



**ANNUAL**  
**EQUALITY, DIVERSITY & INCLUSION REPORT**  
**2018/19**

## Executive Summary

### NHS is going 'backwards' on diversity and inclusion

Punchy headlines that are sometimes misleading blended with a semblance of truth make for interesting reading but when the story is picked apart, the facts from the fiction, and the notably dropped 'equality', because we all get equality now, highlights that the NHS has still a long way to go to ensure that board leadership in the NHS trusts are representative of the communities they serve and the staff they govern.

The report released by NHS Confederation 'Chairs and non-executives in the NHS: The need for diverse leadership' examines the arrangements for the recruitment and appointment of chairs and non-executives within the NHS. As the report demonstrates, the progress and gains made in the early 2000s towards a more diverse board leadership in NHS trusts (including foundation trusts) has gone into reverse or in the case of disabled board members made no progress.

As a community of leaders, chairs and non-executive directors are often not representative of the communities they serve and the staff they govern. All of this despite a vast amount of focus for many years suggests that it is somewhat difficult to create and sustain lasting change. As the report finds:

- the average age of those appointed is considerably older than the average age of those working in the NHS, than for executive directors and for the wider population.
- There has been no progress for the past few years in increasing the percentage of those who are disabled which tends to be about 5 to 6 per cent of all appointment.

Since the early 2000s, there has been

- A material reduction in the percentage of women in chair or non-executive roles on NHS boards
- A reduction in the percentage of chairs and non-executives from a Black, Asian and Minority Ethnic (BAME) background despite that 19 per cent of the NHS workforce is BAME

Diversity isn't just about comparison of BAME with the rest of the workforce. Diversity should go hand in hand with Inclusion. Diversity is about culture, sub-culture, race, gender, age, sexual orientation, skill sets, experiences, knowledge, abilities, hopes, aspirations, talents and recognising the differences in individuals and being positive about those differences and respecting their uniqueness.

Equality, Diversity and Inclusion (ED&I) is very much at the fore of public debate. Injustices faced by disabled people in the workplace, at home and in the community are being tackled head-on through a new package of measures ordered by the Government. A new cross-government disability team. Incorporating the Office for

Disability Issues, the new team will sit alongside the Government Equalities Office and Race Disparity Unit in a new Equalities Hub at the heart of government.

This team will work closely with disabled people, disabled people's organisations and charities to develop a new approach to disability, with their views and experiences at the forefront of any new policy. One of the proposals is that new employee rights to request workplace modifications on health grounds is mandated.

The NHS Workforce Disability Equality Standard (WDES) has been introduced from April 2019. The WDES is a set of 10 metrics that will enable the Trust to compare the experiences of Disabled and non-disabled staff. Reporting the WDES Metrics will follow the same timetable as the Workforce Race Equality Standard.

Barnsley Hospital NHS Foundation Trust, the Board, Council of Governors and the workforce is broadly representative of the community it serves. We know that by comparing our workforce data and matching that alongside the community we serve that BHNFT has a much higher percentage of BAME staff than that of the local population. 7.4% BAME staff – 2.1% BAME residents

This report details the activity the Trust has undertaken, both internally and alongside external partner agencies, in ensuring that services continue to adapt to the diverse needs of our patients, staff and wider stakeholders whilst also ensuring compliance with our overarching public sector equality duties.

The Trust has continued its partnership with the CCG in the sharing of the ED&I Service Lead role This enhances existing relationships and helps to develop new joint-initiatives for the benefit of all patients, staff and stakeholders.

The past 12 months, have still seen significant strides made in the ED&I agenda with notable items being: -

- Diversity & Inclusion Conference
- Launch of the NHS Rainbow Badge Scheme
- Launch of Accessable helping the Trust to be more accessible for people with disabilities.
- Carer's Charter
- Relaunch of the Diversity Champions Initiative
- Trans Equality Policy for Staff & Patients
- Staff with Disabilities Guidance for Managers.
- Schwartz Rounds
- Disability Staff Network

- Multi Agency engagement events with DWP
- LGBTQ+ and BAME Engagement events
- Additional year of the NHS Employers Diversity and Inclusion Partners Programme,

### **Activities at a glance**

The equality impact assessment (EIA) template and toolkit which was launched in March 2017 has been updated in response to user feedback. A rapid form for clinical policies has been proposed. This will only be used for clinical policies or procedures whereby it is absolutely certain that there no negative impacts on any of the protected characteristics.

The People & Engagement Group has renewed the Terms of Reference and membership refreshed to include the Equality, Diversity & Inclusion agenda.

The Diversity Champions initiative was relaunched at the 'All Inclusive' conference

The Trust attended the NHS Employers Disability Summit.

Our Equality Delivery System EDS2 Summary Report was published in July 2019 as part of our public sector equality duty. The EDS2 report compares activities from the previous year

The Disability Confident Employer Status has been renewed. The scheme is designed to help organisations recruit and retain disabled people and people with health conditions for their skills and talent. Work is ongoing to enable the Trust to become a 'Disability Confident Leader'.

Guidance for staff with disabilities has been produced for managers

The Trust has agreed to continue with the Mindful Employer initiative which provides easier access to information, local support, mental health awareness training and other resources to help the Trust support staff.

The use of the national competency based e-learning package for mandatory E&D induction training via the National Learning Management System (NLMS)/Electronic Staff Record(ESR) system was introduced in July 2016. The compliance rate as at 30<sup>th</sup> June 2019 is 93.66%.

Refreshed equality and diversity and bullying and harassment awareness training for managers including EIA training and refreshed unconscious bias training has been updated and was carried out as part of the Trust's Passport to Management Programme throughout 2018/19.

The Trust has seen mixed findings for the Workforce Race Equality Standard. indicators include the responses to specific staff survey questions and specific BAME (black, Asian and minority ethnic) staff data compared to white staff.

The Trust has had opportunity to contribute to the implementation of the Workforce Disability Equality Standard (WDES). The WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff

The Trust has been successful in it's application to become a pilot for the new updated Equality Delivery System EDS3.

The Trust has published it's gender pay data. All organisations are required to comply with UK Law and publish data yearly.

The Trust has been consulting on a Trans Equality Policy for patients and staff.

## **Introduction**

The Trust is committed to ensuring full compliance with its public sector equality duties with regards to delivery of its services. Equality, Diversity & Inclusion considerations are integral to the Trusts business planning and development of its services to support the diverse needs of its patients, service users, stakeholders and staff.

## **Statement of Intent**

The intention of this report is to illustrate how the Trust over the last twelve months has demonstrated a commitment to the Equality, Diversity & Inclusion agenda. Evidence in the report includes analysis of a broad range of metrics, schemes which have been developed with an aim to improve service delivery, access to all patient groups and the overall representation of the workforce and volunteers.

This report provides an updated review of equality objectives and activity covering the period 1<sup>st</sup> April 2018 – 30th June 2019.

## **Our Statutory Duties**

The Equality Act 2010 places certain general duties on public bodies as follows:-

- To actively promote equality of opportunity
- To eliminate unlawful discrimination
- To advance good relations between others

These duties apply to nine protected characteristics:

- Race
- Religion or Faith
- Age
- Gender Reassignment
- Sexual Orientation
- Disability
- Sex
- Pregnancy and Maternity
- Marriage Civil Partnership

The Trust also includes Human Rights ,Carers and people from seldom heard groups and marginalised groups in the impact assessment process.

### **Strategic context**

The Trusts' People & Engagement Strategy was launched in 2018 and the implementation plan became home to our Equality Objectives. The Equality Objectives will be refreshed later this year to take into account new information, best practice and the response from our engagement with the workforce and equality forums.

The Strategy's aims are:

Shape, develop and contribute to organisational effectiveness through our people.

It sets out a vision for Leadership and our people management goals, targets and objectives and aligns them with the Organisational strategic plan.

This People Strategy recognises that effective governance, leadership and management of people issues takes place across the organisation and raises the profile and importance of our people, the role they play in the organisation and how to more effectively support them to do their job and to care for our patients.

This work will ensure the highest standards of leadership and management to sustain a motivated and engaged workforce and to fostering a culture which is *truly inclusive and balances motivating our people and ensuring we do our best to keep them healthy at work.*

A People Plan underpins the People Strategy, which facilitates bringing together Operational, Clinical and Quality strategies and delivers action. The Equality, Diversity & Inclusion plan is :

- To support the Trust in embedding equality of opportunity
- To support the Trust and the wider community in addressing health inequalities
- To support the NHS and the wider system in creating an NHS that has eliminated the wide disparities in health outcomes, that is fair, inclusive and based upon values of the NHS Constitution

This strategy links with the Trust's strategic objectives for 2019-2020:-

- **Objective 1:** Patients will experience outstanding care
- **Objective 2:** People will be proud to work for us
- **Objective 3:** We will work with partners to deliver better, more integrated care
- **Objective 4:** We will achieve our goals sustainably

also the Quality Strategy 2017-2020

- **Goal 3:** To deliver a positive patient experience
- **Priority 10:** Use patient insight and feedback to improve experience

and the Workforce Strategy 2015-2020

- **Key Theme 1:** Right people, right place, right time
- **Key Theme 2:** Develop an engaged and motivated workforce

And the quality section of the new People Strategy

### **Measuring our Success**

Our key performance indicators and barometers to measure our success in achieving our strategic equality aims and objectives include;

- Patient experience baseline assessment
- NHS Patient Satisfaction Survey results
- NHS Staff Satisfaction Survey results
- Workforce Race Equality Standard (WRES) indicators
- Workforce Disability Equality Standard (WDES) indicators
- Gender pay gap reporting
- NHS EDS2 indicators
- NHS Family and Friends Test (patients and staff)
- Patient Panel
- Feedback from Community Equality Forums and engagement events
- BME Engagement events
- LGBT+ Engagement Events
- Staff with Disability Engagement Events

- PLACE assessments
- Grievances and complaints
- Datix bullying and harassment incident reporting
- NHS stress survey results
- Exit interview responses
- Uptake of mediation service
- People Strategy

## **Our Equality and Diversity Activity in 2018/2019**

Our Equality Delivery System EDS2 Summary Report will be published in July 2019. This is our baseline assessment of our performance to date against the 4 EDS2 goals:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and well supported staff
4. Inclusive leadership at all levels

EDS2 has since April 2015 been made mandatory in the NHS Standard Contract. In order to produce better results for people who use and work for the NHS services there are 4 goals and 18 outcomes to assess.

Once completed, the summary report should be published on the Trust's website. The equality and service user forums will be consulted on the assessment. Working closely with the Head of Patient Experience, and data from baseline assessments from CBU's, CQC feedback, anecdotal evidence and discussions with staff have all contributed to the findings.

Whilst many of the ratings have remained unchanged, it is generally accepted that there has been improvement across the board since last year. The following outcomes have all improved significantly enough to improve the ratings. Building upon the good work that has been and continues to be carried out within the Trust should show additional improvement for 2019/2020.

### **Improved Outcomes**

1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities

1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed

2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds

4.1. Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

## Worsened Outcome

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

The table below shows the different levels of grading and what this means. The EDS2 is an enormous piece of work whereby our entire Trust's processes should be measured against all the protected characteristics throughout a 3 – 5 year period.

<b>We are doing very well</b> - people from all protected groups fare as well as people overall	Excelling
<b>We are doing well</b> - people from most protected groups fare as well as people overall	Achieving
<b>We are doing OK</b> - People from only some protected groups fare as well as people overall	Developing
<b>We are doing badly</b> - people from all protected groups fare poorly compared with people overall	Undeveloped

## Equality and Diversity Training Activity in 2018/2019

The use of the national competency based e-learning package for mandatory E&D induction training via the NLMS/ESR system was introduced in July 2016. The compliance rate as at 31<sup>st</sup> March 2019 is 92.18%. The working together group looked at ED&I provision throughout South Yorkshire and Bassetlaw with the aim of ensuring that there was a consistent approach throughout. It was agreed that rather than mandate the entire workforce to do the same training ED&I training every 3 years that it would be more meaningful to tailor additional training to suit the requirements of the Trust at any given time.

Equality and Diversity and bullying and harassment awareness training for managers including EIA training and unconscious bias was refreshed and carried out as part of the Trust's Passport to Management Programme throughout 2018/19. LGTB Journey though Health Care training was provided for newly qualified staff as part of their perceptorship.

## Disability Confident Employer

The Disability Confident Employer Status has been renewed. The scheme is designed to help organisations recruit and retain disabled people and people with health conditions for their skills and talent:

- draw from the widest possible pool of talent
- secure high quality staff who are skilled, loyal and hard working
- improve employee morale and commitment by demonstrating that we treat all employees fairly

The Trust will be working towards improving the Disability Confident Employer status by applying to become a Disability Confident Leader. This will improve our recognition from disabled staff employees, disabled people outside our organisation, other businesses, patients and the wider community. It will also enable us to act as a champion for Disability Confident by encouraging and supporting other businesses in our supply chain and networks to become Disability Confident. By doing so we will be showing disabled people that we are leading the way in getting every business to become Disability Confident.

### **Diversity Champions**

The Diversity Champions initiative was relaunched with at the 'All Inclusive' Diversity & inclusion conference in February 2019. Diversity Champions receive training on issues that people with protected characteristic might face in their work or healthcare. Diversity Champions undertake their role on top of their day job and help to disseminate equality information in their workplace. They also act as Bullying and Harassment Sign posters. Although the initiative was relaunched it is recognised that much more needs to be done to publicise their presence throughout.

### **Mindful Employer**

Whilst there is an expectation that employers should offer support there is also a continued reluctance among employees to disclose mental health conditions to their employer. Continuing with the MINDFUL EMPLOYER® initiative has the propensity to benefit the organisation, its employees and help the Trust to meet its strategic objectives in 2018/19 by encouraging staff and managers to discuss mental health conditions, by being able to access support, tools and guidance to help manage employees with mental health conditions and by allowing potential applicants to recognise the Trust as one which supports those with a mental health condition or illness.

It has been agreed to continue funding this initiative which provide support at a low cost to the Trust.

### **NHS Employers Diversity & Inclusion Partners Programme**

Following a rigorous selection process, Barnsley Hospital was chosen as 1 of only 3 Trusts in Yorkshire to be part of the 2018/19 diversity and inclusion partners programme. All in all 40 NHS organisations throughout England had been chosen. Due to the success of the programme and feedback from participating Trusts NHS Employers decided to offer participating Trusts the chance to apply for an additional Year. The Trust's application was successful and will continue to participate for an additional year

Partners are supported in a number of ways:

- Continuous improvement around equality and diversity within their own organisation.

- Raising awareness of what constitutes sustainable, outcome-focused improvement in managing equality and diversity across their region.
- Acting as a thermometer by which NHS Employers can determine the key issues facing the wider NHS, so that advice and guidance is relevant and up to date.
- Contributing to the development of emerging good practice and providing a channel for collecting case studies from which others can learn, within the wider context of NHS initiatives.
- Contributing to a broader understanding of equality and diversity, across both the NHS and the wider public sector, in the context of quality, innovation, productivity and disease prevention.

Over the next 12 months, NHS Employers will work with the partners to help progress and develop their diversity and inclusion performance and to build their capacity in this area. The programme will be delivered in four modules, Standards, Capacity, Delivery and Evaluation of the programme with content relevant to the latest diversity and inclusion policy and practice, as well as providing opportunities to network and share good practice.

Partners will be helping NHS Employers in a variety of ways throughout the year, including research, piloting and testing new policies and working closely with our national partners such as NHS England, NHS Improvement and Health Education England amongst others to create new solutions to help the health and social care sector to provide a more inclusive and diverse service to the communities we serve.

### **Trans Equality Policy & Protocol**

The Trust is in the process of consulting on a Trans Equality Policy & Protocol for staff and patients. Many organisations have employees who are Trans and most Trusts will have treated patients who are Trans. Research shows that a diverse workforce results in improved healthcare and better outcomes for patients. A Trans person who is supported at work is likely to be a happy and therefore more productive and loyal employee. Some will be transitioning in the workplace, and it is important to support these employees appropriately. Trans people are protected under the Equality Act 2010: 'gender reassignment' is one of the nine protected characteristics. Training will also be provided to managers and front line staff on how to sensitively support the needs of Trans patients and staff.

### **Measuring up our community**

NHS Employers were commissioned by Health Education England (HEE) to deliver a suite of tools, resources and guidance to support NHS organisations to engage with, and better recruit from, their local community in order to strengthen workforce supply.

The ‘measuring up your community & your workforce’ tool helps us understand the different community groups in our local population and understand how we can better engage with, recruit and retain people from these groups. It compares our workforce data to our local population, to help us identify groups that might be underrepresented in our workforce. The parameters chosen are:

- Age
- Ethnicity
- Gender
- Disability
- Religion & Belief and
- Sexual Orientation

No reliable local authority (LA) Strategic Transformation Partnerships (STPs) or regional data is available for the other protected characteristics pregnancy & maternity and Gender reassignment. For the purpose of this report these aren't included.

## Disability Data

Disability	Our data	LA:Barnsley	STP: South Yorkshire and Bassetlaw	Region Yorkshire & The Humber
 Disabled	3.9% 148	12.61% 29,147	10.61% 154,530	9.05% 478,358
 Not Disabled	93.36% 3,396	11.30% 26,141	10.38% 151,187	9.75% 515,291
 Not Disclosed	2.66% 106	76.10% 175,953	79.01% 1,150,747	81.19% 4,290,084
 Unknown	0.08% 10	0.00% 0	0.00% 0	0.00% 0

The Trust compares favourably in many of these characteristics with no significant negative finding. We have a lower declared disability percentage rate than the Local Authority, STP and region. Our data might not be as accurate as it could be since we have a large proportion of staff who have worked here for a long time. It is likely that some staff will have developed a disability and haven't updated their ESR. It may also be that some staff are suspicious of the process. Disability stats for last 4 years (taken from ESR Staff in post) are:

- March 2016 3.9% Disabled, 4.3% Not Declared, 91.8% Not disabled
  - March 2017 3.9% Disabled, 4.0% Not Declared, 92.2% Not disabled
  - March 2018 4.1% Disabled, 3.2% Not Declared, 92.7% Not disabled
  - March 2019 3.9% Disabled, 2.66% Not Declared, 93.36% Not disabled
- We have a significantly higher percentage of adults 25 – 60 years than the LA, STP & Y&H.
  - The percentage of under 25 and perhaps not surprisingly over 60 are significantly lower.
  - Ethnicity data compares favourably with no significant deficit in any ethnic classification.
  - Gender data as shown below highlights a significant difference in that there is a much lower percentage of Male staff.

## Gender Data

Gender	Our data	LA:Barnsley	STP: South Yorkshire and Bassetlaw	Region Yorkshire & The Humber
 Male	<b>18.68%</b> 703	<b>49.15%</b> 113,634	<b>29.28%</b> 717,796	<b>49.19%</b> 2,598,078
 Female	<b>81.32%</b> 2,957	<b>50.85%</b> 117,587	<b>50.72%</b> 738,668	<b>50.83%</b> 2,685,655
 Unknown	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>0.00%</b> 0	<b>0.00%</b> 0

At least 10% fewer staff define themselves as being atheistic and over 9% 'other' than the other comparative regions.

3% more compared with Y&H defined as heterosexual and slightly more lesbian gay or bisexual.

### **WRES staff survey results 2018 and WRES staff data**

The Workforce Race Equality Standard indicators include the responses to specific staff survey questions and specific BAME (black, Asian and minority ethnic) staff data compared to white staff. The Trust is required to publish these findings and its action plan to address any shortfalls by 1<sup>st</sup> August 2019.

**Key findings for the workforce race equality standard 2018 data analysis report for NHS trusts** (<https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-december-2018/>) are:

White shortlisted job applicants are 1.45 times more likely to be appointed from shortlisting than BME shortlisted applicants, a reduction from the 1.6 ratio in 2017.. (Local data reflects that the likelihood of BME staff being appointed is 0.18 as opposed to 0.22 for white staff. An action plan has been created to accompany the WRES to mitigate the disparity.

The proportion of BME staff in very senior manager (VSM) positions increased from 5.7% in 2017 to 6.9% in 2018. This is still significantly lower than the proportion of BME staff (19.1%) in NHS trusts. Local data shows for the reporting year shows no BME staff at VSM level). However, at the time of writing this report local data reflects that this has changed to 1 BME staff member at VSM

Nationally BME staff remain significantly more likely to experience discrimination at work from colleagues and their managers compared to white staff. This has increased from 14% and 6% respectively to 15.0% and 6.6%. (Local data in 2016 reflected BME staff as 26% however a significant decrease for 2017 had reduced this to 5% but disappointingly this has now increased significantly to 31% of BME staff experiencing harassment, bullying or abuse from other staff.) Local data also reflects that BME staff experiencing discrimination from manager/team leader or other colleagues has also risen from 5% last year to 13%

Local data shows that similar proportions of White (23%) and BME (21%) staff are likely to experience harassment, bullying or abuse from patients, relatives and member of the public in the last 12 months.

### **Conclusion**

Compared with LA, STP & Y&H, with the exception of Disability (drawn from current ESR) and religion and adults under 25 the trust workforce seems to reflect the community it serves.

It is anticipated that our significantly lower numbers of staff declaring a disability will increase as a result of a drive to encourage staff to update their ESS. This will redress the current disparity. Staff who attend the Disability Staff Network will be encouraged to spread the word on the importance of this.

## **Workforce Disability Equality Standard**

The Trust has had opportunity to contribute to the implementation of the Workforce Disability Equality Standard (WDES). The WDES is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by the Trust to develop an action plan, and enable the Trust to demonstrate progress against the indicators of disability equality

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

Alongside other initiatives the implementation of the WDES will enable us to better understand the experiences of our disabled staff. It will support positive change for existing employees, and enable a more inclusive environment for disabled people working in the NHS. Like the Workforce Race Equality Standard on which the WDES is in part modelled, it will also allow us to identify good practice and compare performance regionally and by type of Trust.

Events have been held around England to consult on the draft metrics and the Trust has responded to the online survey to comment on each metric. The table below shows the WDES timetable.

An engagement event was held for staff with disabilities to talk about their experience of working for the Trust. The event was very successful and provided the Trust with some adjustments that can improve individual's ability to carry out their role. Some people with disabilities who couldn't attend emailed the ED&I Lead. . Further solutions were offered as a result of this.

<b>Date</b>	<b>Action</b>
March 2018	Regional consultation events and online survey.
Autumn 2018	Publication of the WDES.
Autumn/Winter 2018	NHS Trusts and Foundation Trusts review their data and reporting against the metrics.
June 2019	Reporting sheet with prepopulated data sent to NHS Trusts and foundation Trusts.
August 2019	First WDES reports to be published in Autumn 2019, based on data from the 2018/19 financial year.
April/May 2020	First National WDES annual report published by NHS England.

## **Staff with Disabilities Guidance for Managers**

In order to provide the best support for all managers and staff throughout the trust new Guidance for managers on staff with disabilities has been produced. The aim of this guidance is to help managers understand the Trust responsibilities under the Equality Act 2010 in relation to removing the barriers that may deny disabled people equality of outcome in the workplace. The guidance also covers suggestions and examples of good practice that will help the Trust create the best working environment in which all staff with a disability are able to reach their full potential. It is not intended that this guidance puts the responsibility with managers as to interpret whether the Equality Act applies. This will help the Trust meet its public sector equality duty to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups.

## **Your Voice Barnsley**

For the past few years the Trust has contributed to the Barnsley Reach Partnership> Barnsley Reach was the overarching umbrella organisation for the equality forums. This provided a voice for the people of Barnsley and enabled the Trust to consult with the forums. Representation of the forums has been less well attended and the demise of the LGBT Form added to the frustrations in achieving meaningful consultation. With this in mind it was agreed that the equality forums and the service user forums would merge together. Barnsley Reach has also been rebranded to 'Your Voice Barnsley'. It is anticipated that more meaningful consultation will be possible due to the changes in the structure, accountability and the way the new forums will be chaired. Appendix (b) highlights the new structure.

## **Carers Charter**

A Carers Charter was launched at the All inclusive conference. Barnsley Hospital Carers Charter is a statement of our values, principles and standards to guide the Trust to support our carers.

- Work towards a 'Proud of our Carers' Strategy
- Consult with carers and carers groups throughout the process
- Scope our current provision for carers and develop an action plan to improve our recognition of carers and how the Trust can improve how carers are supported.
- Strengthen our ties with the local authority and in particular ensure that resources are available for the Trust to be an inclusive partner for future whole-systems development

- Ensure that our policies are equality impact assessed to take into account carers' needs and the people they care for
- Update our training and offer it to staff to help recognised the needs of carers for our patients carers and our staff who are carers
- Making sure that all adults and young carers are recognised and valued and their needs are recognised and responded to.
- Informing carers of their rights and ensuring the organisation supports them
- Recognising carers as equal partners in care contributing support and expertise in planning and improving services
- Developing carer friendly policy and practice in the workplace

### **Schwartz Rounds**

For the past 18 months the Trust has run Schwartz rounds. Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.

The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.

The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

Evaluations completed by attendees of the rounds have been extremely positive thus indicating that staff are benefiting from the experience.

### **No limits Disability Festival**

Preparations are under way to host the first 'No Limits Disability Festival' in Barnsley in 2020. The festival will be held in Barnsley from 4th July to 12th July 2020. It will be a celebration of disabled people and the contribution they make to life in Barnsley: as workers, students, parents, volunteers, friends, neighbours, residents, entrepreneurs, artists and performers, sports people, professionals and leaders.

The Festival will be the biggest and best disability festival to have been held in the UK. It will create a sense of Pride in disability, and help change people's attitudes and understanding, recognising that there should be No Limits put in the way of

disabled people and what they can achieve with the support of the community.

The Festival will involve a wide variety of events, activities and performances including theatre, music, dance, comedy, community activities, family fun days, circus performance, and lots more. There will be events and activities in every ward in the borough and involve every major tourist attraction, venue and performance space. Most importantly the festival will involve disabled people, their friends, family and supporters in helping to plan, organise and enjoy the festival.

## **Gender Pay Gap**

All UK employers have a legal requirement to publish their gender pay data on an annual basis.

The gender pay gap calculation is based on the average hourly rate paid to men and women. This calculation makes use of two types of averages; a mean average and a median average. In simple terms, the mean is the average hourly rate and the median is the mid-point hourly rate for men and for women in the workforce.

The mean figure is the figure most commonly used.

The report for Barnsley Hospital NHS Foundation Trust reviews the latest data set, which covers the 12 month period ending 31 March 2018.

### **Our Overall results:**

Overall, across our entire workforce our mean gender pay gap is 37%. This means that the average hourly pay rate for men is 37% higher than for women.

Our overall median gender pay gap is 22% - this means that the mid-point hourly rate for men is 22% higher than for women.

However, this overall figure represents the combined data for our Medical and Dental staff group and all other staff groups.

When this is broken down, our figures show:

- For Medical and Dental staff, the mean gender pay gap is 19%
- For all other staff who are not medical or dental (which is our largest workforce group), the mean gender pay gap is 8.5%.

Our proportion of male and female staff should be taken into account when looking at our gender pay gap, as should the age range of our male and female workforce, as members of staff who have enjoyed long careers in the NHS can often be higher up the pay point scales than those who are just starting their careers.

In Barnsley, whilst we have a higher proportion of female staff in our workforce, we also have a significant proportion of our male workforce who are now at the point in their careers where they are senior medical staff and therefore are higher up the pay grades than some more junior members of staff. This is reflected in our overall gender pay gap and, as a trust, we recognise that this is a generational and societal issue. We know that an increasing number of women are choosing medicine as a career and our figures show that we now have a higher percentage of female junior doctors than we do male. Also at a medical consultant level from 1<sup>st</sup> Jan 2018 to date, we have appointed 7 female consultant/locum consultants and 12 male. For Medical and Dental staff, the mean gender pay gap since the last reporting period ending 31 March 2017 has improved as it has reduced from 23% to 19%.

This year's reporting as at 31 March 2018 excludes employees from other staff groups who have transferred to the subsidiary company, Barnsley Facilities Services Ltd (BFS). At this date, the majority of BFS employees in the lowest pay grades were male. The removal of this data from the figures is therefore a contributory factor to the change in the mean gender pay gap for non- medical and dental staff which has widened from 2% to 8.5%.

The proportion of male and female employees in the lowest pay quartile is 87% female and 13% male, compared to the proportion of male and female employees in the highest pay quartile which is 68% female and 32% male. (The quartile information is created by sorting all employees by their hourly rate of pay and then splitting the list into 4 equal parts to create 4 pay quartiles).

The gender pay gap data we report also includes bonus payments. The consultants clinical excellence awards (CEAs) are included in the bonus pay calculation. Following publication of last year's results, we have undertaken proactive communications, publicity and training support has been offered to female and male consultants on how to apply for CEAs. And in the last CEA round run in 2018, there were more female first time award recipients than male. We have seen a 1.5% improvement in our mean bonus gender pay gap in that it has reduced from 80.5% to 79%.

### **Cultural factors contributing to Gender Pay Gap**

Research based on 5754 employees across 15 NHS trusts was carried out by Assessment Psychologists at Conflux and delivered through Questback, a leading employee feedback and reporting platform provider. The research measured both the behavioural and cultural factors which influence decisions and ways of operating, along with the expectations of employees and the wider organisation.

34% of men and 35% of women indicated their current trust was "fully committed to equal opportunity for all staff" with 36% of men and 33% of women believing that people succeed on merit at their Trust. These figures are significantly below for other employment sectors.

Respondents identified the key leadership traits they felt were most valued and rewarded within their Trust when it came to decisions regarding hiring, promotion and performance management. Separately, respondents also rated these traits as perceived masculine, feminine or gender-neutral.

The relationship between the value placed on these traits and their association with gender, indicates a very high correlation at 0.67. Traits identified as being typically masculine such as confidence and assertiveness and competitiveness were seen to be valued in leadership far more than feminine traits such as patience, compassion and empathy. These findings are true for both male and female respondents and the strength of association increases with seniority.

When asked what traits should be most valued and rewarded if their Trust is to perform at the highest possible level, respondents placed a much greater emphasis on traits perceived as feminine. These included traits such as open-mindedness, compassion and empathy. Masculine traits such as competitiveness, assertiveness and confidence were actually considered to be some of the least desirable in leadership.

Demographic profiling of the respondents reinforces the view that the NHS gender pay gap is largely due to a lower proportion of women in the most senior and better paid roles. There seems to be no consistent evidence for an ethnicity pay gap however the percentage of employees self-identifying as disabled decreases in a linear fashion with increasing pay band. While 22% of all respondents identified themselves as having a disability, 27% of those earning less than £20,000 pa identified as disabled, falling to 17% for those earning over £60,000. The proportion of women with a disability in the lowest pay bracket is more than twice that in the highest. These figures suggest that there is likely to be a very significant disability pay gap across the participating trusts.

### **Gender Pay and Equal Pay – the difference:**

It is important to be clear about the difference between gender pay and equal pay. The solutions to equal pay and gender pay are different. Closing the gender pay gap is a broader societal as well as organisational issue. Equal pay is specific to men and women doing comparable roles for different pay.

Though we have a gender pay gap due to our disproportionate representation of men and women within the workforce (as reflected across the NHS), we are confident that we pay equally and fairly in accordance with the nationally recognised Agenda for Change and Medical & Dental pay structures and our locally recognised Senior Manager and Director pay structures.

### **Our future intentions:**

As a trust we are committed to supporting the career progression and ensuring equal opportunities for women and men within our workforce. Our in house talent management programme is designed to nurture our future leaders regardless of their gender.

We have a range of family friendly policies, supporting childcare, flexible working, fair rostering and leave provision. In 2018 we have published a number of toolkits to help managers in applying these policies for our staff and we will be holding a series of policy training sessions for managers in 2019.

The Carers Charter has set out the work we will be undertaking in 2019 to raise awareness and increase recognition of staff who are carers, to identify what issues they face, leading to improved engagement and retention.

The data has given us the opportunity to understand what else we can do to further reduce our gender pay gap. Ultimately, our aim is to ensure there is no gap and that men and women are equally represented in the workforce at all levels.

### **Joint role with the CCG**

The Equality, Diversity & Inclusion Lead role is being shared 0.2 FTE with the Barnsley Clinical Commissioning Group. This will serve both to enhance existing relationships and to develop new joint-initiatives for the benefit of all patients, staff and stakeholders. Some of the initiatives have been able to cross over to primary care and vice versa such as the NHS Rainbow Badge and our work with the Deaf Community.

### **AccessAble**

The Trust has asked AccessAble to provide their service to assist the Trust with accessibility for disabled patients, visitors and staff.

AccessAble.co.uk is the UK's most popular and trusted Accessibility Checker, used by over 100,000 people every month. The organisation was established in 2000 and works on a not for profit model to deliver a social mission. The service changes lives, tackling social isolation and promoting independence.

Founded and developed by disabled people the organisation views comprehensive accessibility information as key to ensuring that disabled people and their families do not face inequality. Working with over 300 partners AccessAble produces access guides to places people want or need to visit. AccessAble has experience of working with some of England's largest acute trusts, including University College London Hospitals NHS Foundation Trust, Cambridge University Hospitals NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and Newcastle-Upon-Tyne Hospitals NHS Foundation Trust.

Locally, AccessAble works with Sheffield Teaching Hospitals NHS Foundation Trust, The Mid Yorkshire Hospitals NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust and all four South Yorkshire local authorities.

Very detailed in nature, access guides look at 'access' and 'disability' from lots of different perspectives. Not just mobility impairment, but also learning disability, sensory impairment, dementia and mental health.

The service provides crucial, practical information that enables patients and visitors to plan their visit, lowering the anxiety and challenges of visiting somewhere new or unfamiliar. Other trusts have worked with AccessAble to improve patient experience and care, linking the project to their CQC and Equality Delivery System obligations around improved patient access and experience. In addition, the project has made a tangible contribution to PLACE assessments and Accessible Information Standard.

Equally, working with AccessAble has enabled estates and facilities teams to receive a detailed assessment of their sites, which is often accompanied by guidance documentation to assist in addressing potential accessibility improvements, increasing the impact of refurbishment work and informing estates' strategies.

AccessAble has a 17-year proven track record of delivering high quality services for over 300 organisations.

Due to its not for profit operating model, AccessAble simply charges partners the actual cost of producing, publishing and promoting its access guides and is focused on sustaining its services into the future.

### **NHS Rainbow Badge**

Barnsley Hospital was one of the first health trusts in the country to sign up to The Rainbow Badge scheme. This is a way for NHS staff to show they are aware of issues that lesbian, gay, bisexual and Trans (LGBT+) people face when accessing healthcare.

The scheme started at Evelina London Children's Hospital and community services, part of Guy's and St Thomas' NHS Foundation Trust. Its simple aim is to make a positive difference by promoting a message of inclusion and it is hoped that other NHS organisations across the country will adopt the idea.

The rainbow badge is a visual symbol identifying its wearer as someone an LGBT+ person can feel comfortable talking to about issues relating to sexual orientation or gender identity. It shows the wearer is there to listen without judgement and signpost to further support if needed.

The scheme emphasises that wearing a badge is a responsibility. Basic education and access to resources are provided for staff who want to sign up. Information is also given outlining the challenges LGBT+ people can face in relation to accessing healthcare and the degree of negative attitudes still found towards LGBT+ people.

The 2018 Stonewall study 'LGBT in Britain – Health Report' found that one in seven LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff. Mental health issues such as depression and anxiety are much higher in people who identify as LGBT+. Half of LGBT people nationally (52%) experienced depression in the last year, and almost one in four (23%) witnessed discriminatory or negative remarks against LGBT+ people by healthcare staff.

Having visible symbols of inclusion is extremely important but what really matters is the attitude of staff who are displaying those symbols. That's what makes the Rainbow NHS Badges project so special, having the emphasis on the commitment that comes with wearing the badge of being open, non-judgmental, and inclusive of anyone who identifies as LGBT+.

The response to the scheme has been truly remarkable with around 700 staff signed up. The Trust has also been instrumental in helping other Trusts throughout

Yorkshire & Humber area to start up their scheme by sharing communication materials and lessons learned.

### **Local Population Demographics**

The latest mid-year population estimates from the Office for National Statistics (ONS) show that the population of Barnsley in 2015 was 239,300. This consists of 50.6% females and 49.4% of males.

The latest data from the 2011 census shows that 97.9% of the Barnsley resident population were from a white ethnic background, 0.7% were from mixed/multiple ethnic groups, 0.7% were Asian or Asian British, 0.5% were Black/African/Caribbean or Black British and 0.2% were from other backgrounds.

The Dept. of Work & Pensions figures show that there were a total of 1,980 people who moved to Barnsley from other countries during 2015, of these, 58.7% were from Romania and 27.1% were from Poland.

In July 2016 the Gypsy, Roma and Traveller Census showed that there were 130 adults and 89 children (aged under 16 years) who were known to the Council to be currently living within the Barnsley borough

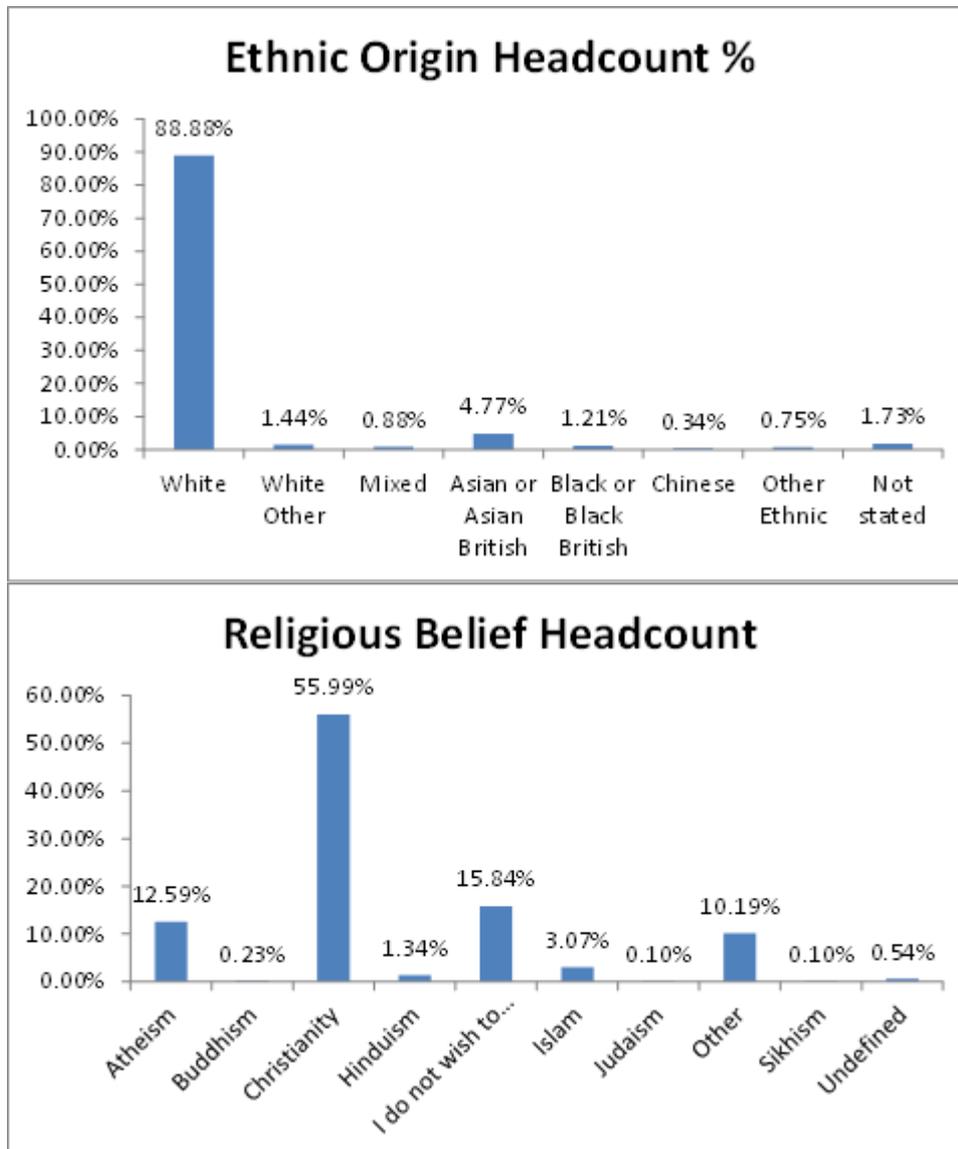
The Department of Health data for 2011 indicated that approximately 480 people are registered deaf or hearing impaired in Barnsley.

The 2011 Census indicated that over 7,600 Barnsley residents were providing 50 or more hours of unpaid care a week to a friend, relative or neighbour who has a disability or health problem.

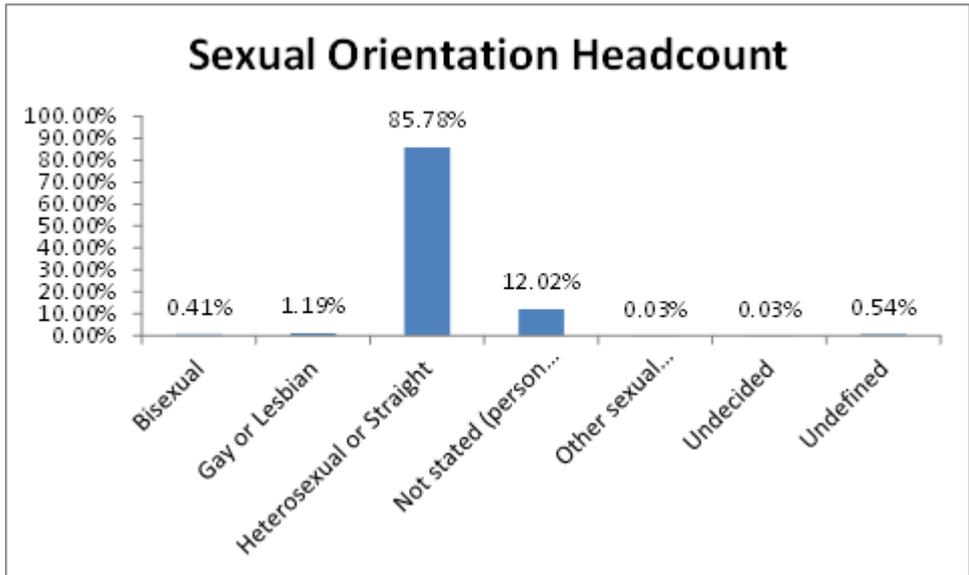
Population estimates for Barnsley show approximately 14,400 LGBT residents living within the borough (lesbian, gay, bisexual and transgender) which is 6% of the Barnsley population.

(Data Source: Barnsley Health & Well-Being Board Joint Strategic Needs Assessment 2016 Report)

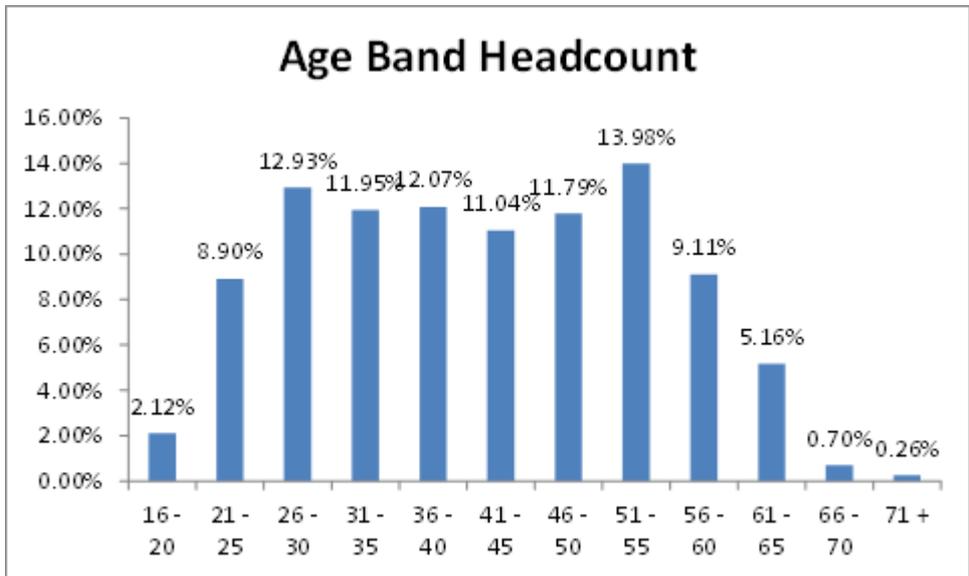
## Workforce Demographics as at 31<sup>st</sup> March 2019



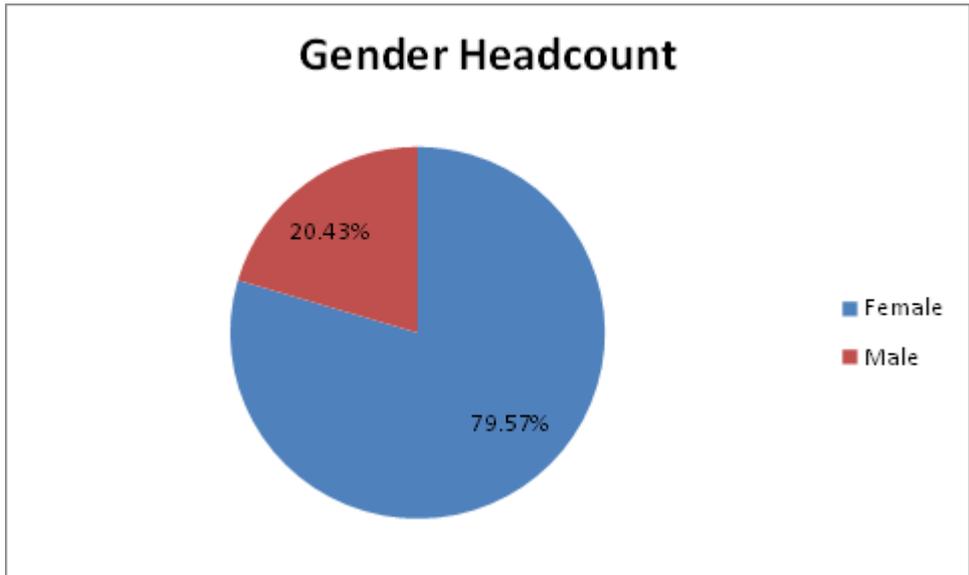
The tables above show the ethnicity and religious belief profile of the workforce. Minority ethnic groups make up 2.1% of the local population compared to 7.4% of the Trust's workforce, indicating that the Trust is more ethnically diverse than the local population.



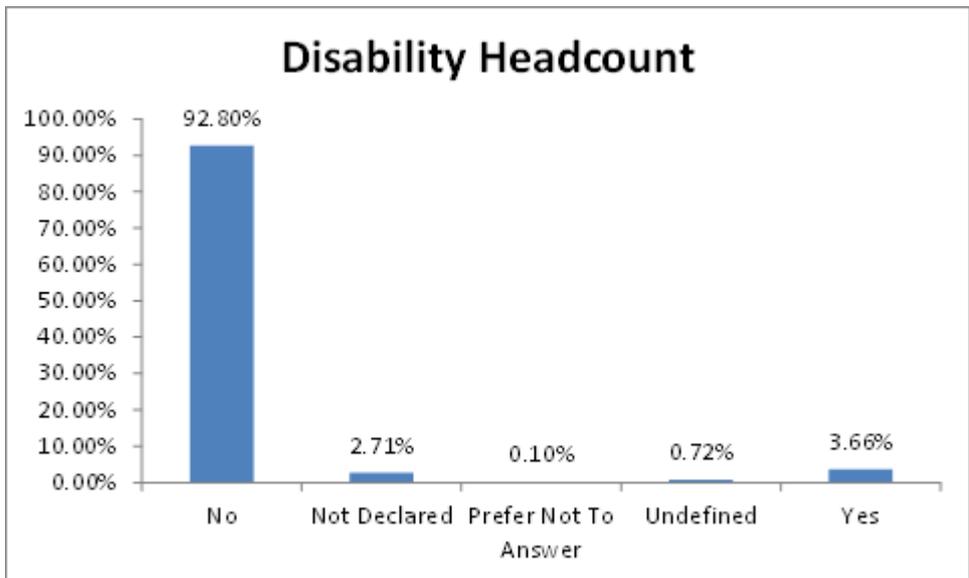
The table above shows 1.5% of the workforce has disclosed their sexual orientation as lesbian, gay, bisexual or undefined, with 12% not wishing to disclose their sexual orientation. Compared to approximately 6% of the Barnsley population showing as LGBT residents.



29.2% of the workforce are aged 51 and over. 23.9% are aged 30 and under, with 46.8% aged between 31 and 50 years.



The Trust has a predominantly female workforce of 79.6% compared to 50.6% females in the local population.



In 2011 the proportion of people living in Barnsley with a long-term activity limiting health problem or disability was 11.9%. Compared to 3.6% of the workforce declaring a disability or long term health problem.

# IMPROVING PATIENT EXPERIENCE SUMMARY REPORT FOR THE EQUALITY & DIVERSITY ANNUAL REPORT – 2018/19

## Introduction

The Patient Experience (PE) Team at Barnsley Hospital receive and manage feedback from patients and members of the public and use the information gained to improve the services we provide. During the period of report the team handled the following feedback:

	Complaint	Advice, Information/ Support/ Feedback	Compliment	Concern	Total Contacts
Q1	65	108	85	505	763
Q2	84	127	60	576	847
Q3	62	86	58	422	628
Q4	82	88	58	472	700
Totals	293	409	261	1,975	2,938

The primary themes from patient feedback via complaints and concerns relate to clinical care and treatment and access issues. Additionally the Patient Advice & Complaints Team also handle general advice and information request and compliments which are shared with staff teams.

In addition the Patient Advice & Complaints Team, the PE Team also responsible for the Voluntary Services Team and the Patient Experience team who manage carry out a number of surveys such as the NHS Friends & Family Test (FFT), they also support wider quality improvement work and work with our Clinical Business Units to support the involvement of patients in service improvement work. Listed below are some of the key activities undertaken during the period of report:

### NHS Friends & Family Test (FFT)

The NHS FFT is an indicator of patient satisfaction with NHS services and it is nationally mandated. Patients are asked if they would recommend the hospital/service they have received to their friends or family using mandated response options. The Trust is required to report on both response rates and positive recommendation rates for the NHS FFT. The Trust has received positive recommendation rates for all areas in excess of the target of 87.5% but further work is needed to improve response rates within our Emergency Department and revised approaches area being scoped for this area.

### Patient Surveys & Feedback

#### National Patient Surveys

The Trust has participated in nationally mandated surveys which are overseen by the Care Quality Commission and which provide valuable insight into the experience of patients using Trust services. The Trust participates in a national inpatient survey, a maternity survey and the emergency care survey. Results are reported on the CQC website and reported internally to our Patient Experience Group.

#### Local Patient Surveys

The PE Team carries out localised inpatient surveys to obtain feedback from patients on inpatient wards on their experience of care. These are reported under the key themes of care and communication and are used by staff at ward level, together with information from the NHS FFT, to improve the care we provide.

### **Bespoke Surveys**

We have worked with a number of service areas to develop individual questionnaires to ensure that patients can have the opportunity to share their experiences of using services and suggest how things can be improved. Examples of this work would include dementia carer's survey, diabetic eye screening and therapy services.

### **Feedback via NHS Website**

We continue to monitor feedback via the NHS feedback website. The Patient Experience team have worked collaboratively with the Communications team to respond and record feedback received via the NHS website.

<b>2018/19</b>	<b>Number of reviews</b>
Quarter 1	18
Quarter 2	15
Quarter 3	16
Quarter 4	16

Feedback is anonymous however the majority of individuals who raise issue of concern via the NHS website receive a prompt acknowledgement and an offer to engage with the Patient Advice & Complaints Team. The majority of postings are positive with a focus on access to services and appreciate of a positive experience of care.

### **Patient Engagement and Involvement**

Summarised below are some of the work we have done to ensure that patient experience improvement work is central to the work of the Trust.

### **Patient Stories at Trust Board**

Some examples of patient experience stories presented to the Trust Board include:

- Therapy Services – A Patient Experience
- Nutritional Support Volunteers
- “REACH OUT TO ME” – Supporting Patients with Dementia

The patient stories combined learning from experience with an appreciation of the good works that staff undertake on a day to day basis.

### **Barnsley Maternity Voices**

The Trust has worked to support the Barnsley Maternity Voices who have a pivotal role to influence and co-design local maternity services.

### **Therapy Dogs**

The Patient Experience Team have begun work with Infection Control to support the use of Therapy Dogs within ITU. A factsheet will be developed to provide information to the public/patients around the service and to allay any fears they might have around certain issues, including infection control. The factsheet will then be provided to patients via various

methods of communication, including social media, to obtain their feedback on the service.

### Interpreting & Translation Services

The PE Team oversee the provision of interpreting and translation services for patients attending the Trust. Following engagement work with members of the deaf community the Trust has taken steps to improve the experience of patients who are deaf. As part of the review of the Trust's interpreting and translation contract the provision of video link interpreting has been explored. Detailed below are the top six languages requested by patients:

Language	Telephone	Face to Face	Total
Polish	152	170	322
BSL	-	100	100
Romanian	52	60	112
Mandarin	70	37	107
Russian	44	54	98
Latvian	21	60	81

### Patient information Resource – Safety & Quality Themes

A patient information resource on key patient safety messages has been developed to offer information and advice to patients and visitors when staying in hospital. The resource will be produced in a variety of formats during the coming year.

### Volunteering

As at the end of March 2019, the Trust had 265 volunteers working across over 25 different areas/departments and wards. The volunteers provide an excellent support to staff, visitors and patients in the Hospital. A number of new volunteer initiatives have been introduced during the year including:

**Mealtime Support Volunteers** has been a success and is now permanently in use on ward 19. Additional Volunteers are being recruited in order extend the role to support patients at breakfast time and also at weekends.

**The Norah Newman End of Life Volunteers** are now well embedded, providing support to a large number of services across the Trust.

**The Young Volunteers' programme** continues to grow and offers students and young people the opportunity to gain valuable experience in a hospital environment and to support them with their future career aspirations. The volunteers can complete the 10 week course or can choose to remain as a Volunteer within the Trust at the end of the programme.

## **Patient Information Resources**

The PE Team are responsible for overseeing the development of new patient information leaflets and have maintained a database of all leaflets in the Trust to ensure they are up to date and accurate.

**Patient Experience Team**  
**July 2019**

## Number of Volunteers -300

### Gender

Male	72
Female	228

### Religion or Beliefs

Atheism	21
Buddhism	
Christianity	194
Islam	1
Jainism	
Sikhism	
Judaism	
Hinduism	
Other	15
Not disclosed	69

### Disability

Physical Impairment	5
Sensory Impairment	2
Mental Health Problem	5
Learning Disability/Difficulty	5
Long Standing Illness	5
Other	3

### Sexual Orientation

Lesbian	
Gay	1
Bi Sexual	1
Heterosexual	265
Not Disclosed	33

**Ethnic Origins**

Asian or Asian British	Bangladeshi	
	Indian	
	Pakistani	
	Any other Asian	
	Background	2
Black or Black British	African	5
	Caribbean	
	Any other black	
	background	
Mixed	White and Asia	
	White and Black	
	African	
	White and Black	
	Caribbean	
	Any other mixed	
	background	1
White	British	278
	Irish	
	Any other White	
	background	5
Other Ethnic Group	Chinese	
	Any other ethnic	
	group	1
	Not disclosed	8

## **Next Year's Work Plan 2019/2020**

Translate the goals and outcomes of EDS3 and align them to CBU and Corporate Directorates' work plans so it becomes everyone's responsibility. Identify and work together with key work stream leads to make EDS3 implementation real, deliverable and meaningful.

Agree and publish WRES data and action plan

Agree and publish WDES data and action plan

Continue to support and grow the Disability Staff Network

Survey our staff for their opinion on how they would like us to engage with them and the possibility of having an active forum for BAME staff in addition to the disability staff network and the LGBT staff network.

Analyse WDES data to see how we perform against the metrics

Work towards our Disability Confident Leader status

Promote the role of the Diversity Champions with the Trust 'Proud to share' branding.

Ensure senior CBU representation at People & Engagement Group to drive E&D agenda within their CBU's and provide a channel to help raise the profile and voice of diversity champions within their CBU's across all staff groups and all protected characteristics

Participate in the NHS Employers Diversity & Inclusion Programme year 2 to improve our Equality, Diversity & Inclusion response.

Work with AccessAble to update our accessibility guides for people with a disability

Develop leadership diversity action plan

Continue engagement to promote the Trust as an employer of choice

Deliver engagement activities including equality groups

Launch our Carer's Strategy

Exploring the issues for low declaration rate on ESR for LGBT staff.

## **Conclusion and Recommendations**

The committee is asked to note the contents of the report and support the next year's work plan for 2019-2020

## **Bibliography**

*Eidohealthcare.com*. (n.d.). Retrieved from <https://eidohealthcare.com>

(Mahmood)

<https://metro.co.uk/2019/06/07/nhs-going-backwards-diversity-inclusion-9870546/?ito=cbshare>

## Appendix (a)

Grade	2018/2019			
	Non Clinical		Clinical	
	White	BME	White	BME
Apprentices	0.57%	0.00%	0.11%	0.00%
Band 2	5.93%	0.05%	12.47%	0.22%
Band 3	4.39%	0.03%	7.64%	0.08%
Band 4	3.52%	0.03%	1.82%	0.00%
Band 5	1.54%	0.14%	16.96%	1.19%
Band 6	0.98%	0.05%	12.82%	0.46%
Band 7	1.25%	0.05%	6.42%	0.16%
Band 8a	0.73%	0.00%	1.92%	0.24%
Band 8b	0.22%	0.03%	0.30%	0.03%
Band 8c	0.03%	0.00%	0.00%	0.00%
Band 9	0.00%	0.00%	0.03%	0.00%
Medical & Dental Consultants	0.00%	0.00%	2.36%	2.17%
Medical & Dental Non-consultant career grade	0.00%	0.00%	0.51%	1.11%
Medical & Dental Trainee grades	0.00%	0.00%	1.57%	1.25%
BFSA (BFS Level A)	0.54%	0.00%	0.00%	0.00%
BFSB (BFS Level B)	0.68%	0.00%	0.03%	0.00%
BFSC (BFS Level C)	0.05%	0.00%	0.00%	0.00%
BFSD (BFS Level D)	0.11%	0.00%	0.00%	0.00%
BHP1 (Local Pharmacy Payscale)	0.00%	0.00%	0.00%	0.03%
G4S1	4.58%	0.03%	0.00%	0.00%
G4S2	0.27%	0.00%	0.00%	0.00%
G4S3	0.05%	0.00%	0.00%	0.00%
G4S5	0.03%	0.00%	0.00%	0.00%
G4S8	0.03%	0.00%	0.00%	0.00%
LPP1 (Local Senior Manager Pay 1)	0.14%	0.00%	0.00%	0.03%
LPP2 (Local Senior Manager Pay 2)	0.11%	0.00%	0.14%	0.00%
LPP4 (Local Senior Manager Pay 4)	0.05%	0.00%	0.00%	0.00%
LPGB (Local Governance/ Board Sec)	0.03%	0.00%	0.00%	0.00%
VSM (Chief Exec, Directors, Medical Director )	0.11%	0.00%	0.08%	0.00%
Grand Total	25.93%	0.41%	65.18%	6.96%
Not Stated Ethnicity	1.44%			
Annual Total	100.00%			

Appendix (b)

Engagement model 2019 V1

