

Equality Diversity and Inclusion Annual Report

2022/23

Introduction

The purpose of this annual report is to provide an overview with progress towards creating an inclusive workplace where all employees are treated fairly and with respect. It outlines the strategies/approaches, initiatives, and actions planned and taken by the Trust to promote Equality Diversity and Inclusion and highlights the achievements and challenges faced in this area. It gives detail about protected characteristics across the workforce and draws comparisons with the local population for representative analysis.

The report serves as a tool for transparency and accountability, as it communicates the Trust's commitment to Equality Diversity and Inclusion and its progress in this area to internal and external stakeholders. It aims to help identify areas where the organization needs to improve and develop its work to promote Equality Diversity and Inclusion.

The key areas covered in this report include:

1. An overview of the organisation and its approach to Equality Diversity and inclusion
2. Information on the organisation's workforce diversity profile, including data on representation at different pay bandings and in different roles
3. A progress review/highlight summary of initiatives and actions taken during the year to promote Equality Diversity and Inclusion, including good practice activity related to Equality Diversity and Inclusion
4. An outline of the organisation's plans for future Equality Diversity and Inclusion objectives.

The Equality Diversity and Inclusion annual report is a valuable tool for promoting transparency, accountability and progress towards creating a diverse and inclusive cultural development. The Trust recognises the priority of this agenda and the work that is still to be done to create a truly inclusive workplace.

1. Organisation overview

1a. Profile

The Countess of Chester Hospital NHS Foundation Trust includes the Countess of Chester Hospital, a 550-bed hospital which provides the full range of acute and specialist services; and Ellesmere Port Hospital, a rehabilitation, intermediate and

outpatient facility. In January 2022, the Trust agreed to take a lease on Tarporley War Memorial Hospital which is located 12 miles outside Chester in the village of Tarporley. The Trust began refurbishing the site in early 2022 in preparation to utilise the hospital as a base for community-based services to serve the local rural population from April 2022 onwards.

The Trust employs over 5,200 staff (including temporary bank staff) and provides acute emergency and elective services, primary care direct access services and obstetric services to a population of approximately 343,000 residents in Chester and West Cheshire which includes rural areas, Ellesmere Port and Neston as well as the Deeside area of Flintshire which has a population of just over 50,000.

In 2021/2022 there were more than 516,000 inpatient and outpatient attendances at the hospital, ranging from a simple outpatient appointment to major cancer surgery. This is an increase of over 90,000 attendances compared to the previous year. The Trust provides services to West Cheshire and Welsh patients covered by Betsi Cadwaladr University Health Board. In December 2022, the Same Day Emergency Care Centre (SDEC) opened on the Countess site aiming to safely and effectively care and treat patients on the same day without them needing to be admitted to hospital.

As a Foundation Trust, The Trust sets its own strategy within the framework of contracts with our commissioners of health services and other regulatory bodies to continually improve the quality and safety of patient care. We work closely with our local health system partners in the Wirral and Cheshire area and our local communities. The Countess of Chester Hospital is arranged into five clinical divisions: Urgent Care, Planned Care, Diagnostics and Clinical Support, Womens & Children's and Therapies & Integrated Community Care, with support services which include estates, facilities, people and organisation development, corporate services, finance, and information technology. The Trust has signed up to a 'Purpose Coalition' to provide equal opportunities in care and recruitment, among other areas. The Countess of Chester works collaboratively within the wider Cheshire and Merseyside Health and Care Partnership.

The Countess is working towards 14 'Levelling Up Goals'. This approach aims to highlight best practice at the Countess of Chester and identify where more can be done to promote equality in health outcomes in the communities it serves. The Countess of Chester Hospital is the host of the Cheshire West Integrated Care Partnership (ICP) which focuses on developing integrated care in health and social care. For the local NHS, along with Cheshire West and Chester Council, it represents the evolution of our work over recent years. By joining up services which are currently provided separately, we can make better patient decisions by pooling experience, expertise, and resources. By focussing on preventing ill-health and unnecessary hospital admissions we can ensure local services are sustainable for the future.

Our aim is to be the preferred hospital of choice for our traditional community, and a preferred hospital of choice for patients from a wider area, and to continue to provide a comprehensive, high quality, inclusive and accessible range of emergency and elective services to all our patients. We want our patients to be assured that they will receive their care as rapidly as possible in a first-class environment, be treated with courtesy and dignity, and be confident that the outcome of their clinical care will be of the highest standards and safety.

1b. Trust Priorities in Meeting the Public Sector Equality Duty

During 2022/23 the Trust has met the legal requirements for the monitoring progress with the EDI agenda to meet the demands of the Public Sector Equality Duty. It was working to the following objectives:

1. Provide assurance to the Board that we are compliant with the Equality Act 2010
2. Develop our Staff Networks
3. Draft our Equality Action Plans (link to WRES and WDES)
4. Increase accessibility to EDI-related training
5. Increase engagement from protected groups
6. Adopt accreditation standards to drive culture change
7. Increase engagement with stakeholder groups

Following CQC inspection in March 2022, priorities were identified for improvement across the Equality Diversity and Inclusion workstream which were central to the Trust Improvement Plan 2022/23, as follows:

- Develop and approve a draft Equality Diversity and Inclusion Strategy including draft key deliverables
- Increase support for Equality Diversity and Inclusion service delivery (through the HR target operating model)
- Develop suggested metrics including ensuring that the Trust People Dashboard includes data re: protected characteristics with the ability to interrogate further
- Review and develop proposals to strengthen the Equality Diversity and Inclusion Steering Group and other related groups
- Review and strengthen the Equality Diversity and Inclusion Staff Networks

During June 2022, the Trust published an Inclusion Report which highlighted some of the priorities for action linked to the Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap data submissions. The end of year position with these plans is included at Appendix 1. The Trust has received its National NHS Staff Survey feedback for 2022 in March 2023; and the data will be

used to inform updated Workforce Race Equality Standard & Workforce Disability Equality Standard action plans following submission of the data by end May 2023. Insights into this data (for action during 2023/24) are included at Appendix 4.

1c. Key Principles

The diversity of our workforce enriches everyone and allows the Trust to deliver high quality services for the benefit of our diverse patient population. There are three overall key principles, alongside the principles of the NHS Equality Delivery System, for considering and delivering employment-related opportunities:

- Our employees have diverse needs shaped through circumstance and resource (e.g. a carer may require more flexible working)
- Our role as an employer gives us powers to tackle wider accumulation of disadvantage through targeted interventions ('positive action'), e.g., bespoke leadership programmes for under-represented groups.
- Our employees should not experience unlawful disadvantage because of their age, disability status, sex, race, religion or belief, gender identity, civil, sexual orientation or pregnancy and maternity status

1d. Equality Monitoring Drivers

- Reducing Inequalities, within national, regional and local policy
- Statutory requirements, meeting the legal requirements governing public bodies
- Meeting the Care Quality Commission outcomes for quality and safety
- NHS Workforce Race Equality Standard (WRES) launched in July 2015
- NHS Workforce Disability Equality Standard (WDES) launched in July 2019
- Equality Delivery System – EDS2/EDS2022 - that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010
- NHS Staff Survey results
- Workplace best practice standards such as Disability Confident
- Equality and Human Rights Commission (EHRC) codes of practice
- Guidelines and directives from the Government Equalities Office (GEO)



2. Diversity Profile

2a. Diversity and Reported Data - Principles

The data used in this report is sourced from Electronic Staff Record (ESR), NHS Jobs/TRAC system records, OLM (Oracle Learning Management), NHS Staff Survey and Census 2021.

Within ESR certain protected characteristics may have data quality gaps, where staff have been given the option not to disclose. This is a common dynamic across most NHS organisations. Low numbers of staff who have experienced formal procedures during their employment mean that any comparative analysis will not have high statistical value.

2b. Reporting Data – Detail

Workforce Metrics

This data below provides insights into how the workforce has changed over the previous twelve months in terms of protected characteristics.

i. Total staff in post (including by pay band/grade)

Pay band/Grade	2022	2022	2021	2021
	Headcount	Percentage	Headcount	Percentage
Ad-Hoc Non-Afc	27	0.44%	38	0.65
Band 1	74	1.22%	93	1.59
Band 2	2076	34.11%	2037	34.73
Band 3	620	10.19%	520	8.87
Band 4	292	4.80%	290	4.94
Band 5	1091	17.92%	985	16.79
Band 6	655	10.76%	639	10.9
Band 7	422	6.93%	364	6.21
Band 8A	155	2.55%	140	2.39
Band 8B	28	0.46%	26	0.44
Band 8C	24	0.39%	20	0.34
Band 8D	12	0.20%	6	0.1
Band 9	10	0.16%	7	0.12
M&D Career Grade	90	1.48%	102	1.74
M&D Consultant	271	4.45%	263	4.48
M&D Doctors in Training	240	3.94%	335	5.71
Grand Total	6087	100.00%	5865	100%

The overall staffing headcount¹ for the report is **6087**, an increase of 3.7% on 2021's headcount of 5865.

The biggest proportionate decrease in numbers by banding is for doctors in training, by 28%. Band

3 numbers have increased by over 19%, Band 5 by over 10%, Band 8D by 50%

¹ Figure includes bank staff

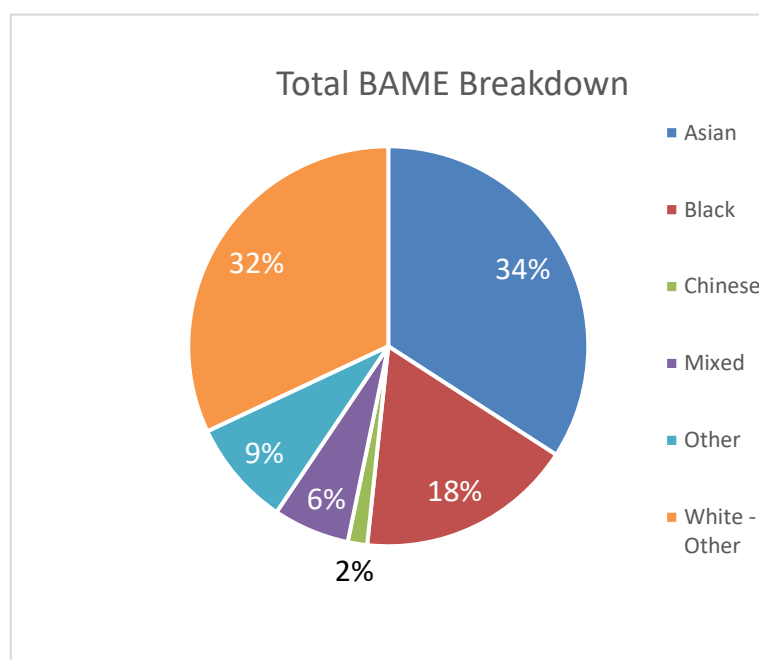
ii. Ethnicity

The percentage of BAME staff in our workforce has grown by over 9 percentage points meaning in 2022 almost one in every five members of staff identifies as being from an ethnic background. The staff body at the Trust is more ethnically diverse than the local population, with Census figures² indicating the population of Cheshire West and Chester with BAME characteristics is approximately 8.8%; the Trust BAME population is over double that of the representation amongst the local community.

	2022	2021
Ethnicity	Percentage	Percentage
BAME	19.93%	10.72
Not Stated	1.81%	2.32
White	78.27%	86.96
Grand Total	100.00%	100

The known ethnicity profile of the Countess of Chester Hospital NHS Foundation Trust is over 98% in 2022, a 0.51% improvement on last year. This provides increased assurance of accuracy throughout the workforce analysis; gaps in the known status in any of the protected characteristics can hinder statistical analysis.

BAME Groupings - Ethnicity status breakdown



The Asian BAME grouping remains the largest within the Black and Minority Ethnic profile, accounting for 34% of all BAME staff groups, followed by Black at 18%. Mixed race ethnicity status is 6% of the BAME population with Chinese at 2%.

In non-medical staff categories, BAME employees hold 25% of bands 1-4 posts. They hold 25% of band 5, 3% of band 6 posts and 6% of bands 7-8a roles.

Ethnicity	Headcount	Percentage
Asian	414	34.13%
Black	213	17.56%
Chinese	19	1.57%
Mixed	75	6.18%
Other	104	8.57%
White - Other	388	31.99%
Grand Total	1213	100.00%

Regarding BAME representation of staff in leadership roles, Medical positions remain the strongest example with 32% in medical leadership roles.

² [People, population and community - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/people-population-and-community)

	Asian	Black	Chinese	Mixed	Not Stated	Other	White - British	White - Other	Grand Total
Ad-Hoc Non-Afc	4%	4%	0%	0%	4%	0%	78%	11%	100%
Band 1	0%	5%	0%	0%	3%	4%	66%	22%	100%
Band 2	3%	1%	0%	1%	2%	1%	85%	7%	100%
Band 3	7%	4%	0%	1%	1%	1%	81%	6%	100%
Band 4	1%	0%	1%	1%	1%	1%	88%	7%	100%
Band 5	12%	12%	0%	1%	2%	2%	67%	4%	100%
Band 6	2%	0%	0%	1%	1%	0%	90%	5%	100%
Band 7	2%	0%	0%	1%	2%	0%	88%	6%	100%
Band 8A	0%	1%	1%	1%	1%	1%	90%	6%	100%
Band 8B	0%	0%	0%	0%	0%	0%	100%	0%	100%
Band 8C	0%	0%	0%	0%	0%	0%	92%	8%	100%
Band 8D	0%	0%	0%	0%	0%	0%	92%	8%	100%
Band 9	0%	0%	0%	0%	0%	0%	90%	10%	100%
M&D Career Grade	38%	11%	0%	2%	2%	11%	26%	10%	100%
M&D Consultant	27%	2%	1%	2%	2%	7%	51%	7%	100%
M&D Doctors in Training	22%	5%	2%	6%	3%	10%	45%	8%	100%
Grand Total	7%	3%	0%	1%	2%	2%	78%	6%	100%

There are significantly higher percentages of BAME staff in medical positions. In Junior Doctor posts BAME employees represent 35% with 'Not Stated' at 3%. A comparison matrix between Consultant and other doctors is shown below.

Grade	Asian	Black	Chinese	Mixed	Other	White British	White Other	Not Stated
M&D Consultant	27.31%	2.21%	1.48%	1.85%	6.64%	51.29%	7.38%	1.85%
M&D Career Grade	37.78%	11.11%	0.00%	2.22%	11.11%	25.56%	10.00%	2.22%

iii. Gender

Almost 80% of the workforce is female, an increase from 78.76% the previous year. The local female population is 51.19%.

This percentage of women in post compared to men is much higher in AFC pay bands with percentage differences between women and men to reflect the 80/20 ratio. However, this difference in percentage begins to decline significantly from

Band 7 upwards compared to lower bands. There is a higher male representation in bands 8a to 9, although the number of posts is much fewer.

	2022	2022	2021	2021
Payband/Grade	Female	Male	Female	Male
Ad-Hoc Non-Afc	0.33%	0.11%	0.44	0.20
Band 1	0.89%	0.33%	1.18	0.41
Band 2	28.26%	5.85%	29.14	5.59
Band 3	8.25%	1.94%	7.09	1.77
Band 4	4.12%	0.67%	4.18	0.77
Band 5	15.66%	2.27%	14.51	2.28
Band 6	9.28%	1.48%	9.43	1.47
Band 7	5.78%	1.15%	5.12	1.09
Band 8A	1.92%	0.62%	1.82	0.56
Band 8B	0.31%	0.15%	0.27	0.17
Band 8C	0.30%	0.10%	0.29	0.05
Band 8D	0.13%	0.07%	0.05	0.05
Band 9	0.08%	0.08%	0.05	0.07
M&D Career Grade	0.76%	0.72%	0.89	0.85
M&D Consultant	1.54%	2.91%	1.59	2.90
M&D Doctors in Training	1.69%	2.25%	2.71	3.00
Grand Total	79.30%	20.70%	78.76	21.24

With regard to non-medical senior leadership positions (bands 8a – 9) men hold 27% of these posts whilst comprising 20.7% of the total workforce.

Medical Staffing

Payband/Grade	Female	Male
M&D Consultant	34.69%	65.31%
M&D Career Grade	51.11%	48.89%

In medical staffing, men account for 65% of all Consultant positions – with the percentage of women in these posts accounting for 35%.

Female doctors account for around 49% of Speciality Doctor posts/Associate Specialist posts (Trust grade & ad hoc).

iv. Disability

The percentage of staff who indicated they are disabled in 2022 was 3.71%, an increase of 0.71% from the previous year. The number of staff who indicated they do not have a disability reduced by over 3%. Disability status 'not declared' reduced by almost 4%. The overall 'known' status of staff is close to 89%. The estimated percentage of disabled people living in West Cheshire and Chester is 11.8%. The record reflects the NHS profile that there is still an under declaration of employees indicating they are disabled. Studies commissioned by the Equality & Human Rights Commission, NHS England and Disability organisations show that disabled people are more likely to face discrimination in society, so this may be a contributing factor. The Trust has attained

	2022	2021
Disability Status	Percentage	Percentage
No	85.05%	81.84
Not Declared	11.24%	15.16
Yes	3.71%	3.00
Grand Total	100.00%	100.00%

the Disability Confident Employer accreditation and has a robust disability equality policy, with extensive guidance on making reasonable adjustments for disabled employees. During 2022, it has been working with Occupational Health to provide training sessions for managers on how to provide effective reasonable adjustments for staff. The Trust's wellbeing service has grown in the last year and is placing a focus on developing wide-ranging support for staff with disabilities, including invisible disabilities like mental health and neurodiverse conditions, and providing staff with mental health first aid training.

v. Age

Age band	2022	2021
<=20 Years	2.04%	1.94
21-30	22.93%	23.5
31-40	26.63%	26
41-50	20.12%	19.97
51-60	20.16%	20.66
61-70	7.47%	7.14
>=71 Years	0.64%	0.78
Grand Total	100.00%	100

Overall there are few changes to the data in 2022 compared to previous years. Representing the highest percentage of the workforce is age band 31-40, though there is little change between the age groups 21-60. Employees aged 60 years and over account for just over 8% of the total workforce in 2022. The repeal of default retirement age of 65 in the public sector (2011) means that

recruiting managers should bear this in mind given the accepted link between age and acquired disability. The Trust will be guided by its disability equality policy in assessing reasonable adjustments for disabled employees.

v. Religion and Belief

	2022	2021
Religion/Belief	Percentage	Percentage
Atheism	16.53%	15.43
Buddhism	0.53%	0.38
Christianity	52.23%	50.43
Hinduism	1.46%	1.23
I do not wish to disclose my religion/belief	17.91%	21.11
Islam	1.95%	1.98
Jainism	0.02%	0
Judaism	0.05%	0.05
Not Recorded	1.00%	0
Other	8.26%	9.33
Sikhism	0.07%	0.03
Grand Total	100.00%	100

'Christianity' remains the predominant religion or belief at 52.23%. 'Atheism' has increased from 15.43% in 2021 to 16.53% in 2023. The percentage figure in Cheshire West and Chester for 'Christianity' is 51.5% (down from 70% in 2011), with 'No religion' at 37.8% (up from 22% in 2011) and 'not stated' at 5.5% (down from 6.5%). Those people who 'do not wish to disclose' has decreased in this last year to 17.91%. Uncategorized religion (or 'Other') is 0.3% in Cheshire West

and Chester but is 8.26% in the Trust. Locally 1.0% of the population identify as Muslim, 0.1% as Sikh, 0.1% as Jewish, 0.4% as Hindu, 0.3% as Buddhist³. The

³ [Religion, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

efforts to encourage self-disclosure across all the protected characteristics where there are gaps in data will continue at COCH.

vi. Sexual Orientation

There is little change within the data from the previous year. The highest sexual orientation ‘Heterosexual’ has increased slightly. Combined percentages for staff identifying as ‘Lesbian’, ‘Gay’ and ‘Bisexual’ (LGB) have increased to 2.64% in 2022 from 2.29% in 2021. The national estimation for people identifying as LGB is between 5-7%.

	2022	2021
Sexuality	Percentage	Percentage
Bisexual	0.77%	0.65
Gay or Lesbian	1.87%	1.64
Heterosexual or Straight	85.02%	82.4
Not Recorded	0.46%	0
Not stated (person asked but declined to provide a response)	11.70%	15.11
Other sexual orientation not listed	0.11%	0.12
Undecided	0.07%	0.09
Grand Total	100.00%	100

91.18% of people identify as heterosexual in the local population. Gay or Lesbian is at 1.44%, Bisexual 1.10%. There was a reduction in the percentage of staff who did not wish to disclose, of over 3%. COCH is obtaining a

more accurate data capture regarding staff sexual orientation status; COCH can now show it knows over 88% of its employees sexual orientation status. In February 2020, the Trust joined the NHS Rainbow Badge scheme, set up its LGBT+ Staff Network, and increased its LGBT+ representatives. Unfortunately, activity amongst this group of staff has reduced in the previous year, however the Trust is keen to promote and support staff to identify their sexual orientation and supports and promotes Chester Pride annually.

Workforce dynamics – Key changes to note (see Appendix 2)

- BAME - Percentage of BAME starters has increased by over 4%, however percentage of leavers has increased by almost 10% and promotions in this group have slightly declined.
- Age – There is a continuing trend to shortlist job applicants in older age groups y (age 41+); this dynamic continues into appointment stage. The largest percentage increase of leavers since last year has been from the 21-30 age group at 7%, followed by an increase of 6.59% in leaving numbers for staff aged 31-40. The highest percentage increase in promotions has been at age 41-50 at with a 7.55% increase in the last year.
- Disability – Increasing numbers of disabled job applicants are being shortlisted (5.95% compared to 4.7%), however although increasing numbers of new starters are declaring a disability, a greater percentage of those are not disabled

than disabled, when comparing data from last year. The rate of promotions for those staff who declare a disability has increased by 1.77%

- Sexual orientation – Although numbers are small, the new starter population for staff who identify as LGBTQ+ has declined. Leaver numbers have increased for Gay/Lesbian, ‘not stated’ and ‘other’ groups. The largest percentage increase in promotions is in the ‘Heterosexual’ group at 4.26%, followed by bisexual at 1.07% increase.
- Gender – Proportionately a higher percentage of women are being shortlisted than men. The percentage of male leavers has slightly increased on last year, whilst the percentage of female leavers has decreased. Percentage promotion for female staff has decreased by 2.33%.
- Religious belief – there is a greater percentage gap in Christian people who apply in comparison with number of them who are shortlisted, than other religious groups. There are low numbers of Muslim people shortlisted (1.52%) in comparison with those who apply (6.69%), and this number has declined since 2021. Starter and leaver trends are equitable with the previous year across all groups. Whilst there has been an increase in staff disclosing their belief status, this corresponds with an increase of over 9% in staff identifying as Christian who have experienced promotion in the last year.
- Staff grade – Leaver percentages have shown the largest shifts in band 2 (9.84%) and doctors in training (8.39%), though starter numbers have also declined in this last group by 5.53%

The data provided in Appendices 2 and 3 meets the needs of equality monitoring and provides context for action planning and prioritisation. It includes further detail on:

- Staff dynamics and relations data, including:
 - Applicants for employment, and promotion - Applications and Shortlisting, Promotions
 - Staff who commence and cease employment - Starters and Leavers equality monitoring
 - Staff who benefit or suffer detriment as a result of performance assessment procedures - Managing poor performance policy usage
 - Staff who are involved in grievance procedures - Grievance policy usage and Bullying and Harassment policy usage
 - Staff who are the subject of disciplinary procedures - Disciplinary policy usage

3. Progress Review – BAME and Disability Focus

3a. Disability/Living with Long Term Conditions

The Trust is aware of the continuing impact of the COVID-19 pandemic on staff, particularly their mental health and reported experience of burnout in some areas. In

support of staff the Trust has been growing its Wellbeing Service in 2022, offering a variety of support as well as signposting to many others. Some of the activities are identified below:

- Working with People Business Partners and supporting teams who experience neurodiversity amongst its members and who struggle with a range of behavioural differences
- Assisting and signposting staff to information regarding disability benefits to enable them to stay in work
- Supporting staff members to take advantage of the support offered by Access to Work
- Training our Wellbeing Allies in Mental Health First Aid, and involving them in conducting fact-finding meetings with Maximus (Remploy)
- Supporting the development of a Menopause Policy, scheduling Menopause training for staff and commencing the Menopause Cafe
- Supporting the induction of new recruits, particularly international nurses
- Supporting staff with understanding the challenges International nurses face when joining teams
- People and OD have held MDT meetings to support staff with various disabilities (e.g. narcolepsy, cataplexy and epilepsy) involving the employee and unions as appropriate, including colleagues from Health and Safety, Safeguarding, Education
- Bespoke training has been provided to increase awareness on Autism, LGBT and banter, Culture and race
- MDTs with safeguarding have been held to put in place risk assessments for Staff who are victims of domestic violence
- Support for staff seeking support for addictions such as alcohol and gambling through OH and signposts to support groups
- The Trust's Women's Network has been revitalised with a new Network Chair and a joint relaunch with our BAME network. They have kick-started their agenda by taking action on period poverty.
- Reasonable adjustments at vacancy interviews have included but are not limited to Teams calls, improvements in interview style and focus rather than sharing questions to help prep candidates, changes in location and accessibility.

3b. Race

An overwhelming priority for the Trust in the previous year has been providing appropriate support for its growing international nurse cohort. Priority efforts are outlined below:

Supporting our International Nurse cohort

The Trust has put several provisions in place to support the arrival and retention of over 300 internationally recruited nurses, this includes support from two Pastoral Care Nurses who liaise with recruits from the time of their interview and through their entire employment life if required.

Recruits are supported/provided with:

- A welcome pack with help to find accommodation and information on the local area
- A two-week bespoke induction programme
- A full preceptorship programme which received the national Quality Mark in March 2023
- A period of supernumerary practice
- Ward visits and shadow shifts
- Support in practice from Practice Development Nurses
- Nurse forums where issues and concerns can be raised
- A celebration event
- Nurse Achievers Ceremony
- Access to the BAME network
- Further academic learning

Plans are currently in progress to deliver a development day to provide information on opportunities for career and professional development post-preceptorship.

Black Asian and Minority Ethnic (BAME) Leadership Programme

Our collaborative and internally developed BAME leadership programme ran for the second time in this year, meaning 12 COCH staff have now attended this development programme. It is delivered in conjunction with two other Cheshire Trusts, with the Trusts working together to design and deliver the programme. A special event was held to recognise the achievements of the delegates and reflect on the success of the programme, with a course evaluation completed. The course is aimed to encourage staff to step forward into leadership roles, and the Countess aims to co-fund and deliver the programme in the future in partnership with other organisations.



Other activities during the year include:

- Supported Chester Pride 2022 with a visible Chester city centre parade presence.
- Continued to increase the membership of The Countess of Chester Hospital's equality groups

- Celebrated Awareness events via a range of Trust communications including Ramadan, Eid, Easter, Christmas, Trans Day of Remembrance, International Women's Day
- Opened the Trust Changing Places facility in the main Trust entrance
- The Trust is a member of Cheshire and Merseyside Patient Equality Focused Forum, and is exploring accreditation to support our Military Veterans and Armed Forces Community

Further information on our workforce profile and experience as reported through the Staff Survey 2022 from a BAME and disability perspective is included in Appendices 3 (figures as at 31 March 2023) and 4.

3c. Staff Training

The Trust has adapted its training offer in 2022/23 to take account of the increased cohort of internationally recruited staff (in particular its nurses). This has resulted in the following activity:

- Train the Trainer Bystander training has been delivered across a variety of staff groups
- Equality, inclusion and unconscious bias training has been made available for staff to attend
- DeafFeating barriers training delivered by a trainer with lived experience has been available for staff, which covers deafness and disability.
- 'Midday Manager' drop-in sessions on how best to support staff who require reasonable adjustments
- Bespoke induction programmes have been delivered for internationally recruited nurses
- Bespoke sessions facilitated with Ward Managers who would be receiving new International Nurses to discuss cultural differences and considerations.
- New International Nurses have a welcome session with the Trust BAME Network lead as part of their induction

3d. Equality Diversity and Inclusion Steering Group (EDISG)

The EDISG meeting is held bimonthly and reports to the People and OD Committee which is a Sub-Committee of the Trust Board. The group has continued to engage with patient and staff groups alike, reviewed the new Equality Diversity and Inclusion Strategy, input into WRES, WDES and GPG action plans and will support strategy implementation going forward.

4. Conclusions and a forward look

With the development of a new strategy comes the challenge of prioritising and organising resources to ensure delivery is both timely and impactful. The Trust

needs to increase transparency of process and approach so staff, patients and stakeholders can be reassured that their issues will be addressed and that they will be supported if they have an issue to raise. This will mean we will be able to demonstrate there is no say/do gap, which is crucial in maintaining an effective engagement culture and improving the experience for everyone who comes into contact with the Trust.

A robust governance process via EDISG alongside monitoring the Equality Diversity and Inclusion Strategy Action Plan will ensure better escalation of strategic issues, updates on progress and challenges and improved integration of this agenda across Trust working groups.

4a. Future priorities

Our priorities in year one will include the following which are also highlighted in our revised strategy:

- Taking action to ensure high quality data is gathered, reported and shared where it is required to provide insights and intelligence
- Continuing to provide assurance to the Board that we are compliant with the Equality Act, and understand how we need to take action to increase confidence
- Further develop our Staff Networks
- Improve and promote our offer of and accessibility to EDI-related training
- Develop and better embed relationships with key patient groups to enable us to inform our priority action plans
- Highlight data trends in our annual year on year reporting so we can demonstrate progress with our new strategic objectives
- Increase uptake and engagement with our staff surveys across the annual period
- Prioritise exit interview data to understand how we can improve our retention rate

5. Areas for Improvement and Action

In preparing this Annual Report for 2022/23, the following areas have been identified for improvement:

- More robust collection of protected characteristics data and undertake relevant analysis to inform our action planning
- Analyse data to give us a more intersectional perspective, utilising opportunities for reporting and discussion in Staff Network groups (including incorporating WRES and WDES return data and plans)
- More streamlined content on the Trust website with better signposting to support patient accessibility to relevant data and information
- More integrated working between the patient and staff Equality Diversity and Inclusion agendas

6. Conclusion

At the Countess of Chester Hospital NHS Foundation Trust we are committed to providing equal opportunities to all of our staff patients and stakeholders. We recognise and value the diversity of our workforce and communities we serve. Our goal is to create a culture of inclusion and respect that enables everybody to achieve their full potential regardless of their background. We will be working hard over the next year to make this commitment as visible and transparent as possible, and we wish to build on the insights and experiences we have gained integrating our overseas nurse cohort, who are keen to share their experiences upon joining our organisation.

Our commitment to equality diversity and inclusion is reflected in our policies procedures and practices. We are striving to create an environment where everyone feels respected valued and supported. We work to eliminate all forms of discrimination harassment and bullying and promote a positive and inclusive culture. We are committed to ensuring that our services are accessible to all regardless of their background or circumstances we recognise the diverse needs of our patients and strive to provide care that is tailored to their individual needs. We welcome feedback where this is not the experience of our patients or their families.

We also recognise the importance of ensuring our staff are representative of the communities we serve. We are committed to recruiting developing and promoting staff from diverse backgrounds and providing them with equal opportunities for career development and advancement. We are committed to monitoring our progress towards achieving equality diversity and inclusion and are continuously reviewing and updating our policies procedures and practises to ensure they are aligned with our commitment.

Thank you for your interest in this report and are keen to hear any feedback you have on its content. In providing this you will help the Trust to meet its equality, diversity and inclusion commitments.

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
1 WRES (Race)	to provide assurance to the trust board of compliance with equality legislation and standards	<ul style="list-style-type: none"> complete and submit annual WRES return to NHSE and produce an action plan to bring about improvement in performance as highlighted with the WRES to reduce any gaps in experience between black Asian and minority ethnic colleagues and white colleagues 	<ul style="list-style-type: none"> WRES portal data completed and submitted to NHS England WRES report produced and submitted to board for consideration Workshops held with staff and stakeholders to produce draft WRES stats /action plan produced on website 	<ul style="list-style-type: none"> 31 08 22 30 09 22 31 08 22 31 10 22
2 WRES	adoption of the WRES action plan trust to monitor actions compliance and update on progress	<ul style="list-style-type: none"> progress against the actions required to bring about improvement is monitored and periodically reported for governance and assurance purposes to the board 	elements of plan completed, those areas outstanding will be address via Equality Diversity and Inclusion Strategy and plan	
3 WRES	provide BAME influence at board level	<ul style="list-style-type: none"> appoint board sponsor for the BAME network have an executive board member take part in reverse mentoring with BAME staff member on related issues take positive action to encourage governor representation of BAME staff by promoting governor opportunities by staff networks 	<ul style="list-style-type: none"> CPO identified <i>Action outstanding – for inclusion in revised Strategy</i> <i>Action outstanding, however Public Governor is supporting patient stakeholder engagement</i> 	<ul style="list-style-type: none"> 01 02 22
4 WRES	to provide fairness in recruitment process is and support BAME staff to apply for leadership roles	<ul style="list-style-type: none"> Launch scheme for BAME representation on all panels for bands 7 and above roles 	<ul style="list-style-type: none"> develop previous scheme for BAME representation on all panels for band 7 and above roles submitted 2021 	<i>Feasibility still to be explored</i>

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
		<ul style="list-style-type: none"> Engage in guaranteed interview scheme for people who have attended the BAME leadership programme and fit the person specification 	<ul style="list-style-type: none"> setup of task and finish group with key members from HR and recruitment alongside EDI and BAME network lead feedback given to all unsuccessful applicants especially at band 7, 8a and above in the form of standardised feedback - form to be created 	
5 WRES	to raise awareness of discrimination and support people in how to address it	<ul style="list-style-type: none"> commitment to training of essential areas listed below: <ul style="list-style-type: none"> unconscious bias bystander training BAME leadership programme 	<ul style="list-style-type: none"> targets to be introduced, essential staff groups in areas identified and compliance monitored 	<i>Specific targets and revised programme still to be identified, Experience to date of training has been positive</i>
1 WDES (Disability)	complete and submit annual WDES return to NHSE and action plan produced to bring about improvement in performance as highlighted within the WDES	<ul style="list-style-type: none"> Report annually to NHSE on any gaps in experience between those reporting a disability and non-disabled colleagues. Action plan produced which focuses on those areas requiring further progress and improvement highlighted within the WDES 	<ul style="list-style-type: none"> WDES 2022 completed and submitted to NHSE Workshops held with staff and stakeholders to produce draft WDES action plan 2022 	
2 WDES	outcomes of the WDES and the draft action plan to board. Return to be published on website with accompanying information	<ul style="list-style-type: none"> WDES action plan considered by the board and published within time scale to demonstrate the trust commitment to openness 	<ul style="list-style-type: none"> WDES statistical report action plan and staff feedback submitted to board for consideration 	<ul style="list-style-type: none"> 31 10 22 31 10 22

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
		and transparency for employees and members of the public	<ul style="list-style-type: none"> WDES report and action plan published on website 	
3 WDES	adoption of the WDES action plan trust to monitor actions compliance and update on progress	<ul style="list-style-type: none"> progress against the actions required to bring about improvement is monitored and periodically reported for governance and assurance purposes to board 	elements of plan completed, those areas outstanding will be address via Equality Diversity and Inclusion Strategy and plan	
4 WDES	key findings from NHS staff survey to be reviewed in relation to the WDES indicators and action plan updated accordingly	<ul style="list-style-type: none"> to encourage staff with a disability to complete the staff survey to ensure their voices heard within the trust 	<i>bespoke communications piece to be issued with reference to DAWN and the WDES initiative in line with staff survey promotion</i>	
5 WDES	increasing manager knowledge and awareness	<ul style="list-style-type: none"> roll out existing midday manager training supporting staff with disabilities, including unconscious bias training for all managers as part of leadership training increase scope of staff stories to feature working with a disability and include things they wish colleagues knew encourage staff stories on working with a disability from senior staff as well as lower bands to encourage confidence in career progression 	<ul style="list-style-type: none"> provision of midday manager training supporting staff with disabilities/reasonable adjustments promote and increase the scope of the staff disability network identify national awareness days for promotion 	<ul style="list-style-type: none"> 01 12 22 <p><i>Plan in development for this timetable</i></p>
6 WDES	improving disability declaration rates to have 100% self-reporting of	<ul style="list-style-type: none"> support staff to update their ESR 	<ul style="list-style-type: none"> include ability to update staff records in training to support staff with 	<i>Specific targets and</i>

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
	disability so we can be assured our trust is broadly representative of our population		<p>disabilities via document promotion of a 'how to' guide</p> <ul style="list-style-type: none"> Trust to join regional NHS group to improve equality monitoring 	<i>programme of action to be identified as part of EDI strategy</i>
7 WDES	improve the recruitment and retention of people with disabilities	<ul style="list-style-type: none"> retain existing disability confidence standard acknowledge the next step up on the disability confidence standard undertake a gap analysis to enable the trust to achieve next level 	<ul style="list-style-type: none"> set up a task and finish group fit for purpose in partnership with EDI lead, DAWN Chair, board sponsor and recruitment Rep 	<i>Specific targets and programme of action to be identified as priority as part of EDI strategy</i>
1 GPG (Gender)	to improve opportunities for career progression in the nursing structure	<ul style="list-style-type: none"> creation of a standardised trust interview feedback form for internal candidates promotion of nurse leadership courses 	<ul style="list-style-type: none"> introduction of HCA to nurse degree programme leadership courses to be promoted ad hoc as available a meeting to be arranged between HR EDI and recruitment regarding standardised trust interview feedback as part of new recruitment strategy 	<i>Feasibility still to be explored Courses are available but will plan to improve promotion of same.</i>
2 GPG	presentation of the outcomes of the GPG and the draught action plan to board return to be published on website with accompanying information	<ul style="list-style-type: none"> GPG and action plan considered by the board and published within time scale to demonstrate the trust commitment to openness and transparency for employees and members of the public 	<ul style="list-style-type: none"> action plan produced and submitted to board for discussion and approval GPG action plan to be submitted and considered by board GPG report and action plan published on website 	<i>Specific targets and programme of action to be identified as part of EDI strategy. To be mindful of budgets and</i>

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
				<i>effective cost management</i>
3 GPG	adoption of the GPG action plan trust to monitor actions compliance and update on progress	<ul style="list-style-type: none"> • progress against the actions required to bring about improvement is monitored and periodically reported for governance and assurance purposes 	<ul style="list-style-type: none"> • action plans submitted for progress to F&P committee meeting as part of the business cycle progress updates provided to women's network • six-month interim updated board on action plan progress 	<i>Specific targets and programme of action to be identified as part of EDI strategy</i>
4 GPG	key findings from NHS staff survey to be reviewed in relation to the GPG indicators and action plan updated accordingly	<ul style="list-style-type: none"> • to encourage staff especially women working at lower bands to complete the staff survey to ensure their voices heard within the trust • to consider the findings of the staff survey to ensure the trust is broadly in line with other comparator organisations across the country or to highlight where additional action needs to be taken as a result • to review new staff survey questions regarding flexible working and home working in relation to their impact on career progression barriers 	<ul style="list-style-type: none"> • full staff survey review on the areas above and findings shared with women's network and staff side partnership forum • changes made to action plan if appropriate following staff survey feedback in order to include and incorporate staff voice via the survey into the GPG actions 	<i>Specific targets and programme of action to be identified as part of EDI strategy</i>
5 GPG	creating an organisation that is culturally aware and inclusive	<ul style="list-style-type: none"> • promotion of inspirational female leaders 	<ul style="list-style-type: none"> • further promotion of women's network following its launch in March 	<i>Women's Network</i>

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
		<ul style="list-style-type: none"> • utilisation of awareness days • stop stories of women leaders at all levels and staff groups • more promotion of the contribution of part time workers and people working from home • focus on removing the stigma of flexible working • expansion of women staff network 	<p>2021 to coincide with International Women’s Day</p> <ul style="list-style-type: none"> • promotion of awareness days to include International Women's Day online event advertised for 8th of March • World Menopause Month • International Day of Women and Girls in Science • task and finish group to launch to enable better access to breastfeeding services for women returning to work • meeting with women's network and communications team to identify inspirational leaders both inside and outside the trust and how to promote them 	<p><i>relaunched in March 2023 - Specific targets and programme of action being drafted</i></p>
6 GPG	improve the recruitment and retention of women into senior roles	<ul style="list-style-type: none"> • increase opportunities for staff being mentored and coached by senior staff members • enhanced understanding of people’s experience of the trust recruitment process in a way that shares feedback from different protected groups and between external and internal applicants 	<ul style="list-style-type: none"> • EDI manager to meet with learning and development to discuss the promotion of coaching and mentoring • head of recruitment to establish how to obtain feedback from recruits regarding their experience of the recruitment process, promoting flexi working and positive action in partnership with the EDI manager as part of the recruitment process 	<p><i>Feasibility of these aims still to be explored Likely to extend this principle offer to BAME staff and staff with long term conditions</i></p>

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
		<ul style="list-style-type: none"> • positive action used for roles that are under represented • better promotion of flexible working opportunities from the point of advertisement and recruitment • transparent consideration of job shares 	<ul style="list-style-type: none"> • for the consideration of vacancies to be a potential job share to be addressed prior to a vacancy going to job panel in the same way that vacancies are considered as potential apprenticeships-to be discussed with recruitment and T&R panel, explore potential for job share to be added as an option on change forms 	
Inclusion Report 2022	Explore opportunities for leadership development for staff with other protected characteristics	<ul style="list-style-type: none"> • Taken part in the commissioning of further BAME leadership programmes at Band 3 to 4 level 	<ul style="list-style-type: none"> • Funding options being explored before marketing 	<i>Work still in progress but commitment made in principle</i>
Inclusion Report 2022	Continue to develop the campaign to highlight the positive steps we are taking towards becoming a truly inclusive place to work	<ul style="list-style-type: none"> • Developed our “Your Health Matters” campaign with a new visual identity to ensure that our messages about well-being stand out within our other communications and activities. 	<ul style="list-style-type: none"> • Full scoping of priorities for Year One to be promoted with new Wellbeing Strategy launch 	Refresh linked to Wellbeing strategy, Staff Survey response, People Promise themes and culture/values programme
Inclusion Report 2022	Put inclusion at the heart of our People Strategy	<ul style="list-style-type: none"> • Undertake a prioritised end-to-end review of our HR policies to ensure they are more person centred and not process led 	In progress with updates being made frequently to POD	

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
Inclusion Report 2022	Set goals for senior representation rates for protected characteristics during 2022/23	<ul style="list-style-type: none"> • Taken a number of steps to begin addressing underrepresentation. We have already welcomed several cohorts of international nurse recruits from places such as the Philippines and India. 	<ul style="list-style-type: none"> • To be scoped and agreed as part of year one strategy delivery 	<i>To be addressed as part of leadership talent management work in 2023</i>
Inclusion Report 2022	Our intranet site will host a diversity and inclusion dashboard that will enable colleagues to explore our diversity representation.	<ul style="list-style-type: none"> • Make diverse representation a priority as part of our recruitment planning. This will result in a commitment to share information about representation more openly so that colleagues and managers can recognise and take steps to address any gaps 	<i>Feasibility of this approach is being scoped as part of strategy plan. Alternatives to be identified if intranet development proves difficult.</i>	
Inclusion Report 2022	Appoint a mechanism for external supervision to support the wellbeing and development of the MHFA team.	<ul style="list-style-type: none"> • Commenced a recruitment and training programme to ensure that our mental health first aider (MHFA) numbers remain on a par with physical first aiders. We have also introduced a role for Well-being Allies to help raise awareness and improve culture at ground level across all teams 	Review and demand of role being scoped, link in with other Champion roles to increase visibility and robustness of offer. Supervision options with third parties being explored following reduction of service from Cheshire and Mersey Resilience Hub	
Inclusion Report 2022	Look to enhance the support we are providing as we develop our system-working approach, continuing to address emerging mental wellbeing	<ul style="list-style-type: none"> • Refreshed and expanded our well-being support options with the recruitment of a Workplace Wellbeing Practitioner and 	Wellbeing Strategy devised and will be launched May 2023	

Appendix 1 - WRES WDES GPG ACTION PLANS 2022/23

number	aim	Action	progress	time scale
	issues that arise from the COVID-19 pandemic and our work on inclusion	utilisation of the Cheshire and Mersey Resilience Hub, as well as access to our Employee Assistance Programme		
Inclusion Report 2022	Continue to promote a broad range of wellbeing support options under our inclusion agenda	<ul style="list-style-type: none"> Developed a programme of bitesize training sessions called 'The Midday Manager' programme of in-depth training covering the Importance of Well-being Conversations and Introduction to Team Development and Engagement 	Midday Manager programme on hold, alternative offer being developed (May 2023)	

Appendix 2

Workforce dynamics data – all figures are percentages

	APPLICATIONS		SHORTLISTED		STARTERS		LEAVERS		PROMOTIONS	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
Ethnicity										
BAME	57.76%	17.67%	47.76	17.96	28.32%	24.26%	19.47%	9.61%	12.66	13.82
I do not wish to disclose	1.00%	0.95%	1.33	1.34	0.00%	0.00%	0.00%	0.00%	0	0
Not Stated	3.06%	13.70%	0	0	3.71%	2.68%	3.56%	3.14%	1.07	1.15
White	38.17%	67.67%	50.91	80.7	67.97%	73.06%	76.97%	87.25%	86.27	85.01
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100	100
Age Band										
<=20 Years	2.31%	3.98%	3	4.3	7.13%	7.67	2.40%	3.73	1.29%	5.76
21-30	39.22	30.26	38.6	31.6	36.31%	37.91	30.90%	31.57	30.69%	34.01
31-40	33.95	27.44	34.1	26.7	26.32%	27.92	26.59%	20	33.48%	34.87
41-50	14.35	18.44	14.1	20.4	14.12%	12.4	14.17%	11.96	21.67%	14.12
51-60	8.23	15.48	8.7	14.7	12.13%	10.62	16.49%	19.8	10.94%	10.37
61-70	1.93	4.41	1.6	2.1	3.92%	3.48	7.95%	12.35	1.93%	0.86
>=71 Years	0	0	0	0	0.07%	0	1.49%	0.59	0	0
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100
Disability Status										
No	n/a	78.87	94.9	93.9	85.38%	79.21	72.99%	89.02	90.13	85.3
Not Declared	n/a	13.72	0	0	9.56%	17.57	23.45%	8.63	5.58	12.39
Prefer Not To Answer	n/a	1.45	2	1.4	0.07%	0	0.25%	0	0.21	0
Yes	n/a	5.95	3.1	4.7	4.99%	3.21	3.31%	2.35	4.08	2.31
Grand Total	n/a	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100	100
Sexual Orientation										
Bisexual	1.75%	1.68%	1.6	1.8	1.43%	1.52	0.99%	1.37	1.07	0
Gay or Lesbian	1.59%	2.23%	1.9	3	3.00%	3.12	2.40%	1.57	1.72	2.02
Heterosexual or Straight	90.44%	79.17%	92.3	91.8	88.23%	87.96	80.53%	84.12	89.27	85.01
Not stated (person asked but declined to provide a response)	2.81%	2.98%	3.5	2.5	6.78%	5.53	15.08%	12.75	7.73	12.97
sexual orientation not listed	0.21%	0.11%	0.4	0.5	0.29%	1.68	0.25%	0	0	0
Undecided	0.14%	0.11%	0.3	0.4	0.07%	0.18	0.17%	0.2	0	0
Not Recorded	3.07%	13.72%	0	0	0.21%	0	0.58%	0	0.21	0
Grand Total	100.00%	100	100	100	100.00%	100	100.00%	100	100	100
Gender										
Male	28.95	19.9	36.3	27.4	23.11%	25.96	26.43%	24.31	17.6	15.27
Female	70.7	79.67	63.5	72.3	76.89%	74.04	73.57%	76.09	82.4	84.73
I do not wish to disclose	0.35	0.43	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0	0
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100	100.00%	100.00%	100	100
Religious Belief										
Atheism	10.33%	18.40%	11.80%	18.90%	20.68%	19.45	16.98%	16.08	18.67%	20.75
Buddhism	0.56%	0.43%	1.10%	1.00%	1.07%	0.62	0.33%	0.39	0	0
Christianity	62.98%	46.50%	51.90%	49.40%	49.93%	48.71	43.74%	47.84	59.23%	50.14
Hinduism	3.24%	1.25%	4.80%	1.70%	2.71%	2.68	1.66%	2.94	0.43%	0.29
I do not wish to disclose my religion/belief	6.48%	9.52%	7.80%	11.10%	12.98%	14.45	23.61%	21.37	13.95%	19.89
Islam	6.69%	1.52%	13.80%	6.80%	3.71%	4.01	3.89%	3.33	0.64%	0.86
Jainism	0.04%	0.00%	0.10%	0.00%	0.07%	0	0.00%	0	0	0
Judaism	0.05%	0.05%	0.10%	10.00%	0.07%	0.18	0.08%	0.2	0.21%	0
Not Recorded	3.07%	13.74%	0	0	0.36%	0	1.74%	0	0	0
Other	6.39%	8.52%	8.40%	0.20%	8.35%	9.55	7.87%	7.65	6.87	8.07
Sikhism	0.15%	0.07%	20.00%	10.60%	0.07%	0.35	0.08%	0.2	0	0
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Pay Band/Grade										
Ad-Hoc Non-Afc					1.00%	2.94%	0.99%	2.55%		
Band 1					0.07%	0.09%	1.24%	1.18%		
Band 2					41.65%	37.38%	34.55%	24.71%		
Band 3					19.90%	16.15%	6.71%	10.78%		
Band 4					2.50%	1.96%	3.73%	8.24%		
Band 5					9.91%	9.37%	13.92%	13.53%		
Band 6					5.28%	5.26%	6.71%	11.18%		
Band 7					3.07%	3.21%	3.81%	5.69%		
Band 8A					1.21%	1.69%	1.99%	3.53%		
Band 8B					0.36%	0.45%	0.41%	0.78%		
Band 8C					0.57%	0.27%	0.33%	0.39%		
Band 8D					0.21%	0.00%	0.00%	0.20%		
Band 9					0.29%	0.36%	0.08%	0.00%		
M&D Career Grade					2.07%	2.59%	3.73%	2.94%		
M&D Consultant					3.00%	3.84%	3.40%	4.31%		
M&D Doctors in Training					8.92%	14.45%	18.39%	10.00%		
Grand Total					100.00%	100.00%	100.00%	100.00%		

Appendix 3

Focus on Disability

Long term condition/Disability	2022	2023	2023 % Representation of total	Year to year WTE diff	Year to year % diff
No	3358.95	3722.05	87.79%	363.10	9.76%
Not Declared	385.52	335.97	7.92%	-49.55	-14.75%
Prefer Not To Answer	9.11	6.80	0.16%	-2.31	-33.97%
Unspecified	2.27	4.00	0.09%	1.73	43.25%
Yes	185.73	171.12	4.04%	-14.61	-8.54%
Grand Total	3941.57	4239.94		298.37	

Long term condition/Type	2022	2023	2023 % Representation of total	Year to year WTE diff	Year to year % diff
No	3314.31	3724.33	87.84%	410.02	11.01%
Not Declared	467.56	345.33	8.14%	-122.23	-35.40%
Learning disability/difficulty	38.05	43.99	1.04%	5.94	13.50%
Yes - Unspecified	36.29	22.77	0.54%	-13.52	-59.38%
Long-standing illness	36.08	42.78	1.01%	6.70	15.66%
Sensory Impairment	14.83	13.55	0.32%	-1.28	-9.45%
Other	13.05	20.39	0.48%	7.34	36.00%
Mental Health Condition	10.09	8.89	0.21%	-1.20	-13.50%
Prefer Not to Answer	6.31	6.80	0.16%	0.49	7.21%
Physical Impairment	4.00	7.11	0.17%	3.11	43.74%
Unspecified	1.00	4.00	0.09%	3.00	75.00%
Grand Total	3941.57	4239.94	100%	298.37	7.04%

Focus on BAME

Staff Group by Ethnicity	2022	2023	% Diff
Add Prof Scientific and Technic	128.15	129.35	
BME	10.35	11.64	11.08%
Not Stated	1.00	1.00	0.00%
White	116.80	116.71	-0.08%
Additional Clinical Services	865.96	980.32	
BME	84.74	133.62	36.58%
Not Stated	9.19	9.76	5.84%
White	772.03	836.94	7.76%
Administrative and Clerical	787.55	810.74	
BME	17.75	21.5	17.44%
Not Stated	9.37	10.77	13.00%
White	760.42	778.46	2.32%
Allied Health Professionals	266.40	275.57	

BME	9.01	10.6	15.00%
Not Stated	3.27	0	
White	254.12	264.97	4.09%
Estates and Ancillary	325.70	319.19	
BME	16.34	16.06	-1.74%
Not Stated	10.47	6.87	-52.40%
White	298.89	296.26	-0.89%
Healthcare Scientists	91.37	89.88	
BME	7.30	9.8	25.51%
Not Stated	2.00	3.6	44.44%
White	82.07	76.48	-7.31%
Medical and Dental	387.54	402.76	
BME	177.41	212.39	16.47%
Not Stated	6.20	6.2	0.00%
White	203.93	184.17	-10.73%
Nursing and Midwifery Registered	1088.90	1232.13	
BME	172.73	328.68	47.45%
Not Stated	15.61	16.97	8.01%
White	900.55	886.47	-1.59%
Grand Total	3941.57	4239.94	

Staff Group and Religion	2022	2023	% Diff
Add Prof Scientific and Technic	128.15	129.35	0.93%
Atheism	19.39	22.73	14.69%
Buddhism	1.00	1	0.00%
Christianity	72.41	72.48	0.10%
Hinduism	1.00	0	-100.00%
I do not wish to disclose my religion/belief	23.19	23.19	0.00%
Islam	2.45	4.04	39.36%
Other	6.91	4.71	-46.71%
Unspecified	1.80	1.2	-50.00%
Additional Clinical Services	865.96	980.32	11.67%
Atheism	141.35	151.65	6.79%
Buddhism	3.00	5.32	43.61%
Christianity	456.85	517.07	11.65%
Hinduism	6.53	14.96	56.35%
I do not wish to disclose my religion/belief	152.39	158.77	4.02%
Islam	1.28	3.27	60.86%
Other	97.27	120.04	18.97%
Sikhism	0.00	0.96	100.00%
Unspecified	7.28	8.28	12.08%
Administrative and Clerical	787.55	810.73	2.86%
Atheism	144.26	159.18	9.37%
Buddhism	1.81	2.81	35.59%
Christianity	440.47	461.33	4.52%
Hinduism	3.10	2.1	-47.62%
I do not wish to disclose my religion/belief	120.80	110.73	-9.09%
Islam	3.00	3.53	15.01%
Other	67.81	65.97	-2.79%
Unspecified	6.29	5.08	-23.82%
Allied Health Professionals	266.40	275.57	3.33%
Atheism	59.61	66.11	9.83%
Christianity	136.08	140.47	3.13%
I do not wish to disclose my religion/belief	48.76	48.84	0.16%
Islam	1.41	1	-41.00%
Other	20.55	18.15	-13.22%
Sikhism	0.00	1	100.00%
Estates and Ancillary	325.70	319.19	-2.04%
Atheism	27.62	30.31	8.87%
Christianity	161.64	165.09	2.09%
I do not wish to disclose my religion/belief	101.65	90.92	-11.80%
Islam	5.40	4.4	-22.73%
Other	27.52	26.61	-3.42%
Unspecified	1.86	1.86	0.00%
Healthcare Scientists	91.37	89.88	-1.66%
Atheism	20.95	23.93	12.45%
Buddhism	1.00	42.57	97.65%

Christianity	47.39	1	-4639.00%
I do not wish to disclose my religion/belief	13.33	13.57	1.77%
Islam	1.30	1.8	27.78%
Other	4.80	5.4	11.11%
Unspecified	2.60	1.6	-62.50%
Medical and Dental	387.54	402.76	3.78%
Atheism	58.69	54.01	-8.67%
Buddhism	4.80	7.8	38.46%
Christianity	141.12	142	0.62%
Hinduism	44.20	50.3	12.13%
I do not wish to disclose my religion/belief	66.10	61.92	-6.75%
Islam	55.44	69.16	19.84%
Jainism	0.00	1	100.00%
Judaism	0.95	0.95	0.00%
Other	13.64	12.02	-13.48%
Sikhism	1.00	2	50.00%
Unspecified	1.60	1.6	0.00%
Nursing and Midwifery Registered	1088.90	1232.13	11.62%
Atheism	153.56	167.83	8.50%
Buddhism	4.40	7.64	42.41%
Christianity	653.42	748.19	12.67%
Hinduism	1.60	18.6	91.40%
I do not wish to disclose my religion/belief	184.75	193.35	4.45%
Islam	3.00	7	57.14%
Judaism	1.00	1	0.00%
Other	81.22	83.11	2.27%
Unspecified	5.95	5.41	-9.98%
Grand Total	3941.57	4239.94	7.04%

Appendix 3

Staff relations data

	GRIEVANCE		DISCIPLINARY		B&H		PERF. MGMT	
Ethnicity	2022 (20 Cases)	2021 (24 cases)	2022 (28 cases)	2021 (48 cases)	2022 (5 cases)	2021	2022 (11 cases)	2021
BAME	10.00%	8.00%	18	4	40	n/a	36	n/a
I do not wish to disclose	0.00%	0.00%	0	0	0	n/a	0	n/a
Not Stated	0.00%	4.00%	0	0	0	n/a	0	n/a
White	90.00%	88.00%	82	96	60	n/a	64	n/a
Grand Total	100%	100%	100%	100%	100%	n/a	100%	n/a
Age Band	2022	2021	2022	2021	2022	2021	2022	2021
<=20 Years	0.00%	0.00%	0	2	0	n/a	9	n/a
21-30	15	13	21	23	0	n/a	27	n/a
31-40	5	26	21	12	60	n/a	9	n/a
41-50	30	17	25	27	0	n/a	27	n/a
51-60	40	28	25	30	40	n/a	18	n/a
61-70	5	4	7	6	0	n/a	9	n/a
>=71 Years	5	0	0	0	0	n/a	0	n/a
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	n/a	100.00%	n/a
Disability Status	2022	2021	2022	2021	2022	2021	2022	2021
No	90	63	89	85	80	n/a	91	n/a
Not Declared	10	29	4	13	20	n/a	9	n/a
Prefer Not To Answer	0	0	0	0	0	n/a	0	n/a
Yes	0	8	7	2	0	n/a	0	n/a
Grand Total	n/a	100.00%	100.00%	100.00%	100.00%	n/a	100.00%	n/a
Sexual Orientation	2022	2021	2022	2021	2022	2021	2022	2021
Bisexual	0.00%	0.00%	0	0	0	n/a	0	n/a
Gay or Lesbian	5.00%	0.00%	0	2	0	n/a	0	n/a
Heterosexual or Straight	70.00%	62.00%	93	79	80	n/a	73	n/a
declined to provide a response)	25.00%	38.00%	7	0	20	n/a	18	n/a
Other sexual orientation not listed	0.00%	0.00%	0	0	0	n/a	9	n/a
Undecided	0.00%	0.00%	0	0	0	n/a	0	n/a
Not Recorded	0.00%	0.00%	0	19	0	n/a	0	n/a
Grand Total	100.00%	100	100.00%	100	100.00%	n/a	100.00%	n/a
Gender	2022	2021	2022	2021	2022	2021	2022	2021
Male	30	29	25	33	0	n/a	36	n/a
Female	70	71	75	67	100	n/a	64	n/a
I do not wish to disclose	0	0	0	0	0	n/a	0	n/a
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	n/a	100.00%	n/a
Religious Belief	2022	2021	2022	2021	2022	2021	2022	2021
Atheism	10.00%	8.00%	14	13	20	n/a	0	n/a
Buddhism	0.00%	0.00%	0	0	0	n/a	0	n/a
Christianity	55.00%	42.00%	68	45	40	n/a	64	n/a
Hinduism	0.00%	4.00%	0	0	0	n/a	0	n/a
I do not wish to disclose my religion/belief	35.00%	42.00%	18	33	40	n/a	18	n/a
Islam	0.00%	0.00%	0	0	0	n/a	0	n/a
Jainism	0.00%	0.00%	0	0	0	n/a	0	n/a
Judaism	0.00%	0.00%	0	0	0	n/a	0	n/a
Not Recorded	0.00%	0.00%	0	0	0	n/a	0	n/a
Other	0.00%	4.00%	0	9	0	n/a	18	n/a
Sikhism	0.00%	0.00%	0	0	0	n/a	0	n/a
Grand Total	100.00%	100.00%	100.00%	100.00%	100.00%	n/a	100.00%	n/a

Appendix 4 - Insights into 2022 NHS Staff Survey Results (for action during 2023/24)

Workforce Equality Standards

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined		
5	14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	14b & 14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
8	16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

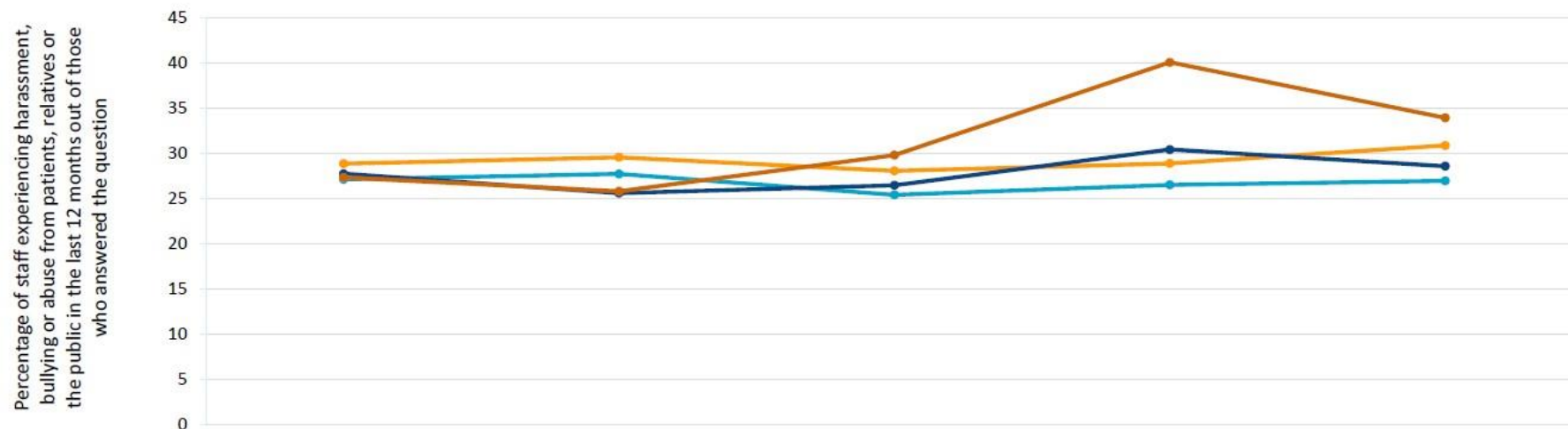
Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness		
4ai	14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4aii	14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4aiii	14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4b	14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	15	Percentage believing that their practice provides equal opportunities for career progression or promotion
6	9e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	30b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Workforce Race Equality Standard (WRES)

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

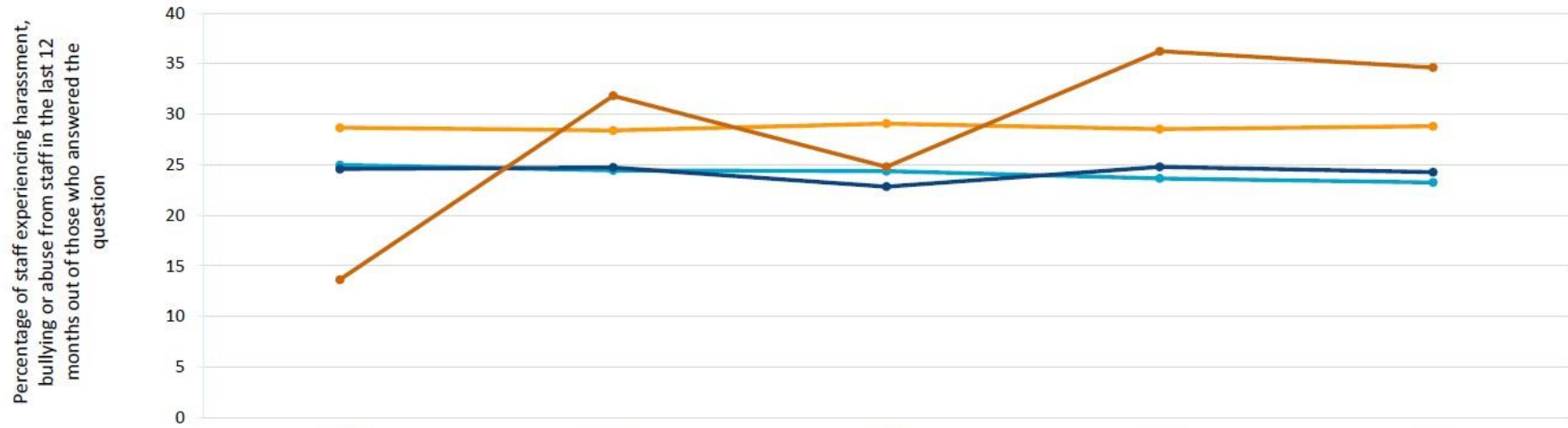


	2018	2019	2020	2021	2022
White staff: Your org	27.7%	25.6%	26.4%	30.4%	28.5%
All other ethnic groups*: Your org	27.3%	25.8%	29.8%	40.0%	33.9%
White staff: Average	27.1%	27.7%	25.4%	26.5%	26.9%
All other ethnic groups*: Average	28.8%	29.5%	28.0%	28.8%	30.8%
White staff: Responses	408	1045	1567	1472	1493
All other ethnic groups*: Responses	22	66	121	140	183

*Staff from all other ethnic groups combined

Average calculated as the median for the benchmark group

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

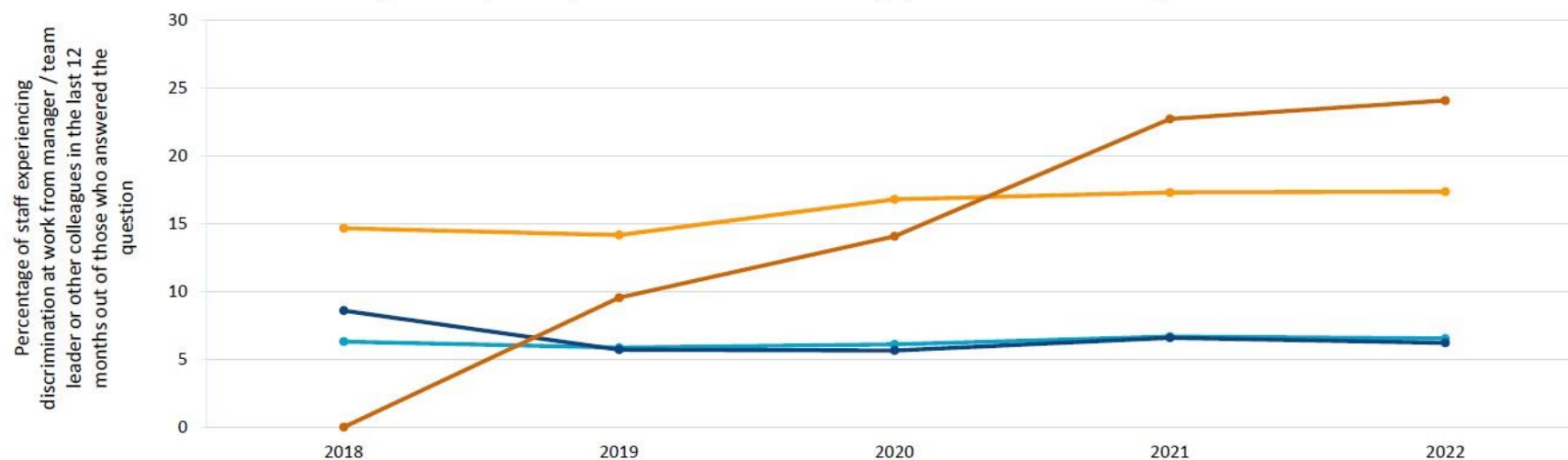


	2018	2019	2020	2021	2022
White staff: Your org	24.6%	24.7%	22.8%	24.8%	24.3%
All other ethnic groups*: Your org	13.6%	31.8%	24.8%	36.2%	34.6%
White staff: Average	25.0%	24.4%	24.4%	23.6%	23.3%
All other ethnic groups*: Average	28.7%	28.4%	29.1%	28.5%	28.8%
White staff: Responses	411	1047	1572	1480	1492
All other ethnic groups*: Responses	22	66	121	138	182

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

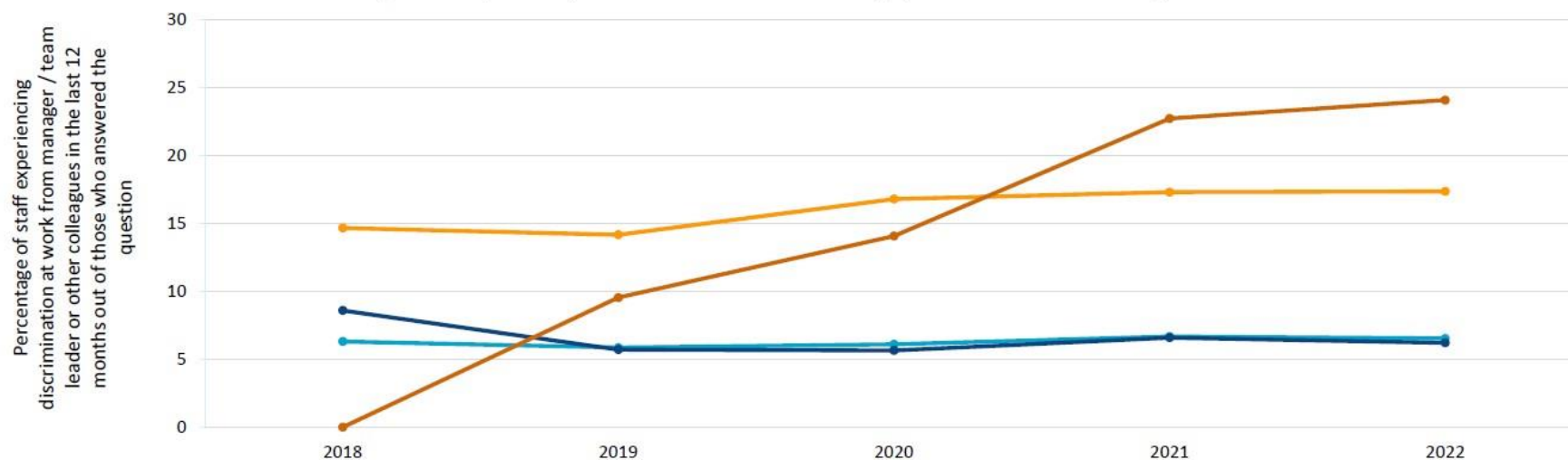


	2018	2019	2020	2021	2022
White staff: Your org	8.6%	5.7%	5.6%	6.6%	6.2%
All other ethnic groups*: Your org	0.0%	9.5%	14.0%	22.7%	24.0%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%
White staff: Responses	408	1034	1561	1475	1484
All other ethnic groups*: Responses	22	63	121	141	183

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

Workforce Race Equality Standard (WRES)

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.

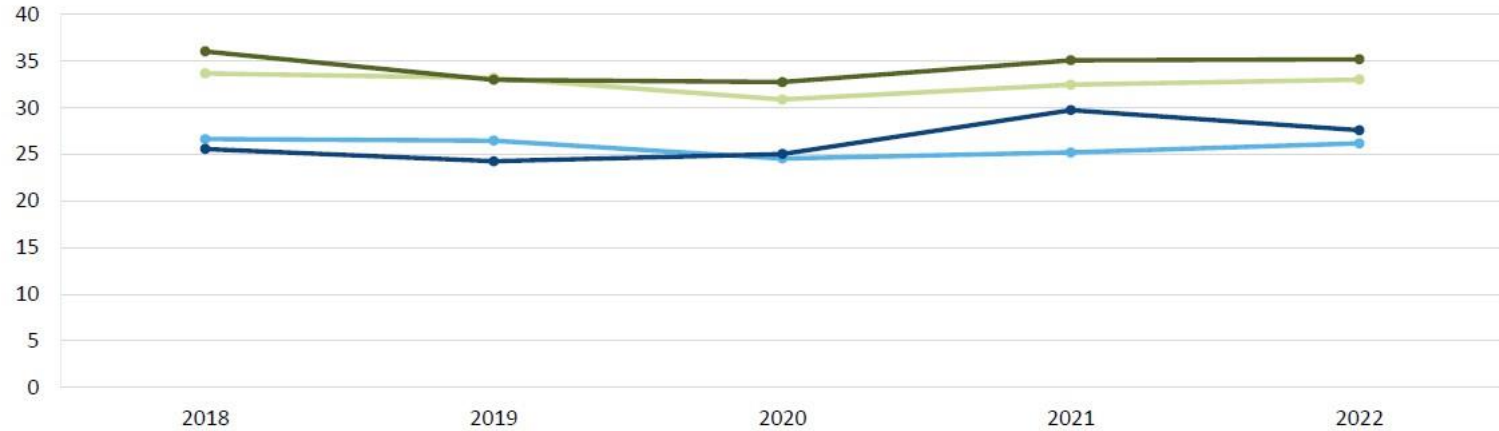


	2018	2019	2020	2021	2022
White staff: Your org	8.6%	5.7%	5.6%	6.6%	6.2%
All other ethnic groups*: Your org	0.0%	9.5%	14.0%	22.7%	24.0%
White staff: Average	6.3%	5.9%	6.1%	6.7%	6.5%
All other ethnic groups*: Average	14.6%	14.1%	16.8%	17.3%	17.3%
White staff: Responses	408	1034	1561	1475	1484
All other ethnic groups*: Responses	22	63	121	141	183

*Staff from all other ethnic groups combined
Average calculated as the median for the benchmark group

Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months out of those who answered the question

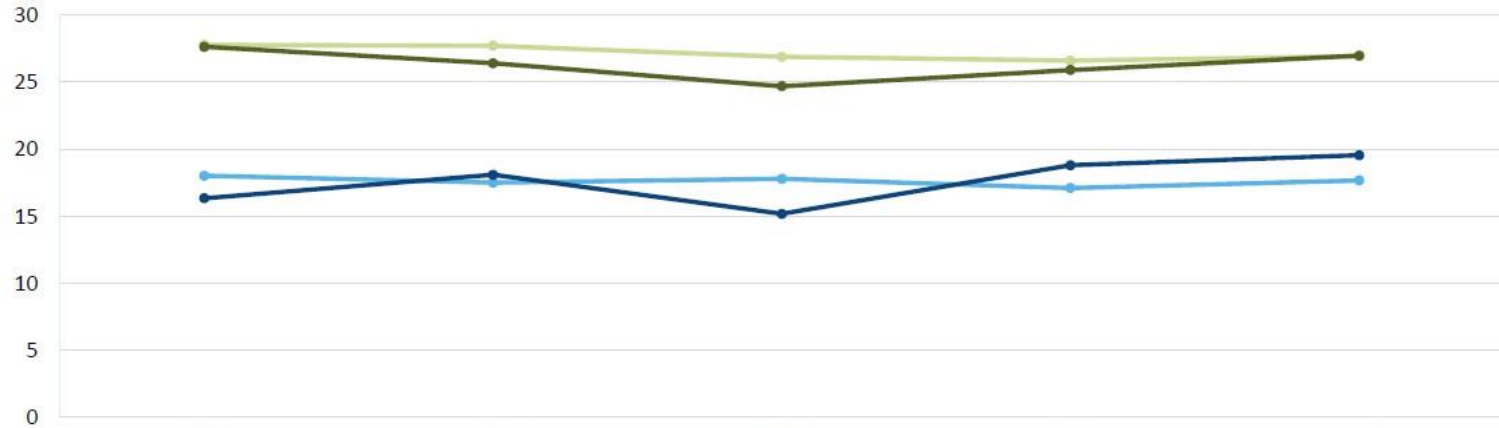
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	36.0%	33.0%	32.7%	35.1%	35.1%
Staff without a LTC or illness: Your org	25.6%	24.2%	25.0%	29.7%	27.6%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%	33.0%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%	26.2%
Staff with a LTC or illness: Responses	75	179	324	368	367
Staff without a LTC or illness: Responses	360	928	1363	1245	1306

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months out of those who answered the question

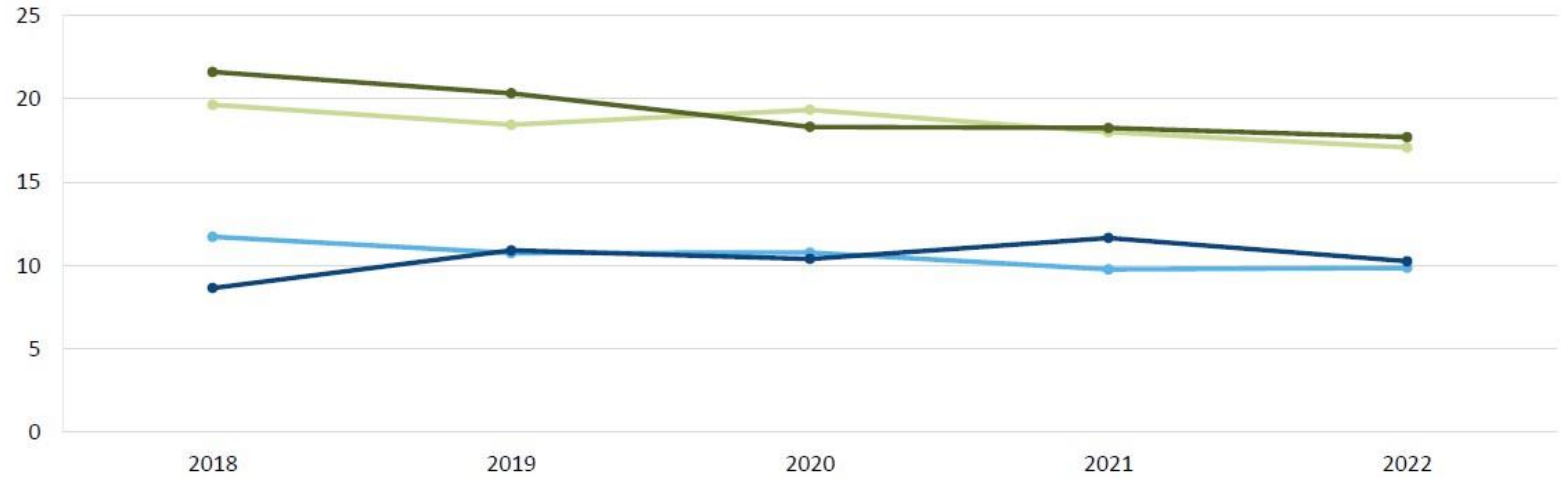
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	27.6%	26.4%	24.7%	25.9%	27.0%
Staff without a LTC or illness: Your org	16.3%	18.1%	15.2%	18.8%	19.6%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%	17.7%
Staff with a LTC or illness: Responses	76	178	320	363	367
Staff without a LTC or illness: Responses	361	912	1344	1234	1289

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months out of those who answered the question

Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.



	2018	2019	2020	2021	2022
Staff with a LTC or illness: Your org	21.6%	20.3%	18.3%	18.3%	17.7%
Staff without a LTC or illness: Your org	8.7%	10.9%	10.4%	11.7%	10.3%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%	17.1%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%	9.9%
Staff with a LTC or illness: Responses	74	177	322	367	367
Staff without a LTC or illness: Responses	358	916	1355	1243	1296