

Aspiring to provide  
**Brilliant** care to  
One + all



Royal Cornwall Hospitals  
NHS Trust

# Starting our Journey to brilliant

Annual Equality Report - 2019-2020



The purpose of this report is to present the findings of the equality data within Royal Cornwall Hospitals Trust within the workforce and the patients. This includes the Workforce Race Equality Standard, the Workforce Disability Equality Standard and data on the gender pay gap within the organisation.



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# Introduction

# 01.

# **This Report sets out the annual equality, diversity and Inclusion data sets from which we measure the success of our interventions and plan for the longer term.**

We will continue to develop a culture that encourages every patient and colleague to be the best that they can be, whatever their background.

Our hospitals will be a place where our people work hard to make a difference for patients, where they access opportunities to learn, develop and grow and work in a positive environment, free from discrimination.

This report meets our responsibility to be open about the data we hold in regard to equality for our patients and our people. This helps us to identify any area where there are inequalities in accessibility or experience and to ensure that we are doing all we can to make the reasonable adjustments that make coming to our hospitals a good experience.

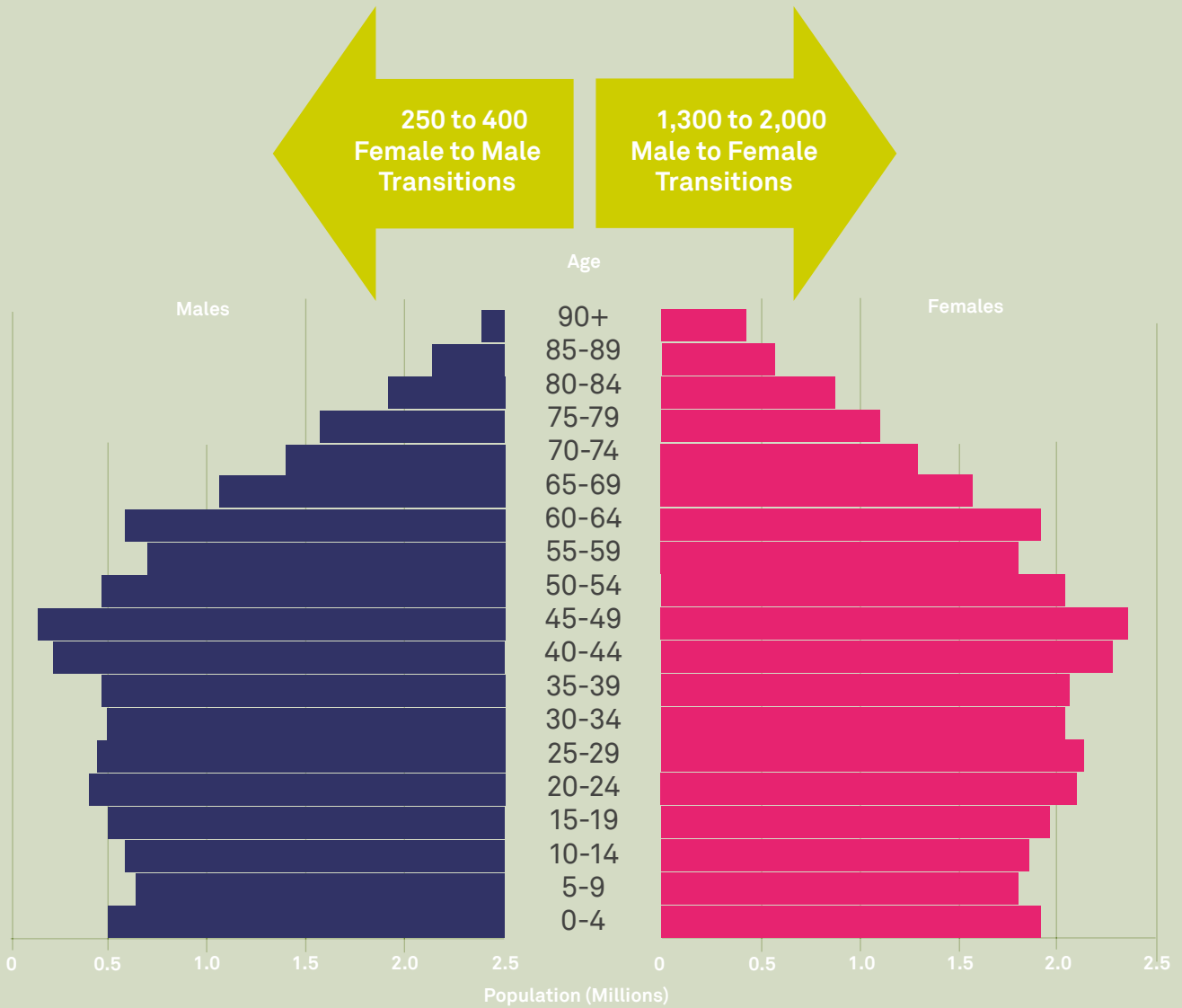
We will listen to our patients and our people and commit to making the changes required by them in our environment, treatment and experience.

## To Deliver this, we will:

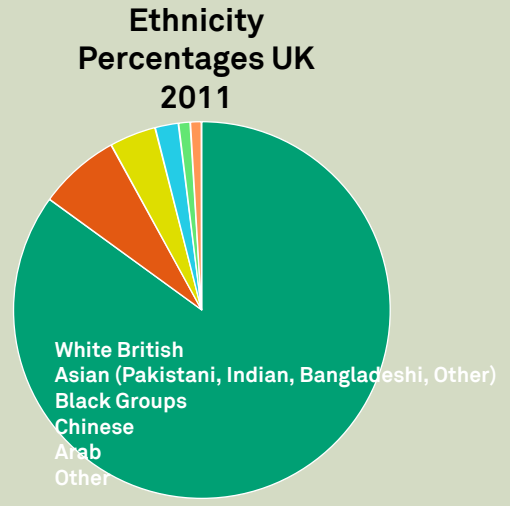
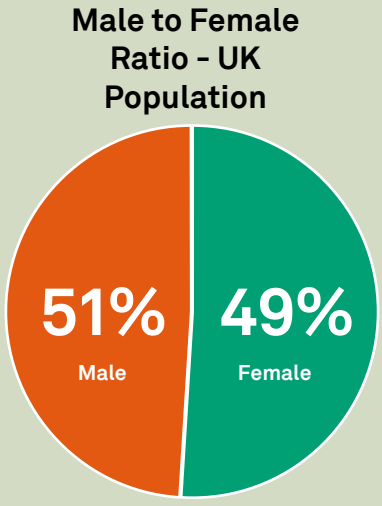
- Explore how we can continue to recruit and retain underrepresented groups and where identified take positive action
- Develop champion roles that can bring their lived experiences to inform how we develop all of our colleagues to think and behave in an inclusive way.
- Celebrate our diversity through programmes of shared experiences and cultural events.
- Work in partnership with our people, and trade union representatives and ICS partners on the wide range of equality issues, that not only align to legislative requirements but support good practice and our values.



# Census Population Data 2011



**18% of the population identified as having a disability. Or 10 Million people.**



# 2011 was the last census for the UK where data of the population was collected in order to create a clear picture of the UK inhabitants.

**While the Trust is comparing data collected in the years 2019/20 in order to compare to the population, there may be discrepancies in population figures due to the fact that this data is dated and may not be an accurate representation of the population currently.**

## Gender

It was found that there were an estimate of 63.2 million people living in the UK; 31 million (49.1%) of those being male and 32.2 million (50.9%) being female.

The 2011 census did not include specific questions relating to the gender identity of individuals and therefore does not have specific data on the number of transgender people living the UK.

There has been other research into these figures and it has been predicted that there are between 1,300 and 2,000 male to female and between 250 and 400 female to male transitioned people in the UK (according to the Government Trans Data Position Paper).

However, there are concerns with these predictions as it only includes people who have transitioned operationally or gained Gender Recognition Certificate when this is not the only framework for Trans individuals.

## Age

The census bases its population data off of gender and age groups, with the population forming a pyramid shape, as pictured below in the graph. The census find that the highest age groups within the population are 20 -29 year olds and 40 – 49 year olds. This, however, is data from 2011 and can be assumed to be 10 years on from this data; making the highest percentage of ages being 30-39 year olds and 50-59 year olds.

## Ethnicity

Within the UK it was established that 87% of the population was born in the UK and 13% was born outside of the UK. Furthermore, the census highlights that 80% of the population were White British, Asian (Pakistani, Indian, Bangladeshi, Other) made up 6.8%, Black groups made up 3.4%, Chinese groups 0.7%, Arab groups 0.4% and other groups 0.6%.

## Sexuality

Within the UK only 1.7% of the population identified as gay, lesbian or bisexual (LGB). More males than females identified as LGB, with 2% and 1.5% respectively. Furthermore, 16-24 year olds were more likely to identify as LGB at 3.3% - the highest of any age group.

## Disability

It was found that 10 million people declared some form of disability in the UK – amounting to 18% of the population.



**Within the UK only 1.7%  
of the population is  
identified as gay, lesbian  
or bisexual (LGB).**



# Patients

# 02.

# Patients

Patients are at the heart of our organisation, for this reason it is important that we get patient care right. In the rare occasion there are mistakes in patient care, there must be the confirmation that the reasons behind these mistakes are not a result of a personal, protected characteristic of the individual.

Patient Category	No. of Patients Digital Strategy 2019-21
Out – Patients	576,106
In – Patients	121,246
Emergency Dep.	93,593
Maternity	3940
Total	794,885

In 2019/20 the trust saw a total of 794,885 patients walk through the doors. The above chart further categorises these into the number of; out-patients, in-patients, emergency department and maternity.

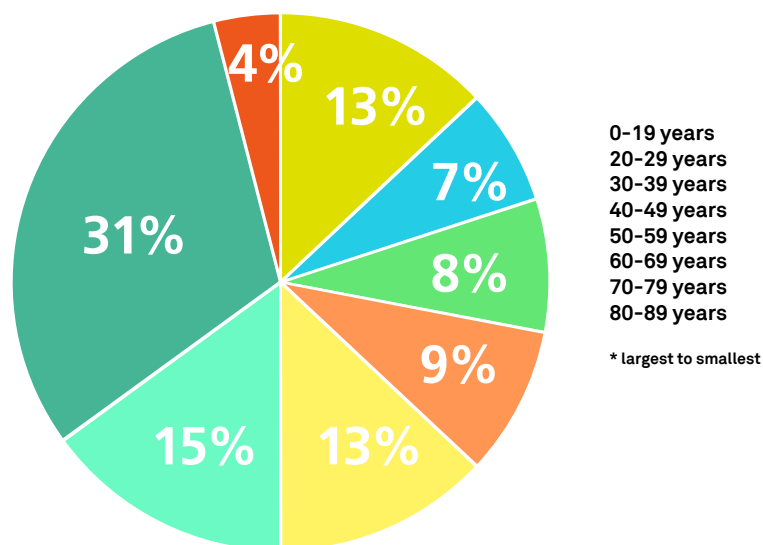
# Age

**The age bracket with the highest number of DNA's are 20-29 yrs with 16.4%, followed by 30 – 39 yrs with 13.5% and the 0-19 yrs at 11.4%.**

The largest number of patients within the same age bracket is 70+, sitting at 30%, however they are not the age bracket that are resulting in the highest number of DNA's per appointment (Full table in appendix 4).

## Next Steps

- The high number of DNA's in pediatrics has been flagged previously resulting in an action plan to combat this;
- Introduced live text reminders for appointments
- Introduced a ring and remind service for 5 and 2 days before the appointment
- Introduced a leaflet designed by children on the importance of attending hospital appointments
- Changed the booking system for follow on appointments by booking 6 weeks in advance rather than 12-18 months to increase attendance to these





Age Bracket	% of New DNA's per App.	% of Follow Up DNA's per App.
0 – 19 yrs	9.8	11.4
20 - 29 yrs	13.8	16.4
30 – 39 yrs	10.9	13.5
40 – 49 yrs	8.1	10
50 - 59 yrs	6.1	7.3
60 – 69 yrs	3.9	4.1
70 +	3.2	3.6
Blanks	13.6	9.1

# Gender

The split between male and female visitations to ED and Emergency Inpatient are relatively equal in regard to admissions to emergency, and A&E with women scoring slightly higher than men in electives.

The data also shows that women are consistently attending appointments more often than men, scoring 51% and above in the attendance of appointments and follow up appointments. The full table is available in appendix 5.

Categories	Male	Female	Indeterminate	Unknown
A & E	50%	49%	0.008%	0.009%
Elective	47%	52%	0.02%	-
Emergency	49%	50%	0.01%	-
Total in-patients	48%	51%	0.02%	-
Maternity	-	100%	-	-
New Attended	41%	58%	-	0.0005%
New DNA's	45%	54%	-	-
Follow up Attended	46%	53%	0.005%	-
Follow up DNA's	48%	51%	-	-
Outpatients Total	44%	55%	0.003	0.0002%
Grand Total	45%	54%	0.006%	0.001%

# Transgender Statistics

Gender Reassignment	New App.	New Attended	New DNA's	Follow Up App.	FU Attended	FU DNA's
No	190,756	178,529 (93.6%)	12227 (6.4%)	384,008	358,288 (93.3%)	25720 (6.7%)
Yes	351	334	17	991	942	49
<b>Total</b>	<b>191,107</b>	<b>(95.1%) 178,863</b>	<b>(4.9%) 12244</b>	<b>384,999</b>	<b>(95%) 359</b>	<b>(4.5%) 25769</b>

There has been a slight decrease in the numbers of Transgender patients since the 2018/19 report (full table in appendix 6). There are very small numbers in the number of DNA's in both new and follow up appointments although these are slightly higher for patients who have not had gender reassignment.

## Next Steps

- The Trust has a policy and regular training of staff in place advising managers and team on how best to support patients and staff who have or are transitioning.
- We will work with our clinical colleagues to raise male health issues and improve awareness



# Ethnicity

**Black and minority ethnic (BME) people constitute 2.78% of the total of patients treated by the Trust in 2019/20 (Full table of Information in appendix 7), an increase on the 2.34% from 2018/19 equality report.**

This is also an increase on the number of individuals in Cornwall who declared their ethnicity as BME in the 2011 Census (1.8%). The number of new and follow up appointments that resulted in DNA's are very low in comparison to the amount of appointments made with the Trust (below).

There are high percentages of DNA's within BME groups, particularly within; Unknown groups, Asian – Asian, Brit & Pakistani, Asian – Asian, Brit & Bangladesh, and Mixed White and Caribbean.

## Next Steps

→ We will further explore the reasons that DNA rates are higher in our BAME Groups





Ethnicity	Total New	% of DNA's	Total of Follow Up App.	% of DNA's
Any Other Asian BckGrnd	298	7.30%	582	8.40%
Any Other Black BckGrnd	111	9.90%	174	9.20%
Any Other Ethnic Group	297	5%	551	12.20%
Any Other Mixed BckGrnd	592	8.40%	906	11%
And Other White BckGrnd	5403	6.90%	9126	8.30%
Asian - Asian Brit - Bangladesh	68	13.20%	97	5.20%
Asian - Asian Brit Indian	243	10.20%	416	6.30%
Asian - Asian Brit Pakistan	37	2.70%	73	13.70%
Black -Black Brit African	227	5.70%	471	9.10%
Black - Black Brit Carribean	80	11.20%	167	8.90%
Chinese	189	7.90%	307	6.10%
Cornish	19,485	6.40%	44,292	6.40%
Mixed White & Asian	309	9.00%	610	9%
Mixed White & Black African	173	11.50%	277	7.90%
Mixed White & Black Carribean	350	12.20%	551	10%
White British	158,903	6.10%	322,555	6.60%
White Irish	691	5.20%	1498	4.90%
Not Known	4470	12.10%	2086	12.50%
Unspecified	30	40%	25	24%
Patient Declined	151	3.30%	235	8%

## Religion or Belief

The religions identified above represent what is reflected in the the 2011 census – full table in appendix 8. There are high percentages in some areas – particularly Mormon and Muslim patients who are both over 11% for their DNA rates.



Religion	New App.	New DNA's	Follow Up App.	Follow Up DNA's
Atheist	852	9.51%	1674	7.94%
Baha'l	39	0%	50	6%
Buddhist	318	7.86%	553	8.86%
Christian	92484	5.04%	208495	5.52%
Hindu	130	8.46%	286	10.1%
Humanist	46	6.52%	139	7.91%
Jehovahs Witness	794	6.42%	1693	6.38%
Jewish	123	4.87%	257	7%
Mormon	102	7.84%	171	13.45%
Muslim	209	8.61%	299	12.71%
Not Known	9035	6.48%	15477	6.59%
Not Religious	61876	8.75%	113496	9.88%
Other	219	15.98%	474	11.18%
Pagan	290	8.27%	491	10.70%
Sikh	36	16%	80	10.79%
Spiritualist	225	7.11%	467	7.70%
Unspecified	10603	11.44%	12754	10.6%

The Trust appreciates the importance of religion in people's lives and support this by providing a chaplaincy service which has access to the majority of faith representatives

### Next Steps

- There is access to an on-site chapel and prayer rooms that can be visited individually or as a group in order to ensure everyone has access to their religion while visiting the trust.
- Any religious dietary requirements can be met once asked for by the patients.

# Sexual Orientation

**The data from 2019/2020 shows that 80.65% of the patients did not disclose their sexual orientation which is a concern of the trust ( the full table is included in appendix 9) confirmation that the reasons behind these mistakes are not a result of a personal, protected characteristic of the individual.**

In order to ensure inclusion and acceptance, the Trust signed up to the National Rainbow Scheme in 2019 which gives the trust access to practical toolkits and training to support LGBT+ patients access the right services for them.

In order to ensure there is a culture of acceptance within the trust there is a need for NHS staff to make their rainbow badges or lanyards visible (pictured below).

## Next Steps

- We will invigorate the representation of the rainbow in our commitment to be an organisation that is safe for patients and colleagues whatever sexual orientation they affiliate with
- We will refresh our poster and training campaigns across all sites and with all staff

Sexuality	Total New App.	% of DNA's	Total of Follow Up App.	% of DNA's
Bisexual	172	4.65%	254	11.02%
Declined	3226	6.04%	9865	6.20%
Gay	167	6.58%	446	6.05%
Lesbian	172	11.04%	446	6.05%
Unspecified	144758	7.26%	268522	7.72%
Heterosexual	30366	4.93%	80316	5.38%
Other	2	0%	1	0%

# Disability

**The 2011 census shows that there was a total of 21% of the population of Cornwall that declared they have a disability.**

The total for the Trust was 10% of patients declaring they have a disability which appears low in comparison (full table in appendix 10). This is also almost half of the number of disclosed disabilities from the 2018/19 reports as it was discovered the previous reports included duplicates. There is concern in the growing number of patients who are leaving the category blank on their administration forms (87.72%) which has risen by 7% from 2018/19.

Hidden disabilities are also important to the Trust with the Equality Strategy 2020/23 intends to improve the experience of those with hidden disabilities by introducing the sunflower lanyards.

These will be available from main reception area free of charge to visitors. Information on this has also been included in staff mandatory training so they are aware that these individuals may require assistance.

Alongside the lanyards, there is a questionnaire following the treatment of patients with disabilities. There has been a couple of poor scores in Sept 2019 and Jan 2020 in which the trust scored 70 and below for safety and the use of the hospital passport.

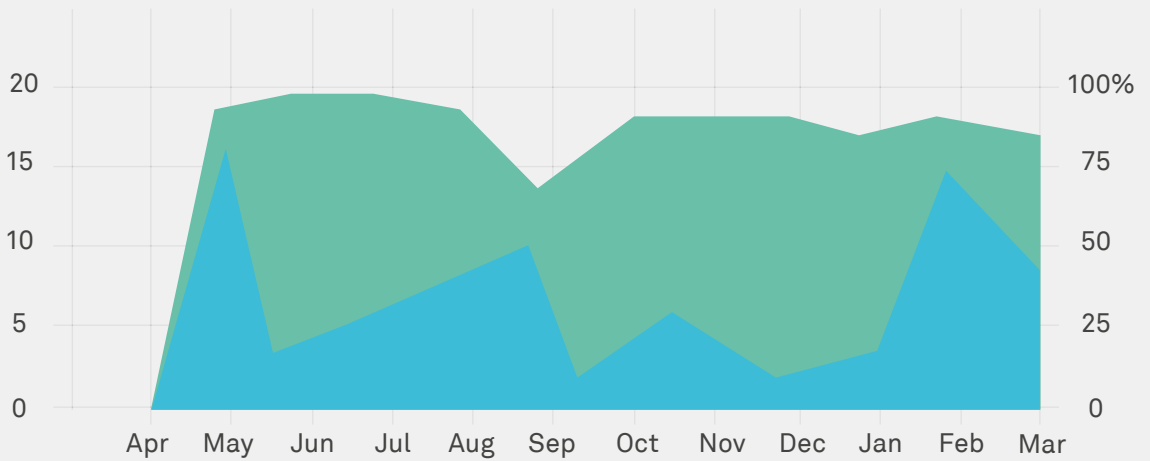
There were 5,136 returns for the questionnaires from people who disclosed they had a disability.

## Next Steps

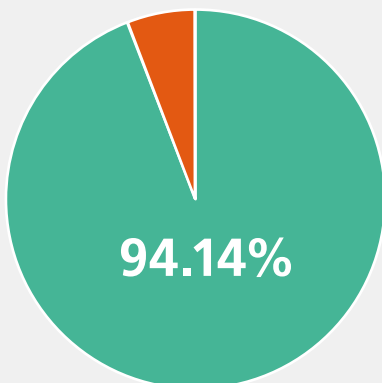
- In preparation for the lanyards, posters have been sent to reception staff and training has been offered to reception staff to increase confidence in asking questions to patients.
- It remains that mobility and hearing loss are the most common disabilities disclosed; to ensure best care for these patients all reception areas are fitted with a hearing loop and personal communicators are available across all three sites of the trust. This information is also all available on the Trust's website.



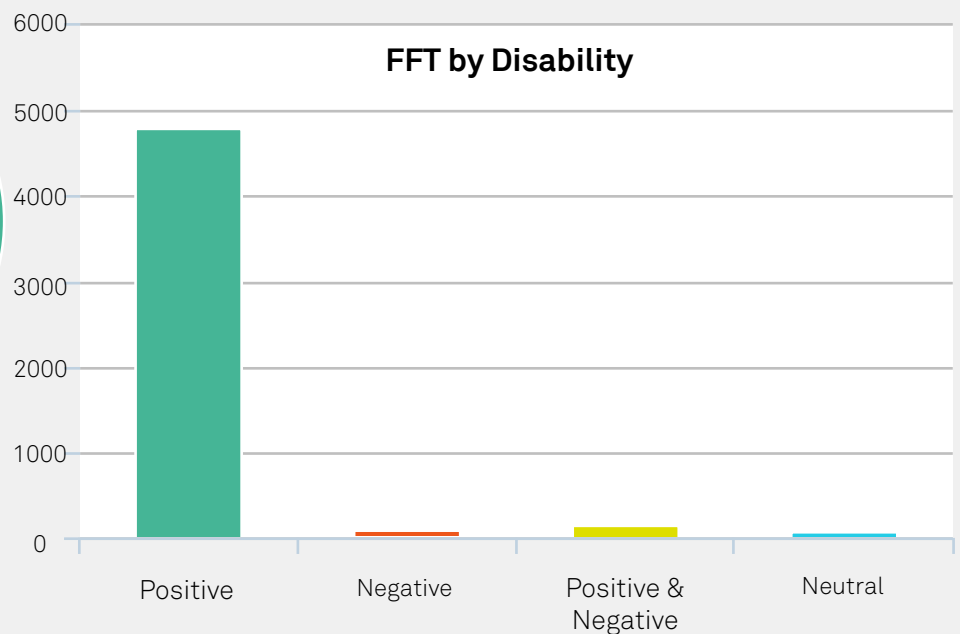
Question text	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020 2019	Mar 2020	Total	Benchmark
Did staff do anything to make your stay better?	--	100	100	100	100	80	100	100	100	100	100	100	97	50 75 100
Did you feel safe in hospital?	--	94	100	100	100	100	100	100	100	67	93	100	96	50 75 100
Did you feel listened to while in hospital?	--	100	100	100	100	100	100	100	100	100	93	100	96	50 75 100
Do you feel th ehospital passport helped?	--	80	100	100	86	70	100	100	100	100	100	80	87	50 75 100
Total	--	94	100	100	96	83	100	100	100	92	97	95	94	50 75 100
Overall	--	94	100	100	96	83	100	100	100	92	97	95	94	50 75 100
Total number of surveys		16	2	4	7	10	10	4	1	3	15	10	73	50 75 100



Overall score (1/4/2019 to 31/3/2020)



### Results from the Learning Disabilities & Autism Survey for 2019/2020



# Data Conclusions

**We still have work to do to ensure that we have as much information about those we are caring for to help ensure they get the very best care and outcomes.**

We are committed to increasing the skills and competencies of all of our staff to ensure that the importance of full information on those we care for has a direct impact on their health and wellbeing, as well as their experience with us while we care for them.

We also know that the lived experiences of our patients provide the true test of the skills and competencies of our colleagues. We want to really understand how it feels to be cared for by Team RCHT. We will recruit to a Patient Forum/Council to enable patient views to be heard on a regular basis and will work to really hear the stories of our patients and truly learn from them.



# Workforce

# 03.



The following section of this report will focus on the equality data of the Trust as of March 31st 2020. Included in this section is information required for the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) & the Gender pay gap.

The number of employees has increased by 5.7% from last year due to successfully recruiting to fill vacancies, helped by 85 international nurses joining the team. This also includes the 1401 individuals who work for Kernowflex, the Trust's flexible workforce.



As of March 31st 2020  
there were 7,513  
people employed by  
RCHT

# Age

People under 30 are more likely to work full time – potential explanation for the lack of presence of older age groups in higher bands within the Trust

Age Band	Headcount	%
<=20 Years	6	1.2%
21-25	46	9.1%
26-30	96	19.0%
31-35	78	15.4%
36-40	74	14.6%
41-45	54	10.7%
46-50	68	13.4%
51-55	58	11.5%
56-60	20	4.0%
61-65	5	1.0%
66-70	1	0.2%
>=71 Years	0	0.0%
Grand Total	506	100.0%

Age Band	Headcount	%
<=20 Years	87	1.2%
21-25	537	7.1%
26-30	963	12.8%
31-35	961	12.8%
36-40	899	12.0%
41-45	818	10.9%
46-50	948	12.6%
51-55	968	12.9%
56-60	760	10.1%
61-65	435	5.8%
66-70	116	1.5%
>=71 Years	21	0.3%
Grand Total	7513	100.0%

## Age Bands and Promotions

Within the Trust, it has been found that employees are more likely to be promoted between the ages of 26 and 40 . Despite this, older individuals are still able to progress in their careers even though they are more likely to work part time – as demonstrated in the table in appendix 12.

## Next Steps

- We will continue to monitor the age profile of our workforce and the work we are doing to 'Grow our Own' will enhance a continued flattening of the age bulge
- We will continue to support the NHS GMT scheme as a direct graduate feed into the Trust
- We will continue to focus on our flexibility in working practices to retain talent and recognise the different generational motivations for work

# Gender

Only 1 Male compared to 169 Females took advantage of the option to take shared parental leave in 2019/20. – full table in appendix 14

## Gender Appraisals and Promotions

The difference in completed appraisals between males and females males is only 0.4% meaning that this is likely not a contributing factor to career progression within the Trust. The promotions within the Trust also reflects the ratio of male to female workers presenting the image that gender does play a part in decision making.

## Gender and Working Hours Within the Trust

Women make up 76.63% of the workforce within RCHT (appendix 13) while also being the gender with the highest number of individuals working part- time within the trust. This does not reflect the male to female ratio within the general population – being approximately 20% higher.

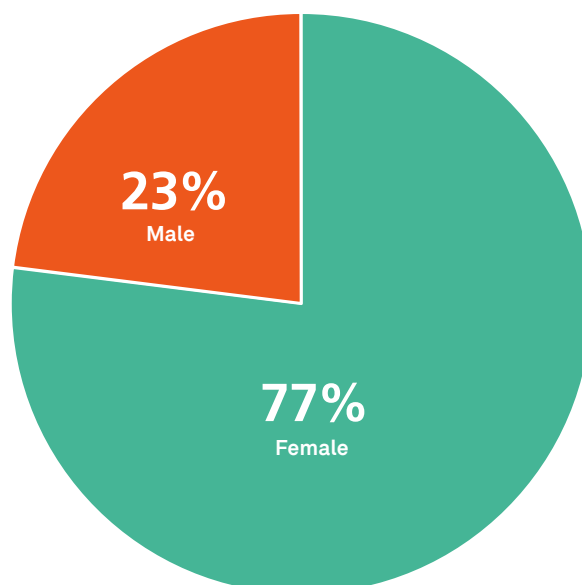
## Next Steps

- We will continue to promote the option of partners sharing parental leave and ensure the recording of this is robust.
- We will promote the Flexible Working opportunities and their benefits on work life balance and report this next year.

	% Female	% Male
Part Time	43.7	6.6
Full Time	32.9	16.8

Gender	Appraisals Completed %
Female	78.8%
Male	79.2%
Grand Total	78.9%

Gender % in RCHT



**The difference in completed appraisals between males and females males is only 0.4% meaning that this is likely not a contributing factor to career progression within the Trust.**



# Gender Pay Gap

While the Trust is confident that men and women are paid the same amount for the same jobs, there is a higher proportion of men than women in senior roles within the trust. This eventually creates a gender pay gap .

## Gender Quartiles Data

Within the last year there has been a reduction in the percentage of females in the lower paid quartiles. However, the number of females in the highest paid quartiles has also reduced meaning there are more males in the higher paid roles.

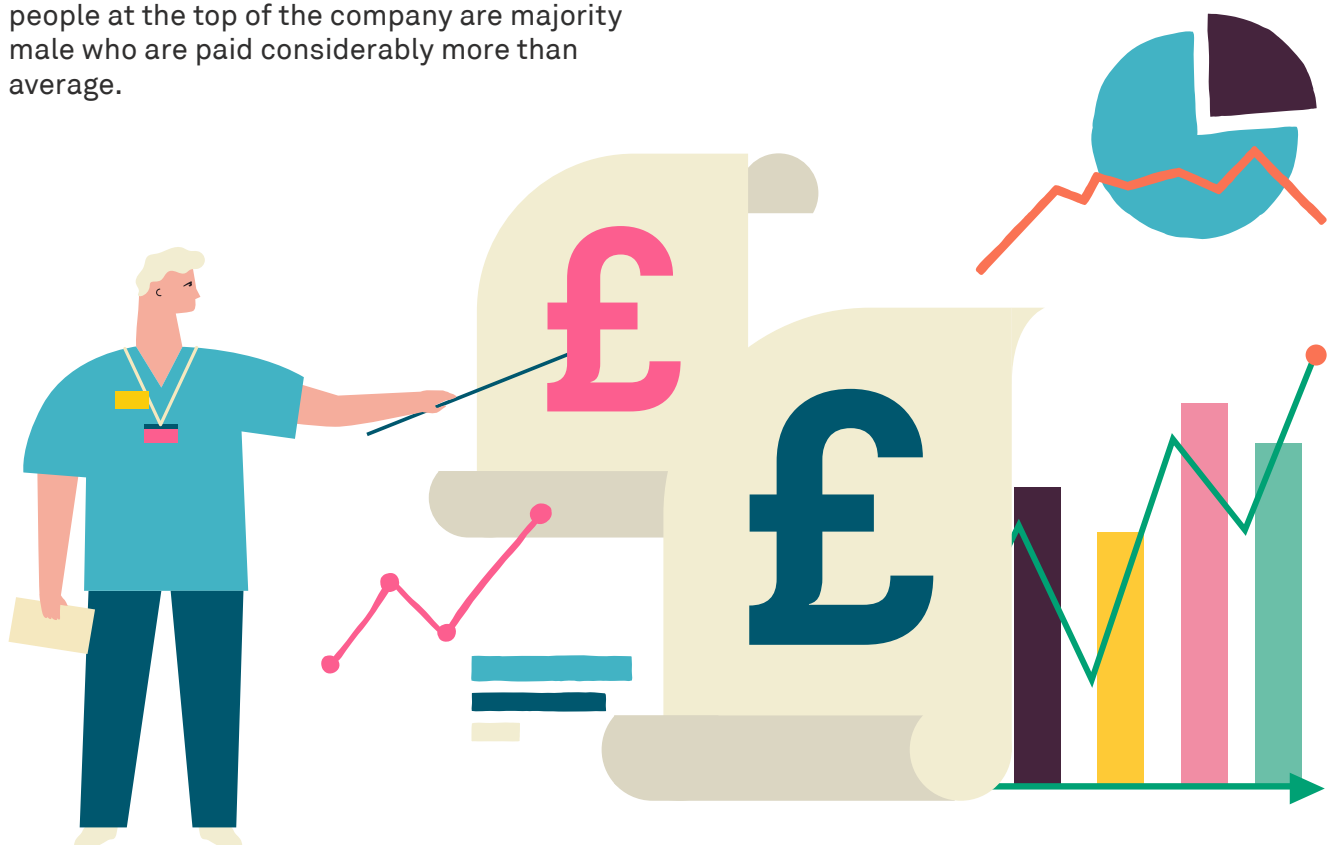
## Mean/ Median Gender Gap

The median represents the 'typical' worker within the Trust but hides the effects of the people at the top. If the mean is much bigger than the median, it demonstrates that the people at the top of the company are majority male who are paid considerably more than average.

A Woman's Network was established in 2019 for females working within the Trust. The network members have identified areas they would like to focus on that may help reduce the pay gap, culminating in five work streams. Those being;

## Next Steps

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



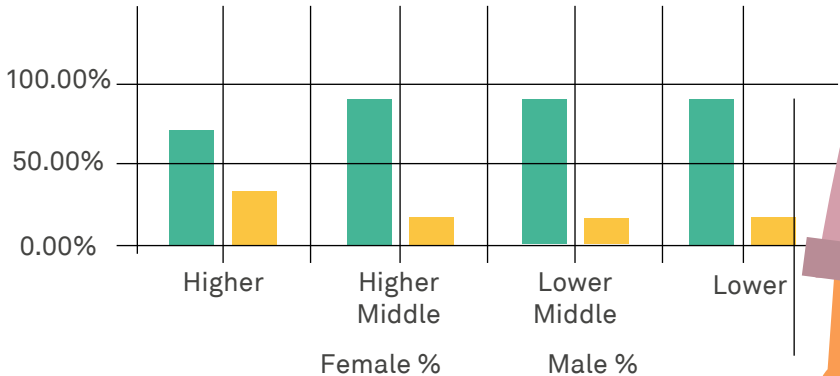
	Mean %	Median %
Gender Pay Gap	22.4%	8.9%
Gender Bonus Gap	90.5%	80.8%
Proportion of Males Receiving a Bonus	13.1%	
Proportion of Females Receiving a Bonus	18.8%	

### Factors influencing Women in Senior Management Roles

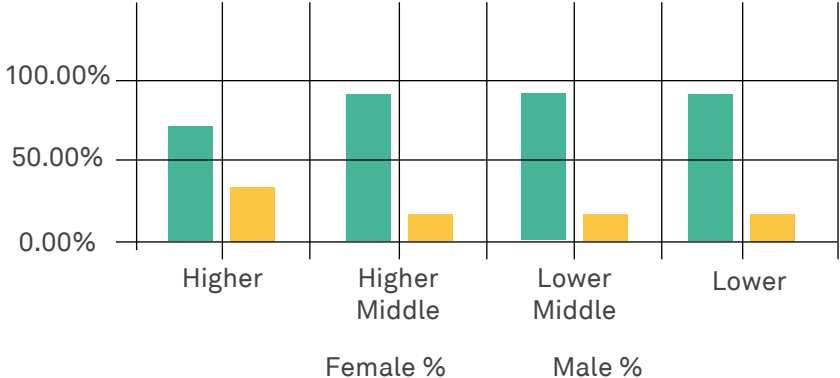
- Culture
- Family
- Work - Life Balance



2019 Quartiles Data



2020 Quartiles Data



**\*The national average published (ONS) GPG for 2019 was 8.9%**

# Ethnicity

Ethnicity has been a major factor in the COVID – 19 risk assessment as research has proven that BME people (including NHS employees) have an increased risk of catching the virus and having more serious symptoms and outcomes.

Ethnic Group	Headcount	%
Asian or Asian British	87	1.2%
Asian other	11	0.1%
Black or Black British	55	0.7%
Chinese	23	0.3%
Mixed Heritage - White & Asian	26	0.3%
Mixed Heritage - white & black	19	0.3%
White - British	5826	77.5%
White - Cornish	295	3.9%
White - Irish	42	0.6%
White Mixed	7	0.1%
White Other European	58	0.8%
White Unspecified	227	3.0%
Other Specified	58	0.8%
Not Stated	398	5.3%
Unspecified	381	5.1%



**3% of the workforce  
identify as BAME,  
And 0.8% are stated as  
being European**

**Therefore this element  
has been included in the  
assessment – along with  
health conditions, age  
and gender – to ensure  
staff are protected at  
work.**

The percentage of employee that identify as BME is higher than the 1.8% of the Cornish population that identified as BME in the 2011 census.

### **Next Steps**

- **Ensure the awareness of the Minority Ethnic Network for staff with a nominated lead to support staff for two days a week.**
- **We are caring for our BAME colleagues through a targeted risk assessment utilising increased PPE or redeployment to keep them safe.**
- **We have utilised a Q&A approach to invite BAME colleagues to talk directly to our Chief Executive to raise concerns or issues**



# Ethnicity WRES Data

The Workforce Race Equality Standard was introduced in 2015 by NHS England, following on from the Snowy White Peaks Report (Kline, 2013) which revealed that BME staff were still not progressing into senior leadership roles.

While the Trust is overly representative of the community with 3.8% of employees being made up of BAME workers, as opposed to 1.8% of the population of Cornwall. Despite this, there remains a lack of representation in senior leadership roles; this may be due to the small number of BAME employees within the Trust.

The action plan (appendix 2) exists in order to improve the experiences of the Trust's BAME workforce; this will be amended to include the findings within this report. The action plan will be supported by the Trusts Minority Ethnic Group (the staff network) and will be monitored through the Equality & Inclusion Steering Group.

## Outcome 1

When comparing the numbers of BME staff in clinical and non-clinical roles from the years 2018/19 to 2019/20 (appendix 15 and 16 respectively) there has been a noticeable increase in the number of BME employees in Band 7 roles within the Trust; nearly doubling from 8 to 15. Band 5 roles within the Trust have also increased from 35 to 51; the reason for this being the recruitment drive over the past year in the Philippines and elsewhere, bringing 85 international recruits into the Trust.

## Outcome 2

The tables – within appendix 17 and 18 – demonstrate that there is a large difference in the percentage of white employees and BAME employees that are shortlisted for roles. In a clinical setting, there has been an increase in the percentage of BAME employees applying for and getting shortlisted for roles, rising from 16% to 53% in the space of a year. However, the same cannot be said for non-clinical roles which has only seen a 2% increase in BME employees applying for roles - rising from 6.5% to 8.8%. The percentage of BAME employees appointed from shortlisting has also decreased by over 12% from 2018/19.

### Outcome 3

There has been a reduction in the number of cases of BAME employees in the disciplinary process from 3 cases in 2018/19 to 1 in 2019/20 (tables in appendix 19). This also reflects 3.2% of the total number of disciplinary cases in 2019/20 which represents the BME population in RCHT.

### Outcome 4

The data surrounding access to training (appendix 20) demonstrates that BAME staff are more likely than White staff to have access to non-mandatory training and CPD. This means that training is unlikely to affect career progression of BAME employees.

### Outcome 5

The graph (appendix 21) demonstrates that there has been a significant decrease in the number of BAME staff who have experienced bullying or harassment, dropping from 30.6% to 22.1%. There has, however, been a 1.8% increase for White employees. While this is a positive move toward the reduction of bullying and harassment in the workplace, the Trust does not tolerate abusive behaviour from anyone and have implemented managers protocol to challenge this.

### Outcome 6

The graph in appendix 22 shows that there has been a reduction in the number of all staff experiencing bullying from colleagues at work. However, the percentage of the White staff who work for this Trust is higher than the national average by 2.2%. In order to challenge this, the Trust has delivered two conferences in the last two years about respecting each other which were well received by staff; the Trust's values are widely known and people are encouraged to challenge/report inappropriate behaviour.

### Outcome 7

The percentage of BAME staff who say the Trust has a fair system for career progression (appendix 23) has increased by over 10% in the last year, which is encouraging as it is above the national average. The number of White people thinking this is higher but below the national average.

### Outcome 8

The number of employees who have experienced discrimination at work from a manager or team leader in the past 12 months (appendix 24) has reduced. Although all ethnicities of people working within the Trust experience less cases of discrimination than the national average, BAME staff are twice as likely than White staff to experience discrimination. The Trust has a Dignity at Work and grievance policy in place that can be used to address these issues.

### Outcome 9

The Board of Directors remain completely White, as demonstrated in appendix 25, however, this may be expected as the community and the workforce are predominantly this ethnicity.

# Religion and Beliefs of Staff

All staff within the Trust have access to the RCHT chaplaincy team for religious and pastoral care. There is also a chapel and separate prayer and ablutions room for staff to use individually or in groups.

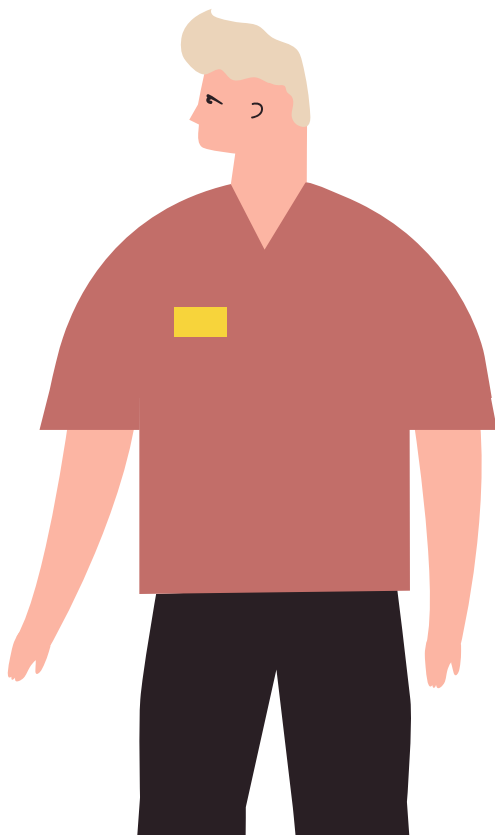
## Next Steps

→ We will work with our interfaith colleagues to make sure that there are relevant spaces for contemplation and reflection

→ As we undertake the 'hard reset' of our people systems, we will undertake a significant information cleansing exercise, we will use this opportunity to increase the levels of understanding on why information about religion and belief is so important.



Religious Belief	Headcount	%
Atheism	1346	17.92%
Buddhism	35	0.47%
Christianity	3030	40.33%
Hinduism	30	0.40%
Islam	29	0.39%
Jainism	2	0.03%
Judaism	1	0.01%
Sikhism	2	0.03%
Other	746	9.93%
do not wish to disclose	1701	22.64%
Unspecified	591	7.87%
Grand Total	7513	100.00%



# Sexual Orientation Within the Trust

Since 2019, there has been an increase in the number of employees declaring their sexuality which is very encouraging for the trust; rising from 74.72% in 2018/19 to 76.54% in 2019/2020.

From this, it is evident that there is an interest in establishing an LGBTQ+ network within the Trust which was not apparent beforehand. This may have been achieved through advertising the benefits of disclosing this information on the front page of the Electronic Staff Record (ESR) and the introduction of the rainbow badge initiative.

## Next Steps

- We will re-establish the values that underpin the NHS Rainbow badges
- We will establish the LGBTQ+ network for our colleagues in the way that they wish to establish it.

Sexual Orientation	Headcount	%
Bisexual	53	0.71%
Gay	46	0.61%
Lesbian	39	0.52%
Heterosexual or Straight	5603	74.58%
Not stated (person asked but declined)	1177	15.67%
Other sexual orientation not listed	4	0.05%
Undecided	6	0.08%
Unspecified	585	7.79%
Grand Total	7513	100.00%

# Disability or Additional Needs

There has been an increase in the number of employees who have declared they have a disability, raising from 3.6% to 3.77% in the last year.

## Next Steps

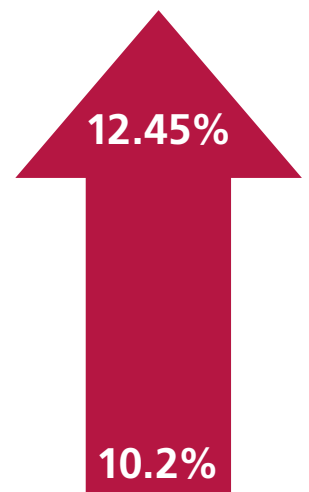
→ We will establish a champion role for Disability in our workforce and strengthen the voice of colleagues living with a disability through using lived experiences

→ We will raise awareness of the impact of disability with all of our colleagues so that they are able to make reasonable adjustments sensitively across the workforce

Disability	Headcount	%
No	5932	78.96%
Not declared	363	4.83%
Prefer not to answer	477	6.35%
Unspecified	458	6.10%
Yes	283	3.77%
Grand Total	7513	100.00%



Prefer not to answer' options in the Staff Survey have increased which is concerning for the Trust



# Disability Equality Standard (WDES)

**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 metrics covered within the WDES have been developed in order to accurately convey the experiences of staff with disabilities in the NHS. Research has shown that employees with disabilities generally have poorer working experiences than those without in areas such as bullying and harassment and attending work when feeling ill.

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 an action plan.

## Metric 1

There has been a slight increase in the number of people with a disability up to 8b but there has been a reduction in the lower clinical bands – appendix 26. This was also the first year where 'not declared' was included in this data and will continue to be done in order to identify changes in this area too.

## Metric 2

The tables, in appendix 27, show that applicants with disabilities are more likely to be shortlisted due to the guaranteed interview scheme but they are less likely to be appointed. While appointments have increased in clinical roles from 5.2% to 8.42%, they have reduced in non-clinical roles to 4.33%.

## Metric 3

There were a total of 69 formal capability cases in the two year period from April 2017 to March 2019 with the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process sitting at 5.8% of all cases within the Trust. The Table (appendix 28). The Employee Relations team have moved to a new system for recording cases but this is not fully utilised at the present time meaning this data may not be accurate.



## Metric 4

From the National Staff Survey it was found that;

- People with a disability were more likely to experience bullying than people without a disability – appendix 29
- There has been a decrease in the number of people with a disability feeling as though they have been bullied by a manager - appendix 30
- There has been a slight improvement in the number of disabled and non-disabled employees who experience bullying from colleagues – however, disabled employees are 12% more likely to experience this than their non-disabled colleagues – appendix 31
- There has been an increase in the proportion of employees who are reporting harassment, bullying and abuse at work – appendix 32

## Metric 7

There has been proof of improvement in all staff feeling their work is valued though we aspire to increase this much further. The Trust is performing 1.2% above the National Average for disabled staff feeling their work is valued – appendix 35.

## Metric 8

There has been a reduction in the number of people feeling they are accommodated well at work – appendix 36. There has been a delay in the rollout of the health passport for staff, a tool that can support a conversation between management and staff about how their disability or health conditions can be supported at work. The Trust is hoping that this will improve peoples' experiences at work and this will deliver a measurable improvement for the next year .

## Metric 5

Within the Trust there are high percentages of staff that feel as though they are supported in their careers within the Trust – appendix 33. However, although the Trust is performing better than the National Average, non-disabled employees are still reporting that they are 8.7% less likely to feel supported in their career.

## Metric 9

Over the past year there has been a large improvement in staff engagement which has allowed the trust to gather reliable evidence on the behaviours and feeling of people within the organisation – appendix 37. The Trust supports staff with disabilities and long-term health conditions by utilising the Disability Advisory Team.

## Metric 6

The Trust is reporting that disabled employees within the trust are more likely to feel pressured to come to work, despite not feeling well enough to perform their duties – appendix 34. This is 1.8% above the National Average for the NHS while non – disabled staff are only 0.1% above the national average.

## Metric 10

The Board of Directors have 50% that do not have a disability and 50% that have not declared if they have a disability or not – appendix 38.

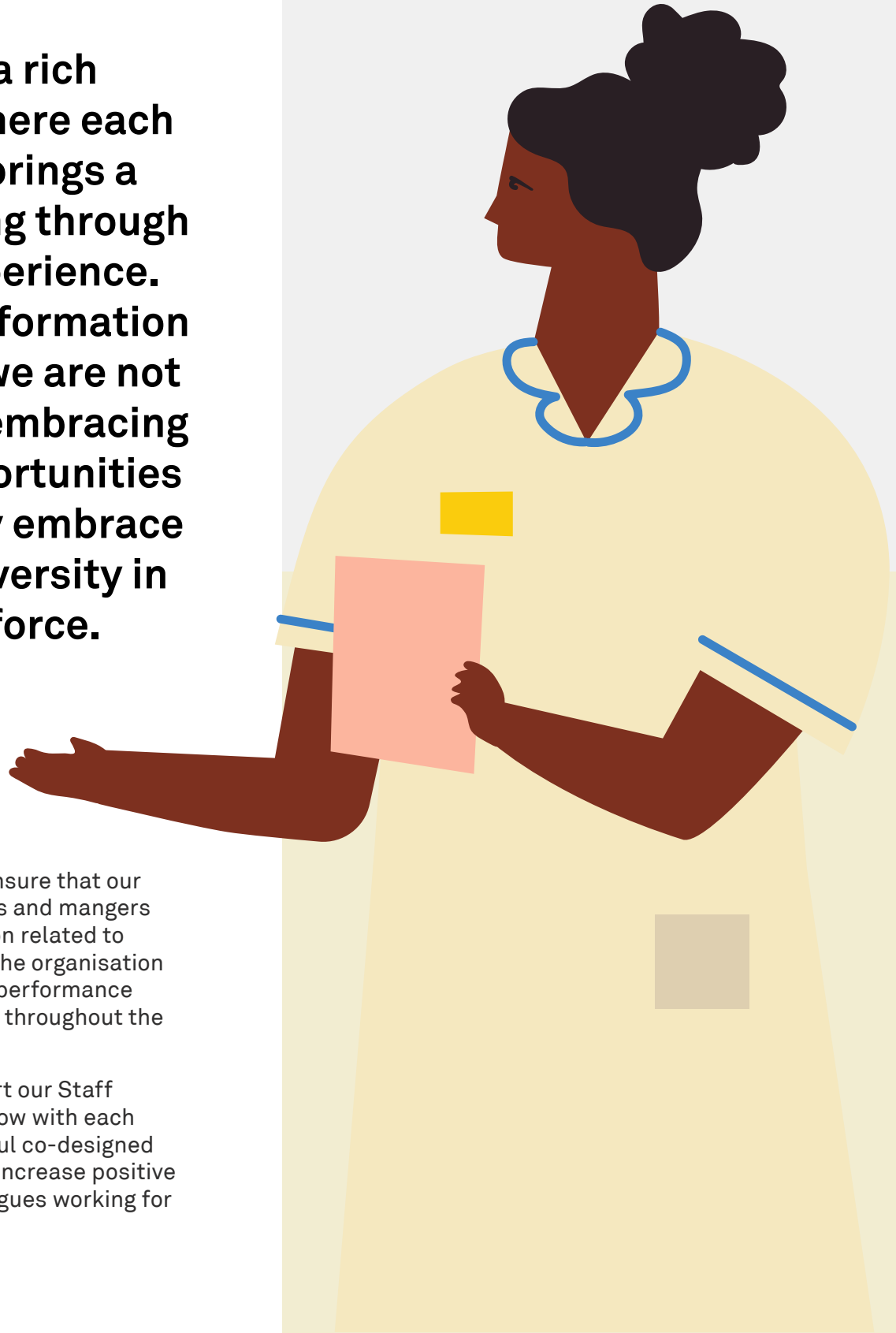


# Conclusions

**We have a rich workforce where each individual brings a unique offering through their life experience. Our current information tells us that we are not consistently embracing all of the opportunities to continually embrace increased diversity in our workforce.**

We will work hard to ensure that our recruiting teams, systems and managers clearly see the information related to how we bring talent into the organisation and have introduced key performance indicators to monitor this throughout the year.

We will actively support our Staff networks to thrive and grow with each group owning a meaningful co-designed plan of improvements to increase positive experiences for all colleagues working for the Trust.



# Appendices

# 04.

# Gender Pay Gap Action Plan

## Appendix 1

Domain	Key area	Action	Target date	Exec Lead	Account able	Status	Progress/update	Date comple ted	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	Sept 20	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 CGs will be asked to do this as part of their performance reviews		
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	Dec 20	HROD	Childcare co-ordinator		This is a work stream from the women's network. A questionnaire is being prepared to send to women before, during and after return to work from maternity leave. We have contacted the Leadership Academy to enquire if they could deliver the "return to work mentor" training more locally than London, await a reply.		
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	Dec 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 project is being gradually introduced across the Trust. Roll out of the project has not been fully achieved to date so have changed the target date from Feb 2020 to Dec 2020.		
		Support women to apply for promotions through L&D courses and coaching and mentoring	April 20 to Dec 20	ADLD	Head of L&D		This is a work stream from the Womens's network. An outline of the content of training sessions has been produced. Bite sized workshops were arranged but had to be cancelled due to Covi-19. Will reschedule for later in the year.		
		Introduce a women's / aspiring leadership network	April 20 to Dec 20		HREI Lead		Contact has been made with the Council and Fire service to consider a public sector women's network in Cornwall. This has been delayed due to Covid-19.		
Objective 4	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			Women's network has been set up and has approx. 40 members so far including the Deputy Medical Director and the Director of Nursing and Director of HROD.		

# Workforce Race Equality Standard Action Plan

## Appendix 2

Produce a good practice guidance tool on recruitment and retention	06/04/20	not started	●		Dedicated workshops and intervention
Embed WRES plan with all Departments	27/02/20	not started	●		xxxx
Enquire - Resource/tool on mentoring and sponsorship for senior leaders	27/02/20	initial consultation	●		xxxx
Medium Priority					
Support the EDS2 Process	17/02/20	not started	●		xxxx
Embed WRES within the appraisal process of senior managers	02/03/20	not started	●		xxxx
Integration with new international recruits	04/03/20	upcoming	●		xxxx
BME Intranet page	30/03/20	inprogress	▲		xxxx
Collect evidence for the WRES data 2019/20 report.	05/03/20	inprogress	●		xxxx
Low Priority					
Reduce occurrences of discrimination experienced by BME staff.	ongoing	ongoing	ongoing		xxxx
Reduce the number of BME staff that experienced bullying in work.	ongoing	ongoing	ongoing		xxxx
Completed Task					
Invite board sponsor	27/02/20	inprogress	●		xxxx
Managers protocol flow chart for discrimination	17/02/20	completed	●		xxxx
Raise profile of support available for BME staff	06/04/20	not yet started	●		xxxx
Improve career progression of BME staff	27/02/20	not started	●		xxxx
Racist behaviour from staff to staff	05/03/20	initial consultation	●		xxxx
Meeting with Kernowflex manager regarding bank staff BME issues	03/03/20	Done	●		xxxx

# Workforce Disability Equality Standard Action Plan

## Appendix 3

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. Communication asking staff to update ESR. Investigate other Trust's who have good declaration rates to learn lessons. Explore if a comment can be added to appraisal asking staff if their ESR data is up to date	June 2020	BR0D	HREI Lead		Emailed the NHSE WDES team to ask if they can provide information on Trust's who have a good declaration rate. Also accessed a best practice guide from NHS Employers on improving data on ESR to discuss with EISG steering group.		
Objective 2	Increase the number of people with a disability being appointed from shortlisting.	Advertise and promote training for managers in reasonable adjustments and myths of disabilities to increase their confidence and experience of identifying and supporting reasonable adjustments for staff.  Mental health first aid training for managers is to be available Autumn 2019.	Oct 2020	HR0D	HREI lead		Mental health awareness training has been offered and have emailed the Head of Health and Wellbeing to see if anymore is planned. Have asked if OD could help to deliver some training		
Objective 3	Reduce the number of staff with disabilities who say they have been bullied or abused at work.	Investigate other Trust's that have better staff survey scores to learn lessons. Introduce a disability passport for people to complete with their managers on how to support them at work.	Sept. 2020	HR0D	HREI lead		Disability passport sent to POD for approval before dissemination. Promotion of this needs to be organised.		
Objective 4	Improve the career progression of staff with disabilities.	Link to objective 2. Increase the confidence of staff to apply for promotion by offering mentors and career buddies.	Dec 2020	HR0D	HRE lead		This item will link to the training being arranged for the womens network		

## Patient Age Data

### Appendix 4

Age	Total A&E	Elective	Emergency	Total Inpatients	Maternity	New Attend	New DNA'd	Follow Up Attended	Follow Up DNA'd	O/P Total	Grand Total
0-19	18222	3489	7545	11034	91	23155	2265	47769	5467	78656	108003
20-29	10997	3625	2793	6418	1600	13709	1889	18484	3039	37121	56136
30-39	9494	4719	2922	7641	2047	17973	1964	22910	3101	45948	65130
40-49	8421	6326	2891	9217	201	18006	1460	28384	2839	50689	68528
50-59	10110	13727	3981	17708		25178	1521	44790	3281	74770	102588
60-69	9044	14291	4524	18815		27830	1098	59135	2446	90509	118368
70+	21287	25866	14472	40338		49958	1630	126643	4577	182808	244433
(blank)	6018	3830	6245	10075	1	3054	417	1115	1019	15605	31699
Grand Total	93593	75873	45373	121246	3940	178863	12244	359230	25769	576106	794885

## Patient Gender Data

### Appendix 5

Gender	A&E	Elective	Emergency	Total Inpatients	Maternity	New Attend	New DNA'd	Follow Up Attended	Follow Up DNA'd	O/P Total	Grand Total
Male	46804	36300	22510	58810		74249	5579	166419	12520	258767	364381
Female	46772	3	22858	62417	3940	104613	6665	192793	13249	317320	430449
Indeterminate	8	9559	5	19				18		18	45
Unknown	9	14				1				1	10
Grand Total	93593	75873	45373	121246	3940	178863	12244	359230	25769	576106	794885

## Patient Transgender Data

### Appendix 6

Gender Reassignment	ED	Elective	Emergency	Total	Maternity	New Attend	New DNA'd	Follow Up Attended	Follow Up DNA'd	O/P Total	Grand Total
no	93412	75703	45267	120970	3936	178529	12227	358288	25720	574764	793082
yes	181	170	106	276	4	334	17	942	49	1342	1803
Grand Total	93593	75873	45373	121246	3940	178863	12244	359230	25769	576106	794885



# Patient Ethnicity Data

## Appendix 7

Ethnicity	A&E	Elective	Emergency	Total	Maternity	New Attended	New DNA'd	Follow Up Attended	Follow Up DNA'd	O/P Total	Grand Total
Any other asian background	147	123	44	167	9	276	22	533	49	880	1203
Any other black background	57	26	32	58	7	100	11	158	16	285	407
Any other ethnic group	166	112	65	177	16	282	15	484	67	848	1207
Any other mixed background	256	128	108	236	14	542	50	806	100	1498	2004
Any other white background	3124	1752	1209	2961	28	5025	378	8363	763	14529	20842
Asian-Asian Brit Banglidesh	29	9	10	19	6	59	9	92	5	165	219
Asian-Asian Brit Indian	149	70	49	119	6	218	25	390	26	659	933
Asian-Asain Brit Pakistan	53	7	15	22	6	36	1	63	10	110	191
Black-Black Brit African	94	113	39	152	8	214	13	428	43	698	952
Black-Black Brit Carribean	30	36	11	47	1	71	9	152	15	247	325
Chinese	81	75	34	109	7	174	15	288	19	496	693
Cornish	12201	8349	6073	14422	301	18219	1266	41432	2860	63777	90701
Mixed White and Asian	166	67	56	123	6	281	28	555	55	919	1214
Mixed White and Black African	87	47	40	87	6	153	20	255	22	450	630
Mixed White and Black Caribbean	209	74	100	174	8	307	43	496	55	901	1292
White British	72379	64264	37024	101188	3270	149159	9744	301250	21305	481458	658295
White Irish	329	313	197	510	11	655	36	1424	74	2189	3039
Not Known	3980	335	237	572	27	2928	542	1826	260	5556	10135
Unspecified	16	7	10	17		18	12	19	6	55	88
Patient Declined	40	66	20	86	3	146	5	216	19	386	515
Grand Total	93593	75873	45373	121246	3940	178863	12244	359230	25769	576106	794885

# Patient Religion Data

## Appendix 8

Religion	A&E	Elective	Emergency	Total	Maternity	New Attended	New DNA'd	Follow Up Attended	Follow Up DNA'd	O/P Total	Grand Total
Atheist	412	383	212	595	22	852	81	1674	133	2740	3769
Baha'i	10	15	5	20	1	39		50	3	92	123
Buddhist	152	114	57	171	6	318	25	553	49	945	1274
Christians	42744	45756	24236	69992	1276	92484	4667	208495	11523	317169	431181
Hindu	76	53	28	81		130	11	286	29	456	613
Humanist	19	21	13	34		46	3	139	10	198	251
Jehovah's Witness	375	288	216	504	8	794	51	1613	103	2561	3448
Jewish	61	76	44	120	2	123	6	257	18	404	587
Mormon	45	31	30	61		102	8	171	23	304	410
Muslim	165	61	47	108	14	209	18	299	38	564	852
Not Known	2658	2909	569	3478	299	9035	586	15477	1020	26118	32553
Not Religious	40643	23048	18931	41982	2021	61876	5413	113496	11142	191927	276573
Other	79	132	42	167	7	219	35	474	53	743	1022
Pagan	107	132	44	176	2	290	24	491	53	858	1143
Sikh	26	10	5	15	1	30	6	78	2	116	158
Spiritualist	109	84	58	142	3	225	16	467	36	744	998
Unspecified	5515	2196	635	2831	238	10603	1213	12754	1352	25922	34506

# Patient Sexual Orientation Data

## Appendix 9

Sexual Orientation	ED	Elective	Emergency	Total	Maternity	New Attend	New DNA'd	Follow Up Attended	Follow Up DNA'd	O/P Total	Grand Total
Bi-Sexual	92	46	55	101	7	172	8	254	28	462	662
Declined	14787	1442	956	2398	17	3226	195	9245	620	13286	17188
Gay	61	99	27	126	1	167	11	446	27	651	839
Lesbian	173	101	78	179	1	172	19	446	27	664	1017
Unspecified	80877	57740	37258	94998	3464	144758	10512	268522	20743	444534	623873
Hetrosexual	10902	16444	6998	23442	450	30366	1499	80316	4325	116506	151300
Other	1	1	1	2		2		1		3	6
Grand Total	93593	75873	45373	121246	3940	178863	12244	359230	25769	576106	794885

# Workforce Ages by Pay Grade

## Appendix 10

Payscale	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years
1	3		2		2					2		
2	75	234	216	182	149	157	142	196	163	104	29	6
3	7	58	90	62	79	76	104	120	105	86	25	2
4	2	29	69	80	95	62	98	84	79	47	13	3
5		134	225	263	180	141	185	148	129	81	27	5
6		28	105	147	154	125	149	150	130	48	9	1
7		7	36	60	74	91	91	117	72	28	3	1
8A			7	19	31	19	30	32	15	4	2	
8B			1		6	12	12	8	6	5		
8C					3	9	9	12	2	2		
8D				1	4	4	5	2	3			
9					3	3	1	4				
CEO								1				
Chair											1	
Consultant				9	55	78	85	66	41	18	3	2
Exec					1	1		2	4			
Junior Doctor		47	211	124	46	22	11	1			1	1
Middle Grade			1	14	17	18	26	22	10	7	2	
NED								3	1	3	1	
Grand Total		537	963	961	899	818	948	968	760	435	116	21

# Workforce Ages in Full Time / Part Time Employment

## Appendix 11

Age Range	Full Time	Part Time	Full Time	Part Time
<=20 Years	43	44	49%	51%
21-25	330	207	61%	39%
26-30	595	368	62%	38%
31-35	485	476	50%	50%
36-40	433	466	48%	52%
41-45	395	423	48%	52%
46-50	482	466	51%	49%
51-55	514	455	53%	47%
56-60	311	449	41%	59%
61-65	119	316	27%	73%
66-70	21	95	18%	82%
>=71 Years	4	17	19%	81%
Totals	3731	3782		

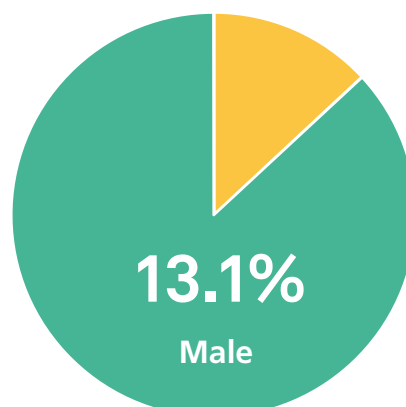
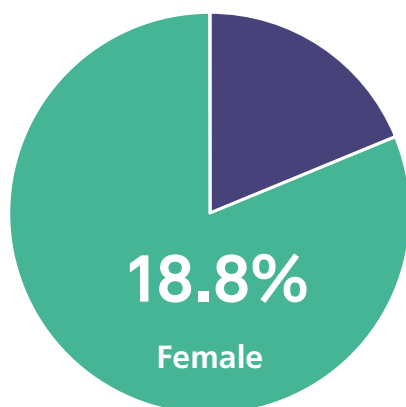
# Gender Pay Gap Data

## Appendix 12

# 8.9% Median Pay Gap National Average (2019, ons) 8.9%

GPG Statutory Disclosure Template	Mean %	Median %
Gender Pay Gap	22.4%	8.9%
Gender Bonus Gap	90.5%	80.8%
Proportion of Males Receiving a Bonus	13.1%	
Proportion of Females Receiving a Bonus	18.8%	

Quartile	Female %	Male %
Higher	63.4%	36.6%
Higher Middle	83.2%	16.8%
Lower Middle	79.5%	20.5%
Lower	77.8%	22.2%



Female	Male
Proportion of Males Receiving a Bonus *	13.1%
Proportion of Females Receiving a Bonus *	18.8%

## Total number of men and women within RCHT

### Appendix 13

Gender	Headcount	%	FTE
Female	5,757	76.6	3,925.90
Male	1,756	23.4	1,397.52
Grand Total	7,513	100.0	5,323.42

## Employees who utilised shared parental leave data

### Appendix 14

Payscale	Female	Male
1	1	
2	36	
3	11	
4	10	
5	39	
6	32	
7	12	
Consultant	2	1
Junior Doctor	23	
Middle Grade	3	

# Number of BAME and White Employees in Clinical and Non-Clinical Roles 2018-2019

## Appendix 15

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	11554	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 Career Grades	76		27		44	
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>

# Number of BME and White Employees in Clinical and Non-Clinical Roles 2019/20

## Appendix 16

Ethnic origin by payscale	White		BME		Unspecified	
	Clinical	Non clinical	Clinical	Non clinical	Clinical	Non clinical
Band 1	2	3				
Band 2	1005	486	39	14	97	17
Band 3	364	380	7	6	21	16
Band 4	215	359	7	5	38	14
Band 5	1063	166	51	5	145	10
Band 6	864	104	14	3	36	4
Band 7	419	111	15	1	21	4
Band 8a	82	63	2	1	4	4
Band 8b	22	24	1		1	2
Band 8c	15	15	1			5
Band 8d	5	12				1
Band 9	3	6				
VSM	2	4			1	1
Medical & Dental Consultant	278		41		93	
Medical & Dental Non-Consultant Career Grades	85		36		21	
Medical & Dental Trainee Grades	121		23		171	
New Jr Drs						
Non agenda for change	22	12	1		15	
<b>Total</b>	<b>4567</b>	<b>1745</b>	<b>238</b>	<b>35</b>	<b>664</b>	<b>78</b>



# Employees Applying and Shortlisted in Clinical and Non-Clinical Settings 2018/2019

## Appendix 17

	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
Total	7319	3134	768			

	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
Total	2138	844	163			

## Employees who utilised shared parental leave data Appendix 18

Clinical	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	% Appointed from shortlisting
White	3183	1386	631	56.63	43.54	45.52
BME	2260	1615	23	40.21	71.46	1.42
Unknown	178	43	91	3.17	24.15	?
Total	5621	3044	745	100	100	100

Clinical	Applied	Shortlisted	Appointed	Applied %	Shortlisted %	% Appointed from shortlisting
White	4095	2508	289	88.71	61.24	11.52
BME	404	258	7	8.75	9.16	2.25
Unknown	117	51	15	2.53	1.81	4.82
Total	4616	2817	311	100	100	100

## Number of Disciplinary's Categorised by Ethnicity Appendix 19

2019

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

## 2020

Ethnicity	Number of cases	Number of open cases	Number of cases in monitoring	Number of closed cases
BME	1	0	0	1
Unknown	2	0	0	2
White	28	4	0	24

## Access to Training Categorised in Ethnicities

### Appendix 20

WRES Category	Headcount	Enrolment Headcount	Ratio
BME	273	81	=0.30
White	6325	1755	0.28
Z Null	763	235	0.62

# Bullying and Harassment in the Workplace by Ethnicity 2019

## Appendix 21



	2017	2018	2019
White: Your org	26.5%	25.8%	27.6%
BME: Your org	23.4%	30.6%	22.1%
White: Average	27.7%	28.4%	28.2%
BME: Average	27.7%	29.8%	29.9%
White: Responses	2,645	1,785	2,854
BME Responses	111	72	145

Average calculated as the median for the benchmarks group

# Total number of bullying and harassment cases within the Trust 2019

## Appendix 22



	2017	2018	2019
White: Your org	26.7%	30.5%	28.0%
BME: Your org	27.9%	31.5%	27.4%
White: Average	24.8%	26.4%	25.8%
BME: Average	27.1%	28.6%	28.8%
White: Responses	2,655	1,786	2,853
BME Responses	111	73	146

Average calculated as the median for the benchmarks group

# Fairness of Career Progression Categorised in Ethnicities

## Appendix 23

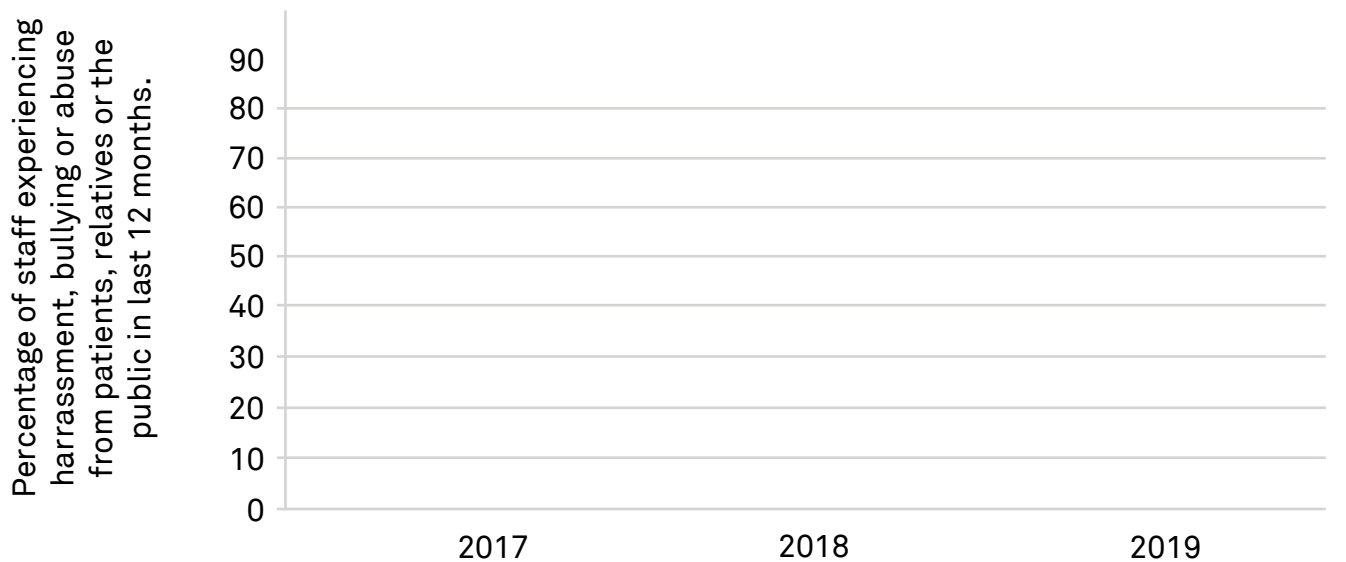


	2017	2018	2019
White: Your org	85.1%	82.2%	85.3%
BME: Your org	75.4%	69.4%	79.8%
White: Average	86.8%	86.5%	86.7%
BME: Average	75.1%	72.3%	74.4%
White: Responses	1,708	1,149	1,970
BME Responses	69	49	94

Average calculated as the median for the benchmarks group

# Board Composition by Ethnicity

## Appendix 24



	2017	2018	2019
White: Your org	6.3%	7.1%	5.6%
BME: Your org	11.9%	12.2%	11.1%
White: Average	6.7%	6.6%	6.0%
BME: Average	15.0%	14.6%	13.8%
White: Responses	2,650	1,766	2,845
BME Responses	109	74	144

Average calculated as the median for the benchmarks group

## Number of Disciplinary's Categorised by Ethnicity Appendix 25

Board Voting				
WRES Category	Headcount	Headcount%	Board Headcount	Board Headcount %
BME	273	3.73	0	0.00
White	6312	86.15	9	50.00
Unspecified	742	5.44	9	50.00

## Number of Disciplinary's Categorised by Ethnicity Appendix 26

**2018/2019**

Band	No disability		Declared Disability	
	Clinical	Non-Clinical	Clinical	Non-Clinical
B1-4	1482	1102	69	65
B5-7	2098	310	86	18
B8A-8B	87	66	5	4
B8C-9, VSM	18	39		1
Consultant	266	N/A	2	N/A
SAS	88	N/A	3	N/A
Jr Doctor	232	N/A		N/A

## 2019/2020

Band	No disability		Declared Disability			
	Clinical	Non-Clinical	Clinical	Non-Clinical	Clinical	Non-Clinical
1-4	1474	1105	62	75	258	120
5-7	2103	352	92	19	37	378
8a-8b	93	78	6	8	13	8
B8c-9, VSM	23	37	0	1	4	43
Consultant	293		2		117	
SAS	118		3		41	
Jr Doctor	113		2		200	

## Number of Employees with Disabilities in Clinical and Non-Clinical Roles

### Appendix 27

Clinical	Applied	Shortlisted	Appointed	% Applied	% Shortlisted from applied	% Appointed from applied
Not stated/did not wish to declare	177	33	91	1.58	18.64	51.41
No	5254	2899	538	93.25	55.18	10.24
Yes	190	112	16	3.6	58.95	8.42
Total	5621	3044	645			

# Number of Employees with Disabilities in Clinical and Non-Clinical Roles

## Appendix 27

Non-Clinical	Applied	Shortlisted	Appointed	% Applied	% Shortlisted from applied	% Appointed from applied
Not stated/did not wish to declare	155	75	14	3.40	48.39	9.03
No	4107	2513	282	86.1	61.18	6.86
Yes	346	221	15	7.05	63.87	4.33
Total	4608	2809	311			

# Likelihood of Disabled and Non-Disabled Staff Involvement in a Formal Capability Procedure

## Appendix 28

Disability	Number of cases	Number of open cases	Number of cases in monitoring	Number of closed cases
No	1	1	0	0



## Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

### Appendix 29



	2018	2019
Disabled staff: Your org	33.3%	32.4%
Non-disabled staff: Your org	24.7%	26.2%
Disabled staff: Average	34.4%	33.9%
Non-disabled staff: Average	26.9%	27.3%
Disabled staff: Responses	321	556
Non-Disabled staff Responses	1,565	2,456

Average calculated as the median for the benchmarks group

## Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

### Appendix 30

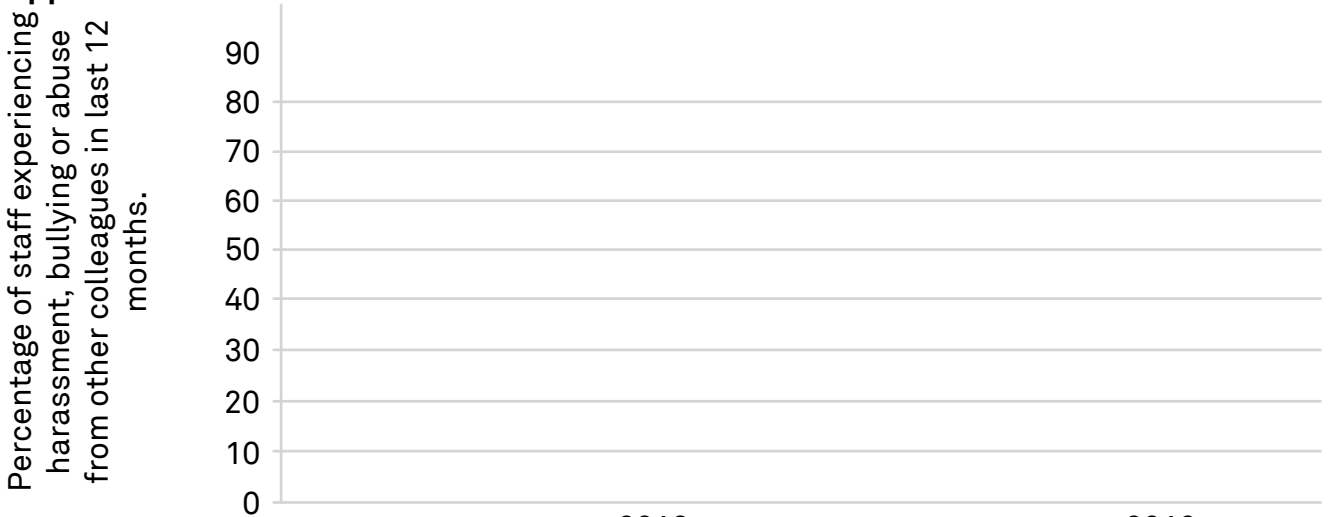


	2018	2019
Disabled staff: Your org	25.9%	20.3%
Non-disabled staff: Your org	15.1%	11.8%
Disabled staff: Average	20.0%	19.7%
Non-disabled staff: Average	12.1%	11.0%
Disabled staff: Responses	320	552
Non-Disabled staff Responses	1,559	2,446

Average calculated as the median for the benchmarks group

## Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

Appendix 31



	2018	2019
Disabled staff: Your org	33.4%	32.8%
Non-disabled staff: Your org	20.8%	20.0%
Disabled staff: Average	28.3%	28.1%
Non-disabled staff: Average	18.9%	18.4%
Disabled staff: Responses	314	551
Non-Disabled staff Responses	1,540	2,424

Average calculated as the median for the benchmarks group

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

Appendix 32

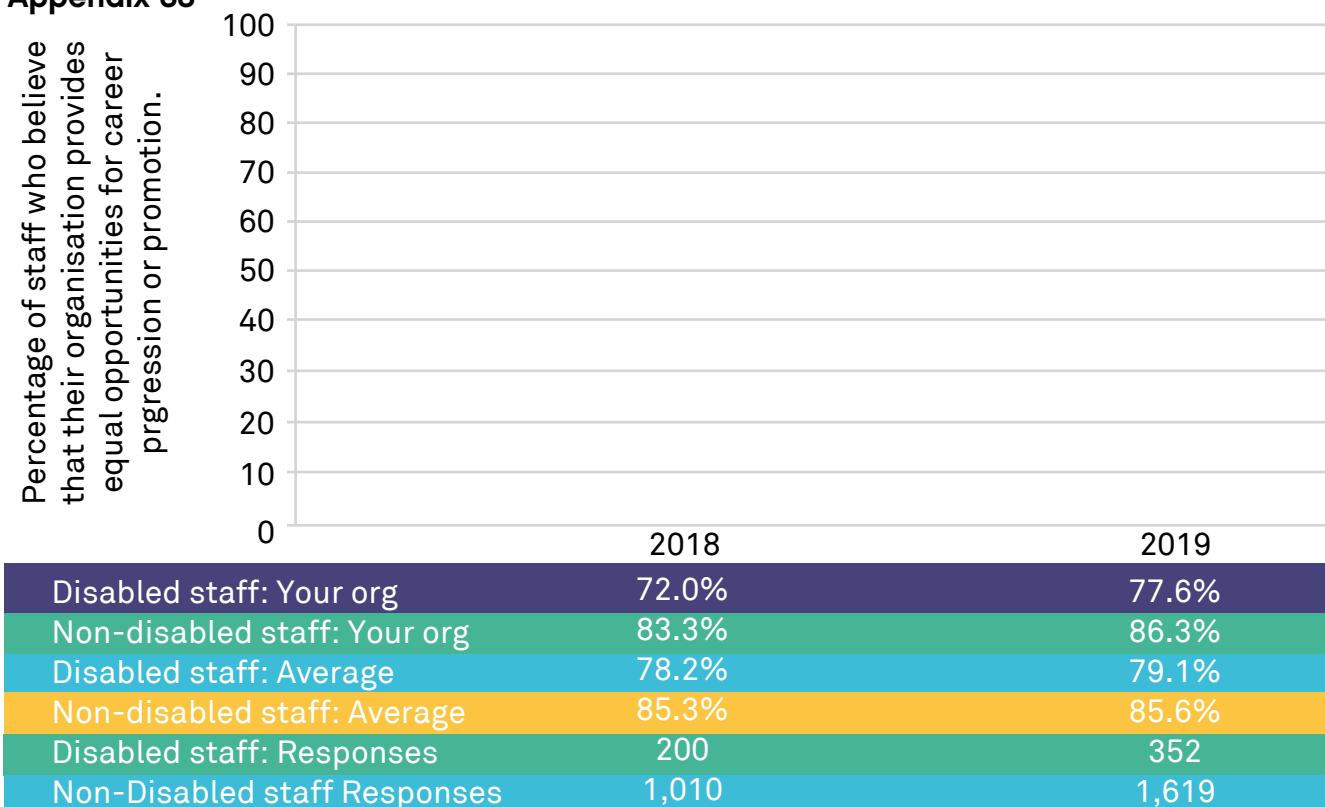


	2018	2019
Disabled staff: Your org	44.3%	46.8%
Non-disabled staff: Your org	41.5%	46.0%
Disabled staff: Average	44.2%	46.7%
Non-disabled staff: Average	44.4%	45.6%
Disabled staff: Responses	158	263
Non-Disabled staff Responses	523	884

Average calculated as the median for the benchmarks group

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

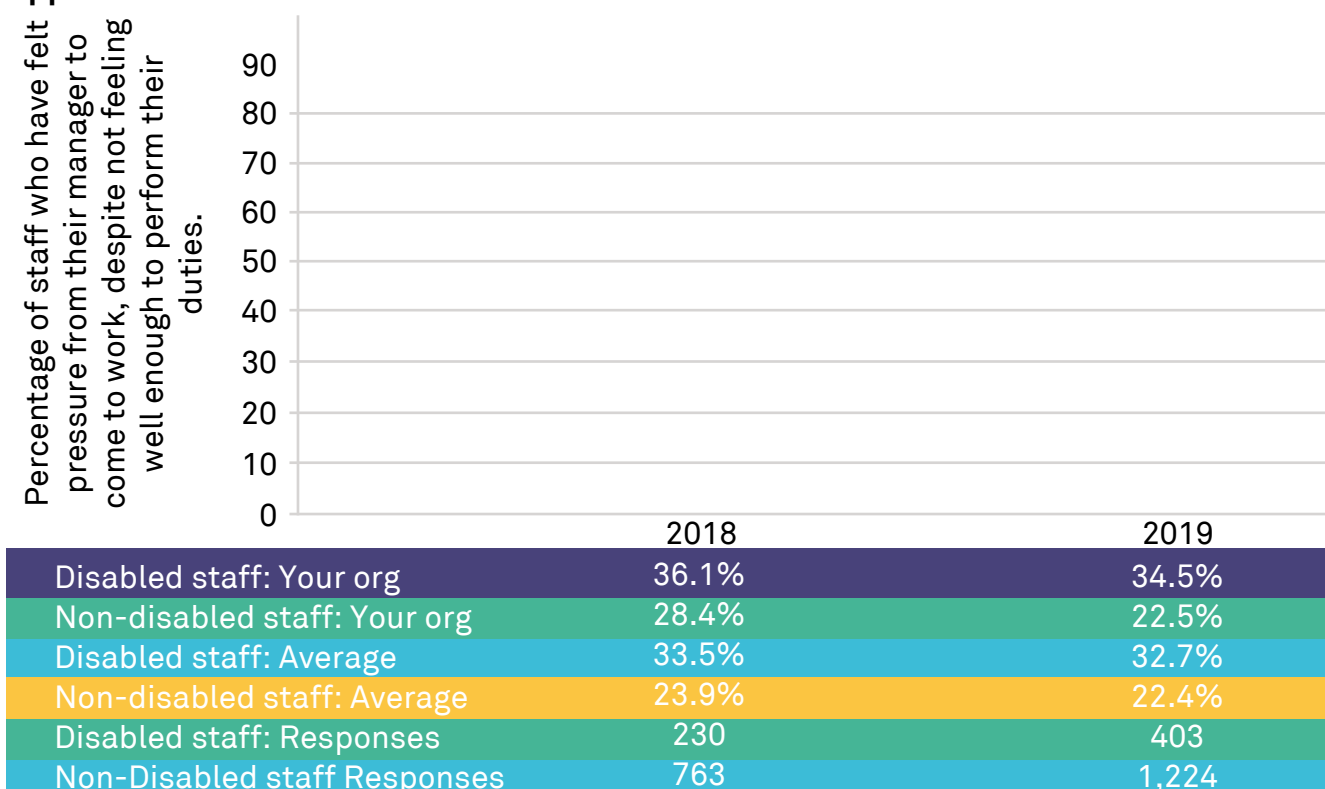
### Appendix 33



Average calculated as the median for the benchmarks group

## 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.

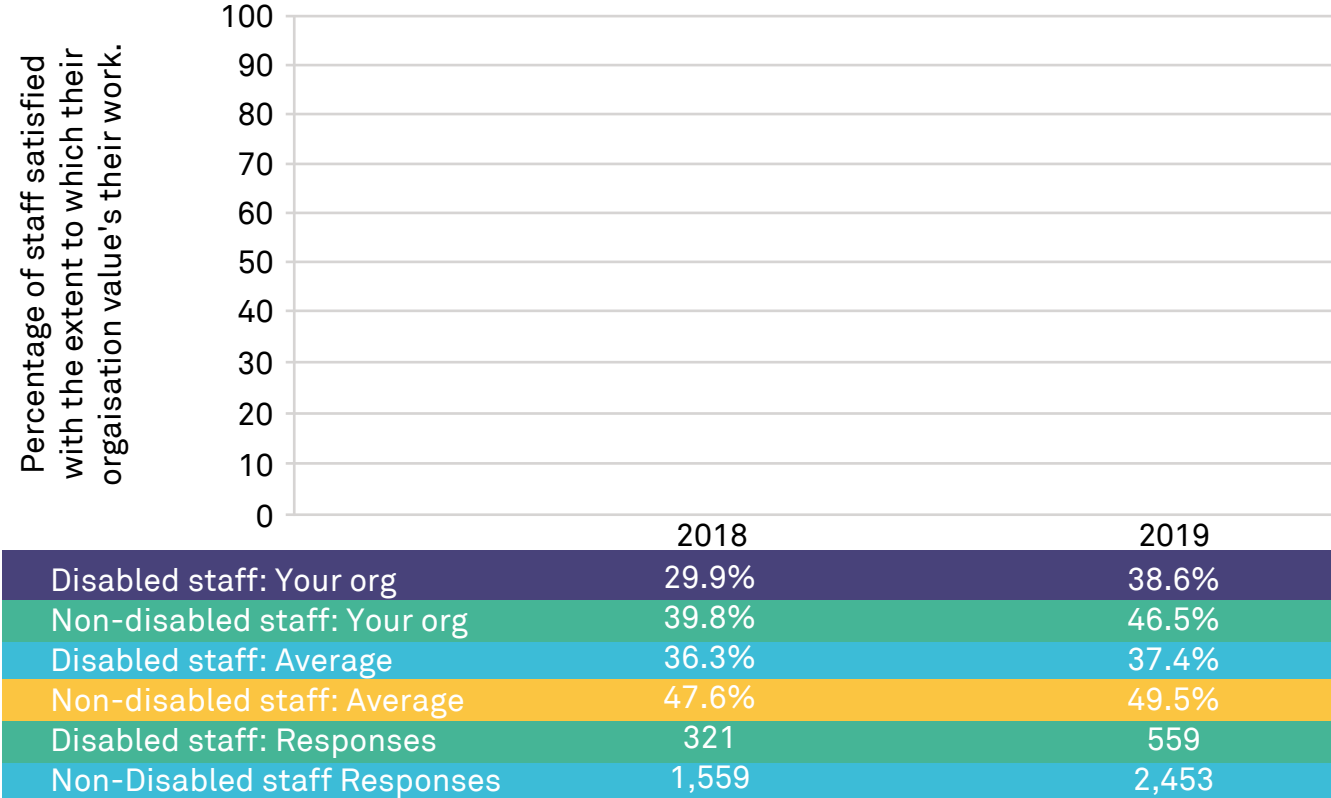
### Appendix 34



Average calculated as the median for the benchmarks group

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

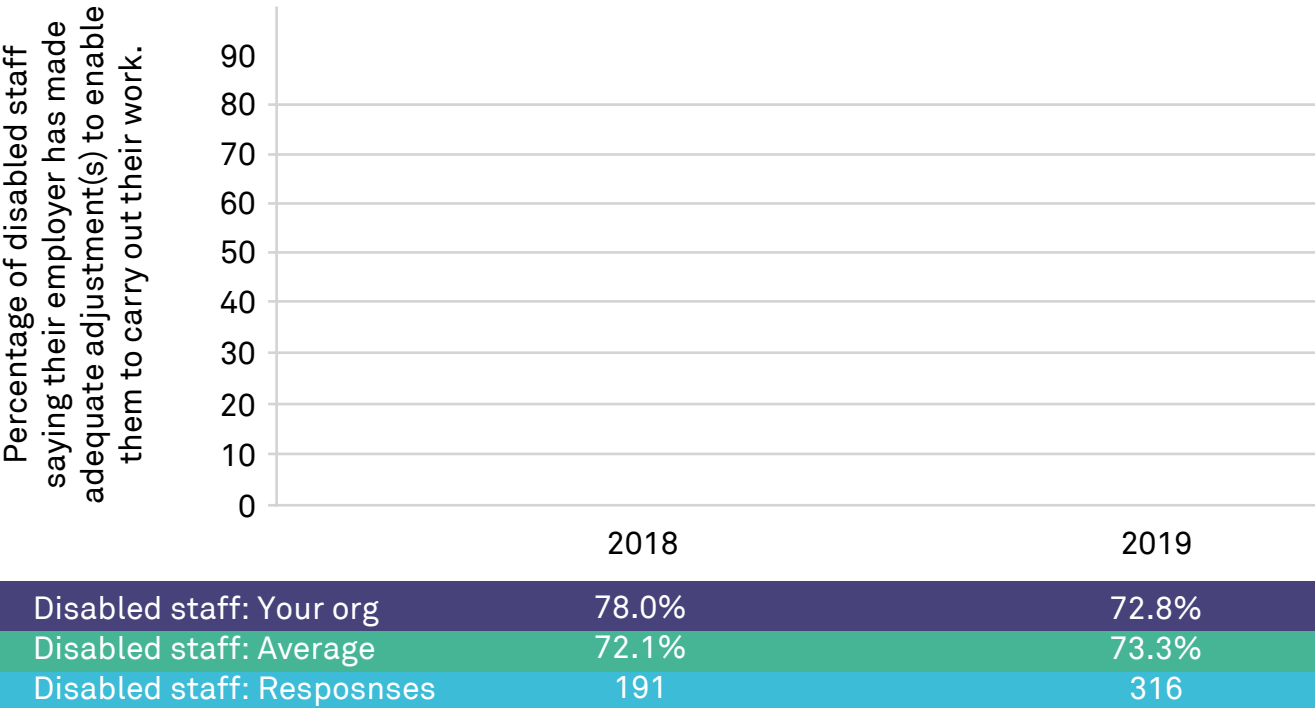
Appendix 35



Average calculated as the median for the benchmarks group

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

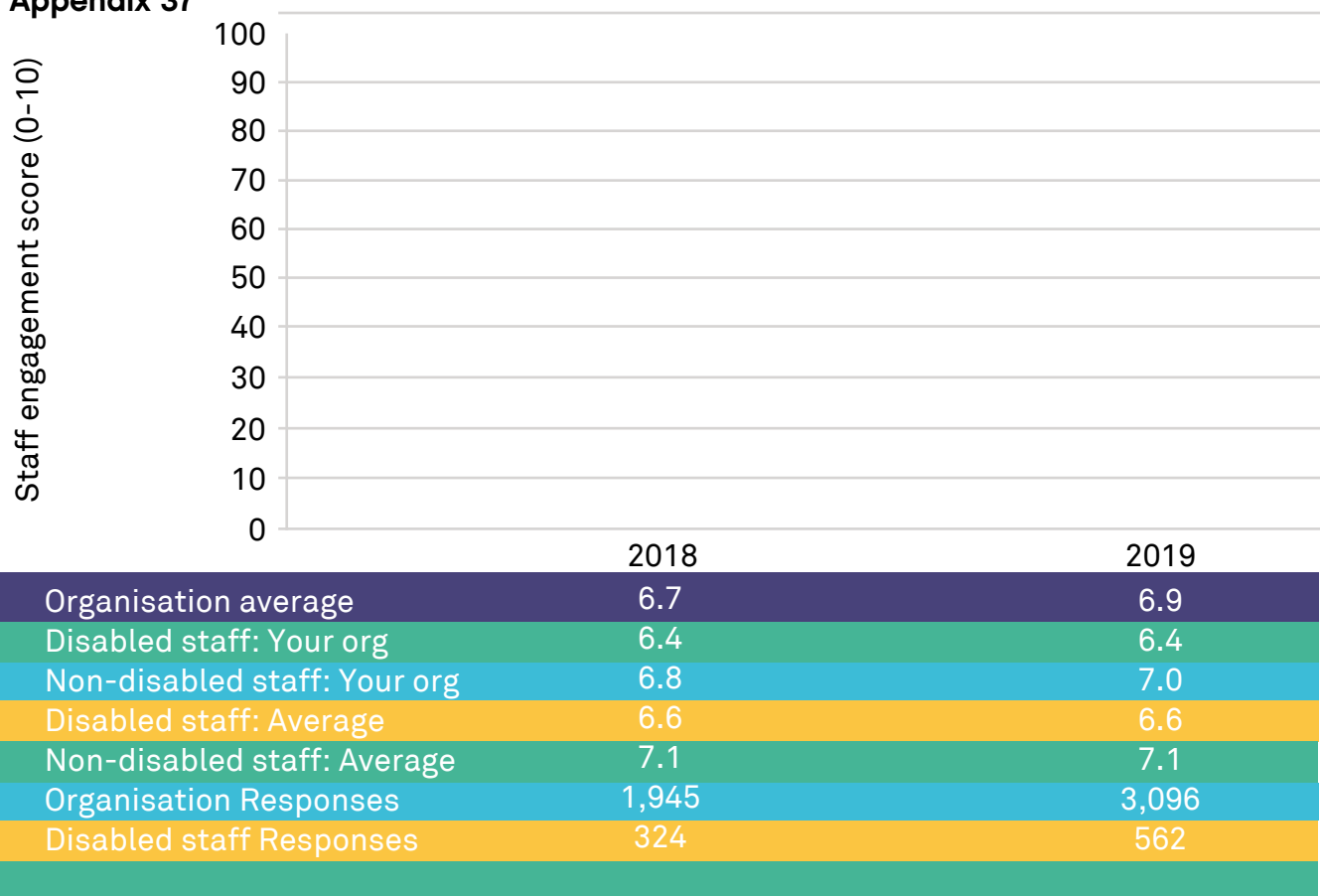
Appendix 36



Average calculated as the median for the benchmarks group

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

Appendix 37



Average calculated as the median for the benchmarks group

## Percentage difference between the organisation's Board voting membership and its organisation's overall workforce

Appendix 38

	Board	Trust
Disabled	0.00%	3.68%
No Disability	50.00%	79.27%
Unknown	50.00%	17.05%

**Royal Cornwall Hospitals NHS Trust Annual  
Equality Report 2019-2020**

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An online version of this report is available in PDF from the Trust's website.

Annual Equality report 2019/20  
Author: Human Rights, Equality & Inclusion Lead  
V1 review date September 2023

# We're stronger together

Annual Equality Report - 2019-2020

