

Equality Act 2010: Public Sector Equality Duty (PSED) Workforce Annual Review Report 2022



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1. Introduction.

York and Scarborough Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.

We manage 8 hospital sites and have a workforce of around 10,000 staff working across our hospitals and within the community.

We are an NHS Foundation Trust. Foundation Trusts operate independently of the Department of Health but remain part of the National Health Service (NHS). This gives us greater freedom and more formal links with patients and staff. We are accountable to them through an elected and appointed Council of Governors.

Our hospitals

- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Malton Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- Nelsons Court Inpatients Unit

(Click location above to access link)

York and Scarborough Teaching Hospitals NHS Foundation Trust is a diverse employer and provider of care. Our aim is to create a culture of inclusion where everyone feels valued and respected for who they are and what they bring to our organisation.

Our Public Sector Equality Duty (PSED) Workforce Annual Review report highlights the progress we have made in 2022 in line with our Equality Objectives.

A separate report is produced for York Teaching Hospital Facilities Management (YTHFM).

1.1 The Equality Act 2010 and the Public Sector Equality Duty (PSED).

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions. These are to:

1. Eliminate discrimination, harassment, and victimisation.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

We are required to do this by:

1. Removing or minimising disadvantages suffered by people due to their protected characteristic.
2. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
3. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
4. The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled person's disabilities.
5. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to tackle prejudice and promote understanding.

The Protected Characteristics covered by the Equality Act 2010 are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

The PSED places additional specific duties on public authorities, including NHS Trusts, these are to:

- Publish sufficient information to demonstrate compliance with the general duty by 31 January 2012 and thereafter annually, and
- Prepare and publish 1 or more equality objectives by 6 April 2012 and no more than 4 years thereafter.

1.2 The NHS Equality Delivery System (EDS 2022).

The EDS 2022 replaces the EDS2 and is a new and revised approach which supports meeting the PSED. Therefore, it is advised that the EDS2 is now disregarded.

Implementation of the EDS is a requirement on both NHS commissioners and NHS providers.

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, Staff Networks, community groups and trade unions - to review and develop their approach in addressing inequalities in health access, experiences, impact and outcomes through three domains: Services, Workforce health and Wellbeing and leadership. It is driven by data, evidence, engagement and insight and has been amended to be brought into line with the NHS Long Term Plan, and in response to COVID-19.

2022/23 has been used as a transition year, for organisations to use this period to get used to applying the EDS 2022 in a new way, in a new system.

EDS 2022 has 3 Domains and 11 Outcomes which are:

EDS Domain 1: Commissioned or provided services:

Outcome 1A: Patients (service users) have required levels of access to the service.

Outcome 1B: Individual patients (service users) health needs are met.

Outcome 1C: When patients (service users) use the service, they are free from harm.

Outcome 1D: Patients (service users) report positive experiences of the service.

EDS Domain 2: Workforce health and well-being:

Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.

Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

Outcome 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.

Outcome 2D: Staff recommend the organisation as a place to work and receive treatment.

EDS Domain 3: Inclusive leadership:

Outcome 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.

Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

Outcome 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Organisations must work with partners and stakeholders across the Domains. Each Outcome is to be scored based on the evidence provided. Once each Outcome has a score, they are added together to gain Domain ratings. Domain scores are then added together to provide the overall score, or the EDS Organisation Rating.

2. Our Commitment to Workforce Equality and Diversity.

York and Scarborough Teaching Hospitals NHS Foundation Trust is dedicated to encouraging a supportive and inclusive culture where all our patients can receive high quality, person-centred healthcare which meets their needs. It is within our best interest to promote diversity and eliminate discrimination amongst our workforce in the development of services and our hospital environments.

York and Scarborough Teaching Hospitals NHS Foundation Trust are dedicated to creating a supportive and inclusive culture in line with our Trust Values. We are dedicated to our patients receiving high quality, person-centred healthcare which meets their needs and our staff being able to feel valued, listened to and respected so they can bring their whole selves to work.

We are committed to taking our responsibilities seriously in providing equity and fairness to all our staff, ensuring we provide no less favourable treatment on the grounds of the 9 protected characteristics.

The 9 protected characteristics are what is covered by the Equality Act 2010 but it is important for the Trust to not only comply with legislation but to move beyond it, in seeing the 'whole person' by focusing on creating a culture of inclusion, as we know that when you do this, equality and diversity should naturally follow. We also acknowledge that there are vulnerable health groups that our staff may belong to and our staff might experience health inequalities too, so our work will endeavour to address their needs too.

We recognise the Trust has a long way to go, but we are dedicated in making the required changes and recognise that everyone has a responsibility to ensure that we are diverse, inclusive and equitable in all our practices.

York and Scarborough Teaching Hospitals NHS Foundation Trust commits to:

- Being an organisation that is welcoming and accessible to all.
- Ensuring that there are no barriers to accessing jobs, training or promotion.
- Engaging with patients, communities and colleagues, whilst working collaboratively with our partners and stakeholders.
- Not tolerating any forms of discrimination and will challenge it safely wherever we see it, ensuring that Equality, Diversity and Inclusion is everybody's business – continuing to embed our values and behavioural expectations; a 'Just Culture' and learning environment for all.
- Acting on staff feedback.
- Developing interventions which help our staff to understand and support one another for the benefit of each other and patients in our care.



Polly McMeekin
Director of Workforce and OD



Simon Morritt
Chief Executive

3. Progress made with our Workforce Equality Objectives – Equality, Diversity and Inclusion Activity.

The Trust is required to publish its equality objectives every 4 years, therefore the objectives cover the period of 2020-2024. These are:

Patients:

To engage with patients, visitors, carers, governors and local stakeholders and organisations to listen and understand their needs and experiences across the protected characteristics.

To engage internally with services to discuss how the needs of patients and visitors can be met to ensure that:

1. Health inequalities are reduced.
2. Discrimination is eliminated.
3. Patients are provided with the appropriate support to meet their needs.

To achieve compliance with the Accessible Information Standard 2016.

Buildings Environment:

- To monitor progress against the Trust inclusive built environment policy and strategy.

Workforce:

To be regarded as a fully inclusive employer by:

- Continuously reviewing our recruitment processes to remove any unintended bias.
- Continuing to undertake activity which ensures we maintain our disability confident status.
- Engaging with members of our community, local charities and internal stakeholders to become a fully diverse employer that is reflective of society.

To contribute to the overall Trust's retention strategy by:

- Working to reduce inequalities experienced by staff from across the protected characteristics by engaging with key stakeholders to fully implement the Trust's EDI action plans, which include Gender Pay Gap, Disability Confident, WRES, WDES and also, the annual staff survey action plan.
- Providing a voice to our workforce through the development and implementation of Staff Networks.
- Fully equipping our workforce through training and development to proactively support staff to work in an equal, diverse and inclusive manner and environment.
- Ensuring that our HR policies and procedures support the needs of a diverse workforce.
- Supporting our staff to work flexibly wherever possible.

The Trust currently has 2 reports which focus on the PSED. 1 relates to Patients and Buildings Environment, which provides a summary of the progress made against the corresponding objectives. The other (this report) focuses on Workforce.

Below is a thorough but not exhaustive overview of the work that has been carried out within the Trust in line with our Equality Objectives. In June 2022 an External Consultant worked with the Trust to conduct a review of where the Trust was in progressing the EDI agenda. This led to the employment of a Head of EDI who has strategic responsibility for EDI with an operational focus on workforce issues. A Trust wide workforce action plan has been created which will support the Trust in becoming more a more inclusive employer.

EDI Governance:

The Trust has a Fairness Forum which is chaired by Simon Morritt, Chief Executive. The Forum has an overview of EDI and discusses areas relating to patient and workforce EDI. Representatives from the Care Groups, Corporate Services, the Staff Networks, Staff Side, Trust Governors and external partners and stakeholders attend the meetings to ensure that there is partnership working and collaboration in addressing issues raised.

In 2023 the Head of EDI will be implementing an EDI Workstream which will consist of a group of representatives that have operational responsibility for focusing on EDI at a local level; creating action plans to address specific local issues as well as Trust wide issues.

This Workstream will update the Fairness Forum but will report to the People and Culture Committee for workforce issues and Quality and Safety Assurance Committee for patient issues. Both of these committees are sub-committees to the Trust Board.

Communication and Engagement:

In October 2022 the Trust's latest Communications and Engagement Strategy was approved by the Board of Directors. At its core, there are several communications principles which are rooted within the organisation's values and behaviors and aim to ensure that equality, diversity, and inclusion influence our communications approach and activities.

Within with the Trusts Values, these principles include:

Kindness:

- We seek to recognise colleagues who live our values and tell their stories.
- We use our expertise and experience to provide support to colleagues who need it, and are fair and objective in doing so, recognising different views.
- Staff should be first to find out about changes that affect them.

Openness:

- We keep staff informed with honest, timely and relevant information.
- We are open to feedback.
- We create and promote opportunities for leadership visibility.
- We use multiple channels (different people have different needs which may vary over time) and aim to meet accessible information standards and accessibility best practice.
- We use inclusive language and imagery, supporting and promoting diversity.
- We use clear, simple language and avoid jargon.

Excellence:

- We celebrate success at every level.
- Our communications activity is evidence-based and follows best practice, learning from other organisations in and out of the NHS and using feedback to develop.
- We are ambitious and innovative in our approach, always seeking to learn from the best.
- We look for opportunities where we can stand out from the crowd as an employer, both internally (for retention) and externally (for recruitment).

We previously conducted workshops with staff and the feedback we received confirmed that we needed a set of Values which provided a strong foundation for the organisation we want to become, and which will help us to create the future we want to experience. The Trust Values say who we are and what we stand for. The framework provides examples of the behaviours we love, the behaviours we expect and the behaviours we don't want. We started to embed the new Values in 2021 through annual appraisals and introducing the role of Values Ambassadors, who

explore what values mean and how they can be lived out in real life i.e. how they can be integrated into everyday work.

Celebration of Achievement Awards:

The Trust's annual recognition awards took place in 2022 for the first time since 2019 due to the pandemic. The awards recognise a wide range of staff for their achievements across several areas. In 2023 a new category will be included to recognise staff who have done significant work to champion diversity and inclusion and challenge discrimination, making a difference to patient and staff experience as a result. The Communications Team, working with the Head of EDI, will also review the annual and monthly awards process to identify ways of improving diversity amongst the nominations and winners, and increasing participation from all parts of the workforce including those with protected characteristics.

Events Planner:

The Communications and Workforce and Organisational Development teams are developing a calendar of events and awareness days for 2023. This will enable proactive planning to deliver several campaigns to highlight EDI priorities across the year, focussing on areas where the Trust needs to raise further awareness and/or take action to improve. Taking a campaign-style approach and using existing national and international awareness initiatives/days (e.g. Disability History Month, International Women's Day, Black History Month etc.) creates the opportunity to maximise impact and provides a platform for the Trust's local messages and priorities.

Recruitment and Selection:

The Trust continues to emphasise the importance of a Values-based recruitment (VBR) approach through its recruitment strategy. All recruitment campaigns which are centrally supported by the Human Resources (HR) team utilise VBR methodology. The VBR approach relies on the attraction and selection of new staff according to their motivations and drivers and ensures that experience and qualifications are not given a disproportionate level of attention in the selection process. Research has shown that values-based recruitment increases workforce diversity as it takes a much broader view, not only of applicants, but of the attributes which make someone suitable to undertake a particular role.

We undertake our recruitment via a system called Trac, which ensures that candidate's details, other than those required to evaluate the application against the role requirements, are not available to the shortlisting panel until shortlisting has been finalised.

The Trust's Recruitment & Selection training, which is available to all staff, promotes a Values-based approach. The content of this training course is continually under review to ensure that it reflects current legislation and best practice. Due to the pandemic this course was developed to enable the Recruitment Team to deliver it remotely when necessary, and we are working with our Staff Networks and our Head of EDI to help make further improvements both in our Recruitment & Selection Training and in our recruitment practices generally.

We are a Disability Confident employer and eligible candidates are offered a guaranteed interview if they meet the essential criteria for the role.

All applicants who are invited for an interview via Trac are encouraged to make us aware if they require any adjustments to be made to their interview arrangements.

Careers Events:

We continue to attend careers events and link with Universities, Colleges and Job Centre Plus to attract a diverse range of candidates to apply to our Trust.

International Recruitment:

We continue with our project to recruit Nurses from overseas to work in both York and Scarborough. On arrival they work as Band 4 pre-registered nurses while they study for the exam which will enable them to register with the NMC and ultimately work as a Band 5 Nurse in the Trust.

Over 400 International Nurses have arrived at the Trust since inception of the project in 2019, and a vibrant Stay & Thrive network now operates in the Trust.

Over the past year we have also welcomed several international colleagues from professions such as Medics, Allied Health Professionals and Midwives. We continue to host the training programme for internationally trained Midwives for our region.

All international arrivals receive the same wrap around pastoral care from our International Recruitment Team.

We have started to help recruit and train internationally trained nurses for the Social Care sector.

Recruitment Website:

During 2022 a dedicated recruitment website was built and is now up and running. We are currently working to ensure that the site is representative of our diverse workforce.

Disability Confident and a Mindful Employer:

Disability Confident is a government scheme that encourages employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people. There are 3 levels of in the scheme.

1. Disability Confident Committed.
2. Disability Confident Employer.
3. Disability Confident Leader.

During 2021 we achieved Disability Confident reaccreditation; this means that we have assessed ourselves against the framework as an employer that goes the extra mile in getting the right people for the Trust and keeping and developing those people. There is always more that we can do, and the associated actions are incorporated within the Trust Workforce Disability Equality Standard action plan, which was developed in consultation with our Staff Network, Enable. As a Trust we have an aspiration to be a Disability Confident Leader which is the highest level Disability Confident accreditation and this means that we will be acting as a champion in our local area for recruiting, retaining and developing disabled staff.

After submitting a wealth of information to Mindful Employer on its wide-ranging suite of health and wellbeing offerings for staff, we were successful in retaining Mindful Employer status. We have a group that meets regularly to discuss our current strategy and forthcoming health and wellbeing initiatives to ensure that the needs of our staff are met. Staff councils, which are designed to be safe space for employees to voice their views and co-produce ideas with their local management teams, are also being established in the Trust some of which have a specific focus on health and wellbeing.

The Trust has invested in training Mental First Aiders and are rolling out training on the effects of burnout which has a focus on supporting teams with their mental and physical wellbeing; through all of these initiatives, we aim to provide a gold standard of support for the entirety of our workforce.

The Mindful Employer charter sets out that all staff who are involved in recruitment activity should be trained on the Equality Act 2010. It is expected therefore, that recruitment and selection panel members have undertaken the recruitment and selection training; this training includes information on what it means to be a Disability Confident and Mindful Employer. It provides examples of how and where to apply the Disability Confident scheme, the legal framework of the disability legislation and how to make appropriate reasonable adjustments. These important schemes are also a key component of our recruitment and selection policy.

We have intranet pages dedicated to supporting disabled individuals in the workplace and the operational HR team have recently received bespoke EDI training. Our people professionals proactively support and provide appropriate challenge where required to our managers in the application of the equality legislation across our people management processes.

Staff Survey:

40.7% of eligible staff completed the 2021 Staff Survey. Several questions specifically relate to the WDES and WRES. Where the responses to these questions indicated that staff who either identified as Black and Minority Ethnic (BME) or having a long-term condition / illness had a less favourable experience than either staff identifying as white or not having a long-term condition / illness, specific actions have been identified and these are included in the Trust's 2022 and 2023 WRES and WDES action plans.

In addition, the Trust identified several actions as part of its Staff Survey improvement plan (2022-23). This will further support the actions to increase staff voice and change the culture:

- Refresh our leadership approach.
- Implement a Just & Learning culture.
- Launch the Behavioural Framework that supports the Trusts Values.
- Review our processes for addressing experiences of bullying and harassment.
- Appointment of Head of EDI for the Trust.
- Increase the profile of the Freedom to Speak Up Guardian (FTSUG).
- Listening events for BME staff with the CEO and Race Equality Network.
- Reintroduce CEO drop-in surgeries.
- Introduce Director of Workforce & Organisational Development staff surgeries.
- Review and increase two-way engagement opportunities for staff.

Further work is being delivered by several workforce-focused workstreams:

- Culture & Engagement.
- Health & Wellbeing.
- Flexible Working.
- Retention.
- Attraction & Workforce Planning; to improve staff experience generally.

Freedom to Speak Up and the Fairness Champions:

The purpose of creating a speaking up culture is to keep our patients safe, improve the working environment for staff and to promote learning and improvement. A FTSUG within every NHS Trust was a key recommendation made by Sir Robert Francis QC in the Freedom to Speak Up review in 2015. FTSU has also become part of the Care Quality Commission (CQC) Well Led inspection component since October 2016.

The Guardian is impartial, independent and reports directly to the Chief Executive. It is important that the FTSUG is visible and accessible to all staff, therefore the Guardian has promoted the role, speaking up and the Fairness Champions via different mediums.

As well as a continuation of the above there are plans in place for the FTSUG and the Equality, Diversity and Inclusion Lead to conduct further “Speak Up and Inclusion Roadshows” in 2023 to help spread the message of speaking up and hopefully reach those staff groups who face barriers to speaking up.

Employee Relations Practices.

Just Culture:

We have continued to develop a Just Culture within the organisation, the HR team, work in line with the NHS England guidance and principles so we only commission formal disciplinary cases when all other options have been exhausted. We have updated our guidance for Investigating Officers and Panel Members over the last 12 months to ensure that we capture learning for all at every step of the process and ensure we have accountability for taking forward these actions. We are still developing a new disciplinary policy with Staff Side colleagues to develop this culture further within the Trust and this will be rolled out in 2023 with training for all line managers.

Policies:

We are reviewing all our HR policies to ensure that they are people focused and cater to the majority, not the minority, with the flexibility for managers to make decisions to meet the needs of the colleagues they are working with. We want our managers and leaders to have the autonomy and ability to meet the needs of individual staff members in the framework of our policies that are fair for all. A number of our policies are being re-written completely to ensure that they are fit to meet the needs of staff members and the organisation in these current times, to ensure they are easy for managers and staff members to follow and to ensure that they support staff members to achieve their best within the organisation.

Working with Staff Side:

We continue to work with our Staff Side colleagues on several improvements we are doing within the workplace. We have Staff Side representation within a range of meetings which address the workforce priorities. We regularly meet with Staff Side colleagues formally and informally to hear the employee voice and to try and find solutions to problems.

Organisational Development and Improvement and Learning:

The Trust continues to promote and embed the role of Values Ambassadors across all departments and roles. The Trust's Organisational Development Team continues to support the development of both new and existing Values Ambassadors. The Trust's Values and Behavioural Framework are also embedded in all internal leadership programmes and organisation development interventions.

The Development of its workforce has always been paramount for our Trust; the support and development of people maximises talent within the organisation, attracts and retains the best people and creates opportunities for career progression. This is key to the success in achieving our strategic goal of delivering safe and high-quality patient care as part of an integrated system.

There are development opportunities offered to all clinical and non-clinical staff regardless of background or level. Any programme or workshop ring-fenced for a

specific staff group has a clearly defined purpose. By engaging with and targeting the Trust's internal Staff Networks, our programmes support diversity and inclusion with equal access for all.

Leadership Framework:

The Trust has recently developed 'Our Leadership Framework'.

The ambition of our Leadership Framework is to support every leader, no matter their level across the Organisation, to recognise, reflect and role model 3 core principles of people centred leadership, which align to our Trust Values. A reflective tool supports and complements the framework and can be used by individuals to explore their behaviours and competency against the principles of the framework and allow others to give feedback on this.

It recognises that good leadership plays a vital role in improving services, building an inclusive and respectful culture where diversity and difference is valued and celebrated and one where staff are engaged and motivated. It will contribute to supporting both the attraction and retention of staff and ultimately a more positive patient experience and improved quality of care.

Reverse/Reciprocal Mentoring:

Following the evaluation of a successful pilot Reverse Mentoring programme which focused on pairing staff from a BME background with Executive and Senior Managers, a Reciprocal Mentoring Framework has been refined and developed in response to feedback from those who participated in the initial programme.

The Reciprocal Mentoring Framework can be implemented for any equality group and it is our intention to widen this participation. It is proposed that the Trust initially builds upon the success of the pilot programme and continues to focus on race with its next cohort in order to provide this significant learning opportunity for all our Executives and Senior Management. Recruitment for the next cohort will commence in January 2023.

By creating opportunities for staff from minority groups to share their experiences we are demonstrating our willingness to listen and learn in line with our Values and to shape a culture where every member of staff can thrive, belong, develop and perform.

Training:

Generic and specific EDI training and development ensures that our staff have the knowledge and skills to support them in the delivery of care and enables them to work cohesively with colleagues. Training has occurred at Trust Board level, locally and through accessing the EDI section of our Trust's Website. The EDI component of the Core Skills Framework is now mandatory training for all staff.

We know that we need to enable our colleagues to access a wider range of learning interventions and have plans to address this in 2023.

So far, the learning interventions that are to be delivered are:

- Trans Awareness and Gender Diverse Communities.
- Conscious Inclusion.
- Neurodiversity in the workplace for Managers.
- Race Conversations at Work for Leaders.

Chaplaincy:

The Trust's chaplaincy service provides pastoral, spiritual and religious care to patients, carers and staff. They play a huge role in helping people find strength and meaning in their experience of illness, anxiety, dying or bereavement regardless of their faiths and beliefs, including those with no faith.

The service has been stretched over the last year but a business case for support will help support delivery. Investment in the chaplaincy service would enable a more diverse team to offer support to a wider group of staff and patients, particularly those from a Muslim, Roman Catholic and non-religious background. Chaplaincy continues to recruit volunteers from diverse backgrounds and develop links with local faith groups and communities.

At Scarborough hospital the chapel is now a shared space for Muslim daily and Friday prayers thanks to the purchase of a curtain and a privacy screen.

The building work on a permanent ablution room at York Hospital has commenced and is due to be open soon. The department recently hosted the New York Imam who was very pleased with the work done on the facilities and the recent provision of Halal food for staff.

Staff Networks:

The number of Staff Networks has increased in the past 12-18 months, and their work continues to be promoted, alongside encouraging increased membership and involvement. **We have 5 Staff Networks, which are:**

- Enable (Disability)
- Women's Network
- LGBTQ+
- Caring for Carers
- REN (Race Equality Network)

All Networks are open to all staff and are included in the decision-making process of the Trust.

To progress our Staff Networks the Head of EDI will implementing Protected Time for Committee Members, exploring a permanent budget, having Executive Director Sponsors and intersectionality and how the Networks can work together.

Staff Benefits:

Staff Benefits aims to offer a wide variety of benefits and wellbeing initiatives accessible to all staff.

Financial Wellbeing:

A financial newsletter outlining all relevant help towards the cost of living issues is available and was translated into Polish on request from YTHFM who have a large proportion of Polish staff. This can be translated into any language upon request. Financial help and savings opportunities via Leeds Credit Union helping staff to save and gives access to ethical loans and debt consolidation with the option to pay direct from salary.

Cost of living initiatives:

A range of cost of living initiatives are available to support staff, from free feminine hygiene products, uniform swaps to prize draws.

Staff Wellbeing:

The Trust offers a wide range of Occupational Health (OH) and Staff Wellbeing offers and initiatives. The aim of the Health and Wellbeing services is to work with our staff to integrate health and wellbeing into day-to-day activities to enable us to create positive and healthy working environments across the Trust. This is achieved through wellbeing initiatives, employee support mechanisms and joint working with staff and their representatives. We also work with local partners such as the Integrated Care Board to identify and address areas of improvement. The OH and Wellbeing Team are proactive in empowering our staff to prioritise their wellbeing and support those around them in doing the same. The team works closely with the Communications Team to promote the wellbeing offer and collaboratively with a wide range of stakeholders across the Trust to ensure a robust health and wellbeing offer is provided.

A celebration of world cultures:

Team members from different parts of the world came together at Scarborough Hospital to create the first ever Festival of Culture where staff spent a week sharing, enjoying and learning about their colleague's cultures.

York and Scarborough Teaching Hospitals NHS Foundation Trust has over 400 international nurses who play an essential role and contributions came from staff from India, Pakistan and Nepal, Philippines and Africa and the rest of the world. The week involved food, music and dancing, and culminated in a huge beach party at Scarborough's North Bay with around 200 people joining in.

A quote from our Associate Chief Nurse at Scarborough Hospital: *"Sharing our cultures is such an important part of helping our international colleagues thrive, and we're proud to see it done so well in Scarborough. The full week event, which was driven by our international nurses in their own time, was amazing and really built the team spirit. The staff loved learning about different cultures and the beach party was extraordinary - full of joy and happiness. We look forward to having a similar event annually to continue to embrace our cultural differences and understanding."*

The International Nurse Project Manager at the Trust added: *"We are really proud to have hosted this festival. It's a wonderful acknowledgement of how welcome our international nurses have felt at Scarborough Hospital and a real testimony to the team spirit in Scarborough. The beach party was incredible and I'm sure it will stay in people's minds for a very long time."*

(The cover photo was taken at this event).

York Theatres Cultural Celebration Afternoon:

In the last two years, our Theatres Team have received 98 new starters, many of whom are international Nurses. It had been identified that staff needed to understand differences in intercultural communication, so a cultural celebration event was organised. The afternoon was brilliant, so much positive feedback and a real sense of joy in the department. The event will be replicated on a regular basis focusing on a different culture to really appreciate and celebrate each other.





4. Gender Pay Gap Report.

The Gender Pay Gap (GPG) describes the difference between the average earnings of all the women in an organisation compared to the average earnings of all the men in that organisation. This is not the same as equal pay, which is about ensuring men and women doing the same or comparable jobs are paid the same.

Our GPG Report was published in 2022 (the data is a snapshot taken at 31 March 2021) which provides an analysis of pay by gender. It also provides information regarding the areas of focus and the progress made against them. The report can be found here:

<https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6345>

Progress:

- The Caring 4 Carers Network has been implemented along with the creation of a Carers Passport and a review of the Special Leave Policy which has given additional leave to benefit staff.
- EDI training has been implemented and is planned for 2023.
- The Leadership and Management Framework incorporates EDI.
- Recruitment adverts have been reviewed.

- Starting salaries guidance for staff on Agenda for Change terms has been updated.
- The Trust has completed the Flex programme and has a Flexible Working Workstream.
- The Family Leave Policy has been reviewed.
- The Retention Strategy has been incorporated into the Trust's Attraction and Retention Workstream.

The Trust's Women's Network has the Gender Pay Gap as a standing item on their meeting agenda's and have influenced policy change to support staff.

5. Workforce Race Equality Standard (WRES).

A review of our WRES metrics has enabled us to establish where we are with race equality. Progress has been slow across the metrics and dedicated actions have been created with internal stakeholders to address the issues that have been identified. It is important that we make more sustainable progress across the metrics and with race equality in general. The Head of EDI who is also the Trust's WRES Expert is working with staff to address local issues and the Care Groups and Corporate Services to look at the strategic process required to make change. The 2022 report and action plan can be found here:

<https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6816>

<https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6820>

6. Workforce Disability Equality Standard (WDES).

The Trust has reviewed data collected from the NHS Staff Survey and the Electronic Staff Record (ESR) in line with the 10 metrics of the WDES. The analysis shows that the Trust has made good progress with disability equality and was invited by NHS England to take part in a national focus group sharing best practice. We recognise that we cannot be complacent about our progress and our action plan shows the areas of focus for 2022/23. The documents can be found here:

<https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6817>

<https://www.yorkhospitals.nhs.uk/seecmsfile/?id=6819>

7. Workforce Equality Monitoring Information.

This section focuses on internal demographics regarding staff employed by York and Scarborough Teaching Hospitals and has been extracted from Electronic Service Record (ESR) on a snapshot date of 30/11/2022. The 2021 Census data is being released in stages this year so a comparison with this will occur in the next reporting cycle. What we can ascertain from our data is that we employ a diverse workforce and this will influence the work that we carry out as a Trust.

In relation to gender, our workforce is heavily made up of females which is reflective of the NHS profile. The national ESR system does not yet enable organisations to collect data on other gender identities but information regarding this has been given to NHS Digital.

There is a significant proportion of staff that chose not to share whether they have a religious affiliation or not and this is their right. This will still be incorporated into our equality monitoring work.

Our age demographics show that there is an even spread of staff from ages 26-60, but below and above this, less staff are employed. This will influence our work on apprenticeships, retirement and workforce planning.

Our sexual orientation profile shows that many staff have not disclosed their orientation and there will be different reasons for this. This will influence our EDI work on engagement, culture, psychological safety, training and equality monitoring.

The staff ethnic profile of the Trust, whilst states BAME (Black, Asian and Minority Ethnic) in the pie chart is broken down further. This is important, to show the different ethnicities but also to acknowledge and recognise that different ethnic groups have a variety of different needs and therefore should not be treated as one homogeneous group.

The ethnic groups that are more represented than others are White, African, Asian and Indian. This is likely to be reflective of our localities with the non-white groups being in situ due to international recruitment and representation in certain professions.

There has been an increase in staff sharing their disability identity and as it is important to continue to support staff, we have incorporated this in our equality monitoring work and WDES action plan.

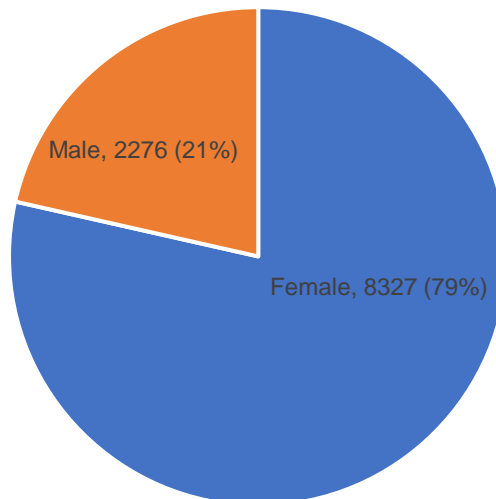
National population demographics tell us that as we become older, we are more likely to have a long-term health condition (LTHC). There will be various reasons why staff choose not to share whether they are disabled or have a LTHC but as an organisation we still need to offer support and talk about LTHC and the social and medical models of disability. This internal data will be monitored through our WDES data analysis.

Our marital status and civil partnership data show that a high percentage of staff either identify as married or single. This will continue to influence the development of policies.

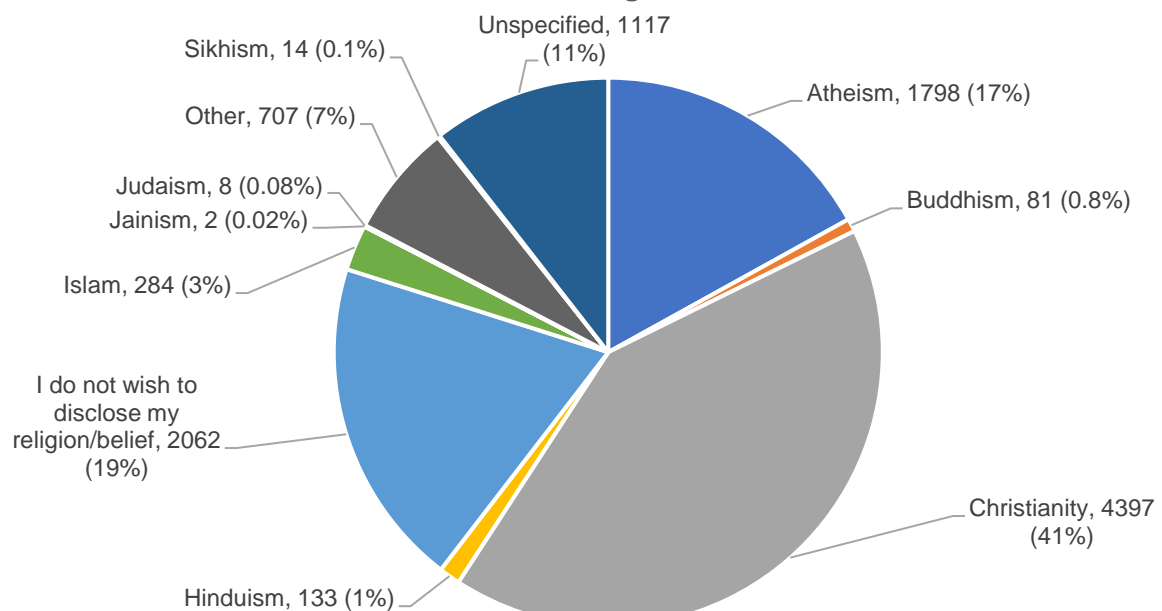
The below data covers York & Scarborough Teaching Hospitals only – bank, substantive and fixed term contract holders.

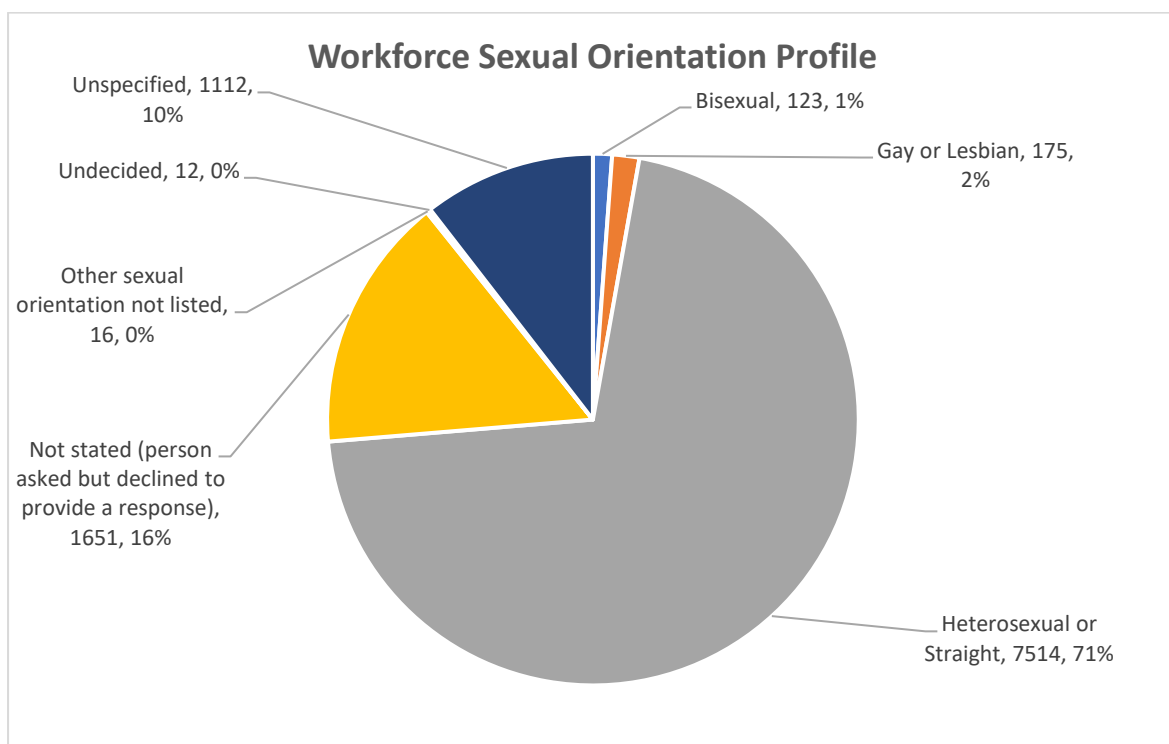
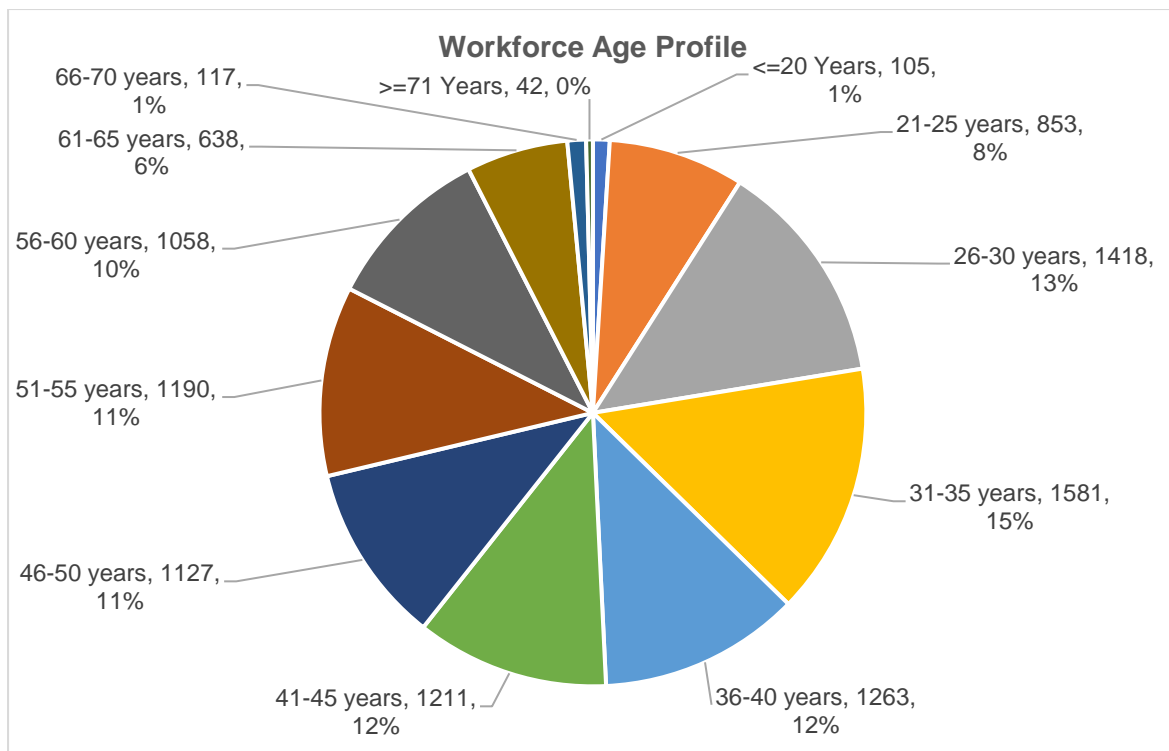
- Staff in post headcount = 10,603

Workforce Gender Profile

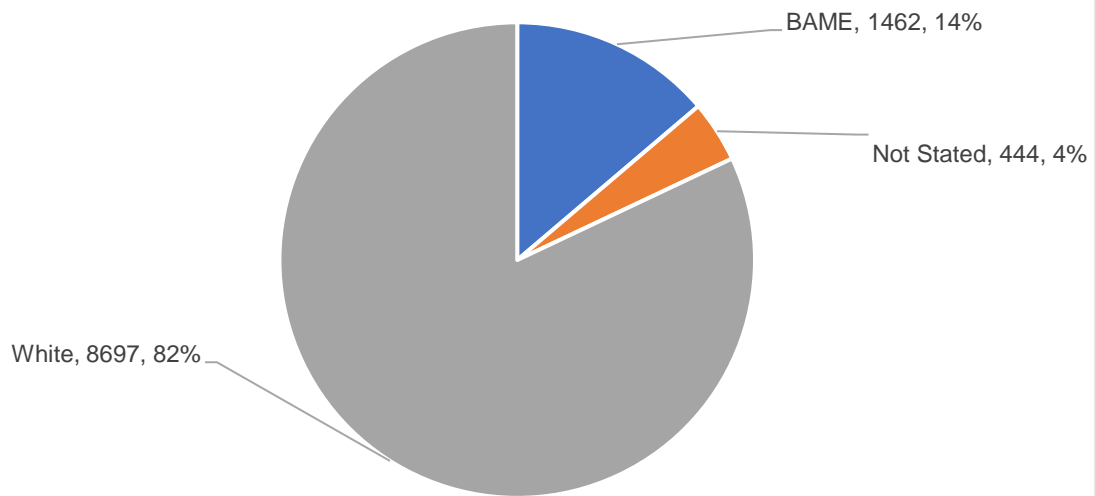


Workforce Religious Profile

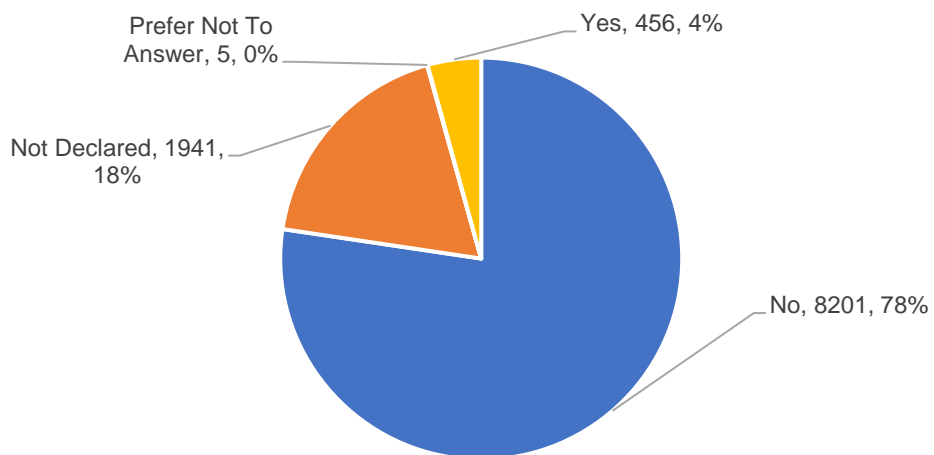


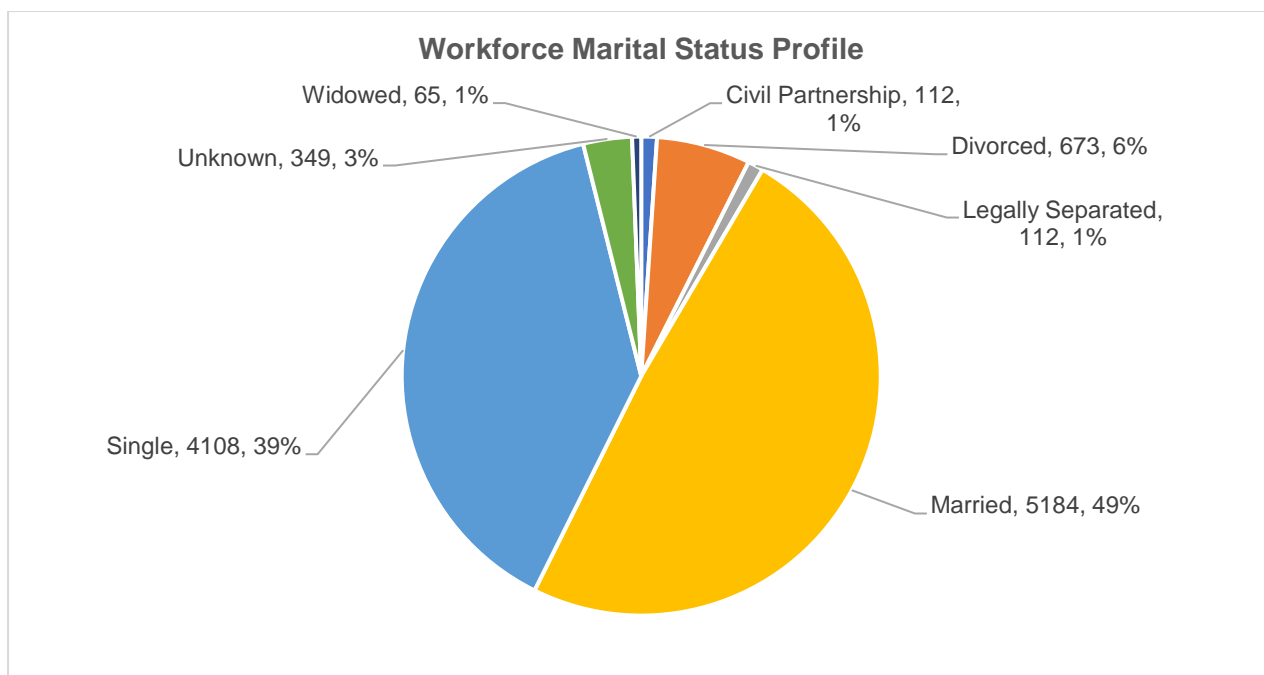


Workforce Ethnic Group Profile



Workforce Disability Profile





Employee ethnic origin	Employee headcount	Employee %
Any Other Ethnic Group	128	1.21%
Asian British	8	0.08%
Asian Mixed	3	0.03%
Asian or Asian British - Any other Asian background	240	2.26%
Asian or Asian British - Bangladeshi	17	0.16%
Asian or Asian British - Indian	347	3.27%
Asian or Asian British - Pakistani	64	0.60%
Asian Sinhalese	2	0.02%
Asian Sri Lankan	2	0.02%
Asian Tamil	1	0.01%
Asian Unspecified	4	0.04%
Black British	3	0.03%
Black Mixed	1	0.01%
Black Nigerian	13	0.12%
Black or Black British - African	343	3.23%
Black or Black British - Any other Black background	20	0.19%
Black or Black British - Caribbean	21	0.20%
Black Unspecified	1	0.01%
Chinese	49	0.46%
Filipino	50	0.47%
Malaysian	4	0.04%
Mixed - Any other mixed background	14	0.13%

Mixed - Asian & Chinese	1	0.01%
Mixed - Other/Unspecified	17	0.16%
Mixed - White & Asian	42	0.40%
Mixed - White & Black African	43	0.41%
Mixed - White & Black Caribbean	16	0.15%
Not Stated	336	3.17%
Other Specified	8	0.08%
Unspecified	108	1.02%
White - Any other White background	253	2.39%
White - British	7721	72.82%
White - Irish	58	0.55%
White Cypriot (non-specific)	1	0.01%
White English	392	3.70%
White Greek	3	0.03%
White Italian	2	0.02%
White Mixed	2	0.02%
White Northern Irish	9	0.08%
White Other European	71	0.67%
White Other Ex-Yugoslav	1	0.01%
White Polish	27	0.25%
White Scottish	18	0.17%
White Serbian	2	0.02%
White Turkish	2	0.02%
White Unspecified	131	1.24%
White Welsh	4	0.04%
Grand Total	10603	100.00%

Care Group Area vs Employee Gender	Headcount of Gender	Percentage of Gender
CG1 Acute Elderly Emergency General Medicine and Community Services York	2024	19.09%
Female	1665	15.70%
Male	359	3.39%
CG2 Acute Emergency and Elderly Medicine-Scarborough	981	9.25%
Female	776	7.32%
Male	205	1.93%
CG3 Surgery	1640	15.47%
Female	1235	11.65%
Male	405	3.82%
CG4 Cancer and Support Services	1531	14.44%
Female	1165	10.99%
Male	366	3.45%
CG5 Family Health & Sexual Health	897	8.46%
Female	843	7.95%
Male	54	0.51%

CG6 Specialised Medicine & Outpatients Services	1090	10.28%
Female	849	8.01%
Male	241	2.27%
CG Corporate Services	2434	22.96%
Female	1789	16.87%
Male	645	6.08%
CG Trust Estates and Facilities Management	6	0.06%
Female	5	0.05%
Male	1	0.01%
Grand Total	10603	100.00%

Care Group Area vs Religion	Headcount of Religious Belief	Percentage of Religious Belief
CG1 Acute Elderly Emergency General Medicine and Community Services York	2024	19.09%
Atheism	321	3.03%
Buddhism	24	0.23%
Christianity	952	8.98%
Hinduism	33	0.31%
I do not wish to disclose my religion/belief	368	3.47%
Islam	54	0.51%
Judaism	3	0.03%
Other	138	1.30%
Sikhism	2	0.02%
Unspecified	129	1.22%
CG2 Acute Emergency and Elderly Medicine-Scarborough	981	9.25%
Atheism	107	1.01%
Buddhism	12	0.11%
Christianity	451	4.25%
Hinduism	12	0.11%
I do not wish to disclose my religion/belief	196	1.85%
Islam	44	0.41%
Judaism	1	0.01%
Other	57	0.54%
Sikhism	1	0.01%
Unspecified	100	0.94%
CG3 Surgery	1640	15.47%
Atheism	264	2.49%
Buddhism	9	0.08%
Christianity	641	6.05%
Hinduism	22	0.21%
I do not wish to disclose my religion/belief	335	3.16%
Islam	39	0.37%
Other	98	0.92%

Sikhism	1	0.01%
Unspecified	231	2.18%
CG4 Cancer and Support Services	1531	14.44%
Atheism	315	2.97%
Buddhism	3	0.03%
Christianity	551	5.20%
Hinduism	12	0.11%
I do not wish to disclose my religion/belief	306	2.89%
Islam	34	0.32%
Judaism	2	0.02%
Other	115	1.08%
Sikhism	1	0.01%
Unspecified	192	1.81%
CG5 Family Health & Sexual Health	897	8.46%
Atheism	166	1.57%
Buddhism	3	0.03%
Christianity	360	3.40%
Hinduism	9	0.08%
I do not wish to disclose my religion/belief	162	1.53%
Islam	19	0.18%
Other	66	0.62%
Sikhism	1	0.01%
Unspecified	111	1.05%
CG6 Specialised Medicine & Outpatients Services	1090	10.28%
Atheism	168	1.58%
Buddhism	9	0.08%
Christianity	478	4.51%
Hinduism	17	0.16%
I do not wish to disclose my religion/belief	186	1.75%
Islam	18	0.17%
Jainism	1	0.01%
Other	62	0.58%
Sikhism	1	0.01%
Unspecified	150	1.41%
CG Corporate Services	2434	22.96%
Atheism	456	4.30%
Buddhism	21	0.20%
Christianity	961	9.06%
Hinduism	28	0.26%
I do not wish to disclose my religion/belief	508	4.79%
Islam	76	0.72%
Jainism	1	0.01%
Judaism	2	0.02%
Other	170	1.60%
Sikhism	7	0.07%
Unspecified	204	1.92%

CG Trust Estates and Facilities Management	6	0.06%
Atheism	1	0.01%
Christianity	3	0.03%
I do not wish to disclose my religion/belief	1	0.01%
Other	1	0.01%
Grand Total	10603	100.00%

Care Group Area vs Age	Headcount of Age	Percentage of Age
CG1 Acute Elderly Emergency General Medicine and Community Services York	2024	19.09%
<=20 Years	40	0.38%
21-25 years	187	1.76%
26-30 years	290	2.74%
31-35 years	311	2.93%
36-40 years	243	2.29%
41-45 years	218	2.06%
46-50 years	213	2.01%
51-55 years	218	2.06%
56-60 years	179	1.69%
61-65 years	104	0.98%
66-70 years	13	0.12%
>=71 Years	8	0.08%
CG2 Acute Emergency and Elderly Medicine-Scarborough	981	9.25%
<=20 Years	9	0.08%
21-25 years	96	0.91%
26-30 years	148	1.40%
31-35 years	173	1.63%
36-40 years	104	0.98%
41-45 years	104	0.98%
46-50 years	122	1.15%
51-55 years	98	0.92%
56-60 years	75	0.71%
61-65 years	39	0.37%
66-70 years	10	0.09%
>=71 Years	3	0.03%
CG3 Surgery	1640	15.47%
<=20 Years	5	0.05%
21-25 years	122	1.15%
26-30 years	208	1.96%
31-35 years	250	2.36%
36-40 years	186	1.75%
41-45 years	188	1.77%
46-50 years	190	1.79%
51-55 years	186	1.75%

56-60 years	179	1.69%
61-65 years	109	1.03%
66-70 years	13	0.12%
>=71 Years	4	0.04%
CG4 Cancer and Support Services	1531	14.44%
<=20 Years	7	0.07%
21-25 years	120	1.13%
26-30 years	187	1.76%
31-35 years	215	2.03%
36-40 years	226	2.13%
41-45 years	199	1.88%
46-50 years	173	1.63%
51-55 years	176	1.66%
56-60 years	128	1.21%
61-65 years	86	0.81%
66-70 years	10	0.09%
>=71 Years	4	0.04%
CG5 Family Health & Sexual Health	897	8.46%
<=20 Years	3	0.03%
21-25 years	73	0.69%
26-30 years	103	0.97%
31-35 years	140	1.32%
36-40 years	131	1.24%
41-45 years	125	1.18%
46-50 years	90	0.85%
51-55 years	100	0.94%
56-60 years	89	0.84%
61-65 years	40	0.38%
66-70 years	2	0.02%
>=71 Years	1	0.01%
CG6 Specialised Medicine & Outpatients Services	1090	10.28%
<=20 Years	2	0.02%
21-25 years	37	0.35%
26-30 years	103	0.97%
31-35 years	123	1.16%
36-40 years	118	1.11%
41-45 years	140	1.32%
46-50 years	117	1.10%
51-55 years	164	1.55%
56-60 years	157	1.48%
61-65 years	103	0.97%
66-70 years	18	0.17%
>=71 Years	8	0.08%
CG Corporate Services	2434	22.96%
<=20 Years	39	0.37%
21-25 years	218	2.06%

26-30 years	378	3.57%
31-35 years	367	3.46%
36-40 years	255	2.40%
41-45 years	234	2.21%
46-50 years	222	2.09%
51-55 years	248	2.34%
56-60 years	251	2.37%
61-65 years	157	1.48%
66-70 years	51	0.48%
>=71 Years	14	0.13%
CG Trust Estates and Facilities Management	6	0.06%
26-30 years	1	0.01%
31-35 years	2	0.02%
41-45 years	3	0.03%
Grand Total	10603	100.00%

Care Group Area vs Sexual Orientation	Headcount of Sexual Orientation	Percentage of Sexual Orientation
CG1 Acute Elderly Emergency General Medicine and Community Services York	2024	19.09%
Bisexual	28	0.26%
Gay or Lesbian	39	0.37%
Heterosexual or Straight	1495	14.10%
Not stated (person asked but declined to provide a response)	332	3.13%
Other sexual orientation not listed	3	0.03%
Undecided	1	0.01%
Unspecified	126	1.19%
CG2 Acute Emergency and Elderly Medicine-Scarborough	981	9.25%
Bisexual	13	0.12%
Gay or Lesbian	13	0.12%
Heterosexual or Straight	726	6.85%
Not stated (person asked but declined to provide a response)	126	1.19%
Undecided	1	0.01%
Unspecified	102	0.96%
CG3 Surgery	1640	15.47%
Bisexual	16	0.15%
Gay or Lesbian	15	0.14%
Heterosexual or Straight	1064	10.03%
Not stated (person asked but declined to provide a response)	312	2.94%
Other sexual orientation not listed	2	0.02%
Undecided	2	0.02%
Unspecified	229	2.16%
CG4 Cancer and Support Services	1531	14.44%
Bisexual	16	0.15%

Gay or Lesbian	48	0.45%
Heterosexual or Straight	1041	9.82%
Not stated (person asked but declined to provide a response)	225	2.12%
Other sexual orientation not listed	3	0.03%
Undecided	4	0.04%
Unspecified	194	1.83%
CG5 Family Health & Sexual Health	897	8.46%
Bisexual	5	0.05%
Gay or Lesbian	9	0.08%
Heterosexual or Straight	641	6.05%
Not stated (person asked but declined to provide a response)	129	1.22%
Other sexual orientation not listed	2	0.02%
Undecided	1	0.01%
Unspecified	110	1.04%
CG6 Specialised Medicine & Outpatients Services	1090	10.28%
Bisexual	6	0.06%
Gay or Lesbian	9	0.08%
Heterosexual or Straight	764	7.21%
Not stated (person asked but declined to provide a response)	161	1.52%
Other sexual orientation not listed	1	0.01%
Unspecified	149	1.41%
CG Corporate Services	2434	22.96%
Bisexual	39	0.37%
Gay or Lesbian	42	0.40%
Heterosexual or Straight	1778	16.77%
Not stated (person asked but declined to provide a response)	365	3.44%
Other sexual orientation not listed	5	0.05%
Undecided	3	0.03%
Unspecified	202	1.91%
CG Trust Estates and Facilities Management	6	0.06%
Heterosexual or Straight	5	0.05%
Not stated (person asked but declined to provide a response)	1	0.01%
Grand Total	10603	100.00%

Care Group Area vs Disability	Headcount of Disability	Percentage of Disability
CG1 Acute Elderly Emergency General Medicine and Community Services York	2024	19.09%
No	1647	15.53%
Not Declared	282	2.66%
Prefer Not To Answer	1	0.01%
Yes	94	0.89%
CG2 Acute Emergency and Elderly Medicine-Scarborough	981	9.25%
No	763	7.20%

Not Declared	187	1.76%
Prefer Not To Answer	1	0.01%
Yes	30	0.28%
CG3 Surgery	1640	15.47%
No	1227	11.57%
Not Declared	344	3.24%
Prefer Not To Answer	1	0.01%
Yes	68	0.64%
CG4 Cancer and Support Services	1531	14.44%
No	1108	10.45%
Not Declared	361	3.40%
Yes	62	0.58%
CG5 Family Health & Sexual Health	897	8.46%
No	680	6.41%
Not Declared	178	1.68%
Yes	39	0.37%
CG6 Specialised Medicine & Outpatients Services	1090	10.28%
No	795	7.50%
Not Declared	247	2.33%
Yes	48	0.45%
CG Corporate Services	2434	22.96%
No	1976	18.64%
Not Declared	341	3.22%
Prefer Not To Answer	2	0.02%
Yes	115	1.08%
CG Trust Estates and Facilities Management	6	0.06%
No	5	0.05%
Not Declared	1	0.01%
Grand Total	10603	100.00%

Care Group Area vs Ethnic Group	Headcount of Ethnic Group	Percentage of Ethnic Group
CG1 Acute Elderly Emergency General Medicine and Community Services York	2024	19.09%
BAME	336	3.17%
Not Stated	71	0.67%
White	1617	15.25%
CG2 Acute Emergency and Elderly Medicine-Scarborough	981	9.25%
BAME	247	2.33%
Not Stated	41	0.39%
White	693	6.54%
CG3 Surgery	1640	15.47%
BAME	278	2.62%
Not Stated	89	0.84%

White	1273	12.01%
CG4 Cancer and Support Services	1531	14.44%
BAME	150	1.41%
Not Stated	44	0.41%
White	1337	12.61%
CG5 Family Health & Sexual Health	897	8.46%
BAME	68	0.64%
Not Stated	17	0.16%
White	812	7.66%
CG6 Specialised Medicine & Outpatients Services	1090	10.28%
BAME	84	0.79%
Not Stated	35	0.33%
White	971	9.16%
CG Corporate Services	2434	22.96%
BAME	299	2.82%
Not Stated	147	1.39%
White	1988	18.75%
CG Trust Estates and Facilities Management	6	0.06%
White	6	0.06%
Grand Total	10603	100.00%

Care Group Area vs Marital Status	Headcount of Marital Status	Percentage of Marital Status
CG1 Acute Elderly Emergency General Medicine and Community Services York	2024	19.09%
Civil Partnership	22	0.21%
Divorced	142	1.34%
Legally Separated	18	0.17%
Married	972	9.17%
Single	807	7.61%
Unknown	50	0.47%
Widowed	13	0.12%
CG2 Acute Emergency and Elderly Medicine-Scarborough	981	9.25%
Civil Partnership	14	0.13%
Divorced	53	0.50%
Legally Separated	15	0.14%
Married	486	4.58%
Single	368	3.47%
Unknown	40	0.38%
Widowed	5	0.05%
CG3 Surgery	1640	15.47%
Civil Partnership	13	0.12%
Divorced	97	0.91%
Legally Separated	18	0.17%

Married	823	7.76%
Single	609	5.74%
Unknown	71	0.67%
Widowed	9	0.08%
CG4 Cancer and Support Services	1531	14.44%
Civil Partnership	12	0.11%
Divorced	84	0.79%
Legally Separated	11	0.10%
Married	715	6.74%
Single	655	6.18%
Unknown	43	0.41%
Widowed	11	0.10%
CG5 Family Health & Sexual Health	897	8.46%
Civil Partnership	8	0.08%
Divorced	55	0.52%
Legally Separated	6	0.06%
Married	485	4.57%
Single	322	3.04%
Unknown	19	0.18%
Widowed	2	0.02%
CG6 Specialised Medicine & Outpatients Services	1090	10.28%
Civil Partnership	14	0.13%
Divorced	78	0.74%
Legally Separated	9	0.08%
Married	633	5.97%
Single	319	3.01%
Unknown	31	0.29%
Widowed	6	0.06%
CG Corporate Services	2434	22.96%
Civil Partnership	29	0.27%
Divorced	164	1.55%
Legally Separated	35	0.33%
Married	1069	10.08%
Single	1023	9.65%
Unknown	95	0.90%
Widowed	19	0.18%
CG Trust Estates and Facilities Management	6	0.06%
Married	1	0.01%
Single	5	0.05%
Grand Total	10603	100.00%

8. Conclusion and Next Steps.

Our PSED report provides a thorough account of the work undertaken by the Trust to promote equality, equity, diversity and create an inclusive culture for staff and ultimately patients.

A substantial amount of work has been carried out in order to meet our Equality Objectives and this demonstrates the Trust's commitment in working towards creating an inclusive environment in support of the Trust Values, which show kindness, openness and excellence and how we value the identity of all of our staff. We acknowledge that there is still work to do and that we are always on a journey.

This report provides assurance that the Trust is continuously making progress against its Equality Objectives. The next step for reporting will be to combine the Patient and Workforce reports into one to demonstrate the correlation between the two portfolios of work.

Virginia Golding
Head of Equality, Diversity and Inclusion, Workforce.