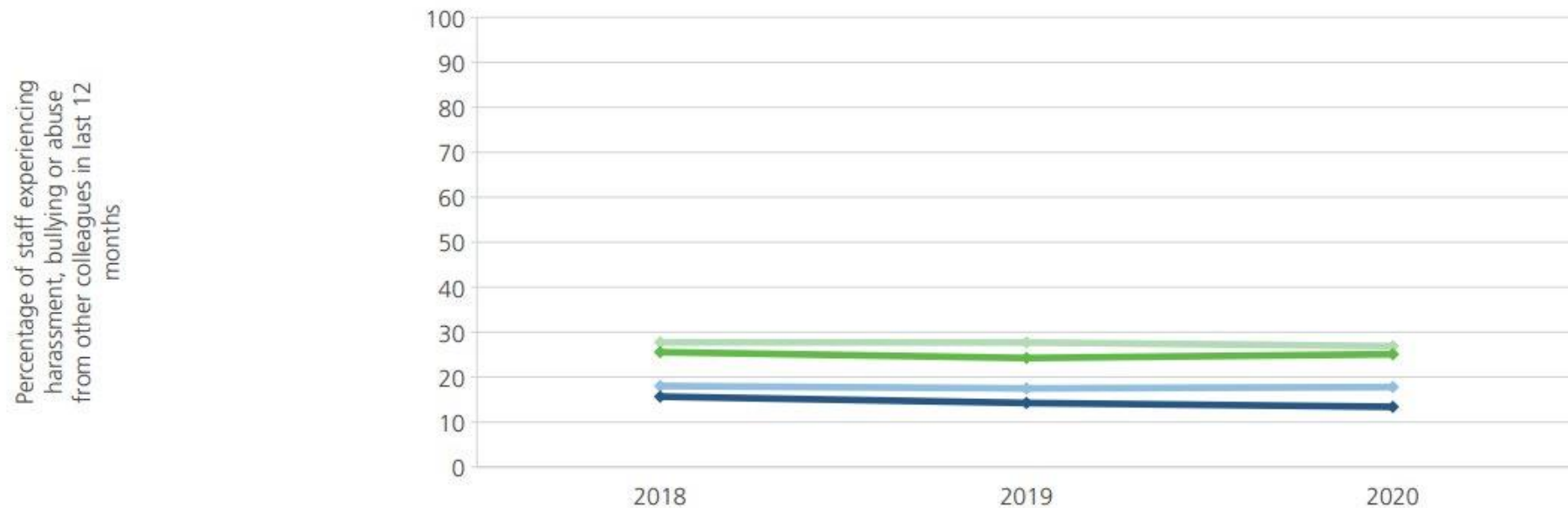|	2018	2019	2020
Staff with a LTC or illness: Your org	18.3%	16.0%	16.8%
Staff without a LTC or illness: Your org	9.4%	8.3%	8.7%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%
Staff with a LTC or illness: Responses	503	662	855
Staff without a LTC or illness: Responses	2,744	3,098	3,539

Average calculated as the median for the benchmark group

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Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

	2018	2019	2020
Staff with a LTC or illness: Your org	25.5%	24.2%	25.1%
Staff without a LTC or illness: Your org	15.7%	14.2%	13.4%
Staff with a LTC or illness: Average	27.7%	27.7%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%
Staff with a LTC or illness: Responses	505	664	857
Staff without a LTC or illness: Responses	2,752	3,103	3,534

Average calculated as the median for the benchmark group

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East Lancashire Hospitals
NHS Trust

**Survey Coordination Centre**

2020 NHS Staff Survey Results > WDES > Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

NHS England

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

	2018	2019	2020
Staff with a LTC or illness: Your org	47.1%	52.9%	55.8%
Staff without a LTC or illness: Your org	49.1%	49.2%	49.4%
Staff with a LTC or illness: Average	45.5%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%
Staff with a LTC or illness: Responses	221	276	371
Staff without a LTC or illness: Responses	820	907	978

Average calculated as the median for the benchmark group

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Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

NHS England
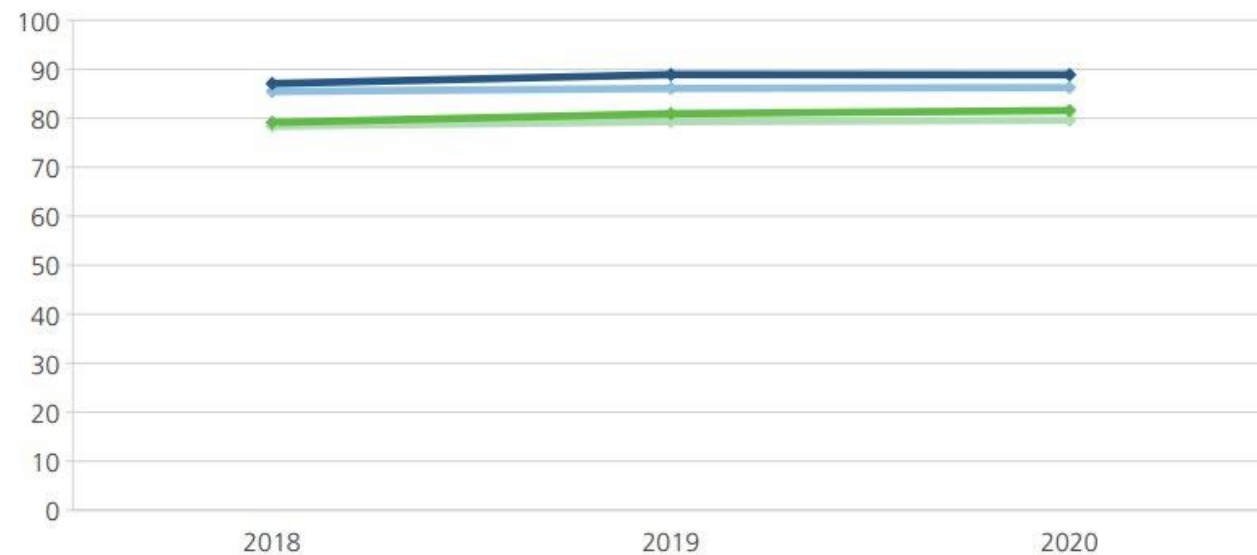
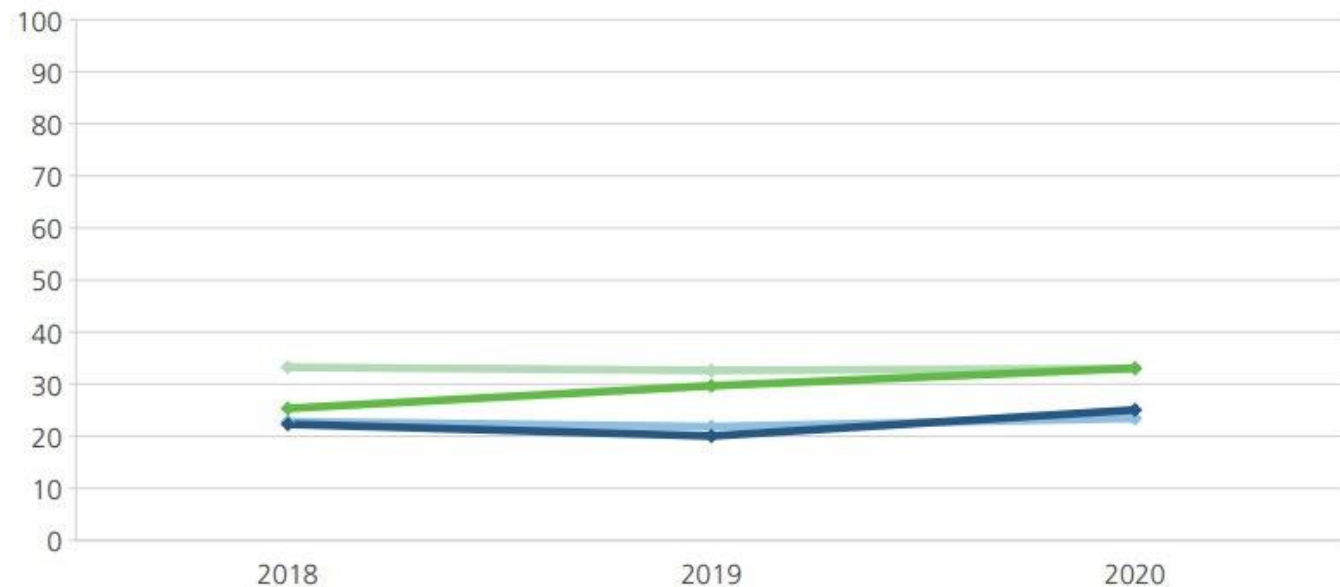|	2018	2019	2020
Staff with a LTC or illness: Your org	79.1%	80.9%	81.6%
Staff without a LTC or illness: Your org	87.1%	88.9%	88.9%
Staff with a LTC or illness: Average	78.4%	79.3%	79.6%
Staff without a LTC or illness: Average	85.5%	86.1%	86.3%
Staff with a LTC or illness: Responses	369	456	629
Staff without a LTC or illness: Responses	2,019	2,281	2,686

Average calculated as the median for the benchmark group

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Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

NHS England

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

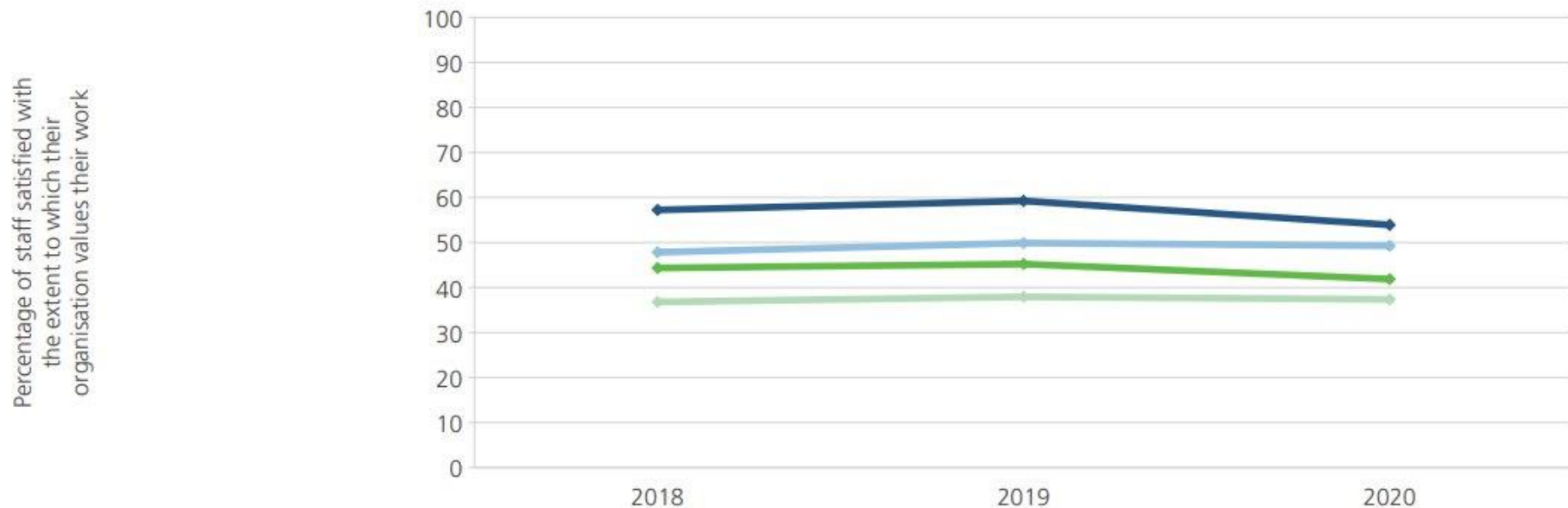|	2018	2019	2020
Staff with a LTC or illness: Your org	25.3%	29.7%	33.0%
Staff without a LTC or illness: Your org	22.3%	20.0%	25.0%
Staff with a LTC or illness: Average	33.2%	32.6%	33.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%
Staff with a LTC or illness: Responses	367	492	581
Staff without a LTC or illness: Responses	1,350	1,528	1,561

Average calculated as the median for the benchmark group

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Survey Coordination Centre

2020 NHS Staff Survey Results > WDES > Percentage of staff satisfied with the extent to which their organisation values their work

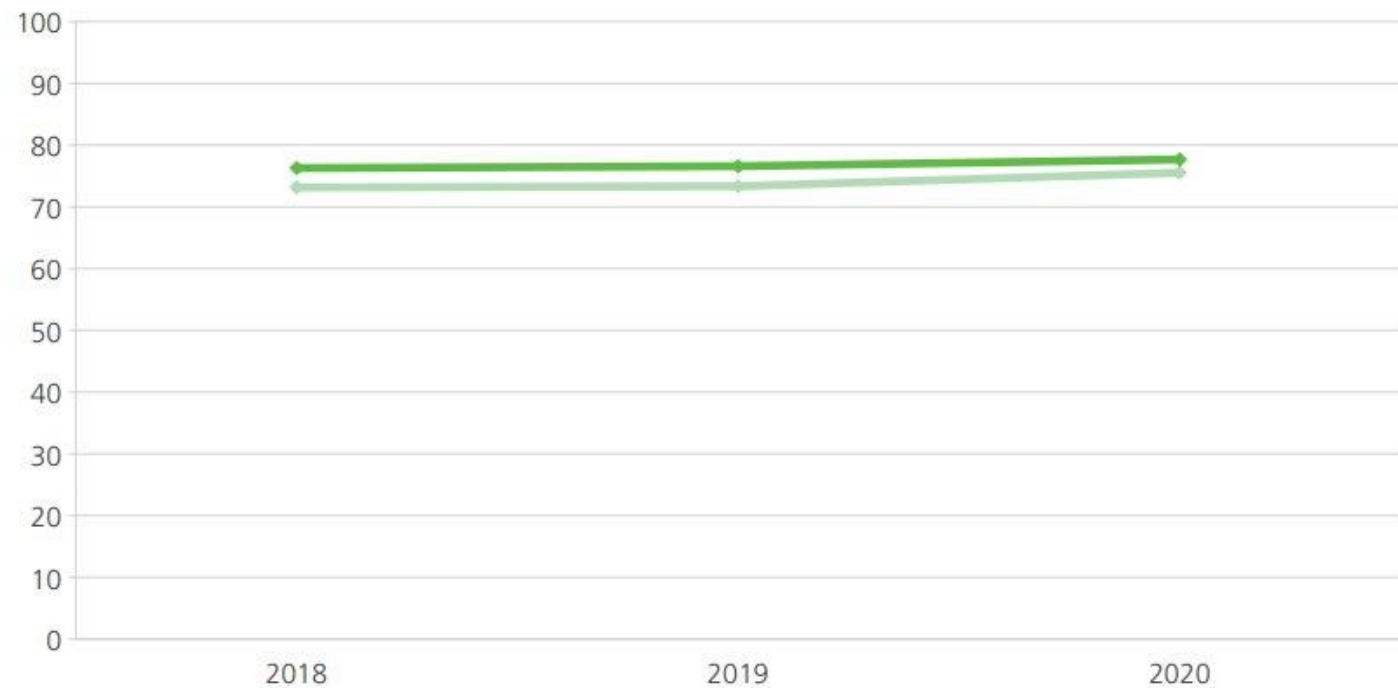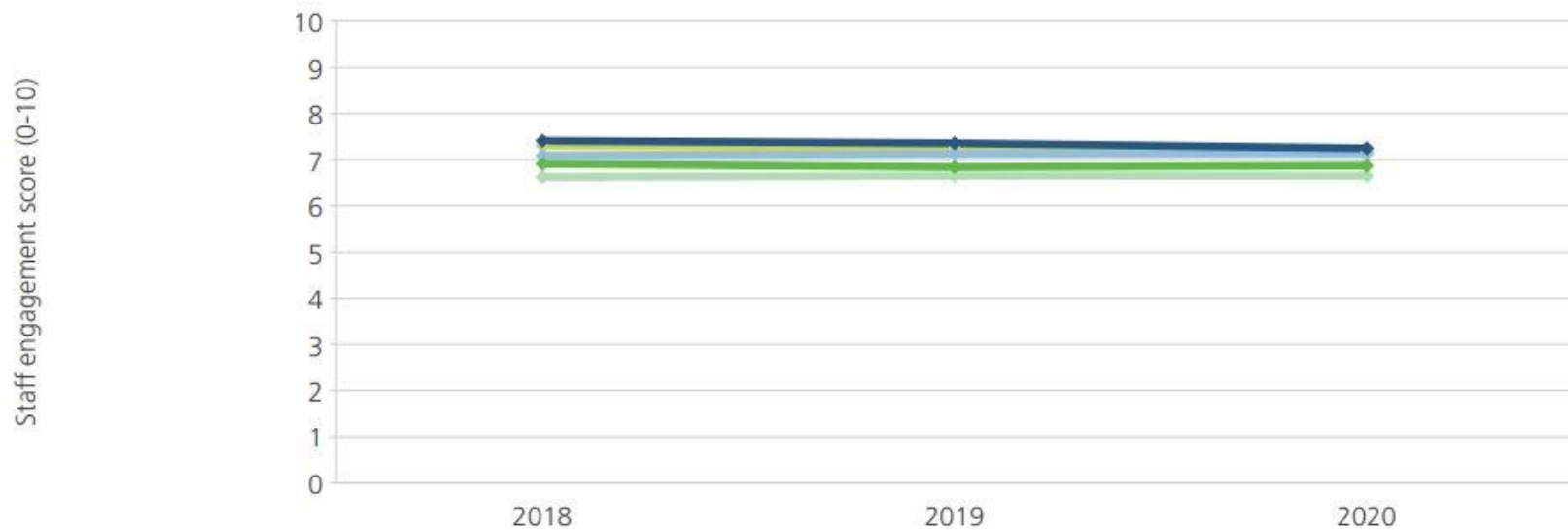|	2018	2019	2020
Staff with a LTC or illness: Your org	44.3%	45.2%	41.9%
Staff without a LTC or illness: Your org	57.2%	59.2%	53.9%
Staff with a LTC or illness: Average	36.8%	37.9%	37.4%
Staff without a LTC or illness: Average	47.8%	49.9%	49.3%
Staff with a LTC or illness: Responses	521	670	886
Staff without a LTC or illness: Responses	2,808	3,131	3,660

Average calculated as the median for the benchmark group

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	2018	2019	2020
Staff with a LTC or illness: Your org	76.3%	76.6%	77.7%
Staff with a LTC or illness: Average	73.1%	73.4%	75.5%
Staff with a LTC or illness: Responses	291	393	569

Average calculated as the median for the benchmark group

	2018	2019	2020
Organisation average	7.3	7.2	7.2
Staff with a LTC or illness: Your org	6.9	6.8	6.9
Staff without a LTC or illness: Your org	7.4	7.4	7.2
Staff with a LTC or illness: Average	6.6	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.1	7.1
Organisation Responses	3,634	3,935	4,733
Staff with a LTC or illness: Responses	521	670	885
Staff without a LTC or illness: Responses	2,833	3,138	3,677

Average calculated as the median for the benchmark group

Appendix 4- RACE EQUALITY WRES ACTION PLAN   **2021-2023**

Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver			
1.LEADERSHIP					
Executive, Senior Management and Board buy-in. Unified approval from the Trust Board to examine and initiate change, plus extending this to other executives and senior management colleagues sharing an interest in the subject for their input and involvement in formulating a strategy.	Operational Director of HR/OD	• Reverse Mentoring, • Exec Panel with BAME • Kevin McGee BAME network Sponsor, • Board approval of WRES and • People Plan Strategies in place • Improved BAME representation on Board • Strategic BAME Committee	**1.** Buy-in from other senior and middle managers 8a and above by engaging in the BAME staff network, Inclusion group and other initiatives like festival of inclusion **2.**Board Development session **3.** At least 90% of Trust Board members to be reverse mentored by BAME staff **4**. All manager's bands 8a and all clinical directors to engage in reverse mentoring by BAME staff	Sep-21 Sep- 21 Oct-21 Mar-23	**AG**
Embedding Race Equality within vison and values. Adding terminology around 'equity' and 'inclusivity' (at all levels), would really transmit a high-level sense of belonging.	Operational Director of HR/OD	Inclusion Statement of intent published	**5.** Embed Inclusive and Compassionate within Trust culture and practices	Apr-23	**AG**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver			
Boards must embed accountability. Start by setting clear measurable time limited goals, ensuring managers and staff understand why, and then holding themselves (and their managers) to account. There should be consequences and/or incentives when agreed diversity goals are not met as for any other key performance indicator (KPI) helping build their capacity and confidence at every level, recognising that requires investment of time and determination by leaders.	Divisional Directors Divisional General Managers	Not in place	**6.** Divisional improvements in all WRES metrics **7.** WRES data to be quarterly standing agenda item within all DMB's	Dec-21 and then quarterly	**R**
Increase the number of executive and non-executive board members from a BAME background in ELHT	Operational Director of HR/OD	• 1 x Medical Director • 3xNed's • Shadow Board	**8.** Talent management and succession for BAME staff to progress to Executive Director positions	Dec-21	**AR**
Board and senior leaders to be mentored on Race Equality	Operational Director of HR/OD	Not in place	**9**. Source a mentor(s) for Board	Sep-21	**R**
Create a new Star Award - Leadership for Inclusion	Operational Director of HR/OD	Award category included	**10**. To start at the next Star awards in 2022	2022	**AG**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver					
BAME network is going to be really crucial is supporting Board members learn about Race equality so plan more panel sessions with the Exec team	Operational Director of HR/OD	Meeting held 23rd June	**11.** Quarterly meetings to invite exec team to BAME network meetings	Sep-21 & then quarterly	**G**
Implement the actions arising from the WRES Race Disparity ratio (RDR)	Operational Director of HR/OD	Baseline has been worked out by the WRES team	**12.** Deliver Race Disparity Ratio actions	June-23	**R**
2. RECRUITMENT					
Equality, Diversity and Inclusion (EDI) to have the appropriate resources to support the delivery of the Inclusion agenda	Operational Director of HR/OD	Funding for festival of inclusion	**13**. Additional resources to support the Equality, Diversity and Inclusion agenda.	April-23	**R**
NHSEI WRES Model Employer action to improvements in recruitment of additional ethnic minority people in senior leadership positions over the next 4 years to reach equity for bands 6 and above. Model Employer target is to reflect representation of ethnic minority staff at equal proportions in all AfC pay scales by 2025.	Operational Director of HR/OD DGM's Divisional Directors	Recent Improvements o 2 x band 8d o 1 x Medical Director o 2x Ned's	**14.** WRES Model Employer Goal / target is 19% for bands 6 and above roles, See table below	Year on year improvements until Dec-25	**R**

14. table (within Actions column):

Band	Current position	Additional required	Target for 2025
6	232	119	351
7	70	60	130
8a	24	28	52
8b	2	11	13
8c	3	4	7
8d	2	2	4
9	1	2	3
VSM	3	2	5

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver			
Review and audit the whole recruitment cycle, getting the basics right by ensuring fair and consistent recruitment and selection processes – including formal and soft promotion and development activities Implementation of the NHSEI's 6 key actions on overhaul of recruitment and promotion I. Ensure ESMs own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by: b) Setting specific KPIs and targets linked to recruitment. c) KPIs and targets must be time limited, specific and linked to incentives or sanctions	Operational Director of HR/OD Head of Education Deputy Director of HR Head of Resourcing Head of Medical Staffing EDI Lead (supported by staff network members)	• Recruitment process mapping exercise with staff networks completed • Action plan in place	**15.** Complete the recruitment audit against the organisational policies and processes **16.** Ensure all senior posts within the organisation include a BAME member as part of the interview panel **17.** Introduce a system of 'comply or explain' to ensure fairness during interviews. This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair. **18.**Train organisations and HR policy teams on how to complete robust / effective Equality Impact Assessments of recruitment and promotion policies **19**. Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews. **20.** Overhaul interview processes to incorporate: a) Training on good practice with instructions to hiring managers to ensure fair and inclusive	Mar-22	**AR**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
	Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver				
			practices are used. b) Ensure adoption of values based shortlisting and interview approach c) Consider skills-based assessment such as using scenarios d) Adopt resources, guides and tools to help leaders and individuals have productive conversations about race		
1. EDUCATION / DEVELOPMENT / TALENT MANAGEMENT					
Talent Management of BAME staff	Operational Director of HR/OD Head of Education Associate Director of Wellbeing & OD	• Review of leadership and management development programmes • Talent Management strategy	**21**. Develop talent management pathway for BAME staff to include acting up opportunities, stretch assignments, secondments, coaching & mentoring, etc. **22**. Organise talent panels to: a) Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments must be advertised to all staff b) Agree positive action approaches to filling roles for under-represented groups	Mar-22	**AR**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver				
			c) Set transparent minimum criteria for candidate selection into talent pools		
Developing future leaders via workforce planning Adopt a 'hire for attitude, train for skills' approach and fulfil the equity and inclusion agenda. Targeting schools and colleges	Operational Director of HR/OD Head of Education DGM's	• Work experience • Step into the NHS • Apprenticeships	**23**. Review the workforce planning exercise undertaken by HR for upcoming positions within each division or directorate over the next 5-years develop a bespoke undergraduate learning and development pathway	Mar-22	**R**
Enhanced EDI training for managers at all levels Training and development, Improve both cultural awareness and managerial training. Elaborate on the existing unconscious bias training and/or (as literature suggests) develop a bespoke cultural awareness training package (either in-house or with UCLan), structured through lived experiences of ELHT staff.	Head of Education EDI Lead	• Part of Core Mandatory training • Bespoke sessions on unconscious bias being delivered	**24**. Strengthening the Cultural & Religious Awareness, Unconscious Bias training and launch new mandatory 'Becoming Race Confident' training to include a series of hard-hitting scenarios acted out by BAME staff sharing their stories and tips to encourage behavioural and mind-set change for Race confident line management **25**. Produce a manager's best practice guide with links to outside best practice to support an anti-racist culture	Starting Mar-22 Apr-22	**AG**
Bespoke Leadership development programme to develop staff who are bands 7 and below to help them with	Head of Education	• Diverse Leaders • Engaging managers	**26** Develop a bespoke leadership development programme for bands 4-7 to include career coaching for BAME staff so that they can learn	Mar-22	**AR**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver			
their progression Targeted programmes that can help to address historic imbalances in access to development and career progression for ethnic minority staff.	EDI Lead	• NHS leadership programmes e.g. stepping up • Shadow Board	the skills to enhance their prospects for progression and support leadership development of BAME staff both internal and external		
4. COMMUNICATION & ENGAGEMENT					
Through a regular drum beat of communications raise the profile and visibility of BAME staff in many of our publications, channels, events and web resources Proactive communication Before, during and after any implementations, an effective communication sub-strategy is imperative. In this instance formulating a 'campaign' type approach using social media, staff bulletins and the intranet could be advantageous.	Director of Communication	• Festival of Inclusion • Risk Assessments • Awareness days • Inclusion Wall • Events e.g. Pride, Black History Month, etc.	**27**. Develop Communications Plan for Race equality	Mar-21 & then monthly	**G**

Safe Personal Effective

Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver			
A committee with a voice, reviewing the remit, makeup, leadership and objectives of the BAME network. Consider proportionately representing peer groups and renaming to Race Equality Committee. Also, enable an opt in/out option for all BAME staff i.e. the BAME network and revise methods of communication in line with the new sub-strategy.	BAME Co-Chairs	• TOR • Meetings well attended • Progress is tracked • Current arrangements working well • Good engagement, good mix of makeup of network • Shortlisted for the HSJ award 2021	**28.** Monitor progress on race equality WRES actions providing assurance and scrutiny **29**. Improve awareness of BAME staff network to increase membership and attendance	Ongoing	G
EDI Statement of Intent and visible pledge is displayed across all sites	Director of Communication	Published in Other News	**30.** Physical, Virtual and Visible display across all areas	July-21	G
Include staff stories to be shared at Trust Board to highlight the lived experience of BAME staff	Operational Director of HR/OD	Not in place	**31**. BAME staff to share stories at board meeting	From Oct-21	R
Workshops and discussions. Participants should be empowered to discuss their experiences, good, bad or indifferent without the fear of repercussion.	Operational Director of HR/OD DGM's BAME Co-Chairs	Let's talk about Race delivered during FOI David Knight from UCLAN Guest speaker	**32** Plan more Let's Talk About Race sessions within divisions 33 Commission expertise of David Knight from UCLAN to support the Trust in improving Race equality	Sep 2021 & then monthly	AG

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver				
Undertaking regular and independent survey/ consultation and feedback from all BAME staff across the trust and the staff group to direct this with appropriate access to resources	Non-Exec Director EDI Board Lead Champion	Staff Survey Inclusion Continuum	**34** Send out quarterly surveys to all BAME staff	May-21 & then quarterly	**AG**
5. EMPLOYEE RELATIONS					
Integrated support infrastructure, empower divisional and/or profession specific, BAME champions to work alongside and support the Staff Guardian (including the newly appointed BAME champions). Eliminating the ethnicity gap in relation to numbers of staff entering formal disciplinary processes - introduction of Employee Relations Review Panel	BAME Co-Chairs Employee relations Case Review Group Head of HR	Employee Relations Case Review Group in place Employee Relations Review Group have met 6 times 3 BAME FTSUP staff champions recruited	**35.** Recruit BAME FTSUP staff champions **36.** HR to share current live employee relations cases by ethnicity with BAME network **37.** Seek clearer and measurable mechanisms (informal/formal) to enforce action addressing those involved in discriminatory behaviour or not adhering to Trust EDI policies	Completed Sep-21 Nov-21	**G** **R**
Amendments to the Trust's policy framework to ensure policies support the removal of racism from the workplace and allow for positive action to be taken where it can be objectively justified i.e. Zero Tolerance against all forms of discrimination	Deputy Director of HR	A sub-group has been set up to look at micro-aggressions, etc	**38** A positive first step will be the explicit definition of racial abuse as a specific gross misconduct (in addition to discrimination) in the Disciplinary policy. Social media policies to be amended to define that the publishing, sharing, encouraging or promoting of racist material will be treated as a gross misconduct	Dec-21	**AR**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver					
Seek clearer and measurable mechanisms (informal/formal) to enforce action addressing those involved in discriminatory behaviour or not adhering to trust EDI policies.					
6. EMPLOYEE WELLBEING					
Adopt the Mayo Clinic Wellbeing Index to support staff wellbeing and resilience	Operational Director of HR/OD Consultant Gynaecologist	Data collected from ICS to support with business case	**39.**Awaiting feedback from Occupational Health **40.**Quotation from Mayo Clinic **41.**Business case approval	Aug-21	**AR**
Risk assessment of all BAME staff	Deputy Director of HR/OD	All BAME staff risk assessed	**42.**External audit of risk assessments **43.** Appropriate support in place to mitigate background risk **44.** The Covid vaccination programme will need to ensure every effort is made to get good coverage in black, Asian and minority ethnic (BAME) staff.	Completed Ongoing	**G**
BAME staff needs to be supported with protected time to attend network meetings similar to staff side to support with the EDI agenda	Operational Director of HR/OD	Working with ICS/NHS England to develop a paper	**45.** Protected time for network members to attend meetings and events	Aug-21	**R**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver					
7. SERVICE DELIVER / PATIENT EXPERIENCE					
Prayer room at Burnley site needs to be renovated as it's in a very poor condition with no access to washing facilities	Deputy Chief Nurse DGM Estates Chaplaincy Manager	• 5 daily prayers • Friday Prayer • Catering for genders • Individual meditation	**46**. Major improvements required to wash facilities and renovation of the prayer facilities	Sep-21	**R**
Explore options for enabling accessible prayer rooms at Accrington and Clitheroe sites.	Deputy Chief Nurse DGM Estates Chaplaincy Manager	Not in Place	**47**. Find suitable sites across satellite hospitals	Sep-21	**R**
Appointment of a woman spiritual counsellor predominantly for Burnley women and new born centre. Support the workload of the current Muslim Chaplin with appointment of another colleague at least as part time to provide cover for the unmet additional demand and as cover when the chaplain is away on leave or holidays.	Deputy Chief Nurse Chaplaincy Manager	2 part time Muslim females recruited.	**48.** Recruit a woman spiritual care staff to support BGTH & new born centre **49.** Recruit more staff to support the Imam	Aug-21	**G**

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Description of Objective Recommendation	Accountable Lead	Progress	Actions	Timescales	RAG
		Green = being delivered Amber Green = on schedule to be delivered but more work to be done Amber red = in progress but needs more focus Red = not on track to deliver			
Catering for BAME staff spiritual and cultural needs whilst at work	Line managers	Ad Hoc	50. Guidance for managers to support staff to observe their religious rituals whilst at work	Mar-22	R
Work to be undertaken to explore/validate that clinical and patient care interventions are based on best practice, up to date and appropriate for local BAME communities.	Director of Operations Director of Quality & Safety Director of Nursing	Not in Place	51. Implement Goals 1&2 of the Equality Delivery system focussing on Race and ethnicity 52. Equality Impact assessments for all policies, practices, events, decision-making processes and functions	Dec-21	R

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Appendix 5 - WDES Action Plan 2021-2022

Objective	Specific tasks	Lead	By When
1. Communication	Raise the profile and visibility of disabled staff through a regular drum beat of communications raise the profile and visibility of disabled staff in many of our publications, channels, events and web resources		Start Jan-22
	Work with disability staff networks to • Capture "Staff Stories" on the lived experiences and highlighting staff who are positive about working in ELHT and feel valued • Amplify the voices of disabled staff • Develop a communications campaign highlighting the benefits of declaring disability	Staff Network Leads Head of Communications Associate Director of Staff Engagement	Oct-21
	Raise the profile of the staff networks		Ongoing
	Campaign to improve disability. Disclosure. Data cleanse exercise to focus on reducing the large percentage of staff who record unknown or null in their disability/ability status	EDI Lead ESR Lead Associate Director of HR & OD	Ongoing

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	Promote one WDES metric every fortnight	Head of Communications.	From Mar 22
2. Training & Education	Launch new mandatory 'Becoming Disability Confident' training to include a series of hard-hitting videos acted out by 'real' ELHT staff sharing their stories and tips to encourage behavioural and mind-set change for disability confident line management	EDI Lead Training & Education Lead E-Learning Lead	May-22
	Publicise the disability resource guide to help staff and managers understand their responsibilities under the Equality Act 2010 in relation to supporting disable staff by removing the barriers that deny disabled people equality of outcome in the workplace, (including reasonable adjustments, access to work support, definitions of disability, etc.).		
3. Engagement & Partnerships	Big Conversations events to allow disabled staff and allies to speak candidly about their experiences	Project Manager Staff Network leads Project steering group EDI Lead Associate Director of Staff Engagement Staff Guardian	Sep 21
	"Celebrating Disability History Month" via hosting a series of virtual road shows and stands across the Trust, to engage directly with staff and public		18 Nov to 18 Dec-21
	Hold focus groups with managers to share and review WDES data and staff survey results	Head of Resourcing Head of Medical staffing	July 2022

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		EDI Lead Head of Workforce Development	
	Establish a working group with disabled colleagues to review the trust's WDES metrics data and lead on the WDES action plan.		
4. Single point of access and support for disabled staff	Grow a network of advocates run by and for disabled people who role model confident conversations about Disability and offer support to disabled staff and empowering them to take ownership of their own adjustments	EDI Lead	Nov 2022
	Adopt the reasonable adjustments passport created by NHS Employers. It allows individuals to easily record information about their condition, any reasonable adjustments they may have in place and any difficulties they face	EDI Lead	Oct 2022
	Maintain the Department for Work and Pensions (*DWP*) Disability Confident Employer (*level 2*) status		Feb 2022
5. Reverse Mentoring	In the spirit of 'Nothing about us without us', support the amplification of the voices of disabled staff via Reverse Mentoring of Board Executives and senior leaders in a relationship where knowledge and	EDI Lead Director of HR/OD	Completed

	understanding of lived experiences creates awareness, insights and action where the factors that generate inequity are proactively addressed		
6. Recruitment	To improve recruitment and retention of disabled people via Equality Impact Assessment of the whole employee lifecycle (i.e. recruitment and retention, performance reviews, development, ER cases, exit questionnaires, staff engagement) in relation to disability	EDI Lead Head of Medical staffing Head of Resourcing	May 2021

APPENDIX 6 – WORKFORCE MONITORING STAFF   **IN POST**

Workforce ODB
Substanstive Staff

Staff Group
All

Age Profile

Age	Count
66-70	
61-65	606
56-60	1129
51-55	1335
46-50	1195
41-45	1062
36-40	1112
31-35	1221
26-30	1152
21-25	792
>=71 Ye...	
<=20 Ye...	

Staff Group

2907, 2147, 1940, 843, 736, 667, 314, 156, 114

Nursing and ..., Administrative and Cl..., Additional Clinical Services, Estates and Ancillary, Medical and Dental, Allied Health Professionals, Add Prof Scientific and Tec..., Healthcare Scientists, Students

Division	FTE	Headcount
Balance Sheet	11	11
Community & Intermediate Care	804	914
Corporate Services	633	705
Diagnostic & Clinical Support	1,562	1813
Diagnostics & Clinical Support	11	14
Education, Research & Innov'N	189	202
Estates & Facilities	709	854
Family Care	1,061	1245
Medicine & Emergency Care	1,683	1862
Non Directorate	198	269
Research & Development	2	2
Surgical & Anaes Services	1,764	1933
Total	**8,627**	**9824**

Gender — ● Female ● Male
19.84% Male, 80.16% Female

Ethnicity — ● White ● BME ● Undefined
1.05% Undefined, 17.96% BME, 80.98% White

Disability — ● No ● Unspecif... ● Yes ● Not Decl... ● Prefer N...
3.56%, 36.03%, 59.80%

Pay Band — Non AfC, Band 8A, Band 7, Band 1, Band 2, Ba..., Band 5, Band 4, Ban...

The workforce profile infographic above shows that a significant proportion of the workforce is over the age of 40, female and white and this is true across all Divisions.

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Staff in post figures as at 31.03.2021

Gender	2021	2021
Female	7876	80%
Male	1949	20%
Disability		
No	5870	60%
Unknown	3606	37%
Yes	349	4%
Ethnicity		
BME	1857	19%
Undefined	116	1%
White	7852	80%
Sexuality		
LGBTQ+	190	2%
Heterosexual or Straight	8,290	84%
Unknown	1,345	14%
Grand Total	**9,825**	**100%**

The tables on the left show that the overall protected characteristics split across the Trust with increases in all groups over the last 12 months although for ethnicity and disability we are not reflective of our local population.

Our data shows that we have specific challenges in terms of the overall diversity of our workforce and specific issues in relation to the recruitment of people from one of the protected characteristics in senior roles as well as the development opportunities open to them once in post. Consequently, a Recruitment Project Group is in place to overhaul recruitment and promotion practices to make sure that staffing going forwards reflects the diversity of the community, and regional and national labour markets

Of course, diverse recruitment and representation are critical steps when establishing an inclusive ELHT, but they are not the only requirements. In the early 1940s, humanist psychologist Abraham Maslow published his paper "A Theory of Human Motivation" in Psychological Review, setting out what he believed to be the hierarchy of human needs. At the third rung of the hierarchy is love and belonging. An Inclusive organisation see past the differences and focus on creating a true sense of belonging and without a culture of belonging, both the employees and the organisation will be unable to reap the benefits of diversity. Below are some of the ELHT initiatives to enable this.

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Staff in post figures by Bands- Ethnicity

Ethnicity & Band	Headcount	Headcount	Difference/Variance in number of staff over last 12 months
	2020	**2021**	
White	7246	7852	606
BAME	1641	1857	216
Not Stated/Undefined	103	116	13
Grand Total	**8990**	**9825**	835
White	**7246**	**7847**	601
Band 1	16	6	-10
Band 2	1678	1825	147
Band 3	1077	1253	176
Band 4	592	718	126
Band 5	1366	1371	5
Band 6	1303	1374	71
Band 7	597	626	29
Band 8A	221	251	30
Band 8B	63	64	1
Band 8C	27	30	3
Band 8D	14	15	1
Band 9	9	15	6
Very Senior Managers	22	21	-1
Non AfC Consultants, non-consultants and Trainees	261	278	17
BAME	**1641**	**1855**	214

Band 1	3	0	-3
Band 2	336	365	29
Band 3	145	192	47
Band 4	71	118	47
Band 5	368	415	47
Band 6	222	234	12
Band 7	65	71	6
Band 8A	23	24	1
Band 8B	2	2	0
Band 8C	2	3	1
Band 8D	3	2	-1
Band 9	0	0	0
Very Senior Managers	3	3	0

Kind regards,

Mudassir Gire
Senior Workforce Information Analyst

Staff in post figures by Bands- Disability

Metric	Indicator		# Disabled	% Disabled	# Non-disabled	% Non-disabled	Total
		1a) Non Clinical Staff					
		Under Band 1	0		0		0
		Bands 1	0	0.0%	2	15.4%	13
		Bands 2	50	4.5%	554	49.9%	1110
	Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.	Bands 3	23	3.6%	397	62.6%	634
		Bands 4	13	2.9%	350	78.5%	446
		Bands 5	8	4.5%	141	80.1%	176
		Bands 6	6	6.1%	76	76.8%	99
		Bands 7	6	6.3%	71	74.7%	95
		Bands 8a	0	0.0%	46	76.7%	60
1		Bands 8b	0	0.0%	18	50.0%	36
		Bands 8c	1	5.6%	5	27.8%	18
		Bands 8d	0	0.0%	8	72.7%	11
		Bands 9	1	7.1%	8	57.1%	14
		VSM	0	0.0%	6	46.2%	13
		Other (e.g. Bank or Agency) Please specify in notes.	0	0.0%	0	0.0%	1
		Cluster 1: AfC Bands <1 to 4	86	3.9%	1303	59.1%	2203
		Cluster 2: AfC bands 5 to 7	20	5.4%	288	77.8%	370
		Cluster 3: AfC bands 8a and 8b	0	0.0%	64	66.7%	96
		Cluster 4: AfC bands 8c to VSM	2	3.6%	27	48.2%	56
		Total Non-Clinical	108	4.0%	1682	61.7%	2726

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1b) Clinical Staff					
Under Band 1	0		0		0
Bands 1	0		0		0
Bands 2	48	4.35%	502	45.47%	1104
Bands 3	34	4.11%	517	62.44%	828
Bands 4	12	3.03%	210	53.03%	396
Bands 5	49	3.02%	822	50.62%	1624
Bands 6	56	3.70%	982	64.86%	1514
Bands 7	17	2.81%	424	69.97%	606
Bands 8a	5	2.29%	141	64.68%	218
Bands 8b	1	3.23%	17	54.84%	31
Bands 8c	0	0.00%	8	50.00%	16
Bands 8d	1	14.29%	5	71.43%	7
Bands 9	0	0.00%	2	100.00%	2
VSM	1	8.33%	1	8.33%	12
Other (e.g. Bank or Agency) Please specify in notes.	0		0		0
Cluster 1: AfC Bands <1 to 4	94	4.0%	1229	52.8%	2328
Cluster 2: AfC bands 5 to 7	122	3.3%	2228	59.5%	3744
Cluster 3: AfC bands 8a and 8b	6	2.4%	158	63.5%	249
Cluster 4: AfC bands 8c to VSM	2	5.4%	16	43.2%	37
Total Non-Clinical	224	3.5%	3631	57.1%	6358
Medical & Dental Staff, Consultants	1	0.29%	293	83.71%	350
Medical & Dental Staff, Non-Consultants career grade	4	4.00%	76	76.00%	100
Medical & Dental Staff, Medical and dental trainee grades	13	4.55%	188	65.73%	286
Total Medical and Dental	18	2.45%	557	75.68%	736
Number of staff in workforce	350	3.56%	5870	59.78%	9820

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Appendix 7 – EDI Objectives - The priorities for 2021/22 are set out below.

Commitments	To do this we will:
1. A representative inclusive Workforce	• Deliver a systematic integrated ELHT Leadership and management development programmes for all levels of managers and leaders. We will develop inclusive and compassionate leaders to support a diverse workforce. We will have visible board leaders and leaders throughout the trust who encourage staff development and champion patient care for all those with protected characteristics. We will support the development of coaching and mentoring skills amongst all trust managers to deliver inclusivity in skills development so that all staff are actively encouraged to realise their potential. Our managers will be developed to ensure they have effective listening skills to support staff and patients and act upon feedback where changes are needed. We will recruit to leadership positions based on skills, knowledge and behaviours that demonstrate our culture and a commitment to equality, diversity and inclusion • Further enhance Reverse and Reciprocal Mentoring. - Listen to and act on the lived experiences of our staff through reverse mentoring and the continuation of listening events and the introduction of a regular "staff stories" at the trust board and other senior leadership fora. We have also started the "Let's talk about Race" conversations during the festival of inclusion and plan to have more planned every month.
	• Overhaul recruitment, career development and career progression policies and practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets. • Develop Talent Management of under-represented groups • Develop in partnership with the ICS a bands 4-7 development programmes for under-represented groups

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	• Implementation of the Workforce Race Equality Standard, Workforce Disability Equality Standard, Public Sector Equality Duty, Gender Pay Gap, and Equality Delivery System – We will ensure improvements in all equality outcomes as measured under national and local standards
	• Develop and support Employee Networks and establish new ones. We will continue to support our staff networks as a safe way for staff to have peer support and open conversations. Engagement with our staff networks provides the opportunity for the trust leadership to hear lived experiences of staff. This is turn will inform decision about how the trust supports our staff. We will also support staff in developing local support networks within their own areas of work to encourage local engagement and to feed into the trust wide networks.
	• Require all leaders to have an inclusion objective in their PDPs, related to their areas of responsibility
	• Change systems and processes to eliminate all forms of discrimination
	• Eradicate bullying and harassment
	• Enable concerns to be raised easily and without fear through Psychological Safety
	• Health and Wellbeing – We will link equality, diversity and inclusion objectives with the trust health and wellbeing conversations and to ensure the specific needs of staff are met and that any adverse effects on specific groups are minimised.
	• Excellence in people management including Appraisals, and Staff Well-being
2. To delivery **equity** of access and healthcare outcomes with reduced population health inequalities working in community partnership	• Improving the data quality through increasing disclosure, and developing methods of systematic collection and reporting of data, is essential to track progress accurately.
	• Ensure our ongoing commitment to **equity of access**, service delivery, **patient experience** and outcomes via the implementation of the Equality Delivery System.
	• We will ensure that Equality Impact Assessment (EqIA) is a robust process that offers both assurance and opportunities for improvement that address inequalities in access to services. We will include work with all our local health and care partners to address health inequalities in access to and provision of services.
	• Inclusive patient feedback – we will collect data on the protected characteristics of people providing feedback where appropriate and feasible and use this insight to improve patient experience of care.

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