

Equality and Diversity Strategy

2019 to 2021

Living our values *everyday*



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Joint foreword by Interim Chief Executive, Jo Farrar and Chair of the Equality and Diversity Committee and Non Executive Director, Rita Harris

We are delighted to publish our new Equality, Diversity and Inclusion Strategy for the next three years. This strategy builds on our work in this area over the last eighteen months and is underpinned by our values. It provides a blueprint for creating an inclusive environment for all our staff, and also provides a framework to ensure that we deliver an appropriate and inclusive service to patients on each and every contact.

Delivering high quality care is at the forefront of everything we do at Kingston Hospital and as an inclusive organisation, we benefit greatly from the creativity and talents of all our people. In 'Living our values everyday' principles of equality, diversity and inclusion must be embedded in our day to day practice, so we no longer think of it in isolation but as an integral part of what we do.

We want our NHS services to be fair, accessible and appropriate for our patients, their carers' and visitors, and we wish to demonstrate the strides we are making not only to embed equality within our world class care values, but also equity.

We have lots of challenges ahead and whilst we meet those we shall need to work together, to listen to and respect each other. Our Trust Board, through the Equality and Diversity Committee, is monitoring our progress and we will continue to report regularly and openly on the developments.



Jo Farrar

Interim Chief Executive



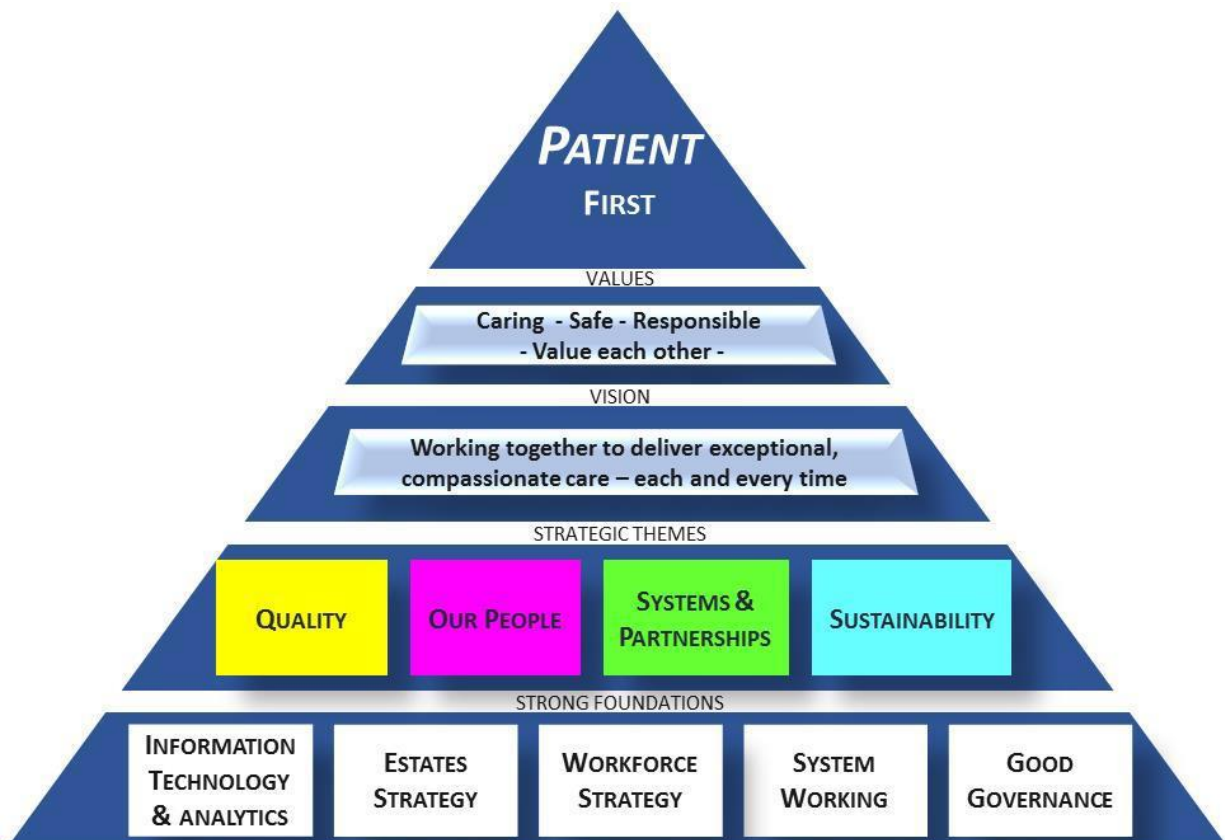
Rita Harris

Non Executive Director

1. Purpose and vision of our Equality and Diversity Strategy

This strategy reflects Kingston Foundation Trusts Hospital’s commitment to meet the needs of our staff and population and continuously improve the way we employ, support and retain a high quality, diverse workforce and the way we involve our patients and stakeholders.

As can be seen from the diagram below, the Trusts True North statement is Patients First. Whilst our values have remain unchanged this statement, developed in 2019, provides a guiding compass for all that we do.



We are on a journey in relation to equality and diversity in the Trust. This strategy builds upon our goals and breakthrough objectives and stays true to delivering the best possible care and experience to our patients and staff. This strategy outlines and builds upon the work that is already in place, and recognises the journey we still need to take to improve alongside an emerging Patient and Public Involvement Strategy. We are committed to bringing about the necessary change to ensure everyone is treated fairly and has a positive experience and outcome.

We have ensured that the strategy responds to the legislative framework for equality and diversity, along with the regulatory requirements set by the Department for Health and NHS England. Our overall approach to the development of this strategy however goes beyond law and regulation to provide a solid foundation for current and future work in tackling inequality.

Our local profile

Our hospital supports around 350,000 people in the surrounding area from the boroughs of Kingston, Richmond, Roehampton, Putney, Merton and East Elmbridge. The Hospital is located on a single site in Kingston upon Thames, but run a number of outpatient clinics in sites across the catchment area including Raynes Park Health Centre, Surbiton Centre for Health, Queen Mary's Roehampton and Teddington Memorial Hospital.

We cover 5 main boroughs:

- Kingston Upon Thames
- Richmond Upon Thames
- Merton
- Roehampton and Putney
- East Elmbridge

And below is a snap shot of the population demographic we provide services to.

Kingston Upon Thames

¹The Royal Borough of Kingston upon Thames in South West London has the smallest population of any borough in London after Kensington and Chelsea and is the seventh smallest borough in terms of geographical area.

There are 176,107 people living in the borough according to the Office for National Statistics (ONS). Of these, 21.7% are children/young people (0 to 17 years old), 65% are people of working age (18 to 64 years old) and 13.3% are aged 65 or over. Like much of London, when compared to England, Kingston has a young population with a median age of 36.2 years. Despite this young profile, there are a considerable number of residents living into their 90s and beyond.

Just over two thirds (69%) of Kingston residents are white. Almost one-third (31%) are from black, Asian and minority ethnic (BAME) communities, comprising Asian ethnicity 20%, mixed ethnicity 5%, black ethnicity 3.1%, Arab 2.1% and other ethnic groups 1.4% (2017). The 2011 Census results put Kingston's Korean population at 2.2% of the borough total. The Korean population proportion in New Malden is estimated to be the largest in Europe. Due to Kingston's high Korean, Sri Lankan and Tamil populations these groups make up 50% of the Asian/Asian British Category - this is almost double the London average of 26%

The BAME population in Kingston is projected to increase to 36% over the next decade (from 2017 to 2027), with the greatest increase in the Asian ethnic group.

39% of children and young people aged 20 years and under are from BAME groups and this cohort is projected to increase to 44.7% by 2027. 15.2% of people aged 65 and above are from BAME groups and this is projected to increase to 21.4% by 2027.

Richmond Upon Thames

²Although the majority of residents in the Richmond borough are still White British this proportion has fallen from 78.72% in 2001 to 66.8% in 2019. The borough is less ethnically

¹ Information taken from <https://data.kingston.gov.uk/wp-content/uploads/2018/06/RBK-PHK-Report-ANNEX-FINAL-1.pdf>

² Taken from <https://www.datarich.info/population/>

diverse than London but generally more diverse than England overall with some notable exceptions. London has a considerably higher proportion of people in the ethnic group Asian/Asian British: Pakistani (3% London compared to 0.9% Richmond) and the ethnic groups of Black Caribbean (0.5% in Richmond compared to 3.8% in London) and Black African (1% in Richmond compared to 7.2% in London).

There are 199,419 people living in the Borough, with a dominantly female population (51%). The highest age group is 35 to 44 and 70 years and older accounts for 11% of the population compared to London where it is 8.3%.

Roehampton and Putney

³West Putney is a ward in Wandsworth and includes areas of Putney and Roehampton. In the 2011 census the population of West Putney was 14,742 and is made up of approximately 53% females and 47% males.

The average age of people in West Putney is 37, while the median age is lower at 34. 62.1% of people living in West Putney were born in England. 35.6% of people are married and 36.2% are single and have never married or been in a registered same sex partnership, 9.0% are separated or divorced.

The top 3 occupations listed by people in West Putney are Professional 26.8%, Associate professional and technical 19.5%, Managers, directors and senior officials 14.2% and Business, media and public service professionals 12.2%.

The religious make up of West Putney is 58.4% Christian, 23.1% No religion, 6.0% Muslim, 1.3% Hindu, 1.1% Buddhist, 0.8% Jewish, 0.2% Sikh, 0.1% Agnostic.

Merton

⁴In 2014, just over half the borough was female (50.6%) and the borough had a similar age profile to London as a whole. One in three households in Merton were 'single households' (individuals living alone), which is the most common type of household in the borough. This is closely followed by 'family households with dependent children' which make up one in four households in the borough – nearly half of Merton residents live in these households.

Based on the Greater London Authority (GLA) trend-based projections, Merton's population is projected to increase by 13,245 people between 2014 and 2020. A significant feature of Merton's projected population in 2020 is the changing age profile of the borough's residents, with the most notable growth in those under the age of 16 years and those over 50 years old, with a decline in the proportion of people between the age of 25-35 years old. Looking at the ratio between the working age and non-working age populations (the age dependency ratio) we see a slight decrease in the proportion of the working age population from 69% in 2011 to 67.5% in 2014.

The ethnic composition of the borough is forecast to change, with the proportion of people from a Black, Asian & Minority Ethnic (BAME) background increasing from 37% in 2014 to 40% in 2020. The GLA population projection data for 2014 shows Merton's current BAME population to be 76,188. At the time of the 2011 Census, BAME groups in Merton made up 35.1% of the

³ Data taken from <http://west-putney.localstats.co.uk/census-demographics/england/london/wandsworth/west-putney>

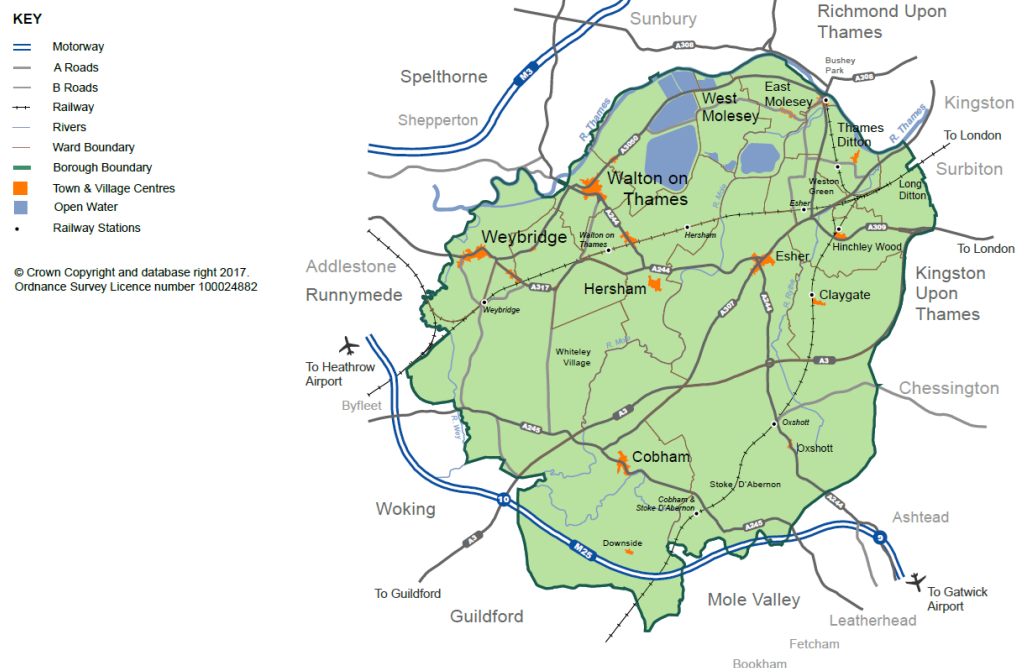
⁴ Data taken from <https://www.merton.gov.uk/jsna/merton-the-place-and-the-people/the-people>

population. This was lower than the percentage for London (40.2%).

East Elmbridge

⁵In 2017, Elmbridge had a population of 132,670. The ethnic composition of the borough was that 12.8% of people were from a Black, Asian & Minority Ethnic (BAME) background. 9.7% of this group were designated as non-white ethnic groups with 1.9% Indian. 79.9% were designated as White British which is just higher than the English average of 79.8%.

Map of Elmbridge Borough



59.6% of the population were of working age and 19.9% were over 65 years of age. The average age of people in Elmbridge is 40, while the median age is also 40. Females were again the largest percentage at 51.7%.

Religion in Elmbridge was recorded as 64.2% Christian, 1.2% Hindu, 1.8% Muslim with 6.8% recorded as Other. 23.4% stated they had no religion. 93.4% of people living in Elmbridge speak English. The other top languages spoken are 0.7% Polish, 0.5% Korean, 0.4% Spanish, 0.4% French, 0.3% German, 0.3% Portuguese, 0.3% Italian, 0.3% Arabic, 0.2% Dutch.

The top 3 occupations listed by people in Elmbridge were Professional (24.4%), Managers, directors and senior officials (18.7%), and Associate professional and technical (17.7%)

⁵ Data taken from <https://www.elmbridge.gov.uk/council/population-and-demographics/>

2. Our Legal Obligations and Good practice frameworks

1.1 Equality Act 2010

The Equality Act 2010 was introduced as an umbrella piece of legislation to bring together all previously separate equality legislation into a single Act.

It outlaws direct and indirect discrimination, harassment and victimisation of people with the following nine protected characteristics:

The nine protected characteristics defined in the Equality Act are:

- Age,
- Disability
- Gender Reassignment
- Sexual Orientation
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex (male & female)
- Marriage and Civil Partnership

The Public Sector Equality Duty

The Act provides protection in relation to access to goods and services as well as employment. As a public sector organisation, we also have both general and specific public sector duties. The general Public Sector Equality Duty, which forms part of the Equality Act 2010 requires us, as an NHS public sector organisation, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Forster good relations between persons who share a relevant protected characteristic and persons who do not share it

The specific duties mean that the Trust must:

- Set meaningful and relevant equality objectives with a focus on “outcomes” as opposed to process.
- Report on progress in achieving equality objectives
- Report on equality data in the workforce
- Demonstrate the impact on equality of policies and services (equality impact assessment)
- Ensure we are involving and engaging with the communities we serve

In direct response to the legal obligations under the Equality Act 2010, the NHS Equality Delivery System and the Workforce Race Equality Standard has been designed by NHS England as a performance management framework for all NHS organisations including Kingston Hospital NHS Trust.

1.2 NHS Equality Delivery System 2

The refreshed EDS2 system has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all and is a national equality toolkit designed for the NHS. The framework provides an overarching approach to enable the monitoring of equality and fairness across service delivery, workforce and leadership issues and the details are included as Appendix 2.

From April 2015, NHS providers have been expected to use EDS2 to help them improve their equality performance for patients, communities and staff, as well as helping them to meet the Public Sector Equality Duty.

The EDS2 has four goals which are:

- Better health outcomes
- Improved patient access and experience
- A representative and supportive workforce
- Inclusive leadership

1.3 Workforce Race Equality Standard (WRES)

In April 2015, the WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups. This was in response to 'The Snowy White Peaks' a report by Roger Kline which provided compelling evidence that barriers to progression, including poor data, are deeply rooted within the culture of the NHS.

The WRES (Appendix 3) is a mandatory requirement embedded within the NHS Contract to ensure effective collection, analysis and use of workforce data to address the under-representation of Black and Minority Ethnic (BME) staff across the NHS. It requires the Trust to demonstrate progress against nine standard indicators specifically focused at race equality. From April 2016 it has also formed part of the CQC inspection standards, which means that we will be scrutinised on our progress in meeting the requirements of the standard.

1.4 Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) introduced for the first time in 2019, that will enable NHS organisations to compare the experiences of Disabled and non-disabled staff. The details of these metrics are set out in Appendix 4. Reporting the WDES Metrics will follow the same timetable as the Workforce Race Equality Standard (WRES).

Full details can be found here <https://www.england.nhs.uk/wp-content/uploads/2019/01/wdes-metrics.pdf>

The implementation of the WDES will enable the Trust to better understand the experiences of our disabled staff and support positive change for existing employees. This work will be conducted alongside Disability Confident.

There are a number of other legal requirements and equality-based national guidelines which mandate and guide how the Trust provides services to members of diverse communities.

These include:

- Human Rights Act 1998
- The Marmot Review 2010
- Health and Social Care Act 2012
- Health, public health and social care outcomes frameworks
- CQC key inspection questions 2017
- The NHS Constitution – revised 2013
- The Care Act 2014
- The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017

Other disadvantaged groups (not necessarily covered by the above) who the Trust also needs to consider includes:

- Carers
- People with limited family or social networks
- People who are geographically isolated
- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People who misuse drugs
- People who are experiencing domestic abuse
- people with dementia
- people who learn differently
- People with a criminal record

We have a duty of care to our service users and staff to ensure equality is embedded into everything we do and make changes that improve the lives of those individuals in our care or employed with us.

3. Equality objectives 2019- 2021

In the last 2 years we have seen some key developments relating to our Equality & Diversity agenda such as:

- The Equality & Diversity Committee being established to oversee the Trust's strategic agenda in terms of equality, diversity and human rights issues – reporting directly to the Trust Board
- The implementation of the Trusts first BAME Network to help improve equal opportunities in relation to BAME staff
- Publication of annual employment and service information, to demonstrate compliance with the Public Sector Equality Duty and the Workforce Race Equality Standard
- Commitment to Positive about Disability to support the experience of disabled staff

We now wish to build on this firm foundation and our equality and diversity strategy will now focus on 3 key actions:



**TO DEVELOP INCLUSIVE AND
COMPASSIONATE LEADERSHIP**

**TO PROMOTE STAFF AND PATIENT
ENGAGEMENT AND PARTNERSHIPS**



**TO ENSURE IMPROVEMENT IN
EQUALITY OUTCOMES**

Developing Inclusive and Compassionate Leadership

We will:

- **Provide innovative and inclusive ways to support leadership development at all levels**
- **Promote and drive compassionate leadership to become the normal way to behave**
- **Reduce barriers to education, training and career development**

Inclusivity and compassion must be at the core of everything that we do, including leadership. Compassionate leadership and experiencing compassion at work strengthens the relationship between employees. Studies show that employees who believe that their leaders care about their well-being are more satisfied with their jobs and show higher organisational commitment. What all definitions of inclusive leadership have in common, is that they centre around relationships and value personal differences. We believe that inclusive and compassionate leadership at all levels is a key component of living our values every day. Board and senior management must lead by example and ensure that everyone in the Trust is expected to play an active part. Leadership has to be consistent with all leaders being authentic, open, transparent, curious, appreciative and compassionate.

To support this we will continue to invest in leadership and management training that not only teaches equality and diversity but empowers managers to promote it in their day to day activities and as leaders of the Trust. Inclusive Leaders have a clear understanding of their own unconscious biases. They take action to make sure these biases don't influence the decisions they make. The Trust will develop a strong focus on inclusive leadership, developing the skills and capability required to ensure that Inclusion and Diversity is fully embedded across the Trust ranging from toolkits to fully accredited ILM programmes.

The Trust is committed to developing and supporting the career progression of staff from all groups. We will actively promote positive action programmes, such as the NHS Leadership Academy's Ready Now programme to all eligible staff through the intranet and Trust wide communications. We will aim to encourage representative cohorts of staff on internal and external courses, and seek to understand any barriers to different groups applying for, and undertaking continued professional development and non-statutory and mandatory training through the integrated training and education committee.

To further develop our workforce we must improve access to education and training for groups who have experienced barriers to education and career development. In order to do this it is important that we continue to understand the barriers that staff face in education, training and their career development and address these through ongoing inclusive action planning.

One issue that was known was access to training monies. Therefore existing central systems and processes have been reviewed over the last year to ensure there is a fair and equitable way of accessing funds for training. Alongside this education and training programmes need to be reviewed to ensure that they are delivered equitably with appropriate reasonable adjustments and suitable educational support which meets diversity of learner needs. We now need to ensure that access to training is equitable at all levels of the organisation and that centrally provided programmes meet the diversity needs of learners.

Research and engagement activities suggest that this is a particularly relevant issue for the non-registered workforce, especially administrative and clerical staff and health care assistants. These staff groups include large numbers of women, particularly at lower bands and significant numbers of overseas qualified or migrant staff as well as those who do not have basic functional skill attainments in English and Maths.

Promoting Staff and Patient Engagement and Partnerships

We will:

- **Support the engagement of staff through MEGA and other staff inclusion groups**
- **Celebrate diversity through a range of different activities that seeks to engage staff**
- **Provide opportunities for feedback and involvement that are inclusive of the range of people using our hospital's services**

Staff Networks were established to support members of staff in their working lives and to promote awareness of equality and inclusion within the Trust. The aims of staff networks are to promote a work environment in which all staff feel supported and valued, enable them to challenge discrimination and promote equality and to act as a driving force to promote continuous improvement.

The success of the networks throughout the Trust has varied, however the Trust remains committed to their development and this will be the key aim for 2019. For staff requiring individual support and advice relating to inclusion and diversity issues, we will ensure multiple options are available in addition to their managerial team:

- Staff networks
- Personal Fair and Diverse Champions
- Staff side organisations
- Freedom to Speak Up Guardian

We will celebrate diversity through taking part in local and national events such as the Equality, Diversity and Human Rights week. We will schedule a wide range of different activities that celebrate the diverse nature of our workforce and our patients and allow as many people to participate as possible. We will work with partner organisations, such as the Blood Transfusion Service to promote opportunities for staff and visitors to help support their services for groups where representation is low.

The Trust will also promote staff to sign up to the national Personal, Fair and Diverse campaign to demonstrate the commitment across the Trust to Inclusion and Diversity.

We recognise that the key to measuring the success of our actions is to ensure that stakeholders, including service users, patients, carers, staff, Foundation Trust members and the public have opportunities to share their experience with us, and that we use these shared experiences to inform and improve the design of future services. We will ensure through our patient and public involvement strategy that we:

- ensure that the views and experience of patients and the public influence how we design and deliver care
- improve patient experience, safety and effectiveness of our services as a result of involving patients and the public
- promote a visible culture of patient and public involvement across Kingston Hospital at

- every level in our organisation
- support all staff to make listening to patients and the public and involving them in decision making a key element of how we work
 - forge an equal partnership between patients, the public and staff working at Kingston Hospital

Ensuring improvement in equality outcomes

We will:

- **Mainstream equality and diversity actions to support the delivery of our equality outcomes**
- **Identify specific actions required for improved patient experience through the patient experience committee (PEC)**
- **Define a set of Key Performance Indicators related to equality and diversity and measure ourselves against these**

Mainstreaming refers to integrating equality into the day to day working of the Trust. Our ways of working and our values support the goal of mainstreaming, committing us to 'promote equality and diversity' as a way of working. In reviewing our progress, we have identified a number of mainstreaming priorities to help focus our efforts during the three years of this Strategy:

- **Equality Impact Assessments:** we have introduced an Equality Impact Assessment Policy and toolkit to support meaningful equality analysis and to support leaders identify where a policy, procedural document, service, service developments or organizational change may have a negative impact on a particular group of people and then to develop action plans to address them. Equality Impact assessments are then reviewed centrally, overseen by the Equality and Diversity Committee and these documents are published on the Trust Website. We now need to ensure these are undertaken regularly as part of the everyday business and are of a consistent high quality.
- **Accessible Information Standards:** the Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. We now need to establish system and processes to ensure that all communication meets these standards on a regular basis.

The purpose of PEC is to ensure that patient experience and patient involvement are at the heart of how we deliver care and design and improve our services. PEC monitors how we collect and review patient feedback, and provides challenge to ensure that this data generates insight that leads to improvements in patients' experience of care. PEC intends to contribute to this strategy by making equality and diversity part of how we understand and act upon patient experience.

Over the first year we will work to understand what data is available, how we currently use this and what more can be done to improve the integrity and completeness of this data. Going forward we will build on our current work by further embedding equality and diversity into PECs agenda and workplan. PEC will work alongside the Equality and Diversity Committee and other groups within the Trust to identify and support task and finish projects that bring the voices and experiences of seldom heard groups to the fore and ensure these insights are included in our work to improve the quality of our services.

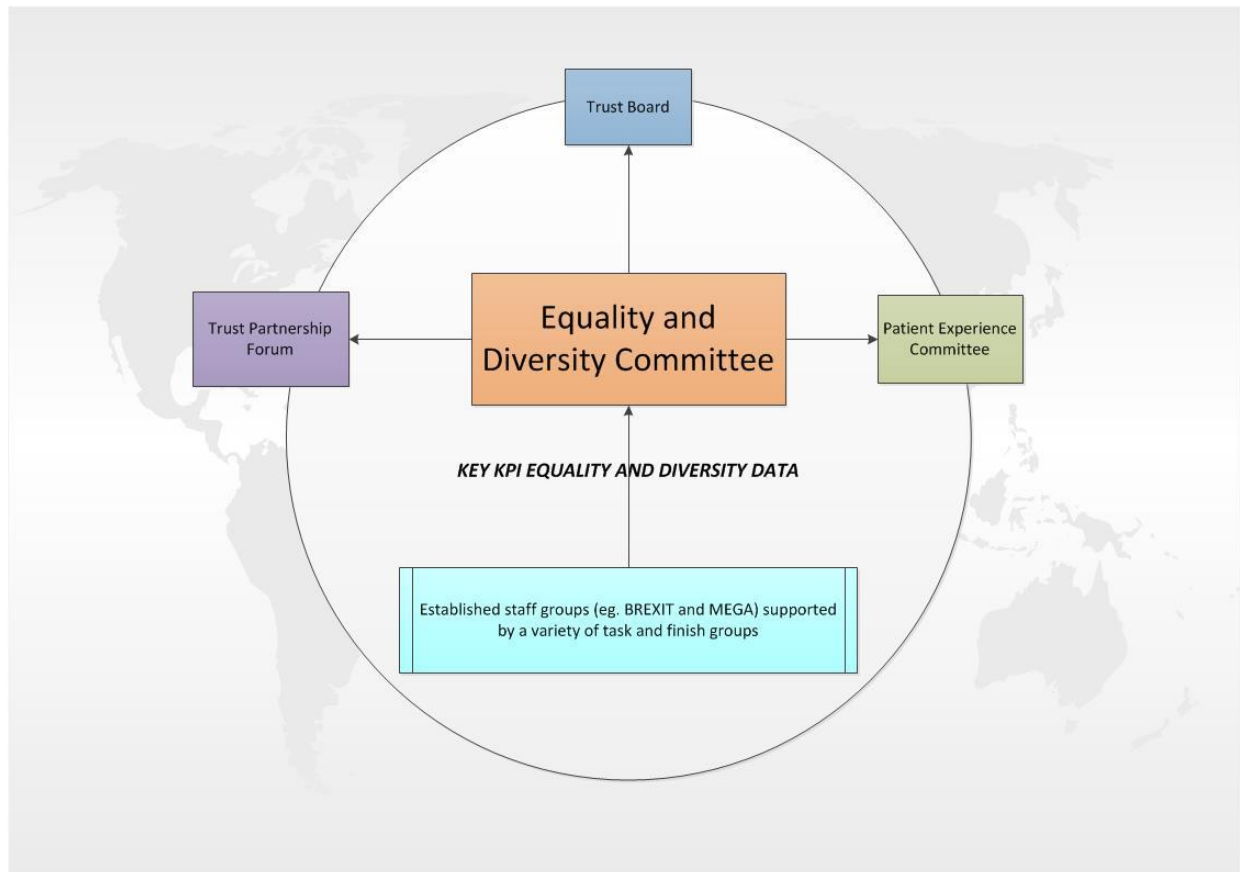
The Trust will use data to drive discussion and to develop action plans that embed improvements in both patient and staff experiences. Using national and local frameworks we will identify the priorities for the Trust and through the Equality and Diversity committee cascade and promote these. There is now a range of data sets available and we will be

working this year to bring all of these together to define a specific set of KPIs. We will continue to address the issues identified in the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), staff survey results as well as local analysis that has been undertaken to better understand the data and develop and implement KPIs and action plans to improve priority areas.

We will seek feedback on an annual basis from staff and patients and service users and will publish the outcomes as part of an annual reporting process alongside an Annual Report and monitoring information for both service and workforce (required as part of the PSED).

Our Framework for Governance

Governance arrangements will ensure that the Trust Board received regular assurance that the Trust is meeting its Public Sector Equality Duty. Systems will be developed to ensure that all of the required data is collected to inform Inclusion and Diversity activity and that evidence is collated to support EDS2 continuous assessment. The following governance structure will oversee the delivery of this strategy and our work to improve diversity and equality performance.



Our Equality and Diversity strategy demonstrates a three year forward view; however, given the pace and breadth of change within the NHS over recent years, it is important to review the strategy on a yearly basis to ensure it remains fit for purpose. The actions we have identified in here will be reported in the Annual Report each year to ensure there is a triangulation of strategy, with data and actions.

Appendix 1: Equality Delivery System (EDS2)

The Equality Delivery System 2 (EDS2) was introduced in July 2011 to help NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010.

Modified in November 2013 to make it easier to use, the EDS2 sets out four goals and 18 outcomes NHS Trusts must concentrate on to improve equality of access to services, experience of services and outcomes. The goals and outcomes are about both people who use NHS services and those who work in them.

The EDS2 requires NHS organisations, such as CCGs, to analyse and grade their performance, and set defined equality objectives, supported by an action plan. These processes should also be integrated within mainstream business planning.

The EDS2 can be used to support commissioners identify local needs and priorities, particularly the unmet needs of seldom-heard populations, and allow them to shape services around people's specific circumstances.

EDS2 Grading process

There are four grades: underdeveloped, developing, achieving and excelling. For most outcomes the key question is how well people from protected groups fare compared with people overall.

- **Undeveloped** if there is no evidence one way or another for any protected group of how people fare or ...
- **Undeveloped** if evidence shows that the majority of people in only two or less protected groups fare well
- **Developing** if evidence shows that the majority of people in three to five protected groups fare well
- **Achieving** if evidence shows that the majority of people in six to eight protected groups fare well
- **Excelling** if evidence shows that the majority of people in all nine protected groups fare well

EDS2 goals and outcomes

Goal	Number	Description of outcome
1. Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual peoples' health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
2. Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be involved in decisions about them
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
3. A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
4. Inclusive governance	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix 2: Workforce Race Equality Standard (WRES)

WRES Metrics

Workforce Race Equality Indicators Workforce metrics For each of these three workforce indicators, the Standard compares the metrics for white and BME staff
1. Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce
2. Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation
[Note. This indicator will be based on data from a two year rolling average of the current year and the previous year].
4. Relative likelihood of BME staff accessing non mandatory training and CPD as compared to White staff.
National NHS Staff Survey findings. For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff.
5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7. KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8. Q 23. In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues
Does the Board meet the requirement on Board membership in 9
Boards
9. Boards are expected to be broadly representative of the population they serve.

Appendix 3: Workforce Race Equality Standard (WDES)

WDES Metrics

<p>Workforce Race Equality Indicators Workforce metrics For each of these three workforce indicators, the Standard compares the metrics for white and BME staff</p>
<p>1. Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce</p>
<p>2. Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.</p>
<p>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.</p> <p>[Note. This indicator will be based on data from a two year rolling average of the current year and the previous year].</p>
<p>National NHS Staff Survey findings. For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for Disabled and Non Disabled staff.</p>
<p>4. (a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public, ii. Managers iii. Other colleagues</p> <p>(b) 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.</p>
<p>5. Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.</p>
<p>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.</p>
<p>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.</p>
<p>The following NHS Staff Survey Metric only includes the responses of Disabled staff</p>
<p>8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.</p>
<p>NHS Staff Survey and the engagement of Disabled staff For part a) of the following Metric, compare the staff engagement scores for Disabled, non-disabled staff and the overall Trust's score For part b) add evidence to the Trust's WDES Annual Report</p>

9. (a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

(b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (Yes) or (No)

Board representation 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.