

# Towards Inclusion Annual Report July 2017

## **FOREWORD**

The principle of inclusion is fundamental in our society, and the Rule of Law is based on the concept that individuals are of equal worth.

That is, we all have a duty to respect one another.

Failure in this duty can create divisions and dysfunctionality, ultimately impacting on our patients, staff and partners.

Whilst acknowledging that it is vitally important to ensure we have policies and processes which articulate our commitment and provide a framework for inclusion, these governance arrangements alone will not deliver the ongoing improvements we seek to achieve.

Inclusion must be understood, accepted and embedded across our organisation, as the default approach each of us takes on a day-to-day basis, as the way we do things, and not because a set of guidance documents stipulates it so.

Inclusion is at the core of our Trust Values and Behaviours, and must not be seen as a stand-alone function.

I am delighted about the great progress we are making with this agenda and keen that we continue with the same focus and fortitude as we move into year two of our five year strategy.

The evidence collated in this inaugural annual report demonstrates a widespread and genuine determination that strives to be the best. I believe that creating an 'Effortlessly Inclusive' culture is at the heart of our organisation: A great place to be cared for; A great place to work for all.

Jackie Daniel  
Chief Executive

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# SECTION 1 – INTRODUCTION

## Our Aim is to become 'Effortlessly Inclusive'

1. We want to be the best, and believe that being 'Effortlessly Inclusive' is at the heart of how UHMBT will be a Great Place to be Cared for; a Great Place to Work.
2. We are working towards becoming a truly inclusive employer and service provider; in creating an environment and culture that celebrates inclusion & diversity, dignity & respect, which values, nurtures and harnesses difference for the benefit of patients, service users, their families, carers, members of the public and our employees.
3. We are committed to the elimination of discrimination, in reducing health inequalities, promoting equality of opportunity and dignity & respect for all our patients, service users, their families, carers and our staff to ensure that we are a
  - a. **Healthcare Provider of Choice** in treating our patients, service users, their families and carers with care, compassion and dignity & respect;
  - b. **Employer of Choice** in recruiting, training, developing, nurturing and retaining the best people;
  - c. **Partner of Choice** for local, regional and national organisations, together creating innovative and mutually beneficial solutions for all;
  - d. **Buyer of Choice** for suppliers of goods, facilities and services supporting our aims and ambitions;
  - e. **Organisation of Choice** for all our population who are future patients, services users, prospective partners & employees who live and work in our area.
4. In January 2015, a new leadership structure for Inclusion and Diversity was introduced. Alongside David Wilkinson, Director of Workforce and Organisational Development as the Executive lead for Inclusion and Diversity, new leads for Workforce and Service commenced a programme of work to support UHMB on its journey to becoming 'effortlessly inclusive'.
5. In September 2016, the Trust Board approved a five year Inclusion and Diversity Strategy, which was developed in partnership with our inclusion networks with support of Professor Surinder Sharma through our partnership with the British Association of Physicians of Indian Origin. This is available here [5 Year Strategy](#)
6. 2016/17 has been a year in which the Inclusion and Diversity agenda at UHMB has seen unprecedented focus at all levels of our organisation. Our improvement work has followed the EDS2 'Steps for Implementation' as a guide to develop the Trust's systems and processes to be fit for purpose to manage Inclusion and Diversity effectively and to meet the Trust's Public Sector Equality Duty.

7. The Trust has received recognition for its progress in relation to inclusion and diversity during 2016/17 including:
- a) Being placed number 11 in the national Inclusive Top 50 Employers list (top NHS Trust); and the most inclusive employer in the NHS
  - b) Finalist in the CIPD 2016 People Management Awards: Diversity and Inclusion Category
  - c) Finalist at the HPMA awards: Courage to Manage category 2016
  - d) Finalist at the HSJ Awards: Employee Engagement category 2016
  - e) Two finalists (one the award winner) in the North West NHS Leadership Academy Leadership Awards, Inclusive Leader category 2016
  - f) Awarded a Silver Standard by the Employers Network for Equality & Inclusion (the UK's leading employer network); 2017
  - g) Finalist - ENEI Network Group of the Year Award 2017;
  - h) NHS Employers promoted Morecambe Bay NHS Foundation Trust as part of their 'Inclusive Leadership in the NHS' podcast series;
  - i) Winner in the award for 'Outstanding Contribution' in the National Widening Participation Awards 2017.

## **EQUALITY OBJECTIVES**

8. As a reminder - the Trust's Equality Objectives for 2015-2019 are:
- a) To eliminate unlawful discrimination, harassment and victimisation
  - b) To improve year on year the reported patient experience for protected groups
  - c) To improve year on year the reported employee experience for protected groups
  - d) To reduce health inequalities for protected groups by improving access to all services.
9. These objectives have been mapped to the EDS2 Goals and Objectives.
10. Striving to achieve these equality objectives should enable to the Trust to significantly improve its EDS2 performance – with aspirations to become as a minimum 'Achieving' in all areas within the four years.
11. A comparison between 2015/16 and 2016/17 performance is available at Appendix 1.

Summary highlights include:

- Leadership graded as excellent,
- Eleven outcomes graded as achieving
- Six outcomes graded as developing
- no outcomes graded as under developing

## SECTION 2 – A SUMMARY OF THE UHMBT APPROACH

### NHS EMPLOYERS EQUALITY PARTNER PROGRAMME

12. The Trust was hugely privileged to have been selected as one of NHS Employers Equality and Diversity Partners for a second year running in 2016/17 and is now part of its Alumni programme. This has been a fantastic opportunity to work with NHS employers, other partners, as well as national stakeholders such as the Leadership Academy and NHS England. All of which has supported us in further embedding and integrating a culture of Inclusion and Diversity at UHMB. Further, it has provided the opportunity for us to be involved in system wide efforts to improve Inclusion and Diversity across the NHS. Plans for our Alumni responsibilities include hosting an event in November 2017, to share our journey, experiences and lessons learned with other NHS organisations which would benefit from our learning.

### ENGAGEMENT TO IMPROVE EMPLOYEE AND PATIENT EXPERIENCE

13. The Trust has been developing its systems for systematically engaging with stakeholders, local organisations that support people with protected characteristics, the general public, staff and members of staff side to inform the development and improvement of employee and patient experience for different groups.
14. The Trust's governance systems for inclusion are set out in the Inclusion and Diversity [Five Year Strategy](#) document.
15. An Inclusion and Diversity Steering Group was launched in 2016, and includes representation from executives, leads for inclusion, staff side and representation from each of the staff inclusion networks.
16. The Trust's Equality of Access to Health Group is a forum open to stakeholders internally and externally to get involved in Inclusion and Diversity improvement activity on a regular basis. This group focusses on improving patient experience.
17. Employee Inclusion and Diversity is a standard agenda item at the Trust's Joint Working Group, with updates provided on a monthly basis on progress. This has been agreed as the Trust's formal committee for feedback and involvement from staff side and staff on Inclusion and Diversity.
18. The Workforce Assurance Committee and Trust Board receive regular updates regarding the Trust's Inclusion and Diversity improvement plan.
19. The Trust has five established staff networks for protected groups all with an executive sponsor: LGBT (supported by Lancashire LGBT and Stonewall); Disability; BME (supported by the British Association of Physicians of Indian Origin); Gender launched in March 2017; a Forces launched in May 2017.

- 20.** As well as exploring current workforce metrics, and developing, in partnership with the Trust, plans to improve employee experience for staff from these groups, the networks
- a) Provide a safe space in which issues of relevance to different groups of staff can be discussed and for staff from protected groups across the Trust to meet one another in an informal setting
  - b) Facilitate representation at appropriate levels of Trust management in order to promote awareness of Inclusion and Diversity issues relevant to different staff groups and to influence the development of policies to improve employee and patient experience
  - c) Provide links with other external in order to enhance the networks
  - d) Support the aims of the Trust to promote equality of opportunity and eliminate discrimination and inequality
  - e) Raise awareness of issues relevant to protected groups
  - f) Represent the views of protected groups at UHMB
  - g) Provide a gateway of support and assistance to protected groups in the workplace and a forum for discussion of issues
- 21.** The Trust is proactively utilising internal communication and engagement methods, such as Weekly News, Social Media and formal and informal Trust cascade processes to raise awareness of and communicate developments to staff across the organisation. A monthly Personal Fair Diverse newsletter is published, for the Personal Fair Diverse network, which has approximately 200 champions, but wider through the Trust's Weekly News and the publication is available for all staff and external partners on our [website](#)
- 22.** A new [website](#): Inclusion and Diversity Matters was launched in March 2017, for staff and members of the public to access information about inclusion at UHMBT and how to get involved. This includes pages for each inclusion network and resources for managers and staff.
- 23.** The Trust is actively working to ensure the NHS Value of 'Everybody Counts' is part of how we do things in Morecambe Bay. One of the first Trusts to appoint a Freedom to Speak Up Guardian, the Trust has a number of Respect Champions, to support staff experiencing dignity and respect at work issues.

## **SECTION 3 – THE STAFF EXPERIENCE**

### **STONEWALL DIVERSITY CHAMPION PROGRAMME**

24. In September 2016 the Trust joined the Stonewall Diversity Champions Programme – the UK's leading programme for equality for lesbian, gay, bi and trans staff and service users. Stonewall currently works with over 700 of the country's leading organisations to create fully inclusive environments for staff, service users and the community. It is the largest non-governmental intervention of its kind in the world. The Programme is a best practice sharing forum in which organisations receive support from Stonewall with their work towards lesbian, gay, bi and transgender equality, with the aim of creating a fully inclusive workplace for all staff and embedding inclusion in service delivery.
25. Our initial work with Stonewall and our LGBT network has included:
- a) A review of our key workforce policies by Stonewall.
  - b) Raising awareness of sexual orientation/gender identity's relevance to work and patient care amongst staff.
  - c) Increasing declarations of sexual orientation in monitoring data: Stonewall support in the development of a communications plan, and our learning from organisations with high declaration rates to share best practice.
  - d) Guidance and best practice on online and face to face training to inform our core offer for inclusion training.
  - e) Embedding of equality into Trust resources: Stonewall providing materials and ideas, working with the LGBT network, including the development of a guide for managers and staff.
  - f) Support with the development of our Transgender Care Policy.

### **BRITISH ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN (BAPIO) PARTNERSHIP**

26. The Trust continues to develop its ground-breaking and innovative partnership agreement with BAPIO. The BAPIO / UHMB partnership is the first of its kind in the UK and is focused on developing the Trust as a role-model Trust, where all staff will:
- a) Feel supported, respected and happy at work
  - b) Have opportunities to fulfil their full potential
  - c) Have opportunities for career progression
  - d) Feel there is complete transparency
  - e) Have positive relationships with management colleague
27. The agreement will see the Trust and BAPIO work together to develop internal staff networks for protected characteristic groups, including a Black and Minority Ethnic (BME) network, open to all BME staff from all occupational groups and disciplines.
28. BAPIO has also supported the Trust in other ways, including:
- a) Assisting in the development of the Trust's Diversity and Inclusion strategy
  - b) Providing resources to advise and support BME staff
  - c) Promotion of the Trust nationally and internationally to assist with recruitment
  - d) Providing opportunities for networking with BME employees and leaders

## STAFF DEVELOPMENT

29. Engagement with staff is core to UHMB's approach to improving our inclusion and diversity practice.
30. The Trust is developing a network of Personal, Fair Diverse Champions (currently with 200 champions across the Trust) and following an initial trial, has introduced a new post on a permanent basis to lead this network, and the Respect Champions (who are specifically trained in supporting staff experiencing bullying and harassment).
31. The Trust's training for Inclusion and Diversity has been being reviewed to ensure our core learning and development offer enables our staff to develop to provide truly inclusive care. A business case is in development for a trainer for inclusion, who will support the implementation of annual improvement plans with bespoke inclusion training developed and delivered to address key priority areas.

## TOWARDS INCLUSION – ANNUAL CONFERENCE

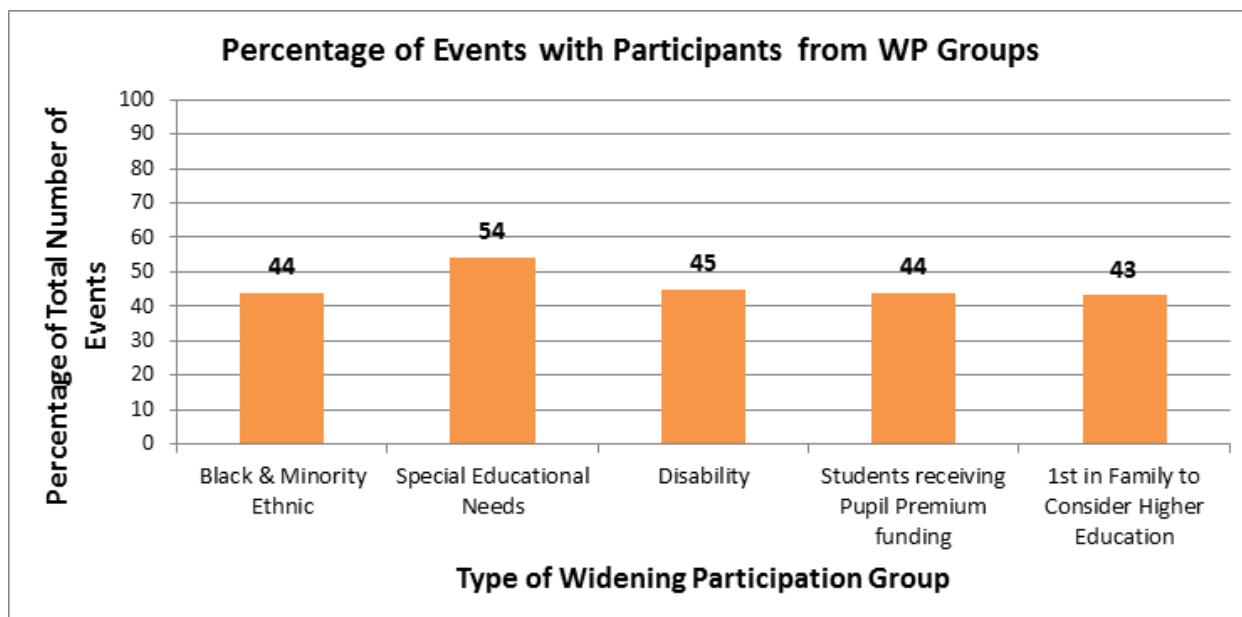
32. Developed in partnership with the Trust's LGBT, Disability and BME networks, the Trust held its second inclusion conference on 25<sup>th</sup> November 2016 – "Towards Inclusion". Over 120 colleagues attended a really enjoyable and challenging day. Sessions included:
  - a) **Culture Eats Strategy for Breakfast** Roger Kline (University of Middlesex, WRES Implementation Team)
  - b) **Creating an Inclusive Culture - The Use of Networks** Amy Stanning (Shared Services Director, Barclays & Co Chair Co-Chair for Spectrum; Barclays LGBT colleague network)
  - c) **Life Through a Neurodiverse Lens** Leena Haque (BBC Neurodiversity Lead)
  - d) **The Struggle to be Ourselves, a Transgender Experience** Amy Stanning (Shared Services Director, Barclays & Co Chair Co-Chair for Spectrum; Barclays LGBT colleague network)
  - e) **Freedom to Speak Up** Heather Bruce (UHMBT F2SU Guardian)
  - f) **Our Priorities are Led by our People** Johnnie Moore (Creative Facilitation)
  - g) **Challenging the System. Surviving and succeeding** Professor Aneez Esmail, Professor of General Practice at University of Manchester

Delegates also had the pleasure of a performance from the Sunbeam Choir (Sunbeams music Trust is a Cumbrian based organisation that "strives to improve the lives of disabled Children and Adults through the creative freedom of music.")

33. The Trust has encouraged and supported a number of staff to apply for the NHS Leadership Academy Ready Now and Stepping Up Programmes, innovative and inspirational positive action programme which looks to take leaders from a BME background on a transformational learning journey, helping them to realise their potential and to take that next step up to a more senior role, to the boardroom and beyond. 3 staff completed the Ready Now programme in 2016, and a further 3 have commenced in 2017. The programme is due to be regionalised in the coming 24 months, as such efforts to encourage applications from UHMBT staff will continue.

## INSPIRING YOUTH/LOCAL COMMUNITY SCHEMES – CREATING A DIVERSE MARKET FOR OUR FUTURE WORKFORCE

34. The Trust is committed to developing employment opportunities for young people in our local communities. Since its establishment in February 2016, the Bay Health and Care Partners Careers & Engagement Hub has engaged with more than 20,600 local people through the organising of or attendance at over 100 events. Through the Careers & Engagement work, investment in inspiring youth projects with schools and other local education providers has increased to promote careers in health and care for young people. The Hub has specifically targeted widening participation groups on 63 different occasions. The chart below shows the percentage of different groups targeted through these events:



35. The Trust’s apprentice scheme is expanding, and creates both opportunities at entry level as well as development posts for new and existing staff at all levels of the organisation.

### WORKFORCE EQUALITY STANDARDS

36. The Workforce Race Equality Standard (WRES) became a mandatory requirement embedded within the NHS Contract on 15th April 2015 to ensure effective collection, analysis and use of workforce data to address the under-representation of BME staff across the NHS. It links to all four of the Trust’s Equality Objectives. The WRES offered the Trust a fantastic platform to launch a new way of working with BME staff in the organisation, and meaningfully involve staff in understanding and exploring the data and developing a response in partnership.

The Trust has published an annual report for the WRES since 2015, communicating to staff and the public the current position and improvement plans. The Trust’s well-established network of BME staff, and local branch of BAPIO have worked in partnership with Trust leadership to develop the action plan Appendix 2. This network is integral to ongoing engagement to continued development.

37. The 2016 summary report is available on the Trust's Inclusion and Diversity [website](#) and the 2017 summary report will form part of this annual update, setting out plans for 2017/18.
38. The CQC in October 2016 further explored the WRES and employee experience for BME staff as part of the assessment of the Well Led domain. BME focus groups were held at the Royal Lancaster Infirmary and Furness General Hospital and the CQC inspection team were interested in our improvement plan and how we are responding to the new standard. In their report they stated:

*'Overall, we found the culture of the trust to be open and inclusive. The majority of staff that we spoke to felt that they were valued and respected by their peers and leaders. This included Black and Minority Ethnic (BME) staff'.*

**Equalities and Diversity – including Workforce Race Equality Standard**

- *We found that the trust had developed a more positive and inclusive approach to equality since the last inspection. We found that staff were committed to and proactive in providing an inclusive workplace.*
- *The trust had an inclusion and diversity strategy 2016-2021 which was developed in partnership with Black and Minority Ethnic (BME) staff.*
- *Governance arrangements were in place to ensure that the trust board received regular assurance that the trust was meeting its Public Sector Equality Duty.*
- *The trust reviewed the inclusion and diversity strategy on a yearly basis to ensure it remained fit for purpose. The Towards Inclusion plan provided a one-year summary of outcomes that were planned for delivery during year one of the strategy (2016-17).*
- *As part of the new Workforce Race Equality Standard (WRES) programme, the trust had added a review of its approach to equality and diversity to its well led methodology. The WRES has nine specific indicators which organisations are expected to publish and report upon, and to use to put into place action plans to improve the experiences of Black and Minority Ethnic (BME) staff. As part of this inspection we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as at its work to include other staff and patient groups with protected characteristics.*
- *The 2016 WRES data indicated that significant improvements had been made in some indicators (likelihood of being appointed from shortlisting; number of BME staff undergoing a formal disciplinary investigation process). However, there had also been an increase in the reporting by BME staff of bullying, harassment and abuse from managers, colleagues, and the public.*
- *A WRES action plan had been developed in partnership with the Trust's BME networks to address this issue, and was agreed by the executive team in June 2015 ahead of publishing and discussion at Trust Board in July 2016. This was published on the trust's website.*
- *The trust had three inclusion networks which it was supporting: LGBT (supported by Lancashire LGBT), Disability, and BME (supported by the British Association of Physicians of Indian Origin). Each network had an executive sponsor to support and enable it to make change to improve employee and patient experience.*
- *The trust was working actively with the local branch of the British Association of Physicians of Indian Origin (BAPIO) to improve employee experience for all staff groups, but particularly those from a BME background.*

**(CQC Inspection report published 9<sup>th</sup> February 2017, page 35-37)**

39. UHMB has continued to voluntarily replicate the approach of the WRES for LGBT Appendix 3 and Disability Appendix 4 workforce metrics and for the first time in 2017 has started to

develop the same approach for gender. The 2017/18 plans are attached as part of the overall Inclusion and Diversity action plan at Appendix 5.

- 40.** 2016 has seen the introduction of new gender pay gap regulations for the public sector and the introduction of gender pay gap reporting. The overall aim of the legislation is to ensure all large employers are reporting on data relating to a snapshot date of 31 March 2017, with publication by March 2018, and annually from then onwards. The Trust has published this data ahead of schedule as part of the 2017 annual reporting cycle Appendix 8, and following the approach for other characteristics, will develop, in partnership with its new gender inclusion group, further workforce metrics relating to gender as part of an initial improvement plan in 2017/18.
- 41.** In addition to the above, for the first time in 2016/17 as part of its' membership with the Employers Network of Equality and Inclusion (ENEI) the Trust has participated in a national benchmarking exercise against other member organisations. The benchmarking report, an Executive Summary of which is attached at Appendix 7 has been used to inform priority actions Appendix 6 for the organisation in 2017/18. .

## SECTION 4 – THE PATIENT EXPERIENCE



This section focuses primarily on summarising the service element of our Towards Inclusion activity during 2016/17.

42. Equality of Access to Health Group - meets bimonthly to support the trust, working towards becoming a truly inclusive employer and service provider; which recognises and values differences, to create a culture and practices that recognise, respect, value and harness differences for the benefits of patients, carers, members of the public and employees.



*“We are working in partnership using co-production methodology to ensure that we are tackling equality of access to our services while promoting inclusion for all”*



### CARE QUALITY COMMISSION

43. The CQC monitor, inspect and regulate health and social care services. The CQC publish what they find, including ratings to help people choose care. When we were inspected in July 2015, we were rated **good** for caring, however our most recent September 2016 CQC inspection rated our trust at **Outstanding** for caring. You can read our report by [clicking here](#)



## ACCESSIBLE INFORMATION

44. The Accessible Information Standard came into effect on the 1st August 2016 and directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
45. It is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate.
46. In September 2016 the Equality of Access group invited Linda Wilson, Volunteer Campaign Co-ordinator from the Royal National Institute of Blind People Cumbria branch to review our compliance towards the Accessible Information standards.
47. To support our website and the patient information detailed within we have installed the browse out loud facility, this function offers our website visitors a better experience. This function also converts website material into multiple languages and formats.



## DEMENTIA AWARENESS

48. Dementia Pledges - Every year we discover more about how to provide real quality of life. Each person who has dementia is unique, and every relationship is precious, back in October 2015 project engagement lead Tommy Whitelaw shared his experiences with UHMB in caring for his late mother Joan, in the hopes of improving the experiences of people living with dementia, their families and carers. The campaign provided people with the opportunity to reflect on these personal stories and make their own pledge to make a difference.
49. Our staff and volunteers filled 32 dementia pledge trees, this being a combination of 640 organisational and personal pledges. In June 2016 UHMB staff and volunteer reviewed their progress together the dementia pledge challenge. It is clear this coproduction approach has contributed to the positive changes for people with dementia both as patients and those visiting our hospitals and health centres. The 640 pledges were themed into five core areas:
  - **Environment**
  - **Experience**

- Food & Nutrition
- Training
- Developmental Areas



50. The Trust provided a suite of additional information to support patients with personal needs including "Our Dementia Pledge" and Joint Care Policy for Patients with Physical, Mental or Learning Disability Needs.
51. We have a paid chaplaincy on all three sites with the lead chaplain based at WGH Kendal. Chaplaincy has restructured its work with its volunteers: increasing visibility, cultivating reflective practice, and raising cross site awareness. Cross department partnership work around dementia, palliative care, adult and antenatal bereavement with both staff and patients continue to develop. We have a scheme called Gold Standard Framework which supports our wards work towards a framework of excellence in end of life care.

## ANALYSIS OF PERFORMANCE AND REPORTING ON EDS2 2016/17



*Feedback from the EDS 2 grading event*

*Great to see such enthusiasm to meet the individual needs. (Citizen)*

\*\*

*The trust is actively demonstrating its commitment to equality. To me it looks like we are leading the way in inclusion and diversity within the NHS.*

*(Staff member)*

52. Equality Delivery System (EDS) was designed by the Department of Health and updated by NHS England to help NHS organisations measure their equality performance, and understand how driving equality improvements can strengthen the accountability of services to patients and the public. It supports the Trust to identify local needs and priorities, particularly any unmet needs of populations, and allow them to assist in the commissioning of services to deliver better health outcomes. It is also helping our organisation to demonstrate compliance with the Equality Act 2010.
53. At the heart of the EDS2 is a set of 18 outcomes grouped into four goals The Trust undertook two Equality Delivery System (EDS2) grading events in March 2017, one external focussing on patient experience and one internal for staff. The significant progress the Trust has made in the year was acknowledged and overall ratings were agreed for each of the four goals detailed below. To view our EDS2 grading's and associated portfolio of

evidence please visit our website <https://www.uhmb.nhs.uk/about-us/inclusion-and-diversity-matter-uhmb/annual-reporting>

- a) Better health outcomes for all
- b) Improved patient access and experience
- c) Empowered, engaged and included staff
- d) Inclusive leadership at all levels

54. One of the features of the EDS2 is that it relies on our organisation working with local interests to assess organisational performance. This engagement has helped strengthen existing relationships and builds new ones, ensuring that patients and the public have a voice in the grading and setting of objectives for the organisation.
55. The public event was organised to provide a forum to discuss information from the Trust and gain views and feedback on how the organisation is meeting the EDS2 outcomes based on the discussions. To ensure effective engagement with local interests, the Equality team worked closely with the Community Engagement team to recruit representative communities and local people to attend the local event while using communication channels to help raise public awareness of the events and also to promote this among staff
56. 53 people from the voluntary sector, patient participation groups and members of the public attended the event held in March 2017. An additional nine members of staff supported the event which included input from the third sector organisations. This was done as part of wider co-operation aiming for our Bay Health and Care partners to work together to reduce health inequalities and improve equality.

Staff and public scored 1 outcome as **Excelling**:

*“Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation”*



Pictured here is the senior team responsible for leading this agenda within the Trust – David Wilkinson Director of Workforce & OD; Karmini McCann Head of Workforce Futures; Lynne Wyre – Deputy Chief Nurse, together with Paul Wallace, Director, NHS Employers.

A further 11 outcomes were scored as achieving and 6 as developing. Plans as a result of this assessment, for the focus during 2017/18 are detailed at the end of the report – section 6.



## CHANGING PLACES, CHANGING LIVES

57. Sometimes you just need to change one thing to open up a world of possibility. Our Trust Equality of Access group member, Holly Phillips a former student from University of Cumbria brought forward the idea of creating a changing places location at Furness General Hospital.
58. The Changing Places Consortium launched its campaign in 2006 on behalf of the over 1/4 of a million people who cannot use standard accessible toilets. This includes people with profound and multiple learning disabilities, motor neurone disease, multiple sclerosis, cerebral palsy, as well as older people. To use the toilet in safety and comfort, many people need to be able to access a Changing Places, which have more space and the right equipment, including a height adjustable changing bench and a hoist.
59. In January 2017 we opened our very first Changing Places location at Furness General Hospital and featured the same on the national website <http://changingplaces.uktoiletmap.org>

## SUPPORT FROM OUR EXTERNAL PARTNERS



60. The Trust is supporting a project within in Cumbria called the Tablets4Health project. It is a Department of Health funded project being managed through Sign Health with our partner DeafVision supporting the Cumbria locality.
61. This project is based on a report which has found that Profoundly Deaf Sign Language user's health is worse than hearing people's health. In an attempt to remove the language

barrier that Deaf People face when accessing the health service we are playing our part in helping to research if a computer based interpreting relay service can assist communications in medical settings. You can read more about the project here <http://tablets4health.org.uk/>



62. Sight Advice South Lakes is one of our third sector partners supporting patients and their families in South Lakes with visual impairment. We have support sight advice with the updating of their Westmorland General Hospital advice and guidance hub new logo. Sight Advice, the Galloway blind society and Barrow Blind Society all support our patients who attend our Trust with sight issue; typical offering advice and guidance and providing support around improving the quality of life for visually impaired people, together with promoting a greater awareness of sight related issues

#### **PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)**

63. Between February 2017 and May 2017, the Trust participated in the established Patient-Led Assessment of the Care Environment (PLACE) inspections; all assessments were concluded by the 3rd May 2017. Our organisation was given a six week window in which to carry out each assessment of named sites, being FGH, RLI and WGH.
64. All assessments were undertaken using a standard assessment format issued by NHS England; at least 25% of each site was assessed and included where available the accident & emergency department. Over the last four year the patient assessment teams have now assessed all areas on each site.
65. The aim of the PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care – cleanliness; the condition, appearance and maintenance of healthcare premises; the extent to which the environment supports the delivery of care with privacy, dignity and wellbeing; dementia friendly, disability, accessibility, hand hygiene and the quality and availability of food and drink.

## SITE ACCESSIBILITY PLANS

**Furness General Hospital Accessibility Plan 2017**

Location	Car Park	Reception Access	IT	Food & Refreshments	Waiting	Changing	Information & Guidance
Site Entrance	✓	✓	✓	✓	✓	✓	✓
Accident and Emergency	✓	✓	✓	✓	✓	✓	✓
Reception Area	✓	✓	✓	✓	✓	✓	✓
Classical Day Hospital	✓	✓	✓	✓	✓	✓	✓
Reception	✓	✓	✓	✓	✓	✓	✓
Emergency Day Unit	✓	✓	✓	✓	✓	✓	✓
Assessment & Outpatient Clinic	✓	✓	✓	✓	✓	✓	✓
Education Centre	✓	✓	✓	✓	✓	✓	✓

We have accessibility plans displayed on the entry to our hospital sites these plans feature a range of services available in each of our buildings.

These plans are also shared on our recruitment page for every trust vacancy and feature on our main trust website.

<https://www.uhmb.nhs.uk/about-us/inclusion-and-diversity-matter-uhmb/equality-access-health>

## PARISH NURSE PILOT PROJECT LAUNCHED ON THE SURGICAL WARDS

66. In August 2016, a parish nurse pilot project launched on the surgical wards at Furness General Hospital (FGH) focusing on providing care for those patients that are medically well enough to be discharged from FGH but who may benefit from a period of extra support and monitoring in their own home. Patients of any or no faith are eligible for parish nursing. The main aim of the service is to further support patients in their own home to enable them to recover from their operation fully, potentially regain their independence and confidence in their home, and prevent re-admission to hospital.

## THE READERS PANEL

67. The readers' panel is made of public, patients and staff who volunteer their own time to read patient information leaflets in draft form. The Readers' Panel provides a vital screening system for our patient information before it is approved for use. Good quality information is an essential part of patient care and it is important that it is understandable, even if the patient is unfamiliar with the subject. By involving our readers' in events such as this, we gain great feedback on how to improve the way we communicate with our patients and thus improve their overall care.

## NHS ENGLAND FUNDING



68. In 2017 we secured £65,000 in funding from NHS England for an innovative new project which uses patient feedback to help us make improvements across our Maternity Services. The fund was created by NHS England at the request of Ben Gummer, Parliamentary Under-Secretary of State for Health whose portfolio includes improvement initiatives such as the NHS 'Friends and Family Test' and other insight work which involves patient feedback. We used the Maternity Experience Challenge Fund to develop an innovative training package for NHS staff describing how communication, both good and bad, impacts

on those women and families that use our services. This training package was developed through patient feedback and the involvement of families, real stories and experiences.

69. The 'Maternity Matters in Morecambe Bay' event in Kendal at the end of May 2016 saw members of the public speaking to UHMBT staff and partner health organisations about their experiences of local maternity services, and how they want to be involved in the future of the service.
70. 'Conversation cafes' were held where those that attended gave their honest and open views and opinions on their experiences and what they would like to see changed or done differently in the future.



## PARTNERSHIP APPROACH

71. Cumbria and Morecambe Bay Screening Centre is part of the National Bowel Cancer Screening Programme (BCSP) and provides a free screening service identifying people who appear healthy but may be at increased risk of the disease or condition.
72. The Trust hosts the programme for the population of Cumbria and North Lancashire. The Bowel Cancer Screening Centre is run in strong partnership with The Rugby Programme Hub, North Cumbria University Hospitals NHS Trust, Commissioning Groups and Public Health England.



Bay Health &  
Care Partners  
delivering



73. Bay Health and Care partners joined together at the Westmorland Show on 8th September 2016 for a community fun filled, informative day with plenty of opportunities to get involved.
74. NWS paramedics attended with a working ambulance and were hand to answer questions about the service and support they provide across the region. Delicious and nutritious snacks were made inside the marquee courtesy of our hospital chefs as part of our community healthy eating training.
75. Visitors to the show had the opportunity to find out more about important health subjects such as our health screening services, dentistry, organ donation, respiratory, breastfeeding and sexual health. The day provided visitors with an opportunity to ask questions about their own health and meet the teams from our partner organisations who provide health services in the locality.

#### **\*NEW\* INTERACTIVE PATIENT ID BED PANELS**

76. The patient bedside ID panels include a patients preferred name; the name of their nurse and consultant name. There are magnets signs available to identify key information to clinical staff about a patients care plans or any special dietary requirements or communication needs they may have. The new ID panels also fully embraced the '**Hello my name is**' campaign which reminds staff to go back to basics and introduce themselves to patients.
77. The ID panels are wipe clean and also come with a set of nationally recognised icons such as a butterfly icon to indicate dementia or a maple leaf which indicates end of life care.



*Sally Young, Matron said "Following recommendations from the Francis Report and feedback from Healthwatch, access to high quality patient information at the bedside, was a key priority to improve the patient experience and enable all our patients to have the same standard of information to support their stay at one of our hospitals". "As patients are involved in their care, we are encouraging them to update the information on their ID panels daily as their individual care needs change. This will enhance engagement between staff and patients and help improve communication and also see a reduction in harm."*



## PATIENT EXPERIENCE – FRIENDS AND FAMILY TEST (FFT)

78. The Friends and Family Test (FFT) is a national government initiative, introduced to adult inpatient, accident and emergency services, maternity services and outpatient services. The Trust measures this through a software system namely '[I Want Great Care](#)' [Click here](#) This system not only allows the Trust to produce internal reports and undertake patient experience analysis, but it is open and transparent to members of the public. There is a website address that allows individuals to read comments that have been submitted and relate to this Trust.

## IMPROVEMENTS FOR VISUALLY IMPAIRED PATIENTS

79. We listened to suggestions from visually impaired patients who use our services. The patients suggested that yellow signs to the eye clinics would be much easier to see. The Trust has developed and placed new signs internal and externally through the hospital sites

## BETTER SERVICES FOR CHILDREN AT A&E

80. Feedback showed that children using A&E services felt vulnerable because of the presence of "adults who are possibly drunk and shouting". The Cumbria Clinical Commissioning Group (CCG) and UHMB have reviewed the waiting area layouts, to create spaces where children and young people can feel safe and comfortable.



Barry Rigg, Community Engagement & Volunteer Manager and Pat Entwistle, Royal Voluntary Service Engineer – showcasing dementia-friendly crockery.

## IMPROVING HOSPITAL STAYS OVERALL

81. We received a wide range of feedback from patients about their hospital stays. In response, the Trust has put in place a series of changes, which include:

- Providing Wi-Fi around the site, so that patients can entertain themselves and stay in contact with their family and friends via social media
- Introduced new inclusive crockery – designed to respond to the needs of people with dementia - funded by the Royal Voluntary Service
- Introduced the Johns Campaign (a campaign which gives relatives of patients with dementia the right to stay with them)
- Recruited volunteers with expertise in breastfeeding to help new mothers with initial difficulties
- Creating ward staffing boards and posters showing patients what the different uniforms on the wards mean, so they can easily identify staff.

## SECTION 5 – DELIVERY OF 2016/17 PLANS - ACHIEVEMENTS

82. Annual reporting available on the Trust's webpages include:
- a) The EDS summary report 2016/17
  - b) Annual monitoring reports for Workforce and Service
  - c) The national Workforce Race Equality Standard report and 2017/18 action plan
  - d) UHMBT equality metrics and 2017/18 action plans for
    - i) Disability
    - ii) LGBT
    - iii) Gender (including national gender pay reporting)
83. Workforce Race Equality Standard (WRES):
- a) The BME staff network started out being focussed on medical staff but is now taking action to open up membership to all staff groups, volunteers and students. Plans for 2017/18 will see that membership broadens across professions and staff groups.
  - b) The network has undertaken a survey of medical staff to seek to understand better some of the Workforce Race Equality Standard metrics, and the results have been presented to the Inclusion and Diversity Steering Group. 70 staff responded, and actions have been agreed including:
    - i) MHPS investigations - to include guidance that the proportion of BME staff involved should reflect that of the overall workforce in this staff group.
    - ii) Development of 360 / behavioural assessments for clinical leads.
    - iii) Review of exit interview processes and suggested involvement of the network in undertaking exit interviews.
    - iv) Raising awareness of the network at induction.
    - v) Of 62.71% of BME doctors who had experienced bullying, harassment or undermining, 81.63% reported that undermining was an issue. Actions agreed include raising awareness of staff and managers, and the development of training for staff.
    - vi) Identification of champions for BME issues to be raised with and encouraging Respect Champions from medical staff and from a BME background.  
The survey will be repeated in a years' time to understand whether interventions have had an impact.
  - c) ACAS training for all Clinical Leads
  - d) Further development of our partnership with BAPIO and delivery of a joint action plan
  - e) 3 UHMBT staff completed the Leadership Academy's 2016 Ready Now Programme
  - f) 3 UHMBT staff successful in their applications for the Leadership Academy's 2017 Ready Now Programme
  - g) Targeted promotion of the NHS Leadership Academy's Stepping Up programme
  - h) AAC review undertaken and panels (medical staff) are representative wherever possible
  - i) Recruitment and selection training developed, including findings from the CIPD Behavioural Science in Recruitment 2016 report.
  - j) BME network involved in the Listening into Action recruitment scheme
  - k) BAPIO supporting promoting UHMBT posts to clinicians in India
  - l) Implementation of the SAS Charter (SAS doctors predominantly from a BME background)
-

#### 84. UHMBT Disability Equality Metrics

- a) Development of the disability network including social media presence and the development of a network leaflet
- b) Delivery of 3 awareness weeks:
  - i) Dyslexia Awareness
  - ii) Invisible Disabilities
  - iii) Visible Disabilities
- c) Becoming a Disability Confident Employer, showing that we recruit and retain disabled people and people with health conditions for their skills and talent.
- d) Membership of the North West Dyslexia Network who meet on a regular basis to share best practice and information.
- e) Work is under way developing a toolkit for staff to give information, guidance and updates of events.
- f) The Trust has signed a pledge of commitment to being disability friendly and employing more people with learning disabilities. This is part of an NHS Employers and NHS England campaign.
- g) The network attended the Disability & Diversity event at Lancaster University in November (target audience students).
- h) Feedback from staff and members of the public being acted upon, eg handrails at WGH, lift signage

#### 85. UHMBT LGBT Equality Metrics

- a) Becoming a Stonewall Diversity Partner
- b) NHS Employers Case Study published February 2017 (available at <http://www.nhsemployers.org/case-studies-and-resources/2017/02/towards-inclusion-programme>)
- c) LGBT History month celebrations which have included
  - i) Articles from Stonewall and members of the network in Weekly News
  - ii) Social media promotional activity, inclusion of activity in Friday Message
  - iii) Stands at each of our main sites, where members of the network have engaged with staff and members of the public
  - iv) Social event for LGBT staff and allies
- d) Ratification of a new Transgender Care Policy (for patients and staff)
- e) Development of an LGBT Guide for Managers and Staff
- f) Involvement in the national sexual orientation standard pilot (led by NHS England and NHS Employers)
- g) The Trust sponsored Cumbria Pride 2016, and members of the network attended the event in Carlisle in September, in partnership with NHS organisations across Cumbria.

## SECTION 6 – NEXT STEPS 2017/18 PLANS

86. The refreshed action plans for the networks, the Equality of Access Group and the wider Trust intentions are attached as previously detailed in various appendices. A summary of key organisational actions in the next 12 months (July 17 - July18) include:

- Hosting an event for NHS Employers in the North West as part of our NHS Employers Alumni Programme responsibilities – sharing the good practice;
- Developing a Network for our Networks – to enable a cross fertilisation of ideas and approaches across the staff networks, and explore the concept of intersectionality;
- ‘Beyond Boundaries’ our annual Towards Inclusion Conference (to be held as part of Equality and Human Rights week in 2018) and will look to explore opportunities of enhancing the inclusiveness of the region for our communities – both in terms of places to work and also public services the region provides;
- Establish staff networks for both Age and Faith (including no faith) – to ensure our obligations for all ;
- Further development of links with I&D leads across local partner agencies;
- Further develop the strategic links and therefore improvement actions between Staff Survey response; Behavioural Standards; Inclusion and Diversity;
- Analysis by division and protected characteristic, of the annual publication of our workforce monitoring information Appendix 8 for trends or patterns which require further investigation or mitigation.

87. A summary of the priority actions for the individual networks are as follows:

**BME:** Widening participation of the BME staff network;

Review and update the BAPIO relationship and partnership;

Develop an action plan to implement the issues and suggestions which were raised as part of the BME survey – including the preparation and undertaking of a further survey;

Develop a range of activities and interactive communications to celebrate black history month;

Participate in the preparation and activity for EQW2018 (including the annual Towards Inclusion conference

**LGBT:** Roll out the LGBT training through an initial ‘Train the Trainer’ session for LGBT network members, and subsequently to the wider staff group at UHMBT.

Re-do the 2015 survey to identify any improvements made or still required.

Celebrations and Awareness Raising Campaigns: Cumbria Pride (2017)  
Lancaster Pride (2018)

**Disability:** Adapting the 'managers guide', to becoming 'A guide to working with a disability';

Qualitative work into bullying/harassment related to disability;

Awareness Raising campaigns:

- Invisible Illness week
- Physical illness week
- EQW 2018

Participate, support and advise in the preparation for the annual Towards Inclusion conference – scheduled for May 2018;

Participate in the Economic and Social Research Council University of Bristol project #gettingthingschanged;

LIA into inclusive recruitment

The remaining networks, Gender, Age, Faith and Forces will be focussing on establishing their respective memberships, role, identity and initial set up actions between July 2017 and July 2018. These will be more fully reported in the 2018 annual update.

**88.** Key actions from the EDS2 grading activity for 2017/18 are as follows:

Screening, vaccination and other health promotion services reach and benefit all local communities;

People's complaints about services are handled respectfully and efficiently;

Training and Development opportunities are taken up and positively evaluated by all staff;

When at work, staff are free from abuse, harassment, bullying and violence from any source;

Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

## **SECTION 7 – FINAL WORD**

- 87.** We continue with our commitment to ensuring that all of our employees are treated fairly and their talents are valued and developed. There has been significant progress in the Trust's approach to Inclusion and Diversity during 2016/17, much of which has been led by our staff.
- 88.** We will continue work in partnership with staff, staff side, service users and external partners to ensure that University Hospitals of Morecambe Bay NHS Foundation Trust is A Great Place to be Cared For; A Great Place to Work.
- 89.** As we continue with our Towards Inclusion journey, we will seek to work more collaboratively with our regional health and public sector partners to ensure the population we serve experiences the same inclusive approach in both work and services.



**BOARD OF DIRECTORS**

Date of Meeting	26 <sup>th</sup> July 2017		
Title	Diversity Report Equality Delivery System 2 (EDS2) grading 2016/17		
Report of	David Wilkinson Director of Workforce & OD		
Prepared by and contact details	Lynne Wyre <a href="mailto:Lynne.Wyre@mbht.nhs.uk">Lynne.Wyre@mbht.nhs.uk</a>	Liesje Turner <a href="mailto:Liesje.turner@mbht.nhs.uk">Liesje.turner@mbht.nhs.uk</a>	
Status of Report	Public	Private	Internal
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose of Report	For Decision	For Assurance	For Information
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary	<p>To update the Board of Directors on the progress in relation to the UHMB Equality Delivery System [EDS 2] grading and to approve the Trust EDS2 outcomes ready for publication on the Trust website. .</p> <p>The NHS Equality Delivery System 2 (EDS2) has been developed to help the NHS understand how equality can drive improvements and enable users, staff and the public and to influence the design and delivery of services while embedding equality into the mainstream NHS business.</p> <p>EDS2 supports the NHS in fulfilling its legislative duties within The Equality Act 2010.</p> <p>EDS has 18 outcomes, these are linked to the following four objectives :</p> <ul style="list-style-type: none"><li>• Better Health Outcomes for all.</li><li>• Improved patient access and experience.</li><li>• Empowered, engaged and included staff.</li><li>• Inclusive leadership.</li></ul> <p>On 13<sup>th</sup> March 2017, 58 citizens and governors came together to review the Trust inclusion and diversity evidence against the EDS 2 standard. The same event was then delivered on 14<sup>th</sup> March 2017 for Trust staff and volunteers.</p> <p>There were a number of citizens and staff that were unable to attend the grading events and therefore both a paper and electronic catalogue of evidence was made available to allow remote citizen and staff grading contributions. A twitter live event was also held as an additional means of collecting citizen and staff feedback.</p> <p>The EDS2 outcome scores for 2016/17 rated leadership as 'excelling', 11 outcomes graded as 'achieving', 6 outcomes were graded as 'developing', and there were no outcomes graded as 'under developing'.</p>		

<b>Recommendation</b>	The Board of Directors are asked to:  Approve the EDS2 grades and make the same available on the Trust website.		
<b>Links to Corporate objectives</b>	The Trust corporate values linked to this paper include Patients, People, Progress and Partnerships		
<b>Links to Strategic and Clinical Risks</b>	NA		
<b>Impact</b>	Delete Yes or No as appropriate		
	Quality and Safety		No
	Legal		No
	Financial		No
	Human Resources		No
	Equality and Diversity		No
	Engagement and Communication		No
	If yes, please give additional information		
<b>Reports previously considered by</b>	<ul style="list-style-type: none"> <li>• Inclusion and Steering Group 1<sup>st</sup> June 2017</li> <li>• Equality of Access Group 6<sup>th</sup> June 2017</li> <li>• Workforce Assurance Committee 17<sup>th</sup> July 2017</li> </ul>		

# UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST



















## The Board of Directors

### INTRODUCTION

1. The NHS Equality Delivery System has been developed to help the NHS understand how equality can drive improvements and enable users, staff and the public and to influence the design and delivery of services while embedding equality into the mainstream NHS business.
2. EDS2 supports the NHS in fulfilling its legislative duties within The Equality Act 2010. EDS has 18 outcomes, that are linked to the four objectives shown below;
  - Better Health Outcomes for all.
  - Improved patient access and experience.
  - Empowered, engaged and included staff.
  - Inclusive leadership.
3. On the 13th March 2017 58 citizens and governors came together to review the Trust inclusion and diversity evidence against the EDS 2 standards. The same event was delivered on the 14th March 2017 for Trust staff. There were a number of citizens and staff who were unable to attend the grading events and therefore paper and electronic catalogues of evidence were made available to allow a further number of citizens and staff to contribute to the grading event remotely.
4. The grades are based upon the experiences of those using our services, and our information e.g. user/staff surveys, complaints data, action plans. Our progress is measured by the extent of engagement with people from all of the nine protected groups, and on whether we can demonstrate that we include their feedback within our decision making. The grades for each outcome were determined in agreement with both internal and external interest groups [users, staff, and local community groups].
5. The Equality of Access Group have agreed to monitor work plans for the developing outcomes as detailed below;
  - 1.4 - When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
  - 1.5 - Screening, vaccination and other health promotion services reach and benefit all local communities.
  - 2.4 - People's complaints about services are handled respectfully and efficiently
6. The Inclusion & Diversity Steering Group have a remit to monitor work plans for the staff networks and the wider corporate diversity and inclusion responsibilities – specifically outcomes 3.1 to 4.3

7. The EDS2 outcome scores for 2016/17 are detailed below;

- 1 outcome graded as excelling ( Leadership 4.1)
- 11 outcomes graded as achieving
- 6 outcomes graded as developing
- No outcomes graded as under developing.

Goal	Outcome	2015/16 grade	2016/17 grade	Position year on year
1.1	The University Hospitals of Morecambe Bay Services are commissioned, procured, designed and delivered to meet the health needs of local communities?	Developing	Achieving	
1.2	Individual people's health needs are assessed and met in appropriate and effective ways?	Developing	Achieving	
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed?	Developing	Achieving	
1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Developing	
1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	Developing	
2.1	People, carers and communities can readily access The University Hospitals of Morecambe Bay NHS Services?	Developing	Achieving	
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care?	Developing	Achieving	
2.3	People report positive experience of The University Hospitals of Morecambe Bay NHS?	Developing	Achieving	
2.4	People's complaints about services are handled respectfully and efficiently?	Developing	Developing	
3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Developing	Achieving	
3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing	Achieving	
3.3	Training and Development opportunities are taken up and positively evaluated by all staff	Developing	Developing	
3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Developing	Developing	
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing	Achieving	
3.6	Staff report positive experiences of their membership of the workforce	Developing	Achieving	
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing	Excelling	
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing	Achieving	
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing	Developing	

8. The Inclusion and Diversity Steering group plan to capture EDS 2 data ongoing throughout 2017/18. The Trust has a portfolio of inclusion and engagement activities planned and therefore staff, patients, governors, carers and the public will have the ability to cross check for any common themes or issues that may arise and quickly work together to address the same placing the Trust in a positive position in March 2018 when we undertake the next annual grading events.
9. As a result of the recent EDS2 assessment, some strong messages have been delivered from the deaf community. In 2015/16 we also received these messages via some of our "Big Conversation" meetings held across the localities, this type of cross correlation helps to identify those areas to be prioritised for equality objectives and focused action.
10. **Inclusive leadership at all levels** EDS2 outcome 4.1 Board and senior leaders routinely demonstrate commitment to equality leap frogged from developing last year to excelling this year.

**Developmental areas include;**

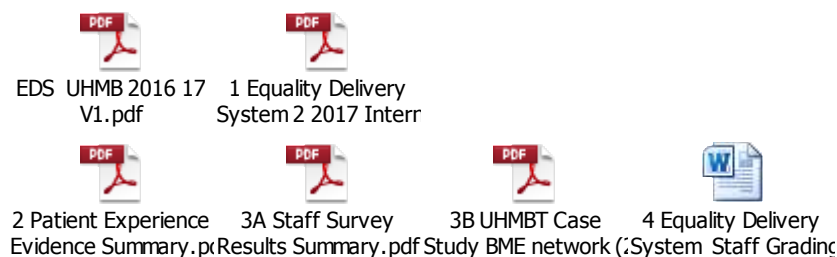
11. **Outcome 1.1** The Trust is able to demonstrate their achieving position using diverse evidence. The commitment to inclusion and diversity is made in the Trust commissioning plans and services are contracted using the standard NHS contract template which includes quality and diversity in schedule. Project plans and Procurement of new services include a requirement to complete an equality assessment impact when appropriate. However, there is a lack of evidence that the specific needs of some protected groups are always considered and further work to develop more robust Equality Impact assessments is required.
12. **Outcome 1.4** The quality and governance team monitor the Trust services via organisational systems and quality reports. Incidents are reported on the information system. The Trust aims to improve the safety of all patients through mainstream processes, e.g. action plans arising from incident reporting, lessons learnt and root cause analysis methodology but this is less focussed on any issues relating to specific protected groups. One area of positive change includes the monitoring of incidents which occur for those patients with learning disabilities. There is a lack of evidence that the specific needs of most protected groups are always considered at every point of the lessons learnt review.
13. **Outcome 1.5** The Trust is building on its systems and pathways for screening, vaccination and health Promotion services. General information on screening uptake levels is available. The Trust hasn't reviewed the data on take up by protected characteristics. The Trust monitors staff and volunteer uptake of the seasonal flu vaccination. Creative and development work is ongoing by the health screening teams in breast and bowel with supportive outcomes measured through previous years CQUIN plans. There is a lack of evidence that the specific needs of most protected groups are always considered at every point of the screening ladder.
14. **Outcome 3.3** Clear plans are in place to deliver specialist inclusion and diversity training, including the locally developed LGBT awareness training. There is an action in the 2017/18 plan to ensure appropriate training across all strands of diversity and inclusion is offered and delivered across the organisation.
15. **Outcome 3.4** A number of actions in the 2017/18 plan will cover the deliverables for making improvements in staff experience of bullying and harassment. This will be

through leadership accountability; staff survey responses; further infrastructure development of PFD and RESPECT work; development of staff networks and ongoing communication and awareness raising.

16. **Outcome 4.3** Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination. A number of staff are now trained in cultural assessment tools and 360 leadership assessment. 2017/18 plans include a number of actions set to improve this outcome including - Build greater strategic alignment between the strands of BSF; Respect; PFD Champions and Staff Networks; Real time reporting on disciplinary; grievance; B&H and sickness cases - will allow PC trend analysis; exploring opportunities for cross fertilisation of good practice across the networks.
17. As a Trust we are working towards becoming a truly inclusive employer and service provider; in creating an environment and culture that celebrates inclusion & diversity, dignity & respect, values, nurtures and a harnesses difference for the benefit of patients, service users, their families, carers, members of the public and our employees.
18. It is clear from staff, citizen feedback and grading that the Trust are committed to the elimination of discrimination, in reducing health inequalities, promoting equality of opportunity and dignity & respect for all our patients, service users, their families, carers and our staff to ensure that we are a
  - Healthcare Provider of Choice in treating our patients, service users, their families and carers with care, compassion and dignity & respect;
  - Employer of Choice in recruiting, training, developing, nurturing and retaining the best people;
  - Partner of Choice for local, regional and national organisations, together creating innovative and mutually beneficial solutions for all;
  - Buyer of Choice for suppliers of goods, facilities and services supporting our aims and ambitions;
  - Organisation of Choice for all our population who are future patients, services users, prospective partners & employees who live and work in our area.

**The Board are asked to approve the EDS2 grades and make the same available on the Trust website.**

**The full EDS2 document and supporting evidence can be accessed here.**



Appendix 2 – Workforce Race Equality Standard Submission

Provider Organisation: **University Hospitals of Morecambe Bay NHS Foundation Trust**

Date of Report: **June 2017**

Board lead for the Workforce Race Equality Standard: **David Wilkinson, Director of Workforce and Organisational Development**

Lead manager compiling this report:

Names of commissioners this report has been sent to: **Cumbria CCG, Lancashire North CCG**

**This report has been signed off by David Wilkinson on behalf of the Board on 27/07/2017.**

<b>1</b>	<b>BACKGROUND NARRATIVE</b>
	<b>Completeness of data</b>
a	Indicator 4 includes limited information due to the Trust's current reporting systems not identifying CPD information in full. As part of the Trust's response to KirkUp, a programme of work to record centrally on the Trust's bespoke Training Management System is underway. This will improve data for this metric for future years.
	<b>Reliability of comparisons with previous years</b>
b	No issues identified.
<b>2</b>	<b>TOTAL NUMBERS OF STAFF</b>
a	The data for this report has been produced as at 31 <sup>st</sup> March 2017. At this date the Trust employed 5469 staff.
b	The proportion of BME staff employed in the organisation is 5.27%.
<b>3</b>	<b>SELF REPORTING</b>
a	The proportion of staff who have self-reported their ethnicity is 96.54%
b	The Trust has not taken any specific steps during 2016/17 to improve the level of self-reporting
c	Updating of ethnicity is not currently available on ESR self-service Limited Access that UHMBT employees currently have access to. The Trust is planning to roll out Employee Self Service full access during Autumn 2017/18 therefore individual record updating at a local level will be possible.
<b>4</b>	<b>WORKFORCE DATA</b>
a	The period the organisations data refers to is: Staff in post as at 31 <sup>st</sup> March 2017; Financial Year 2016 / 17 for all relevant indicators with the exception of Indicator 3 which requires a 2 year reporting period.
<b>5</b>	<b>WORKFORCE RACE EQUALITY INDICATORS`</b>

Indicator	Data for reporting year				Data for previous year				Narrative – the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective																																																																																																																				
<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff.</b>																																																																																																																														
<p>1 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. 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There has been a significant increase for Band 5 nurses following non EU international recruitment campaigns.</p> <p>Please note that significant changes in VSM relate to data improvement and redesignation of roles within ESR.</p> <p>Total numbers of BME staff are very small in some clinical groupings and staff grades.</p> <p>To provide local context to the data, the Census reported population for South Lakes, Barrow and Lancaster areas is 4% BME.</p>	<p>The Board has a commitment of delivering an outcome of 'Improving BME employee experience' which is part of the 5 year 2016 – 21 Inclusion and Diversity Strategy. This involves a continued approach to monitoring our attraction, recruitment and retention initiatives. A number of international nurses are expected to join UHMBT during 2017, which is as a result of our international recruitment campaign.</p> <p>This indicator links to the Trust's equality objectives: To eliminate unlawful discrimination, harassment and victimisation; to improve year on year the reported employee experience for protected groups.</p>
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2	Relative likelihood of staff being appointed from shortlisting across all posts.	White staff are 1.2 times more likely to be appointed from shortlisting compared to BME staff. BME staff are 0.86 times less likely to be appointed from shortlisting. <i>(White staff more likely)</i>	BME staff are 1.16 times more likely to be appointed from shortlisting compared to White staff <i>(BME staff more likely)</i>	<p>In 2015/16 the relative likelihood of BME applicants being appointed from shortlisting was greater than White staff, however this position has moved during 2016/17, with White staff more likely to be appointed from shortlisting than BME staff.</p> <table border="1" data-bbox="1211 738 1673 834"> <thead> <tr> <th>Ethnic Origin</th> <th>BME</th> <th>White</th> <th>Not Stated</th> <th>Total Workforce</th> </tr> </thead> <tbody> <tr> <td>No. of Shortlisted Applicants</td> <td>368</td> <td>2893</td> <td>76</td> <td>3337</td> </tr> <tr> <td>No. of Appointed Applicants</td> <td>38</td> <td>347</td> <td>44</td> <td>429</td> </tr> </tbody> </table>	Ethnic Origin	BME	White	Not Stated	Total Workforce	No. of Shortlisted Applicants	368	2893	76	3337	No. of Appointed Applicants	38	347	44	429	<p>Continued efforts with the approaches to values based recruitment and selection will ensure fairness and transparency.</p> <p>Figures in the previous 3 years do not show any trend – as the likelihood varies between BME and white staff being more and less likely to be appointed. As further data becomes available in the coming years reporting it will become clearer to identify if there are trends of discriminatory practice in the actual appointment of BME staff.</p> <p>As part of the 2017/18 action plan the Trust will explore if there are trends within divisions of the business.</p> <p>This indicator links to the Trust's equality objectives: To eliminate unlawful discrimination, harassment and victimisation; to improve year on year the reported employee experience for protected groups.</p>
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3	Relative likelihood of staff entering the formal disciplinary process, as	Two year period 2015/16 and 2016/17 BME staff are 0.52 less likely to enter the formal disciplinary process compared to White staff <i>(BME staff less likely)</i>	Two year period 2014/15 and 2015/16 BME staff are 0.72 less likely to enter the formal disciplinary process compared to White staff <i>(BME staff less likely)</i>	<p>The relative likelihood of BME staff entering the formal disciplinary process has reduced dramatically in the last two years.</p> <p>Please note the data details for 2015/16 cases concluded in year in line with the Trust's</p>	<p>Whilst BME staff are reportedly less likely to enter formal disciplinary process, the numbers are low and will require ongoing monitoring for trends.</p>															

	measured by entry into a formal disciplinary investigation. (2 year reporting period)			reporting systems (and as requested in the previous year's WRES guidance). The Trust has reviewed its systems to report on entry from 2016/17 going forward.																
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4	Relative likelihood of staff accessing non-mandatory training and CPD	BME staff are 2.39 times less likely to be accessing non-mandatory training and CPD compared to White staff <i>(BME staff less likely)</i>	BME staff are 2.29 times less likely to be accessing non-mandatory training and CPD compared to White staff <i>(BME staff less likely)</i>	<p>There is currently only limited recording on the Trust's training management system (TMS) that relates to CPD or other non-mandatory training.</p> <p>On this limited data recorded centrally, relating to mainly Trust led leadership courses, BME staff are 3 times less likely to access the non-mandatory training.</p>	As part of the 2017/18 plans the Trust will be promoting the NWL academy opportunities – with a particular focus preparedness for the localisation of training for 2018/19.															
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5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 24% BME 29%	White 25% BME 36%	Whilst the reported experience of White staff remains fairly static, for BME staff there has been a decrease in of staff reporting harassment, bullying and abuse from patients, relatives of the public in comparison to last year. However this still remains higher than White staff.	<p>Further development of the RESPECT and PFD Champions infrastructure, direction and purpose will take place during 2017/18 – with a view to continuing the improvements being made with the Trust ambitions to eradicate all forms of B&amp;H.</p> <p>New hire/onboarding interviews commenced during the 2016/17 period</p>															

					and it will be possible to analyse this data by ethnicity. Analysis of this and other data sources (exit interviews/staff survey/ will be built into the 2017/18 work programme.
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 27% BME 35%	White 28% BME 39%	Whilst the reported experience of White staff remains fairly static, for BME staff there has been a decrease in of staff reporting harassment, bullying and abuse from colleagues in comparison to last year. However this is still significantly higher than White staff.	Further development of the RESPECT and PFD Champions infrastructure, direction and purpose will take place during 2017/18 – with a view to continuing the improvements being made with the Trust ambitions to eradicate all forms of B&H.  New hire/onboarding interviews commenced during the 2016/17 period and it will be possible to analyse this data by ethnicity. Analysis of this and other data sources (exit interviews/staff survey/ will be built into the 2017/18 work programme.
7	Percentage believing that trust provides equal opportunities for career progression or promotion	White 86% BME 77%	White 90% BME 72%	There has been a 5% increase in the number of BME employees who believe the Trust provides equal opportunities for career progression. White staff have reported a decrease in 4%.	This is a positive result and work in this area will continue through 2017/18 – with a focus on widening the participation for the BAPIO unit beyond the organisational boundaries of UHMBT. This will support the Trust ambitions of working towards an inclusive Bay.

8	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 6% BME 15%	White 6% BME 14%	Reported discrimination for BME staff has slightly increased in comparison to the previous year. The proportion of BME staff reporting they have personally experienced discrimination at work from managers and colleagues is more than double that of White colleagues.	Divisional management teams will focus in the staff survey feedback – in addition to the quarterly pulse surveys.  During 2017/18 a leadership assessment framework for BSF will also be developed in conjunction with a set of anti-bullying and harassment materials – and further promotion and development of the BME network (both it's role and it's membership)
9	Percentage Difference between the organisations' Board voting membership and overall workforce	5.3% greater BME representation of Board voting membership	5.5% greater BME representation of Board voting membership	The Trust Board is broadly representative of the workforce in relation to ethnicity. The number of BME board members has not changed between reporting years.	

<b>6</b>	<b>FACTORS OR DATA WHICH SHOULD BE TAKEN INTO CONSIDERATION IN ASSESSING PROGRESS</b>
	None identified at the current time.

<b>7</b>	<b>DETAILED PLAN AGREED BY BOARD FOR ADDRESSING THE METRICS AND RELATED ISSUES</b>		
	ACTION	RESPONSIBLE	BY
	Widening participation of the BME staff network	Muhammed Naseem, Network Chair	Dec 2017
	Review and update the BAPIO relationship and partnership	David Walker, Medical Director	Sept 2017
	Develop an action plan to implement the issues and suggestions which were raised as part of the BME survey – including the preparation and undertaking of a further survey	BME Network	July 2018
	Develop a range of activities and interactive communications to celebrate black history month	BME Network	Sept 2017
	Participate in the preparation and activity for EQW2018 (including the annual Towards Inclusion conference	BME Network	March 2018



### Appendix 3 - UHMBT LGBT Workforce Metrics 2016/17

Understanding current employee experience for Lesbian, Gay, Bisexual or Transgender (LGBT) staff is important to UHMBT, in order to identify areas where the Trust can make improvements and ensure a supportive and inclusive working environment for everyone.

The UHMBT metrics utilize similar indicators to the national Workforce Race Equality Standard, with the exception of the national staff survey indicators where the number of respondents prevents analysis by this protected characteristic.

These metrics have been shared with the Trust's LGBT network ahead of publishing and an action plan has been developed together in partnership.

This is the third year of reporting against these metrics for UHMBT.

*According to staff in post data, 56.93% of staff self-reported their sexual orientation.*

*Indicators 1 – 5 report sexual orientation only (data not held on staff records regarding staff who are transgender). The staff survey includes employee experience for transgender staff.*

*It should be noted that due to the significant number of staff who have not self-reported their sexual orientation the data for the metrics may not be a true picture of employee experience at UHMBT. For Metrics 2 and 4, the comparison made excludes non disclosed staff. Metric 3 compares those recorded on ESR as LG with all staff who have undergone a formal investigation.*

Indicator	Data for reporting year					Data for previous year					Narrative – the implications of the data and any additional background explanatory narrative																																																																																																																																						
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2	Relative likelihood of LGB staff being appointed from shortlisting compared to that of heterosexual staff being appointed from shortlisting across all posts.	LGB staff 0.92 times less likely	LGB staff 1.16 times less likely	The data shows that for 2016/17 the relative likelihood of heterosexual applicants being appointed from shortlisting was slightly greater than LGB staff. The number of LGB applicant likely to be shortlisted has also decreased in comparison to the previous year
3	Relative likelihood of LGB staff entering the formal disciplinary process, compared to that of Non LGBT staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation (2 year reporting period)	LGB staff 0.00 times more likely	LGB staff 2.00 times more likely	The relative likelihood of LGBT staff entering the formal disciplinary process (all formal investigations are included) during 2015/16 was 2 times more likely than this year. This is a significant improvement from the previous year's report. It should be noted that numbers are small and that comparison within the two year reporting period demonstrates an improvement.
4	Relative likelihood of LGB staff accessing non-mandatory training and CPD as compared to heterosexual staff	LGB staff 1.67 times less likely	No records of LGB attendance for 2015/2016	<p>LGB staff are 1.67 less likely to access non-mandatory training and CPD.</p> <p>There is currently only limited recording on the Trust's training management system (TMS) that relates to CPD or other non-mandatory training.</p> <p>On this limited data recorded centrally, relating to mainly Trust led leadership courses, coupled with the low reporting of sexual</p>

				orientation on ESR, comparison is difficult for this indicator currently.
5	Percentage Difference between the organisations' Board voting membership and overall workforce	1.13% greater representation of LGBT within board voting membership	3.68% greater representation of LGBT within board voting membership	The LGB board membership representation has decreased to 1.13%.The Trust will continue to ensure that its Board is broadly representative of its workforce, through positive action attraction programmes where required.

### Priority Actions for 17/18:

ACTION	RESPONSIBLE	BY
Continue as a Stonewall Diversity Champion to develop fully inclusive employment practice for LGBT staff.	Assistant Workforce Director – Liesje Turner	Applications close Sept 2017.
To improve the self-reporting of sexual orientation through a review of data capture systems and proactive communications to encourage staff reporting.	Mandy Jefferson, Workforce Information Lead	31st March 2018
Celebrations and Awareness Raising Campaigns: <ul style="list-style-type: none"> <li>• Cumbria Pride (2017)</li> <li>• Lancaster Pride (2018)</li> </ul>	Assistant Workforce Director – Liesje Turner & Staff Network Lead – Andy Crundell	September 2017 June TBC 2018
Re-do the 2015 survey to identify any improvements made or still required.	Staff Network Lead – Andy Crundell	Q3 2017

Roll out the LGBT training through an initial 'Train the Trainer' session for LGBT network members, and subsequently to the wider staff group at UHMBT.	Staff Network Lead – Andy Crundell & Sally Young	Q2/3 2017

## Appendix 4 - UHMBT Disability Workforce Metrics

Understanding current employee experience for staff with a disability is important to UHMBT, in order to identify areas where the Trust can make improvements and ensure a supportive and inclusive working environment for everyone.

Ahead of the national Disability Equality Standard that is currently under consultation, the Trust has developed its own equality metrics using some of the proposed indicators (some have been added / amended using the Workforce Race Equality Standard metrics and to fit with staff survey outcome reporting).

These updated metrics will be shared with the Trust's Staff Disability Network and an action plan will be developed together in partnership.

*Please note that the wording of the staff survey questionnaire means that these indicators refer to staff who report to have a 'long-standing illness, health problem or disability'.*

This is the second year of reporting, so a comparison between 2016/16 and 2016/17 has been captured in the table below.

Indicator		2015/17 & 2016/17 Comparisons						Narrative – the implications of the data and any additional background explanatory narrative
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non clinical and for clinical staff.	Non Clinical			Clinical			The (very limited) data relating to disability held on the Trust's Electronic Staff Record (ESR) does show a difference in staff employed who have self-reported a disability between pay bands. Of note is the increase on band 7 and band 9 non-clinical declaration; and an increase in band 8a clinical declaration.
		Pay Band	2016/17 Disabled	2015/16 Disabled	Pay Band	2017/17 Disabled	2015/16 Disabled	
		Band 1	2.89%	3.70%	Band 1	50.00%	0.00%	
		Band 2	2.72%	3.57%	Band 2	1.79%	1.30%	
		Band 3	2.16%	2.41%	Band 3	1.82%	2.73%	
		Band 4	2.66%	1.49%	Band 4	2.02%	2.88%	
		Band 5	2.40%	3.15%	Band 5	1.75%	1.79%	
		Band 6	1.96%	2.47%	Band 6	1.12%	0.89%	
		Band 7	1.72%	0.00%	Band 7	1.40%	1.70%	

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2	Relative likelihood of staff being appointed from shortlisting across all posts.	Applicants with a disability are 1.72 times less likely to be appointed from shortlisting compared to staff without a disability	Applicants with a disability are 1.72 times less likely to be appointed from shortlisting compared to staff without a disability	The data shows that for 2015/16 and 2016/17 there has been no change in relative likelihood of applicants with a disability being appointed from shortlisting.																																															
3	Staff who have personally experienced harassment, bullying or abuse from their manager/team leader or colleagues in the last 12 months	<p><b>By Managers</b> Disabled: 18.5% Non-Disabled: 12.4%</p> <p><b>By colleagues</b> Disabled: 28.1% Non-disabled: 19.6%</p>	<p><b>By managers:</b> Disabled 23%, Non-disabled 13%</p> <p><b>By colleagues:</b> Disabled 35% Non-disabled 19%</p>	Data between the 2 reporting years shows a significant improvement for disabled staff. But still more likely than non-disabled staff to have experience B&H by manager and/or colleague.																																															
4	Staff who have felt pressure from their line manager to come to work despite not feeling well enough to perform their duties	Disabled: 29.8% Non-Disabled: 22.0%	Disabled 36%, Non-disabled 20%	Data between the 2 reporting years shows a significant improvement for disabled staff. But still more likely than non-disabled staff to have experience B&H by manager and/or colleague.																																															
5	Percentage of people who do not feel the organisation acts fairly with regard to career progression regardless of ethnicity, gender,	Disabled: 14.2% Non-Disabled: 9.1%	Disabled 7%, Non-disabled 8%	There has been an increase in staff reporting that the Trust doesn't act fairly.																																															

	religion, sexual orientation, disability or age			
6	Percentage of people dissatisfied with the extent to which the organisation values their work	Disabled: 33.7% Non-Disabled: 26.0%	Disabled 37%, Non-disabled 31%	Data for the 2 reporting years shows an improvement for both staff with a disability and staff without. A general improvement.
7	Percentage of people who stated that at appraisal, training, learning or development needs were not identified	Disabled: 37.3% Non-Disabled: 32.8%	Disabled 33% Non-disabled 32%	There has been a decline in the reported appraisal experience for both staff with a disability and staff without. Although, the decline has been more rapid amongst those staff with a disability. Work in 2017/18 is looking at improving the appraisal experience for all staff.
8	Percentage not supported by manager to receive learning & development identified in appraisal	Disabled: 11.4% Non-Disabled: 8.0%	Disabled 14% Non-disabled 13%	There has been a reported improvement for all staff. Although comparatively less of an improvement for staff with a disability.
9	Percentage of staff with a disability who said the organisation has not made adequate adjustment(s) to enable them to carry out their work	Disabled: 16.2%	Disabled 16.9%	There has been a slight improvement in the reporting of adequate reasonable adjustments.
10	Percentage Difference between the organisations' Board voting membership and overall workforce	1.79% greater representation of Board voting membership with a disability	3.68% greater representation of Board voting membership with a disability	The Trust Board is representative of the workforce in relation to but has seen a decrease in disability representation.

## Priority Actions:

The Trust has reviewed these indicators in partnership with the Disability Staff Network and agreed the following priority areas of focus:

<b>ACTION</b>	<b>RESPONSIBLE</b>	<b>BY</b>
Continue to support the development of the Disability Staff network	Network Chair / Network Exec Lead / Workforce Advisor for Inclusion & Diversity	31 <sup>st</sup> March 2018
Adapting the 'managers guide', to becoming 'A guide to working with a disability'	Sally Fenton, Chair of Network	31 <sup>st</sup> December 2017
To improve the self-reporting of disability through a review of data capture systems and proactive communications to encourage staff reporting.	Mandy Jefferson, Workforce Information Lead	31 <sup>st</sup> March 2018
Qualitative work into bullying/harassment.	Sally Fenton, Chair of Network & Gillian Day, Workforce Advisor.	31 <sup>st</sup> July 2018
Awareness Raising campaigns: <ul style="list-style-type: none"><li>• Invisible Illness week</li><li>• Physical illness week</li><li>• EQW 2018</li></ul>	Gillian Day, Workforce Advisor Inclusion and Diversity	31 <sup>st</sup> May 2018
Participate, support and advise in the preparation for the annual Towards Inclusion conference – scheduled for May 2018.	Sally Fenton, Network Chair	31 <sup>st</sup> March 2018
Provide support and guidance on the implementation of the WDES.	Sally Fenton, Network Chair	31 <sup>st</sup> May 2018 tbc
Participate in the Economic and Social Research Council University of Bristol project; #getting things changed.	Disability Staff Network – together with Equality of Access group	31 <sup>st</sup> October 2017
LIA into inclusive recruitment	Gillian Day, Workforce Advisor	30 <sup>th</sup> September 217

Ambition/issue	Action	Lead	Timescale	Output	Outcome	PC
Staff are aware of the I&D plans for 2017/18.	Communicate the I&D annual update through Board; TMB; Team Talk; Weekly News.	Exec Director Workforce & OD	Aug-17	Staff know about the I&D plans and activities, and know where to find more information if they want to get involved/support.	Staff are empowered to make a difference and improvements.	All
Share the good practice at UHMBT across the NW region of NHS Employers - NHS Employers Alumni responsibilities.	Hosting an event for NHS Employers in the North West.	Assistant Director Workforce	Nov-17	Event takes place.	Reported improved practice across the region.	All
Annual event which promotes UHMBT as a progressive and inclusive employer and service provider.	Beyond Boundaries - Towards an Inclusive Bay (Annual Towards Inclusion Conference)	Assistant Director Workforce	May-18	Event takes place.	Reported improved practice across the region, staff patients and partners acknowledge and support the #towardsinclusion campaign and working lives and patient experiences improve.	All
Work more collaboratively with our public sector partners in delivering improvements on the I&D agenda.	Establish or further develop links and shared actions/interventions and initiatives.	Assistant Director Workforce	Sep-17	Structured networking with E&D leads across public sector partners is in place.	Collaborative approach to delivering improvements as a shared ambition across the local region.	All
Opportunities for cross fertilisation of good practice across the networks.	Develop a Network for our Networks	Assistant Director Workforce	Oct-17	System and process agreed and set up to facilitate the networking of networks	Meaningful sharing between networks - which help to deliver consistency in the improvements the Trust is making for all PC groups.	All
Continued promotion of awareness and successes.	Equality and Human Rights week 2018 - week long celebrations of progress, achievements and ambitions.	Assistant Director Workforce	May-18	Event takes place.	Reported improved practice across the region, staff patients and partners acknowledge and support the #towardsinclusion campaign and working lives and patient experiences improve.	All
Build greater strategic alignment between the strands of BSF; Respect; PFD Champions and Staff Networks.	Further develop the strategic links and therefore improvement actions between Staff Survey response; Behavioural Standards; Inclusion and Diversity.	Assistant Director Workforce	Oct-17	Clarity of links and a clear work programme which is well communicated and clearly understood.	Staff and patient experience improvements.	All

Ambition/issue	Action	Lead	Timescal	Output	Outcome	PC
Improve data quality for monitoring purposes.	Review of data capture systems and proactive communications to encourage staff reporting.	Head of Workforce Services	Mar-18	Improved reporting.	Better understood issues and concerns which will facilitate more targeted action planning.	All
E&D training offer requires a review	Develop and enhance the impact and influence of the E&D training provision.	Head of Learning and Development	Sep-17	All staff experience E&D training which is enlightening and motivating.	Staff are empowered to check and challenge.	All
Requirement for a robust approach to EQIA	Develop a clear process for the business to follow - which is clearly articulated; well understood and appropriately followed.	Assistant Director Workforce	Sep-17	There is a clear process for EQIA activity.	EQIAs are appropriately undertaken	All
Real time reporting on disciplinary; grievance; B&H and sickness cases - will allow PC trend analysis.	Implementation of the new case management system in the Workforce Directorate	Head of Workforce Services	Jul-17	HR policy and process activity can be clearly monitored.	Trending can be identified - which will lead to targeted remedial support and action within the organisation.	All
Clear measurement of the D&I activity in the Trust	Develop clear guidance which stipulates how and what data sources will be used as a measure of success - what does good look like?	Assistant Director Workforce	Jan-18	Guidance is produced, published and circulated.	Outputs can me monitored and reviewed to ensure a difference is being made. PDSA (Plan Do Study Act)	All
Lack of understanding regarding the considertations that need to be made for cultural differences.	Develop a guide which helps people from all different cultures to understand and appreciate why this is relevant in the NHS both for staff and patients.	BME network & Community engagement lead	Jul-18	Guidance is produced, published and circulated.	People from different cultural backgrounds do not experience barriers or difficulties as a result of their culture.	BME
Staff survey - of the 2160 respondents, 62 stated they had experienced discrimination from patients/service-users/others.	Triangulate the specifics of the survey responses against other data intelligence - including the ENEI feedback, case tracker stats, new hire and exit data - to define appropriate actions.	Workforce Advisor for Inclusion and Diversity & Head of Workforce Services	Oct-17	Develop a system for regular analysis of data analysis - which then informs other actions in the plan.	An informed approach is used to develop any remedial actions in the 2017/18 plan.	All
Staff survey - of the 2160 respondents, 141 stated they had experienced discrimination from managers/team leaders or colleagues.	Triangulate the specifics of the survey responses against other data intelligence - including the ENEI feedback, case tracker stats, new hire and exit data - to define appropriate actions.	Workforce Advisor for Inclusion and Diversity & Head of Workforce Services	Oct-17	Develop a system for regular analysis of data analysis - which then informs other actions in the plan.	An informed approach is used to develop any remedial actions in the 2017/18 plan.	All

Ambition/issue	Action	Lead	Timescale	Output	Outcome	PC
Some networks are less well established and developed than others.	Development of network infrastructure with clear remit/action plans and communication approaches/plans - plan on a page; contact details; twitter accounts and email.	PFD & Respect Lead	Sep-17	Networks have a consistent approach to their meeting structures; action planning; remits; membership and communications.	Professional and standardised functionality of groups which then lends itself to a clearer cross network collaboration and improved delivery of outcomes.	All
Improve the experience of disabled staff/patients	Participate in the Economic and Social Research Council University of Bristol; 'getting things changed' project. Suggestions of topics to be shared with the group at August 2017 meeting. Funding available	Network Chair, Sally Fenton	Nov-17	Research project identified and funding allocated.	Improvement to lives of staff and/or patients with disabilities.	D
Improve the experience of disabled staff.	Adapting the 'managers guide', to becoming a guide to working with a disability. Include guidance on reasonable adjustments.	Network Chair, Sally Fenton	Dec-17	Guidance is produced, published and circulated.	Managers and staff are utilising the guidance and staff with a disability report an improved work environment.	D
Members of the DSN network wrote pieces on working with a disability- the work provided some useful perceptions of bullying /harassment, and how/ if they were dealt with effectively.	Suggested methodology; focus groups/personal testimony. Qualitative work into bullying/harassment	Network Chair, Sally Fenton	Jul-18	Additional interventions and actions developed in conjunction with other network streams - to target specific areas of concern. Links to PFD champions and Respect champions.	A reduction in B&H cases/ empowerment for staff to challenge inappropriate behaviour from the outset.	D
Adopt the national guidance and approach for the reporting and improvement focus for disabled staff.	Provide support and guidance on the implementation of the WDES.	Workforce Advisor for Inclusion and Diversity & Head of Workforce Services & DSN Network	May-18	UHMBT is delivering on national policy/guidance.	UHMBT is an example of good practice and is observed as a leader in I&D good practice - staff and patients feel they are at the core of our intentions	D
Membership of BME network.	Develop the Trust BME network so that it is more representative of the workforce and professions.	Network Chair, Muhammed Naseem & Surinda Sharma - Expert advisor	Dec-17	BME staff are better involved in initiatives which affect them.	BME staff report and feel a better opportunity to influence and improve the staff experience.	BME

Ambition/issue	Action	Lead	Timescal	Output	Outcome	PC
Continue to develop UHMB as role model employer for BME staff.	Review and agree the local action plan with BAPIO.	Medical Director David Walker	Oct-17	UHMBT approach to relationships with BME staff/network is clearly structured.	BME staff feel supported, recognised and involved.	BME
Workforce Race Equality - BME Survey highlighted a number of suggested actions.	Incorporate the actions into the plans for 2017/18 delivery.	Network Chair, Muhammed Naseem & Lyn Hadwin, Head of Workforce Services	Oct-17	Clear action plan developed.	Actions achieved which will lead to a further survey and improved feedback from BME staff.	BME
There is a need for an Age and Faith staff network. Identified through national benchmarking exercises.	Establish networks for each of these groups.	Workforce Advisor Inclusion and Diversity	Nov-17	Groups set up with exec sponsor.	Staff are aware that the networks exist - and are clear on how to engage and inform the Trust on improvements UHMBT can make in these areas	Age & Faith
Gender network to develop clear improvement plan, and further prepare UHMBT for the gender reporting obligations.	Embed strucutre and purpose of group. Agree 12 month action plan.	Network Chair, Kirk Panter	Aug-17	Purpose and intentioned clearly articulated with a clear comms approach.	Gender initiatives contribute to an improved gender based experience for staff.	Gender
Forces network to develop clear improvement plan.	Embed strucutre and purpose of group. Agree 12 month action plan.	Network Chair, tbc	Sep-17	Purpose and intentioned clearly articulated with a clear comms approach.	Forces initiatives contribute to an improved more inclusive staff experience.	All



## **Executive Summary**

### **Diversity Benchmarking**

#### **1. Introduction**

The cross-strand benchmarking tool e-quality, from the Employers Network for Equality & Inclusion (enei), has been completed to demonstrate the progress we are making in embedding diversity in our business strategy and plans. The tool tells us how we rank compared to other organisations, as well as providing a platform on which to build our future diversity strategy plans.

The tool measures the following dimensions of diversity:

- **Leadership and commitment**  
This dimension explores the extent to which an organisation's commitment to equality, diversity and inclusion is reflected in high level strategy, and can be seen in documented policy and practice and whether there are differences in approach for various employee groups.
- **Our workforce**  
This dimension reviews what data is collected by an organisation to monitor diversity, how complete and reliable they are and how the information is stored and used. It also examines the extent to which organisations detect potential adverse impact in HR processes and whether they use positive action to address under-representation or disadvantage.
- **Integration**  
This dimension explores how equality, diversity and inclusion are integrated into key business functions and what diversity training is provided.
- **External relations**  
This dimension explores how organisations promote good community relations and encourage diversity in their supply chains.
- **Improvements**  
This dimension examines what demonstrable effects there have been from an organisation's activity on equality, diversity and inclusion: for example, on the

workforce profile, employee performance or satisfaction and on the organisation's reputation as an employer.

## **2. Overall Ranking**

Our overall ranking is 9th out of the 45 organisations which have completed the survey to date.

This is our first completed benchmark and we are extremely pleased with the results.

## **3. The Results**

Appendix 1 shows the summary results of each diversity dimension and how our organisation compares against the minimum and maximum scores achieved by participating organisations and the average across comparison organisations.

## **4. The Highlights**

Our results show that we benchmark well (scoring between 50% and 79% in the ratings) on the following areas:

- Workforce monitoring;
- ED&I training;
- Confidence that staff and managers will challenge discriminatory behaviour;
- Activities programmed to promote community relations.

And the areas with the best results are:

- Policy and strategy;
- Infrastructure – Board support and active involvement; networks & steering group;
- Communications and feedback mechanisms.

These are solid results from which we can now build.

## **5. The Lowlights**

The areas that need attention (scoring 50% or below) in order to improve our rating are:

- The organisation needs to be taking steps towards the creation of a Faith; Age and Carers network;
- Developing targets for improvement in the following areas - Age/Gender/Marriage & CP/Pregnancy & Maternity/Religion & Belief/Carers;
- Establish whether it would be beneficial for workforce monitoring to cover gender reassignment and marriage and civil partnerships;
- Undertake workforce profile benchmarking activity against other organisations;
- 'Positive action' has been highlighted as an area of weakness. Establish if any positive action measures are needed for any of the protected groups – and if so undertake appropriate initiatives;
- Promote awareness of ED&I across the Trust and ensure all staff groups are attending the training. Recruiting managers - what does the recruitment

- training entail; first line managers; non-managerial staff; new entrants; locums/temporary staff.
- Promotion of ED&I in promotion and succession planning work streams;
  - Develop and promote ED&I with suppliers – ensuring a policy/guidance for suppliers is in place.

## **6. Action Plan**

Appendix 2 analyses the gaps and allows you to quickly identify the areas where actions are required to improve our current position.

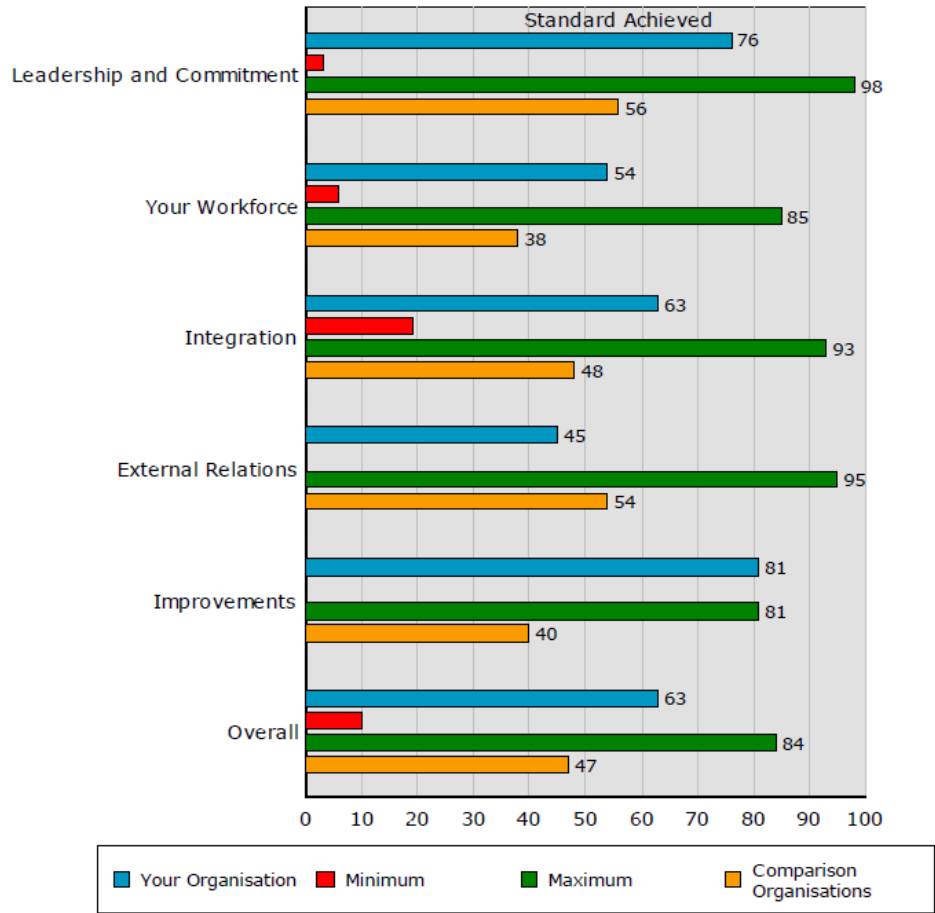
Appendix 3 shows an in-depth scoring for each of the areas that have been analysed and ranked as a comparison against the other organisations participating in this year's analysis by ENEI.

Further actions, in addition to those highlighted in section 5 (The Lowlights) are detailed here and will also be incorporated into the Diversity and Inclusion action plan for 2017/18.

## **7. Summary**

The benchmarking tool e-quality provides a robust view of diversity in our organisation and informs the actions required over the short to medium term. The board is asked to discuss and agree the actions suggested as set out in section 5.

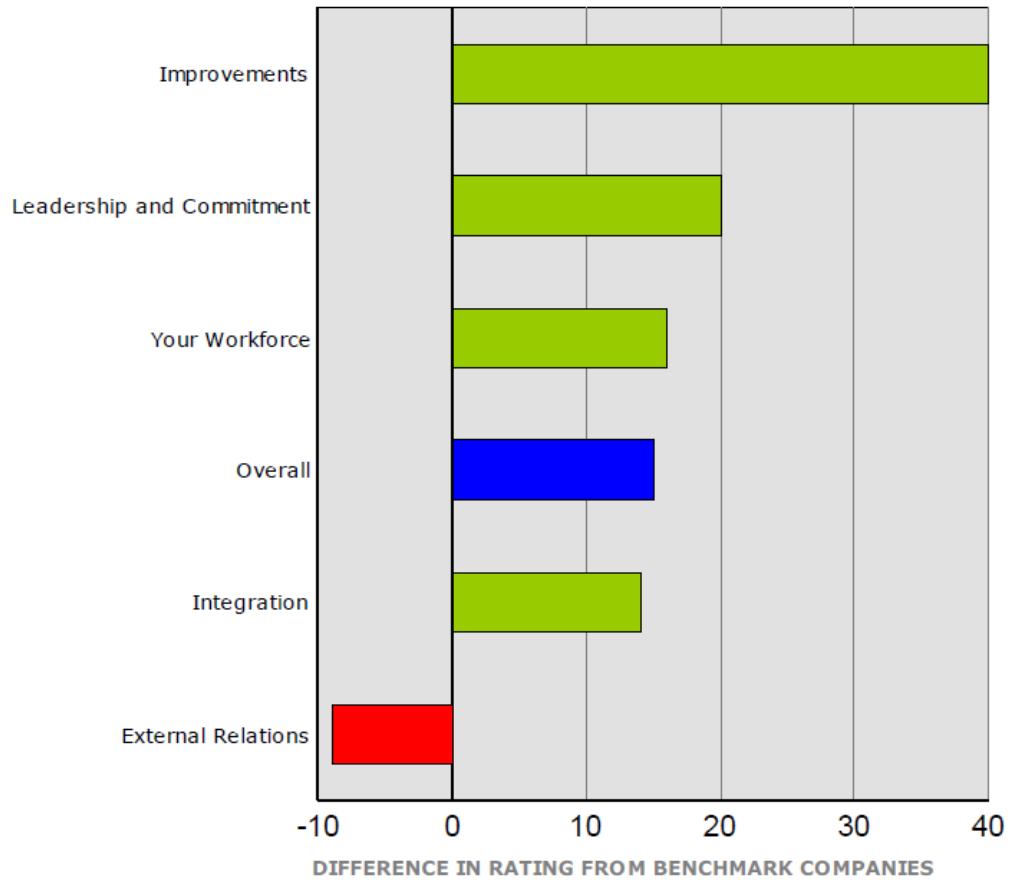
# Appendix 1 Diversity Dimensions



## Appendix 2 Analysis of Gaps

The chart below shows the difference between our organisation's ratings and the averages for the comparison organisations. The diversity dimensions are listed in order of gap size, from the most positive to the most negative.

We can use this chart to quickly identify which areas we performed least well in comparison to other organisations; as well as areas we need to improve to match the benchmark.



## Appendix 3

Description	Score	Max score	%	Gaps/Actions to take forward for improvement
<b>LEADERSHIP &amp; COMMITMENT</b>	<b>116</b>	<b>153</b>	<b>76%</b>	
E&D policy - does it cover characteristics	2	2	100%	
E&D policy - does it cover 'other' groups	1	6	17%	
Does the org have a E&D strategy?	2	2	100%	
Which groups are covered?	41	44	93%	Carers as a grouping
Does the strategy include targets for PC groupings?	17	44	39%	Age/Gender/Marriage & CP/Pregnancy & Maternity/Religion & Belief/Carers
Does the organisation have a formal process for monitoring and reviewing targets?	2	2	100%	
Is the E&D strategy integrated across other areas?	30	32	94%	
Does the organisation have an E&D steering group?	2	2	100%	
Who attends the steering group?	15	15	100%	
Are there Board level E&D champions?	2	2	100%	
Is there a network of E&D/inclusion champions?	2	2	100%	
<b>YOUR WORKFORCE</b>	<b>187</b>	<b>344</b>	<b>54%</b>	
Details of monitoring in place - including stages for each PC grouping.	38	66	58%	
Do you monitor staff groups by PC (eg. Board; Exec; VSM etc)	48	60	80%	
Do you report staff groups by PC grouping?	48	60	80%	
Does workforce monitoring cover areas such as absence; B&H; promotion; Disciplinary and Grievance; pay and reward etc.	39	88	44%	Various for all groups - but all for gender reassignment and marriage and civil partnerships
Do you produce workforce profiles on a regular basis?	2	3	67%	look at frequency.
Do you use workforce profiles to inform strategic priorities?	2	2	100%	
Do you benchmark your profiles against other organisations?	1	3	33%	
Have you developed specific positive action measures?	5	40	13%	Some areas being delivered for Race - but all other groups require action.
Board representation programmes?	2	2	100%	
Groups these are aimed at?	2	20	10%	Some areas being delivered for Race - but all other groups require action.
<b>INTEGRATION</b>	<b>284</b>	<b>454</b>	<b>63%</b>	
Last review of recruitment methods	24	27	89%	Graduate recruitment

Specialist E&D training offered?	9	12	75%	Employment assessors are a gap for improvement
Staff networks	10	33	30%	Carers; Faith; Age networks need developing
Do you do a staff survey	3	3	100%	
Are you able to provide feedback from staff survey in relation to pc groups	16	20	80%	Carers a gap
Do you regularly promote key messages on E&D and inclusion	52	60	87%	External suppliers a gap.
Training - do you promote awareness of E&D/inclusion? Which of the staff groups (eg VSM; Board; middle managers etc) have received?	48	108	44%	Recruitment managers - what does the recruitment training entail; first line managers; non-managerial staff; new entrants; consultants.
Recentness of above training	16	20	80%	locum staff/consultants
Had E&D training been integrated?	20	36	56%	Performance management; talent retention; pay rewards & benefits; promotion & succession planning.
How confident are you that staff and managers would challenge discriminatory behaviour?	22	28	79%	Unsure about - middle managers; junior managers; non-managerial staff
Has E&D been integrated into appraisals?	2	4	50%	
Do you have established formal flexible/work life balance policies?	16	18	89%	
Which groups are encouraged to work flexibly?	20	22	91%	
What activities have been undertaken to promote E&D&I in promotion and succession planning?	4	10	40%	All areas need action - mentoring programmes; coaching; employee sponsorships; other. Need to look at comparator organisations.
Who are the above initiatives aimed at?	19	50	38%	Need to look at employee sponsorships and targeted management & leadership
<b>EXTERNAL RELATIONS</b>	<b>10</b>	<b>22</b>	<b>45%</b>	
Do you have a programme of activity?	2	2	100%	
Groups that this includes (community partnership; local volunteer; community charity events; other)	6	8	75%	
Do you have a policy to support E&D through your supply chain?	0	2	0%	Need to action this.

Do you require your suppliers to evidence the following: ED&I policy; staff monitoring; E&D&I training; targets)	2	8	25%	Need to action this.
<b>IMPROVEMENTS</b>	<b>52</b>	<b>64</b>	<b>81%</b>	
What organisational improvements on ED&I over last 12 months.				Areas to improve: flexible working options/patterns/ pay reward/benefits; diversity suppliers
<b>Overall score</b>	<b>649</b>	<b>1037</b>	<b>63%</b>	

University Hospitals   
of Morecambe Bay  
NHS Foundation Trust

# Workforce Monitoring Information 2016/17



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## 1. Executive Summary

At University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB), we believe that the provision of equality of opportunity to patients, their families and carers, and staff is fundamental to ensuring that our hospitals are a Great Place to be Cared For; Great Place to Work.

This document supports the Trust's Annual Report (available on the Trust's webpages) and provides employee monitoring data for the financial year 2016/17.

Understanding current workforce data is important, to inform further exploration of data with staff and staff side, to drive improvement in employment practice and employee experience for different groups.

A high level summary is provided detailing the Trust's Equality Monitoring Indicators.

Detailed data follows, which includes organisation wide and divisional unit breakdown of protected characteristics and:

- Applicants for posts at UHMB

- New Starters

- Staff in Post (including analysis by pay band and working patterns)

- Leavers

Further workforce information, including additional metrics relating to employee experience is available on our webpages for the protected characteristics of:

- Race (Workforce Race Equality Standard)

- Sexual Orientation (LGBT Workforce Equality Metrics)

- Disability (Workforce Metrics)

## 2. Overview

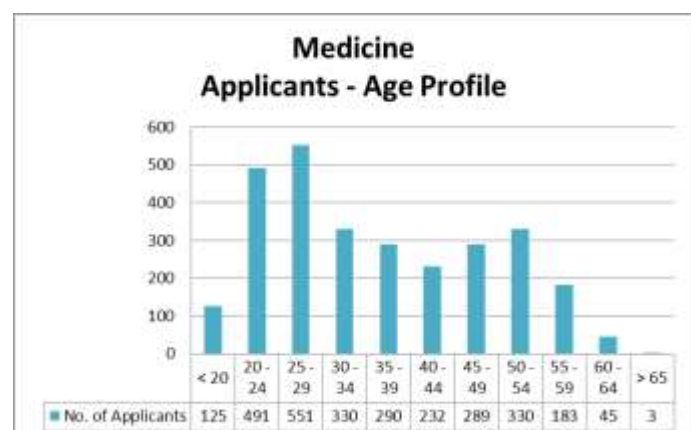
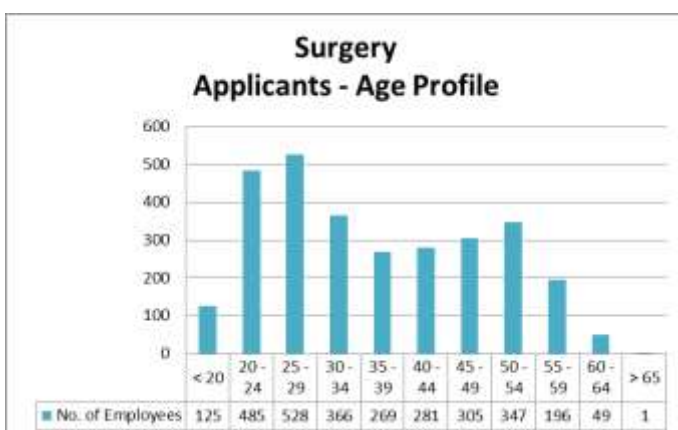
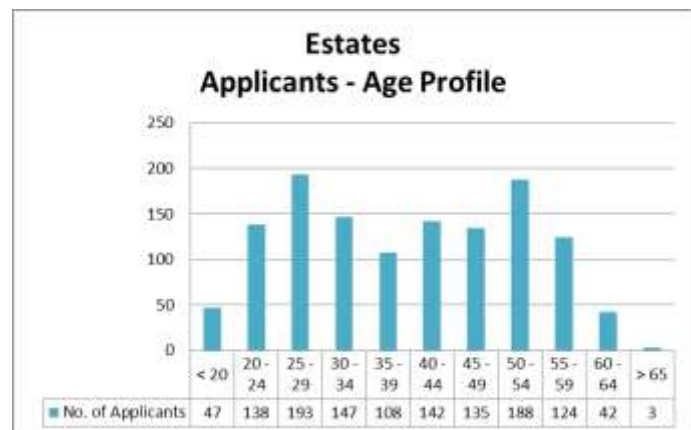
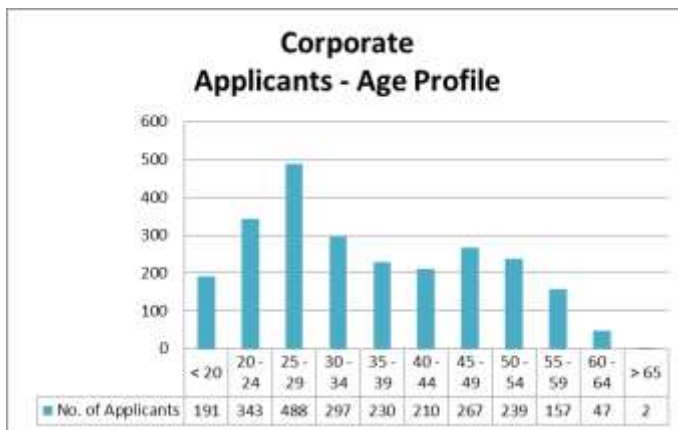
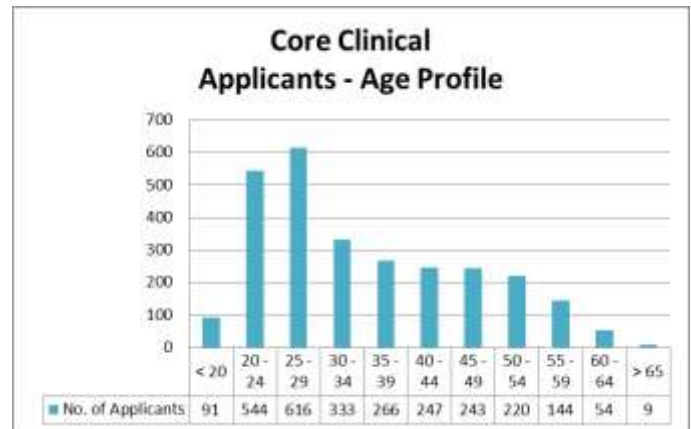
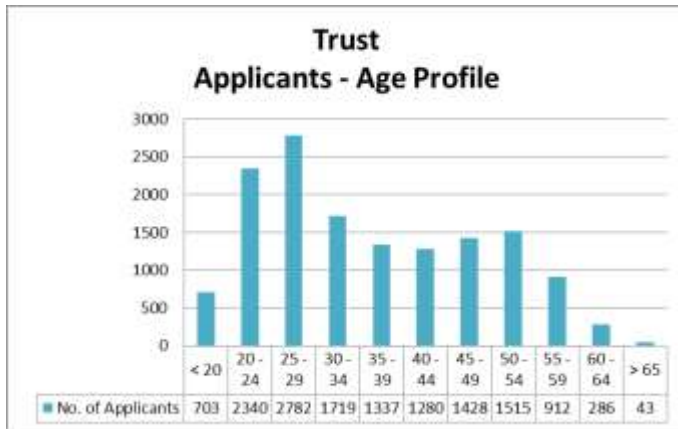
### 2.1. High Level Summary

Divisional Business Units	Equality Monitoring Indicators									
	Age	Disability	Ethnic Origin	Gender		Gender Identity	Marital Status	Maternity	Religion/Belief	Sexual Orientation
	Largest Age Group	% Declared a Disability	%White British	Male	Female	N/A	% Married/Civil Partnerships	% Currently on Maternity Leave	% Christian	% LGB
<b>Trust</b>	50-54	1.79%	87.52%	19.78%	80.22%	No Data	55.56%	2.54%	39.57%	1.13%
<b>Core Clinical Services</b>	50-54	2.41%	90.64%	17.30%	82.70%	No Data	58.45%	2.82%	40.54%	0.80%
<b>Corporate Services</b>	50-54	2.82%	89.87%	28.90%	71.10%	No Data	54.49%	2.66%	42.36%	1.50%
<b>Estates &amp; Facilities</b>	55-59	2.91%	92.64%	41.87%	58.13%	No Data	51.53%	1.38%	41.87%	0.92%
<b>Medicine</b>	50-54	1.41%	87.51%	13.58%	86.42%	No Data	52.30%	2.73%	40.91%	1.64%
<b>Surgery &amp; Critical Care</b>	50-54	1.27%	81.85%	18.82%	81.18%	No Data	55.94%	2.24%	37.71%	1.12%
<b>Women &amp; Children's</b>	50-54	0.50%	87.08%	6.04%	93.96%	No Data	62.42%	3.52%	33.89%	0.50%

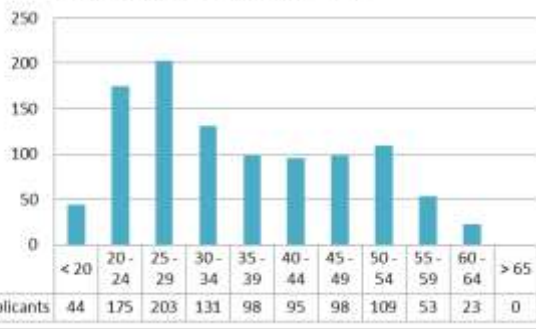
### 3. Applicants

The figures presented here show applicants for roles within University Hospitals of Morecambe Bay NHS Foundation Trust during the financial year 2016/17. The figures are categorised according to the organisation as a whole and divisions within the Trust. Bank workers and volunteer applicants are included.

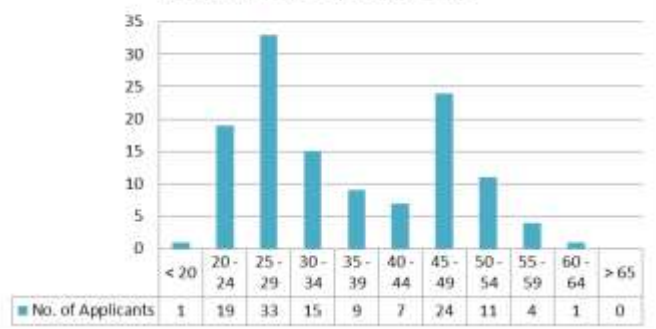
#### 3.1. Age



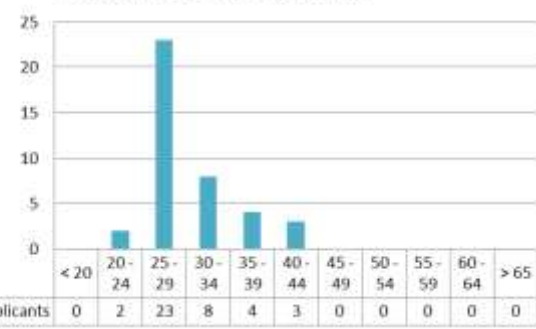
**WACS Applicants - Age Profile**



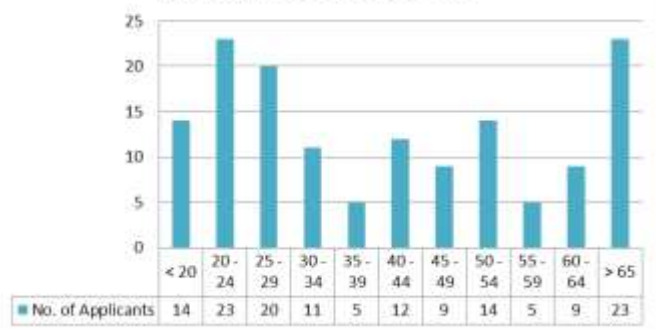
**Cohort Applicants - Age Profile**



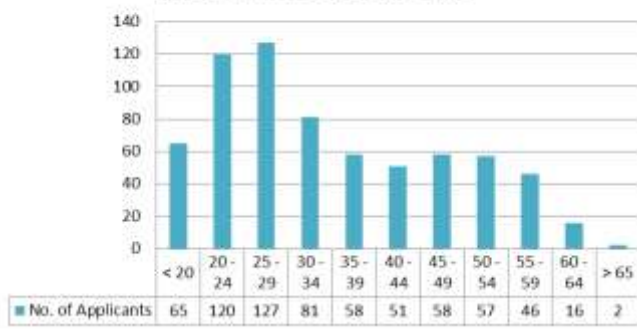
**International Applicants - Age Profile**



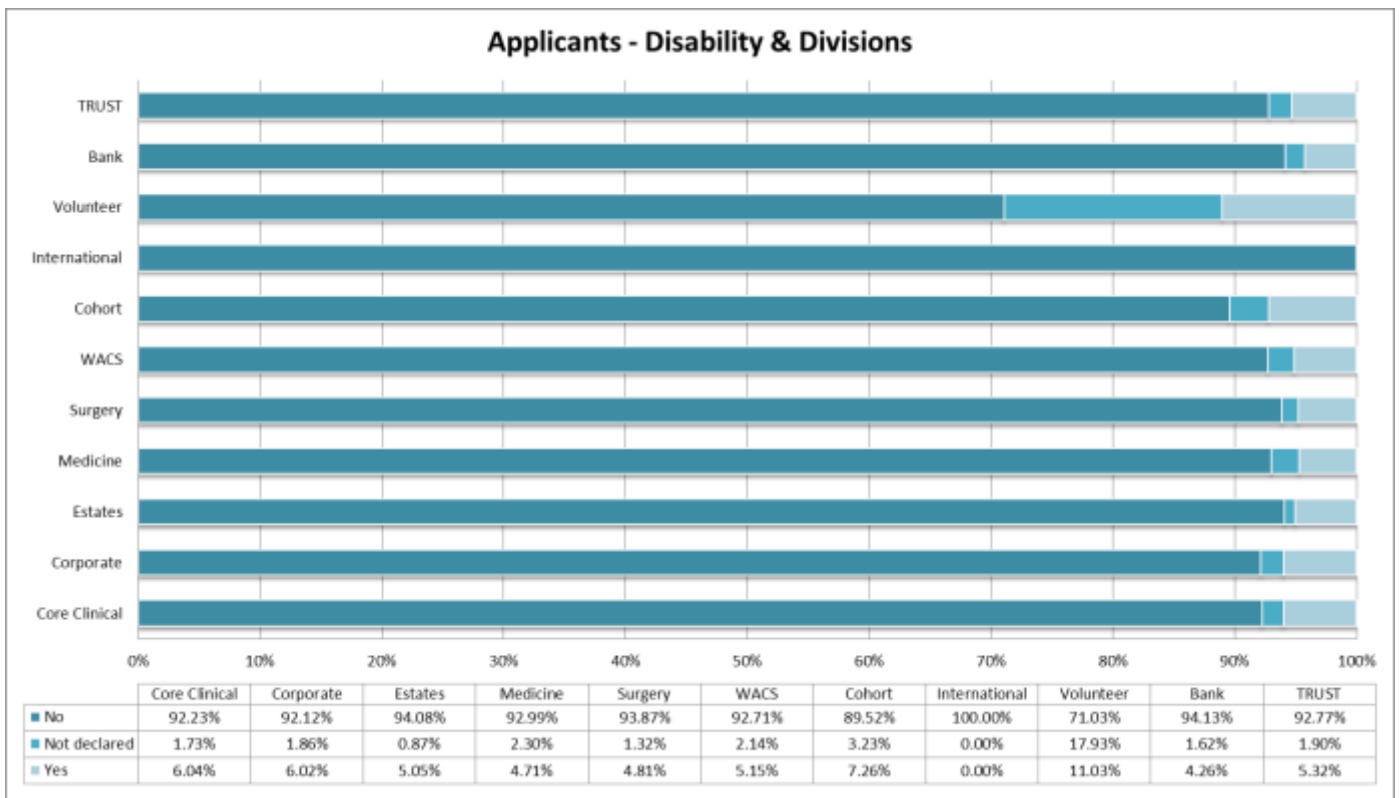
**Volunteer Applicants - Age Profile**



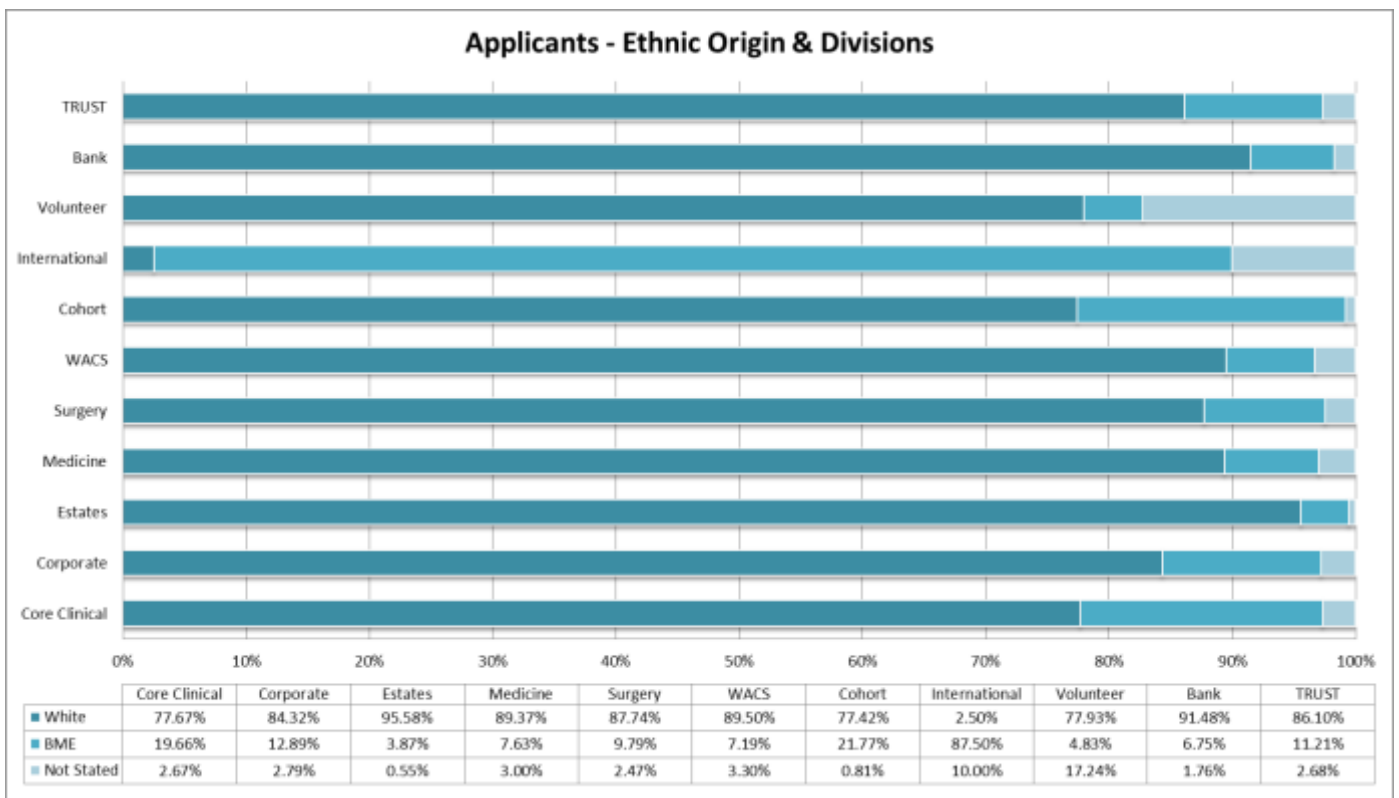
**Bank Applicants - Age Profile**



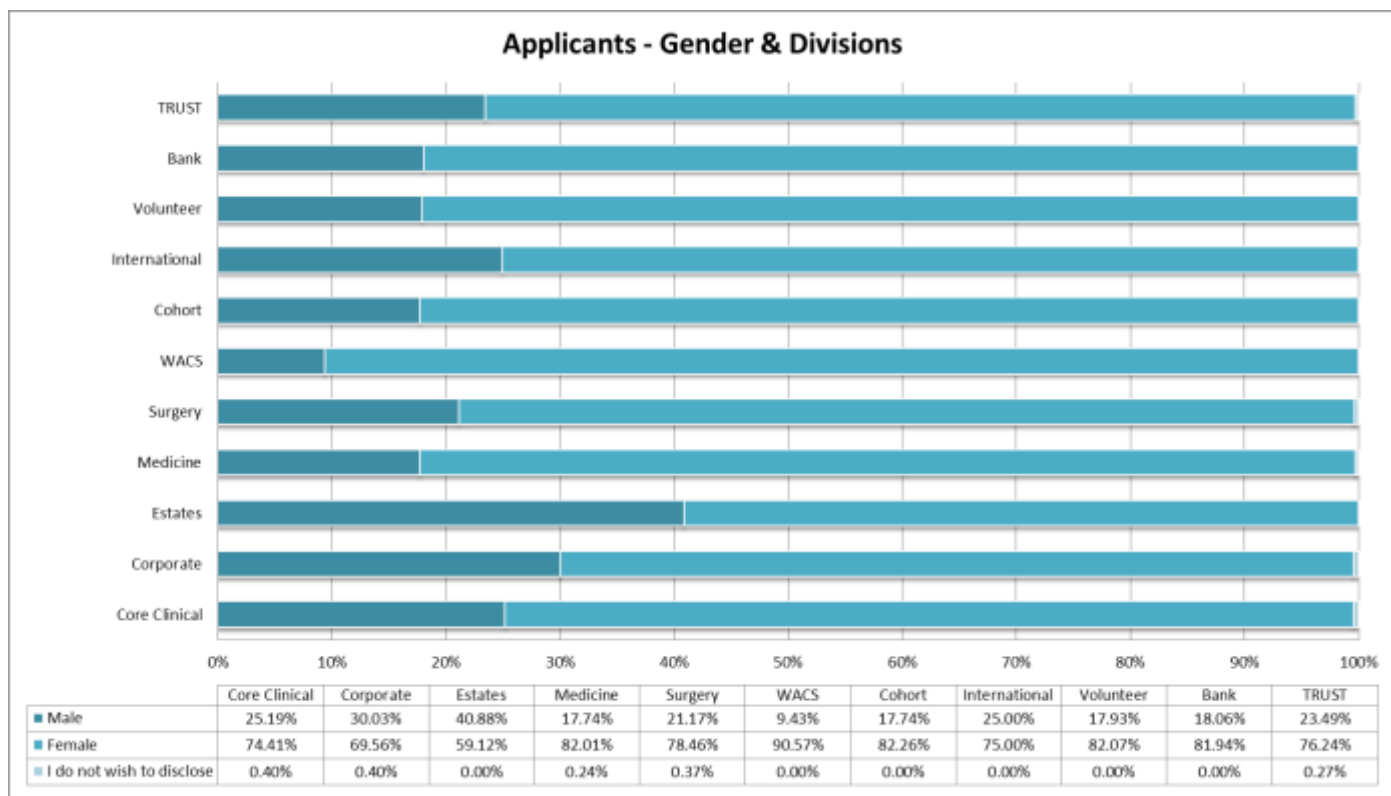
### 3.2. Disability



### 3.3. Ethnic Origin



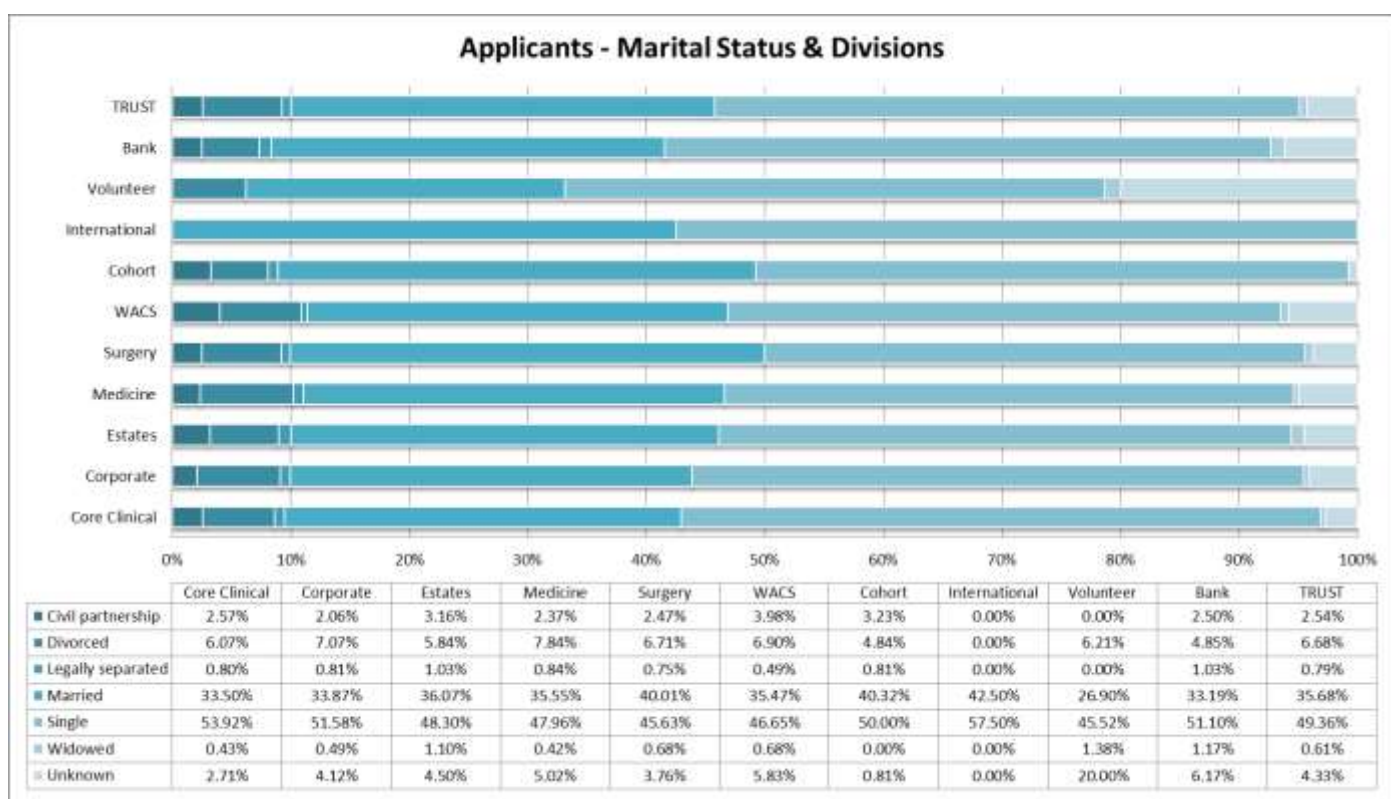
### 3.4. Gender



### 3.5. Gender Identity

Information on gender identity is not currently collected.

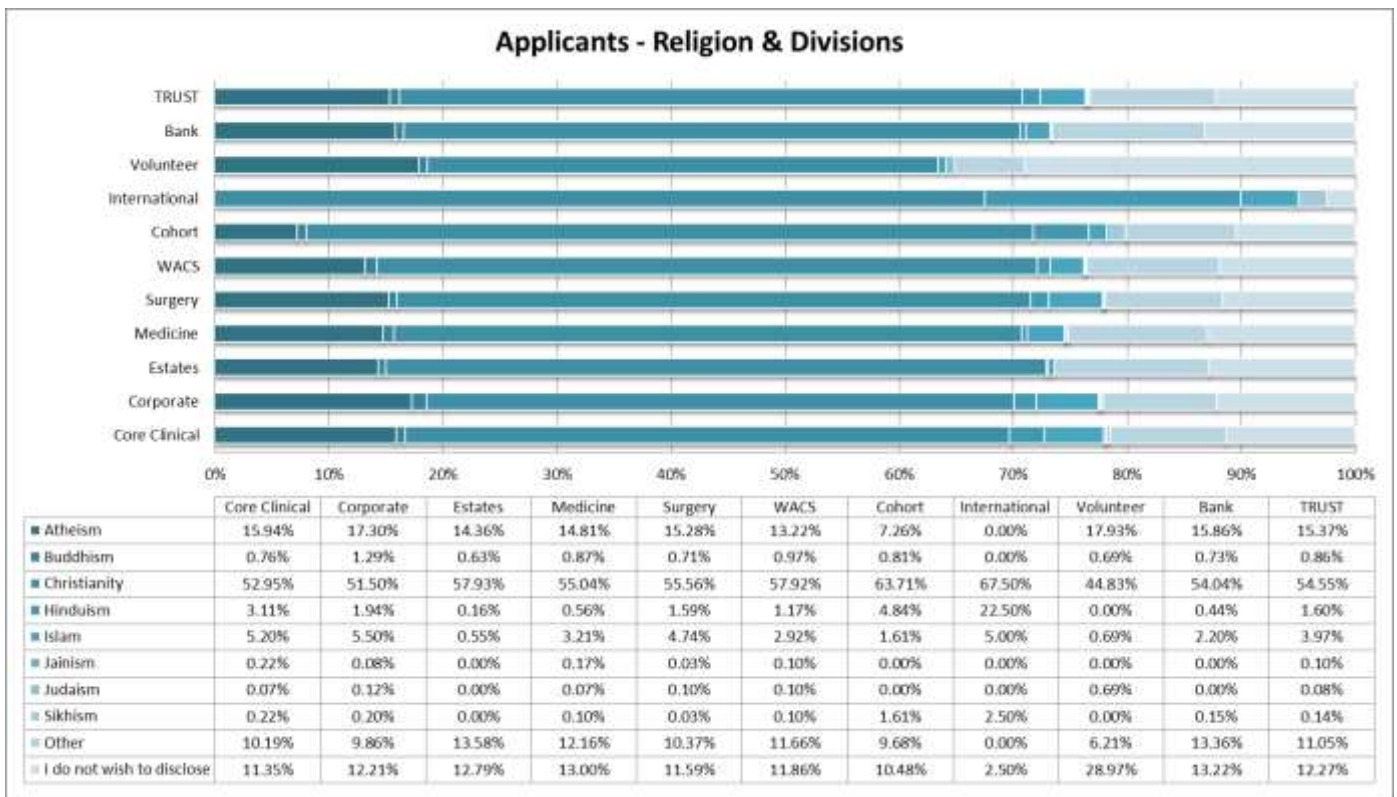
### 3.6. Marital Status



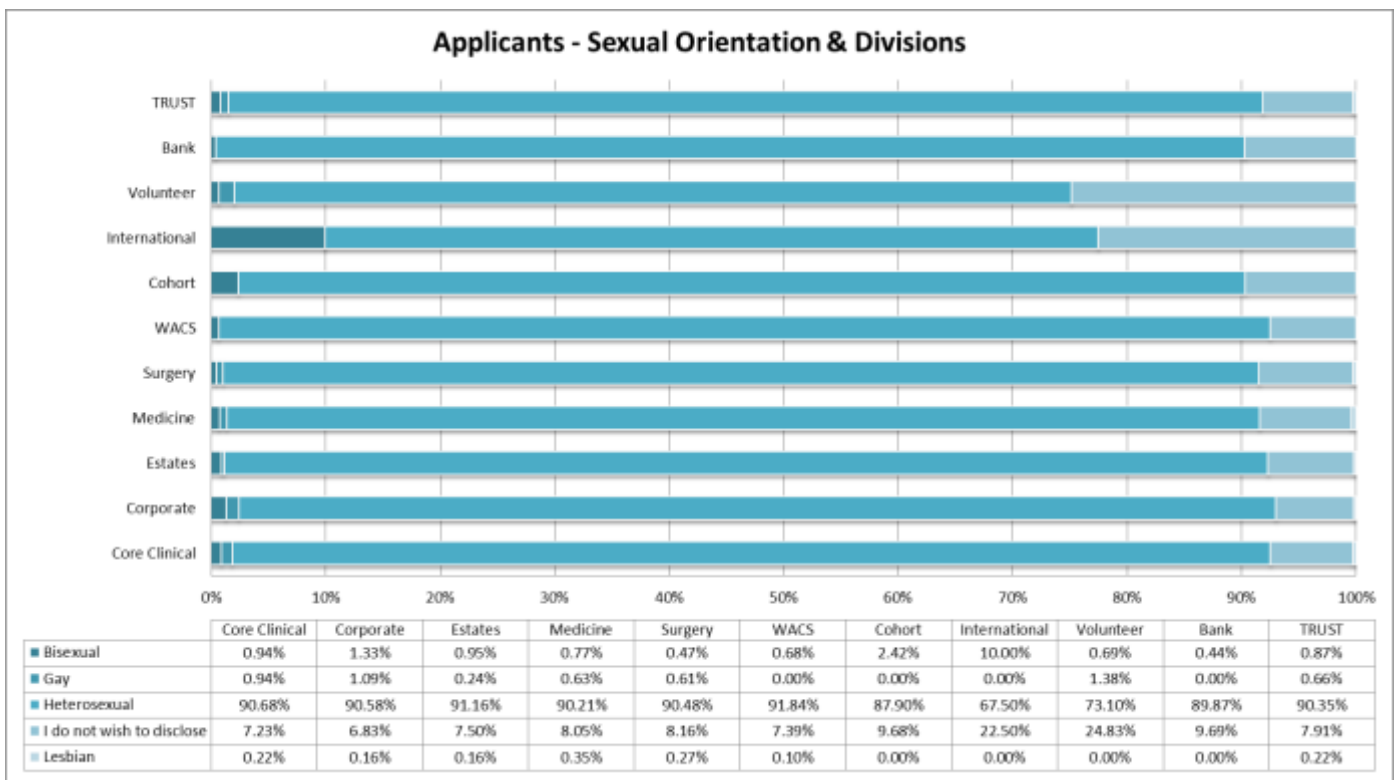
### 3.7. Maternity

Information on maternity is not currently collected.

### 3.8. Religion / Belief



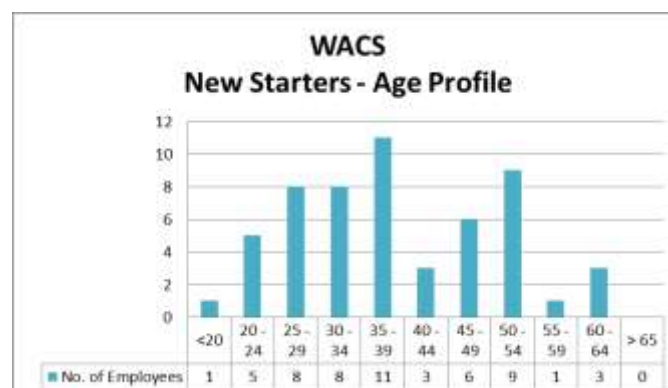
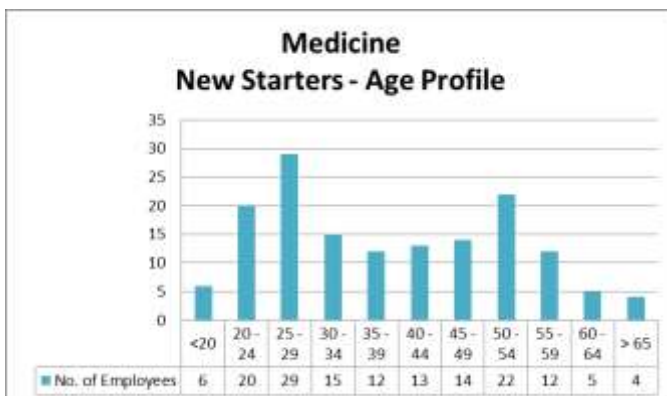
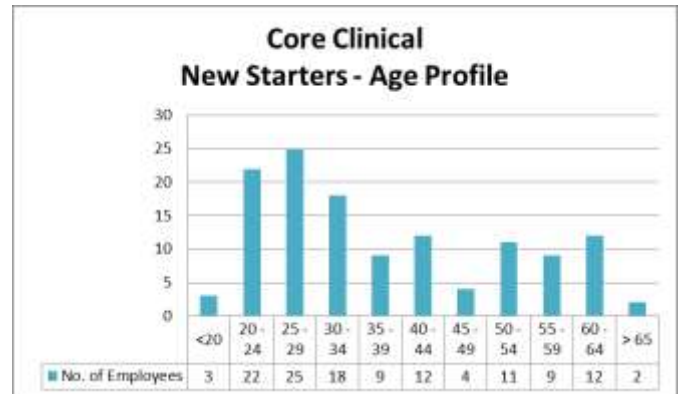
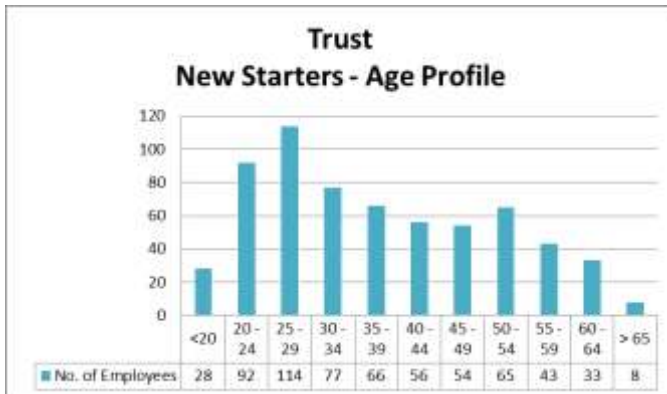
### 3.9. Sexual Orientation



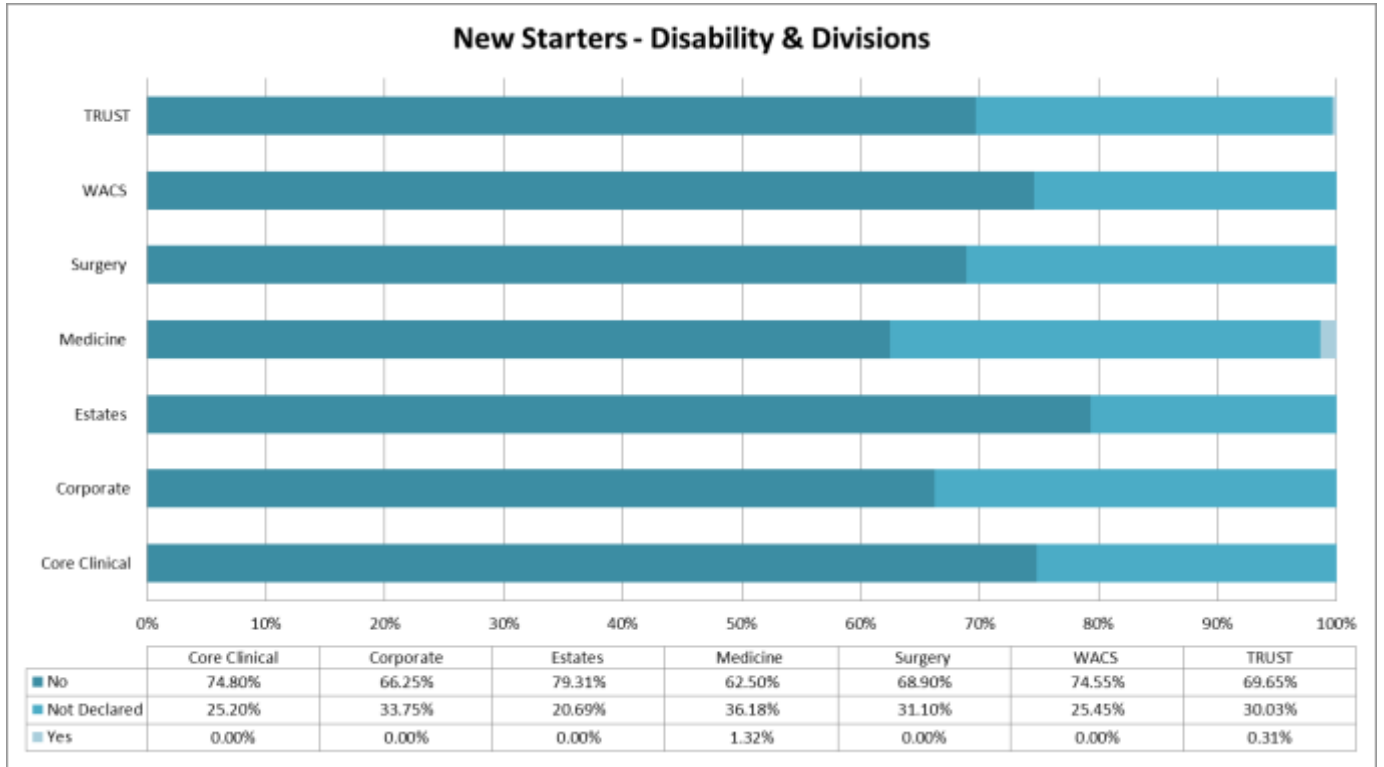
## 4. New Starters

The figures presented here show the number of new starters with University Hospitals of Morecambe Bay NHS Foundation Trust during the financial year 2016/17. The figures are categorised according to the organisation as a whole and divisions within the Trust.

### 4.1. Age

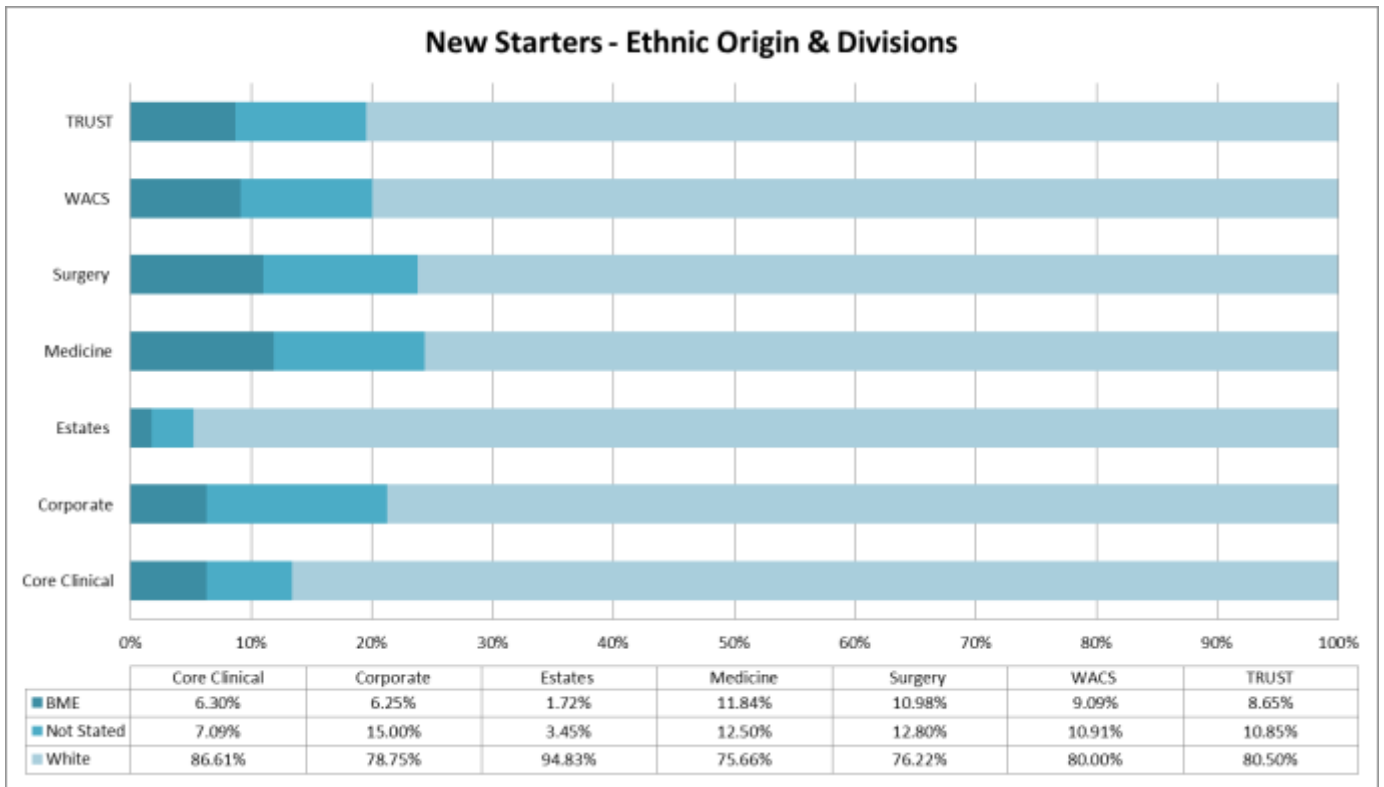


## 4.2. Disability



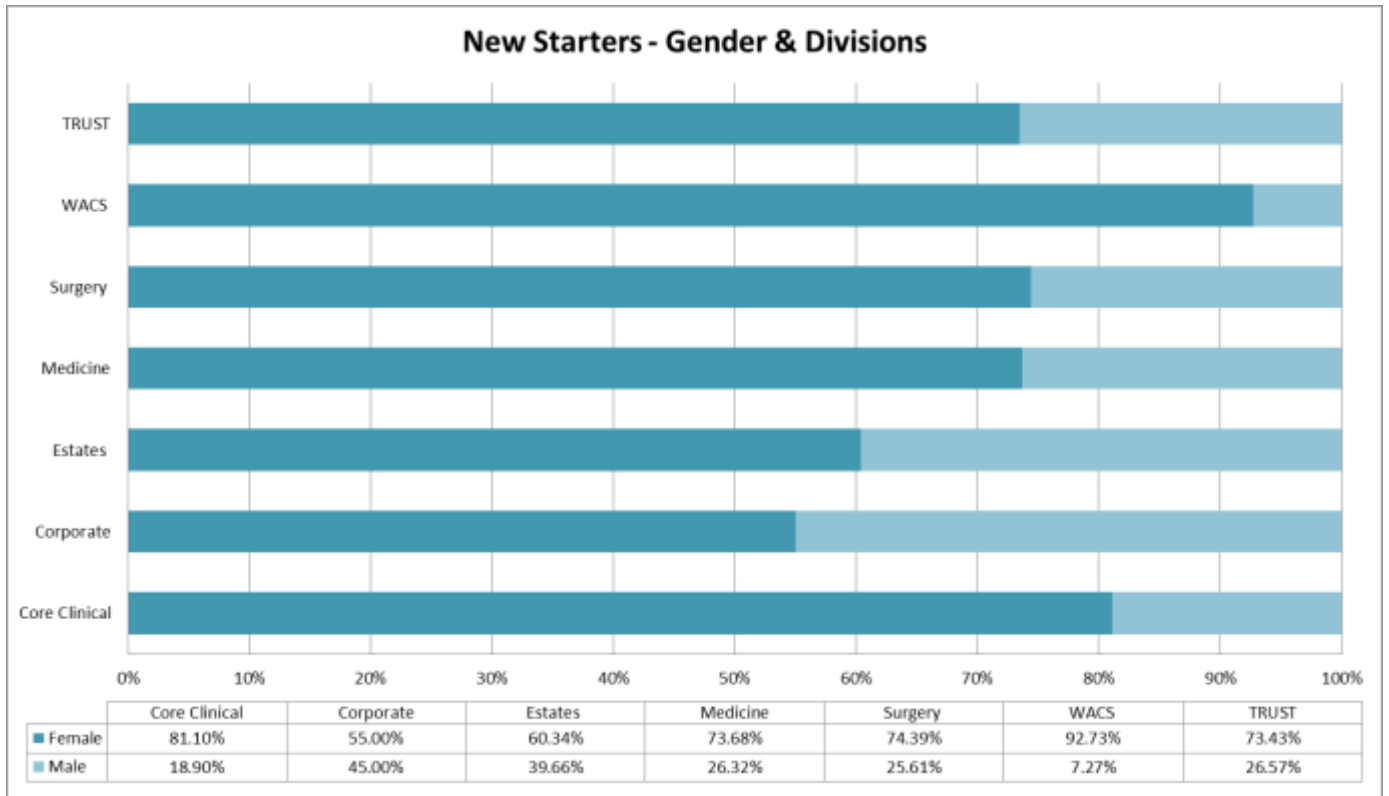
Overall 0.31% of new starters considered themselves to have a disability. 30% chose not to disclose this information.

## 4.3. Ethnic Origin



Overall 80.50% of new starters described their ethnic origin as “White” whilst 8.65% described themselves as belonging to a Black, Minority or Other Ethnic group. 10.85% preferred not to state their ethnic origin. Medicine (11.84%) and Surgical (10.98%) divisions had the largest proportion of BME new staff members, which are substantial outliers in comparison to the make-up of the other divisions.

#### 4.4. Gender

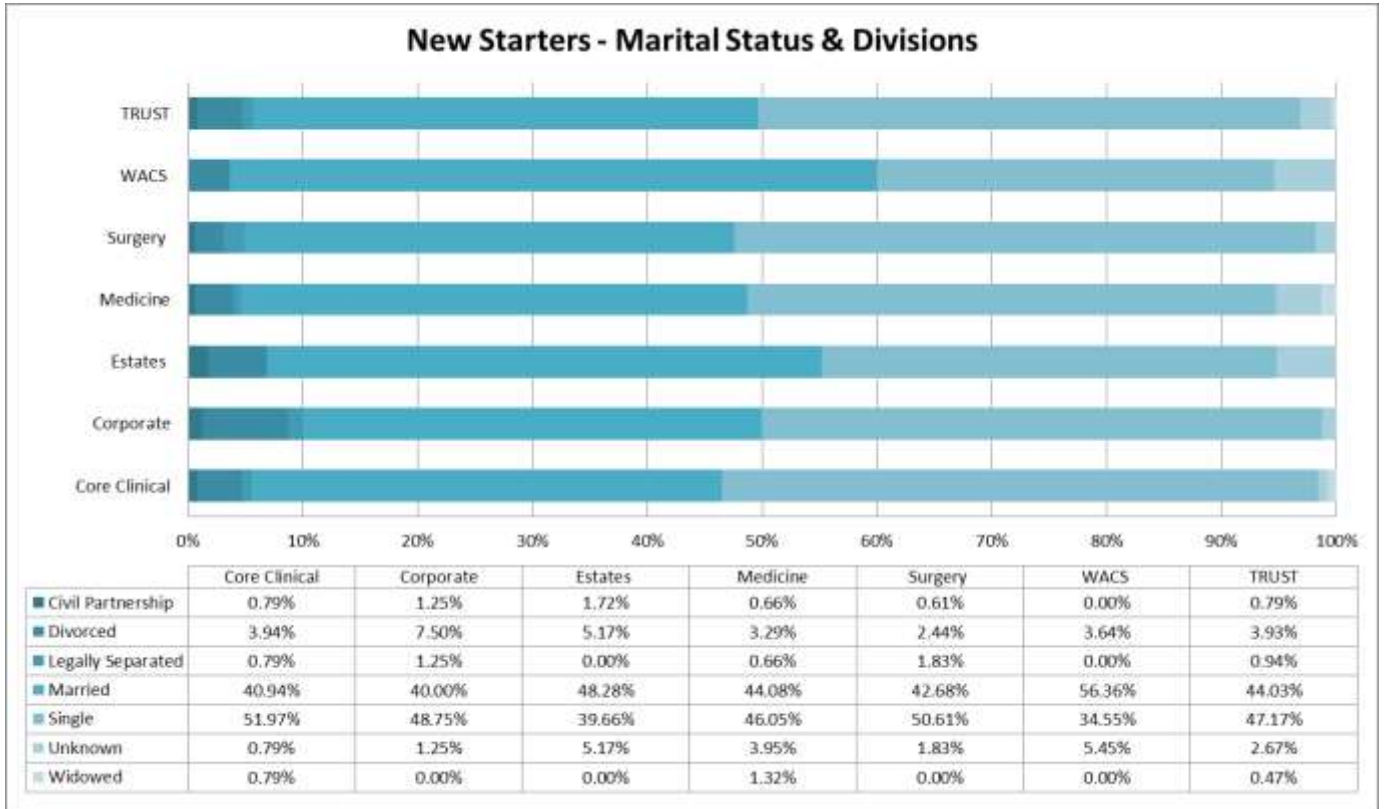


Overall, 73.43% of new starters were female whilst 26.57% were male. The division with the closest male/female ratio was Corporate with 45% male and 55% female. In the Women’s and Children’s division only 7.27% of new starters were male.

#### 4.5. Gender Identity

Information on gender identity is not currently collected.

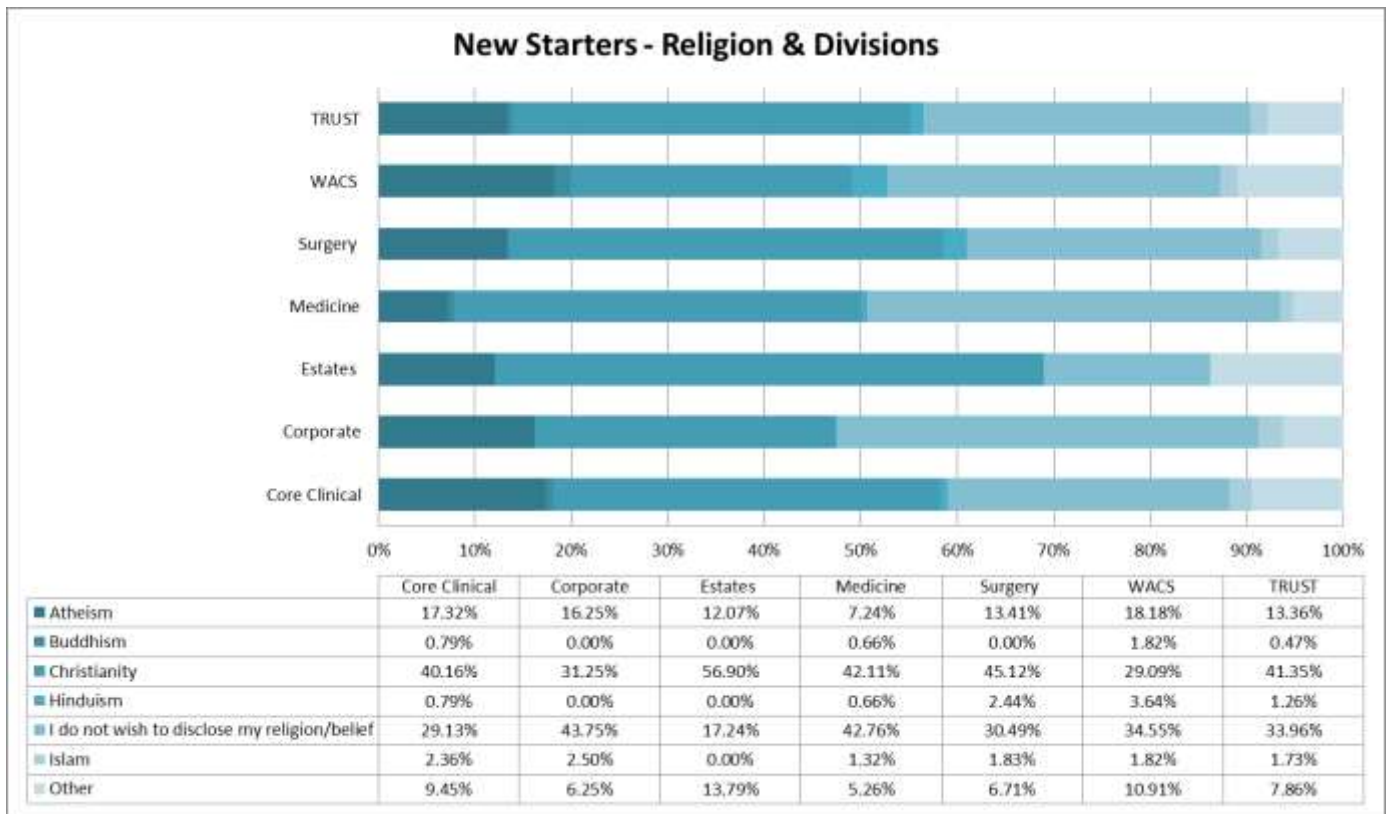
#### 4.6. Marital Status



Overall, 44.82% of new starters described themselves as either married or in a civil partnership. The largest individual group amongst new starters was single which accounted for 47.17% of all new starters.

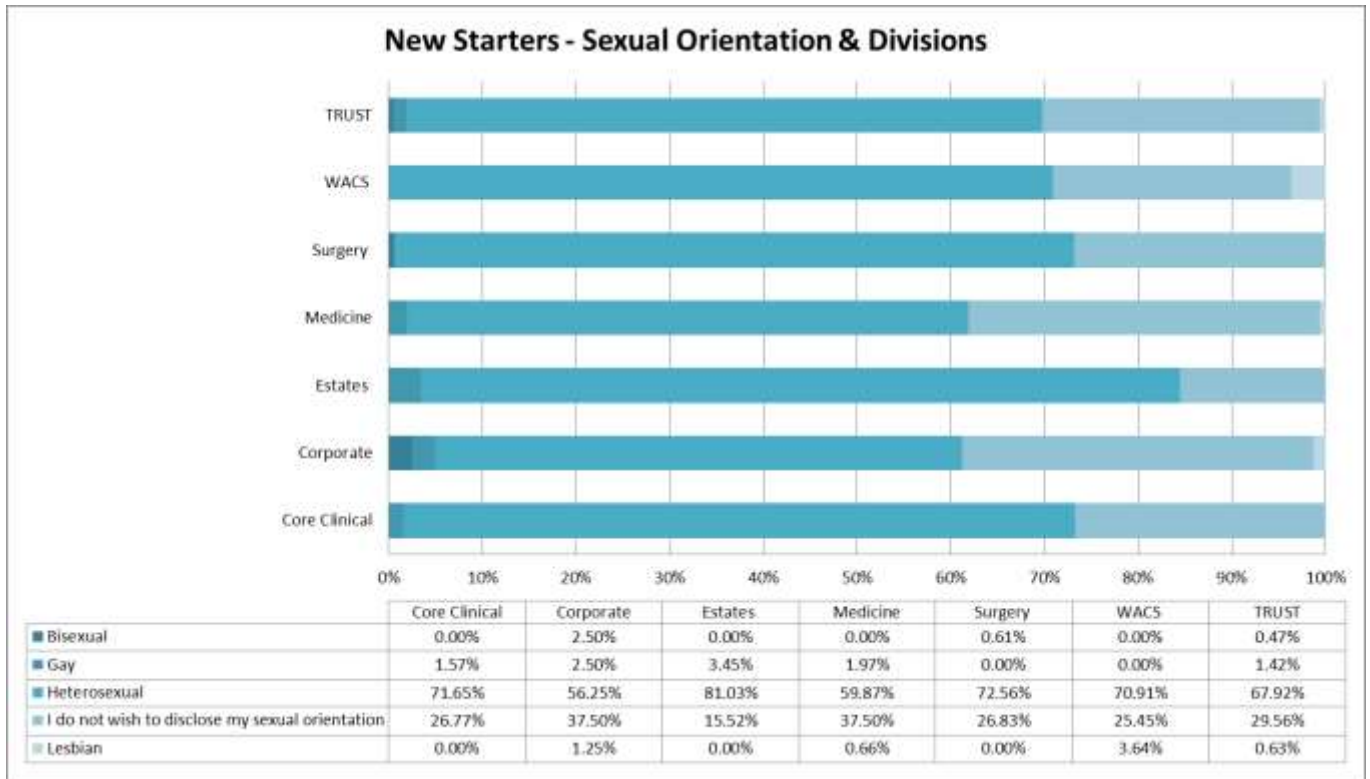
4.7. Maternity - Information on Maternity is not currently collected, however new starts would not normally be on maternity leave upon commencement of post.

#### 4.8. Religion / Belief



The most common religion / belief overall was Christianity which accounted for 41.35% of all new starters. The next largest group was Atheism at 13.36%. 7.86% described their religion / belief as 'Other' whilst 33.96% preferred not to disclose their religion / belief.

#### 4.9. Sexual Orientation



Overall 2.52% of new starters described themselves as Lesbian, Gay or Bisexual. 29.56% did not wish to disclose this information.

## 5. Staff In Post

The figures presented here show the staff in post at University Hospitals of Morecambe Bay NHS Foundation Trust as at 1<sup>st</sup> April 2017.

### 5.1. Our Workforce

#### 5.1.1. Staff Groups

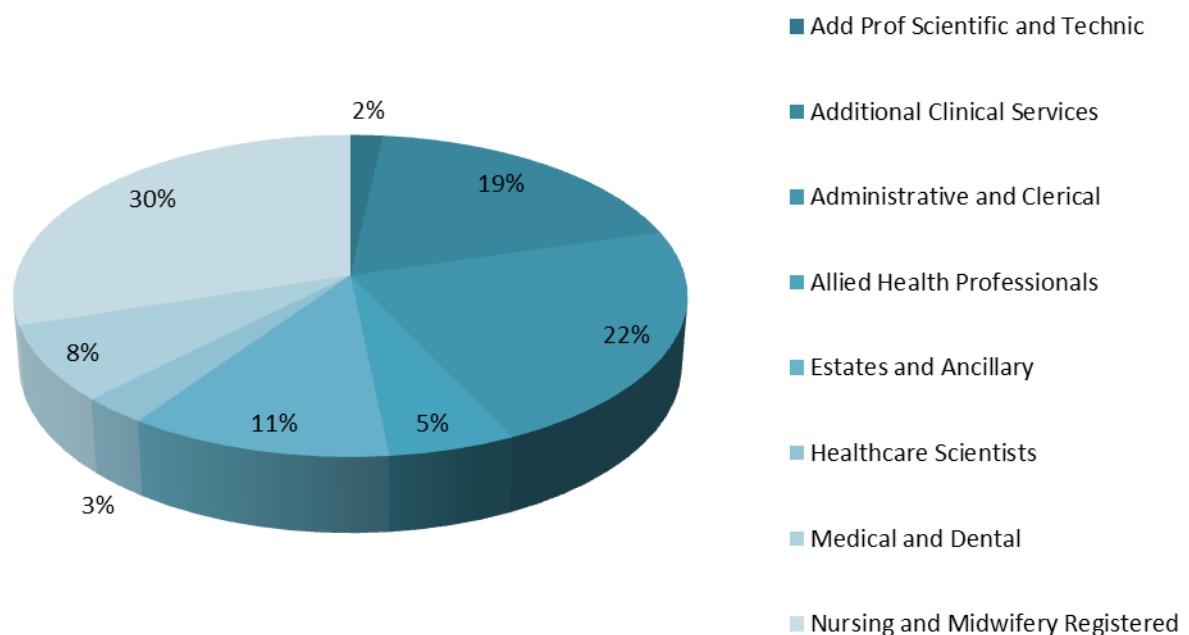
The largest group of staff is 'Nursing and Midwifery Registered' which accounts for just less than a third (29.94%) of all employees.

"Administrative and Clerical" is the next largest staff group and accounts for 22.49% of the workforce.

18.70% of the workforce belongs to 'Additional Clinical Services'. These are Healthcare Support Workers and other Support staff on 'Agenda for Change' pay bands 1 to 4.

Staff Group	Headcount	FTE	%
Add Prof Scientific and Technic	95	79.42	1.74%
Additional Clinical Services	1022	845.72	18.70%
Administrative and Clerical	1229	1058.58	22.49%
Allied Health Professionals	297	254.15	5.44%
Estates and Ancillary	614	480.05	11.24%
Healthcare Scientists	153	137.19	2.80%
Medical and Dental	418	396.59	7.65%
Nursing and Midwifery Registered	1636	1422.17	29.94%
Grand Total	5464	4673.86	100.00%

**% Headcount by Staff Group**



### 5.1.2. Pay Bands

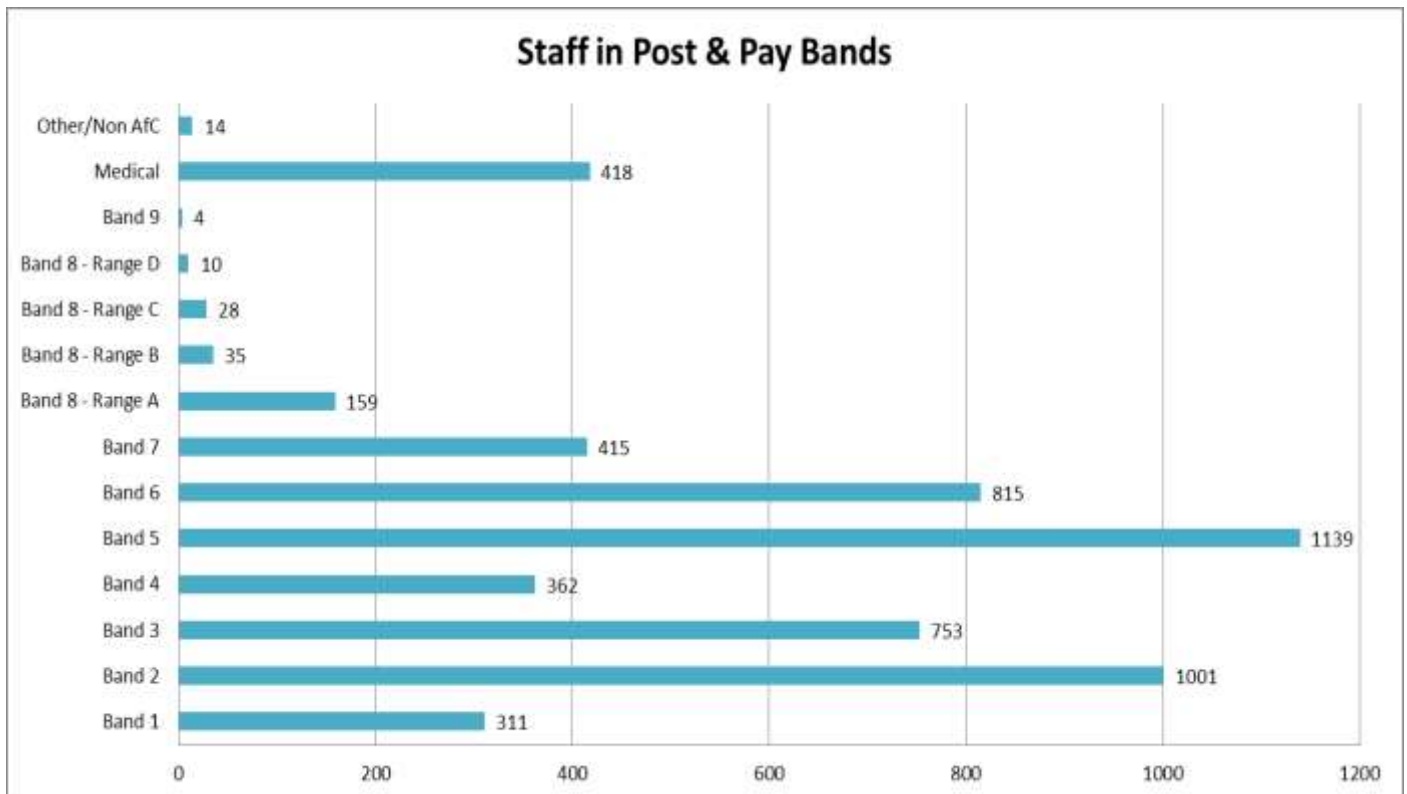
University Hospitals of Morecambe Bay NHS Foundation Trust employs their staff in line with the nationally agreed 'Agenda for Change' and Medical and Dental pay banding systems.

The largest cohort of staff are Band 5s which account for 20.85% of the workforce.

Band 1 staff make up 5.69% of the workforce and are primarily domestic assistants.

7.91% of the workforce is on Non 'Agenda for Change' pay bands. These consist of Medical Staff, and other Ad Hoc pay grades.

Pay Band	Headcount	FTE	%
Band 1	311	206.89	5.69%
Band 2	1001	814.13	18.32%
Band 3	753	622.43	13.78%
Band 4	362	320.06	6.63%
Band 5	1139	988.80	20.85%
Band 6	815	709.31	14.92%
Band 7	415	381.75	7.60%
Band 8 - Range A	159	151.65	2.91%
Band 8 - Range B	35	33.80	0.64%
Band 8 - Range C	28	26.85	0.51%
Band 8 - Range D	10	10.00	0.18%
Band 9	4	4.00	0.07%
Medical	418	396.59	7.65%
Other/Non AfC	14	7.60	0.26%
<b>Grand Total</b>	<b>5464</b>	<b>4673.86</b>	<b>100.00%</b>



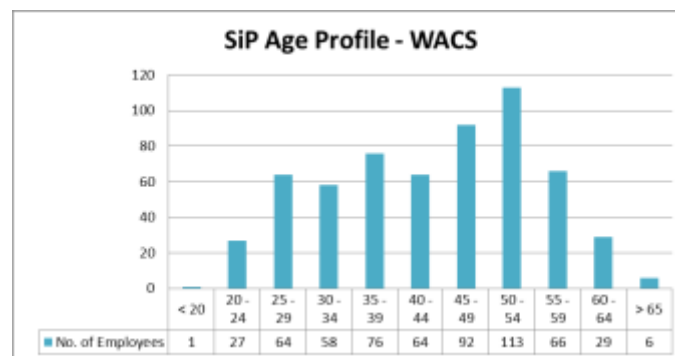
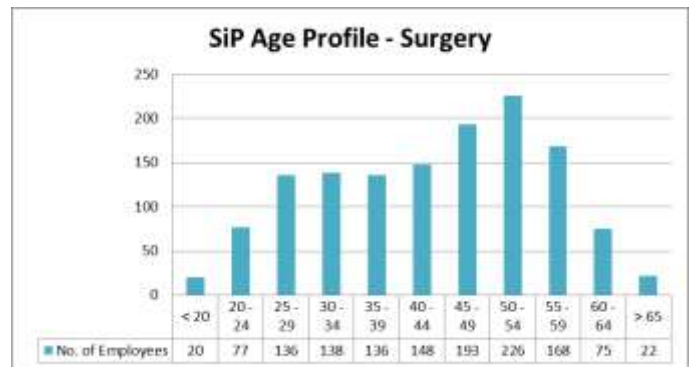
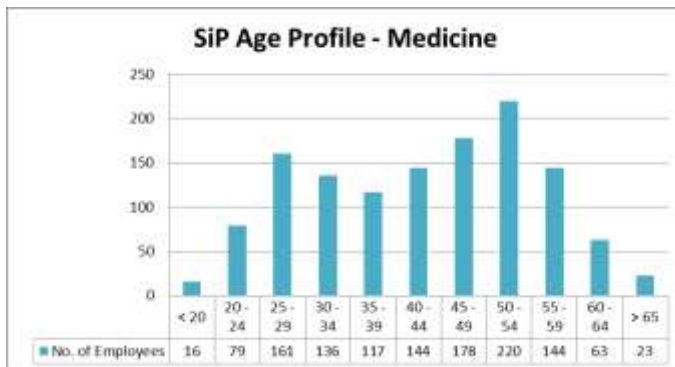
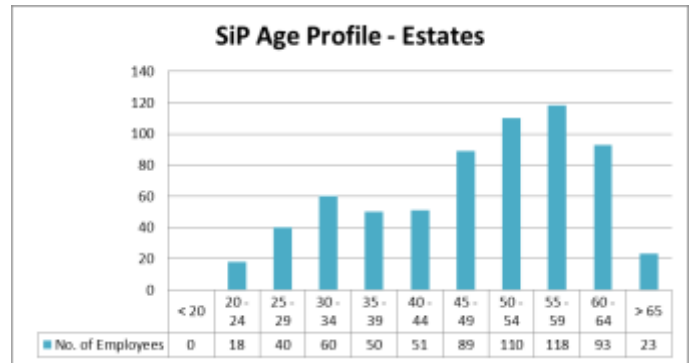
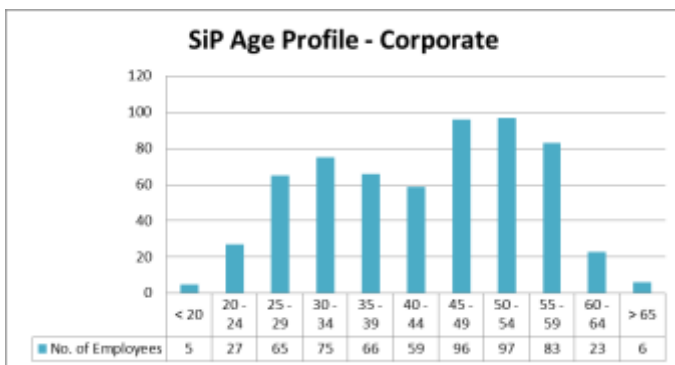
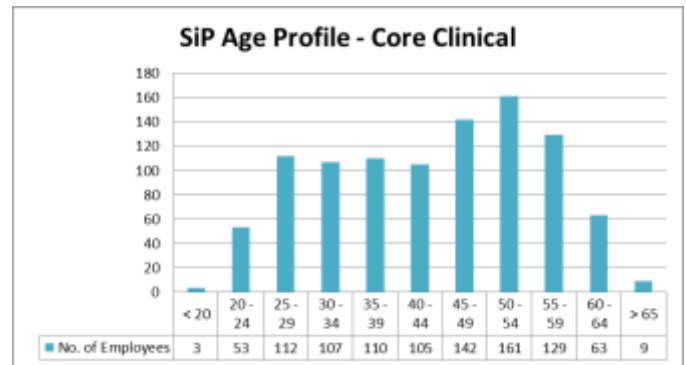
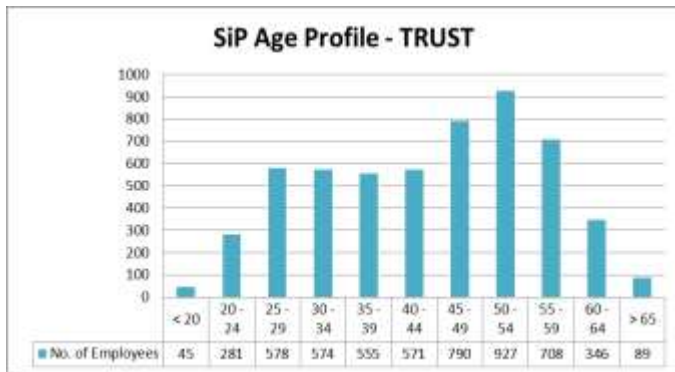
### 5.1.3. Working Patterns

Working Pattern	Headcount	FTE	Headcount %	FTE %
Full Time	3104	3106.00	56.81%	66.45%
Part Time	2360	1567.86	43.19%	33.55%
Grand Total	5464	4673.86	100.00%	100.00%

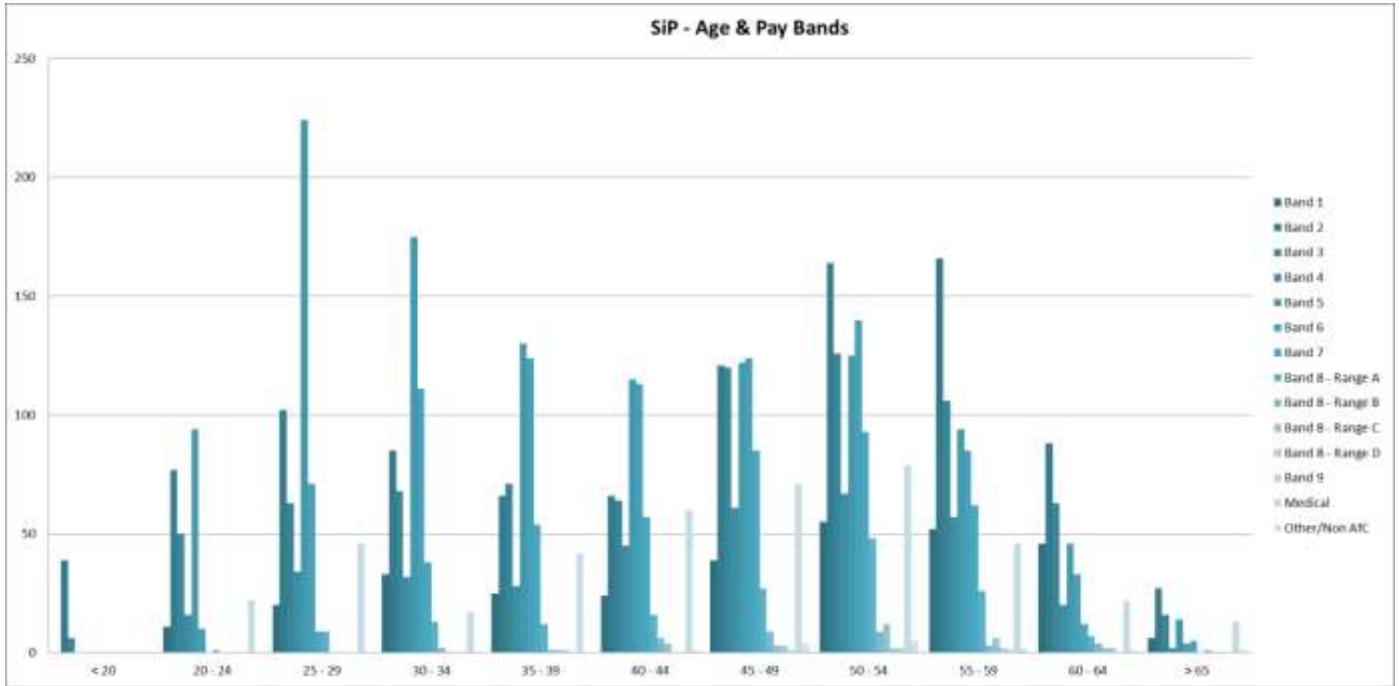
Based on headcount, the number of staff working full time and the number of staff working part time is almost a 60 / 40 split.

## 5.2. Age

### 5.2.1. Age: Trust & Divisions

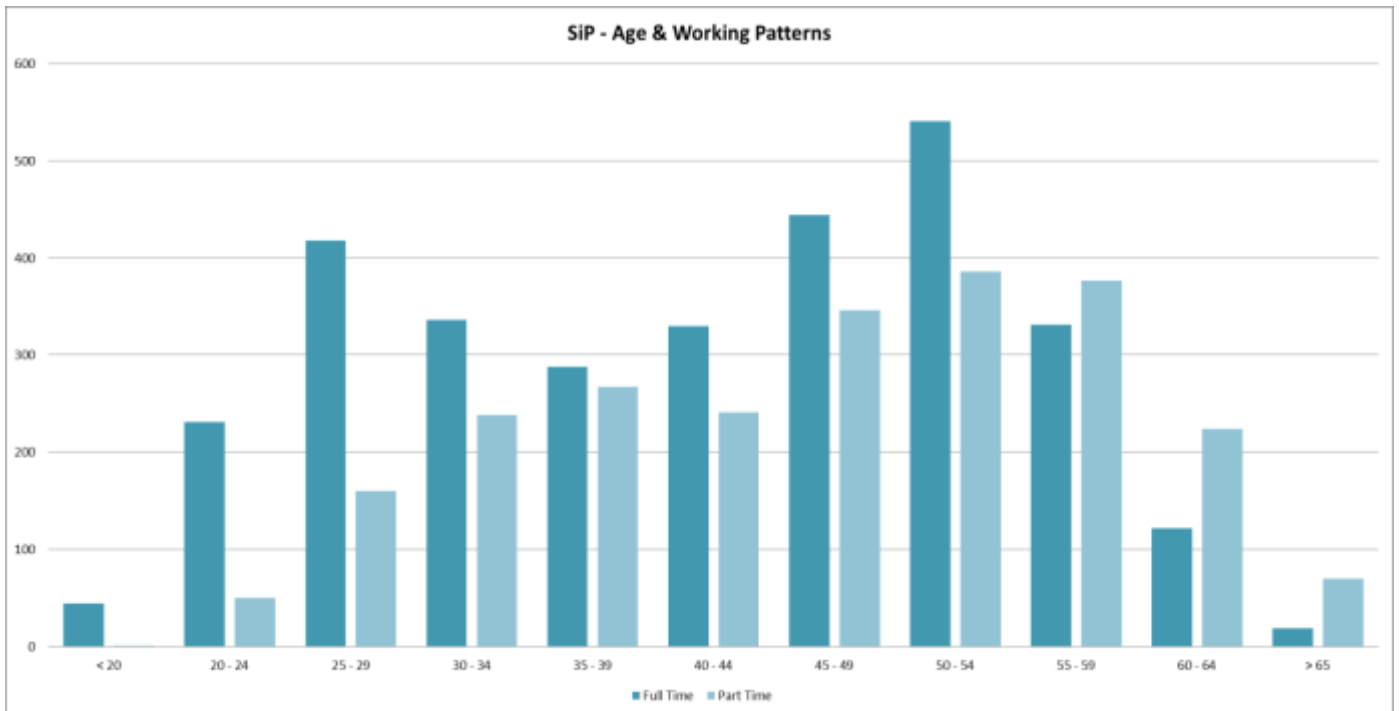


### 5.2.2. Age & Pay Bands



45.57% of the total workforce are in their 30s or 40s. Under 20s make up just nearly one per cent (0.82%) of the workforce whilst 7.96% are aged 60 or over.

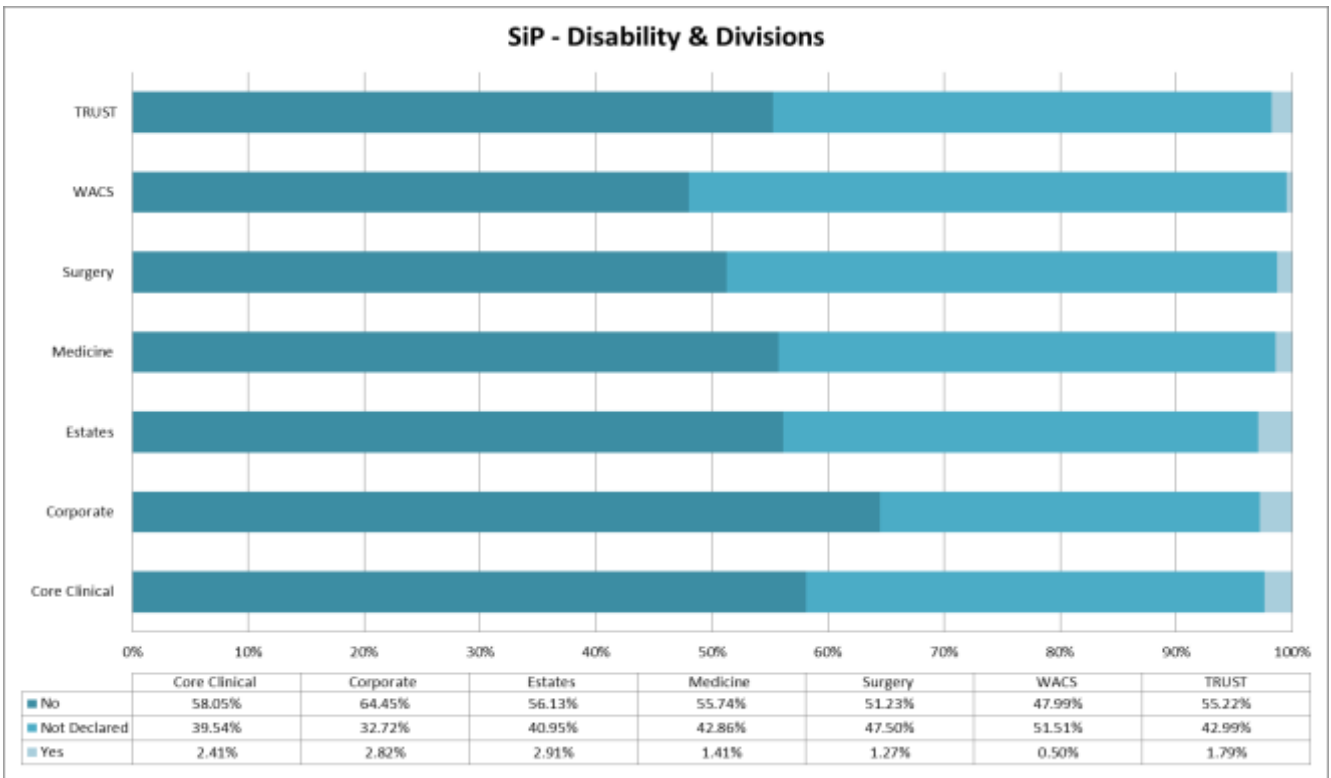
### 5.2.3. Age & Working Patterns



In all but three age ranges there are a higher number of staff working full time than part time. The exceptions to this are staff in age groups over 55.

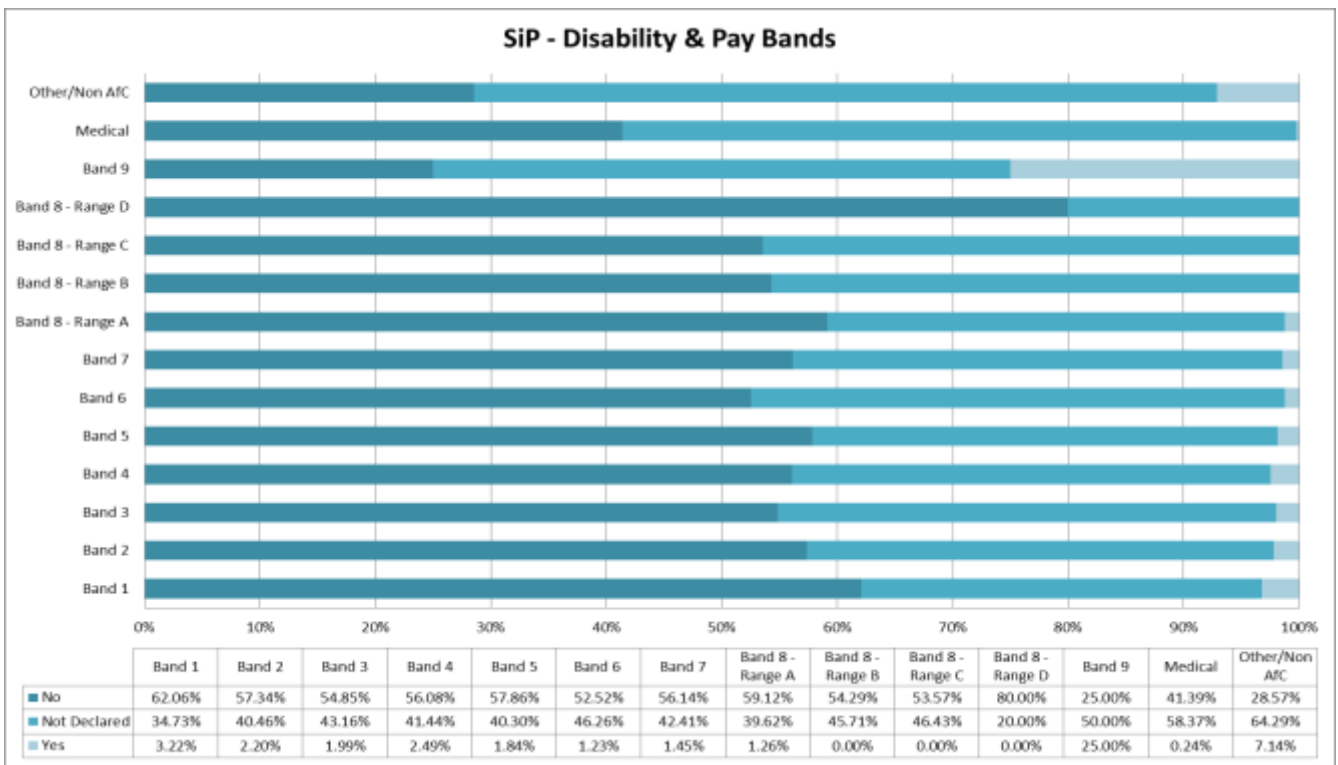
### 5.3. Disability

#### 5.3.1. Disability: Trust & Divisions

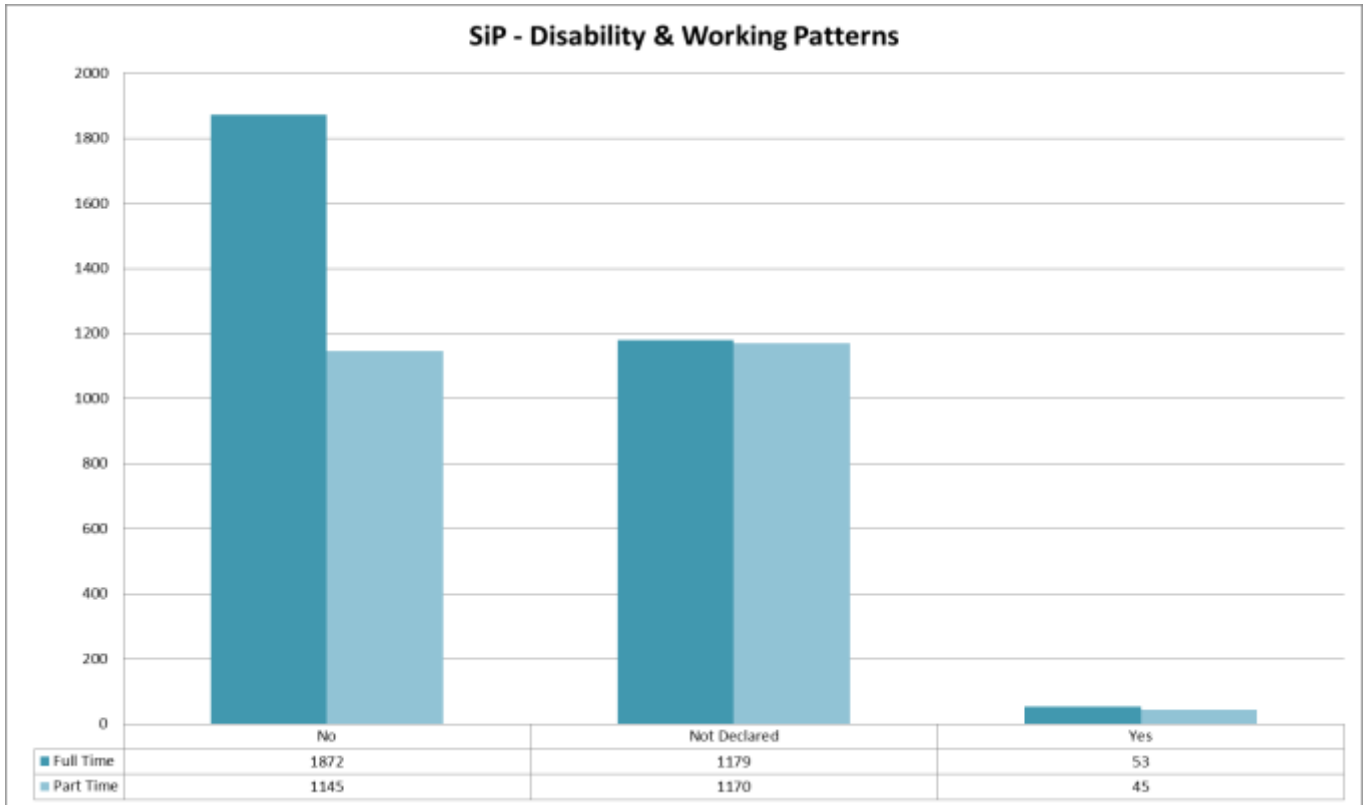


Overall less than 2% of the workforce considers themselves to have a disability. However, 42.99% of the workforce has not declared.

#### 5.3.2. Disability & Pay Bands



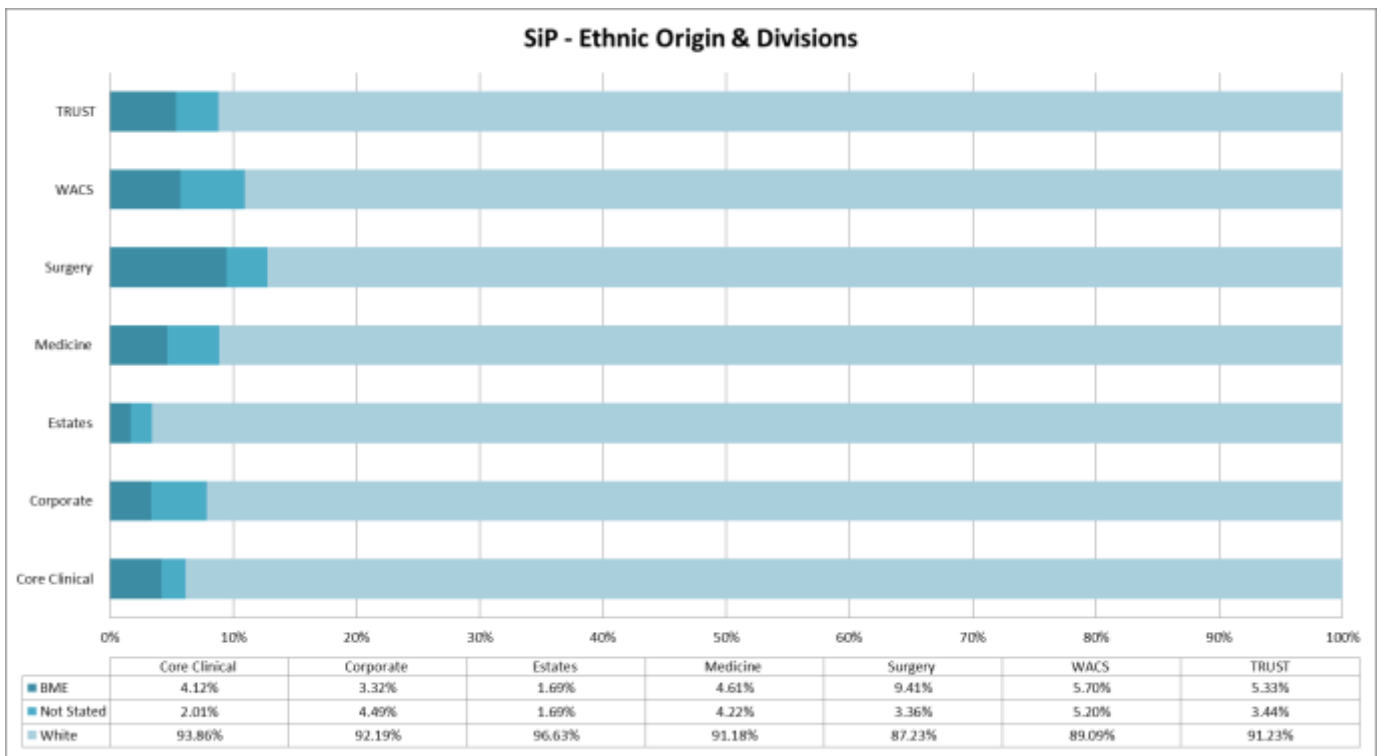
### 5.3.3. Disability & Working Patterns



Overall, 98 members of staff consider themselves to have a disability. Of those, 53 worked full time whilst 45 worked part time.

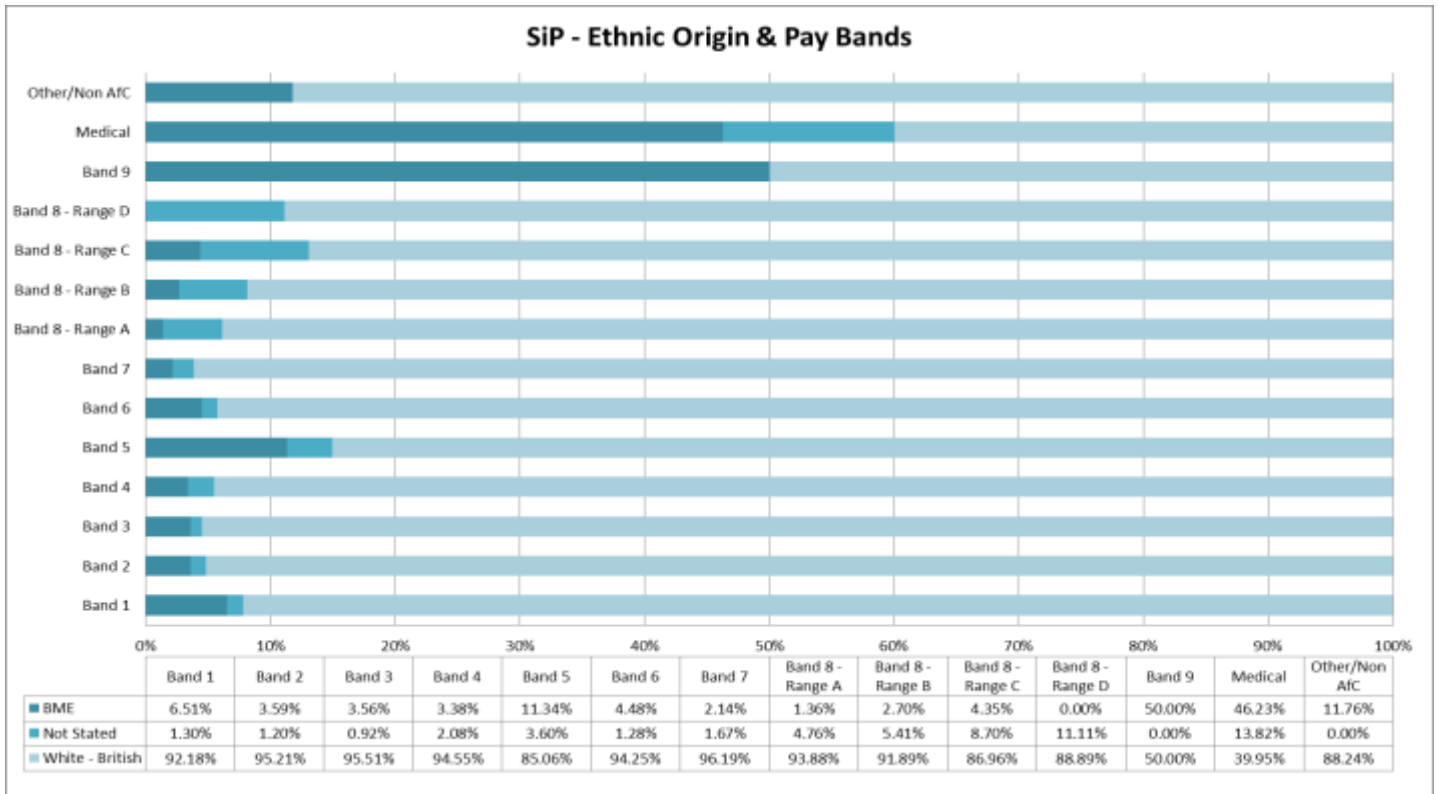
### 5.4. Ethnic Origin

#### 5.4.1. Ethnic Origin: Trust & Divisions



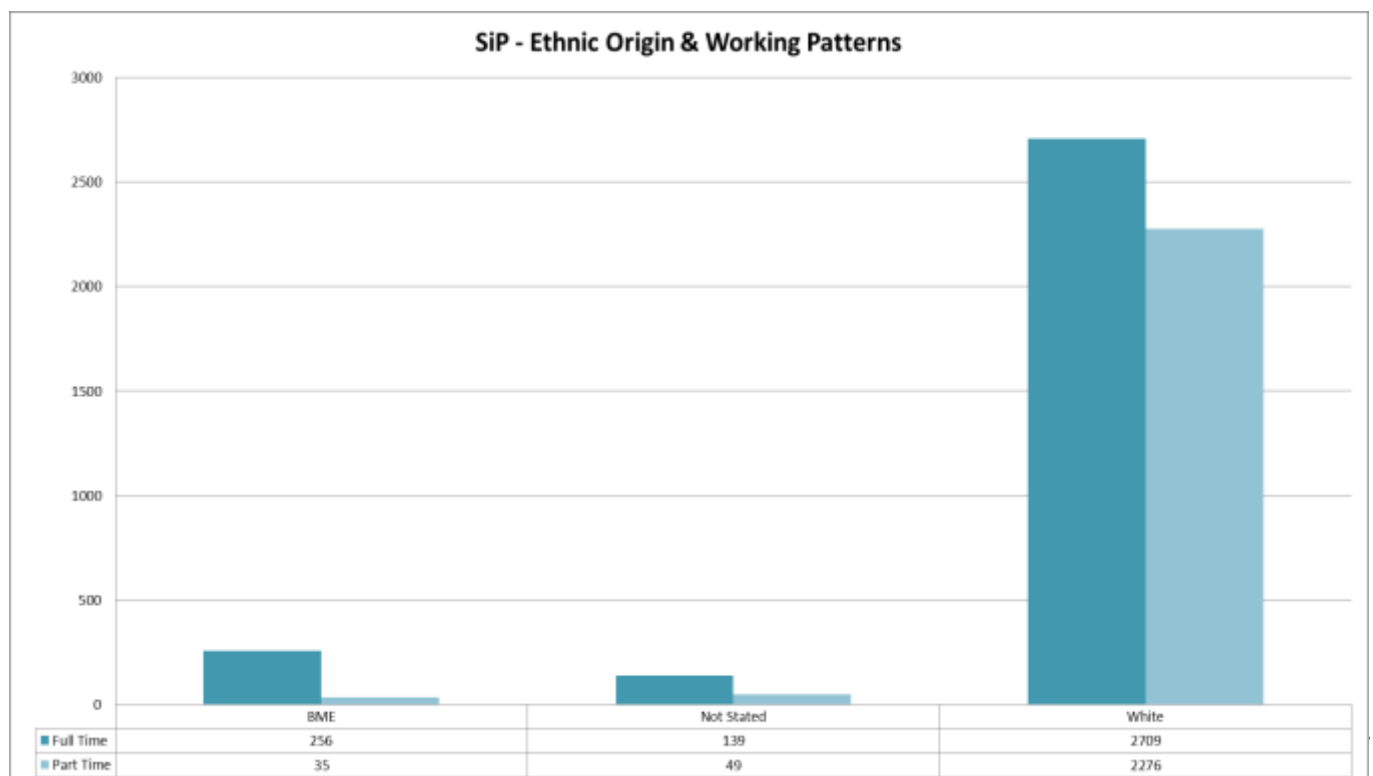
Overall 91.23% of the workforce describe their ethnic origin as “White” whilst 5.33% describe themselves as belonging to a Black, Minority or Other Ethnic group. 3.44% prefer not to state their ethnic origin. The Surgical Division had the largest proportion of BME staff members at 9.41% followed by the Women’s and Children’s Division with 5.70%

#### 5.4.2. Ethnic Origin & Pay Bands



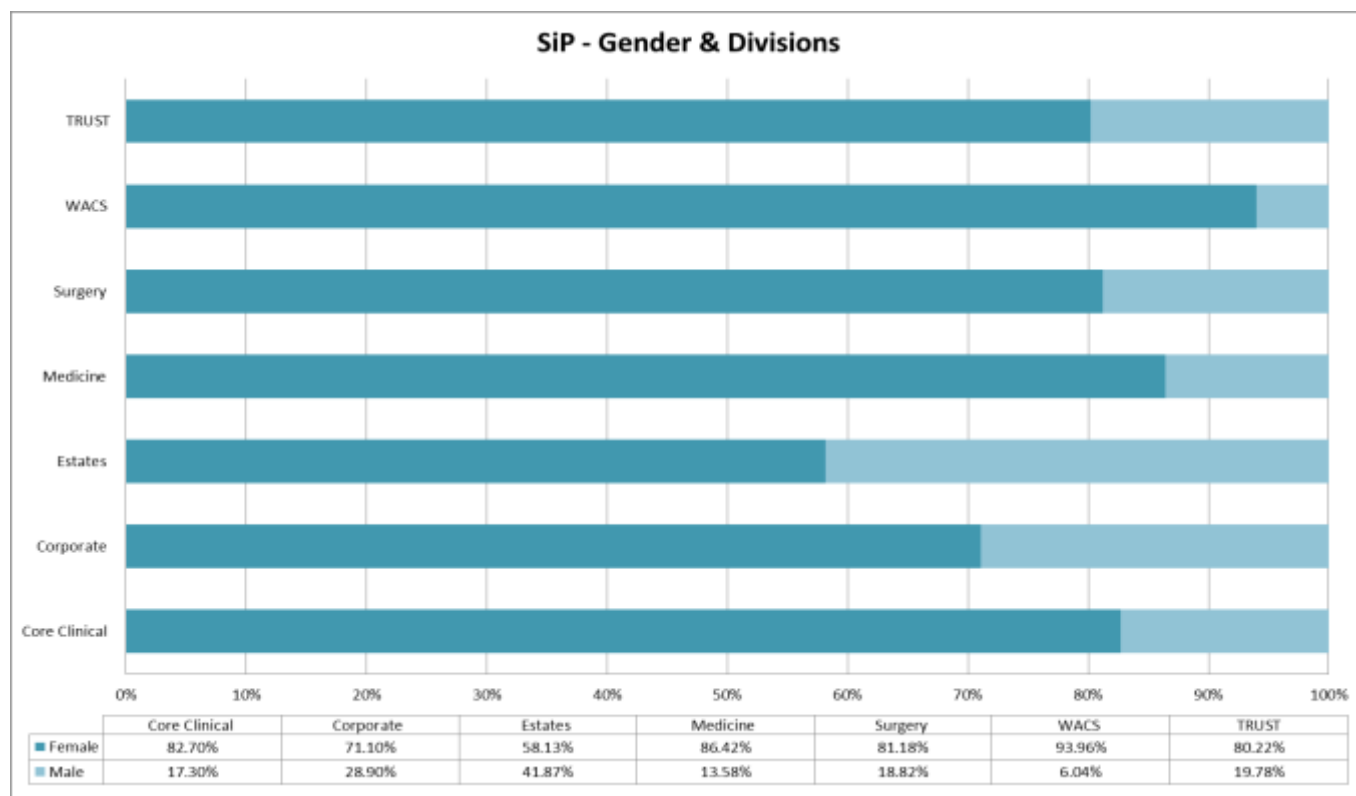
BME staff members account for 46.23% of staff on Medical paygrades, and 11.76% of Other / Non AfC.

#### 5.4.3. Ethnic Origin & Working Patterns



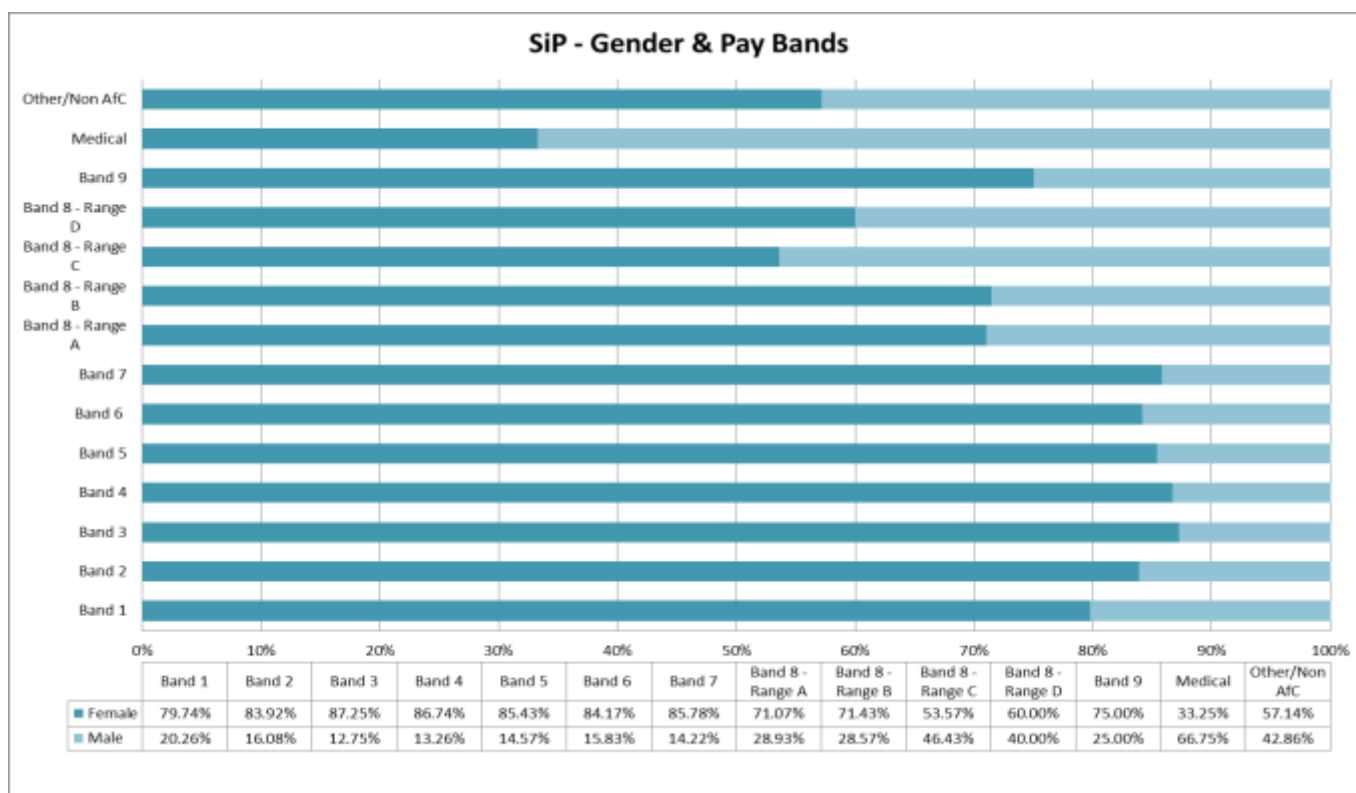
## 5.5. Gender

### 5.5.1. Gender & Staff in Post



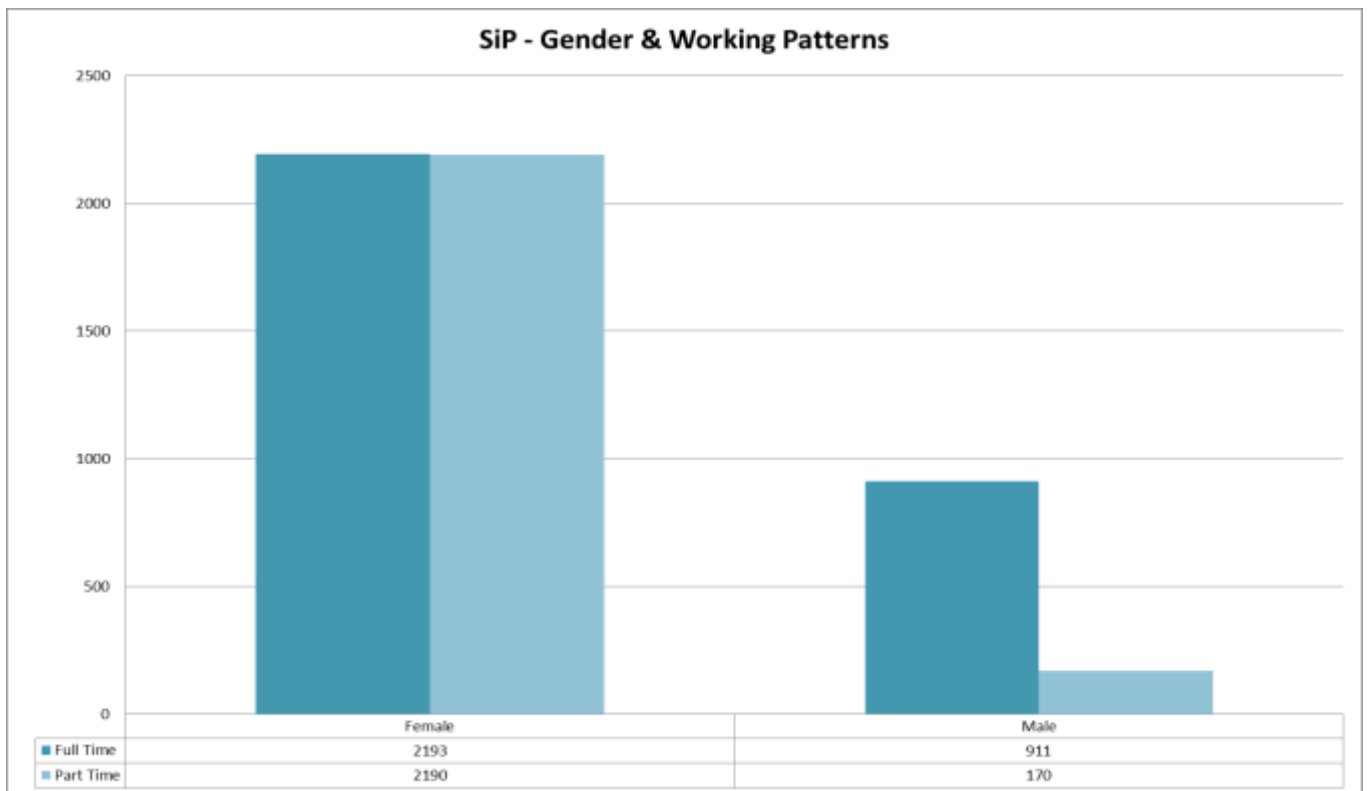
Overall 80.22% of the workforce is female. Estates and Facilities have the closest ratio of male / female staff with 58.13% female and 41.87% male. Almost 93.96% of staff in the Women’s and Children’s Division are female.

### 5.5.2. Gender & Pay Bands



Men account for more than 66% of staff on Medical pay scales.

### 5.5.3. Gender & Working Patterns

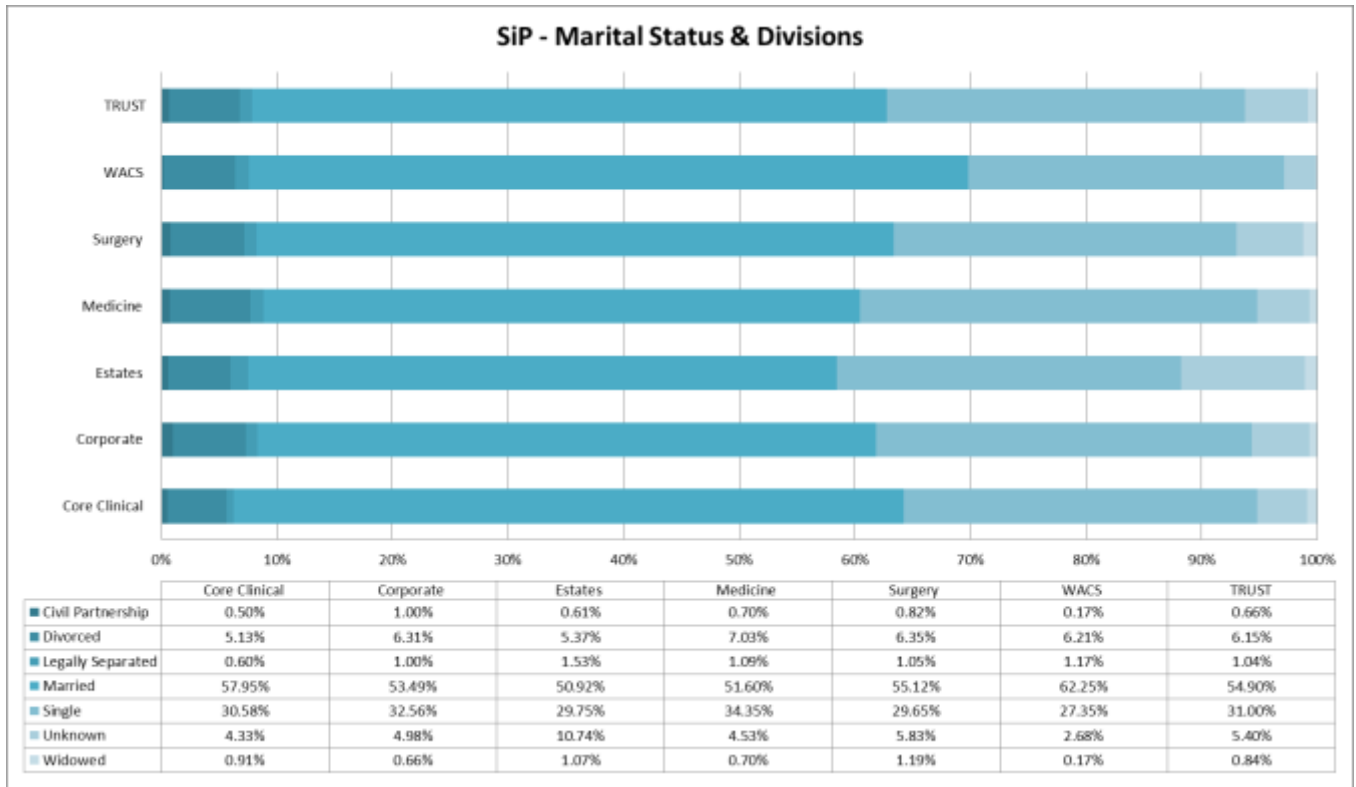


### 5.6. Gender Identity

Information on gender identity is not currently collected.

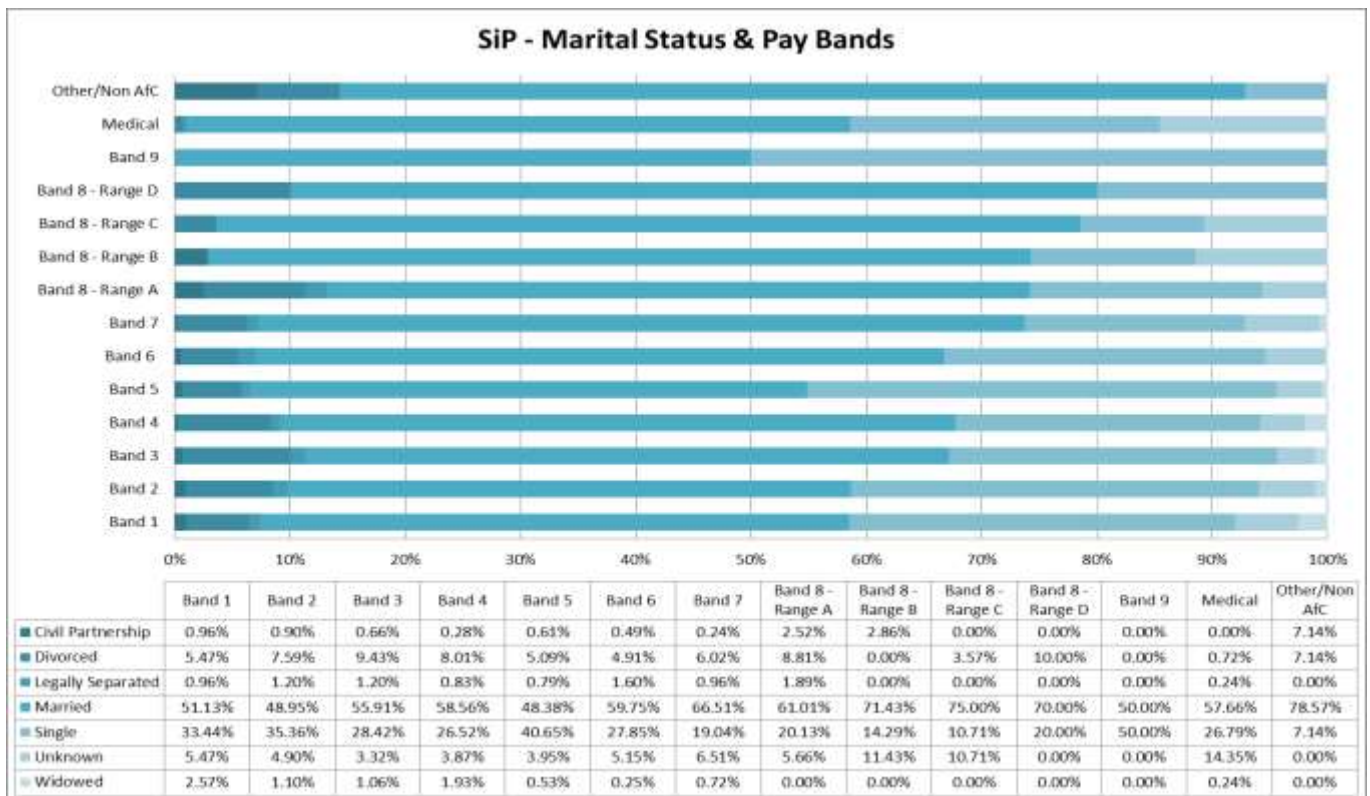
## 5.7. Marital Status

### 5.7.1. Marital Status: Trust & Divisions

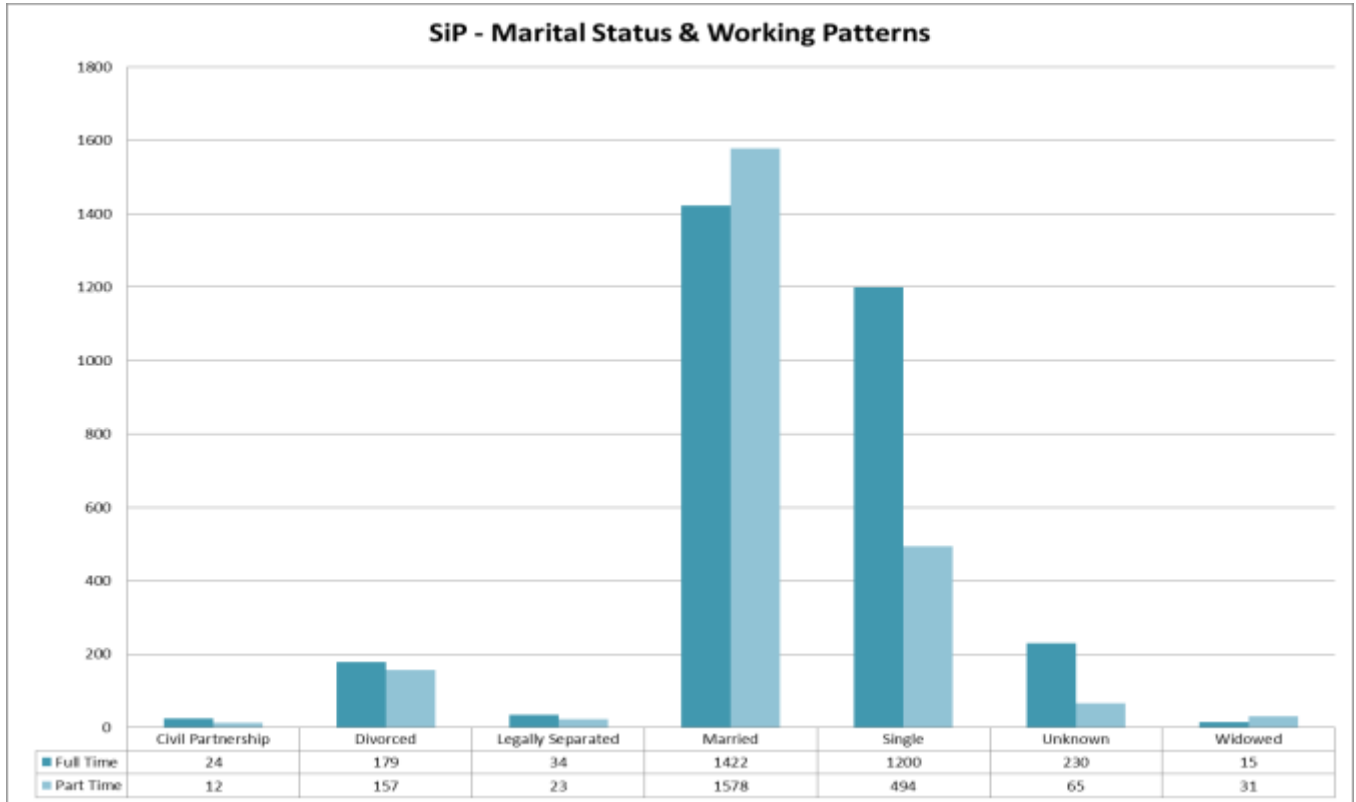


Overall over 55.56% of the workforce are either married or in a civil partnership. 31% are single whilst 5.40% have not stated their marital status.

### 5.7.2. Marital Status & Pay Bands



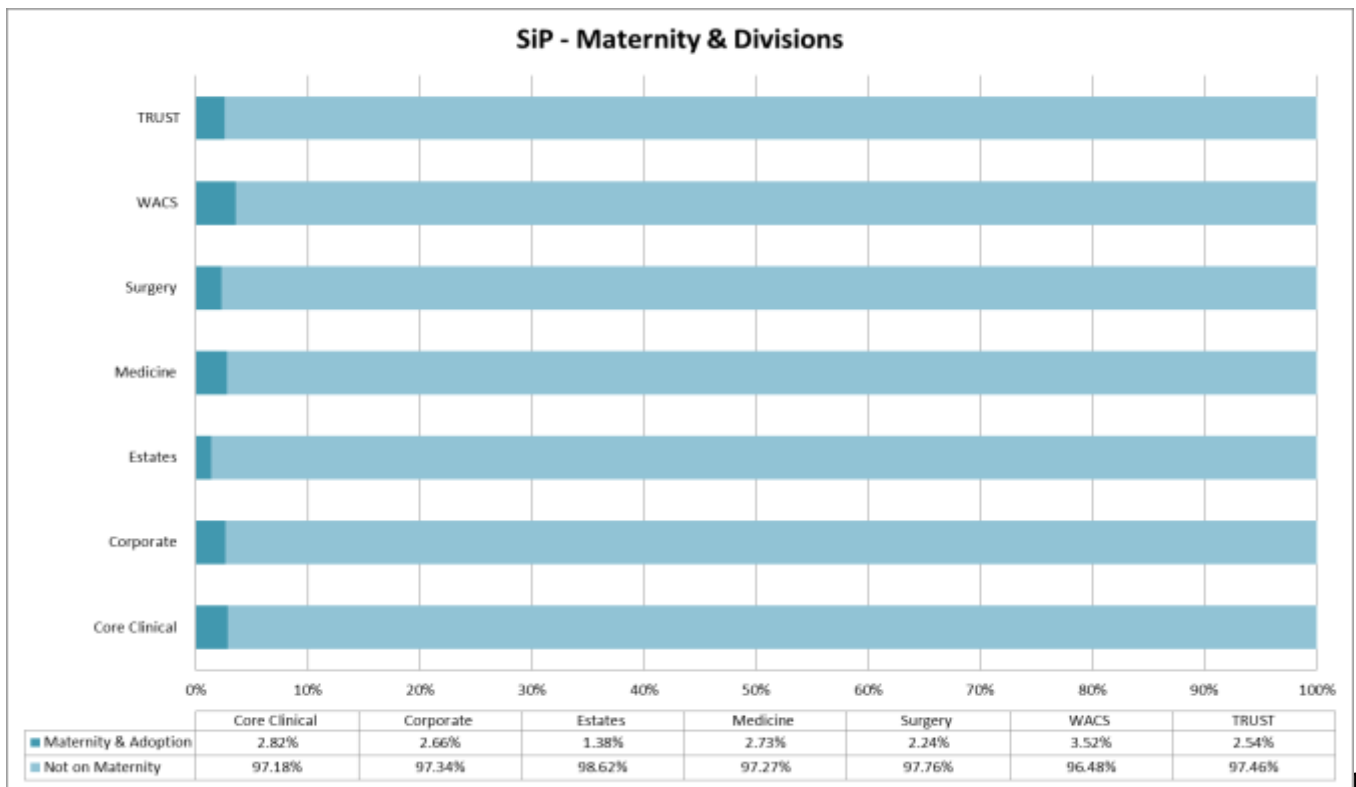
### 5.7.3. Marital Status & Working Patterns



A greater proportion of staff with a marital status of Civil Partnership, Divorced, legally separated, single and unknown work full time than part time. For staff members who are married or widowed, there is a greater proportion that work part time than full time.

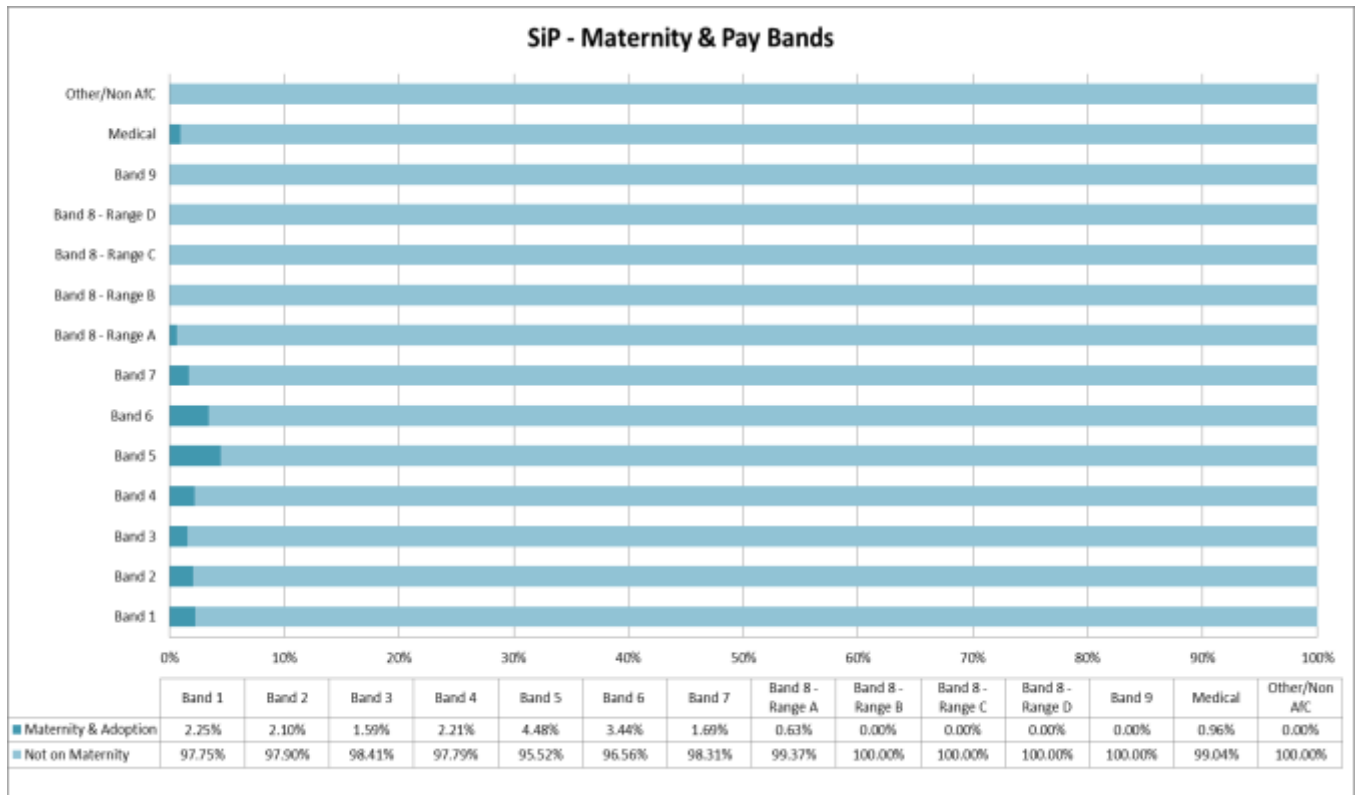
## 5.8. Maternity

### 5.8.1. Maternity: Trust & Divisions



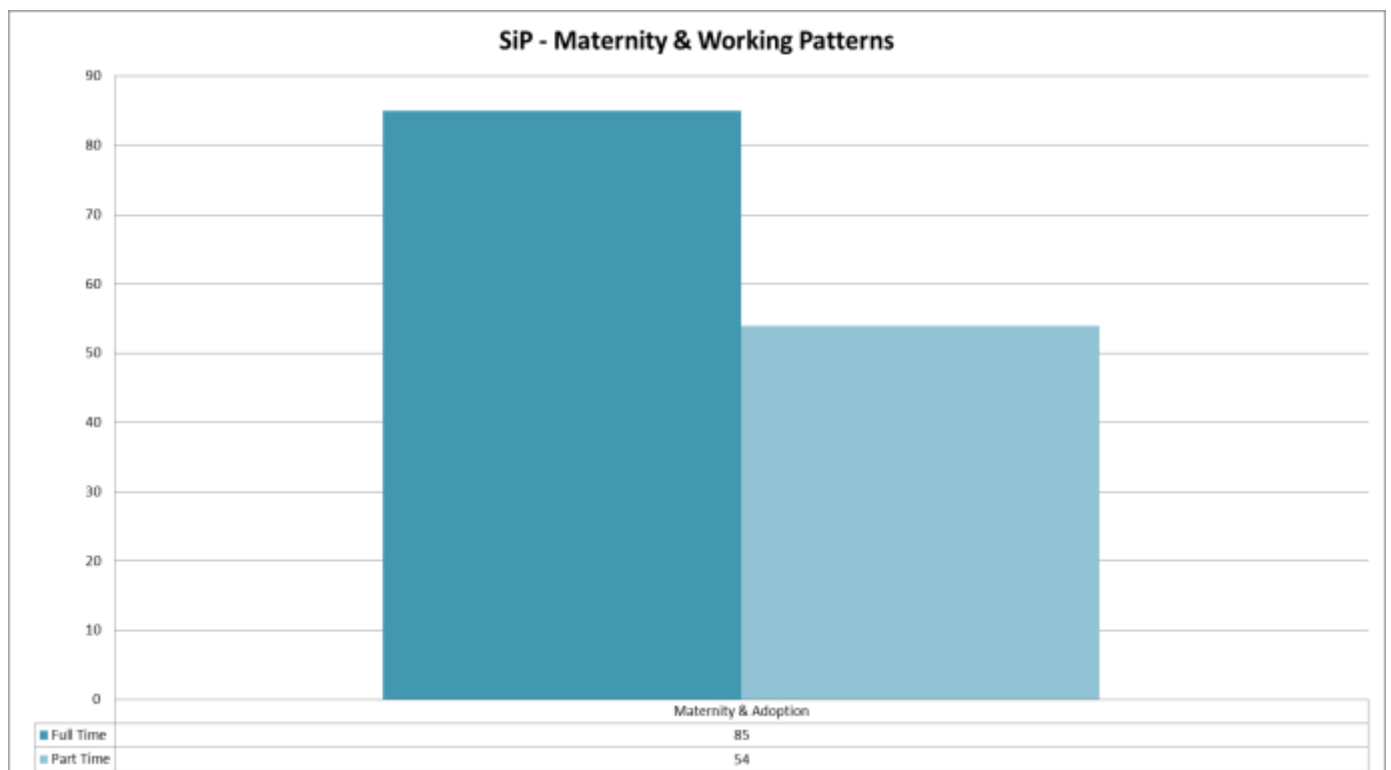
Overall 2.54% of the workforce were on maternity or adoption leave.

### 5.8.2. Maternity & Pay Bands



This graph shows that the pay band with the highest proportion of staff on maternity leave were those staff on Band 5 Agenda for Change with 4.48%. No staff members of pay bands 8b, 8c, 8d or 9 were on maternity or adoption leave.

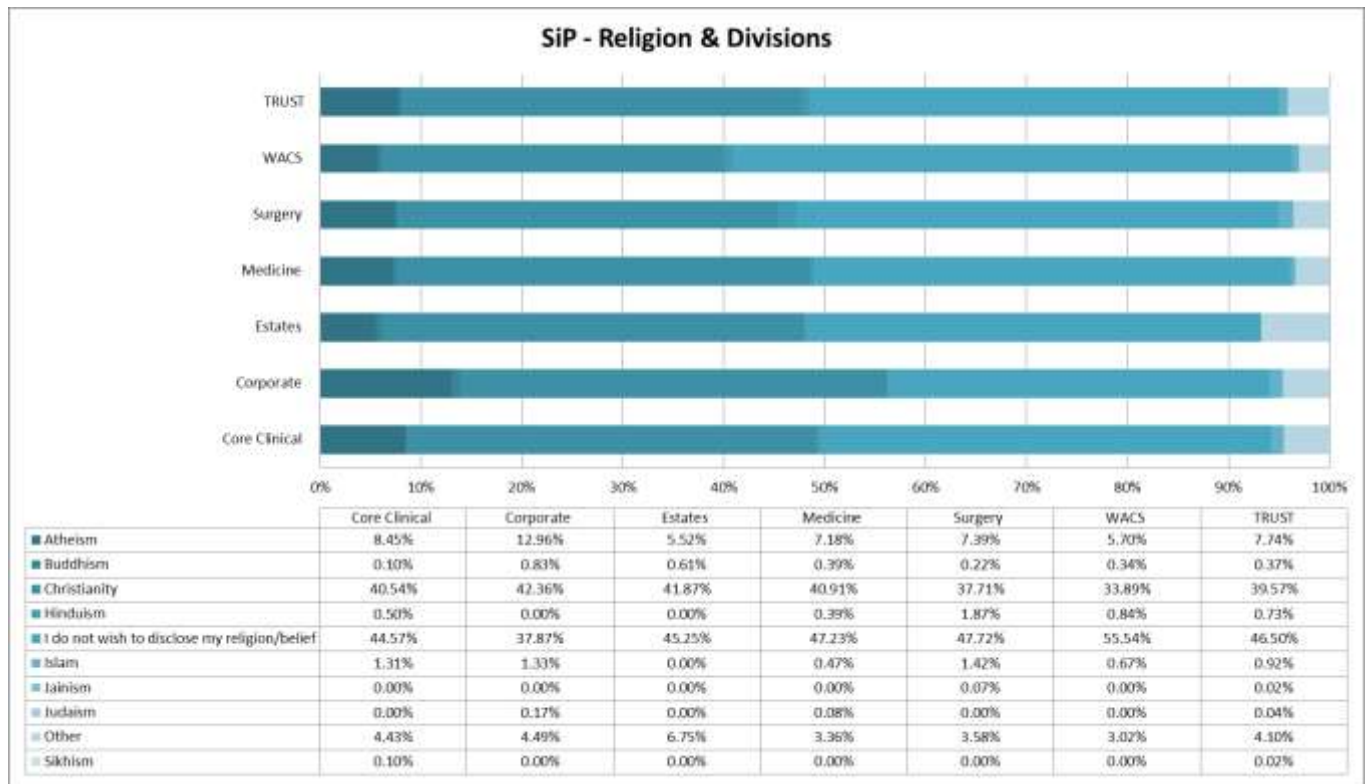
### 5.8.3. Maternity & Working Patterns



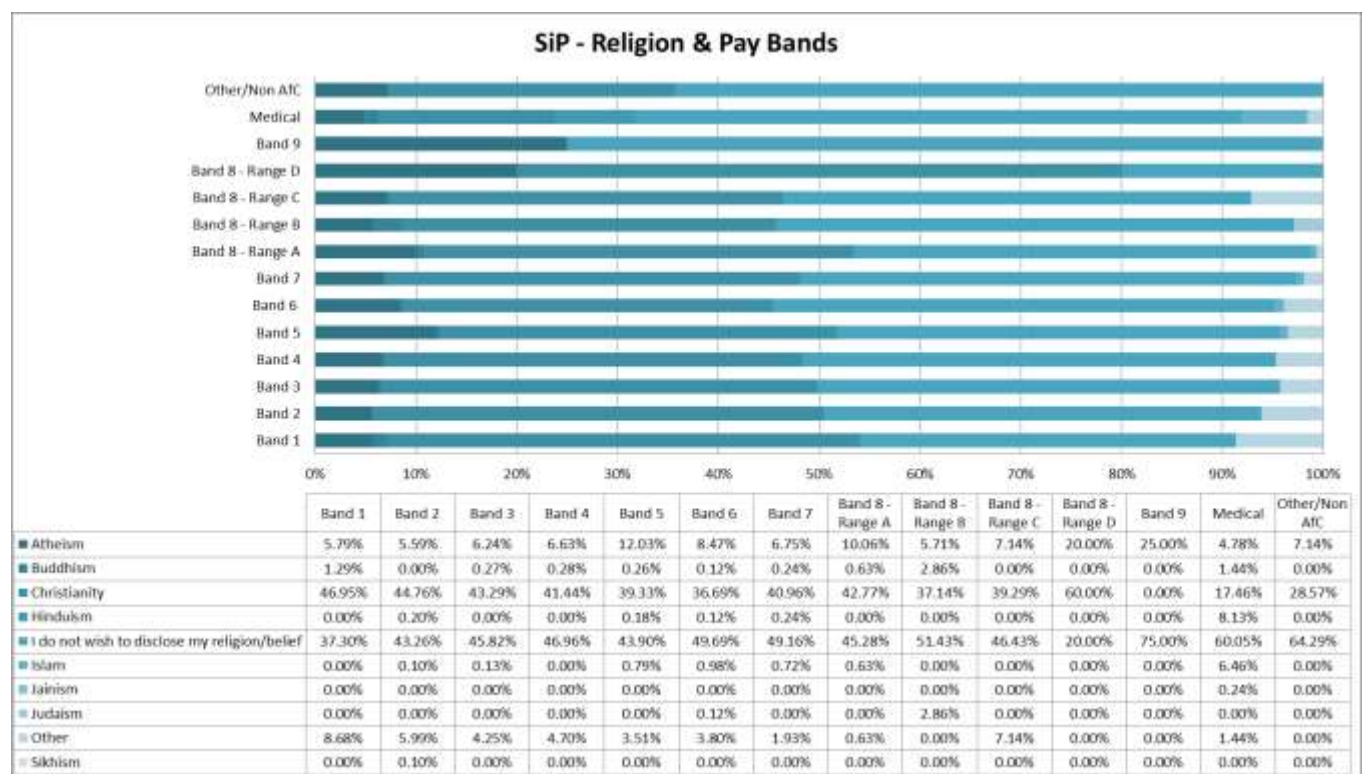
## 5.9. Religion / Belief

### 5.9.1. Religion / Belief: Trust & Divisions

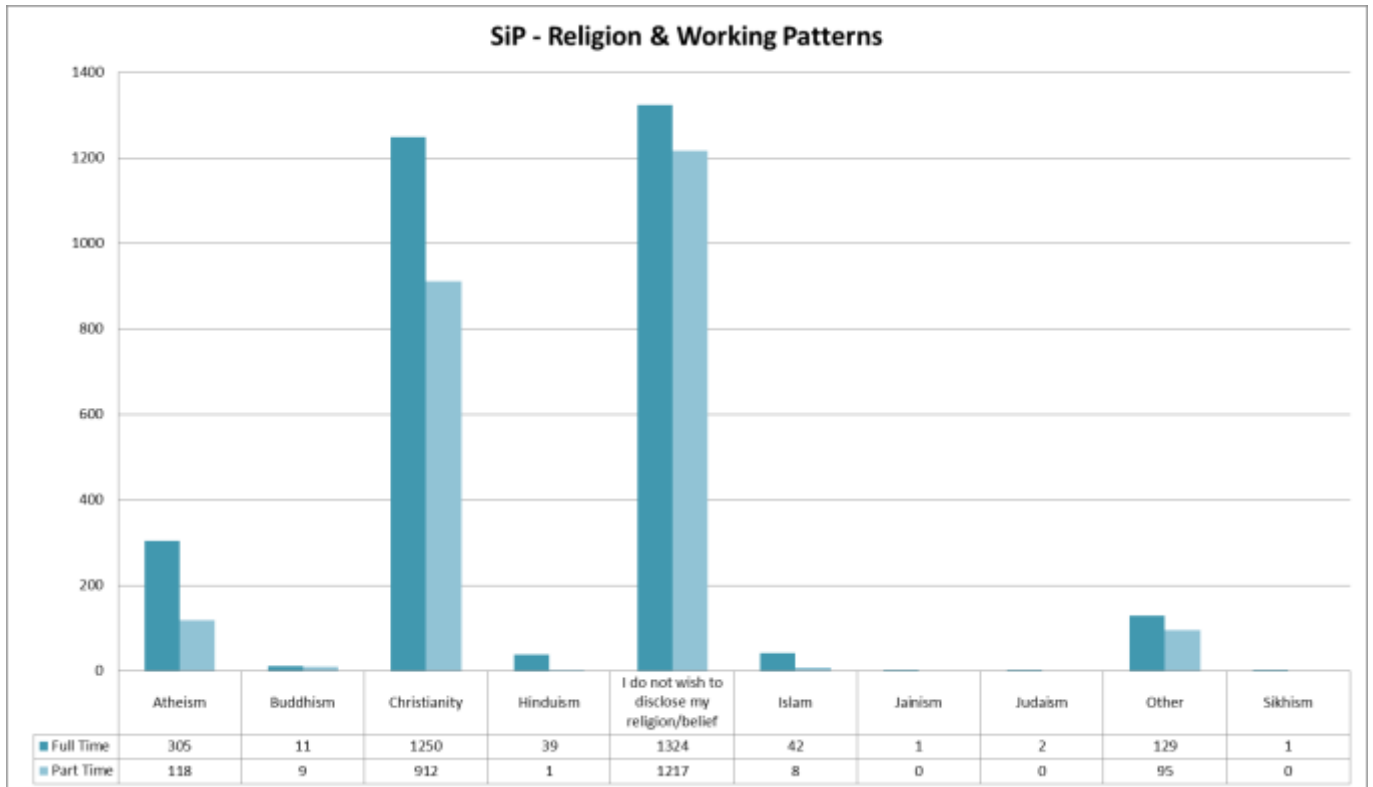
The most common religion / belief overall was Christianity which accounted for 39.57% of the workforce. The next largest single group was Atheism at 7.74%. 4.10% described their religion / belief as 'Other' whilst 46.50% preferred not to disclose their religion / belief.



### 5.9.2. Religion / Belief & Pay Bands

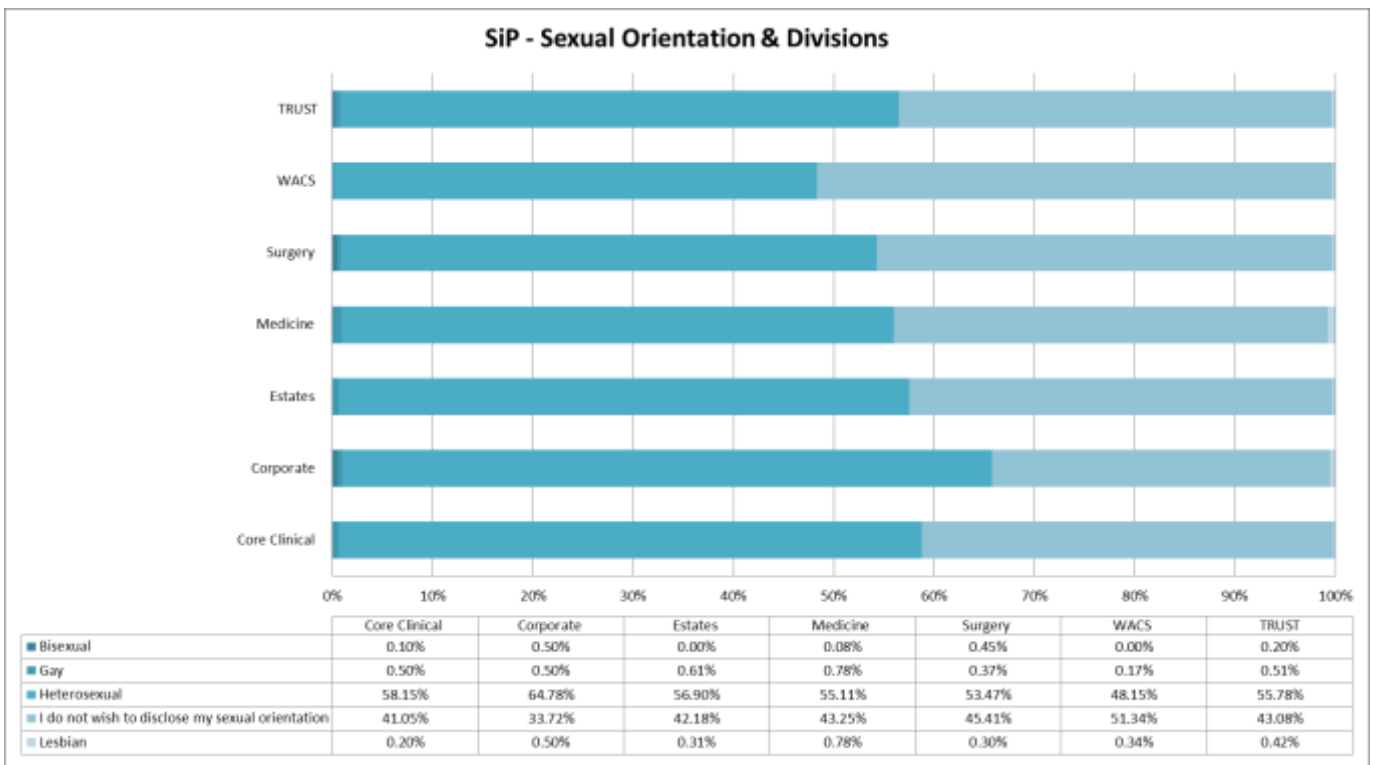


### 5.9.3. Religion / Belief & Working Patterns



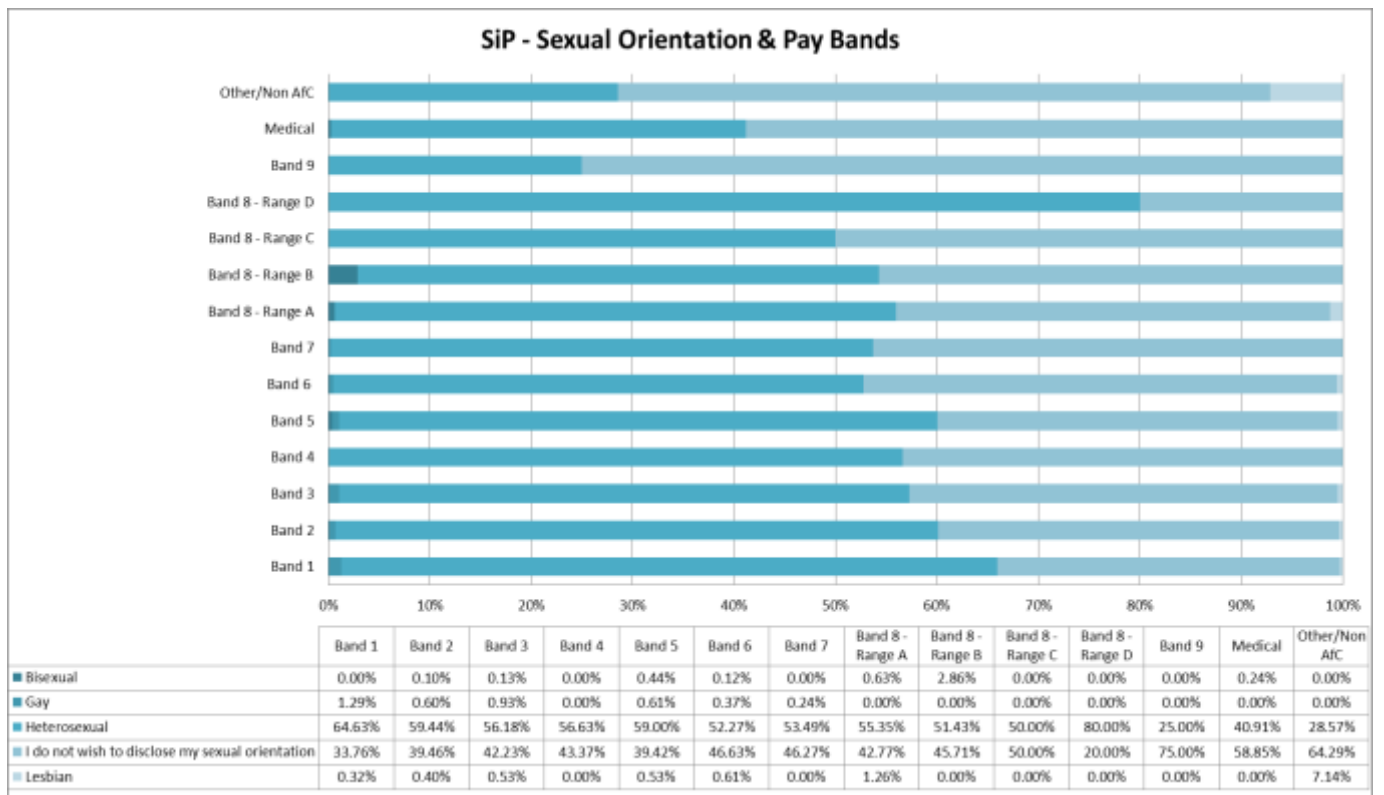
### 5.10. Sexual Orientation

#### 5.10.1. Sexual Orientation: Trust & Divisions

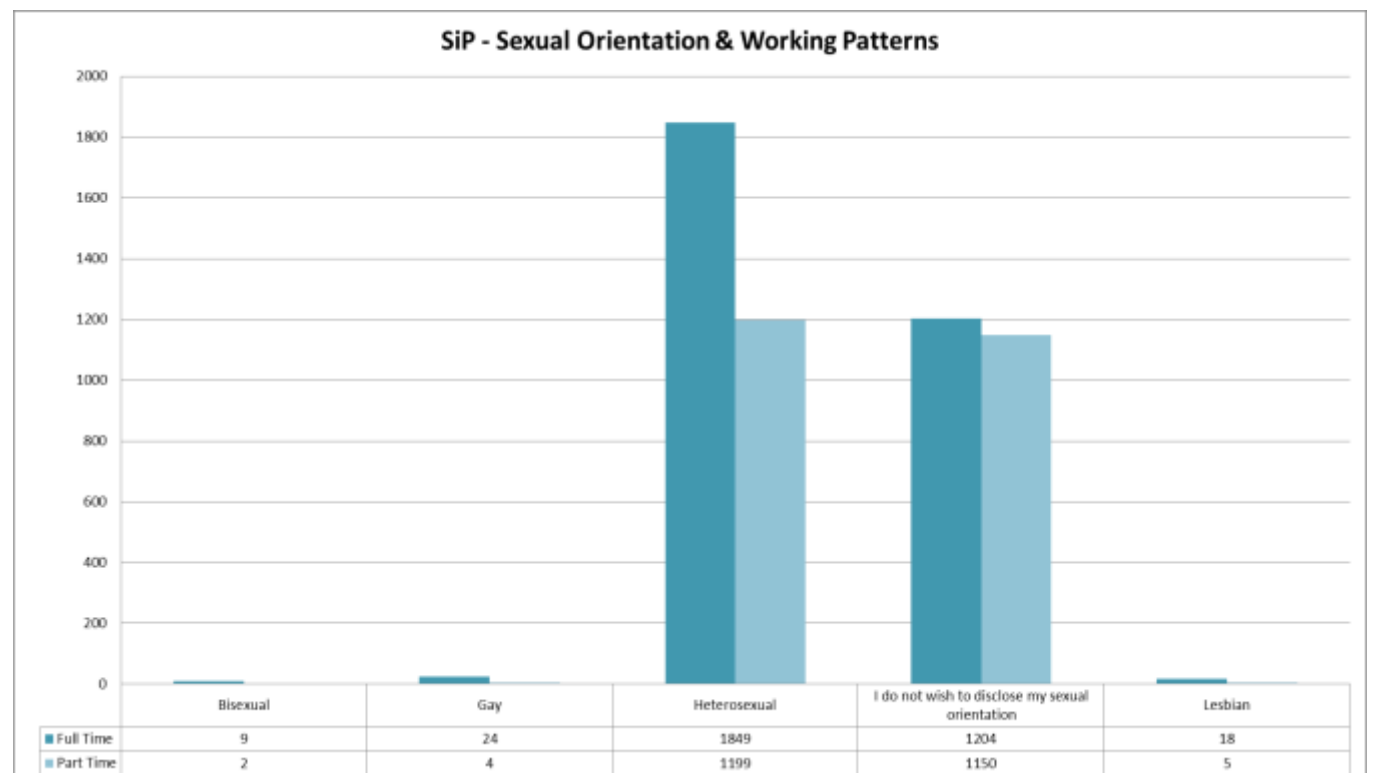


Overall 1.13% of the workforce described their sexual orientation as Lesbian, Gay or Bisexual. Nearly half (43.08%) do not wish to disclose this information. Women’s and Children’s division have a high percentage of staff who have not disclosed this information.

### 5.10.2. Sexual Orientation & Pay Bands



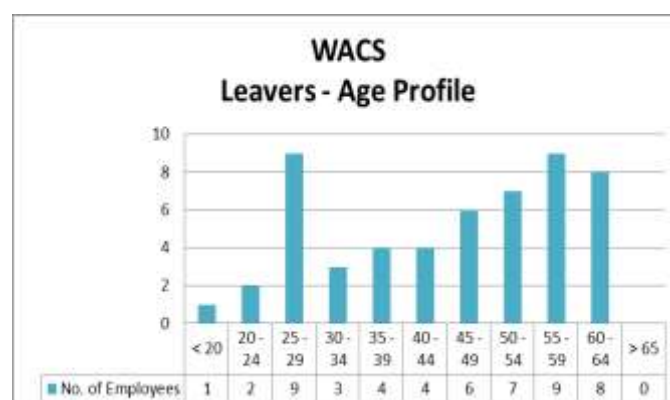
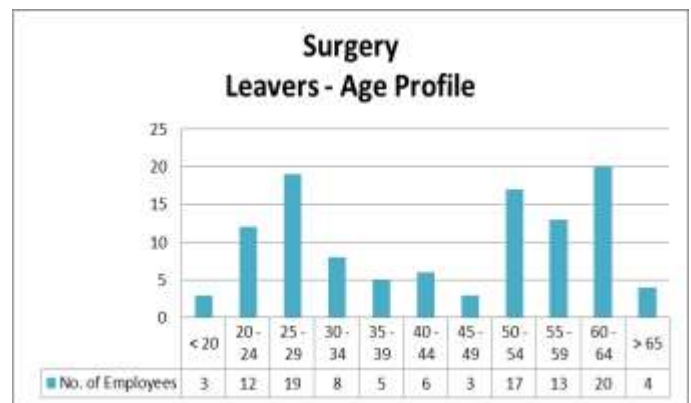
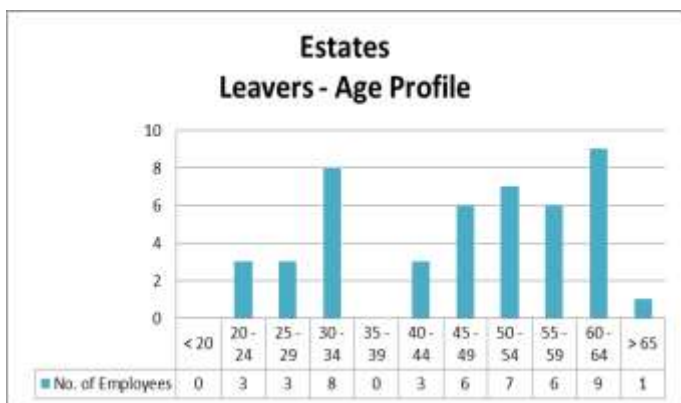
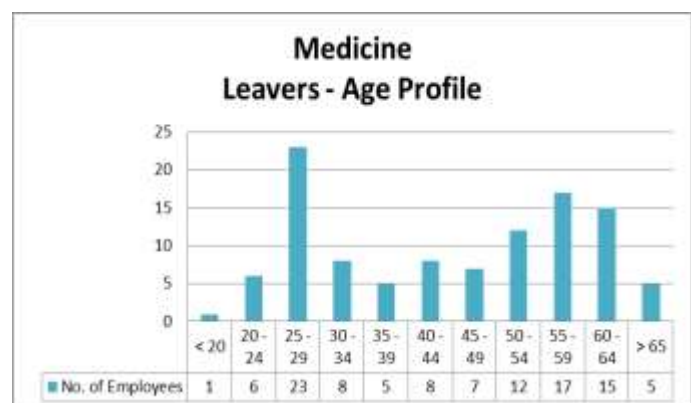
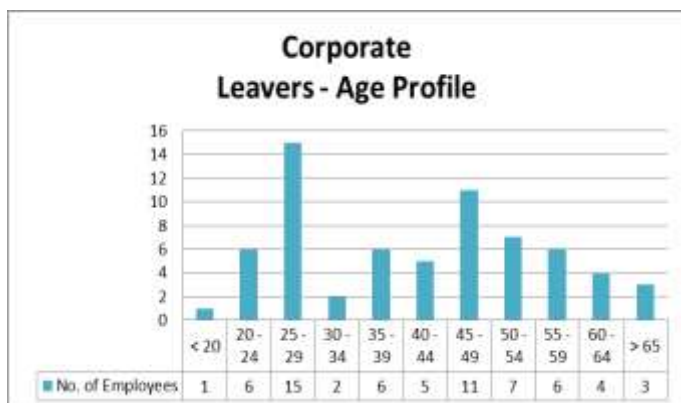
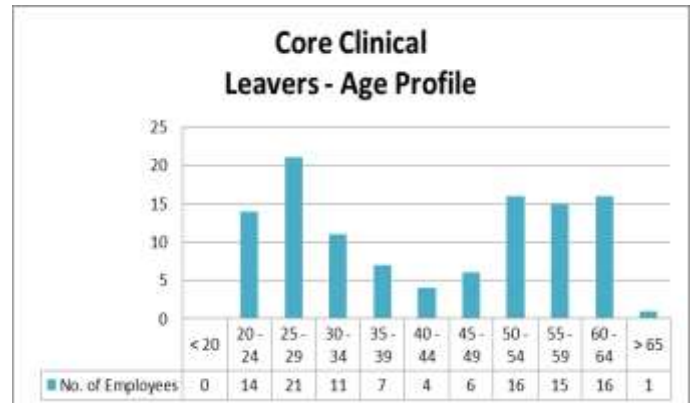
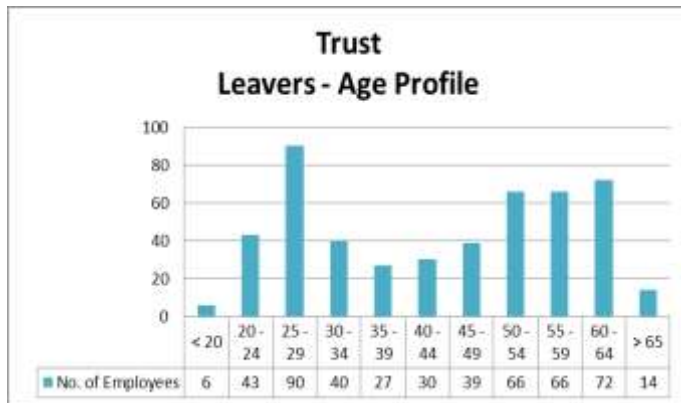
### 5.10.3. Sexual Orientation & Working Patterns



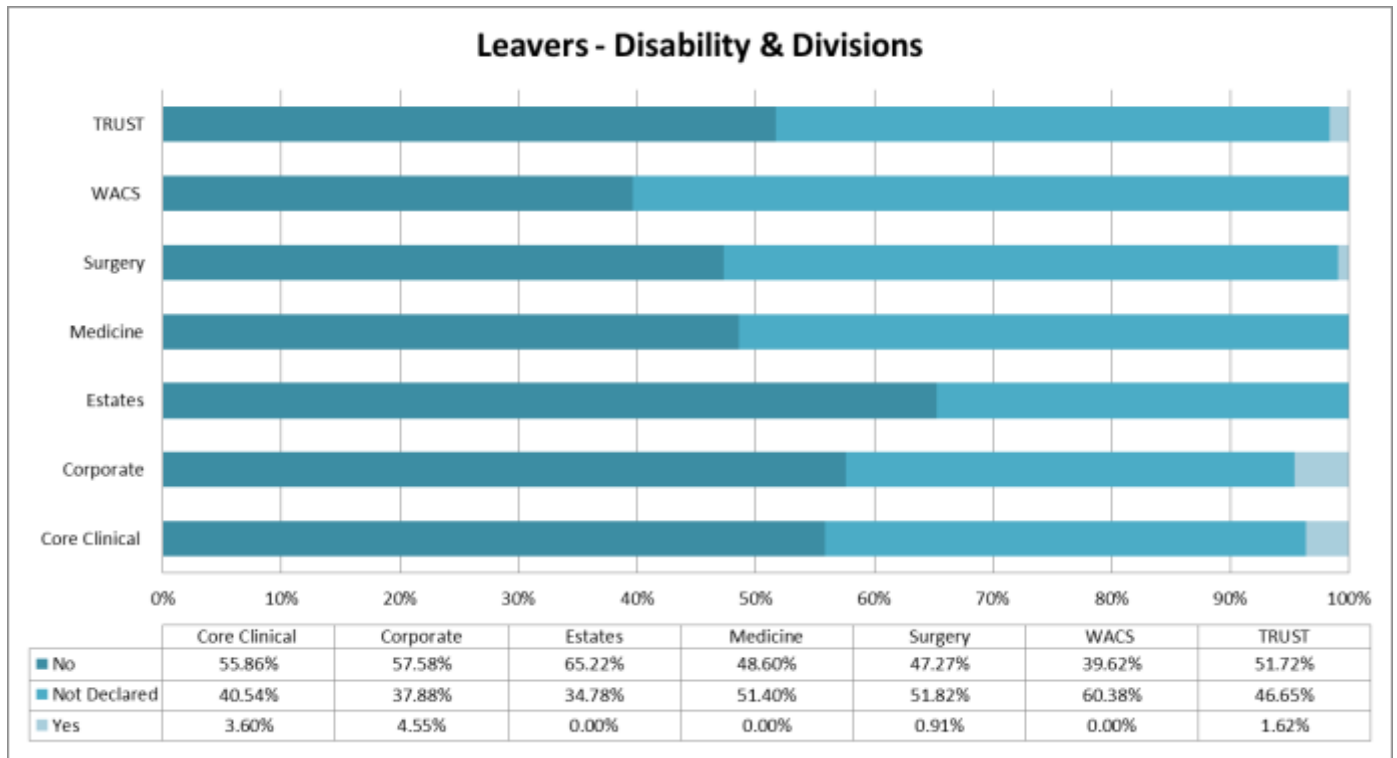
## 6. Leavers

The figures presented here show the leavers with University Hospitals of Morecambe Bay NHS Foundation Trust during the financial year 2016/17. The figures are categorised according to the organisation as a whole and divisions within the Trust.

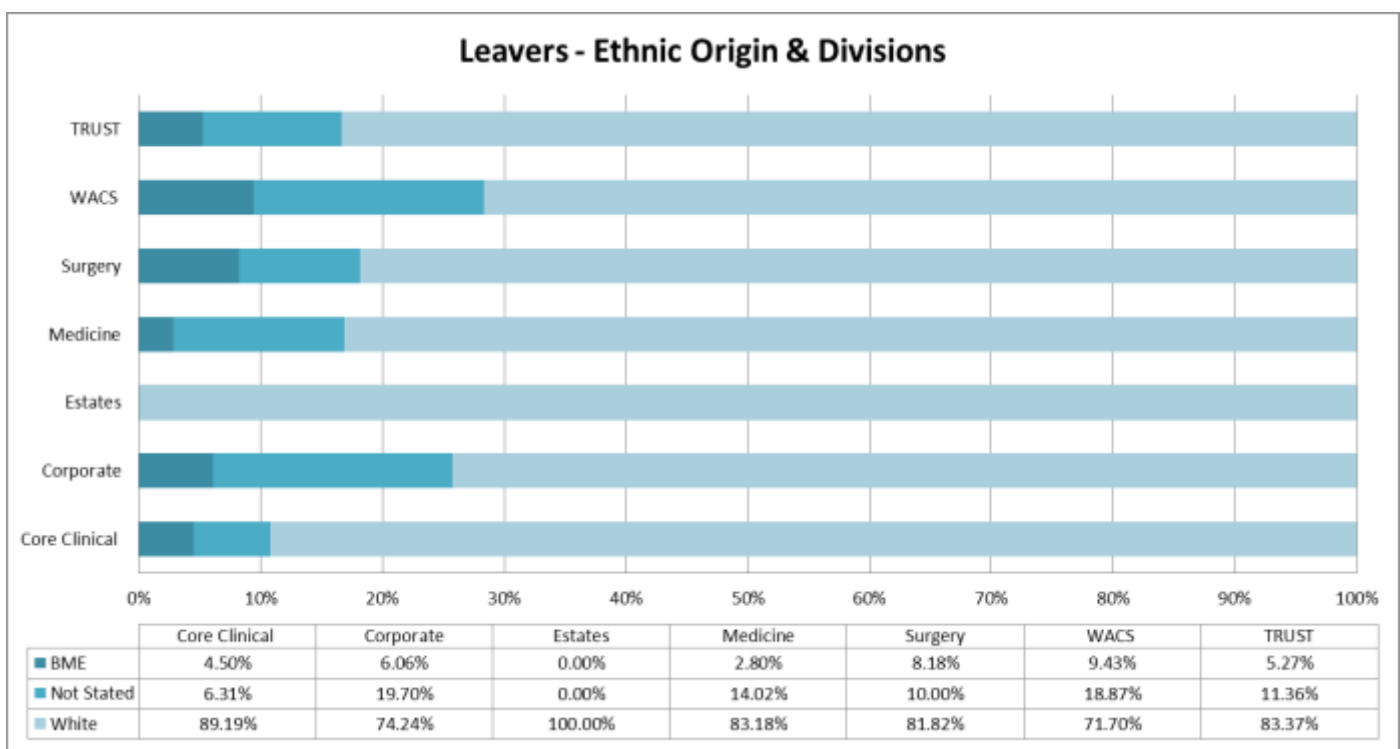
### 6.1. Age



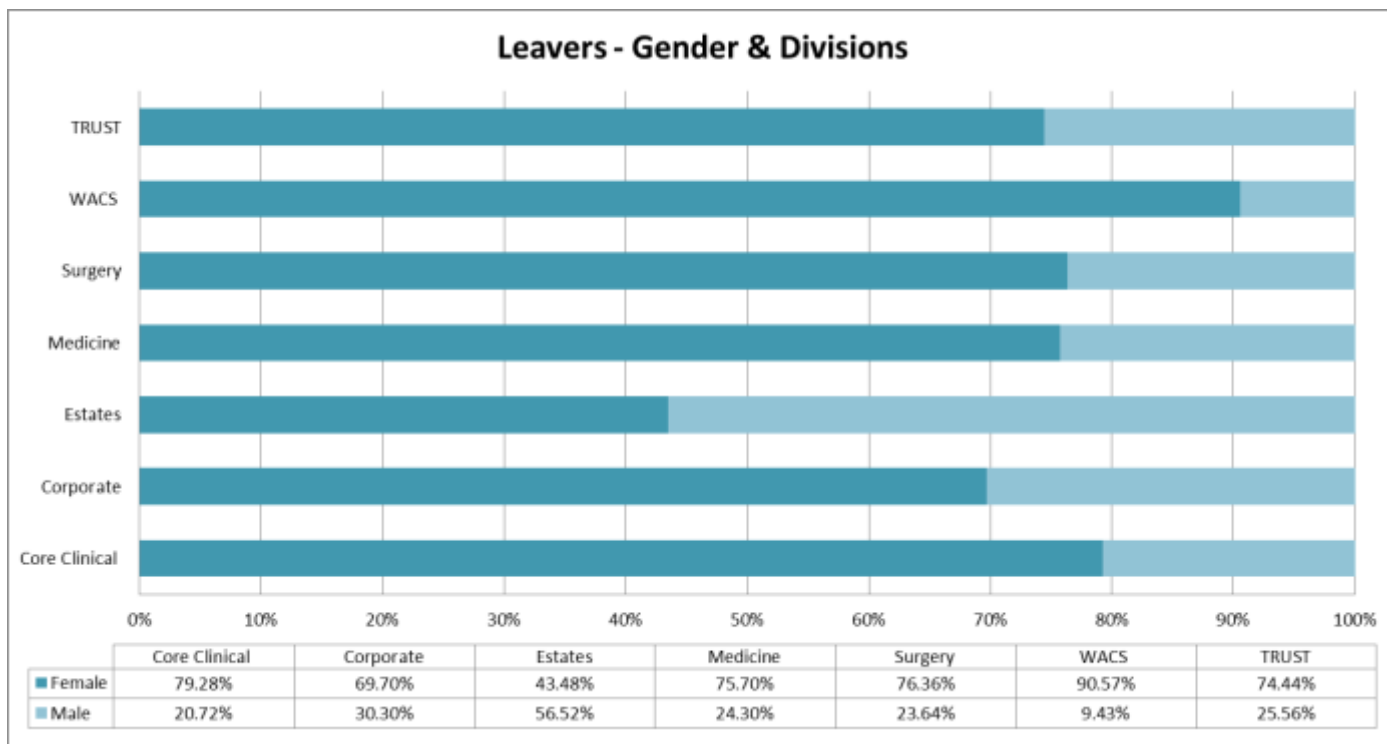
## 6.2. Disability



## 6.3. Ethnic Origin



## 6.4. Gender



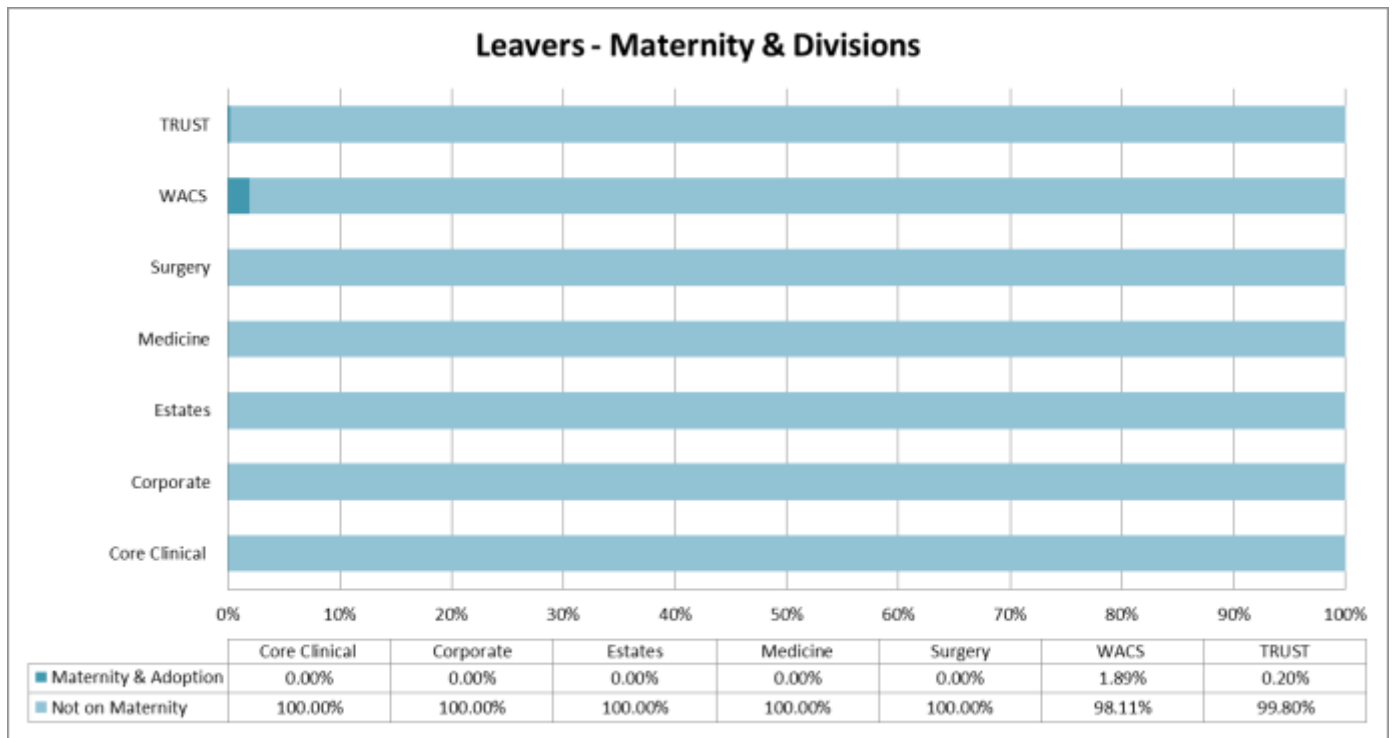
## 6.5. Gender Identity

Information on gender identity is not currently collected

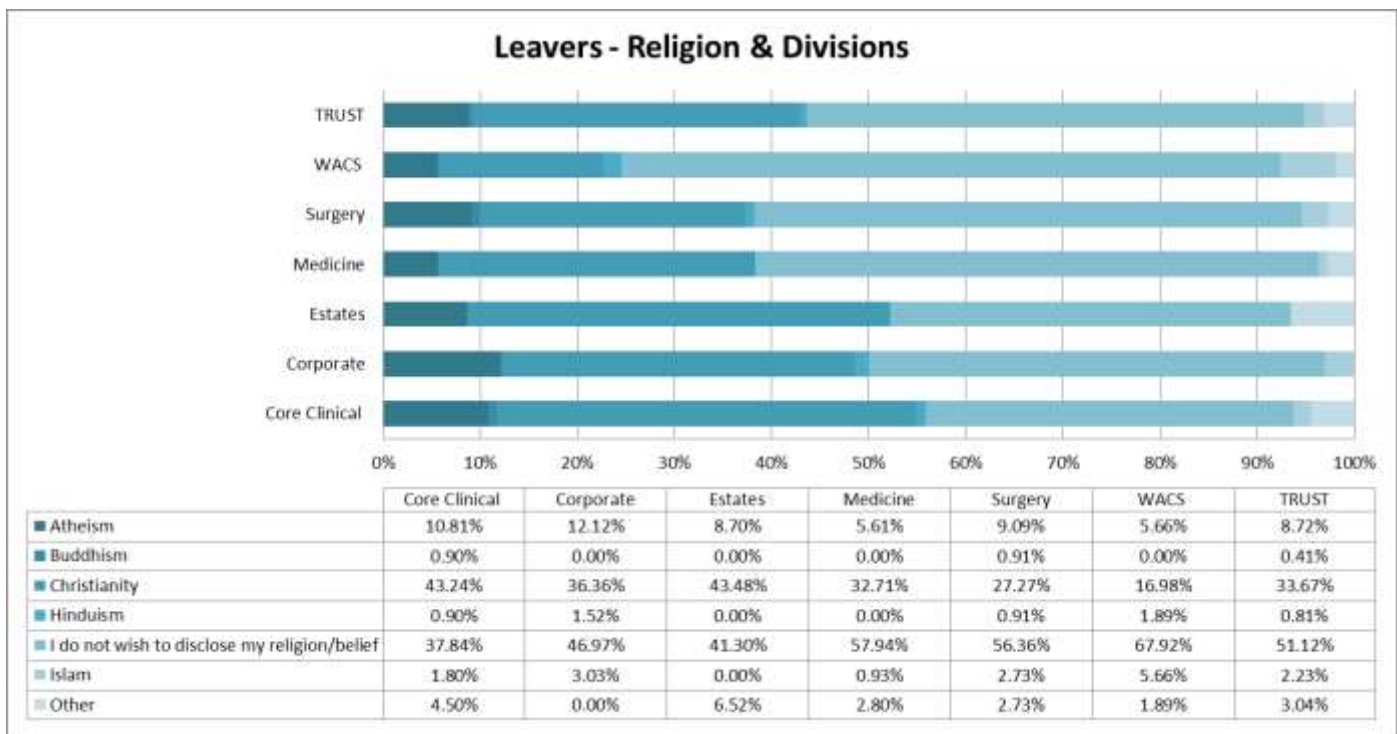
## 6.6. Marital Status



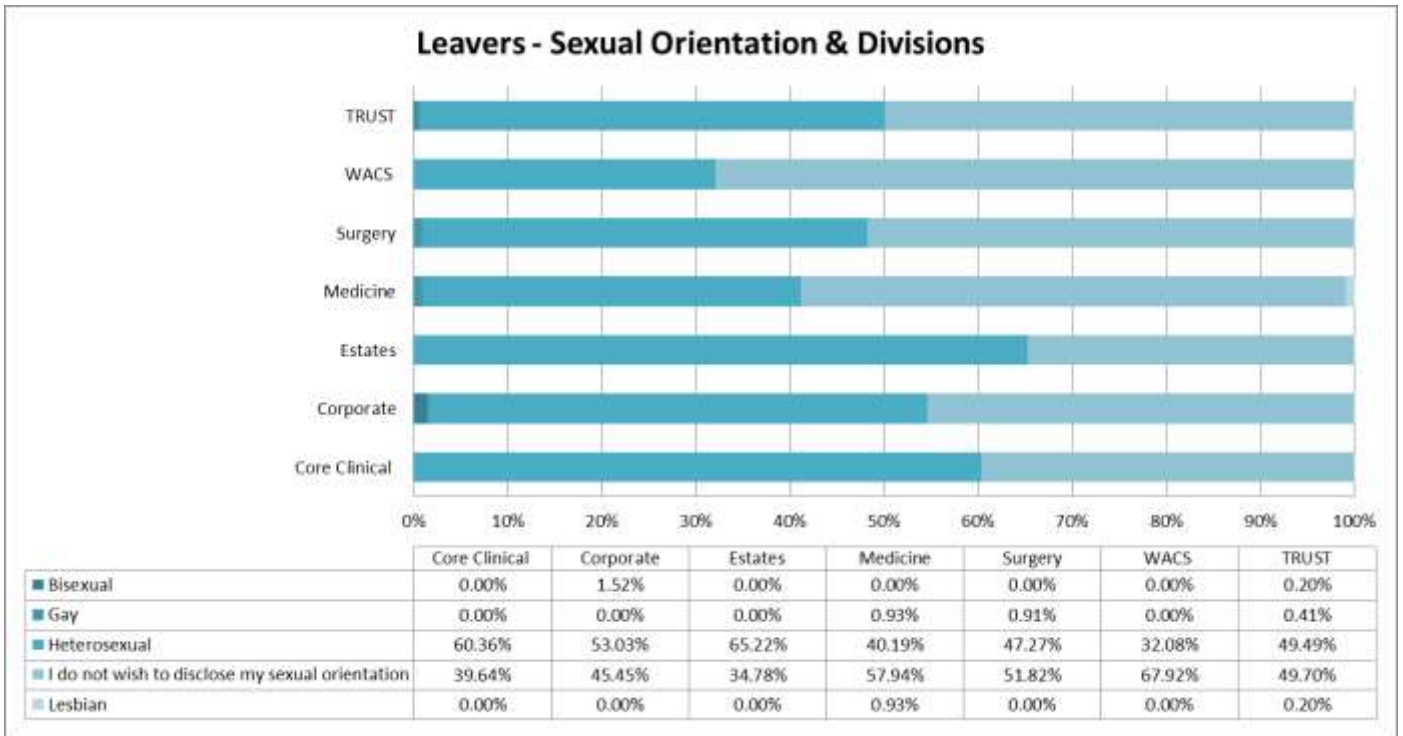
## 6.7. Maternity



## 6.8. Religion / Belief



## 6.9. Sexual Orientation



## 7. Conclusion

This report has summarised UHMB’s workforce data in relation to protected characteristics for 2016/17.

Detailed workforce metrics, with data regarding employee experience have been published for Race and Sexual Orientation during 2016/17. Similar data is being prepared for Disability.

Through the Trust’s new structures and systems for Inclusion and Diversity (detailed in the Towards Inclusion Annual Report) these metrics are being reviewed by staff and staff side, using data to drive improvements in representation from our local population, and employee experience.