

Equality, Diversity, and Inclusion Annual Report 2022-23

Public Sector Equality Duty

March 2023

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FORWARD

We are pleased to present our Public Sector Equality Publication March 2023, reflecting our work over the past year.

We believe in creating an environment which fosters inclusion where individuals are respected and treated fairly, where diversity is celebrated and where everyone of all backgrounds are supported to reach their full potential.

Inclusion is at the heart of our Trust Strategy to create a strong sense of belonging in which people feel able to deliver great care. This report aims to provide a summary of the activity taking place across DHCFT against our joint equality objectives to improve service standards and outcomes for local people and our staff. This past 12 months has been unlike any we have ever experienced. The impact of Covid-19 and global events has profoundly affected every aspect of our lives and the cost-of-living crisis has disproportionately affected already disadvantaged people and communities more than others.

We have a lot of pride in the way we are already working with our service users and carers and our colleagues. We are passionately developing new and pioneering ways to improve the way we work and the services we provide at place.

The things that are most important to us is living our key values, which were developed in partnership with our users, carers, colleagues, and wider partners:



Selina Ulla
Trust Chair

Carolyn Green
Interim Chief Executive Officer



Background

Our Trust

The Trust is passionate about making equality, diversity, and inclusion part of our DNA. We take pride in our “**People First Culture**” which creates a workplace where everyone feels a genuine sense of belonging, difference is celebrated, and people are comfortable to bring their whole selves to work.

We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment throughout the work we do across the Trust for colleagues, patients, partners, and our wider community.

We are 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.

The Trust continues to work towards creating a compassionate and inclusive environment for receiving care and as a place to work.

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.

Please click [here](#) to hear our Team Derbyshire Healthcare colleagues describe what inclusion means to them

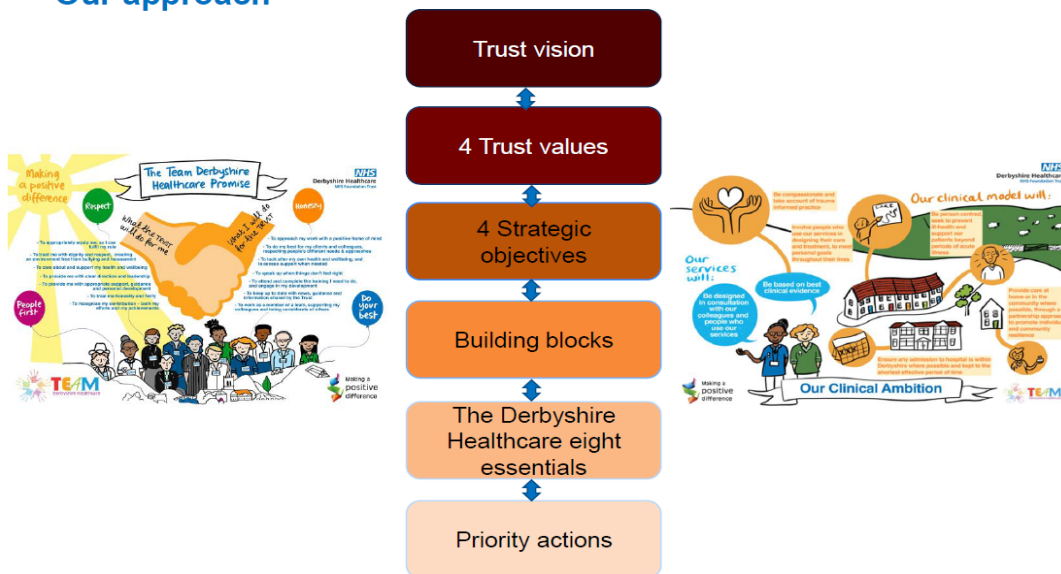
Our Vision and Values

- People first – We work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care
- Respect – We respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment
- Honesty – We are open and transparent in all we do
- Do your best – We recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.



Our Approach

Our approach



Our EDI Strategic Objectives

Great care

- Delivering compassionate, person-centred, innovative and safe care
- Choice, empowerment and shared decision-making is the norm.

Great place to work

- Attracting colleagues to work with us who we develop, retain and support by excellent management and leadership.
- An empowered, compassionate and inclusive culture that actively embraces diversity.

What we need to achieve –to deliver GREAT care



What we need to achieve –to be a GREAT place to work



Introduction

The purpose of this report is to provide information on how DHCFT met our legal and mandated duties related to equality, diversity, and inclusion over the period April 2021-March 2022.

What do we mean by workforce equality, diversity, inclusion, and fairness?

Equality, diversity, and inclusion can mean different things to different people. It is important that we are clear about what we mean when we talk about equality, diversity, and inclusion as well as an understanding of the legal context in which we operate.

- **Equality** means equal opportunities and fair treatment for our service users and carers and employees and job applicants regardless of any protected characteristics.
- **Diversity** is about recognising and reflecting difference, benefiting from having a range of perspectives in engagement, involvement and decision making and the workforce being representative of our residents.
- **Inclusion** is where people's differences are valued and used to enable everyone to thrive in our services and at work.
- **Fairness** does not mean treating everyone the same. It means treating people in line with their needs to ensure equality.

Our legal and Mandated Obligations

Legal Context: Equality Act 2010

As public bodies we are bound by the Public Sector Equality Duty (PSED). Our Inclusion strategy sets out how we will meet our statutory and mandatory obligations under this duty, which is defined within the Equality Act as: ***“A public authority must, in the exercise of its functions, have due regard to the need to:***

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Duty is supported by specific duties the Equality Act, which stipulates that every public body is required to:

- (a) Publish information annually to demonstrate its compliance with the general equality duty. This includes information relating to people who share a protected characteristic who are:
 - Employees (includes Gender Pay Gap)

- People (service users) affected by its policies and practices.

(b) Equality Objectives (specific and measurable) 4 yearly cycle

Protected Characteristics and Vulnerable Groups

These are individuals' characteristics protected by the Equality Act of 2010. Understanding these different characteristics can improve access, experience and outcomes of residents, patients, service users and staff.

There are 9 protected characteristics and 2 locally identified characteristics: age, disability, gender reassignment, race, religion and belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity, carers, and Armed Forces Community.

We are committed to the Social Model of Disability, which sees the way society is organised and the organisational, physical, and attitudinal barriers it puts in place for disabled people as the problem, rather than the individual's impairment or difference.

Our National, regional, and local context

The table below sets out the national regional and local legal and mandated obligations related to EDI.

DHCFT Legal, Policy and Standards requirements

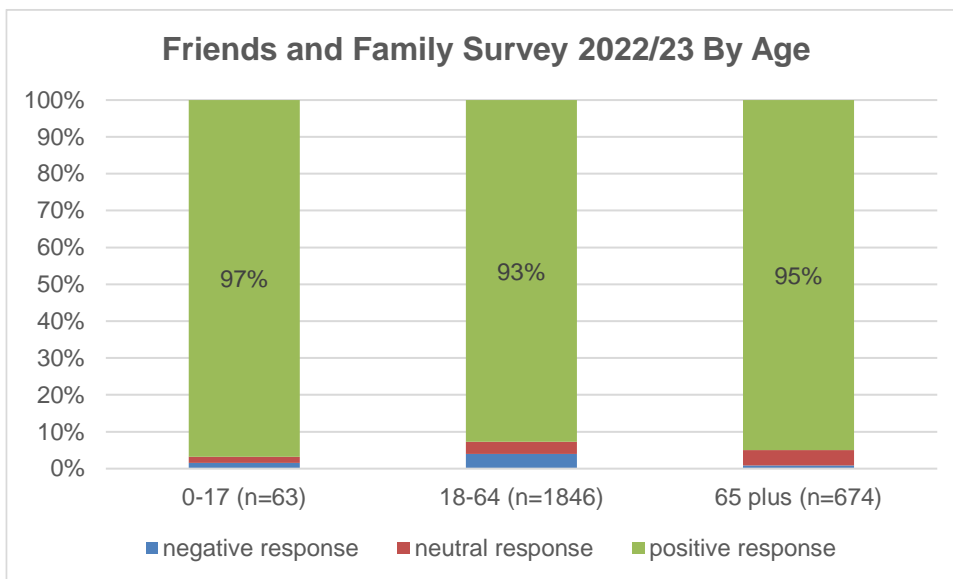
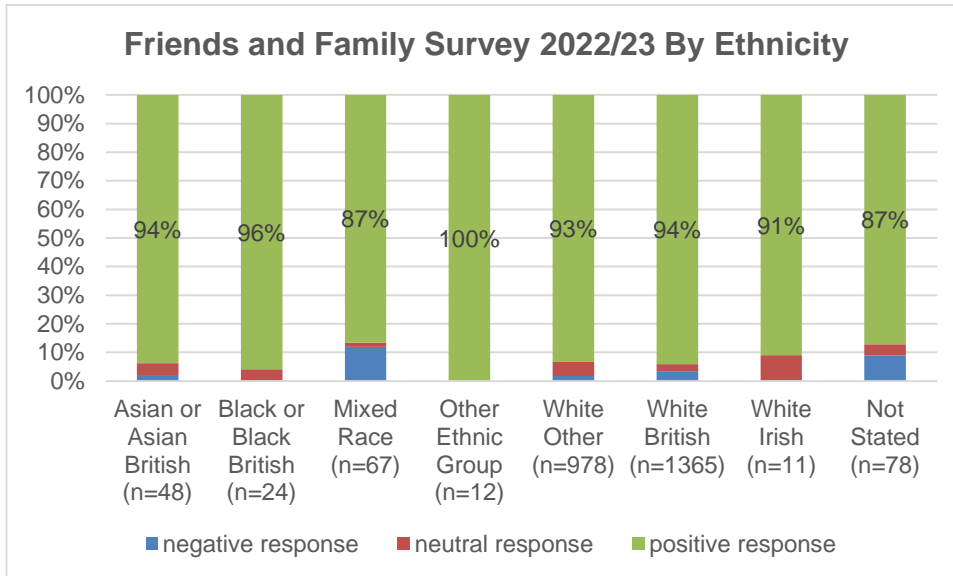


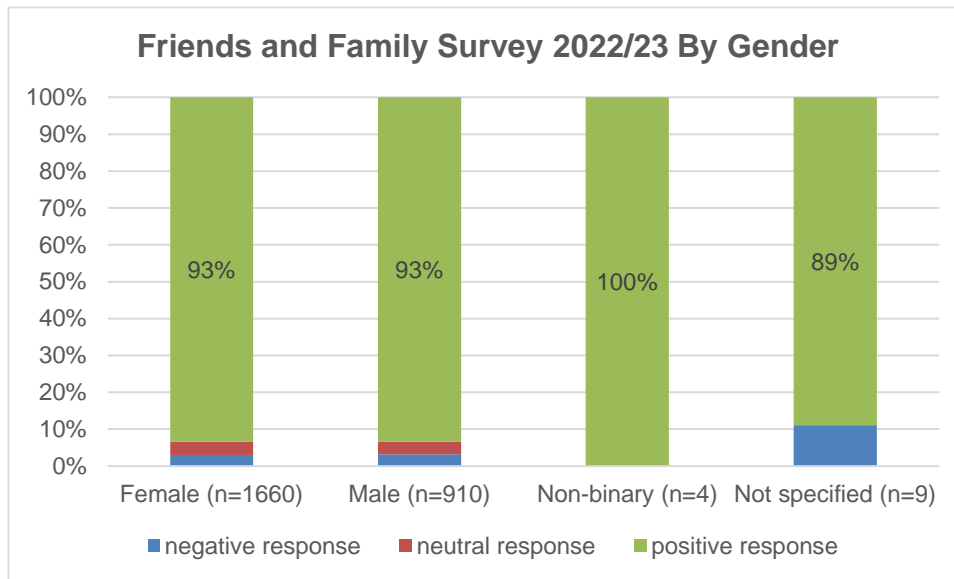
Promotion of equality in service delivery

- Customer satisfaction scores broken down by protected characteristics

To measure customer satisfaction the Trust promotes the Friends and Family Test survey, and respondents are asked to provide their ethnicity, age, and gender.

Results for the financial year were as follows:





- **Performance against equality of service delivery key performance indicators**

Throughout the pandemic, we have continued to ensure the safety of our patients through adaptations of service provision. All inpatients have been clinically assessed. Individuals from black and minority ethnic backgrounds and who had underlying health conditions or were shielding were provided with additional support. All shielding inpatients and inpatients with vulnerabilities, including asthma, have been cared for in protected areas away from direct admissions. In addition, all shielded patients in the community were offered additional support from our mental health and community health teams and were also provided with information on the 24/7 mental health helpline.

In all of our community services we have continued to offer appointments by video, using *Attend Anywhere*, by telephone and also through face-to-face visits. This flexible approach has had a positive impact as it enabled maintenance of contact and level of interventions during the pandemic.


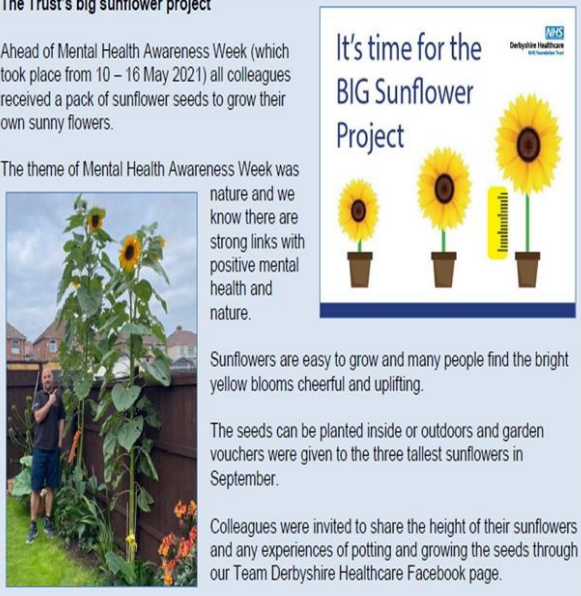
Clinically our mental health and learning disability services remained busy and continued to be operational. Our substance misuse services continued to provide a full service and experienced an increase in referrals and access related to alcohol and substance misuse. Our child health services - health visiting, safeguarding and child protection medical services continued to operate normally.

- **Explanations of activities the Trust is undertaking to promote equality of service delivery**

The Trust operates on a person-centred care planning basis. Each person is treated as an individual and their care plan takes into account all of their individual needs, which by default encapsulates equality of service delivery. Through the use of person-centred care planning, the Trust ensures that all patients are informed and supported to be as involved as they wish to be in decisions about their care. A care plan is devised jointly with the patient unless they are unwilling or unable to be involved. The principle of devising the care plan in conjunction with the patient, where possible, is consistently applied. In addition, for patients with a learning disability an accessible care plan has been devised which uses symbols to aid understanding and to enable participation in the production of the care plan.

The Trust activities and initiatives to promote Equality, Diversity, and Inclusion

The Trust continues to support promoting Equality, Diversity and Inclusion through various events, projects, initiatives and through marking and celebrating Awareness Days throughout the year via engagement sessions, Q&A sessions, and our social media platforms.

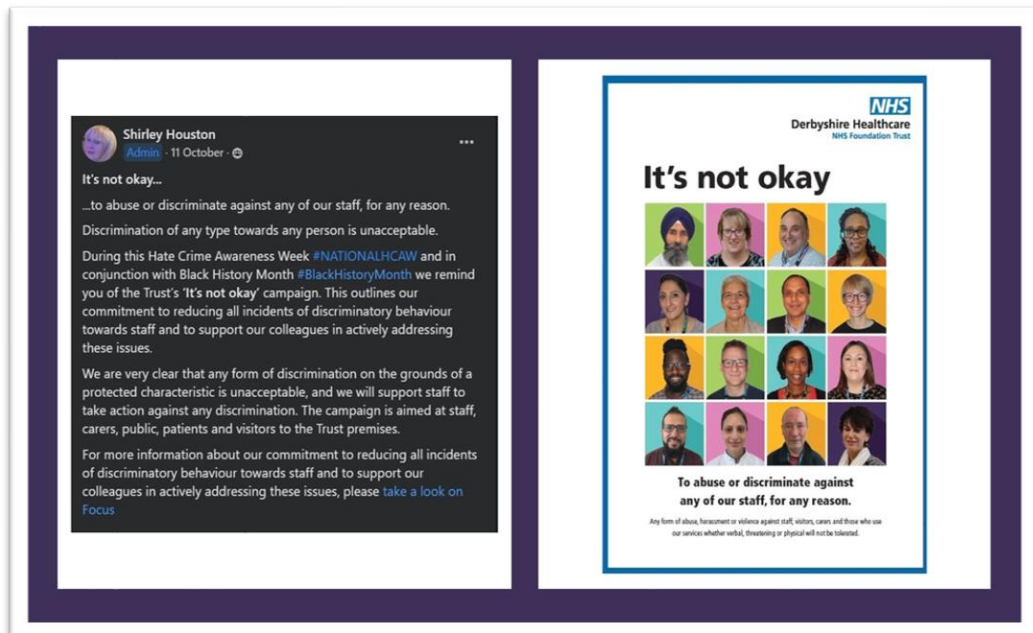
<p>National spotlight on special clinics offered at our vaccination hub</p> <p>Our Trust's vaccinations and Learning Disabilities (LD) team have received national attention for the way they have provided a welcoming environment at the Kingsway Hospital Hub for people requiring reasonable adjustments when getting vaccinated. The efforts of the vaccinators and LD team were showcased on a national webinar run by NHS England, where Marie Hooper (Non-Medical Prescriber, Learning Disabilities) represented the Trust and gave a presentation.</p> <p>The Kingsway Hospital Hub has been setting aside one day a week for special clinic days with longer appointments, where individuals requiring more time and a calmer atmosphere can attend. Marie explained on the webinar how the vaccinators and LD team worked with individuals beforehand, preparing them and listening to their needs, and then did everything possible on the day to bring about the adjustments they had requested, working in partnership with carers and GPs.</p> <p>Marie and the team were praised on the webinar for the team's "creativity" and one of the attendees described Marie's presentation as "fantastic".</p> <p>Jess (pictured), who received her vaccination during one of the clinic days said: "I am pleased to have it just so that I can go out. I had my first jab in June, and it has been good to have it in the Kingsway Hub as I can bring Shadow (my dog) and there are lots of people around to make a fuss of her. It's really quiet here and that's been great."</p> 	<p>The Trust's big sunflower project</p> <p>Ahead of Mental Health Awareness Week (which took place from 10 – 16 May 2021) all colleagues received a pack of sunflower seeds to grow their own sunny flowers.</p> <p>The theme of Mental Health Awareness Week was nature and we know there are strong links with positive mental health and nature.</p> <p>Sunflowers are easy to grow and many people find the bright yellow blooms cheerful and uplifting.</p> <p>The seeds can be planted inside or outdoors and garden vouchers were given to the three tallest sunflowers in September.</p> <p>Colleagues were invited to share the height of their sunflowers and any experiences of potting and growing the seeds through our Team Derbyshire Healthcare Facebook page.</p> 
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<p>Many thanks to Legue of Friends for money for self-soothing bags</p> <p>The Trust's League of Friends funded the service user project for self-soothing bags for the Older Adult In Reach and Home Treatment Team – High Peak and Dales. The items purchased will greatly benefit patients and help the team to make self-soothing bags, to help patients to build on their self-management skills towards managing anxious situations. The bags provide the opportunity for service users to develop their coping skills and distraction techniques.</p> <p>Self-soothing bags include a range of items, including creative items such as stress putty and colouring, centred on the five senses. As emotional tension happens during a stressful situation, it is important to know how to relax and regulate emotions effectively.</p> <p>An instruction sheet is added into the bag to give the patient an understanding of how to use the items and what benefits each item gives. In addition, there is a feedback form to capture patient's experiences and the bag's usefulness.</p> 	<p>Nike donation means Trust inpatients will be kitted out for sports sessions</p> <p>Thanks to the generosity of Nike Direct, patients at the Trust's Hartington Unit can now be issued with a kit to take part in physical activity sessions at the unit.</p> <p>Many patients come into hospital without appropriate clothing or footwear to take part in physical activity sessions.</p> <p>Physiotherapist Paula Manning got in touch with a local Nike store which offered to support the unit with donations of surplus staff uniforms. Paula, along with Recreation Coordinator Clare Farnsworth, liaised with Kim Wright, Operations Coach from Nike's Mansfield store, who kindly agreed that the work within the unit on physical activity is something they would be happy to support. Clare (front) and Paula are pictured with Kim and Dan from the Nike store and some of the kit.</p> <p>Clare said: "A huge thank you to our local Nike store for donating the gym wear to the Hartington Unit. The kits will be issued to patients that come into hospital with no sports clothing or footwear to support them to join in with physical exercise."</p> 
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Wear Red Day – Show racism the Red Card – Friday 21 October 2022 #BlackHistoryMonth




Hate Crime Awareness Week



Black History Month Q&A with BME network members – Kuda and Deepak





Black History Month Q&A with BME network members – Kuda and Deepak

As we move through #BlackHistoryMonth we would like to speak with you the BME network's Vice Chair, Deepak Shrivastava and also a member, Kuda Kumbura. So, as the members of Black History Month and how the network has developed in relation to the issues that surround the business month.

Q: Why was the network created?

Deepak: "The network was set up to support the welfare and development of our members who are disadvantaged. It is about leveling up the playing field and improving the experiences and opportunities outside of those of an ethnic minority background."

Deepak: "The business environment of organisations to value their diversity and diversity framework, particularly around having inclusive spaces to help better support staff. It's been a mission of the network to make every programme in the last three or four years as well as looking to see more movement and progress. The focus has mainly been on how we have learnt from people and the things that the network is doing to see where it needs to continue to be."

Q: Tell us about the network's priorities?

Deepak: "A key priority for the network is to build better relationships between our staff and their service users. Another priority is to ensure there is a proportionate representation of members in senior positions from all backgrounds. It is also about how to build confidence and improve the experience of employees."

Q: What is your most proud achievement to date with the network?

Deepak: "The introduction of inclusion guardians is something I'm most proud of. An inclusion guardian is someone who oversees the recruitment process to make sure all access to career development opportunities and so on, which are hard to come by in certain parts of the organisation. It is a huge step in the right direction in terms of representation."

Deepak: "The ability to help the work we do for our COVID-19 patients, the implementation of various COVID-19 policies and making sure good risk assessments were in place. The network was involved quite early on with the risk around the vaccine rollout that was a challenge for some people to have their vaccination. It has been great to be able to support with any vaccine hesitancy from the likes of service users to support the delivery of key messages from the Trust."

Q: Do you have any plan for the future as a network?

Deepak: "I think it is important for us to look ahead and explore how we can make better links with other networks to support various awareness days and months, which may come over. This would provide an opportunity to share the interests, messages and the business, collaboration and ways of supporting to make things happen better for our service users."

Q: How can staff get involved and become a member of the network?


Deepak: "Staff can get involved and become a member voluntarily. You can speak with Sharon Martin, Chair of the BME network, or Deepak Shrivastava and access the BME network member to complete your registration. To us, it is not about how many people we have on the books, it is about how many people are wanting to be out as members. We want to have people involved and be wanting to bring to the network to make a real difference."

Deepak: "It is also worth knowing that you can call either one of us as we will always not everyone has access to a computer so well."

Q: And lastly, in your own words - why is black history month important to you?

Deepak: "I don't just think Black History Month should be celebrated every day because the issues that surround Black history month are issues I, and people of black heritage, face every single day. Within the context of the NHS, I feel black people have contributed immensely to be successful and without their involvement the NHS would not be what it is today and hence."

Deepak: "I completely agree with Kuda, every day is Black History Month for him. Just like every day is South Asian Heritage Month for me. However, I realise that there are many privileges in comparison to Kuda from the colour of my skin that become more based on my career progression. I think it is also an opportunity to support those of black heritage to ensure they feel empowered and valued moving forwards."



The Trust's EQUAL Activities

Work has been continuing apace to establish and consolidate community-based groups that will feed into EQUAL, the Trust's patient and carer forum. As we move into 2023 new groups of service users and carers will be coming together in both Buxton and Chesterfield to create a feedback loop between service users and the Trust leadership team.

Other groups will be formed across the areas that the Trust provides services. By going 'to where people are' this work has equality, diversity, and inclusion at its heart - constantly seeking to engage the breadth of communities that the Trust serves. We seek to access the knowledge of those communities to help Trust services to be the best that they can be.

Members of EQUAL and the wider service user and carer community are an increasingly familiar sight across the Trust – taking part in recruitment panels for senior level Trust appointments, in Trust meetings and committees, in focus groups and so on as the Trust seeks to improve its performance by learning from the experiences of people who use its services.

Our Freedom to Speak-up Guardians' outreach activities

Our Freedom to Speak-up Guardian has been working tirelessly to promote the Freedom to Speak Up policy and procedure that aims to foster a positive culture of speaking up for all colleagues. Moreover, working across the Trust to advocate for raising concerns, speaking up, and acting as an active ally.

Some of the activities that took place throughout the year were:

- Monthly Freedom to speak-up champions check-in
- A2B Leadership Programme - Speaking Up for Leaders for DCHS and DHCFT Staff
- Freedom to Speak Up Guardian - (Junior Doctors - North & South)
- Monthly Trust Induction - FTSU promotion - New Trust staff
- Bank worker engagement session – Bank and Agency staff
- Attendance at Staff Networks meetings
- Promoting FTSU at various Staff meetings

Leadership, Training and Development

○ Cultural Intelligence (CQ Programme)

The Trust's Above Difference Cultural Intelligence programme began with the Board on 15th September 2021. 24 senior leaders completed the programme, and 4 Facilitators have been trained to deliver the Programme to the wider Trust. 20 senior leaders completed the programme in June 2022. This has now been reviewed to increase facilitators and utilising the existing facilitators.

The Above Difference has been commissioned to support the systems work around cultural intelligence including DHCFT, with a view to interrupt bias across the recruitment pathway end to end. Five working groups have been set up to review process and look at good practice in line with the model employer and other frameworks in the following pathway areas:

1. Vacancies and advertising
2. Job descriptions
3. Interview process (interview questions and panel preparation)
4. Selection and shortlisting
5. Retention

○ **Equity, Diversity, and Inclusion Workshops for Teams**

The Trust is committed to continuous learning and development to raise awareness about EDI and embed it as a practice in our day-to-day operations. The Trust has commissioned and started rolling out to teams training workshops about Equity, Diversity, and Inclusion in collaboration with Unleashed International Limited. The workshops deliver a comprehensive content that covers several EDI related themes that aim at:

- Raising people's self-awareness
- Understanding unconscious bias and how to mitigate this (Conscious Inclusion)
- Understanding equity, diversity, and inclusion (EDI)
- Understanding equity, diversity, and inclusion (EDI)
- Providing education on Discrimination, Allyship and Microaggressions
- Understanding how to be an effective Ally

○ **EDI Training and sessions**

The EDI team continues to support colleagues across the Trust in raising awareness, building a wide knowledge base and encourage enlightening conversations about equality and inclusion, and facilitates the creation of a psychologically safe space for colleagues to have the confidence to bring their whole selves to work. Some of the activities the team is leading on are:

- delivering the EDI induction to all new starters as part of their Trust Induction on monthly basis.
- delivering 2 – 3 EDI Sessions per year to the Nursing and AHP students who are on placement with the trust.

○ **Staff Networks' Chairs Development Programme**

One of the initiatives that aimed at supporting the Staff Networks by empowering their leadership teams and members is the Staff Networks' Development Programme that the Trust commissioned jointly with Derbyshire Community Health Services NHS Foundation Trust and was delivered between May and October 2022 with a celebration event held on 11 October 2022 where delegates shared their learnings, their feedback about the programme and aspiration for the futures of the network in both Trusts. The programme was developed by the Power of Staff Networks and comprised of different training series to equip delegates with tools and strategies for handling racial inequities, building their personal confidence, strengthening the networks and leadership skills in the NHS.

The programme was well attended, and the feedback was very positive.

- **The Organisational Inclusion Project**

The Trust has recently partnered with De Montfort university on an organisational Inclusion Project funded by NHS Charities together. Rubina Reza, the Trust's Head of Research & Development has taken the lead on this project for DHCFT, which is being done jointly with DCHS

The project will employ the established organisational diagnostic and change management methodology of Force Field Analysis within the Participatory Action Research approach. The project will develop an inclusive framework of inquiry across the whole organisation, identifying both challenges and the potential strategies which would overcome these challenges across all levels of the organisation, ensuring all voices are heard and solutions are acceptable and appropriate for all members.

The survey for the project closed on 30 November 2022. Preliminary analysis is underway. The research team will be holding workshops to build on survey findings in February 2023.

- **Inclusive Leadership Development Programme – Board Development**

The Trust has collaborated with the Leadership Academy who are delivering an Inclusive Leadership Programme for our Board members. The diagnostic exercise for which has taken place in June 2022 and the delivery of the programme is ongoing.

The programme is designed for leaders who govern organisations, systems, or a place. Board members will explore through the programme their leadership, how they lead individually and collectively. They will explore the way in which their leadership can impact more effectively on the organisation and its ambitions for equity, inclusion, and fairness.

We also applied for and became the first system to take this programme into the system and the diagnostic process for the ICS is currently taking place.

- **Supporting Board diversity**



In early 2022, Jas Khatkar was put forward by the Trust as for a placement under the NEXT Directors scheme. He joined us in April 2022 for 12 months.

A Chartered Accountant by background, Jas is an experienced management consultant who specialises in finance transformation and business strategy. A former director with

Accenture, Jas has worked multiple industries, including telecoms, utilities, and pharmaceuticals. Jas also advises several Sikh community Non-Governmental Organisations (NGOs) and humanitarian charities working for equality and social justice.

The Trust has supported the NExT Director scheme for several years, and its aim is to increase the diversity of Board members across the NHS. Although NExT Directors are not members of the Board, they participate in Board and Committee meetings across the Trust, in addition to a wider range of other activities including service visits

Staff Networks

Derbyshire Healthcare has a number of Staff Networks to offer colleagues a safe space where they can 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.

DHCFT Staff Networks



Staff Networks Highlights

Our staff networks have been working tirelessly throughout the year to support their members, colleagues at the Trust, The Trust leadership, and the wider community.

Armed Forces Community

The Armed Forces Community Staff Network has:

- Appointed a new Chair, Deputy Chair (veteran) and Executive Sponsor (family member).
- An increased membership of 30 members.
- Hosted the first remembrance event “Falklands 40”
- Achieved the silver award from Defence’s Employer Recognition Scheme.
- Started a monthly peer support session for its members.
- Been recognised as a “Veteran Aware” Trust by the VCHA.
- Facilitated a workshop at 103 REME Btn (Reserve Centre) on mental wellbeing.



BME Staff Network

The network continues its mission to drive positive changes within the workplace for the BME Community through:

- Having and supporting enlightening conversations
- Working in a collaborative way with colleagues from across the Trust to address any concern
- Acting as a critical friend and an inclusion champion
- Supporting the Trust in identifying priority areas for the WRES action plan
- Creating a psychologically safe space for everyone to express themselves
- Working on succession planning within the network, and talent management to address the challenges colleagues from a BME background are encountering
- The network is proud of its position within the Trust as a network where anyone can seek support as allied which is so important. The network is accredited by its members on the support it gives regarding the benefits of career progression whether inside the Trust or not. Encouragement and inspiration flourish throughout the network; and the network feels honoured when members feedback to us how we have encouraged them to feel empowered and progressed

Work plans for 2023

- The network will continue to focus on priorities local and regional as part of the WRES/MRES DATA. We are keen to work with EDI and other Trust's teams to utilise relevant dashboards for live interrogation of various metrics.
- The network reports into other networks space as a point of triangulation of assurances being achieved around health and to gauge the frontline impact of strategies and action being taken/stalling and lacking accountability. The NHS People Plan and local integration/ICS linked to Networks.
- Continue to collaborate with the People and Inclusion Team to address any areas for development or concerns around Recruitment and escalation processes.

Network Highlights 2022

- The network was nominated this year for the Outstanding Network Award at the NHS Midlands Inclusion and Diversity Awards.
- The Network supported and collaborated with the Women's Network on the joint-venture to commission the Women of Colour in Leadership training programme which took place in July 2022 and was very well attended.
- Some of the network members have just finished the **Networks' Chairs Development programme** and the outcome is positive. Specially that the programme emphasised on the concept that networks members need to be active and participate.

D.A.W.N. Disability and Wellness Staff Network

Past Year

The D.A.W.N. Group has:

- Reasonable Adjustments Plan and accompanying Managers Guide has been reviewed and signed off by the Network – this will be requested to be incorporated into the leadership passport with attendance training etc by the Leadership Development team
- The promotional video has been recorded and will be circulated within the current membership as well as via Communications, weekly focus email and on the intranet
- Launched a video message on the International Day of Persons with Disabilities. To watch the video, [click here](#)

Video message from the Disability and Wellness Network, 2 December



Future Plans

- We are going to be providing a forum for people to tell their story of working with a disability/long term condition and how they felt, how they overcame any obstacles and what support was given - if any.
- We intend to use these to look at how the Trust provide support through different levels of staffing and different roles. We will be able to build a plan to see where the gaps in knowledge and support are within the Trust and look at how we are able to provide training and guidance to both staff and managers. We will be creating an action plan consisting of learning taken from these discussions and building this into possible future training and development opportunities

- We will be looking at ways to increase staff declarations regarding any disabilities/long term conditions when applying for positions within the Trust and for current staff that have not declared this, we will be looking at how managers can provide a more inclusive culture to allow members of staff declare any disability/long term condition without the worry of a negative outcome
- We are going to be working with Recruitment and Selection to look at how we can improve the recruitment process for people with a disability/long term condition
- We are discussing including a brief section for promoting the Network during Induction and providing promotional information after the session
- We are looking to provide some products to promote the Network including wrist rests and mouse mats and ergonomic pens

LGBT+

Achievements of the LGBT+ Network



- The LGBT+ network commissioned training for staff to attend about LGBT+ identities with a focus on gender identities. These sessions were well attended, and future sessions are being planned for 2023.
- We celebrate awareness days and events by creating infographics, hosting a quiz for LGBT+ History Month, an informative video and Q&A sessions for Pride Month, and inviting in an inspirational guest speaker to discuss their experience as an LGBT+ and BME person.
- We attended Chesterfield and Belper pride to meet our community and share some of the good work we do. At Belper pride we also created and distributed

a questionnaire about LGBT+ people's experience of mental healthcare to shape our aims for the next year.

- Other things we have done include sending out over 190 progressive pride flag lanyards, purchasing, and disseminating merchandise to make ourselves visible and supporting LGBT+ colleagues, other staff networks and staff who have questions about the LGBT+ community.



DHCFT LGBT+ Network Q&A Session. Submit your questions NOW! E.g.

What does LGBT+ stand for?

What issues do LGBT+ people face?

What are pronouns and how do I know which ones to use?

I am not LGBT+ but what can I do to support the community?

How should I respond when someone makes a homophobic joke?

See the rest of this post for info on how to submit your questions.



The Multi Faith Forum & The Christian Network

Multi Faith Forum

- Developing slowly. Quarterly meeting
- MFF survey in the summer (22 respondents). (Needs to be actioned)
 - Various people are interested in finding out more about faith / different faiths to support service users
 - Education to help develop knowledge and understanding leading to equality and dignity for all groups

Christian Network (Sub-Group of the Multi-Faith Forum)

- Small group continues to meet Wed am 8.30-9
- Easter reflection led by DHCFT but included DCHS & UHDB
- Monthly lunch time reflections continue (albeit small numbers)

Christian Christmas Reflection (Derbyshire Trusts- DHCFT, DCHS & UHDB)

15th December 2022

Reached 15 participants



Women's Network

We formally launched the Women's Network during International Women's Day in March 2022. We launched the network via a number of MS Teams events and a speaker who focused on:

- What the biases are that hold women back
- Why they occur
- Why the intersectionality identity of women matters
- What we can do to challenge bias in our daily work lives

Since then, we have formally held two Networks which have increased in numbers and focussed mainly on:

- Completing the Terms of Reference
- Identifying focus for the Network – questionnaires to be sent out to gather feedback to ensure the Network is representing the needs of female workforce
- Considering our visibility – raising awareness, marketing
- Building on awareness of current groups already working in the trust that align with the Women’s Network aims to support them and not replicate work

Equality Delivery System (EDS2)

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The NHS developed the EDS, taking inspiration from existing work and good practice.

A review of the EDS2 was undertaken to incorporate system changes and take account of the new system architecture for Integrated Care Systems. Through collaboration and co-production and taking into account the impact of COVID-19, the EDS has now been updated and EDS 2022 is now available for live testing during 2022/23.

The main purpose of the EDS was, and remains, to help local NHS systems and organisations, in discussion with local partners and local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS 2022, NHS organisations can also contribute to delivering on the Public Sector Equality Duty.

EDS 2022 is aligned to NHS England’s Long-term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

Domain 1: Commissioned or provided services	Domain 2: Workforce health and well-being	Domain 3: Inclusive leadership
1A: Service users have required levels of access to the service	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
1B: Individual service user’s health needs are met	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
1C: When service users use the service, they are free from harm	2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients
1D: Service users report positive experiences of the service	2D: Staff recommend the organisation as a place to work and receive treatment	

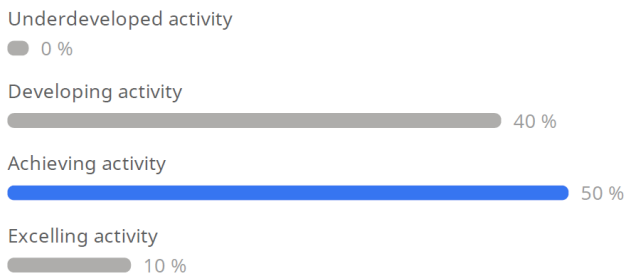


DHCFT's Perinatal team who held a positive EDS (Equality Delivery System) grading event in February 2023. This process was led by our commissioners and focused on our system-wide collaboration to ensure patients have required levels of access to the service, that individuals' health needs are being met and that people who use the service are free from harm. The tables

below show the grading by the stakeholders against the four outcome areas, for more information please follow this [link](#).

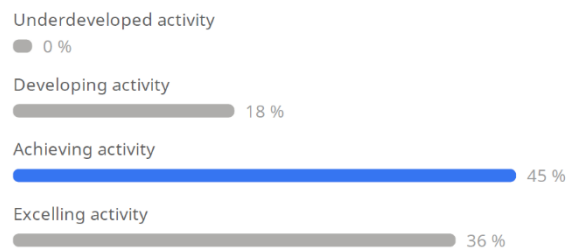
1A) Derbyshire Healthcare NHS Foundation Trust: Patients (service users) have required levels of access to the service - How would you score this submission?

0 1 0



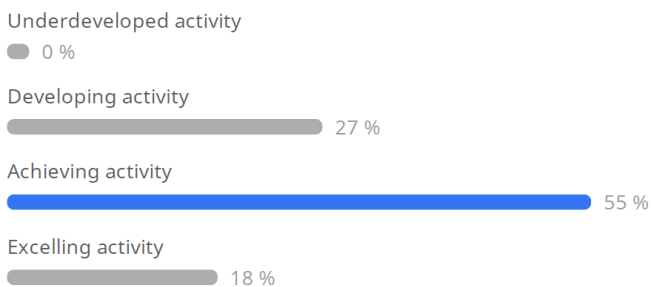
1B) Derbyshire Healthcare NHS Foundation Trust: Individual patients (service user's) health needs are met - How would you score this submission?

0 1 1



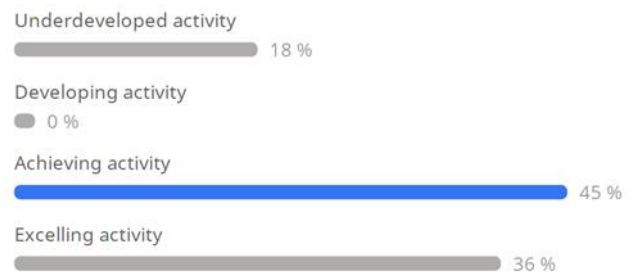
1C) Derbyshire Healthcare NHS Foundation Trust: When patients (service users) use the service, they are free from harm (DHFT) How would you score this submission?

0 1 1



1D) Derbyshire Healthcare NHS Foundation Trust: Patients (service users) report positive experiences of the service - How would you score this submission?

0 1 1



Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is an annual data collection exercise which highlights the experiences of Black, and Minority Ethnic (BME) compared to their white counterparts within an organisation. The standard is a requirement for all NHS health care providers through the NHS standard contract.

The WRES requires organisations to demonstrate progress against nine metrics specifically focused on race equality and suggests actions to address the disparities identified. The data and statistics used in this report reflect Workforce indicators, NHS staff survey Indicators and a Board representation indicator.

The WRES consists of 9 indicators which are themed in 3 areas below:

Representation, recruitment, and progression

- **Indicator 1** - Representation
- **Indicator 9** - voting Board membership
- **Indicator 2** - likelihood of appointment from shortlisting
- **Indicator 4** - access to non-mandatory training and CPD
- **Indicator 7** - fairness in career progression
- Disparity Ratio

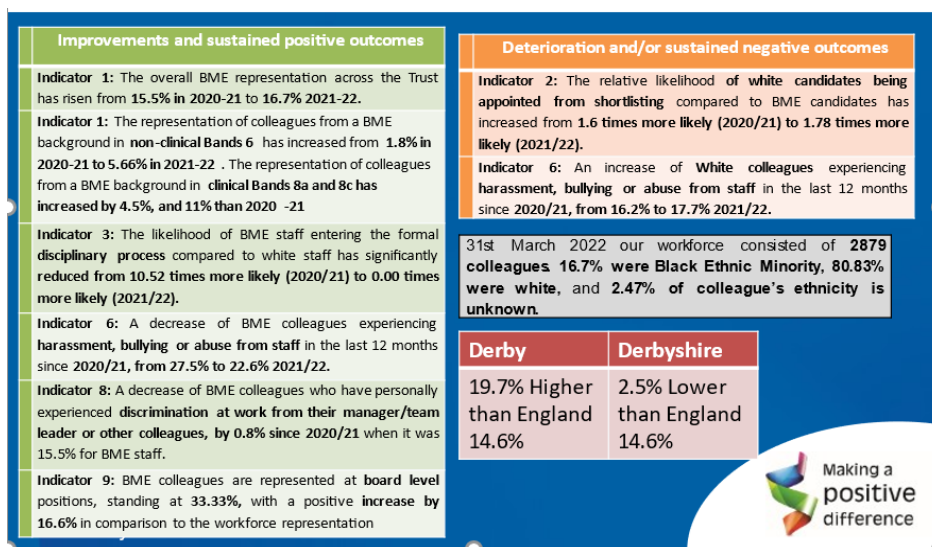
Behaviours and discrimination

- **Indicator 5** - bullying and harassment from the public
- **Indicator 6** - bullying and harassment from staff
- **Indicator 8** - experience of discrimination

Formal disciplinary processes

- **Indicator 3** - likelihood of entering the disciplinary process

The key headlines include:



Next steps include working with the relevant leads and BME Network to progress the action plan, this will require actions to be embedded into divisional people plans. To learn more about the WRES and the action plan, follow this [link](#).

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is an annual data collection exercise which highlights the experiences of disabled colleagues compared to their non-disabled counterparts within an organisation. The standard is a requirement for all NHS health care providers through the NHS standard contract.

The WDES requires organisations to demonstrate progress against the ten metrics specifically focused on disability equality and suggest actions to address gaps.

The data and statistics used in this report reflect Workforce indicators, NHS staff survey Indicators and a Board representation indicator.

The Workforce Disability Equality Standard (WDES) report provides an overview of the data from April 2020 to March 2021 and progress against the ten metrics of the WDES.

Our commitment as a Trust to improve the employee experience for colleagues with disabilities, the WDES will help foster a better understanding of the issues faced by disabled colleagues and the inequalities they experience and supports the Trust to take action to create an inclusive and diverse leadership, which is in line with Derbyshire Healthcare's mission to be 'positively inclusive'. It involves a continued approach to monitoring our attraction, recruitment and retention initiatives, eliminating unlawful discrimination, harassment and victimisation and to improve year-on-year the reported experience of Disabled colleagues. We will only then be a great place to work and a great place to be cared for.

Our Disability & Wellness Network (D.A.W.N) Staff Network continues to have executive sponsorship from the Director of People and OD. As a network, they have and will be instrumental in putting together the resulting action plan for 2022/23.

The WDES consists of 10 indicators which are themed in 3 areas below:

Representation, recruitment, and progression

- **Indicator 1:** Representation
- **Indicator 2:** Likelihood of appointment
- **Indicator 10:** Board voting membership
- **Indicator 5:** Fairness in career progression

Behaviours and discrimination

- **Indicator 4:** Bullying and harassment
- **Indicator 6:** Pressure to come into work


- **Indicator 7:** Feeling valued
- **Indicator 8:** Adequate adjustments
- **Indicator 9:** Colleague engagement

Formal capability processes

- **Indicator 3:** Likelihood of entering capability

The key headlines include:

Improvements and sustained positive outcomes	Deterioration and sustained negative outcomes																			
<p>Metric 1: The number of staff who have declared a disability on ESR has increased slowly but consistently over the last four years, since 2018 where 115 colleague declared a disability to 194 declarations status 2021.</p> <p>Metric 4b: The percentage of staff saying the last time they experienced harassment, bullying or abuse, they or a colleague reported it, increased since 2020/21 from 54.8% for disabled and 62.0% non-disabled colleagues to 64% for disabled and 63.1% non-disabled colleagues in 2021/22</p> <p>Metric 5: The percentage of staff believing the Trust provides equal opportunities for career progression, increased since 2020/21 from 60% for disabled and 64.4.0% non-disabled colleagues to 63.4% for disabled and 65.7% non-disabled colleagues in 2021/22</p> <p>Metric 8: The percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work, increased since 2020/21 from 86.6% for disabled colleagues to 89.5% for disabled 2021/22.</p>	<p>Metric 4a i: The percentage of staff experiencing harassment, bullying or abuse from - Patients, service users or members of the public , increased since 2020/21 from 27.6% for disabled and 21.9% non-disabled colleagues to 30.9% for disabled and 23.8% non-disabled colleagues in 2021/22</p> <p>Metric 4a:ii The percentage of staff experiencing harassment, bullying or abuse from -Manager increased since 2020/21 from 11.2% for disabled and 5.7% non-disabled colleagues to 12% for disabled and 4.9% non-disabled colleagues in 2021/22</p> <p>Metric 4a iii : The percentage of staff experiencing harassment, bullying or abuse from - Other colleagues , increased since 2020/21 from 20.6% for disabled and 11.8% non-disabled colleagues to 19.7% for disabled and 12.1% non-disabled colleagues in 2021/22</p>																			
<table border="1"> <thead> <tr> <th></th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td>ESR</td> <td>115</td> <td>117</td> <td>149</td> <td>194. 6.7%</td> </tr> <tr> <td>NHS Staff Survey</td> <td>288</td> <td>371</td> <td>440</td> <td>522</td> </tr> </tbody> </table>		2018	2019	2020	2021	ESR	115	117	149	194. 6.7%	NHS Staff Survey	288	371	440	522	<table border="1"> <thead> <tr> <th>Derby</th> <th>Derbyshire</th> </tr> </thead> <tbody> <tr> <td>18.7% Higher than England Average 17.6%</td> <td>20.4% Higher than England Average 17.6%</td> </tr> </tbody> </table>	Derby	Derbyshire	18.7% Higher than England Average 17.6%	20.4% Higher than England Average 17.6%
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Next steps include working with the relevant leads and D.A.W.N. network to progress the action plan, this will require actions to be embedded into divisional people plans. To learn more about the WDES and the action plan, follow this [link](#).

Gender Pay Gap

The Gender Pay Gap is annual collection of data against six calculations an organisation is required to publish, which are listed in the table below:

Table 1: Gender Pay Gap reporting requirements.	
Mean gender pay gap	The difference between the average of men's and women's hourly pay.
Median gender pay gap	The difference between the midpoints in the ranges of men's and women's pay. All salaries in the sample are lined up separately for men and women in order from lowest to highest, and the middle salary is used. The figure is the difference of these two middle points.
Mean gender pay gap	The difference between the mean bonus payments made to relevant male employees and that paid to relevant female employees. For DHCFT this refers to local and national clinical excellence awards.
Median bonus gender pay gap	The difference between the median bonus payments made to relevant male employees and that paid to relevant female employees. For DHCFT this refers to local and national clinical excellence awards.
Proportion of males and females receiving a bonus.	The proportions of relevant male and female employees who were paid a bonus payment. For DHCFT this refers to local and national clinical excellence awards.
Proportion of males and females in each quartile band.	The proportions of male and female relevant employees in the lower, lower middle, upper middle and upper quartile pay bands.

We collected our data on 31st March 2022, when our workforce consisted of 2306 (18.10%) women, 573 (9.90%) men and 2879 in total.

In common with the whole NHS, our Trust is predominantly female. Given that over 80% of staff are women, it is also the case that women outnumber men at every quartile.

Table 2 below shows DHCFT's overall mean and median gender pay gap and bonus gap based on hourly rates of pay.

The table below shows an overview of our data, and the full report can read following this [link](#).

Table 2: DHCFT Overall mean and median gender pay gap and bonus gap based on hourly rates of pay		
	DHCFT 2021	DHCFT 2022
Mean gender pay gap.	15.41%	16.51%
Median gender pay gap.	9.96%	10.39%
Mean bonus gender pay gap.	89.54%	87.62%
Median bonus gender pay gap.	88.93%	50.00%
Proportion of men and women receiving a bonus.	5.11%	4.20%
<i>NB bonuses paid relate to clinical excellence awards which are for applicable consultants only rather than all employees (even though the calculation includes all staff)</i>		
Proportion of females and males in each quartile band: DHCFT 2022		
Quartile	Women	Men
Top quartile	84.35%	15.65%
Upper Middle quartile	79.89%	20.11%
Lower Middle quartile	81.86%	18.14%
Lower quartile	71.94%	28.06%

Ethnicity Pay Gap

This year we also looked at the headline figures for the ethnicity pay gap EPG. The tables below show the mean and median EPG and the proportion of BME and White staff in each quartile band as at March 2022. We plan to have a more detailed analysis next year

Ethnic Group	Average Hourly Rate	Median Hourly Rate
White	£17.87	£16.52
BME	£19.83	£15.44
Difference	-£1.96	£1.08
Pay Gap %	-10.94%	6.53%

Quartile	BME	White	BME %	White %
1	128	604	17.49	82.51
2	192	514	27.20	72.80
3	94	679	12.16	87.84
4	154	581	20.95	79.05

Appendix 1: Patient Equality Data

▪ Patient Demographics (IAPT, PARIS, SystemOne) as of 31 March 2022

The following tables show the available demographic information relating to patients open to the Trust as of March 2022 and is only intended as a general guide. The reporting categories between our electronic patient record systems (PARIS, SystemOne and IAPT), are different and when grouped, may not capture all of the information on our patients' demographics accurately at this high level.

Religion	%
Baha'i	0.00%
Buddhist	0.11%
Christian	13.23%
Declines to Disclose	0.12%
Hindu	0.26%
Invalid	0.30%
Jain	0.00%
Jewish	0.02%
Muslim	2.95%
None	3.59%
None - Atheist	0.19%
Not Stated	0.02%
Other	1.11%
Pagan	0.11%
Sikh	0.70%
Unknown	77.27%
Grand Total	100.00%

Ethnicity	%
Asian or Asian British - Any other Asian background	1.92%
Asian or Asian British - Bangladeshi	0.25%
Asian or Asian British - Indian	3.69%
Asian or Asian British - Pakistani	7.40%
Black or Black British - African	1.78%
Black or Black British - Any other Black background	0.65%
Black or Black British - Caribbean	0.46%
Mixed - Any other mixed background	1.30%
Mixed - White and Asian	1.13%
Mixed - White and Black African	0.70%
Mixed - White and Black Caribbean	1.91%
Not Known	3.62%
Not stated	2.43%
Other Ethnic Groups - Any other ethnic group	16.77%
Other Ethnic Groups - Chinese	0.33%
White - Any other White background	5.07%
White - British	50.40%

White - Irish	0.19%
Grand Total	100.00%

Marital Status	%
Divorced/Partnership Dissolved	0.85%
Divorced/Person whose Civil Partnership has been dissolved	0.17%
Invalid	0.00%
Married/Civil Partner	8.01%
Not Applicable	0.01%
Not disclosed	9.40%
Not Known	0.29%
Separated	0.53%
Single	33.10%
Unknown	46.77%
Widowed/Surviving	0.84%
Widowed/Surviving Civil Partner	0.04%
Grand Total	100.00%

Sexual Orientation	%
Bisexual	0.35%
Bi-Sexual	0.04%
Female homosexual	0.01%
Gay Or Lesbian	0.04%
Heterosexual	9.98%
Heterosexual Or straight	0.97%
Homosexual	0.05%
Homosexuality (& [lesbianism])	0.00%
Homosexuality NOS	0.04%
Lesbian or gay	0.16%
Male homosexual	0.01%
Not Appropriate to Ask	0.09%
Not Stated (declined)	0.05%
Other	0.09%
Other Sexual Ori Not Listed	0.01%
Patient unsure	0.06%
Person Asked and Does Not Know	0.03%
Person declined to disclose	0.17%
Sexual orientation not given - patient refused	0.31%
Sexual orientation unknown	0.10%
Unknown	87.45%
Grand Total	100.00%

Gender	%
Female	52.79%
Indeterminate	0.01%
Male	47.17%
Non-Binary	0.00%
Not Known	0.00%
Not specified	0.03%
Grand Total	100.00%

Disabled	%
No	96.98%
Yes	3.02%
Grand Total	100.00%

Appendix 1: Patient Equality Data

- **Interpretation and translations data**

Below is a list of the translation and interpretation services used from 1 April 2021 to 31 March 2022 across the Trust's services.

- **Face to Face Interpretation**

Total amount spent: 2021-22 = £62,782

Derby Healthcare NHS Foundation Trust: £42,391

Derby Healthcare FT – CCG Children's: £20,227

2,627 requests in the period FY 2021-22

Derby Healthcare NHS Foundation Trust: 1,595

Derby Healthcare FT – CCG Children's: 1,032

Language	Jobs
Slovak	533
Urdu	285
British Sign	274
Arabic (Modern Standard)	161
Czech	157
Polish	267
Kurdish (Sorani)	157
Punjabi, Eastern (India)	135
Romanian	119
Punjabi, Western (Pakistan)	81
Farsi	67
Vietnamese	39
Portuguese	37
Arabic (Classical/North African)	28
Russian	27
Latvian	24
Bengali	25
Mandarin	24
Cantonese	23
Spanish	15
Turkish	14
Hindi	11
Italian	11
French	10
Hungarian	9
Tamil	9
Albanian	8

Mirpuri	8
Lithuanian	7
Tigrinya	7
Kurdish (Kurmanji)	6
Indonesian	5
Japanese	5
Sudanese Arabic	5
Pashto (Afghanistan)	4
Amharic	3
Pashto (Pakistan)	3
Roma	3
Swahili	3
Albanian (Kosovo)	2
Bosnian	2
Oromo (Central)	2
Sylheti	2
Aramaic	1
Bahasa Indonesian	1
Bulgarian	1
Deafblind (BSL Hands on/hand-under-hand)	1
English (Pidgin)	1
Filipino	1
German	1
Greek	1
Portuguese (Brazil)	1
Potowari (Pahari)	1

- Telephone interpretation

Total amount spent: 2021-22 = £155

Languages Used below	Number of bookings
	2021-22 = 18

Language	Count
Chinese Mandarin	6
Polish	2
Punjabi	2
Arabic (Sudanese)	1
Hindi	1
Latvian	1
Lithuanian	1
Mandarin	1
Romanian	1

Russian	1
Urdu	1

- **Document translation**

Total amount spent: 2021-22 = £6,003

Derby Healthcare NHS Foundation Trust: £5,827

Derby Healthcare FT – CCG Children's: £176

109 Requests in the period FY 2021-22

Derby Healthcare NHS Foundation Trust: 106

Derby Healthcare FT – CCG Children's: 3

Language	Requests
Slovak (Slovakia)	36
Polish (Poland)	17
Urdu	16
Latvian (Latvia)	6
Punjabi (India)	4
Arabic Modern Standard	10
Chinese (Simplified)	3
Czech (Czech Republic)	3
French (France)	2
Kurdish (Sorani)	2
Romanian (Romania)	2
Arabic Classical	1
Swahili	2
Hungarian (Hungary)	1
Pashto (Afghanistan)	1
Punjabi (Pakistan)	1
Portuguese (Portugal)	1
Turkish (Turkey)	1

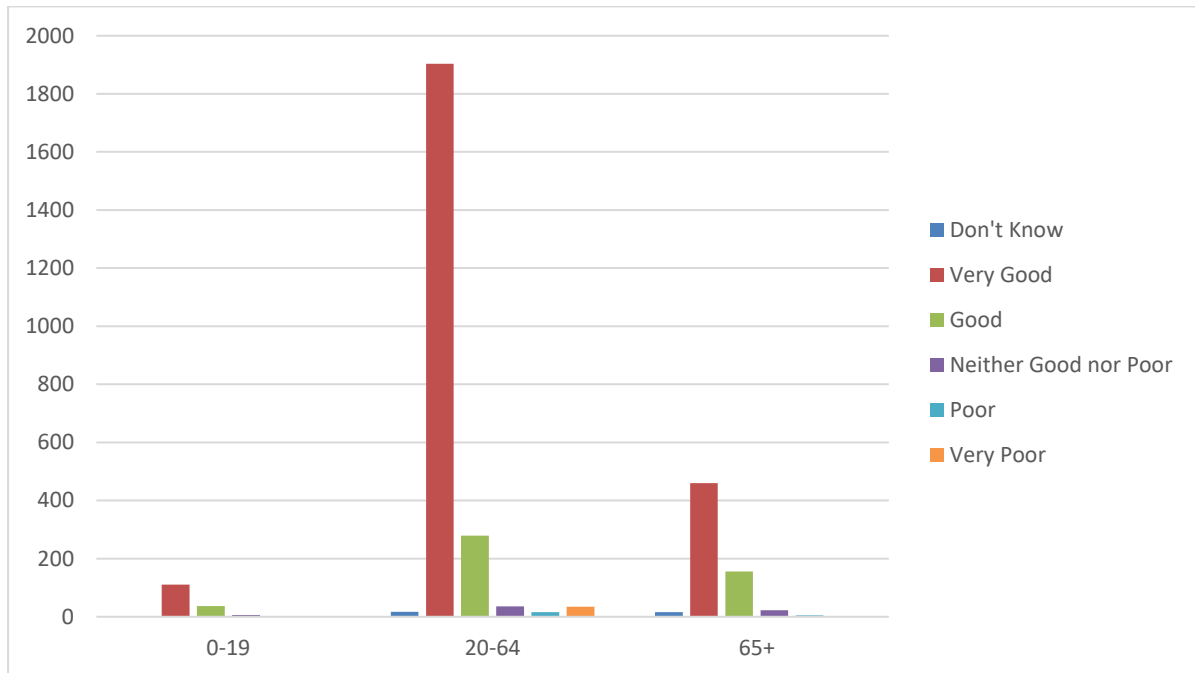
- **Face to face interpretation**

	2021-22
Average bookings per month	218
Average length of time of booking (mins)	45
Average fulfilment rate	94%
Average cost spent per month	£5,231
Total spend	£62,782

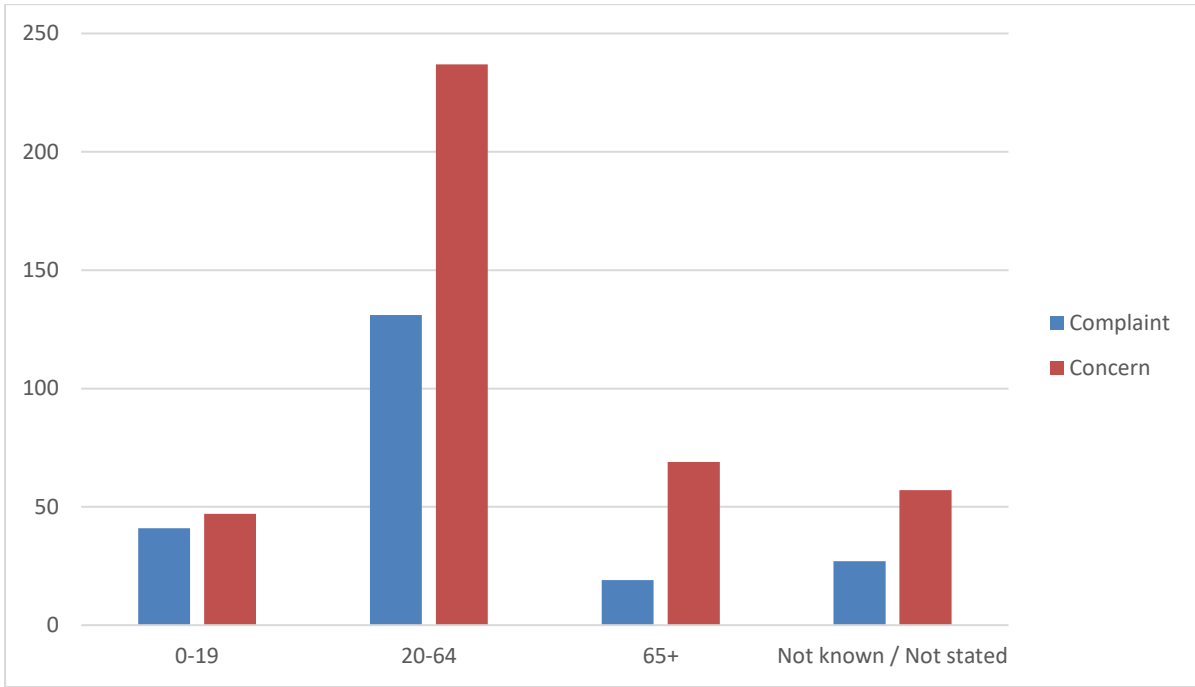
Appendix 1: Patient Equality Data

- Patient Experience data (Reporting period 1 April 2021 – 31 March 2022)

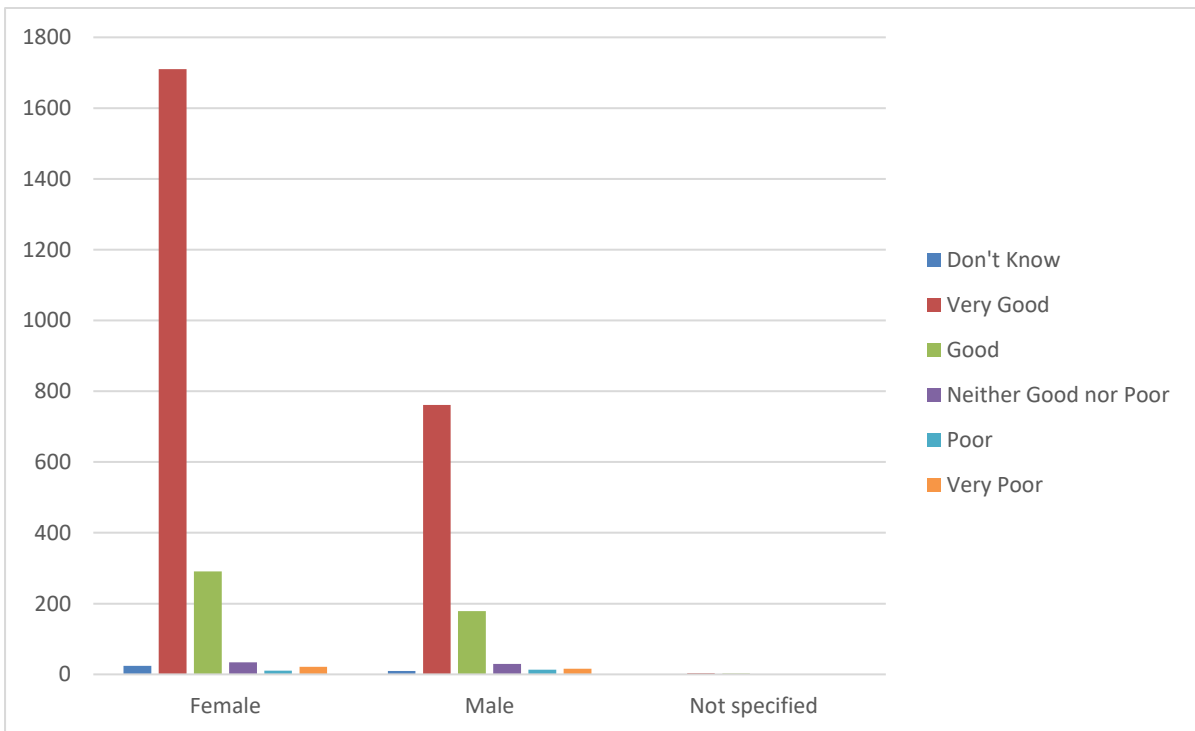
1. Age Profile of Friends and Family Test results



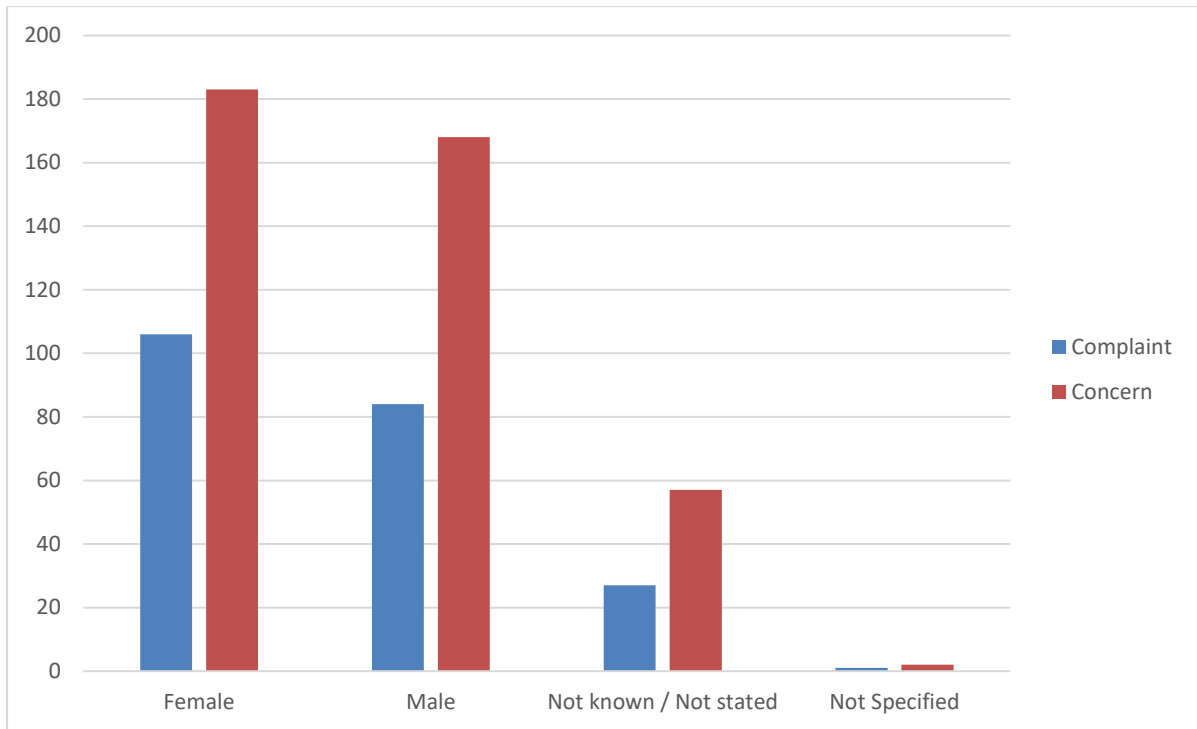
2. Age Profile of Patients/Service Users involved in concerns/complaints



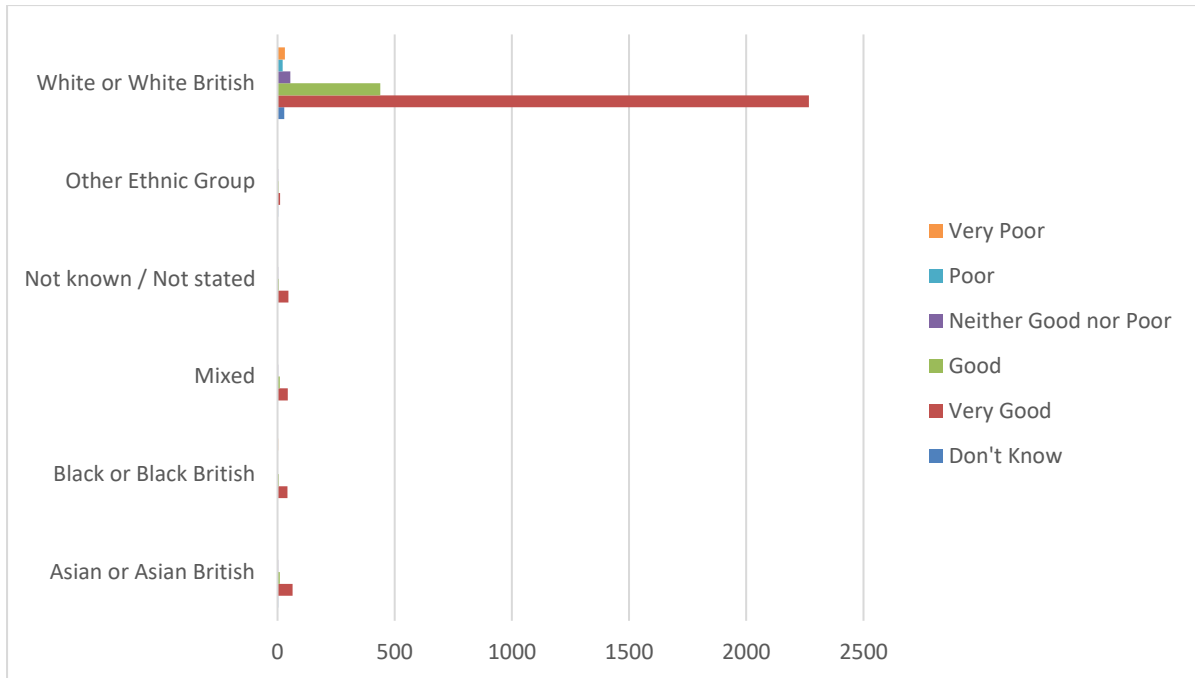
3. Gender Profile of Friends and Family Test results



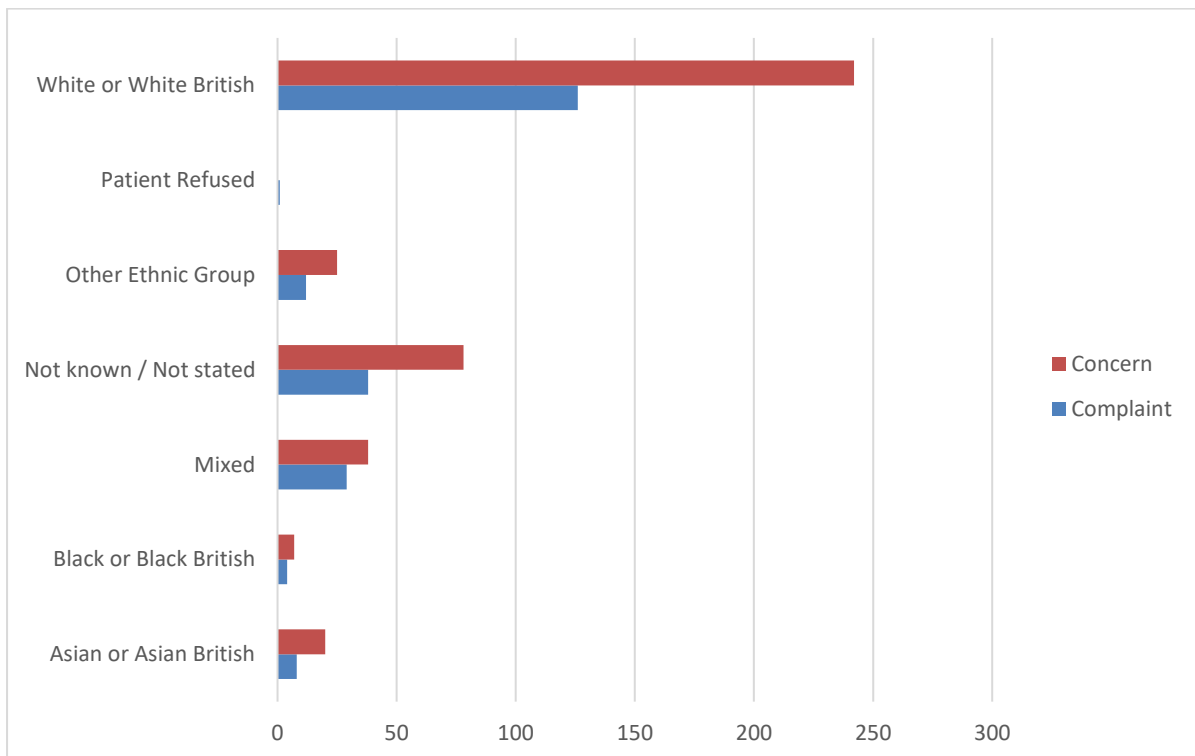
4. Gender Profile of Patients/Service Users involved in concerns or complaints



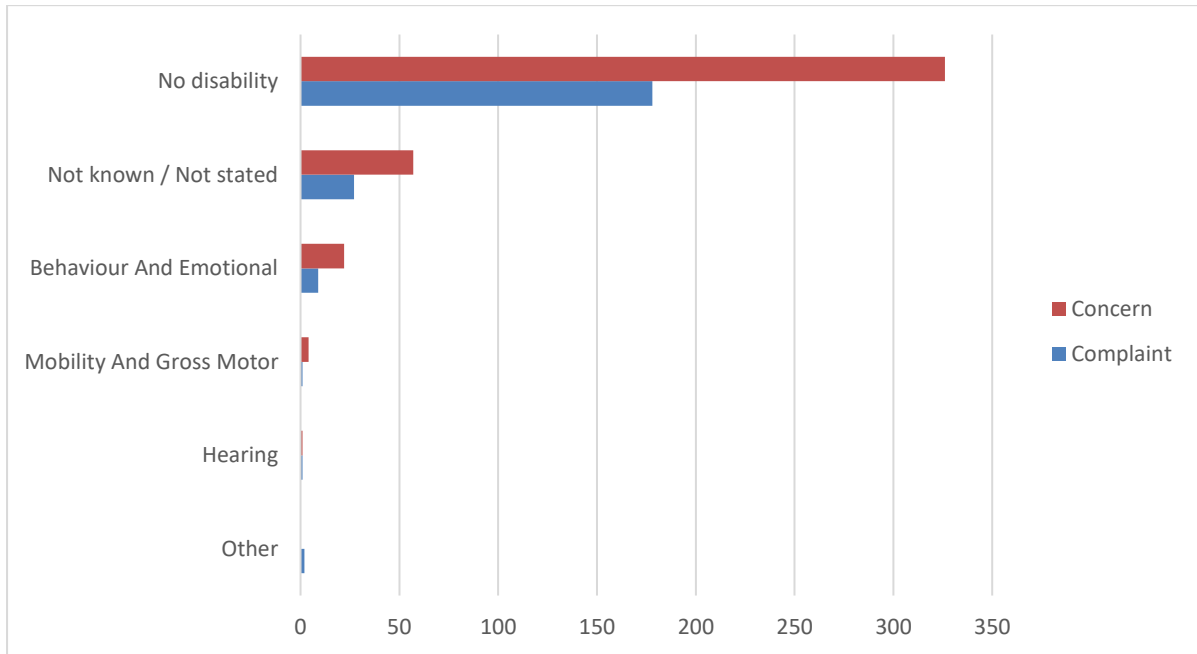
5. Ethnicity Profile of Friends and Family Test results



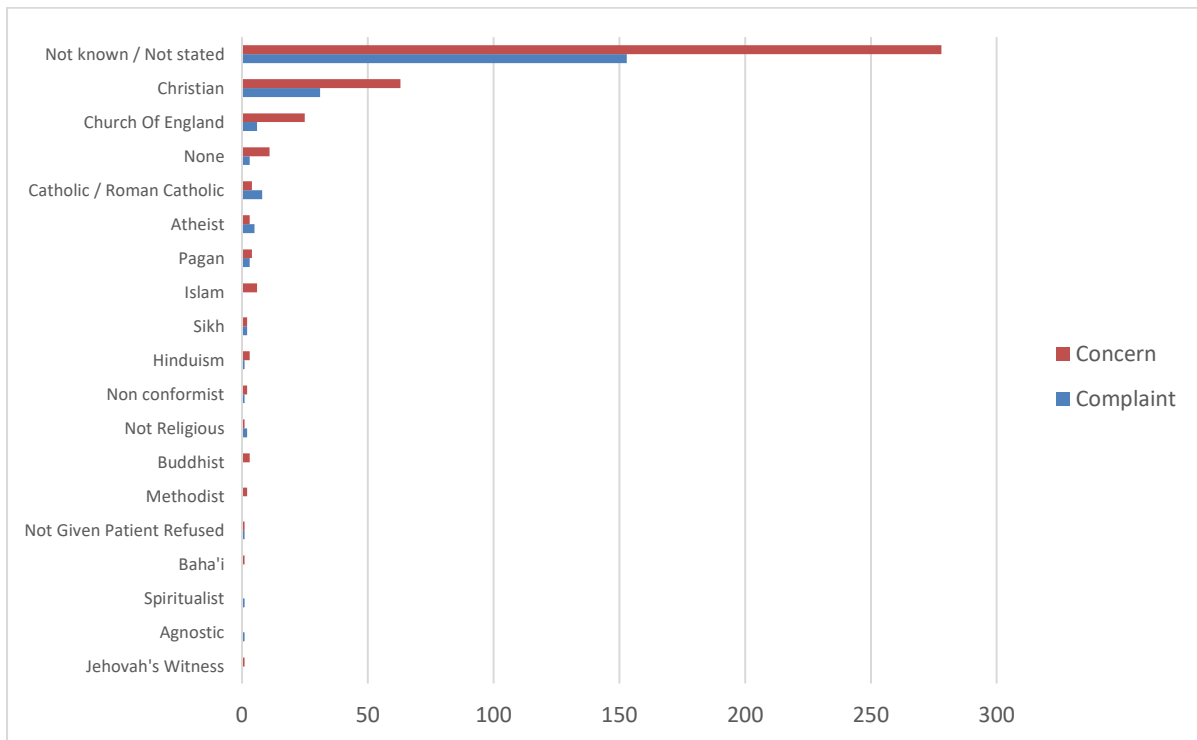
6. Ethnicity Profile of Patients/Service Users involved in concerns or complaints



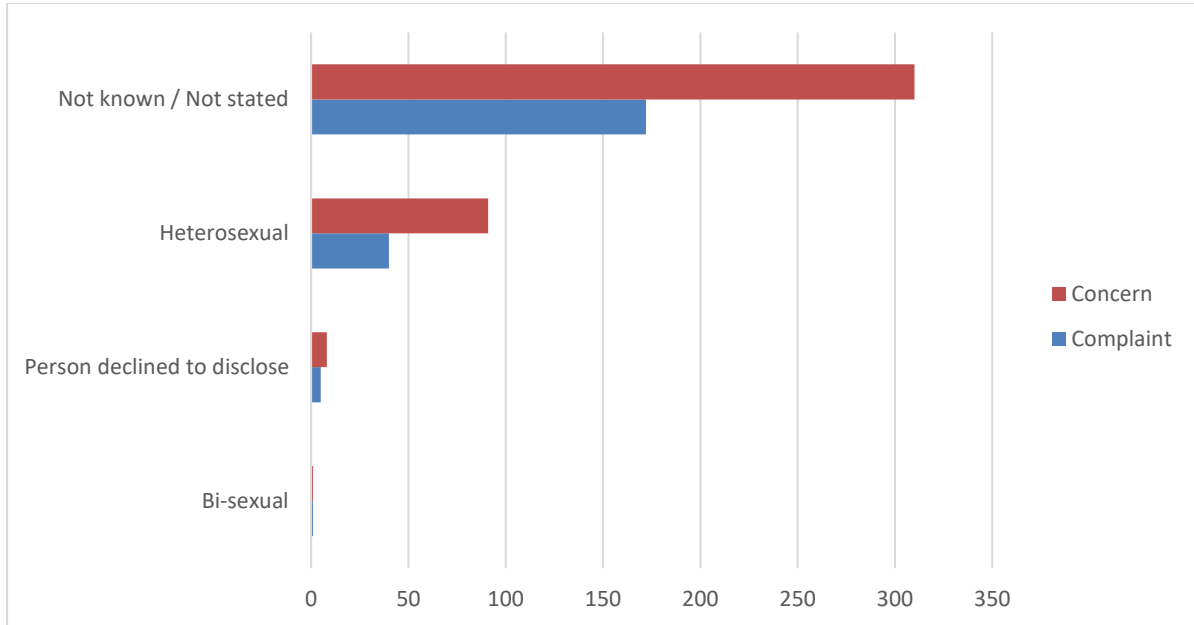
7. Disability Profile of Patients/Service Users involved in Concerns or Complaints



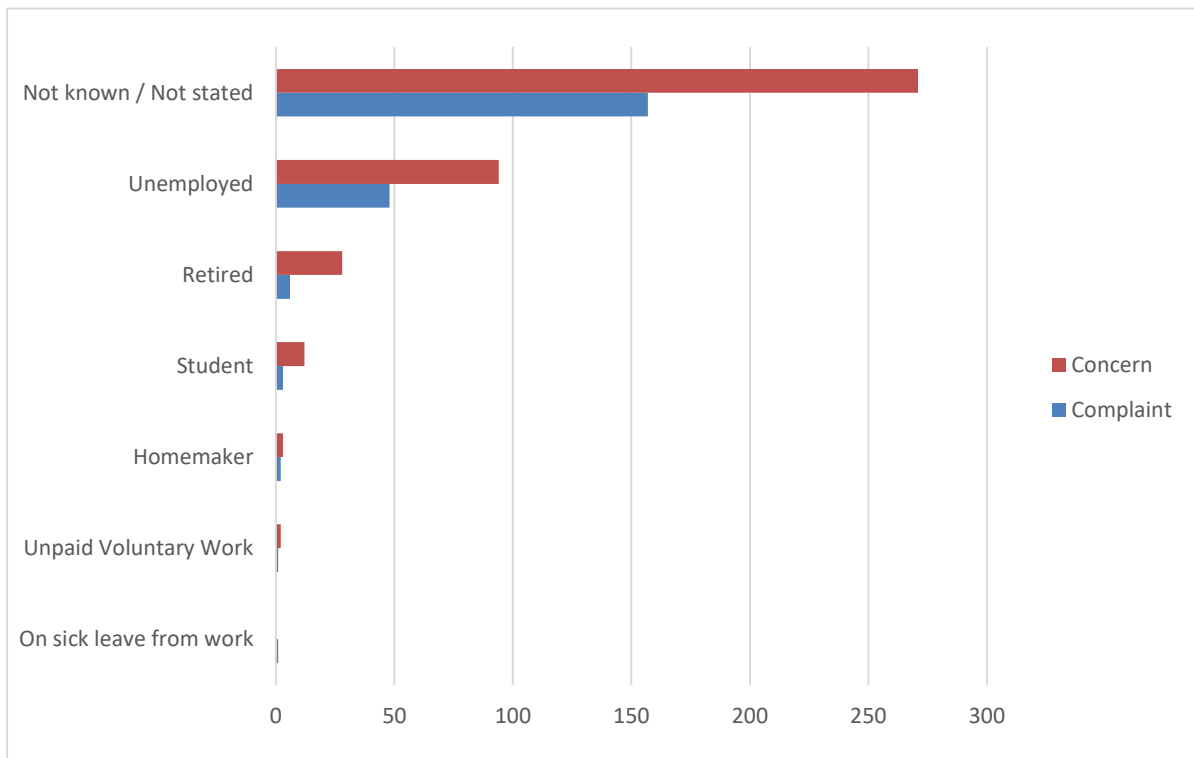
8. Religion or Belief Profile of Patients/Service Users involved in concerns or complaints



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



Appendix 2: Workforce Equality Data

The table below provides a snapshot of our workforce profile as of March 2022. For our full workforce report please follow this [link](#).

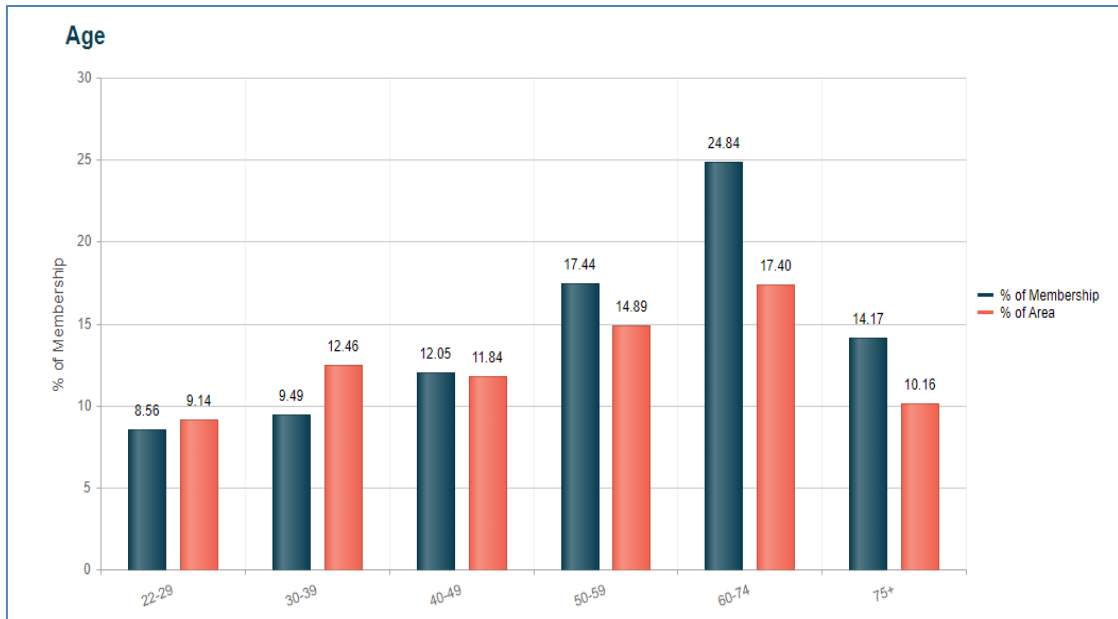
	Headcount	FTE	Workforce %
Employees	2879	2514.95	-
Ethnicity			
White	2327	2017.46	80.83%
White - British	2212	1916.12	76.83%
White - Irish	27	21.66	0.94%
White - Any other White background	59	53.13	2.05%
White Northern Irish	3	2.67	0.10%
White Unspecified	19	17.28	0.66%
White English	4	3.6	0.14%
White Gypsy/Romany	1	1	0.03%
White Other European	2	2	0.07%
Mixed Race	65	58.13	2.26%
Mixed - White & Black Caribbean	28	25.13	0.97%
Mixed - White & Black African	4	3.48	0.14%
Mixed - White & Asian	19	16.82	0.66%
Mixed - Any other mixed background	14	12.7	0.49%
Asian or Asian British	226	202.88	7.85%
Asian or Asian British - Indian	147	132.48	5.11%
Asian or Asian British - Pakistani	60	54.18	2.08%
Asian or Asian British - Bangladeshi	4	2.73	0.14%
Asian or Asian British - Any other Asian background	11	10.25	0.38%
Asian Punjabi	3	2.24	0.10%
Asian Tami	1	1	0.03%
Black or Black British	169	156.77	5.87%
Black or Black British - Caribbean	59	53.19	2.05%
Black or Black British - African	98	92.71	3.40%
Black or Black British - Any other Black background	9	8.67	0.31%
Black Nigerian	1	0.8	0.03%
Black British	2	1.4	0.07%
Other Ethnic Backgrounds	21	19.14	0.73%
Chinese	5	4.75	0.17%
Any Other Ethnic Group	14	12.39	0.49%
Vietnamese	1	1	0.03%
Filipino	1	1	0.03%
Not Stated	71	60.56	2.47%
Total BME 16.7%			

	Headcount	FTE	Workforce %
Trust Employees	2879	2514.95	-
<u>Gender</u>			
Female	2306	1984.15	80.10%
Male	573	530.8	19.90%
<u>Religious Belief</u>			
Atheism	474	423.69	16.46%
Buddhism	19	17.03	0.66%
Christianity	1166	1014.52	40.50%
Hinduism	32	29.46	1.11%
Not stated	726	617.71	25.22%
Islam	70	62.93	2.43%
Jainism	2	2	0.07%
Judaism	6	5.8	0.21%
Other	326	292.5	11.32%
Sikhism	58	49.31	2.01%
<u>Sexual Orientation</u>			
Lesbian, Gay & Bisexual	104	96.62	3.61%
Heterosexual or straight	2196	1930.24	76.28%
Undecided	4	3.6	0.14%
Other not listed	2	1.8	0.07%
Not Stated	573	482.68	19.90%
<u>Disability</u>			
Yes	194	171.38	6.74%
No	2081	1837.99	72.28%
Prefer not to Answer	3	2.05	0.10%
Not Declared	601	503.52	20.88%
<u>Age</u>			
16-20	3	2.44	0.10%
21-30	413	390.33	14.35%
31-40	658	569.44	22.86%
41-50	796	706.13	27.65%
51-60	782	674.25	27.16%
61-70	216	165.01	7.50%
71 & above	11	7.35	0.38%
<u>Marriage & Civil Partnership</u>			
Married & Civil Partnership	1498	1272.13	52.03%
Other	1237	1117.41	42.97%
Not stated	144	125.41	5.00%

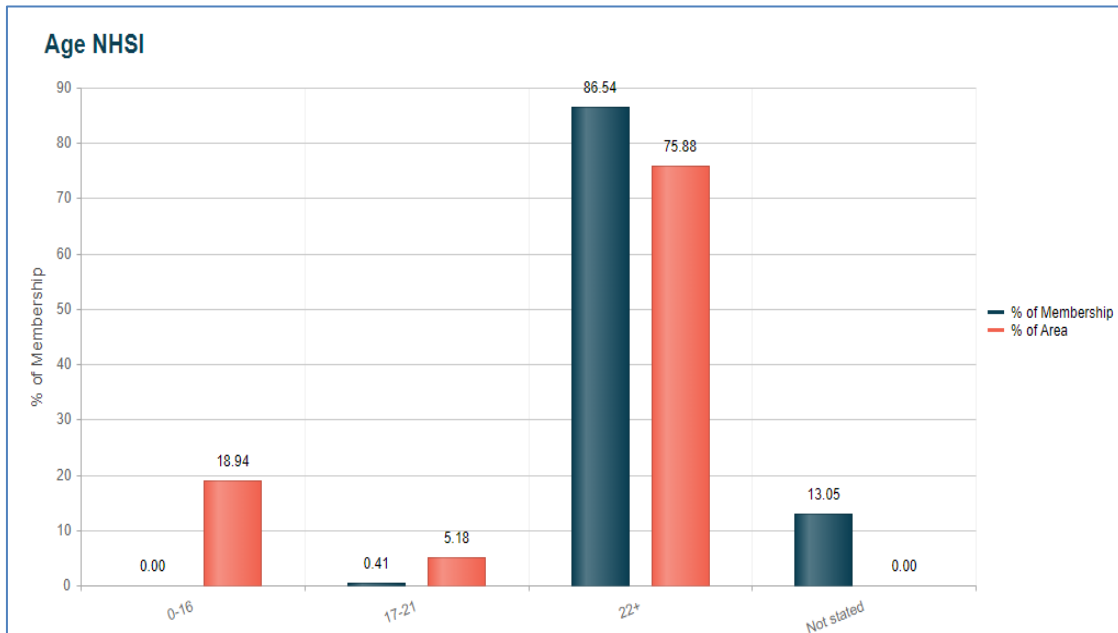
Appendix 3: Membership data

As of 31 March 2022, the Trust had **5,786 public members** who have chosen to join the Trust as a member.

Age



Note the following graph which denotes members aged between 17 and 21:

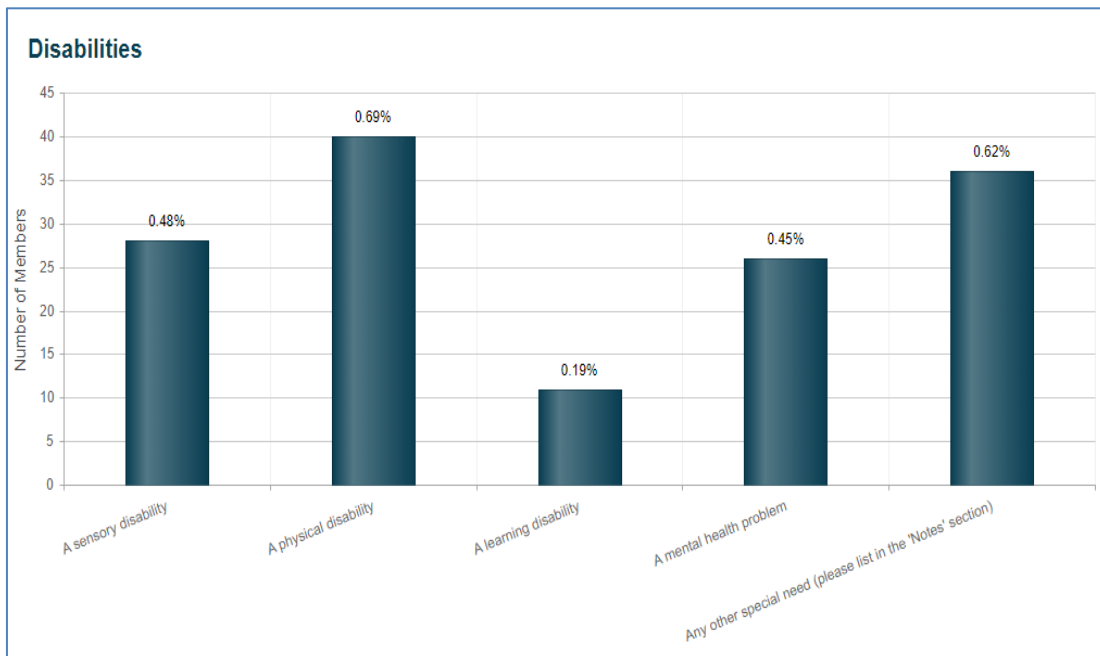


The table below shows how many members we have for each age category:

	Public	% of Membership	Base	% of Area
Age	5,786	100.00	1,074,436	100.00
0-16	0	0.00	203,499	18.94
17-21	24	0.41	55,692	5.18
22+	5,007	86.54	815,245	75.88
Not stated	755	13.05	0	0.00
Age	5,007	86.54	815,245	75.88
22-29	495	8.56	98,199	9.14
30-39	549	9.49	133,832	12.46
40-49	696	12.03	127,160	11.84
50-59	1,009	17.44	159,951	14.89
60-74	1,438	24.85	186,908	17.40
75+	820	14.17	109,195	10.16

Note: anyone over the age of 16 years is welcome to become a member of the Trust.

Disability



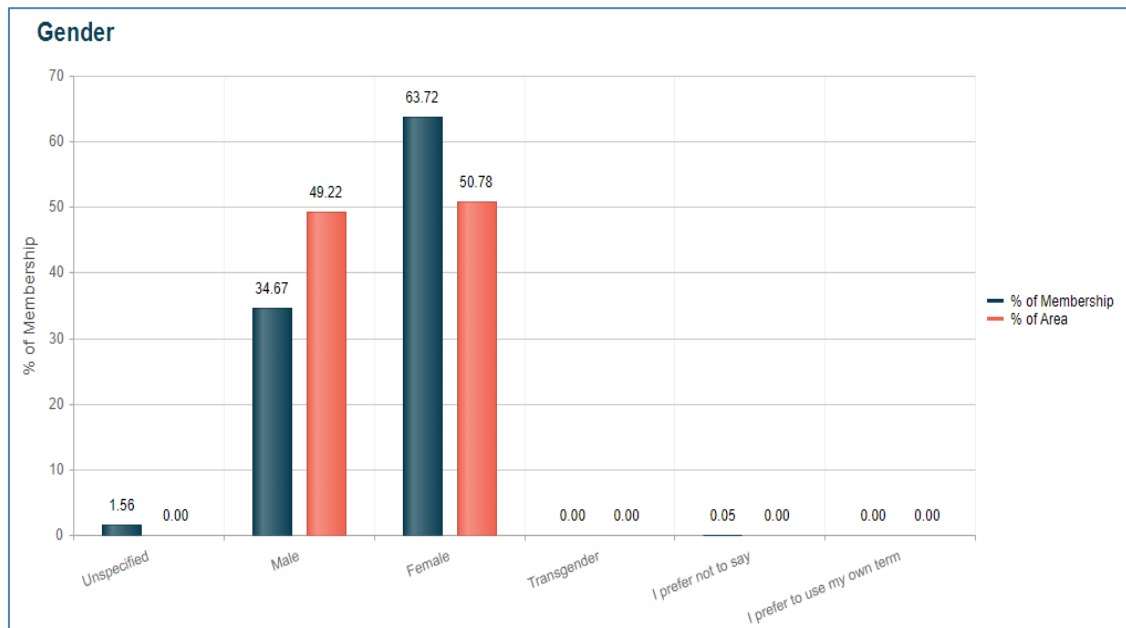
Disabilities	Number of Members	Percentage of Members
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A sensory disability	28	0.48
A physical disability	40	0.69
A learning disability	11	0.19
A mental health problem	26	0.45
Any other special need (please list in the 'Notes' section)	36	0.62

Gender re-assignment

The Trust does not collect data on gender re-assignment from its membership.

Gender



Gender	Number of Members	Percentage of Members
Unspecified	90	1.56
Male	2,006	34.67
Female	3,687	63.72
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'.

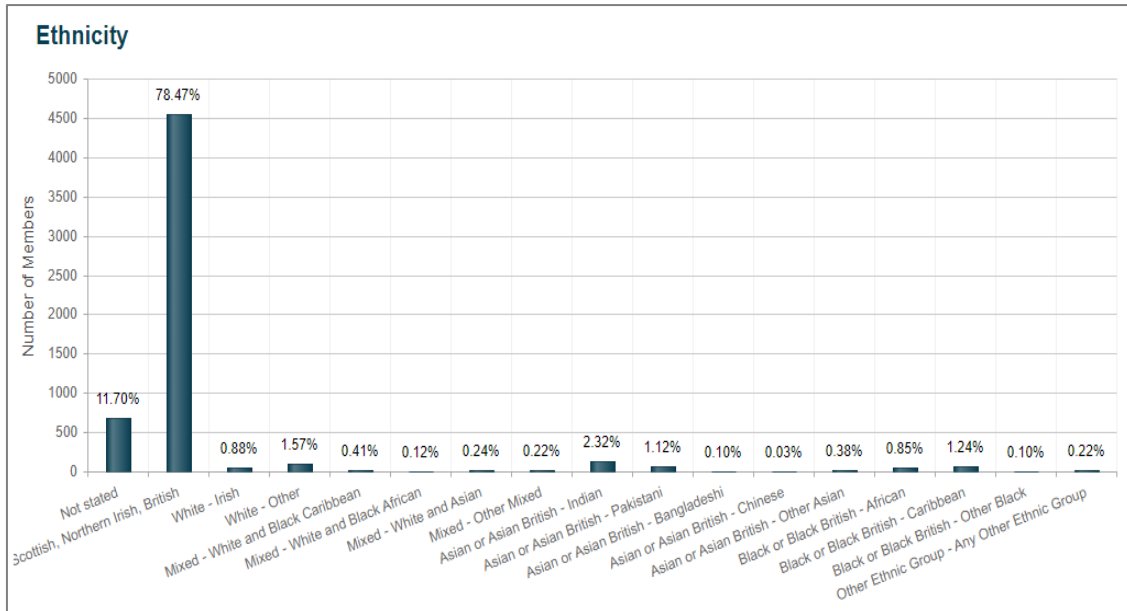
Marriage and civil partnership

Data on this protected characteristic is not collected for membership.

Pregnancy and maternity

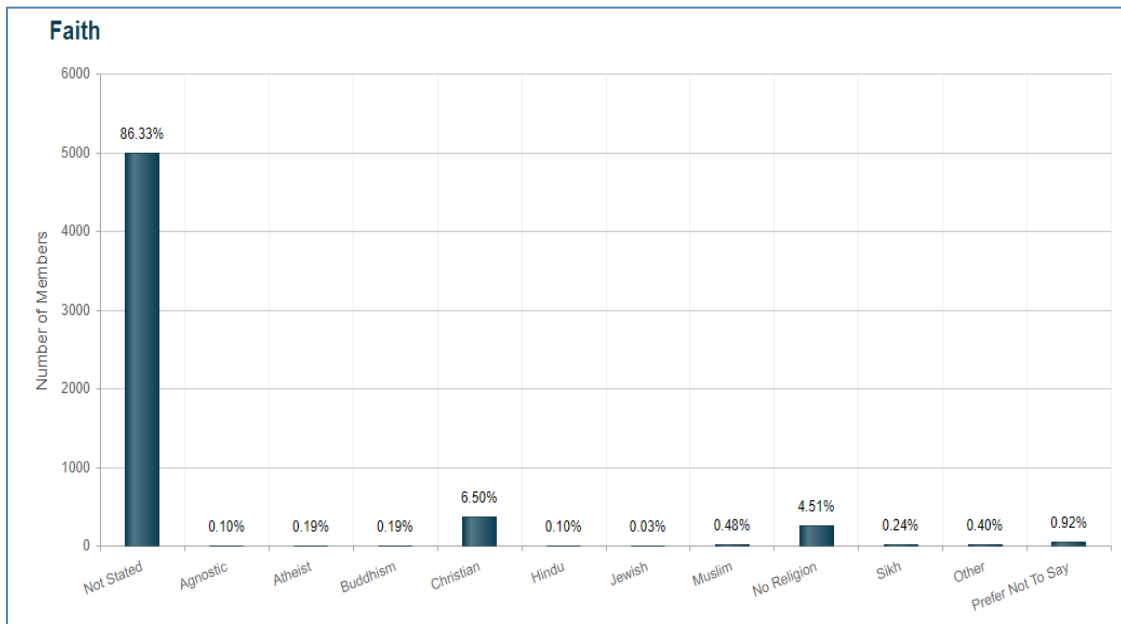
Data on this protected characteristic is not collected for membership.

Race



Ethnicity	Number of Members	Percentage of Members
Not stated	677	11.70
White - English, Welsh, Scottish, Northern Irish, British	4,540	78.47
White - Irish	51	0.88
White - Other	91	1.57
Mixed - White and Black Caribbean	24	0.41
Mixed - White and Black African	7	0.12
Mixed - White and Asian	14	0.24
Mixed - Other Mixed	13	0.22
Asian or Asian British - Indian	134	2.32
Asian or Asian British - Pakistani	65	1.12
Asian or Asian British - Bangladeshi	6	0.10
Asian or Asian British - Chinese	2	0.03
Asian or Asian British - Other Asian	22	0.38
Black or Black British - African	49	0.85
Black or Black British - Caribbean	72	1.24
Black or Black British - Other Black	6	0.10
Other Ethnic Group - Any Other Ethnic Group	13	0.22

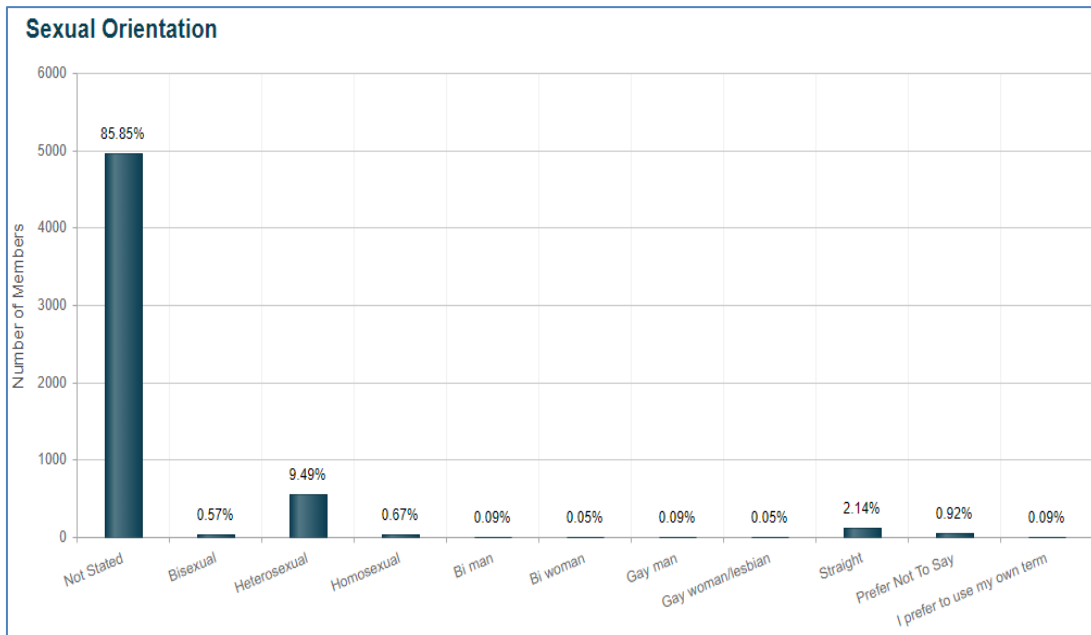
Religion and belief



Faith	Number of Members	Percentage of Members
Not Stated	4,995	86.33
Agnostic	6	0.10
Atheist	11	0.19
Buddhism	11	0.19
Christian	376	6.50
Hindu	6	0.10
Jewish	2	0.03
Muslim	28	0.48
No Religion	261	4.51
Sikh	14	0.24
Other	23	0.40
Prefer Not to Say	53	0.92

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	4,967	85.85
Bisexual	33	0.57
Heterosexual	549	9.49
Homosexual	39	0.67
Bi man	5	0.09
Bi woman	3	0.05
Gay man	5	0.09
Gay woman/lesbian	3	0.05
Straight	124	2.14
Prefer Not to Say	53	0.92
I prefer to use my own term	5	0.09

NB. 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. This could explain the high percentage of members who have not stated their sexual orientation.