

2018/19

# Annual Equality Report

This report includes information on the equality data of patients and the workforce. It also includes the evidence for the Workforce Race Equality Standard, the Workforce Disability Equality Standard and the Trust's Gender pay gap.

**Royal  
Cornwall  
Hospitals  
Trust**

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## Introduction

Royal Cornwall Hospitals Trust is committed to delivering inclusive health services for all in a dignified and respectful way by a workforce who is equally respected. We recognise that all patients, staff and members of the public are individuals and we will strive to meet their needs. As an organisation we will endeavour to ensure that no one is discriminated against or treated unfairly due to age, disability, race, religion or belief, gender, sexual orientation, gender reassignment, marriage/civil partnership or pregnancy/maternity. Where necessary we will make every effort to ensure adjustments are made to prevent less equitable experiences occurring.

As part of the Equality Act 2010 and to support the Trust's General Equality Duty, the Trust is required to publish the equality data of people who use our services and the workforce it employs, on an annual basis. This helps us to identify if any groups are poorly represented in either patients accessing services or people working within those services; which will, in turn, enable improvements to be identified to increase participation and experiences.

**The gender pay gap** differs from equal pay. All organisations with 250 or more employees are now required to publish their gender pay gap.

Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender.

The gender pay gap shows the differences in the average pay between men and women. The Trust is confident that men and women are paid equally for doing the same job; however, the greater proportion of men than women in senior roles creates a gender pay gap. There may be multiple factors responsible for this, such as, culture, family and work-life balance (women make up the vast majority of part-time workers in the Trust). All of these can impinge on female employees' career progression, especially into senior leadership roles.

**The Workforce Race Equality Standard** was introduced in 2015 by NHS England following on from the Snowy White Peaks report (Kline 2013) which looked at the impact the Race Equality Action Plan had made since its introduction in 2004. The report focused on NHS Trusts in London as this area had a high proportion of the workforce from a Black or Minority Ethnic (BME) background, 41% in fact. The report revealed that BME staff were still not progressing into senior leadership roles, which prompted the Workforce Race Equality Standard to be introduced.

The BME population of Cornwall was measured in the 2011 Census as being 1.8% of the total population, with the BME workforce of the Trust presently at 3.39%. This is positive as the workforce is overly representative of the community. However, there still appears to be a lack of representation in senior leadership roles within the Trust, which may be fair due to the small total number of employees from a BME background. There does appear to be a lack of representation of BME staff in the mid banded roles which may be due to the recruitment process or career progression prospects. This will be explored within the evidence provided in this report and the WRES action plan for improvements.

An action plan already exists to improve the experiences of the Trust's BME workforce; this will be amended to include the findings within this report. The action plan will be supported by the Trust's

Minority Ethnic Group (a staff network) and will be monitored through the Equality & Inclusion Steering Group .

**The Workforce Disability Equality Standard (WDES)** is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of staff with disabilities in the NHS.

The WDES comprises ten Metrics. All of the Metrics draw from existing data sources (recruitment dataset, ESR, NHS Staff Survey, HR data) with the exception of one; Metric 9b asks for narrative evidence of actions taken, to be written into the WDES annual report.

The Metrics have been developed to capture information relating to the experience of staff with disabilities in the NHS. Research has shown that Disabled staff have poorer experiences in areas such as bullying and harassment and attending work when feeling ill, when compared to staff without a disability. The ten Metrics have been informed by research by Middlesex and Bedford Universities, conducted on behalf of NHS England, and by Disability Rights UK on behalf of NHS Employers. The annual collection of the WDES Metrics will allow NHS Trusts and Foundation Trusts to better understand and improve the employment experiences of staff with disabilities in the NHS.

The WDES Metrics have been designed to be as simple and straightforward as possible. The development of the WDES owes a great deal to the consultation and engagement with NHS key stakeholders, including Disabled staff, trade unions and senior leaders.

The WDES evidence will be provided by all NHS Organisations on an annual basis and will be uploaded to NHS England and published on the Trust's website, along with a corresponding action plan, with a view to reducing any inequalities which exist or are perceived to exist.

## Patients

The Equality Strategy 2016-19 is due to be updated this year to continue the delivery of the Trust's equality objectives. The strategy outlines the equality data publications, reports, initiatives, audits and improvements that exist to improve accessibility and inclusivity for both patients and the workforce.

In 2018/19 the Trust provided care for 779028 patients.

Out-Patients	547424
In-Patients	134936
E D	92610
Maternity	4058
<b>Total</b>	<b>779028</b>

The diversity of these patients is detailed within this report and focuses on their age, disability, race, religion or belief, gender, sexual orientation and gender reassignment.

## Age

Age	New OP Attended	New OP DNA	Follow up OP	OP Total	In-patient Elective	In-patient Emergency	IP Total	ED Total	Maternity	Grand Total
0-19	25607	2344	51784	<b>79735</b>	3661	11306	<b>14967</b>	19838	125	<b>114665</b>
20-29	14343	1831	19600	<b>35774</b>	4018	8492	<b>12510</b>	11388	1817	<b>61489</b>
30-39	16863	1869	23054	<b>41786</b>	4803	7857	<b>12660</b>	9043	1971	<b>65460</b>
40-49	18300	1507	30860	<b>50667</b>	6831	3692	<b>10523</b>	8608	145	<b>69943</b>
50-59	24820	1356	47592	<b>73768</b>	14343	4705	<b>19048</b>	10222	0	<b>103038</b>
60-69	27393	887	62714	<b>90994</b>	14860	5606	<b>20466</b>	9591	0	<b>121051</b>
70+	47675	1433	125592	<b>174700</b>	26015	18747	<b>44762</b>	23920	0	<b>243382</b>
<b>Total</b>	<b>175001</b>	<b>11227</b>	<b>361196</b>	<b>547424</b>	<b>74531</b>	<b>60405</b>	<b>134936</b>	<b>92610</b>	<b>4058</b>	<b>779028</b>

The age group with the highest percentage DNA rate for new outpatient appointments across all ages is 20-29 at 12.78%. The lowest is age 70+ at 3%, this group also has the highest attendance across all services probably due to the fact that they are more likely to have more complex health needs than the younger age groups.

## Gender

Gender	New Outpatient's Attended	New Out patients DNA	Follow up OP	OP Total	In-patient Elective	In-patient Emergency	IP Total	ED Total	Maternity	Grand Total
MALE	73817	4951	192815	<b>271583</b>	39002	35997	<b>74999</b>	46575	0	<b>393157</b>
FEMALE	101181	6276	168359	<b>275816</b>	35525	24406	<b>59931</b>	46031	<b>4058</b>	<b>385836</b>
Other	0	0	0	<b>0</b>	0	0	<b>0</b>	2	<b>0</b>	<b>2</b>
UNKNOWN	3	0	22	<b>25</b>	4	2	<b>6</b>	2	0	<b>33</b>
<b>ALL GENDERS</b>	<b>175001</b>	<b>11227</b>	<b>361196</b>	<b>547424</b>	<b>74531</b>	<b>60405</b>	<b>134936</b>	<b>92610</b>	<b>4058</b>	<b>779028</b>

Males are almost 10% more likely to have an emergency admission compared to females.

## Ethnicity

Ethnicities	OP Attended	OP DNA	Follow OP	OP Total	Elective	Emergency	IP Total	ED Total	Maternity	Grand Total
Asian British	300	24	443	767	56	102	158	187	13	1125
Black British	251	20	424	695	153	78	231	125	4	1055
Chinese	170	8	300	478	63	59	122	65	9	674
Cornish	17438	1036	41508	59982	8060	6880	14940	11337	321	86580
White British	146535	8995	303688	459218	63305	50062	113367	72165	3357	648107
White Irish	678	36	1474	2188	338	231	569	344	9	3110
Dual heritage White/Black	420	60	683	1163	108	213	321	326	23	1833
Dual heritage White/Asian	269	33	525	827	63	120	183	168	11	1189
Other Asian background	2948	528	1939	5458	333	355	692	4272	23	10514
Other Black background	111	6	264	381	68	35	103	45	3	532
Other ethnic background	249	24	460	733	88	88	176	122	13	1044
Other dual heritage	86	2	143	231	20	13	33	41	2	307
Other White background	283	30	430	743	66	96	162	145	14	1064
Not known	493	39	762	1294	124	188	312	244	20	1870
Patient Declined	4770	386	8153	13309	1686	1885	3571	3024	236	20140
<b>Total</b>	<b>175001</b>	<b>11227</b>	<b>361196</b>	<b>547424</b>	<b>74531</b>	<b>60405</b>	<b>134936</b>	<b>92610</b>	<b>4058</b>	<b>779028</b>

Black and minority ethnic (BME) people equate to 2.34% of the total number of patients treated by the Trust in 2018/19. This is higher than the 1.8% of the population of Cornwall who declared their ethnicity as BME in the 2011 census.



## Religion or Belief

Religion	OP Attended	OP DNA	Follow OP	OP Total	Elective	Emergency	IP Total	ED Total	Maternity	Grand Total
AGNOSTIC	290	22	561	873	174	118	292	148	10	1323
ATHEIST	856	78	1792	2726	451	404	855	441	31	4053
BUDDHIST	337	21	639	1009	138	82	220	156	9	1393
CHRISTIAN	91700	4211	213722	309633	45654	28873	74527	42754	1313	428227
HINDU	147	15	310	472	54	39	93	69	4	638
HUMANIST	44	4	119	167	12	10	22	19	0	208
JEHOVAH'S WITNESS	776	42	1565	2383	307	215	522	348	10	3263
JEWISH	118	5	225	348	81	34	115	74	0	5446
MUSLIM	184	26	287	529	48	71	132	167	10	901
PAGAN	58744	4846	110579	174287	22261	27192	49470	39312	2083	265305
RELIGION (OTHER)	287	33	548	870	99	86	192	114	8	1181
RELIGION NOT GIVEN - PATIENT REFUSED	9688	615	16347	26657	2812	1160	3973	2863	292	33825
NOT RELIGIOUS	259	14	376	907	108	79	252	135	3	1678
PATIENT RELIGION UNKNOWN/UNSPECIFIED	11571	1295	14126	26992	2332	2042	4374	6010	285	97468
<b>TOTAL</b>	<b>175001</b>	<b>11227</b>	<b>361196</b>	<b>547424</b>	<b>74531</b>	<b>60405</b>	<b>135039</b>	<b>92610</b>	<b>4058</b>	<b>779028</b>

The religions identified above reflect the 2011 census. The Trust recognises the importance of supporting people's religions and beliefs by providing the chaplaincy service which has access to the majority of faith representatives.

## Sexual Orientation

Sexual Orientation	OP Attended	OP DNA	Follow OP	OP Total	Elective	Emergency	IP Total	ED Total	Maternity	Grand Total
Unspecified	139735	9612	264683	414030	56336	50237	106573	80023	3383	604009
BI-SEXUAL	168	13	334	515	59	88	147	97	8	767
DECLINED	3511	197	10370	14078	1572	996	2568	1383	34	18063
GAY	159	9	484	652	82	34	116	47	0	815
LESBIAN	145	5	399	549	64	45	109	108	2	768
HETEROSEXUAL	31283	1391	84926	117600	16418	9005	25423	10952	631	154606
<b>TOTAL</b>	<b>175001</b>	<b>11227</b>	<b>361196</b>	<b>547424</b>	<b>74531</b>	<b>60405</b>	<b>134936</b>	<b>92610</b>	<b>4058</b>	<b>779028</b>

The table above shows that 77.5% of patients have not declared their sexual orientation which is concerning. The Trust is signing up to the National Rainbow Scheme this summer which aims to increase people's confidence that the Trust is an open, non-judgemental and inclusive place for people that identify as LGBT+.

LGBT+ stands for lesbian, gay, bisexual, transgender and the + simply means that we are inclusive of all identities, regardless of how people define themselves.



## Transgender

New OP	DNA	OP Follow on	OP Follow on DNA	Elective In Patient	Emergency in Patient	In Patient Total	ED	Total
<b>356</b>	16	1038	52	212	121	<b>333</b>	299	2094

The total number of transgender patients has dramatically increased since last year's report from 889 to 2,094; however, follow up out-patient appointments were not previously included in the report which accounts for almost 1,000 additional attendances.

## Disability

Disability	OP Attended	OP DNA	Follow OP	OP Total	Elective	Emergency	IP Total	ED Total	Maternity	Grand Total
COGNITIVE IMPAIRMENT	396	19	2208	<b>2623</b>	167	127	<b>294</b>	177	1	<b>3095</b>
HEARING IMPAIRMENT	4532	153	28744	<b>33455</b>	2157	1375	<b>3533</b>	1741	10	<b>38767</b>
LEARNING DISABILITY	1317	145	8058	<b>9542</b>	553	570	<b>1123</b>	967	8	<b>11662</b>
MOBILITY IMPAIRMENT	5548	<b>290</b>	<b>31786</b>	<b>37624</b>	2851	2017	<b>4868</b>	2450	9	<b>44951</b>
VISUAL IMPAIRMENT	4111	165	21026	<b>25302</b>	2536	1201	<b>3737</b>	875	171	<b>30085</b>
SPEECH IMPAIRMENT	2146	96	14254	<b>16496</b>	1014	817	<b>1831</b>	1041	4	<b>19372</b>
AUTISM	290	17	2072	<b>2379</b>	113	110	<b>223</b>	146	1	<b>2749</b>
EASY READ	289	30	1364	<b>1683</b>	135	149	<b>284</b>	303	0	<b>2270</b>
INTERPRETER REQUIRED	11	<b>1</b>	<b>228</b>	<b>240</b>	4	<b>5</b>	<b>9</b>	7	<b>0</b>	<b>256</b>
LEARNING DIFFICULTY	17	1	88	<b>106</b>	2	5	<b>7</b>	0	1	<b>114</b>
PATIENT HAS A DISABILITY	45	1	198	<b>244</b>	13	15	<b>28</b>	20	1	<b>293</b>
SPECIAL NEEDS	6	0	28	<b>34</b>	2	<b>1</b>	<b>3</b>	1	0	<b>38</b>
BRITISH SIGN LANGUAGE	10	0	140	<b>150</b>	22	8	<b>30</b>	8	0	<b>188</b>
LARGE PRINT	5	0	34	<b>39</b>	1	2	<b>3</b>	1	1	<b>44</b>
MENTAL HEALTH ISSUES	32	0	136	<b>168</b>	3	12	<b>15</b>	9	0	<b>192</b>
NO DISABILITY	76	<b>13</b>	<b>216</b>	<b>305</b>	22	19	<b>41</b>	8	4	<b>358</b>
<b>TOTAL</b>	<b>18831</b>	<b>931</b>	<b>110580</b>	<b>130390</b>	<b>9595</b>	<b>6433</b>	<b>16029</b>	<b>7754</b>	<b>211</b>	<b>154434</b>

19.8% of total patients have declared a disability, however, that means that 80% of patients have left this section blank, this requires improvement.

As last year the main forms of disability declared are mobility and hearing loss.



## Workforce

The following section of this report includes the equality data of the workforce as of 31<sup>st</sup> March 2019. This will include the information that is required for the Workforce Race Equality Standard, the Workforce Disability Equality Standard and the Gender Pay Gap reporting requirements which will be displayed under the relevant sub headings of ethnicity, disability and gender.

On the 31<sup>st</sup> March 2019 there were 7,105 people employed by Royal Cornwall Hospitals Trust which is an increase of 2.8% from the same time last year. This total includes 1372 people who work for Kernowflex, the Trust's flexible workforce, on zero hour contracts.

## Gender

Gender	Headcount	%	FTE
Female	5,477	77.1	3672.33
Male	1,628	22.9	1291.01
<b>Grand Total</b>	<b>7,105</b>	<b>100.0</b>	<b>4963.35</b>

This is comparable  
with the rest of the  
NHS

Payscale / Role	Female	Male
1	19	9
2	1273	309
3	663	145
4	476	133
5	1232	180
6	833	151
7	389	133
8A	102	31
8B	26	20
8C	24	10
8D	10	8
9	6	5
CEO	1	
Chair	1	
Consultant	116	221
Exec	3	1
Jnr Doc	234	221
Middle Grade	65	47
NED	5	3

This ratio is evident in bands 1-4 but drops in Band 5 where only 14.6% of the total are male. Again, this is in keeping with the NHS as a whole as this is the starting pay level for nurses, of which the majority are female.

As the bands go up the ratio of female to male reduces to 17% female in band 9.

However, there are more females than males as executive senior leaders in the Trust.

### Parental/maternity leave

Payscale / Role	Female
2	26
3	16
4	7
5	35
6	21
7	10
8B	1
8C	1
Consultant	1
Jnr Doc	15

Which will probably be a major factor in how many women opt to work part time.

	% Female	% Male
Part Time	45.28	6.70
Full Time	31.81	16.21

Gender	Appraisals Completed %
Female	78.98%
Male	77.89%
Grand Total	78.72%

Access to appraisals are relatively equally available to both genders which supports the ratio of promotions.

Promotions by Gender	Headcount	%
Female	399	77.0%
Male	119	23.0%
Total	518	100.0%

### Gender pay gap

The median gender gap for 2018/19 has reduced from 10.7% to 9.8% in the last year. The mean pay gap has also reduced from 26.8% to 22.1%, which is a positive improvement. This is partly due to a change in the reporting requirements for bonus payments for 2019.

	Mean %	Median %
Gender Pay Gap	22.1%	9.8%
Gender Bonus Gap	89.7%	97.9%
Proportion of Males Receiving a Bonus	11.5%	
Proportion of Females Receiving a Bonus	16.2%	

Quartile	Female	Male
Lower	79.5%	20.5%
Lower Middle	79.7%	20.3%
Higher Middle	82.4%	17.6%
Higher	64.6%	35.4%

The pay gap has reduced by 4.7% over the last year (3.0% relates directly to the changing reporting requirements for CEA's in ordinary pay this year).

Generally the median gives a representative picture for a 'typical' worker, but hides the effects of the very best paid people at the top. If the mean gap is much bigger than the median, this tells us that the people at the top of the company are overwhelmingly men, and are paid considerably more than the average.

A Women's Network has been established for females working in the Trust. The network members have identified areas they would like to focus on that may help to reduce the pay gap culminating in five work streams. They are:

- Maternity leave and support with return to work
- Training to improve confidence in interviews and pay negotiation
- Flexible working
- Increasing the number of female consultants
- Managers support for women going through the menopause

## Age

Age Band	Headcount	%
<=20 Years	78	1.10
21-25	495	6.97
26-30	851	11.98
31-35	879	12.37
36-40	851	11.98
41-45	818	11.51
46-50	925	13.02
51-55	946	13.31
56-60	741	10.43
61-65	402	5.66
66-70	98	1.38
>=71 Years	21	0.30
<b>Grand Total</b>	<b>7,105</b>	<b>100.00</b>

The age split of the workforce is comparable to other South West NHS Trusts (RDE 2017 data).

Payscale / Role	<=20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71
1	8	1	1	2	3	1	5	2	1	4		
2	68	210	217	175	136	135	158	188	167	101	21	6
3	2	48	71	71	87	79	117	118	108	81	22	4
4		28	44	83	85	68	83	84	73	47	12	2
5		122	200	200	188	152	160	161	129	74	22	4
6		20	103	131	124	144	142	147	118	45	8	2
7		5	30	45	78	84	93	111	55	18	2	1
9					2	2	2	5				
8A			3	13	24	16	31	22	18	6		
8B				1	5	7	13	7	11	1	1	
8C					7	4	8	10	3	2		
8D				1	4	4	5	3	1			
CEO								1				
Chair											1	
Consultant				10	47	81	71	63	46	13	5	1
Exec						1		2	1			
Jnr Doc		61	180	134	46	22	8	2			2	
Middle Grade			2	13	15	18	28	18	10	7	1	
NED							1	2		3	1	1

Totals	78	495	851	879	851	818	925	946	741	402	98	21
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There is no representation of younger people in the higher bands which would be expected as they would be unqualified or newly qualified and would need time to gain experience before applying for promotions. There are also fewer people in the older age brackets due to the availability of retirement. However, this age group has achieved 6% of total promotions for the year up to 31st March 2019.

### Promotions

Age Band	Headcount	%
<=20	2	0.4%
21-25	45	8.7%
26-30	72	13.9%
31-35	86	16.6%
36-40	86	16.6%
41-45	66	12.7%
46-50	78	15.1%
51-55	52	10.0%
56-60	20	3.9%
61-65	9	1.7%
66-70	2	0.4%
71+	0	0.0%
<b>Total</b>	<b>518</b>	<b>100.0%</b>



### Ethnicity

Ethnic Group	Headcount	%
Any Other Ethnic Group	22	0.31%
Any other mixed background	19	0.27%
Any other White background	175	2.46%
Asian dual heritage	3	0.04%
Asian or Asian British	86	1.21%
Asian other	11	0.15%
Black or Black British	40	0.56%
Chinese	16	0.23%
Mixed heritage White & Asian	25	0.35%
Mixed heritage White & Black	18	0.25%
Other Specified	1	0.01%
White - British	5,618	77.79%
White - Irish	39	0.55%
White Cornish	333	4.69%
White Mixed	5	0.07%
White Other European	64	0.90%
White Unspecified	23	0.32%
Not Stated	503	7.08%

There have been no significant changes in the ethnicity split of the workforce in the last year.

Unspecified	104	1.46%
Grand Total	7,105	100.00%

## Workforce Race Equality Standard (WRES) Evidence

Outcome 1: Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.

2017/18

Ethnic Origin by Payscale & Clinical/Non- Clinical	White		BME		Unspecified		Total
	Clinical	Non- Clinical	Clinical	Non- Clinical	Clinical	Non- Clinical	
1	2	22	0	2	0	0	24
2	935	521	25	12	42	13	1538
3	396	331	12	5	19	14	784
4	197	337	3	4	9	10	561
5	1134	149	33	1	51	9	1380
6	798	95	17	4	36	1	948
7	370	86	6	1	18	3	487
8A	72	34	2	0	1	5	115
8B	22	20	0	0	1	0	43
8C	7	11	1	0	0	3	22
8D	4	7	0	0	0	0	11
9	1	6	0	0	0	1	8
Medical Staff	539		105	0	267	2	913
Medical Leadership/VSM	1	3	0		1	4	9
non agenda for change	28	19	1	0	12	2	62
<b>Total</b>	<b>4506</b>	<b>1641</b>	<b>205</b>	<b>29</b>	<b>457</b>	<b>67</b>	<b>6905</b>

There are 16 band 3 White staff and one unspecified band 3 which have been left out of this year's table as it is unclear if they are in clinical or non-clinical roles.

2018/19

Ethnic origin by payscale	White		BME		Unspecified	
	Clinical	Non- clinical	Clinical	Non- clinical	Clinical	Non- clinical
Band 1	2	16		2		1
Band 2	992	471	36	13	51	11
Band 3	391	355	9	5	19	12
Band 4	221	343	3	5	20	9
Band 5	1154	148	35	3	62	8
Band 6	836	93	18	3	28	3
Band 7	395	92	8	1	22	3
Band 8a	72	49	3	1	2	6
Band 8b	21	22	1		1	1
Band 8c	10	17	1		0	5
Band 8d	5	11			0	1
Band 9	3	4			0	1
VSM	2	3			0	1
Medical & Dental Consultant	263		43		77	
Medical & Dental Non-Consultant	76		27		44	
Career Grade						
Medical & Dental Trainee Grades	117		20		210	
New Jr Drs	4				1	
Non agenda for change	31	22	4		17	
<b>Total</b>	<b>4595</b>	<b>1646</b>	<b>208</b>	<b>33</b>	<b>544</b>	<b>62</b>

**Outcome 2: Relative likelihood of staff being appointed from shortlisting across all posts.**

**2017/18**

Clinical	Applied	Shortlisted	% shortlisted from applied	Appointed	% appointed from shortlisting
White	3148	1870	59.4%	492	26.31%
BME	607	159	26.19%	22	13.83%
Unknown	186	96	51.61%	33	34.37%

Non-Clinical	Applied	Shortlisted	% shortlisted from applied	Appointed	% Appointed from shortlisting
White	5174	1654	31.96%	280	16.92%
BME	351	59	16.81%	5	8.47%
Unknown	101	41	40.59%	12	29.27%

**2018/19**

Clinical	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	% Appointed from shortlisting
WHITE	6055	2824	665	82.73	46.64	23.55
BME	1077	173	22	14.72	16.06	12.72
Unknown	187	137	81	2.55	73.26	59.12
<b>Total</b>	<b>7319</b>	<b>3134</b>	<b>768</b>			

Non-Clinical	Applied	Shortlisted	Appointed	Applied %	shortlisted %	Appointed from shortlisting %
White	1972	808	156	92.24	40.97	19.31
BME	138	23	5	6.45	16.66	21.74
Unknown	28	13	2	1.31	46.42	15.38
<b>Total</b>	<b>2138</b>	<b>844</b>	<b>163</b>			

The numbers for recruitment has increased again in the last year as the new recruitment system is now able to give full years data. The data for non-clinical recruitment has improved from 8.47% to 21.74% for BME staff but the numbers of applications are actually lower. The percentage of successful candidates from White and BME people is marginally worse than the previous year, with the Unknown ethnicity much higher.

**Outcome 3: Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.**

WRES Category	Headcount	Headcount %
BME	3	4
White	63	1%
Z NULL	1	1
Z Not Stated/Not Given	2	3

There has been an increase in BME staff going through the disciplinary process in the last year from 0 to 3.

**Outcome 4: Relative likelihood of staff accessing non-mandatory training and CPD.**

WRES Category	Headcount	Enrolment Headcount	Ratio
BME	241	172	0.71
White	6257	4588	0.73
Z NULL	104	84	0.81
Z Not Stated/Not Given	503	302	0.60

#### Outcome 5

**National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, compare the outcomes of the responses for White and BME staff.**

(<http://www.nhsstaffsurveyresults.com/local-workforce-equality-standards-wres/>)

<i>* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths</i>	2017	2018
White	27%	25.8%
BME	23%	30.6%



#### Outcome 6

<i>KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths</i>	2017	2018
White	27%	30.5%
BME	28%	31.5%



#### Outcome 7

**KF 21. Percentage believing that the Trust provides equal opportunities for career progression or promotion.**

<i>KF21. % believing the organisation provides equal opportunities for career progression / promotion</i>	2017	2018
White	85%	82.2%
BME	75%	69.4%





### Outcome 8

In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

<i>KF20. % experiencing discrimination at work in last 12 mths</i>	2017	2018
White	8	7.1%
BME	21	12.2%



It is disappointing to see that three of the four staff survey responses have deteriorated from the previous year. The Trust is committed to improving the experiences of BME staff by facilitating a BME staff network and has recently appointed a BME member of staff to work on improvements for this for two days a week. Hopefully this will go some way to addressing these outcomes.

### Outcome 9

#### Board representation indicator

For this indicator, compare the difference for White and BME staff.

Percentage difference between the organisations' Board voting membership and its overall workforce

#### Board voting

WRES Category	Headcount	Headcount %	Board Headcount	Board Headcount %
BME	241	3.39	0	0.00
White	6257	88.06	8	50.00
Unspecified	607	8.54	8	50.00

The Board remains completely white, however, this may be expected as the community and workforce are predominantly from this ethnicity.

### Religion or Belief

Religious Belief	Headcount	%
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Atheism	1,159	16.31
Buddhism	29	0.41
Christianity	2,902	40.84
Hinduism	29	0.41
Islam	23	0.32
Other	687	9.67
Not Disclosed	1,913	26.92
Unspecified	363	5.11
<b>Grand Total</b>	<b>7,105</b>	<b>100.00</b>

The religious diversity of the workforce mirrors their ethnic diversity.

## Sexual Orientation

Sexual Orientation	Headcount	%
Bisexual	35	0.49
Lesbian	32	0.45
Gay	39	0.54
Heterosexual	5,202	73.22
Not Disclosed	1,438	20.24
Undecided	1	0.01
Unspecified	358	5.04
<b>Grand Total</b>	<b>7,105</b>	<b>100.00</b>

The launch of the Rainbow scheme will hopefully increase the confidence of the workforce to declare their sexual orientation.

## Disability or additional needs

Disability Flag	Headcount	%
No	5,793	81.5
Not Declared	331	4.7
Prefer Not To Answer	522	7.3
Unspecified	205	2.9
Yes	254	3.6
<b>Grand Total</b>	<b>7,105</b>	<b>100.0</b>

Unlike the reporting for patients which reveals the different types of disability a patient has disclosed, we are unable to identify the categories of disability that the workforce report within the present system reporting capability. It is hoped that this will be available in the future.

## Workforce Disability Equality Standard (WDES) Evidence

### Metric 1

Percentage of staff in AFC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

Band	No disability		Declared disability	
	Clinical	Non-Clinical	Clinical	Non-Clinical
<b>B1-4</b>	24.51%	18.22%	1.14%	1.07%
<b>B5-7</b>	34.69%	5.13%	1.42%	0.30%
<b>B8A-8B</b>	1.44%	1.09%	0.08%	0.07%
<b>B8C-9, VSM</b>	0.30%	0.73%	0.00%	0.02%
<b>Consultant</b>	4.40%	n/a	0.03%	n/a
<b>SAS</b>	1.46%	n/a	0.05%	n/a
<b>Jr Doctor</b>	3.84%	n/a	0.02%	n/a

## Metric 2

Relative likelihood of staff with disabilities compared to staff without disabilities being appointed from shortlisting.

- 1) This refers to both internal and external posts.
- 2) If your organisation implements a guaranteed interview scheme, the data may not be comparable with organisations that do not operate such a scheme. This information will be collected on the WDES online reporting form to ensure comparability between organisations.

Answer	Applied	Shortlisted	Appointed	Applied %	% Shortlisted from group applied	% Appointed from shortlisting
<b>Disability</b>						
Not stated/did not wish to declare	269	187	101	2.84	69.52	54.01
No	8669	3579	803	91.67	41.29	39.04
Yes	519	212	27	5.49	40.85	21.43
<b>Total</b>	<b>9457</b>	<b>3978</b>	<b>931</b>			

## Metric 3

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

There were 69 formal capability cases in the two year period from April 2017 to March 2019 from which 4 people declared they had a disability which is 5.8% of all cases. The relative likelihood is 1.40.

\*This metric was not included in the original report published

#### Metric 4

The evidence for the following metrics(4 -8) were sourced from the National Staff Survey (<http://www.nhsstaffsurveyresults.com/local-breakdowns-questions/>)

a) i)

<i>In the last 12 months have you experienced harassment, bullying or abuse from patients, their relatives or members of the public</i>	2017	2018
Disabled	34.3%	33.3%
Non-disabled	25.4%	24.7%

ii)

<i>In the last 12 months have you experienced harassment, bullying or abuse from managers</i>	2017	2018
Disabled	21.7%	25.9%
Non-disabled	13.1%	15.1%

iii)

<i>In the last 12 months have you experienced harassment, bullying or abuse from other colleagues</i>	2017	2018
Disabled	25.2%	33.4%
Non-disabled	19.3%	20.8%

b) Percentage of disabled staff compared to non-disabled staff saying that the last time the experienced harassment, bullying or abuse at work, they or a colleague reported it.

<i>staff saying that the last time the experienced harassment, bullying or abuse at work, they or a colleague reported it.</i>	2017	2018
Disabled	43.3%	44.3%
Non-disabled	39.7%	41.5%

#### Metric 5

Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

<i>Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion</i>	2017	2018
Disabled	76.4%	72%
Non-disabled	85.9%	83.3%

## Metric 6

Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

<i>Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.</i>	2017	2018
Disabled	33.9%	36.1%
Non-disabled	25.9%	28.4%

## Metric 7

Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

<i>Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.</i>	2017	2018
Disabled	27.7%	29.29%
Non-disabled	35.4%	39.8%

## Metric 8

Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work.

<i>Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work.</i>	2017	2018
Percentage of staff with a disability	74.2%	78%

## Metric 9

a) The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the Trust.

	2017	2018
overall engagement score	55.6%	36.1%
Engagement of staff with a disability	13.65%	16.65%
Engagement of staff without a disability	86.35%	80.83%

16.65% (324) of total responders to the staff survey declared themselves as having a disability, however, only 254 people have registered themselves on ESR as having a disability.

b) Has your Trust taken action to facilitate the voices of staff with disabilities in your organisation to be heard? If yes please provide one practical example of current action being taken.

The Trust supports staff with disabilities and long term health conditions by facilitating a staff network group called the Disability Advisory Team. The meetings are advertised on the staff Facebook page, the Equality webpages and the Improving Working Lives “Buzz” magazine. The attendance at the meetings has reduced recently so it was agreed that this staff network would merge with the minority Ethnic Network.

### Metric 10

Percentage difference between the organisation’s Board voting membership and its organisation’s overall workforce, disaggregated:

- By voting membership of the Board.
- By Executive membership of the Board.

	Board	Trust
<b>Disabled</b>	0.00%	4.20%
<b>No Disability</b>	100.00%	95.80%

## Appendix 1: Gender Pay Gap Action Plan V1.1

Domain	Key area	Action	Target date	Exec Lead	Account able	status	Progress/update	Date completed	Evidence/outcome
Objective 1	Understand how the gender pay gap differs across the Trust	Audit all work groups and Care Groups to identify their gender pay gap and explore the reasons	June 19	HROD	HREI Lead All HRPP's		The gender pay gap data has already been produced by work role and care group which awaits analysis. Will add as an agenda item for the Women's Network		
Objective 2	Identify if women feel their career has been affected by taking maternity leave	Survey women returning to work after maternity to ask what they need, re-survey after 6-12 months to ask if they feel their career has been affected by their maternity	Sept 19	HROD	Childcare co-ordinator		Await the capability of the Improve Well app to manage surveys and then send link in email to women returning from maternity leave. This is a work stream from the women's network. Initial meeting booked for 18 <sup>th</sup> June 2019.		
Objective 3	Improve the ratio of women in senior roles (including Consultants)	Improve access to flexible working and audit by care group to ascertain how many people have flexible working then focus on areas where numbers are low to educate those managers. Explore the use of job share and job carving to enable more access to part-time workers attaining management roles	Feb 20	HROD	HRPP's		Self-rostering project has been introduced to look at more flexible working options which may support staff to improve their work/life balance by choosing shifts that enable them to meet the needs of dependants. This is another work stream from the Women's Network. First meeting arranged 10 <sup>th</sup> June.		

Domain	Key area	Action	Target date	Exec Lead	Account able	status	Progress/update	Date completed	Evidence/outcome
Objective 3 cont.	Improve the ratio of women in senior roles (including Consultants)	Support women to apply for promotions through L&D courses and coaching and mentoring	Sept 19	ADLD	Head of L&D	Green	This is a work stream from the Womens's network. First meeting has been arranged for 20 <sup>th</sup> June 19.		
		Introduce a women's / aspiring leadership network	Sept 19		HREI Lead	Yellow	Contact has been made with the Council and Fire service to consider a public sector women's network in Cornwall. Await meeting.		
Objective 5	Raise the profile and improvements within the gender pay gap action plan	Gain executive commitment by asking a member of the Board to join a gender action group	April 19	HROD		Green	Women's network has been set up and has approx. 40 members so far including the Deputy Medical Director.		
Objective 6									



## Appendix 2 Workforce Race Equality Standard Action Plan V5.1

Domain	Key area	o / c	Action	Target date	Exec Lead	Accountable	Status	Progress/update	Date completed	Evidence/outcome
Outcome 1	Improve the career progression of minority ethnic staff	1 2 7	Introduce a "buddy" system for Minority Ethnic staff in bands 5 and 6 to increase their confidence and opportunities in their career progression. The "buddy" will be a person who is in the band above the individual and in the same occupation type e.g. nursing. Audit recruitment process including internal promotions.	On going	HROD	HREI		Inform new staff at induction about the MEG group and buddy system. Continue to advertise external courses designed for BME career progression. The number of BME staff in bands 6-8 has slightly increased since the 2017/18 report.		Increase the number of EM staff in band 6 roles
Objective 2	Reduce the number of BME staff who are bullied by other staff in the work place (will also hopefully reduce the number of White staff experiencing bullying at work)	6	Respect Each Other Campaign launched November 2017 to address a perceived bullying culture in the Trust	Dec 2019	HROD	HREI		Values Behaviour Framework relaunched with start of campaign. Mediation skills commissioned for managers to enable early intervention with team disputes. Conference arranged for medics in October 2018 to have the necessary conversations and produce some solutions to change the organisational culture, further conference has been arranged for July 2019. 2018 staff survey: 30.65% of BME staff completing the 2018 staff survey said they had been bullied which is a raise from the 2017 survey of 23%. The Trust has commissioned a BME worker for 2 days a week to work with/support BME staff.		Reduce the number of staff declaring they have been bullied in the staff survey.

Domain	Key area		Action	Target date	Exec Lead	Accountable	Status	Progress/update	Date completed	Evidence/outcome
Objective 3	Reduce the number of BME staff who say they have been discriminated against at work.	8	Continue to monitor the Zero Tolerance to Discrimination protocol via reports on Datix.  Audit internal recruitment procedures.	Dec 2019	HRO D	HREI		Datix relating to discrimination are monitored by HREI Lead and staff are asked if protocol followed.  2018 Staff Survey results have seen a positive reduction in BME staff saying they have been discriminated against from 21% in 2017 to 12.2%.		Improved staff survey results.

## Appendix 3 Workforce Disability Equality Standard Action Plan V1

Domain	Key area	Action	Target date	Exec Lead	Accountable	Status	Progress/update	Date completed	Evidence/outcome
Objective 1	Increase people's confidence to declare their disability in ESR self-service.	Provide some communication to reassure staff that they will benefit from declaring a disability including posters and positive stories in the comms bulletin.	June 2020	HRO D	HREI		To be planned		
Objective 2	Increase the number of people with a disability being appointed from shortlisting.	Actions to be agreed							
Objective 3	Reduce the number of staff with disabilities who say they have been bullied or abused at work.	Actions to be agreed							Improved staff survey results for staff with disabilities.
Objective 4	Improve the career progression of staff with disabilities.	Actions to be agreed							