



Derbyshire Healthcare
NHS Foundation Trust

Equality, Diversity and Inclusion Annual Report

Public Sector Equality Duty

2020-21

March 2021

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Introduction

Our Trust is committed to ensuring equality, diversity, inclusion and human rights are central to the way we deliver healthcare services to our service users and how we support staff.

This means we all play our part:

- To be a caring and progressive organisation that promotes equality, values and celebrates diversity and creates an inclusive and compassionate environment for receiving care and as a place to work.
- To ensure that our staff provide inclusive services that are equally good to all service users, which meet their needs and are delivered with kindness, dignity and respect.
- To ensure that all our team members are engaged, valued and treated equally with kindness, dignity and respect.

You can watch our Inclusion video [here](#) to hear our Team Derbyshire Healthcare colleagues describe what inclusion means to them.

Terminology

Throughout this report, we use the term “black and minority ethnic”, expressed as the acronym BME, to refer to those members of the NHS workforce who are not white. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of “black and minority ethnic” and “white” used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.

What is the Public Sector Equality Duty?

The public sector equality duty is made up of a general equality duty supported by specific duties. The general equality duty is set out in section 149 of the Equality Act 2010.

The general equality duty sets out that the public functions must have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

The specific duties require the Trust to:

- Publish information to demonstrate compliance with the general equality duty. This information must include information relating to people who share a protected characteristic who are the Trust's employees or are people affected by the Trust's policies and practices.
- Prepare and publish one or more equality objectives to achieve any of the aims of the general equality duty.

In the NHS Standard Contract, the Trust is required to publish information on the Equality Delivery System 2 (EDS2), the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES).

Responding to the latest national WRES data, the Chief Executive of NHS Providers
Chris Hopson said:

“While progress is being made on race equality in the NHS, it is clear that there is still a long way to go. More must be done to tackle systemic inequalities both within the NHS and society as whole. This is particularly pertinent this year, given the disproportionate impact of COVID-19 on our Black, Asian and minority ethnic colleagues”.

EQUALITY ACTIVITY THROUGHOUT COVID-19

COVID-19 Risk Assessments

In response to the COVID-19 pandemic, Derbyshire Healthcare made a decision to implement a 'people first' policy.

We were one of the first Trusts in the country to design an individualised **BAME risk assessment** which was implemented in collaboration with members of our BME Network.

The risk assessment process that we introduced takes account of environmental, health and social factors, which can be interlinked. It involves completing a form, which is available electronically, but also having a wider conversation with a manager about individual needs and circumstances.

Where colleagues have household members or family members who identify as BAME, we have also identified these staff to undertake a BAME risk assessment.

*NHS Staff Survey 2020:
Equality Diversity and
Inclusion score (1-10)*

9.3

Our Trust

9.1

National
average

We also designed an individualised **health risk assessment** form for colleagues with underlying health conditions to complete before returning to the workplace. The assessment has been co-produced by our Nursing and Quality team and the University Hospitals of Derby and Burton Occupational Health team.

The form allows colleagues to complete a self-assessment section, which is then reviewed by the Occupational Health team. Once the Occupational Health advice has been received, the individual colleague meets with their manager to update their form and agree next steps and a personalised plan for the future.

An individualised BAME risk assessment and an individualised health risk assessment has been offered to all colleagues across the Trust.

1098 staff have been health risk-assessed, which represents 39.09% of our workforce.

Percentage of BAME
employees with a risk
assessment

100%

Number of
BAME
employees

401

Number of BAME
risk assessments
completed

524

COVID-19 vaccines

We created **live engagement sessions** with colleagues across the Trust in order to create an open environment for people to talk about the vaccination programme and ask questions. These weekly sessions provide face-to-face support including specific sessions aimed at BAME colleagues throughout February and March 2021. These events act as a safe space to raise any concerns about the vaccines, to ensure that people have access to all the necessary information to make the personal choice to receive a COVID vaccine.

We have also introduced a **vaccination buddy system**, where colleagues can have confidential conversations about any concerns they have with regard to the vaccination. We have had a very positive response to this initiative and there are now a number of colleagues who can be approached for these discussions. Buddies are available for conversations over the phone or on Microsoft Teams, and will offer support and listen to worries in a non-judgemental and confidential way. They will help colleagues to challenge myths and misconceptions and also share their own experience of having the vaccine.

Vitamin D

In collaboration with the BME Network, and as part of the Trust's commitment to promoting wellbeing during the COVID-19 pandemic, we offered all colleagues a supply of daily Vitamin D supplements.

Examples of equality activity in our services during the COVID-19 pandemic

Our **Learning Disability (LD) Services** adapted quickly during the pandemic reviewing processes and priorities and making reasonable adjustments to support service users, their families and carers. Our staff members with lived experience have also been supported and trained with new skills to work safely and supportively.

The service works with patients, service users, their families and carers to ensure a calm and considered experience before, during and after the vaccination.

The service has used feedback from service users to design the vaccination hub experience for patients with a learning disability, including:

- LD specific days at the hub
- Morning or afternoon extended time slots
- Reducing the stages before having a vaccination e.g. going straight to one room
- Using sensory objects or sounds to relax the patients
- Reduced flow through the hub.



Photo by Sharon McCutcheon on Unsplash



'Have the vaccine because it's there for your health and it doesn't hurt. It helps people and you're helping yourself to help others.'

Noel
from EQUAL, our Patients and Carers Forum



Please book a slot for a COVID vaccination. Call the Hub on ADD

Talking Mental Health Derbyshire, the Trust's Improving Access to Psychological Therapies (IAPT) service, received two referrals early in the first lockdown in 2020 from clients from the deaf community. They were not able to engage with the service because face to face contacts were not available and a video platform had not yet been established. The service worked with our sub-contractor to allow Psychological Wellbeing Practitioners to assess the clients using a text-based platform. This allowed the two clients to be assessed and treated where this would not have otherwise been possible.

The service also received a concern that our "Title" drop down menu on the referral form in IAPT does not include the option of "Mx". In response to this, the service has had this option added to the menu and escalated to NHS Digital as data collection does not recognise this field. The service has received a response that accepts the options are not currently satisfactory and further work will be undertaken to make the title options for our patients more inclusive. We have informed the client of the changes we have made in response to their concern.

Representative decision-making

Non-Executive Director lead for Inclusion

Ashiedu Joel took up her role as a Non-Executive Director (NED) on 23 January 2020 and is the NED lead for inclusion.

Recruitment Inclusion Guardians

In February 2020, the Trust launched the Recruitment Inclusion Guardians (RIGs) initiative. Volunteers from our Staff Networks were trained by the People Resourcing team to take part in all recruitment processes of Band 7 and above. The training included gaining the confidence to challenge decision-making on the panel, in order to reduce bias from advertising to appointment. So far, sixteen RIGs have been trained and routinely take part in recruitment processes.

This initiative was established by the BME Staff Network at their BME Annual Conference in 2019.

Inclusion Guardians

In 2021, the Trust will be introducing Inclusion Guardians to each division in the Trust. Taking the learning from the work done to create Recruitment Inclusion Guardians, we are working to create a talent proposition to bring inclusive decision making to people embedded within divisions of the organisation. A Project Group made up of representatives from operational and corporate services, People Services and Staff Networks has been established to develop the role and embed support for the post holders.

Cultural Intelligence

On 31 October 2020, Jennifer Izekor, founder of Above Difference, held a virtual briefing session with Trust colleagues on the implementation of Cultural Intelligence (CQ) at Derbyshire Healthcare. CQ is a globally recognised way of assessing and improving effectiveness for culturally diverse situations. Leading organisations in business, education, government and healthcare across the world are adopting CQ as a key component for supporting leaders in addressing issues around diversity and inclusion as part of their personnel development. 2021 will see the start of the implementation of CQ at DHCFT.



Jennifer Izekor with Director of People and Inclusion, Jaki Lowe (top right) in a video call with Sharon Rumin, Chair of the BME Network (bottom left) on 30 October 2020

Representative decision-making

From November 2020 to February 2021, colleagues from a BAME background and with a disability or long term condition were invited to sit on our Incident Management team. This team manages the Trust's response to the COVID-19 pandemic, and this meant that the team had a more representative voice when making decisions that would impact our colleagues.

"It has been interesting to understand how slick the Trust response to the COVID pandemic is. Short, focused meetings happen twice daily that map out work that needs to be done in response to the very latest information that the Trust has – national, regional and local. Sub groups, or cells, meet regularly to complete the work and report back. The operation is slick, focused and, reassuringly, there is a constant staff focus. It has been great to see staff side at every meeting that I have attended. Staff welfare and concerns are at the heart of decision making.

That said, as a long term user of Trust mental health services I was particularly interested to identify spaces where service user involvement in strategic decision making could improve the way that the Trust response is experienced by those using Trust services. I would like to think that my involvement has helped to identify areas where service user involvement might shift decisions slightly. All part of the process of learning from what has been happening... I really hope that this process can continue and we can see the embedding of service user involvement throughout the Trust. It has been really helpful to be part of IMT, even if for a short amount of time. Thanks to members of the IMT, and the teaching teams that I normally work in, for giving me the opportunity."

- Simon Rose, Lived Experience Educator

"First of all I would like to thank the Trust's COVID 19 incident management team (IMT) for giving me the opportunity to join the team representing the BAME colleagues in the Trust. And I am grateful to the Learning Disability team for their support and allowing me to get involved in the IMT.

Until last week like many others in the Trust, I was used to getting all the information via email, daily briefing, pod cast etc. But now, it is amazing to see that the amount of work that everyone in the IMT are making behind the scenes to keep our services users and the staff safe. After attending few meetings, I have managed to raise few issues to the IMT and it is amazing to see quick response in addressing those issues and the decisions are made instantly. It is great to see that Trust's openness to respond to the issues and suggestions. It is good to be a part of an amazing team and to get involved in the decision making process."

- Lijo Simon, Clinical Operational Manager - Physiotherapy

Black History Month

October was Black History Month, and the BME Network created a range of events and suggestions for how colleagues could get involved and build awareness of past and current experience of black British, Caribbean and African communities. Black History Month aims to celebrate the culture, history and achievements of black communities and promote knowledge of black history, culture and heritage.

Celebrating Black History Month has raised awareness and the importance of equality and equity for our staff, patients, carers and communities.

Activities included:

- Show racism the red card by wearing red on Friday 16 October.
- Black History Month Quizzes with the theme 'How much do you know about how Black people have shaped our society?' held by our BME Network.
- A cookery class 'Rice, chicken and peas with Rumin!' with our BME Network Chair, Sharon Rumin.
- The BME Network invited Dr Rameri Moukam, an African-centred psychotherapist to hold a webinar on the impact of race on health and wellbeing.
- Book readings featuring titles focused on the lives and experiences of Black people and communities.

"It's not okay" campaign

We also launched the "It's Not Okay" campaign as part of Black History Month, with a commitment to reducing all incidents of discriminatory behaviour towards staff and committed to actively addressing these issues.

You can read more about this campaign on our website [here](#), and view a larger copy of the poster [here](#).



ITV News @itvnews · May 29, 2020

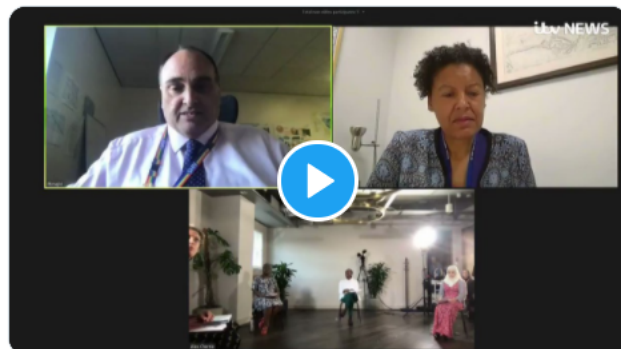


Ethnic minority leaders in the NHS tell @emilymorganitv what needs to change in the health service to keep people of BAME backgrounds safe amid the coronavirus pandemic
[itv.com/news/2020-05-2...](https://www.itv.com/news/2020-05-2...)



ITV News @itvnews

Ifti Majid, Chief Executive of Derbyshire Healthcare NHS Foundation Trust, tells ITV News having "difficult" conversations between NHS workers from BAME backgrounds and white leaders is vital to tackle systemic discrimination in the health service
[itv.com/news/2020-05-2...](https://www.itv.com/news/2020-05-2...)



8:09 PM · May 29, 2020



8 10 Share this Tweet

It's not okay

To abuse or discriminate against any of our staff, for any reason.

Any form of abuse, harassment or violence against staff, visitors, carers and those who use our services whether verbal, threatening or physical will not be tolerated.



International Women's Day

International Women’s Day on 8 March 2021 saw a number of events to celebrate the women in our workforce; and challenge gender bias and inequality. Two panels were held to hear from women in the Trust and how they supported this year’s theme #ChoosetoChallenge and #EverydayCourage. It also included a baking competition across the Trust to the purple colour theme, marking a year since the country implemented the national restrictions and many turned to baking.

Women's Health

The Staff Wellbeing Team hosted a Women’s Health Support group, which is a safe place where people can talk about symptoms and conditions around hormones and reproductive health in a supportive environment. Talks for the group have included ‘The truth about Hormone Replacement Therapy’ with Dr Amanda Smith, a British Menopause Society recognised menopause expert and Menopause Principle Trainer.

National Coming Out Day

National Coming Out Day on 11 October 2020 saw our LGBT+ Network Chair share a spoken word poem on social media on her experience of coming out, and our LGBT+ Network celebrated LGBT+ History Month in February 2021 by adopting the progressive flag, which includes the blue and pink stripes of the transgender flag and black and brown stripes to support members of the LGBT+ community from a BAME background.



South Asian Heritage Month

On 11 August 2020, the Trust marked South Asian Heritage Month with a ‘Chat and Chai’ event. Ifti Majid, Chief Executive, and Bal Singh, BME Network Vice-Chair, held the event over Microsoft Teams to give colleagues a chance to celebrate and remember while sharing stories.

“There will be many colleagues in our Trust for whom this month has great relevance, and memories that are both in need of celebration and remembrance. We are very keen to provide a forum in our Trust to celebrate and remember our South Asian Heritage in the best and most traditional way – by sharing stories over a cup of chai.”

- Ifti Majid, Chief Executive

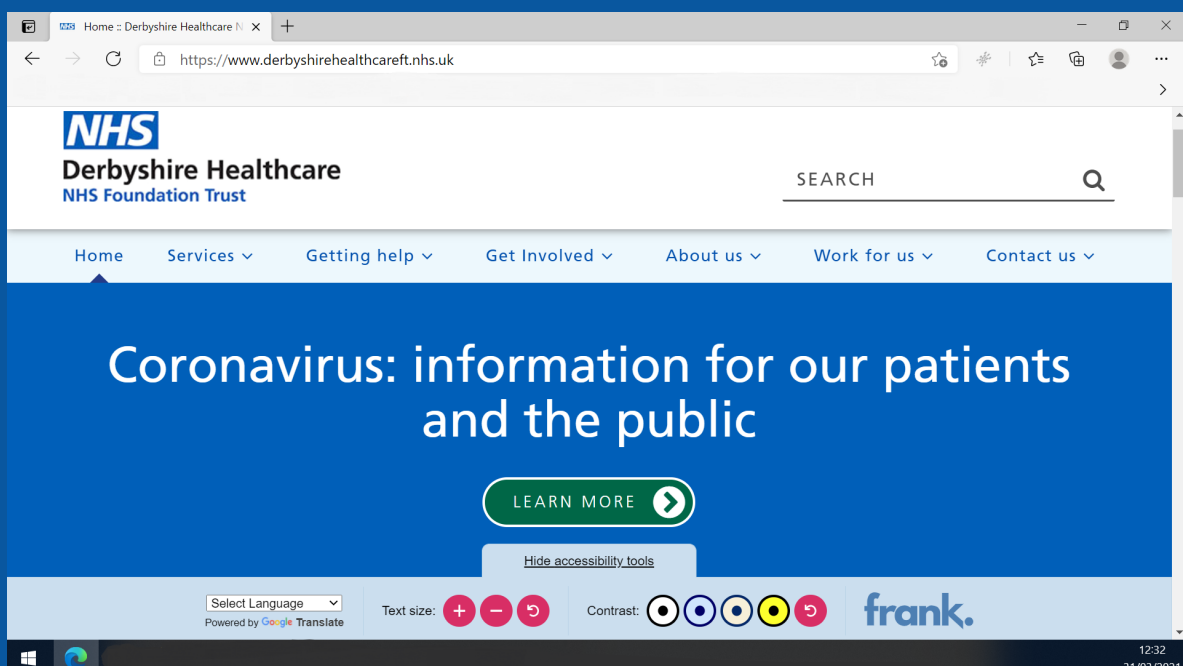
Improvements to the accessibility of the Trust website

During the pandemic, the use of the Trust's website, www.derbyshirehealthcareft.nhs.uk, increased significantly. Important information about the Trust's response to COVID-19 and the impact on Trust services was published on the site, along with links to the virtual waiting rooms for patients having video consultations with Trust clinicians.

At the same time, significant efforts were made behind the scenes to improve the accessibility of the website, particularly for those with a visual impairment. The website already contained several in-built accessibility features, such as a toolbar that allows users to translate the text into dozens of other languages and to adjust the font size and visual contrast of each page.

The Trust took this further during 2020/21, carrying out a full accessibility review of the website and then improving a number of functions and aspects of the site's performance. As a result, in March 2021 the site was rated 'great' by accessibility specialists Silktide, who are working in partnership with Socitm to monitor all NHS trust websites.

Further improvements are planned for 2021/22, including the addition of screen reader technology on every page to help people with a visual impairment or low literacy skills.



EQUALITY STRATEGY AND OBJECTIVES



We want to attract, recruit and retain a wide range of staff from all sections of society to work in a positive, inclusive and nurturing environment. We also want to deliver, with dignity and respect, inclusive and accessible services that meet our patients' individual needs. Understanding our diverse patients and communities helps us to focus on inequalities and ensures that our services are targeted, used and effective. Our people are at the centre of everything we do, reflected in the Trust's strategic building blocks:



Our Inclusion Strategy 2020 focused on the below objectives:

Objective	Update
Progress our Recruitment Action Steering Group and introduce recruitment inclusion guardians – WHY- to create disruptive change in our recruitment practices in order to increase representation across our workforce.	Recruitment Inclusion Guardians take part in all recruitment processes of Band 7 and above.
Grow our Reverse Commissioning project – WHY - to better understand how to provide services to communities that are underrepresented	Paused for COVID-19 pandemic.
Have more inclusion conversations – WHY – for us all to be part of the change to make a positive difference	<ul style="list-style-type: none"> • Workforce Race Equality Forum • Representatives on IMT • Review of people governance committees to ensure a representative voice
Grow our inclusion networks – WHY - to help us to support each other better	Networks continued throughout COVID-19
Establish a Gender steering group – WHY – to understand gender issues and close our gender pay gap	Re-launched in March 2021 on International Women's Day
Continue to scale up our Reverse mentor programme and evaluate its impact – WHY – to create a change movement through individual journeys and organisational change - to make a positive difference to our workforce, our Trust and our communities in Derbyshire	The second cohort of Reverse Mentors was launched in November 2019.

Celebrate more through inclusion events – WHY - to celebrate achievements, to say thank you and to inform and challenge us to deliver even greater success

South Asian Heritage Month
NHS Virtual Pride
National Coming Out Day
Black History Month
International Women’s Day

Support and empower our WRES expert and frontline representatives – WHY – to help us deliver change by using the very best expert knowledge to help us continually improve and achieve our goals.

Workforce Race Equality Forum
BME Risk Assessment
Vitamin D project

Review our Board Committees’ inclusion objective to: “... actively consider the equality impact and evidence relating to all items of Committee business as part of the Committee’s contribution to equality, diversity and inclusion.” - WHY – to continue to consider inclusion in the everyday business to keep driving improvements in staff and patient experience

EDI is discussed with our board at several times throughout the year

Derbyshire Healthcare has a number of Staff Networks to offer colleagues a safe place to receive support, advice and encouragement about work-related issues and provide an open forum to exchange views, experiences and raise concerns. The Networks aim to improve working lives and promote diversity within the Trust.

All colleagues at Derbyshire Healthcare are welcome to join the Networks, and both members and allies get protected time to attend Network meetings.

Each Network also has an Executive Sponsor: a member of the Executive team, who actively champions the protected characteristic, attends Network meetings and supports the Networks with their respective work programmes.

The Trust has seven Networks:

- Armed Forces Network
- Black and Minority Ethnic (BME) Network
- Disability and Wellness Network
- Gender Network
- Lesbian, Gay, Bisexual and Transgender (LGBT+) Network
- Multi-Faith Forum
- Christian Network (sub-group of Multi-Faith Forum)

Armed Forces Network

The Armed Forces Network is co-chaired by Alex Wright, a Psychological Wellbeing Practitioner in the Trust's IAPT services and Thomas Shine, a volunteer.

Key highlights:

- DHCFT now offers 3 weeks' paid leave for reservists to attend military duties in addition to their annual leave entitlement.
- Introduction of 5 key questions when assessing a patient or service user who has served in the Armed Forces.
- Guaranteed interview scheme includes applicants from the armed forces community who meet the essential criteria for the role.
- Achieved bronze award for the Armed Forces Covenant.



“In a challenging year, the Armed Forces Network has continued to raise the profile of issues affecting both Trust staff and patients with connections to the Armed Forces. This has included reviewing training packages available to trust staff, attending employer engagement meetings with the forces to learn and share ideas for improving recruitment and experiences for staff, and striving to improve care pathways for our patients. I look forward to being involved in the further development of the network in the year ahead.”

- Alex Wright

“I find the Armed Forces Network a good thing to be involved with from all perspectives. Communication between service and user is allowing for better understanding of complex needs/use of resources and other support methods. I think it could possibly offer a very good way forward for the combined working together for other projects also.”

- Thomas Shine, Co-Chair

BME Network

The BME Network has continued to meet weekly for peer support over Microsoft Teams; established the Workforce Race Equality Forum to collaborate with the Executive team on decisions affecting BME staff, and hosted a variety of events to support BME colleagues during the pandemic. The Network is Chaired by Sharon Rumin, Bal Singh is the Network's Vice-Chair, and Ifti Majid is the Executive Sponsor for the group.

Key highlights:

- Through collaboration with the Executive team, introduction of the BAME Risk Assessment during the COVID-19 pandemic to protect BAME colleagues.
- Established the Workforce Race Equality Forum to ensure that through the Covid-19 pandemic the Trust was capturing the needs of our BAME staff, patients, carers and communities and addressing issues in real time.
- Reverse Mentoring for Equality, Diversity and Inclusion: Cohorts 1 and 2 launched, Cohort 3 to be widened to further equality groups.
- Workforce Race Equality Standard (WRES) monitoring and action planning
- South Asian Heritage Month celebrations
- Black History Month celebrations.



BME Network members at the BME Network Annual Conference on 25 September 2019

Workforce Race Equality Forum

The Forum was established as a Steering Group for the BME Network during the first wave of the COVID-19 pandemic, to act as a conduit between the BME Network and the Executive team. This forum supported the implementation of the BAME Risk Assessments to protect BAME staff across the Trust, escalated concerns and issues raised in the BME Network meetings with the senior leadership on matters related to the COVID-19 pandemic and introduced the suggestion to offer a daily Vitamin D supplement for all staff, which was successfully rolled out to colleagues in June 2020.

Involving Network representatives, the Trust's WRES Expert, the Chief Executive, Deputy Chief Executive and Director of People and Inclusion, the Forum endeavours to advance opportunity and fairness for its members and colleagues from a BAME background in the Trust. It meets weekly, engaging with the Executive team on proposals in the Trust and the BME Network.

Disability and Wellness Network

The Disability and Wellness Network has continued with peer support meetings throughout the pandemic, offering regular slots for colleagues to engage with each other and exchange advice. It meets monthly, with Sharon Rumin as the Chair and Celestine Stafford as the Sponsor for the Network.

Key highlights:

- Promoting importance of person-centred and compassionate leadership.
- Interviews of colleagues with disabilities and/or long term conditions to encourage staff to reach out for support from the Trust.
- Workforce Disability Equality Standard (WDES) monitoring and action planning.

"What a difficult year it's been for everyone, those of us who have found it mentally challenging trying to juggle homeworking and looking after our wellbeing. The network has come together sharing information on resources available so that we were able to work in an environment while working at home with the correct equipment in place. When Networks were all stood down we have continued to hold weekly fortnightly and monthly meetings so that those with disabilities have a platform and safe space to share concerns, seek advice, or have a shoulder to cry on. I was personally able to claim the tax relief for home working because I was encouraged by the group to do so, which has helped towards the extra cost while working from home.

The group discuss the benefits of homeworking and also the guilt of homeworking and worried that colleagues think they are not supporting the team. We also discussed the impact on mental health and feeling isolated, however by holding these regular meetings the group reassured each other with positive outcome. Derbyshire Healthcare NHS Foundation Trust has done a Magnificent Job of supporting those with disabilities and wellbeing issues."

- Sharon Rumin, Chair of the Disability & Wellness Network


"In a year where the health and well-being of our colleagues as well as our patients has been in the spotlight, the network has been able to keep in touch through the drop in sessions via Microsoft Teams. We have supported the creation of the Health Risk Assessment for colleagues and its rollout and have been able to support those of our colleagues who through shielding are unable to be in work at all. It has been such a challenging year and this safe space has provided colleagues the opportunity to support each other, discuss individual concerns and raise awareness as to how the flexibility of home working has supported many colleagues with long term conditions. Their experiences will feed into the wider wellbeing support within the Trust going forward"

- Celestine Stafford, Assistant Director of People and Culture Transformation

Chaired by Leanne Walker and with Carol Fordham as the Network's Vice-Chair, the LGBT+ Network meet once a month. The Network's Executive Sponsor is Claire Wright, Deputy Chief Executive and Executive Director of Finance.

Key highlights:

- National Coming Out Day 2020, members of our LGBT+ Network shared their coming out stories on our Trust's Facebook group.
- Introduced an active and engaging Whatsapp group to support members of the Trust's LGBT+ community throughout the pandemic.
- Developed 'Trans FAQs' to support DHCFT staff.
- Submitted the below jointly-signed letter to the Health and Care LGBTQ+ Leaders Network to raise concerns about the use of the rainbow flag to represent the NHS over the COVID-19 pandemic:



Derbyshire Healthcare
NHS Foundation Trust

Ashbourne Centre (Trust HQ),
Kingsway Hospital,
Kingsway,
Derby,
DE22 3LZ

Tel: (01332) 623700
Email: dhcft.lgbtinfo@nhs.net
Web: www.derbyshirehealthcareft.nhs.uk

23rd February 2021

Health and Care LGBTQ+ Leaders Network
2nd Floor, 18 Smith Square,
Westminster
London
SW1P3HZ

Dear Health and Care LGBTQ+ Leaders Network,

Re: NHS Rainbow / LGBT+ Community

We are writing to raise our concerns around the on-going use of the rainbow to represent the NHS and the very real consequences this has generated within the LGBT+ community.


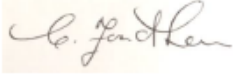


From discussions at our LGBT+ Network, it has quickly become apparent that there is a very real negative impact this is having and furthermore, this is creating fear around safety of LGBT+ members going forwards.

Having a rainbow or a pride flag outside a building used to have one meaning only; 'this is an LGBT-friendly place'. Now when we see a flag, we don't know for sure whether it's for support for LGBT+ or the NHS. This means it has gone from feeling like a safe space for members of the community, to creating feelings of doubt, uncertainty and worry about judgement and safety. Our members have explained fear around not knowing whether this is a safe space for LGBT+ people or whether it is being used to represent the NHS during the pandemic and within this fear there is real concern around something serious happening as a consequence before this issue is addressed. Whilst the flag is small in size, it is very big indeed in terms of impact for our communities. It is vital that it is reclaimed, preserved and honoured.

Therefore, we are writing to highlight this, to support you and in turn to seek your support, in considering what measures we can take locally and nationally to ensure our LGBT+ community doesn't lose that small symbol of safety which meant so much and has been so hard-earned over the years. Of course, we do not want to undermine the celebration of the NHS that the rainbow has brought however, we must act to ensure all members of our community feel seen, celebrated and safe.

We firmly believe that the NHS itself should only use rainbow in its imagery when it is in relation to the original rainbow's meaning, that of LGBT+ inclusion. This will help to remove confusion and reinstate the security of knowing what the flag and rainbow is symbolising.

Best wishes,

			
Claire Wright Deputy CEO and Board LGBT+ champion	Carol Fordham LGBT+ Network Co-Chair	Jaki Lowe Director of People and Inclusion	Leanne Walker LGBT+ Network Chair

Derbyshire Healthcare NHS Foundation Trust
Trust Headquarters: Ashbourne Centre, Kingsway Hospital, Derby DE22 3LZ. www.derbyshirehealthcareft.nhs.uk

“The past year has continued to highlight the importance of LGBT+ inclusion, and I am so pleased that the network has been able to keep contact with each other and grow in numbers, despite lockdown and job changes, which have been so hard for some of our LGBT+ colleagues. I am really excited about the amount of Team Derbyshire Healthcare colleagues who are contacting us with their LGBT+ inclusion thoughts and ideas, keep them coming!

We have purposely adopted new LGBT+ imagery this year. We now use the progressive LGBT+ flag, so that it is very clear that we are supporting all LGBT+ communities, with new colours emphasising equal support for all communities in the LGBT+ family. Using this new image also helps combat the confusion created by the rainbow flag being used to represent the NHS rather than LGBT+ communities: I was proud to put my name to our joint letter to national NHS colleagues expressing our concerns about the confusion and risk that it has created. Of course, as always, we remain undaunted by challenge and we still celebrated Pride albeit virtually, although we can't wait to wave our new banner at a real life Pride in 2021.

I look ahead with confidence knowing that Leanne and Carol will continue to do a fantastic job of taking the network to the next level, bringing more LGBT+ colleagues and allies together and building our influence and impact across the Trust and beyond. Our new banner says: LGBT+: EQUALITY, INCLUSION, BELONGING – WE STAND TOGETHER’ and that says it all.”

- Claire Wright, Deputy Chief Executive and Executive Director of Finance



“Over the past year, the need for peer support has become increasingly evident. In response to this, as a Network we set up a WhatsApp group as a peer space for LGBT+ colleagues.

The feedback we have had from this is that it is a safe space to talk and discuss any concerns. We also held peer support team meetings where issues were able to be raised and discussed. As chair, I am really pleased that more and more people are highlighting areas of concern, that need improvement and also what's going well that we need to do more of. We are working on becoming even more visible, so all colleagues know we are here to support LGBT+ matters across our Trust.”

- Leanne Walker, Expert by Experience

Gender Network

The Gender Network is one of the newest Networks in the Trust, having its first meeting in January 2020 before the pandemic paused the following meeting in March.

Key Highlights:

- Due to be relaunched in March 2021 following International Women's Day.
- Contributed to Gender Pay Gap Action Plan 2019/20.
- Planning for a menopause event and Menopause Policy/toolkit.

Multi-Faith Forum

The Chaplaincy team set up the Multi-Faith Forum in 2020.

"Recently we have been looking at ways we can better support one another, as we work together. If we feel more connected and experience compassion in our relationships, it really does help to put a spring in our step, it lifts morale and we look forward to coming to work in the morning.

When each of us feel celebrated as special and unique, we tend to feel more secure and less critical, and by feeling valued and included we become more instinctively inclusive, kinder and compassionate. We have also been thinking about the importance of valuing and expressing our own individuality and beliefs, without fear of judgement, and being able to share this important part of our lives with others that we can trust.

This was the thinking behind the creation of the Christian Network. We now have more than 50 members and we meet virtually once a week at 8.30am and once or twice a month at lunch time. The benefits of mutual support, fellowship and prayer are really very special.

We are hoping to work with staff to initiate and develop further support networks, such as a Buddhist support group, or a meditation or wellbeing group, to share and explore views, beliefs or 'spirituality' without judgement, and in a way that is open and not necessarily steered in any particular direction.

Reaching out to others should be a natural way of engaging in sensitivity and understanding, compassion and openness. If we are to be inclusive, we need to raise the profile of all people, whatever our individual or collective beliefs may be."

- Andrew, Bob, Andrew and Helen (Chaplaincy team)

Christian Network

Sub-group of the Multi-Faith Forum

The Christian Network is one of our most active Networks in the Trust. Meeting weekly on Wednesday morning to support each other's wellbeing for a number of years, they have:

- Increased in numbers over the last year.
- Increased connections with each other from across the Trust and geographical areas.
- Maintained support for wellbeing of colleagues.



EQUAL Patient and Carers Forum

EQUAL is a group of our dedicated patients and carers.

Our people using our services and former members of the Mental Health Alliance and the Medical Education service spoke up and said that they wanted the Trust to support them.

The group requested to meet the Executive Director of Nursing and Patient Experience to talk about their trust voice since changes post Derbyshire Voice.

People using our services requested the Trust to develop its own model. Ideas were shared about what our people would like. These thoughts and ideas were the formative model of the EQUAL Patient and Carers Forum.

This EQUAL Patient and Carers Forum has been in operation for over a year and has been influencing the future direction of the Trust's services, to influence and support new services and to feedback and influence on the day to day experiences.

2021 sees a new EQUAL Network Advisor being recruited and investment in roles to design our new refurbishment and new building programme through the national eradicating dormitories in mental health care investments. Both roles require lived experience to be eligible. We know that co-production is key to creating the very best services of the future and is a key part of our Trust strategy.

REVERSE MENTORING FOR EQUALITY, DIVERSITY AND INCLUSION

Reverse Mentoring is when an employee in a senior position is mentored by somebody in a more junior position than themselves. The programme at Derbyshire Healthcare involves the Reverse Mentor having a protected characteristic that the mentee does not. The purpose of the programme is to promote awareness of equality, influence meaningful understanding and lived experience of our staff from different groups and improve the workplace experience of our staff and the services provided to our Trust's patients.

Research shows that having an inclusive workforce improves outcomes for service users. In order to ensure patients receive high quality care, staff at every level in the organisation need to be cared for by creating an environment where everyone is treated with respect and the talents and contributions of each employee are valued. Inclusion is a fundamental part of the Trust's strategic objectives: to be a great place to work and to create an inclusive and vibrant culture for all. By implementing the Reverse Mentoring programme, the Trust is committing to improving the workplace experience for our staff, therefore allowing them to better care for the Trust's patients.

Following the success of the first cohort of the Reverse Mentoring programme, a second cohort was launched in November 2019 with sixteen pairs of mentors from a BME background and mentees in the senior leadership. The programme was paused at the beginning of the COVID-19 pandemic, and plans are afoot to relaunch the programme in 2021.



Cohort 2 participants meet each other for the first time in November 2019, and have met virtually over the COVID-19 pandemic

IMPROVING SERVICES FOR BAME PEOPLE THROUGH REVERSE COMMISSIONING

Reverse Commissioning is an initiative designed to better engage with our local BAME communities. Through collaborative working with BME stakeholders and the local Clinical Commissioning groups, the project endeavours to understand the experience of BAME people in our services and influence the commissioning of services to make a difference to the lives and outcomes of BAME people. It uses existing data and evidence to identify the needs of the community, and empowers them to engage with the Trust.

Our Executive Director of Nursing and Patient Experience co-Chairs the group with a volunteer from the community and the group meets quarterly.

EQUALITY DELIVERY SYSTEM 2

The EDS2 helps the Trust to meet and respond to the Public Sector Equality Duty as set out in the Equality Act 2010. Giving 'due regard' is a legal duty – it means proactively and consciously engaging and considering the impact of our decisions – which helps to improve outcomes for diverse groups. It will assist to meet the general duty to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations.

The Trust's latest EDS2 grading focused on the Kedleston Unit, the low secure male mental health service, to fulfil all four EDS2 Goals. An independent audit of Board Papers for equality related risks, carried out by EQUAL members over January 2020, was undertaken to fulfil Goal 4 to demonstrate inclusive leadership.

The EDS2 assessment has not been completed for the reporting year 2020-21 due to the impact of the COVID-19 pandemic on our services.

WORKFORCE RACE EQUALITY STANDARD 2019/20



Our annual Workforce Race Equality Standard (WRES) report for 2019-20 can be found on our website [here](#).

The data shows that we have seen positive changes in a number of indicators:

- The likelihood of recruitment from shortlisting for BAME colleagues has improved (indicator 2).
- The likelihood of entering formal disciplinary processes for BAME colleagues has improved (indicator 3) and we will continue to focus on this indicator through the work to be done in establishing Just Culture.
- The percentage of BAME staff experiencing harassment, bullying or abuse from staff has improved by 10% (Indicator 6), but is still at an unacceptable level. The 'It's Not Okay' campaign was launched in the Trust to coincide with Black History Month 2020 to show the Trust's zero tolerance approach to any form of discrimination against our staff or patients.

This year's data highlighted that much more needs to be done to significantly impact all indicators. The next part of our journey will be to further embed inclusive decision making, create pathways for talent and for putting EDI at the heart of our systems, processes and plans and for celebrating cultural difference and leading within a culturally intelligent framework.



WORKFORCE DISABILITY EQUALITY STANDARD 2019/20

Our annual Workforce Disability Equality Standard (WDES) report for 2019-20 can be found on our website [here](#).

The WDES data shows a positive improvement in a number of indicators:

- The gap in likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff has narrowed from 2.88 in 2018/19 to 1.4 times more likely in 2019/20.
- Disabled staff are 0.0 times more likely to enter the formal capability process for the second year running.
- While there has been an improvement in the percentage of staff experiencing harassment, bullying or abuse from patients, relatives, the public and managers, it is still at an unacceptable level. To address this, we launched the “It’s Not Okay” campaign in October 2020 to reduce all incidents of discriminatory behaviour towards staff and are committed to actively addressing these issues.

This is the second year of the WDES implementation and the data shows that there is considerable work to be done to address the variations in experience, workforce representation, progression and development for staff with disabilities and long term conditions.

The implementation of the Trust’s Health Risk Assessment as a result of COVID-19 has highlighted the high number of staff in the Trust with disabilities and long term conditions and a considerable gap in the number of staff that have declared their disability and/or long term condition. If we are to understand the needs of our people and create the right approaches and programmes of support, we must improve our declaration rates.

The data and the information from our network indicate that we must adopt an individualised approach that ensures every member of staff has a co-developed plan that meets specific needs and is adaptive as conditions and disabilities change. We will review our processes, development and also raise awareness to achieve this.

GENDER PAY GAP 2019/20



Our annual Gender Pay Gap (GPG) report for 2020 can be found on our website [here](#).

"We're delighted that we are seeing a strong effort to close the Gender Pay Gap since we started reporting in 2017 and believe that with the efforts we have made over the last 12 months to accommodate remote working, we have initiated an agile workforce that will benefit gender equality for our workforce. As a Trust, we are fully committed to inclusion and continue to work across our workforce and Network groups to see how we can continue to make our place of work one where everyone feels they can engage, participate and grow'.

- Jaki Lowe, Director of People and Inclusion

Some of the initiatives we are proud to continue practicing and developing include:

- Continue with agile working practices initiated during COVID-19.
- Relaunch the Trust's Gender Network to understand the female staff experience and identify ways to support, develop, retain and engage female staff. This would include a review of the Trust's action plan.
- Celebrate notable dates that align to gender equality, for example, International Women's Day, National Day for Carers and develop internal communications to help raise awareness and understanding around gender equality and positive action.
- Review learning development programmes to ensure they are inclusive and support positive action.
- Continue to use Recruitment Inclusion Guardians for all vacancies at Band 7 and above to support and promote greater representation.
- Review of recruitment practices and consideration of target setting and disruptive processes.
- Review policies for inclusivity and encourage shared parental leave.
- Coaching and mentoring for employee Network Chairs to support positive change and impact of their agenda.
- Create spaces for dialogue on issues affecting women, for example, speakers talking about lived experience e.g. the menopause, and the impact it can have.

PATIENT EQUALITY DATA



Patient Demographics

The following tables show the available demographic information relating to patients open to the Trust as at March 2020, and is only intended as a general guide. The reporting categories between our electronic patient record systems (PARIS, SystmOne and IAPT), are different and when grouped, may not capture all of the information on our patients' demographics accurately at this high level.

The categories have been presented in order of proportion of DHCFT patients with the characteristic.

Disability	DHCFT Patients	Derbyshire population (including Derby City)
Yes	6.81%	20.0%

Gender	DHCFT Patients	Derbyshire population (including Derby City)
Female	53.09%	51.1%
Male	46.91%	48.9%
Grand Total	100.00%	100.00%

Religion or Faith	DHCFT Patients	Derbyshire population (including Derby City)
Blank	72.98%	Data not collected
Christian	12.30%	61.0%
None	6.73%	27.9%
Muslim	2.67%	2.1%
Unknown	2.27%	7.0%
Other	0.92%	0.4%
Sikh	0.68%	1.1%
Declines to Disclose	0.62%	Data not collected
Atheist	0.32%	Data not collected
Hindu	0.25%	0.4%
Buddhist	0.12%	0.2%
Pagan	0.10%	Data not collected
Jewish	0.02%	0.0%
Grand Total	100.00%	100.00%

Ethnicity	DHCFT Patients	Derbyshire population (including Derby City)
White	59.83%	93.3%
Other Ethnic Groups	20.64%	0.4%
Asian or Asian British	13.40%	3.9%
Mixed	4.80%	1.4%
Black or Black British	1.32%	1.0%
Grand Total	100.00%	100.00%

Marital Status	DHCFT Patients	Derbyshire population (including Derby City)
Invalid	50.48%	0.0%
Single	36.71%	31.0%
Married/Civil Partner	9.53%	49.3%
Widowed/Surviving Partner	1.35%	7.6%
Divorced/Civil Partnership Dissolved	1.26%	9.7%
Separated	0.67%	2.5%
Grand Total	100.00%	100.00%

Sexual Orientation	DHCFT Patients	East Midlands
Heterosexual	87.98%	93.8%
Unknown	3.25%	Data not collected
Declines to Disclose	2.60%	1.20%
Bisexual	2.0%	0.30%
Gay Or Lesbian	1.73%	0.80%
Not Appropriate To Ask	1.54%	Data not collected
Person Asked And Does Not Know	0.82%	3.70%
Other	0.07%	0.20%
Lesbian	0.02%	Data not collected
Gay	0.01%	Data not collected
Grand Total	100.00%	100.00%

N.B. Population sexual orientation data is only available at East Midlands level

Interpretation and translations data

Below is a list of the translation and interpretation services used from 1 April 2019 to 31 March 2020 across the Trust's services.

Face to Face Interpretation

Total amount spent: 2019-20 = £103,753.93.

Derbyshire Healthcare NHS Foundation Trust: £55,380.21

Derbyshire Healthcare NHS Foundation Trust – CCG Childrens: £48,373.72.

3707 requests in the financial year 2019-20

Derbyshire Healthcare NHS Foundation Trust: 1809

Derbyshire Healthcare NHS Foundation Trust – CCG Childrens: 1898

Languages Used	Number of bookings 2019-20
Slovak	821
Urdu	438
Punjabi, Eastern (India)	345
British Sign	338
Polish	305
Kurdish (Sorani)	249
Arabic (Modern Standard)	181
Romanian	137
Czech	96
Albanian	90
Punjabi, Western (Pakistan)	78
Russian	57
Farsi	52
Arabic (Classical/North African)	50
Bosnian	45
Latvian	41
Pashto (Afghanistan)	40
Mandarin	38
Bengali	33
Mirpuri	29
Tigrinya	23
Vietnamese	22
Tamil	20

Spanish	19
Italian	17
Hindi	15
Turkish	13
French	12
Amharic	11
Bulgarian	9
Lithuanian	8
Kurdish (<u>Bahdini</u>)	7
Croatian	6
Kurdish (<u>Kurmanji</u>)	6
Portuguese	6
Roma	6
Dari (Afghan)	5
Swahili	5
Filipino	4
Thai	4
Gujarati	3
Pashto (Pakistan)	3
Serbian	3
Greek	2
Kannada	2
Oromo (Central)	2
Sign Supported English	2
Hungarian	1
Japanese	1
Malayalam	1
Nepalese	1
Portuguese (Brazil)	1
<u>Potowari (Pahari)</u>	1
Slovene	1
Telugu	1
Yoruba	1
Grand Total	3707

Document translation

Total amount spent: 2019-20 = £3,484,06.

Derbyshire Healthcare NHS Foundation Trust: £3,174.36

Derbyshire Healthcare NHS Foundation Trust – CCG Childrens: £309.70

76 Requests in the financial year 2019-20

Derbyshire Healthcare NHS Foundation Trust: 70

Derbyshire Healthcare NHS Foundation Trust – CCG Childrens: 6

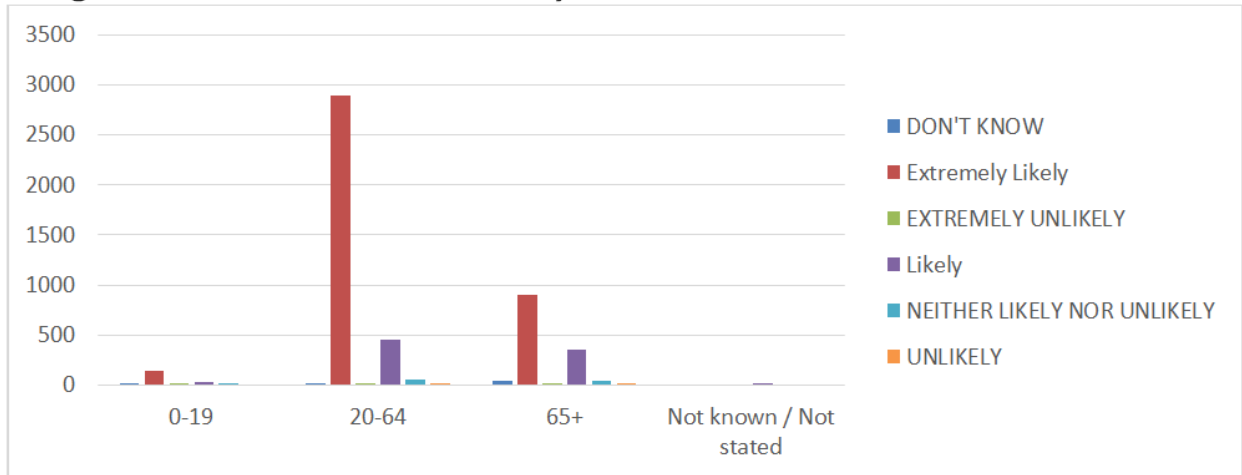
Languages Used	Number of requests 2019-20
English (UK) - Slovak (Slovakia)	30
English (UK) - Urdu	14
English (UK) - Polish (Poland)	7
English (UK) - Czech (Czech Republic)	6
English (UK) - Albanian	3
English (UK) - Chinese (Simplified)	2
English (UK) - Farsi	2
English (UK) - Kurdish (Sorani)	2
English (UK) - Punjabi (India)	2
English (UK) - Bengali (Bangladesh)	1
English (UK) - Bosnian (Bosnia)	1
English (UK) - Croatian (Croatia)	1
English (UK) - Italian (Italy)	1
English (UK) - Lithuanian (Lithuania)	1
English (UK) - Punjabi (Pakistan)	1
English (UK) - Romanian (Romania)	1
Polish (Poland) - English (UK)	1
Grand Total	76

Face to face interpretation

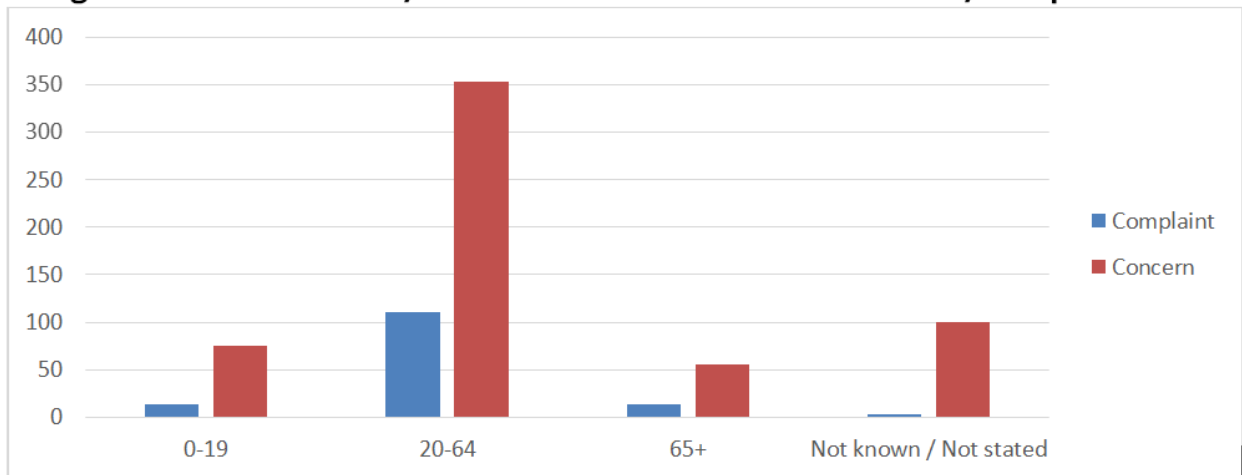
	2019-20
Average bookings per month	308
Average length of time of booking (minutes)	45
Average fulfilment rate	93.3%
Average cost spent per month	£8,396.4
Total spend	£103,753.93

Patient Experience

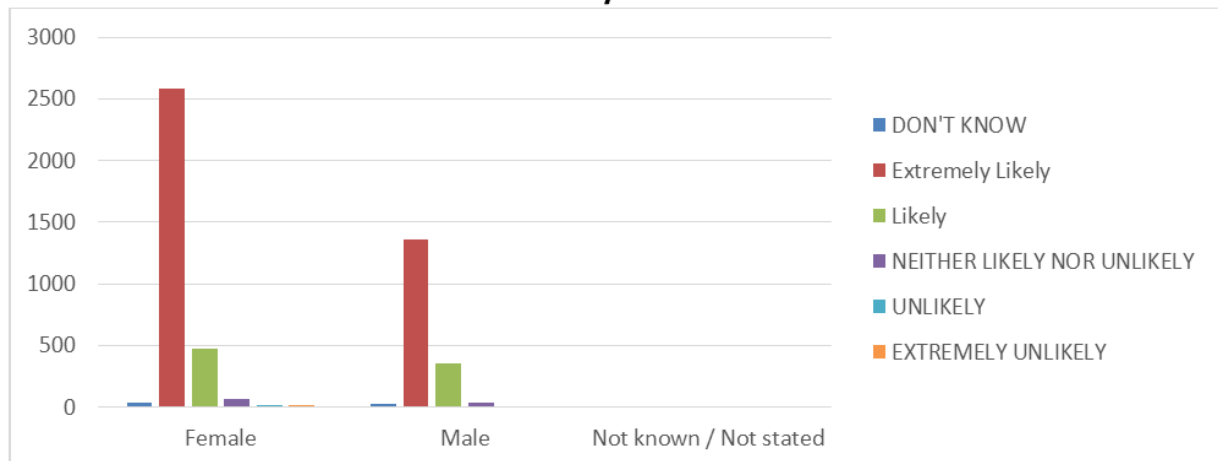
1. Age Profile of Friends and Family Test results



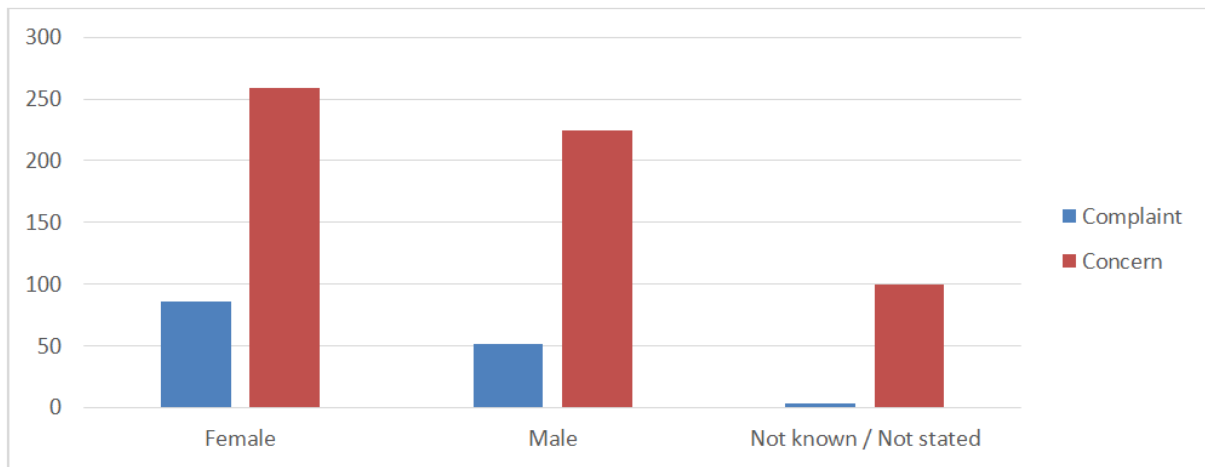
2. Age Profile of Patients/Service Users involved in concerns/complaints



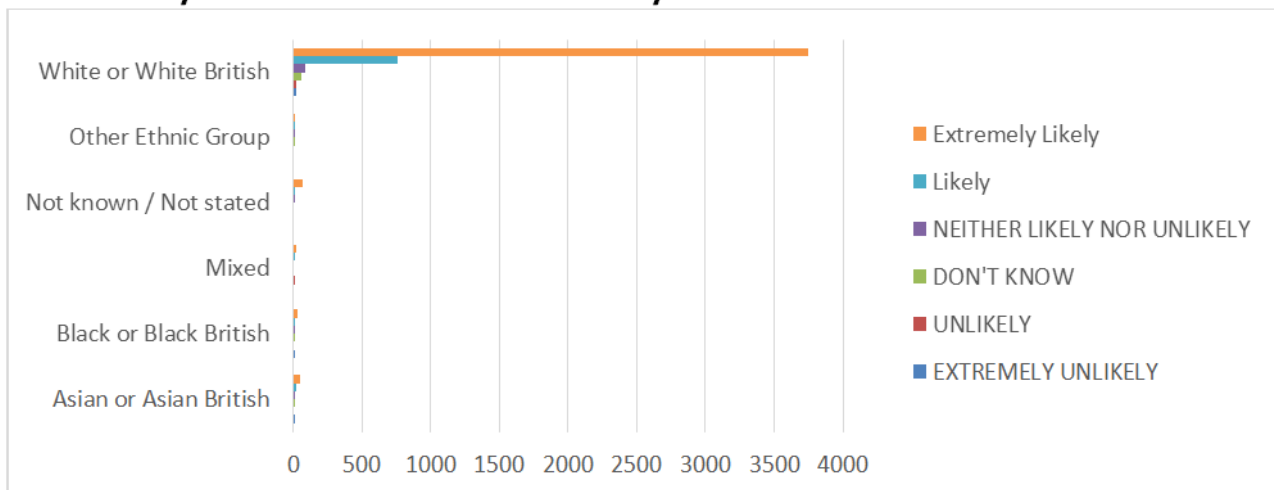
3. Gender Profile of Friends and Family Test results



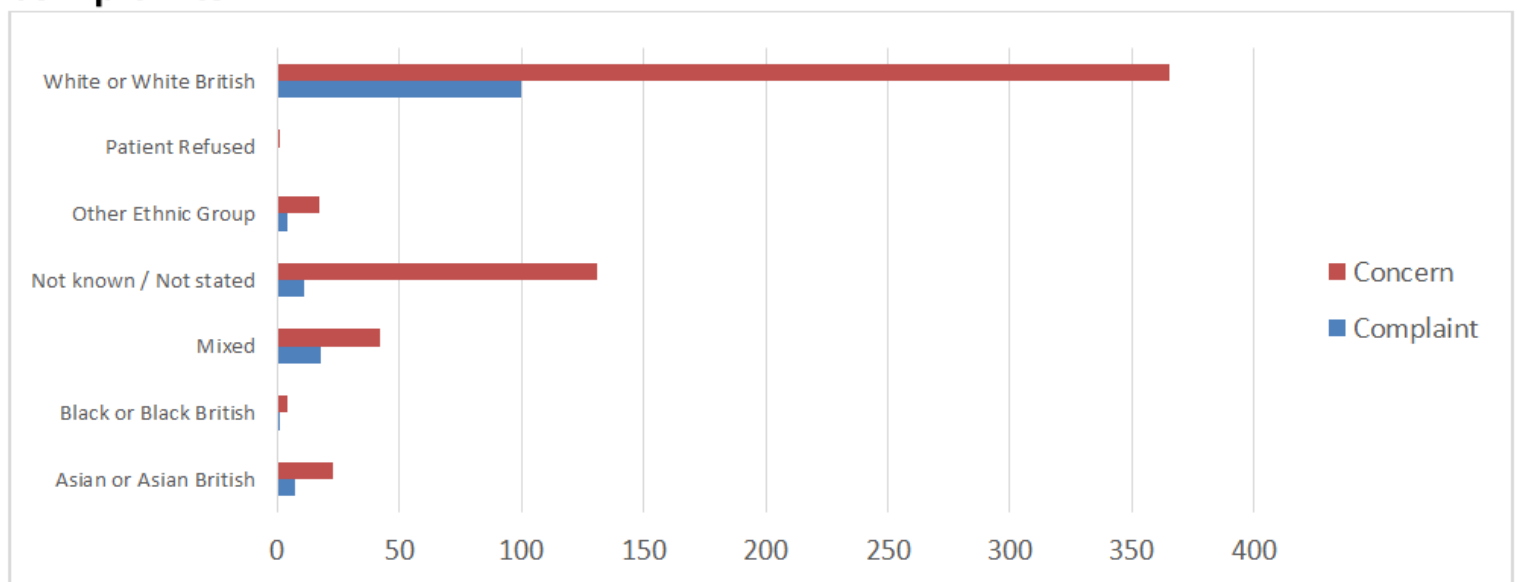
4. Gender Profile of Patients/Service Users involved in concerns or complaints



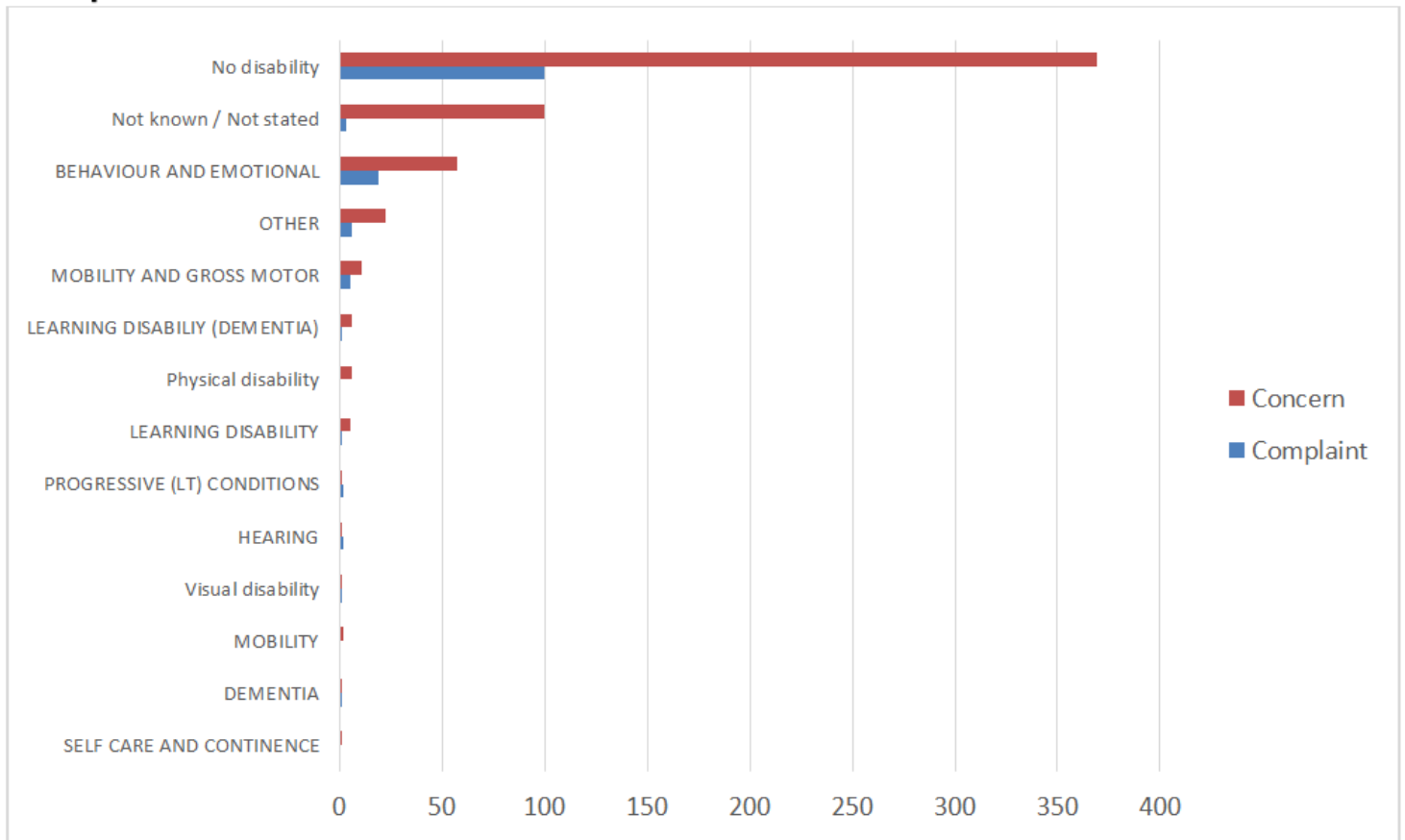
5. Ethnicity Profile of Friends and Family Test results



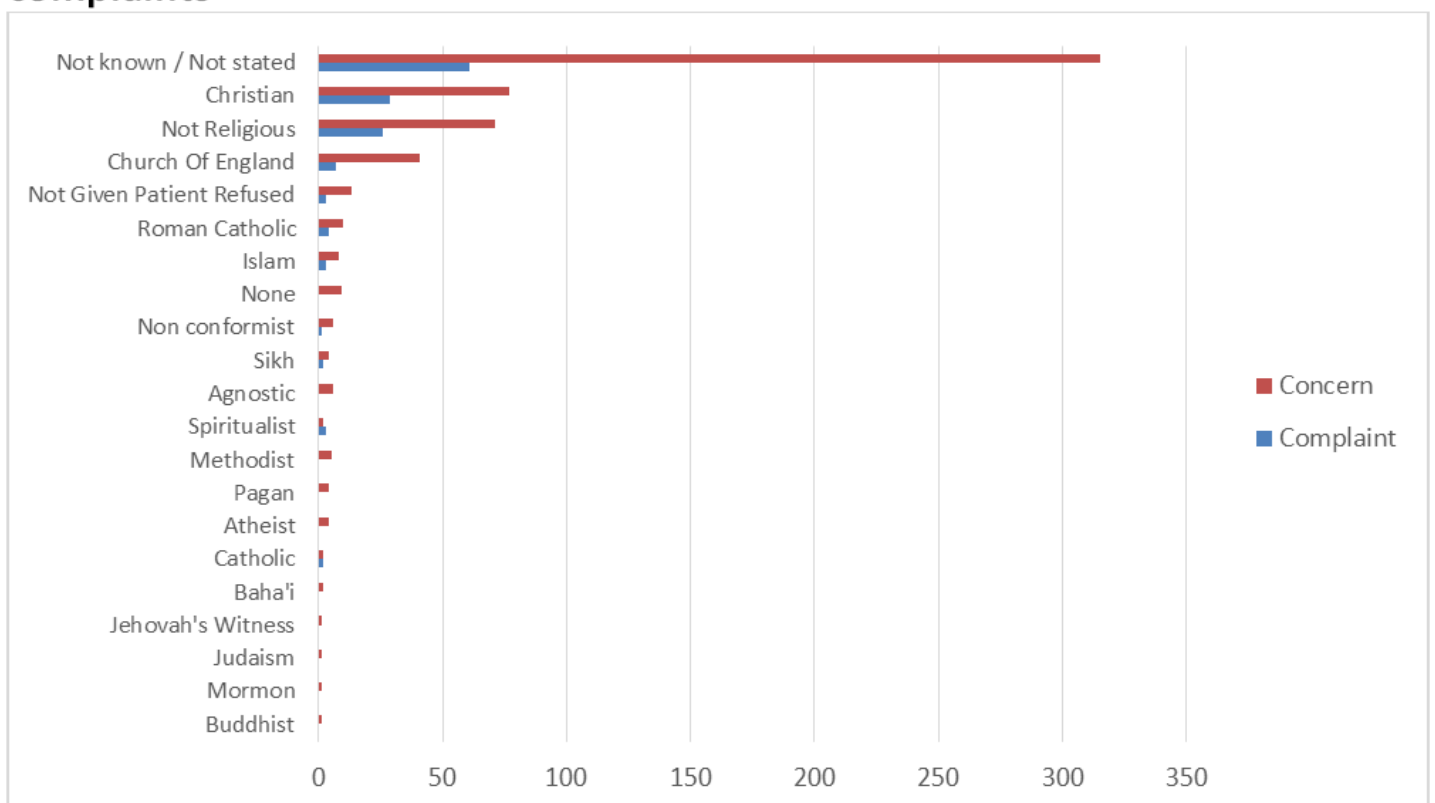
6. Ethnicity Profile of Patients/Service Users involved in concerns or complaints



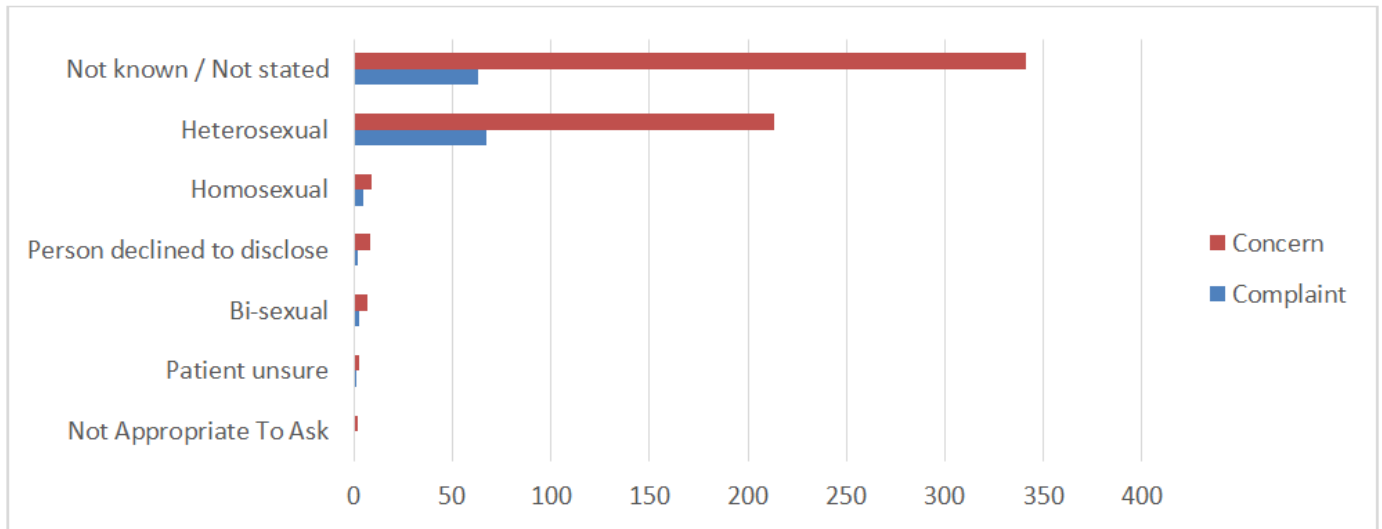
7. Disability Profile of Patients/Service Users involved in Concerns or Complaints



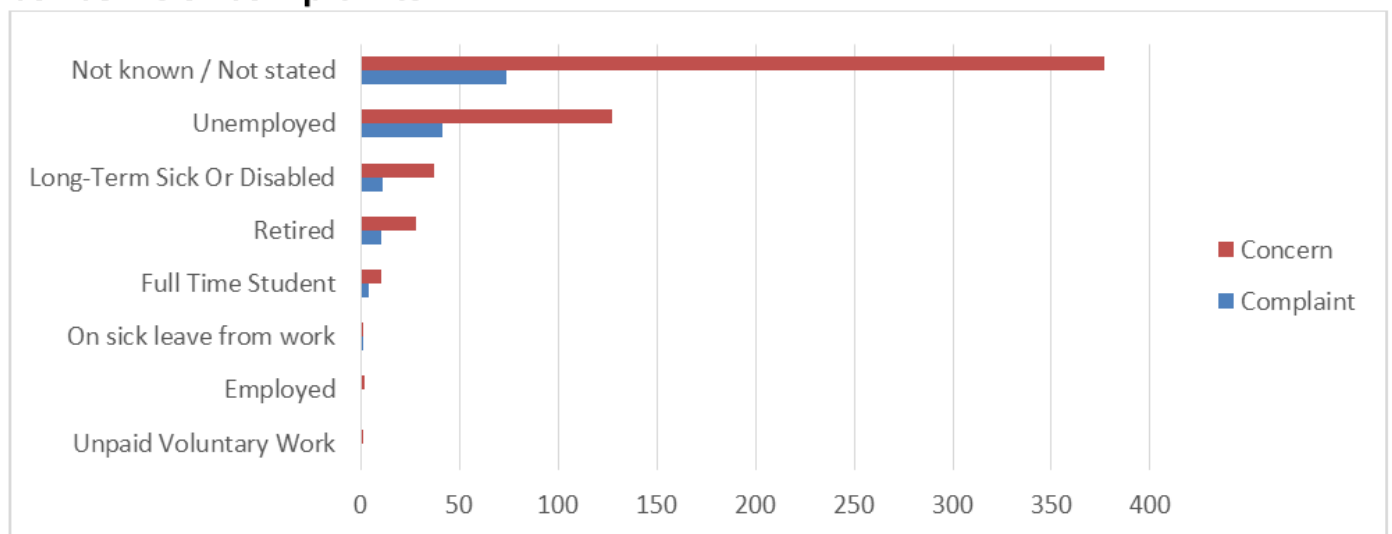
8. Religion or Belief Profile of Patients/Service Users involved in concerns or complaints



9. Sexual Orientation Profile of Patients/Service Users involved in concerns or complaints



10. Economic disadvantage Profile of Patients/Service Users involved in concerns or complaints



WORKFORCE EQUALITY DATA



Workforce demographics

Our workforce demographic data compared with the local population of Derbyshire and Derby City can be found below.

The categories have been presented in order of proportion of DHCFT staff with the characteristic.

Age	DHCFT Staff	Derbyshire population (including Derby City)
< 20	0.07%	29.40%
20 - 24	3.11%	(0 – 24 years)
25 - 29	8.53%	
30 - 34	10.10%	
35 - 39	11.60%	
40 - 44	13.14%	
45 - 49	14.93%	
50 - 54	15.83%	
55 - 59	12.99%	52.90%
60 - 64	6.81%	(25 - 64 years)
65 +	2.88%	17.70%
Grand Total	100.00%	100.00%

Disability	DHCFT Staff	Derbyshire population (including Derby City)
No	68.68%	Data not collected
Not Declared	26.95%	Data not collected
Yes	4.38%	20.00%
Grand Total	100.00%	20.00%

Gender	DHCFT Staff	Derbyshire population (including Derby City)
Female	80.20%	51.10%
Male	19.80%	48.90%
Grand Total	100.00%	100.00%

Ethnicity	DHCFT Staff	Derbyshire population (including Derby City)
White	82.37%	90.80%
Asian	7.00%	3.90%
Black	4.79%	1.00%
Not stated/Undefined	3.44%	0.00%
Mixed	1.80%	1.40%
Other	0.60%	0.40%
Grand Total	100.00%	100.00%

Marital Status	DHCFT Staff	Derbyshire population (including Derby City)
Married	51.68%	49.10%
Single	32.52%	31.00%
Divorced	7.75%	9.70%
Widowed	4.79%	7.60%
Legally Separated	1.24%	2.50%
Civil Partnership	1.09%	0.20%
Undisclosed	0.94%	0.00%
Grand Total	100.00%	100.00%

Religion or Belief	DHCFT Staff	Derbyshire population (including Derby City)
Christianity	39.07%	61.0%
I do not wish to disclose my religion/belief	31.81%	7.0%
Atheism	13.85%	27.9%
Other	9.62%	0.4%
Sikhism	2.10%	1.1%
Islam	1.72%	2.1%
Hinduism	1.09%	0.4%
Buddhism	0.56%	0.2%
Judaism	0.15%	0.0%
Jainism	0.04%	0.0%
Grand Total	100.00%	100.00%

Sexual Orientation	DHCFT Staff	East Midlands
Heterosexual or Straight	69.84%	93.80%
I do not wish to disclose my sexual orientation	27.40%	1.20%
Gay or Lesbian	1.87%	0.80%
Bisexual	0.79%	0.30%
Undecided	0.11%	3.70%
Other	0.00%	0.20%
Grand Total	100.00%	100.00%

N.B. Population sexual orientation data is only available at East Midlands level

Equality and Human Rights training data

The equality, diversity and human rights training compliance figures for 2019-2020 are below:

<u>383 LOCAL C Equality, Diversity and Human Rights - Level 1 (3 yearly) All Staff </u>	YTD Average (Jan-Mar-20)	Annual Average
Meets Requirement	6274	24408
Does not Meet Requirement	916	4800
Total	7190	29208
%	87.26%	83.57%

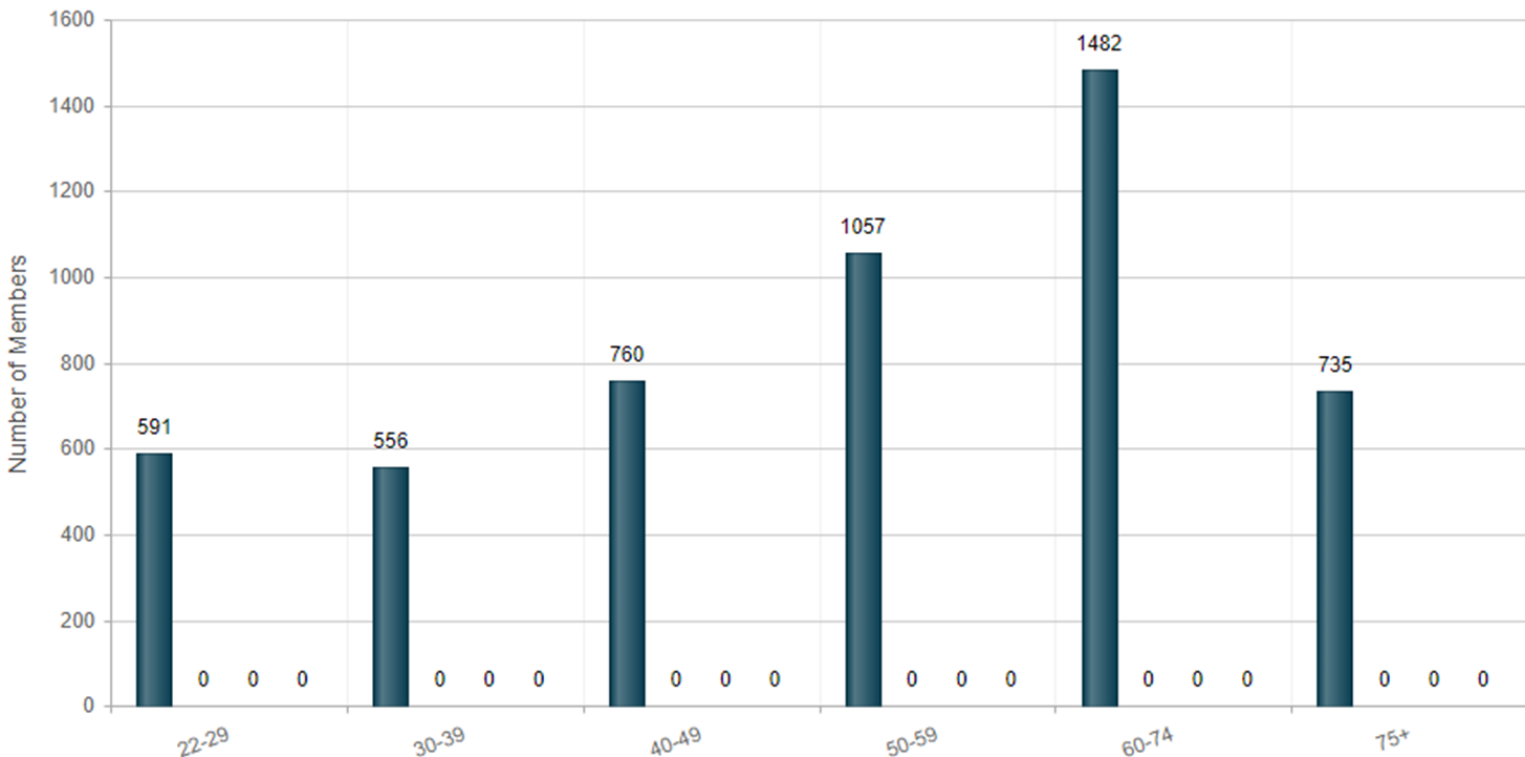
MEMBERSHIP DATA

Membership demographics

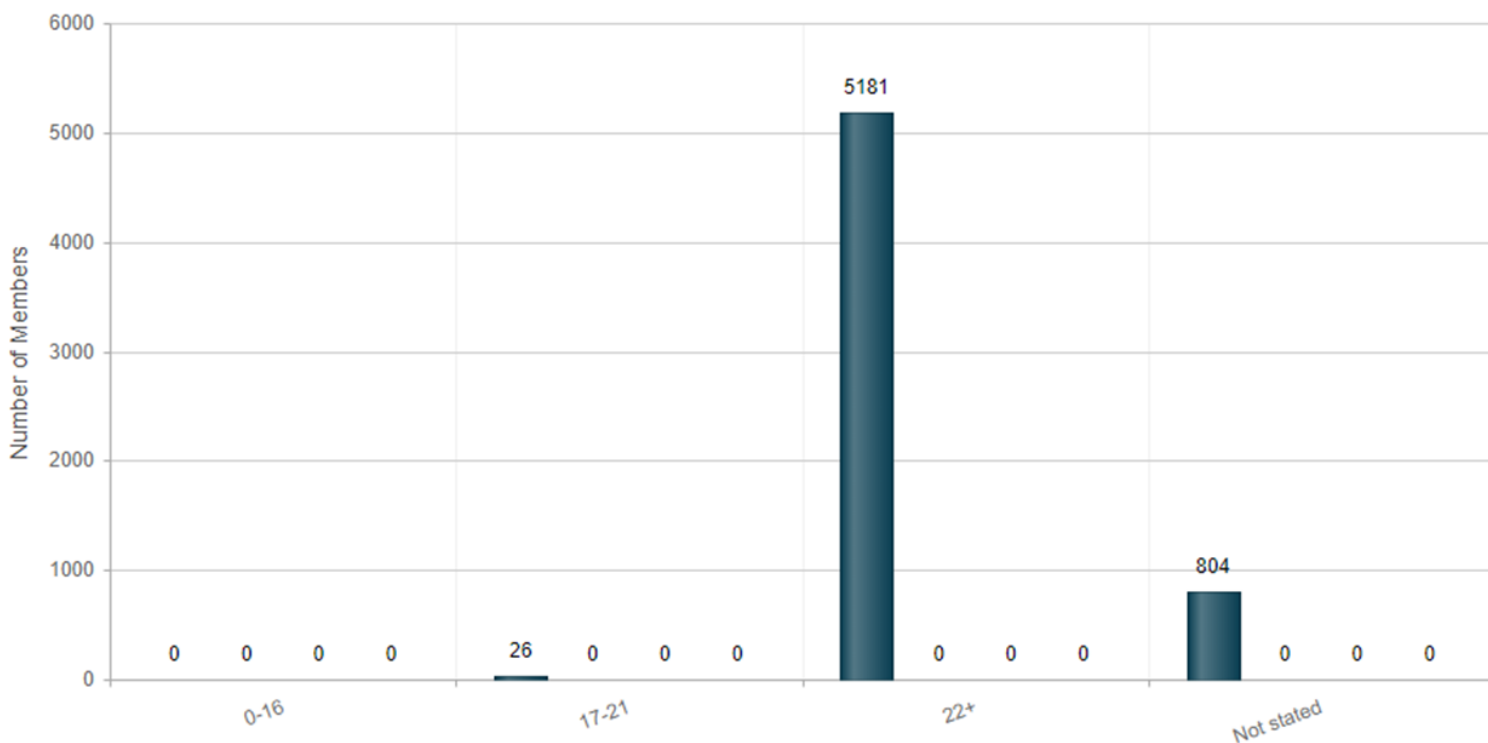
Currently the Trust has 6,011 public members who have chosen to join the Trust as a member. The data below is as at 31 March 2020.



Age

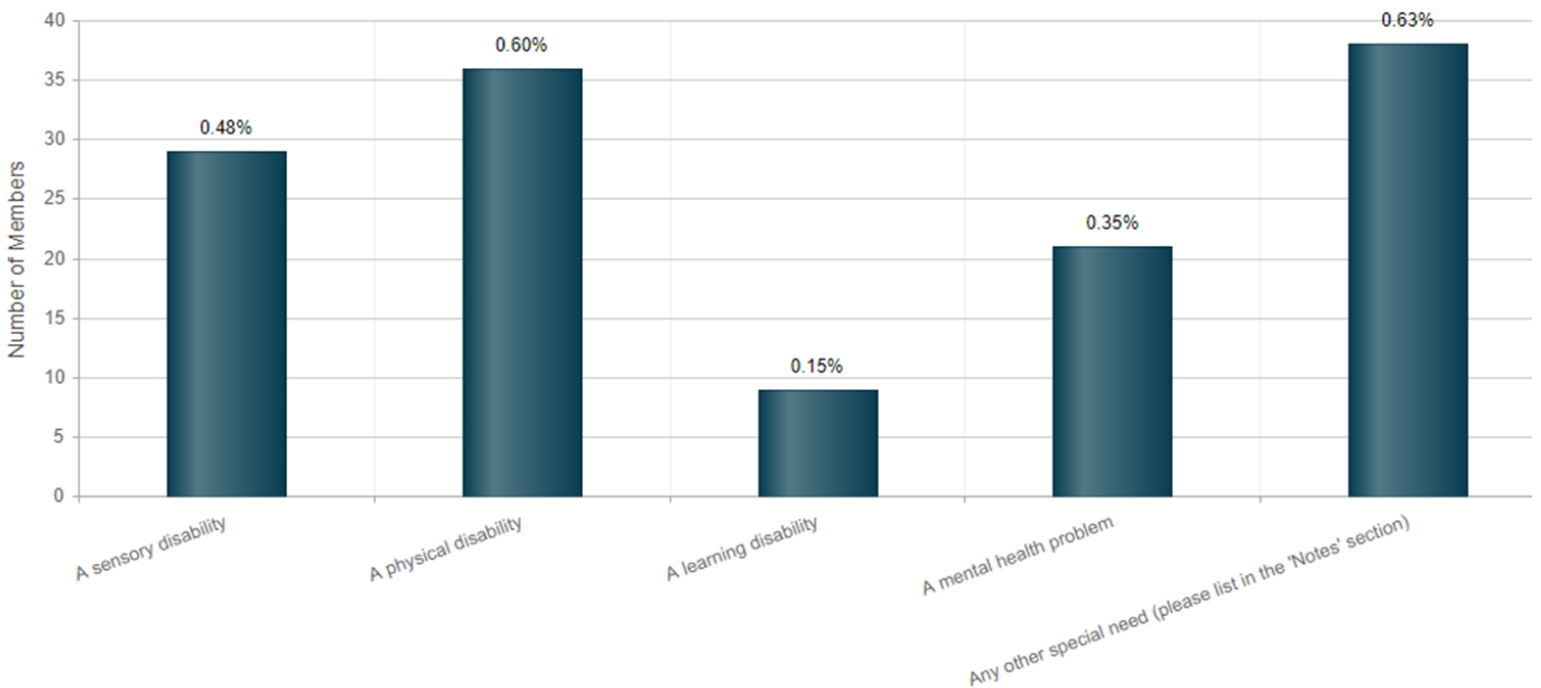


Note we have 26 members aged between 17 and 21. Anyone aged over the age of 16 can become a member of the Trust. Please see graph below.



	Total
Age	6,011
0-16	0
17-21	26
22+	5,181
Not stated	804
Age 22+	5,181
22-29	591
30-39	556
40-49	760
50-59	1,057
60-74	1,482
75+	735

Disability

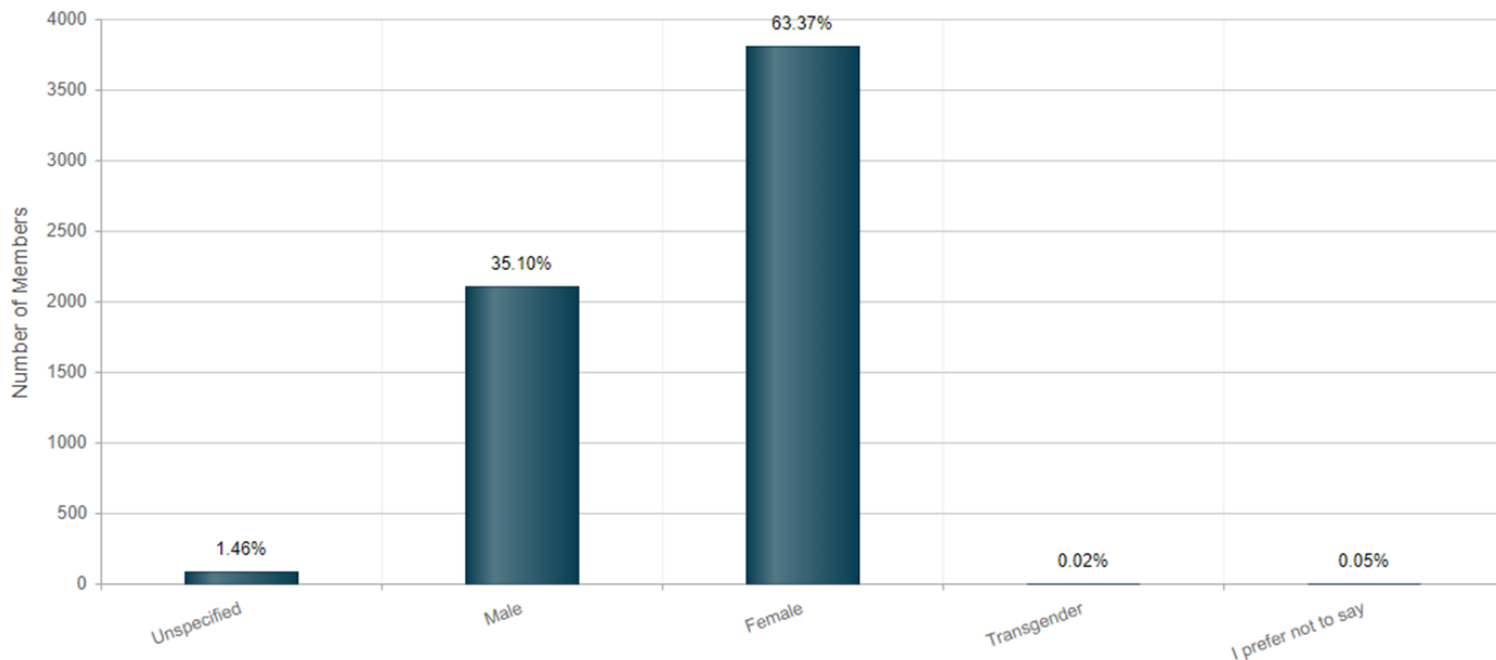


Disabilities	Number of Members	Percentage of Members
A sensory disability	29	0.48
A physical disability	36	0.60
A learning disability	9	0.15
A mental health problem	21	0.35
Any other special need (please list in the 'Notes' section)	38	0.63

Gender reassignment

The Trust does not collect data on gender reassignment from its membership

Gender



Gender	Number of Members	Percentage of Members
Unspecified	88	1.46
Male	2,110	35.10
Female	3,809	63.37
Transgender	1	0.02
I prefer not to say	3	0.05

NB. The Trust reviewed and updated the data it collects for gender – and since the beginning of January 2019 now includes: transgender and ‘I prefer to use my own term’

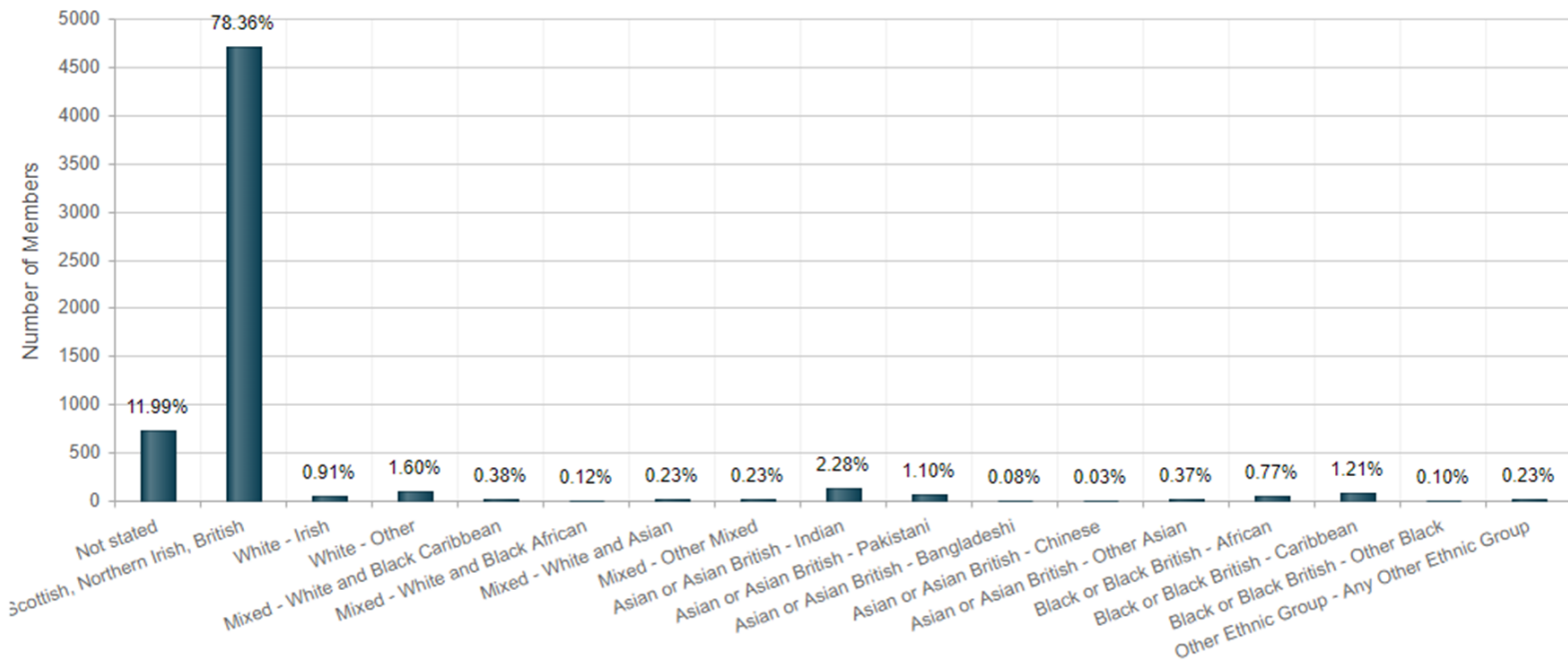
Marriage and civil partnership

Data on this protected characteristic is not collected for membership

Pregnancy and maternity

Data on this protected characteristic is not collected for membership

Ethnicity



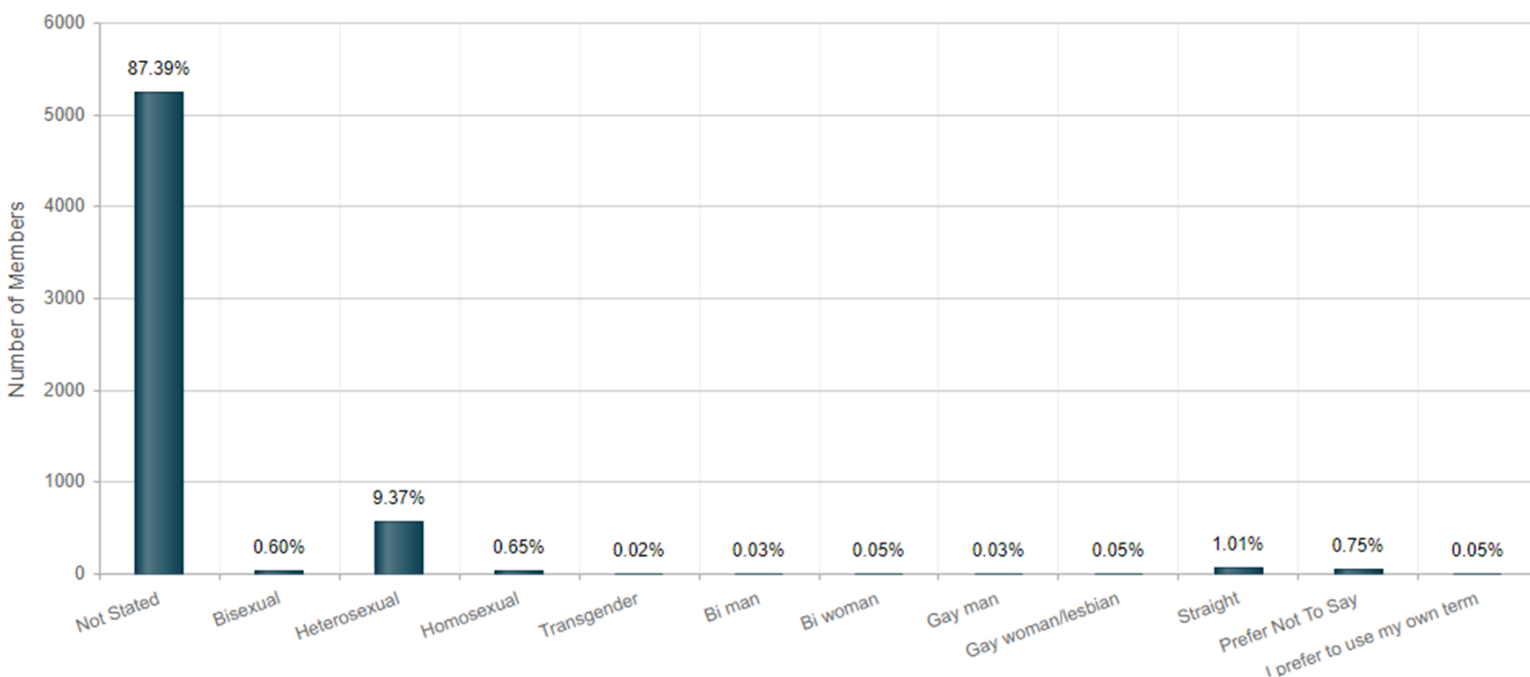
Ethnicity	Number of Members	Percentage of Members
Not stated	721	11.99
White - English, Welsh, Scottish, Northern Irish, British	4,710	78.36
White - Irish	55	0.91
White - Other	96	1.60
Mixed - White and Black Caribbean	23	0.38
Mixed - White and Black African	7	0.12
Mixed - White and Asian	14	0.23
Mixed - Other Mixed	14	0.23
Asian or Asian British - Indian	137	2.28
Asian or Asian British - Pakistani	66	1.10
Asian or Asian British - Bangladeshi	5	0.08
Asian or Asian British - Chinese	2	0.03
Asian or Asian British - Other Asian	22	0.37
Black or Black British - African	46	0.77
Black or Black British - Caribbean	73	1.21
Black or Black British - Other Black	6	0.10
Other Ethnic Group - Any Other Ethnic Group	14	0.23

Religion or belief

Faith	Number of Members	Percentage of Members
Not Stated	5,265	87.59
Agnostic	4	0.07
Atheist	7	0.12
Buddhism	12	0.20
Christian	347	5.77
Hindu	5	0.08
Jewish	2	0.03
Muslim	26	0.43
No Religion	257	4.28
Sikh	15	0.25
Other	21	0.35
Prefer Not To Say	50	0.83

NB. The Trust reviewed and updated the data it collects for faith – and since the beginning of January 2019 now includes: ‘agnostic’, ‘atheist’ and ‘pagan’

Sexual orientation



Sexual Orientation	Number of Members	Percentage of Members
Not Stated	5,253	87.39
Bisexual	36	0.60
Heterosexual	563	9.37
Homosexual	39	0.65
Transgender	1	0.02
Bi man	2	0.03
Bi woman	3	0.05
Gay man	2	0.03
Gay woman/lesbian	3	0.05
Straight	61	1.01
Prefer Not To Say	45	0.75
I prefer to use my own term	3	0.05

N.B. Prior to January 2019, the Trust collected the following data on sexual orientation: heterosexual, homosexual, bisexual, prefer not to say. The Trust reviewed and updated the data it collects on its membership form and since the beginning of January 2019 collects data on bi man, bi woman, gay man, gay woman/lesbian, straight, I prefer to use my own term, and I prefer not to say.