

TRUST BOARD

28 July 2016

Title of paper	Equality and Diversity Annual Report 2015-2016	
Sensitivity of this paper :		
Confidential?	N	
Suitable for public access?	Y	
Strategic objective(s):		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
ASPH value(s):		
Patients first	√	
Personal responsibility	√	
Passion for excellence	√	
Pride in our team	√	
Executive summary	<p>The purpose of this report is to provide an annual report on the Trust's progress on equality and diversity matters and to provide workforce data in line with the legislative framework.</p> <p>The data illustrates further work is needed to encourage, support and ensure improved access to career development and appointment to senior roles for BME staff.</p> <p>It also indicates that against a national norm, ASPH does not have a disproportionate number of employee relations cases involving BME staff compared to their white colleagues.</p> <p>Finally the data shows a need to improve the level of reporting for other protected characteristic groups in order to determine whether there are any adverse or different workforce trends within these areas.</p> <p>The annual report lacks any detailed data in relation to patient diversity or health inequalities, as at present the data available is inadequate for the purpose of reporting and analysis. This will be a priority for 2016/17.</p>	
Recommendation	The Committee is asked to approve the report for submission to the Trust Board	
Specific issues checklist :		
Quality and safety issues?		
Patient impact issues?		
Employee issues?	√	As described in the report
Other stakeholder issues?	√	The CQC's Key Lines of Enquiry assess whether care is safe, effective, caring, responsive, and well-led.
Equality & diversity issues?	√	
Finance issues?	X	
Legal issues?	√	

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Risk issues? Link to relevant BAF item number if so	√
Author name/role	Phil Spivey, Deputy Director of HR
Presented by director name/role	Phil Spivey, Deputy Director of HR
Date	22 July 2016
Committee action	Approve

EQUALITY AND DIVERSITY ANNUAL REPORT 2015 – 2016

Introduction

1. The purpose of this report is to provide summary review on the 2015/16 equality and diversity work programmes and to provide the Board with an analysis of our workforce data from an equality and diversity perspective.
2. The Trust's equality agenda is driven through the Equality & Diversity Steering Group. The group, chaired by the Chief Executive, is well established and has the proactive and robust support of staff champions across the various strands of diversity. Equality and Diversity Steering Group meetings are generally well attended with submission of either a written report or attendance of a deputy for any champion unable to attend in person.

Annual Workforce Data Report

3. The Trust's annual workforce data for equality and diversity is attached at Appendix One. In line with statutory requirements this has been published on the Trust's website.
4. The report gives an overall breakdown of the staffing profile and gives specific information relating to a number of areas:
 - Ethnicity
 - Sexual orientation
 - Disability
 - Religious belief
 - Gender
 - Age

Ethnicity:

5. The data shows that the proportion of BME staff employed in each band reduces with seniority and this profile is the same for both qualified staff (bands 5 to 8) and unqualified staff (band 1 to 4). The exception to this is medical staff.
6. The data suggests that there are a higher proportion of white candidates being appointed to posts than being shortlisted, which suggests that there may be an issue in relation to interview capability / credibility of BME applicants, access to career development and skills training, and/ or some form of bias within the recruitment process. Taking these results on face value, we have spent some time this year reflecting on interventions which could influence these trends. These have included a comprehensive career shadowing programme where we are actively finding opportunities to encourage staff at all levels and from all backgrounds to consider career opportunities within the Trust. Building on this, we are also looking at ways in which we can do talent management at grass roots level by supporting people to develop their interview capability and presentation skills.
7. As part of the introduction of the new Manager's toolkit, we will also be rolling out a module on recruitment skills training to ensure that we are applying best practice recruitment methodology. Finally a new mandatory equality training focusing on Unconscious Bias has been rolled out this year.

8. The summary of recruitment activity for the last year is detailed as follows:

	Shortlisted	% of shortlisted candidates	Appointed	% of appointed candidates
Asian	1043	24.12	113	17.72
Black	413	9.56	35	5.50
Mixed	120	2.77	20	3.05
Other	334	7.73	69	10.79
White	2413	55.82	402	62.93
Total	4323		638	

Sexual orientation

9. The Trust collects data on the sexual orientation of the workforce, subject to an individual's wish to provide the information. The recent data validation has reduced the 'undefined' and undisclosed categories from 26.6% last year to 0.3% by March 2016. This is a significant improvement and represents staff's willingness to disclose this information.

Disability

10. There has been a slight increase to 2.1% of the workforce reporting as having a disability, the vast majority of who are in Bands 6 and below. There is still a high level of underreporting with 11.8% of the workforce not declaring whether they have a disability. Whilst this has reduced from the previous it still suggests that some may feel there is a bias against disabled staff.

Employee Relations Cases Summary

11. The table below outlines the summary of employee relations undertaken throughout the year by ethnicity.
12. The data shows that there is no evidence of a disproportionate level of employee relations action taken against BME staff. This is surprising as there is a perception that managers are sometimes reluctant to tackle the performance or conduct of BME staff at an informal level, often resulting in action only being taken when it gets to a critical point; thereby disproportionately activating a formal process with BME staff.
13. This data compares favourably to research published from other NHS Trusts, where this bias appears to exist. We will be doing some further analysis of this in 2016/17 to consider whether this trend is as a result of better, more supportive line management, and/or improved early intervention in issues, or whether it is a trend that has come about unconsciously.

Type	White	Asian	Black	Any other ethnic group	Total
Performance Capability	3	1	0	0	4
Sickness	73	8	6	4	91
Dignity at Work	3	1	1	0	5
Disciplinary					41
Dismissed	5	0	0	2	7
Final written warning	6	1	0	1	8
First written warning	8	1	1	1	11
No action	11	1	2	1	15
Grievance	2	0	0	0	2
Grand total	111	13	10	9	143
Percentage	77.62	9.09	6.99	6.29	

Equality Training

- The Trust has refreshed induction and ongoing mandatory training programme in relation to equality and diversity, and focusing on unconscious bias. The training encourages staff to embrace and value diversity in teams and amongst our patients and demonstrates through an example the way in which we have to think about others and their experiences to ensure we treat them inclusively.
- It also guides staff about the standard expected in dealing with discriminatory patients and empowers staff to deal with any unsatisfactory behaviours that might be encountered in a busy and pressured environment.

Key Patient Experience Activity

- The Trust continues to run the 'Effective Communication' study day which was established as response to a complaint regarding the care of a patient with visual impairment. Specialists, a stroke patient and carer for a dementia patient all shared their knowledge and experiences. Advocates for a diverse range of patient groups (Sight for Surrey, Stroke Association, Parkinson's UK, Dementia Awareness, and Alzheimer's Society) all attended to raise awareness of the difficulties patients can face. A new feature was that the Respect drama group, from Mind the Gap productions, a group of performers with learning difficulties, shared their unique drama production about equality and disability issues.
- A 'Visual Impairment' training week when Sight for Surrey visited staff on wards and ran awareness sessions for all staff was also run with great success.
- There is relatively little previous research exploring the impact of cultural and racial background of nurses on compassionate care. In particular, there is little known about any differences in the delivery of such care between those nurses who self-identify as members of black and minority ethnic and those who self-identify as non-BME. The Trust has a diverse range of nursing staff from BME and non-BME backgrounds, and has a growing number of nurses recruited from overseas. During 2014/15, the E&D Steering

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Group has commissioned a research project in collaboration with Royal Holloway University and University of Surrey. This project is being led by Heather Caudle, Chief Nurse. The research aim is to identify how the cultural diversity of nurses impacts on the delivery of compassionate care.

19. The research has been completed and the report is being submitted to the Burdett Trust¹ and University of Surrey in July 2016. The headline from the findings is that compassion in the nursing workforce is influenced mainly by relationships and the environment they work in. There is not any evidence that cultural background or ethnicity has any effect on compassion. There is now the need to undertake wider research to understand how we can optimise an ethnically diverse workforce to deliver compassionate care.

Issues to Address and Next Steps

20. There are a number of employment issues which are highlighted within the report which have been used to form the focus for the workforce equality objectives for 2016 - 17 which are detailed at Appendix 2.

Louise McKenzie
Director of Workforce Transformation

¹ The Burdett Trust is an independent charitable trust that makes grants in support of nurse-led projects, using its funds to empower nurses and make significant improvements to the patient care environment.

Workforce Equality and Diversity Data Annual Report 2016

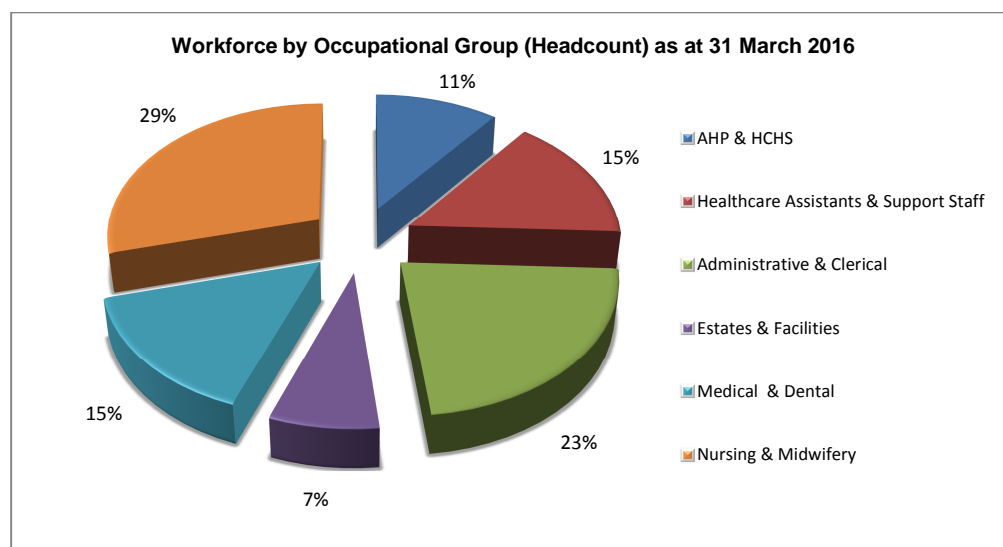
Introduction

This report provides equality and diversity information about the workforce and all numbers are represented as headcount i.e. not WTE.

Section 1: Profile of Workforce

The Headcount of the workforce was 3746 employees at year end 2015-16

Table 1 - Profile of staff by Occupational Group as 31 March 2016.



The key features of the workforce in regard to diversity are summarised in table 2. The last three measures on the table show the proportion of the workforce for whom the data is available, which has improved significantly in recent years, enabling a clear understanding of the workforce.

Table 2 – Headlines

Staff in Post	2012		2013		2014		2015		Latest Data - Mar 16	
	Number	%	Number	%	Number	%	Number	%	Number	%
Female	2552	76.5%	2643	76.2%	2695	73.21%	2801	75.66%	2830	75.30%
Black & Ethnic minority	1087	32.5%	1153	33.2%	1178	32.00%	1199	32.39%	1217	32.49%
Part time	1106	33.1%	1056	30.4%	1107	30.07%	1159	31.31%	1779	47.49%
Staff over 66 years	11	0.3%	9	0.3%	42	1.14%	48	1.30%	55	1.47%
Disabled – Recorded	3294	98.7%	3466	99.9%	3534	96.01%	3701	99.97%	3746	100.00%
Religion - Recorded	3335	99.8%	3467	99.9%	3534	96.01%	3702	100.00%	3746	100.00%

Sexual Orientation – Recorded	3332	99.8%	3467	99.9%	3534	96.01%	3699	99.92%	3746	100.00%
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A. Ethnicity

Table 3 shows the workforce by ethnicity. The percentage of ASPH employees within the BME category is 32.5%. The average for local Acute Foundation Trusts is 23.3%. (Source: Information Centre iView – latest data available February 2015)

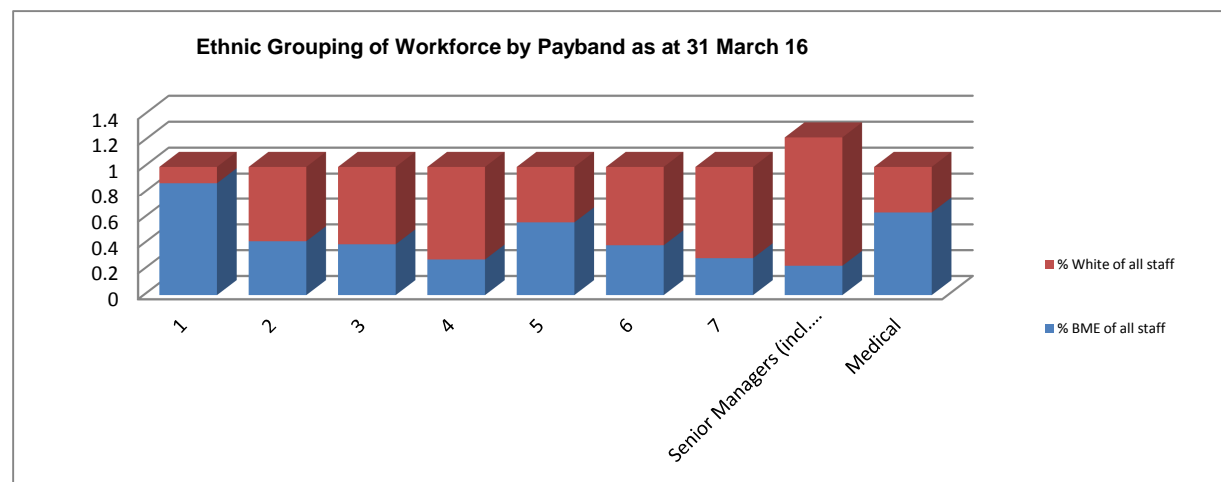
Ethnic Grouping of Workforce as at 31 March 2016

Ethnic Grouping	Headcount Numbers			Ethnic Group as % of Workforce
	Total	Full Time	Part Time	
Asian Bangladeshi	9	9	0	0.2%
Asian Indian	373	295	78	10.0%
Asian Pakistani	60	46	14	1.6%
Asian Other	340	296	44	9.1%
Black African	111	85	26	3.0%
Black Caribbean	26	20	6	0.7%
Black Other	15	10	5	0.4%
Mixed White Asian	38	32	6	1.0%
Mixed White African	14	12	2	0.4%
Mixed White Caribbean	15	9	6	0.4%
Mixed Other	24	18	6	0.6%
Chinese	32	24	8	0.9%
Any other ethnic group	160	128	32	4.3%
Not Declared	64	48	16	1.7%
White Other	419	326	93	11.2%
White Irish	49	31	18	1.3%
White British	1997	1187	810	53.3%
Total	3746	2576	1170	100.0%

% BME	32.5%	25.8%	6.2%	All white categories
% White	67.5%	42.1%	24.2%	

Ethnic Group of Workforce by Pay Band as at 31 March 2016

Table 4 compares the BME and White groupings of staff by pay band shown as percentages, with the BME percentage ranging from 87.2% of staff at band 1 and 18.6% of staff at bands 8 and 9.



B. Disability

Data collected from the workforce indicates that 2.1% of the workforce (79 individuals) consider themselves to have a disability. Continuing work on data completion has reduced the number of 'undefined' i.e. unknown records from 11.5% at December 2011 to 0.0% at March 2016.

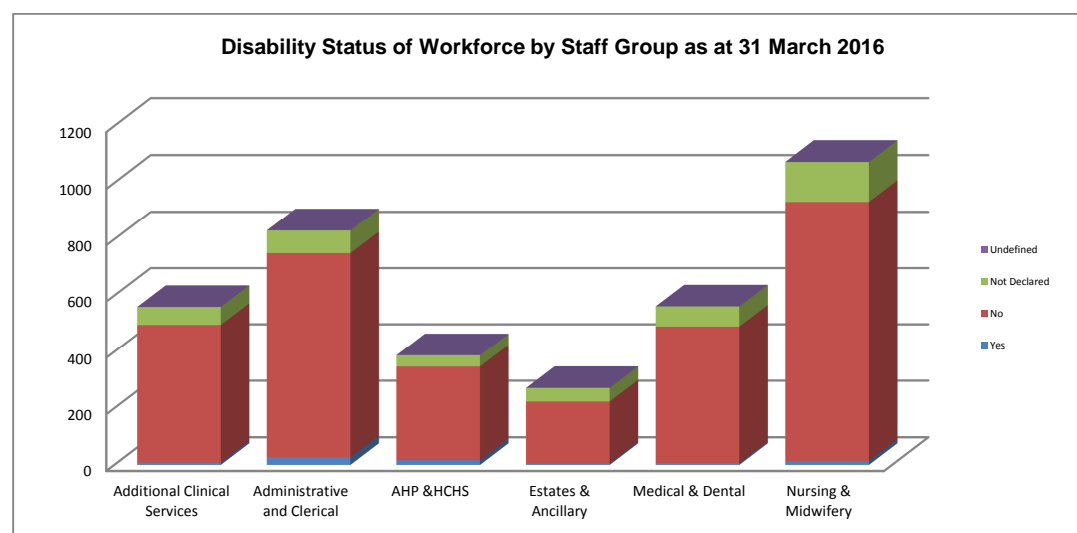
Disability of Workforce as at 31 March 2016

Disabled	Headcount Numbers			Disabled as % of Workforce
	Total	Full Time	Part Time	
Yes	79	56	23	2.1%
No	3225	2254	971	86.1%
Not declared	441	257	184	11.8%
Undefined	1	0	1	0.0%
Total	3746	2567	1179	100.0%

Disability Profile of Workforce by Pay Band and Staff Group as at 31 March 2016

Disability by Pay Band	Yes	No	Not Declared	Total
Band 1	5	124	20	149
Band 2	13	491	61	565
Band 3	12	340	53	405
Band 4	4	245	30	279
Band 5	17	676	79	772
Band 6	12	395	74	481
Band 7	6	292	42	340

Senior Manages (incl. Board)	4	179	11	194
Medical	6	484	71	561
Total	79	3226	441	3746



C. Gender

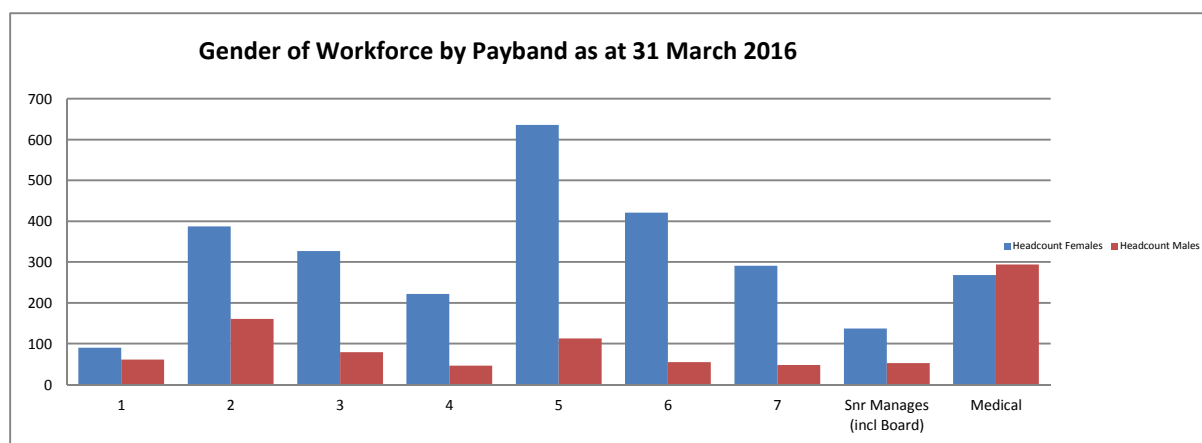
The workforce has 909(24.6%) male employees and 2779 (75.4%) female employees, compared with a benchmark average for local Acute Foundation Trusts, the trust male proportion is higher than the benchmark of 21.2% and the female proportion is lower than the benchmark of 78.8%. (Source: Information Centre iView – latest data available February 2015)

Workforce by Gender as at 31 March 2016

Gender	Headcount Numbers			Gender as % of Workforce
	Total	Full Time	Part Time	
Female	2830	1754	1076	75.5%
Male	916	813	103	24.5%
Total	3746	2567	1179	100.0%

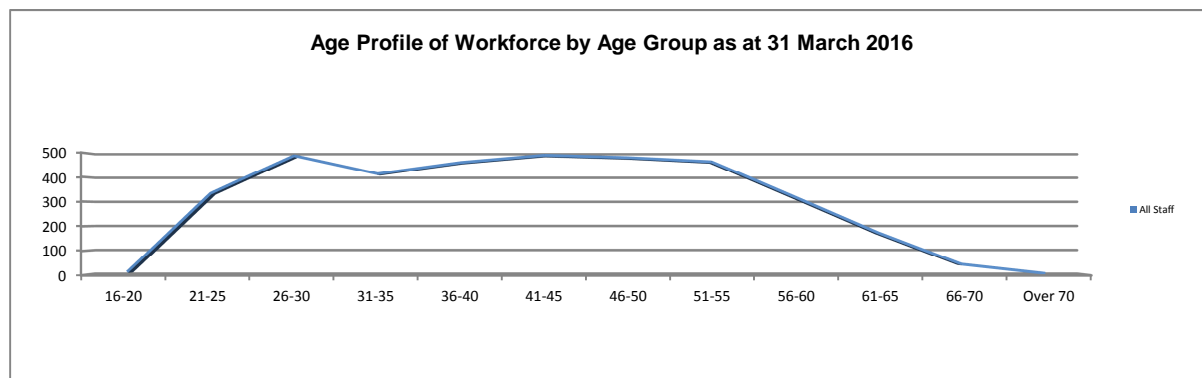
Gender % working Full Time	Gender % working Part Time
62.0%	38.0%
88.8%	11.2%

Gender grouping of Workforce by Pay Band and Full Time/Part Time profile as at 31 March 2016



D. Age

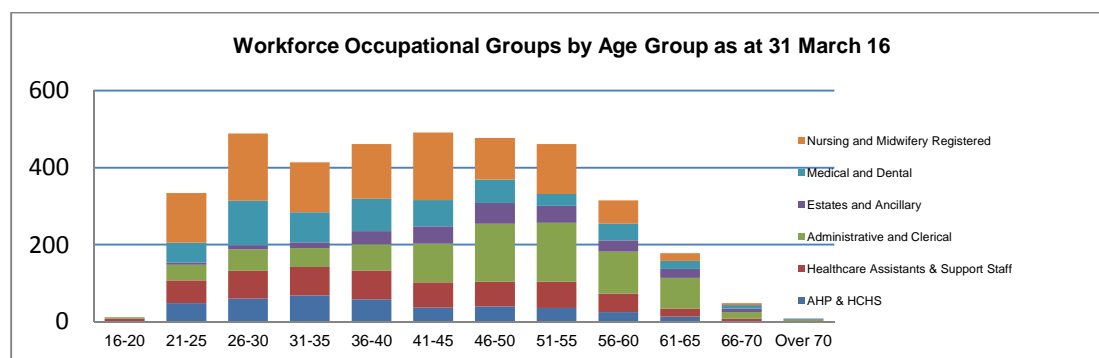
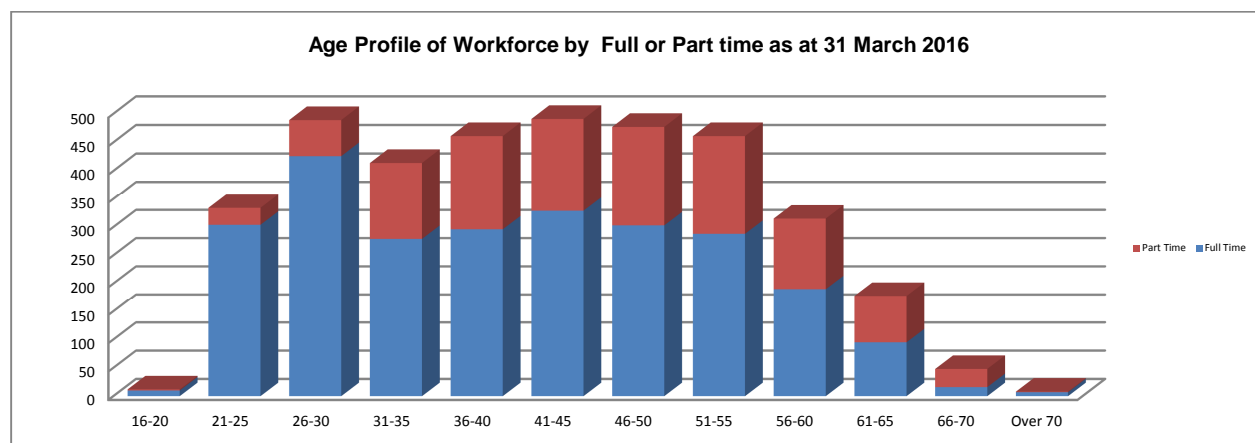
Age Distribution of Workforce as at 31 March 2016



Age Grouping of Workforce by Age Group and Full Time/Part Time profile as at 31 March 2016.

Age Group	Full Time	Part Time	Total
16-20	13	6	19
21-25	299	27	326
26-30	449	69	518
31-35	286	144	430
36-40	291	164	455
41-45	323	162	485
46-50	308	167	475
51-55	277	181	458
56-60	199	140	339
61-65	100	85	185

66-70	14	33	47
Over 70	8	1	9
Total	2567	1179	3746

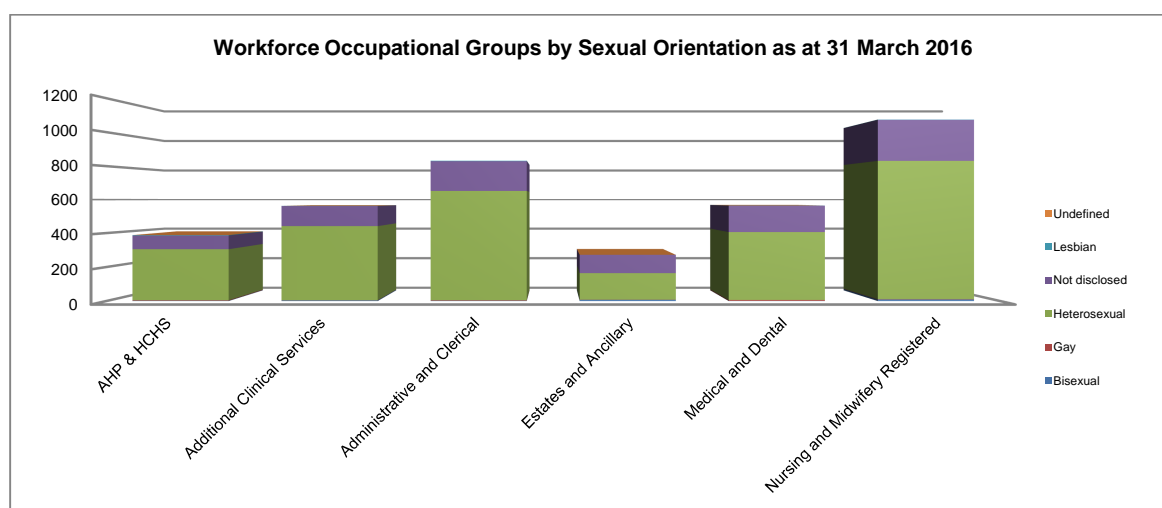
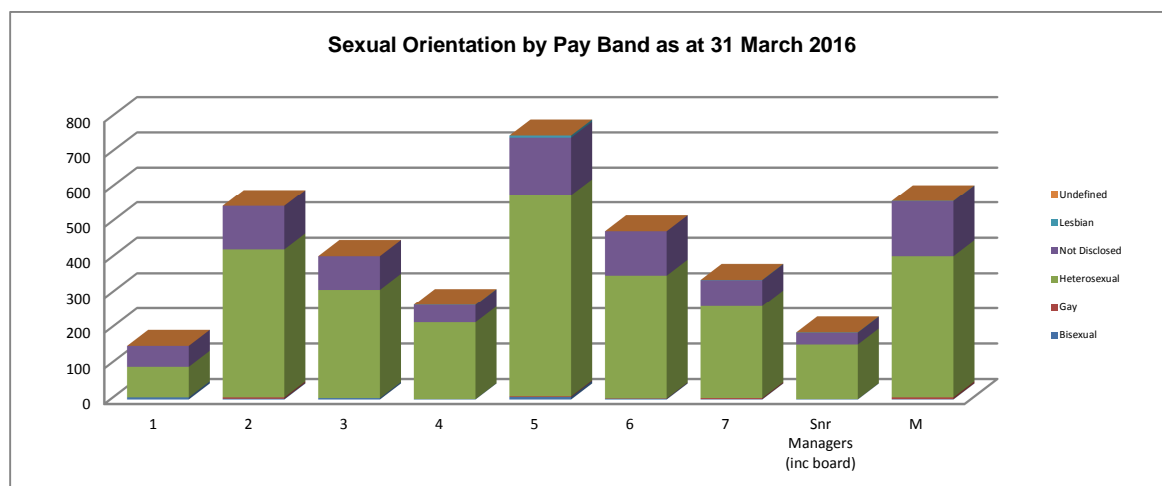


E. Sexual Orientation

The Trust collects data on the sexual orientation of the workforce, subject to an individual's wish to provide the information. The categories for reporting reflect the current national collection criteria. Recent data validation has reduced the 'undefined' category from 11.2% by December 2011 to 00% by March 2016.

Sexual Orientation Profile of Workforce as at 31 March 2016

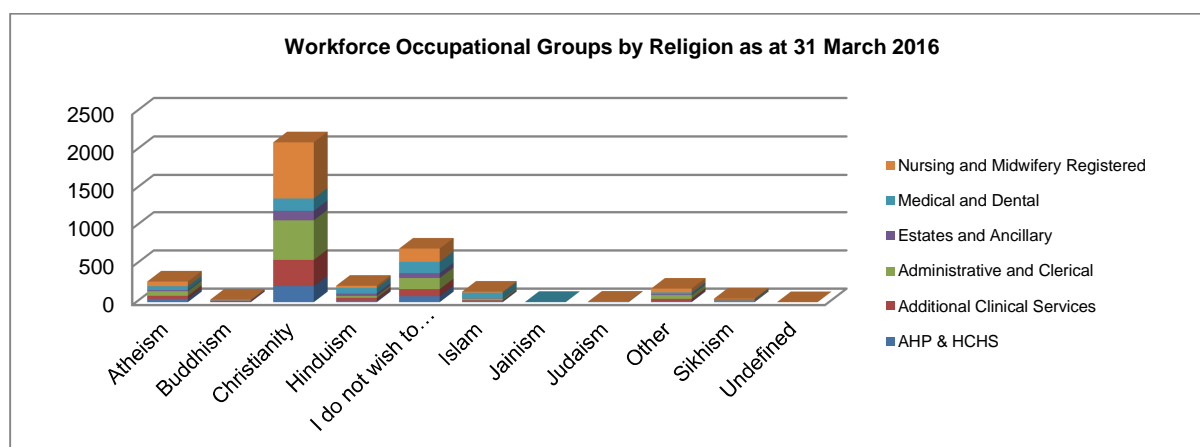
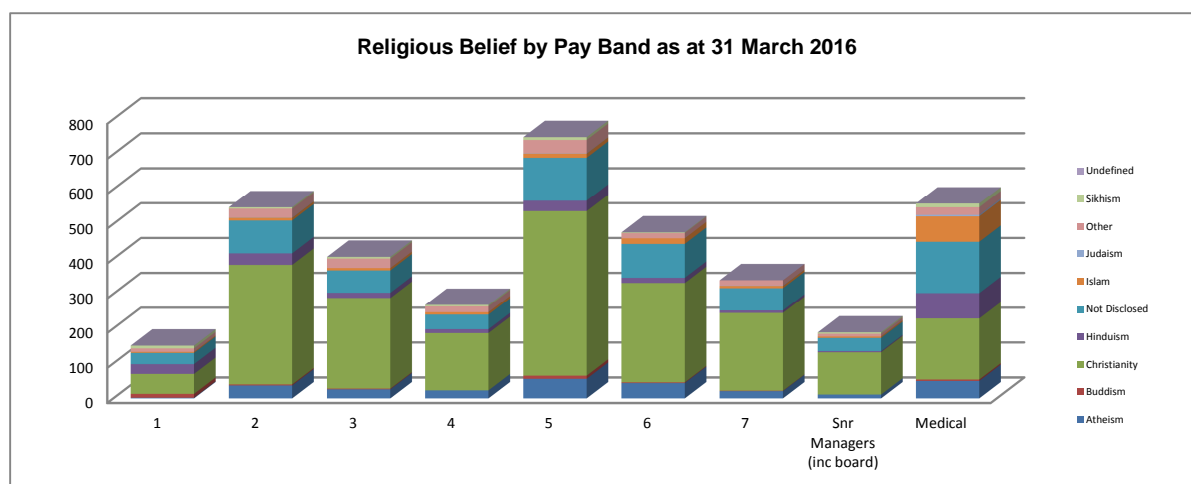
Sexual Orientation	Headcount	% of Workforce
Bisexual	24	0.6%
Gay	15	0.4%
Heterosexual	2828	75.5%
Lesbian	869	23.2%
Not Disclosed	10	0.3%
Undefined	0	0.0%
Total	3746	100%



F. Religious Belief

The Trust collects data on the religious belief of the workforce, subject to an individual providing the information. The categories for reporting reflect national collection criteria. Data collection has improved with a reduction in the 'undefined' category from 11.1% at the end of December 2011 to 0.0% by March 2016.

Religion	Full Time	Part Time	Total	% of Workforce
Atheism	203	67	270	7.3%
Buddhism	28	4	32	0.9%
Christianity	1406	694	2100	56.9%
Hinduism	177	38	215	5.8%
Not Disclosed	457	244	701	19.0%
Islam	109	28	137	3.7%
Jainism	3		3	0.1%
Judaism	6	1	7	0.2%
Other	121	56	177	4.8%
Sikhism	33	13	46	1.2%
Undefined	0	0	0	0.0%
Total	2543	1145	3688	100.0%



Section 2: Leavers Profile for the year April 2015 – March 2016

A Ethnicity

Ethnic Group	% of total workforce by ethnic group	Number of leavers	% of leavers by ethnic origin	Variance from Workforce Mean
Asian - Bangladeshi	0.2%	2	0.4%	0.5%
Asian - Indian	10.0%	65	11.4%	1.5%
Asian - Pakistani	1.6%	5	0.9%	-0.7%
Asian - Other	9.1%	38	6.7%	-2.4%
Black African	3.0%	28	4.9%	2.0%
Black Caribbean	0.7%	4	0.7%	0.0%
Black Other	0.4%	2	0.4%	0.0%
Mixed White/Black African	1.0%	3	0.5%	-0.5%
Mixed White/Asian	0.4%	2	0.4%	0.0%

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Mixed White/Caribbean	0.4%	1	0.2%	-0.2%
Mixed Other	0.6%	4	0.7%	0.1%
Chinese	0.9%	3	0.5%	-0.3%
Any other ethnic group	4.3%	14	2.5%	-1.8%
Not Declared	1.7%	6	1.1%	-0.7%
White Other	11.2%	67	11.8%	0.6%
White Irish	1.3%	7	1.2%	-0.1%
White British	53.3%	318	55.9%	2.6%
Total	100.0%	569	100.0%	0.0%

White	24.2%	392	68.9%	44.7%
BME	6.2%	177	31.1%	24.9%

B Disability

Disabled	% of total workforce by Disability	Number of leavers	% of Leavers	Variance from Workforce Mean
No	1.9%	521	91.56%	89.66%
Not declared	85.0%	36	6.33%	-78.68%
Undefined	13.1%	1	0.18%	-12.89%
Yes	0.0%	11	1.93%	1.91%
Total	100%	569	100%	0.00%

C Gender

	Leavers	Leavers
Male Staff	124	21.8%
Female Staff	445	78.2%
	569	100.00%

D Age Band (five year age bands)

Age Band	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71 +
No. of Employees	11	71	108	84	59	55	51	51	39	26	12	2

E Sexual Orientation

Sexual Orientation	% of Workforce by Sexual Orientation	Number of leavers	% of leavers by Sexual Orientation	Variance from Workforce Mean
Bisexual	0.6%	6	1.05%	0.41%
Gay	0.4%	9	1.58%	1.18%
Heterosexual	75.5%	458	80.49%	5.00%
Undisclosed	23.2%	93	16.34%	-6.85%
Lesbian	0.3%	2	0.35%	0.08%
Undefined	0.0%	1	0.18%	0.18%
Total	100%	569	100.00%	0.00%

F Religious Belief

Religion/Belief	% of workforce by religious belief	Number of leavers	% of leavers by religious belief	Variance from Workforce Mean
Atheism	7.3%	62	10.90%	3.58%
Buddhism	0.9%	3	0.53%	-0.34%
Christianity	56.9%	341	59.93%	2.99%
Hinduism	5.8%	28	4.92%	-0.91%
Islam	19.0%	16	2.81%	-16.20%
Jainism	3.7%	0	0.00%	-3.71%
Judaism	0.1%	1	0.18%	0.09%
Other	0.2%	30	5.27%	5.08%
Sikhism	4.8%	6	1.05%	-3.74%
Undefined	1.2%	1	0.18%	-1.07%
Does not wish to disclose	0.0%	81	14.24%	14.24%
Total	100%	569	100%	0.00%

H Staff Turnover

Training Grade Doctors not included

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Staff Turnover by Staff Group	% Turnover
Additional Clinical Services	24.7%
Administrative and Clerical	15.3%
AHP &HCHS	16.6%
Estates & Ancillary	7.0%
Medical & Dental	11.2%
Nursing & Midwifery	19.2%
Total	16.8%

Staff Turnover by Sexual Orientation	% Turnover
Bisexual	21.7%
Gay	53.9%
Heterosexual	18.1%
Lesbian	22.9%
Not Disclosed	12.0%
Total	16.8%

Staff Turnover by Religion	% Turnover
Atheism	19.9%
Buddhism	61.7%
Christianity	17.1%
Hinduism	18.1%
Not Disclosed	12.5%
Islam	11.4%
Jainism	0.0%
Judaism	181.1%
Other	15.4%
Sikhism	16.1%
Total	16.8%

Staff Turnover by Disability	% Turnover
Yes	34.7%
No	17.9%
Not declared	6.8%
Total	16.8%

Staff Turnover by Gender	% Turnover
Female	14.5%
Male	17.5%
Total	16.8%

Staff Turnover by Age Group	% Turnover
16-20	69.9%
21-25	29.1%
26-30	28.3%

31-35	20.4%
36-40	18.4%
41-45	11.0%
46-50	10.0%
51-55	11.7%
56-60	12.3%
61-65	11.5%
66-70	17.7%
Over 70	17.7%
Total	16.8%

Staff Turnover by Ethnic Origin	% Turnover
Asian Bangladeshi	20.9%
Asian Indian	20.1%
Asian Pakistani	14.9%
Asian Other	13.8%
Black African	28.2%
Black Caribbean	7.7%
Black Other	27.6%
Mixed White Asian	31.6%
Mixed White African	10.3%
Mixed White Caribbean	30.2%
Mixed Other	30.2%
Chinese	7.8%
Any other ethnic group	10.6%
Not Stated	15.2%
White Other	21.6%
White Irish	13.4%
White British	15.7%
Total	16.8%

Staff Turnover by Payscale	% Turnover
1	11.7%
2	21.0%
3	11.4%
4	16.0%
5	23.5%
6	15.5%
7	11.6%
Snr Manages (incl Board)	8.0%
Medical	13.7%
Total	16.9%

Section 3: Promotions and Maternity

Promotions and staff returning from maternity leave during the period April 2015 to March 2016

Maternity Returnees

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Staff Group	No change	Decrease Hours	Increase Hours	Total
Additional Clinical Services	10	5	0	15
Administrative and Clerical	3	5	0	8
AHP &HCHS	12	0	0	12
Estates & Ancillary	0	0	0	0
Medical & Dental	21	2	0	23
Nursing & Midwifery	25	12	0	37
Total	71	24	0	95

Promotions

Promotion by Disability	Headcount	Headcount %
Yes	5	1.0%
No	126	92.2%
Not declared	10	6.8%
Total	141	100.0%

Promotion by Gender	Headcount	Headcount %
Female	121	86.4%
Male	20	13.6%
Total	141	100.0%

Promotions by Age Group	Headcount	Headcount %
16-20	0	0.0%
21-25	21	12.6%
26-30	32	22.3%
31-35	22	15.5%
36-40	14	10.7%
41-45	21	10.7%
46-50	12	10.7%
51-55	9	10.7%
56-60	6	6.8%
61-65	4	0.0%
66-70	0	0.0%
Over 70	0	0.0%
Total	141	100.0%

Promotions by Ethnic Origin	Headcount	Headcount %
Asian Bangladeshi	2	1.9%
Asian Indian	16	11.7%

Asian Pakistani	0	0.0%
Asian Other	8	7.8%
Black African	2	1.9%
Black Caribbean	1	1.0%
Black Other	0	0.0%
Mixed White Asian	1	1.0%
Mixed White African	0	0.0%
Mixed White Caribbean	0	0.0%
Mixed Other	9	1.0%
Chinese	0	0.0%
Any other ethnic group	8	4.9%
Not Stated	4	0.0%
White Other	14	13.6%
White Irish	1	0.0%
White British	75	55.3%
Total	141	100.0%

Promotions by Payscale	Headcount	Headcount %
1	0	0.0%
2	2	0.0%
3	20	3.9%
4	21	16.5%
5	20	23.3%
6	52	25.2%
7	19	20.4%
Snr Manages (incl Board)	4	9.8%
Medical	3	1.0%
Total	141	100.0%

Section 4 Mandatory Training as at 31 March 2016

Mandatory Training by Staff Group	Non Compliant	Compliant	Total	% Compliance
Additional Clinical Services	1321	5091	6412	79.4%
Administrative and Clerical	1589	7298	8887	82.1%
AHP & HCHS	630	3827	4457	85.9%
Estates & Ancillary	165	2695	2860	94.2%
Medical & Dental	1455	6000	7455	80.5%
Nursing & Midwifery	2750	10483	13233	79.2%
Total	7910	35394	43304	81.7%

Mandatory Training by Sexual Orientation	Non Compliant	Compliant	Total	% Compliance
Bisexual	48	231	279	82.8%
Gay	27	156	183	85.2%
Heterosexual	5732	26679	32411	82.3%
Lesbian	2076	8238	10314	79.9%
Not Disclosed	27	90	117	76.9%
Total	7910	35394	43304	81.7%

Mandatory Training by Religion	Non Compliant	Compliant	Total	% Compliance
Atheism	467	2751	3218	85.5%
Buddhism	62	324	386	83.9%
Christianity	4650	20074	24724	81.2%
Hinduism	438	2174	2612	83.2%
Not Disclosed	1580	6495	8075	80.4%
Islam	283	1342	1625	82.6%
Jainism	15	30	45	66.7%
Judaism	25	60	85	70.6%
Other	302	1700	2002	84.9%
Sikhism	88	444	532	83.5%
Total	7910	35394	43304	81.7%

Mandatory Training by Disability	Non Compliant	Compliant	Total	% Compliance
Yes	114	780	894	87.2%
No	6696	30435	37131	82.0%
Not declared	1100	4179	5279	79.2%
Total	7910	35394	43304	81.7%

Mandatory Training by Gender	Non Compliant	Compliant	Total	% Compliance
Female	5953	26182	32135	81.5%
Male	1957	9212	11169	82.5%
Total	7910	35394	43304	81.7%

Mandatory Training by Ethnic Origin	Non Compliant	Compliant	Total	% Compliance
Asian Bangladeshi	25	91	116	78.4%
Asian Indian	884	3564	4448	80.1%
Asian Pakistani	126	598	724	82.6%
Asian Other	730	3206	3936	81.5%
Black African	294	1012	1306	77.5%
Black Caribbean	83	210	293	71.7%
Black Other	23	151	174	86.8%
Mixed White Asian	63	348	411	84.7%
Mixed White African	41	140	181	77.3%
Mixed White Caribbean	38	123	161	76.4%
Mixed Other	38	259	297	87.2%
Chinese	60	331	391	84.7%
Any other ethnic group	404	1503	1907	78.8%

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Not Stated	114	594	708	83.9%
White Other	675	4078	4753	85.8%
White Irish	111	448	559	80.1%
White British	4201	18738	22939	81.7%
Total	7910	35394	43304	81.7%

Mandatory Training by Payscale	Non Compliant	Compliant	Total	% Compliance
1	100	1447	1547	93.5%
2	1129	4800	5929	81.0%
3	664	2784	3448	80.7%
4	448	2046	2494	82.0%
5	1443	7222	8665	83.3%
6	882	4010	4892	82.0%
7	649	2864	3513	81.5%
Snr Manages (incl Board)	561	1800	2361	76.2%
Medical	2034	8421	10455	80.5%
Total	7910	35394	43304	81.7%

Workforce Equality Objectives

Objective	Action	Responsible	Accountable	Consulted	Informed
Increase representation of BME staff from Band 7 and above (WRES)	<ol style="list-style-type: none"> 1. Investigate and seek to address the under-representation of BME staff in senior posts and identify if there are barriers in place to progression. 2. To seek out positive examples to share and learn from 	Deputy Director of HR	Director of WOD	E&D Steering Group	Chief Executive
Introduce equality monitoring of access to non-mandatory training and CPD (WRES)	<ol style="list-style-type: none"> 1. Implement system of recording of equality data of applicants 2. Monitor and review data 	Learning and Development Manager	Director of WOD	E&D Steering Group	Chief Executive
Demonstrate an improvement in staff experiences of working for the Trust through improving staff knowledge and skills in how to identify and respond to the individual needs of others	<ol style="list-style-type: none"> 1. Launch Unconscious Bias training module 2. Review numbers of staff accessing the module 	Deputy Director of HR	Director of WOD	E&D Steering Group	Chief Executive

Ensure compliance with statutory requirements	Implementation and monitoring of the WRES	Deputy Director of HR	Director of WOD	E&D Steering Group	Chief Executive
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