Quality and Performance Committee
Wednesday 23 June 2021

Title of report	Equality, Diversity and Human Rights Report (to end April 2021)
Report author(s)	Christopher Rowlands, Trust EDI Lead
Executive Lead (if different from above)	Lynne Shaw, Executive Director of Workforce & OD

Strategic ambitions this paper supports (please check the appropriate box)			
Work with service users and carers to provide excellent care and health and wellbeing		Work together to promote prevention, early intervention and resilience	
To achieve "no health without mental health" and "joined up" services		Sustainable mental health and disability services delivering real value	
To be a centre of excellence for mental health and disability		The Trust to be regarded as a great place to work	x

Board Sub-committee meetings where this item has been considered (specify date)		Management Group meetings where this item has been considered (specify date)	
Quality and Performance		Executive Team	
Audit		Corporate Decisions Team (CDT)	
Mental Health Legislation		CDT – Quality	
Remuneration Committee		CDT – Business	
Resource and Business Assurance		CDT – Workforce	21.06.2021
Charitable Funds Committee		CDT – Climate	
CEDAR Programme Board		CDT – Risk	
Other/external (please specify)		Business Delivery Group (BDG)	

Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*			
Equality, diversity and or disability	x	Reputational	
Workforce	x	Environmental	
Financial/value for money		Estates and facilities	
Commercial		Compliance/Regulatory	
Quality, safety, experience and effectiveness		Service user, carer and stakeholder involvement	

Board Assurance Framework/Corporate Risk Register risks this paper relates to

Equality, Diversity and Human Rights (to April 2021)
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1.   Executive Summary

The report highlights the work undertaken by the Trust during the second year of the Equality, Diversity and Inclusion Strategy.

Due to the pressures of the pandemic no report was produced in 2020 therefore this report covers the period November 2019 to April 2021.

The report summarises the work undertaken around the following areas:

- Equality, Diversity and Inclusion Speak Easy Events
- Staff Networks
- History Months
- Covid-19 Response
- Workforce Race Equality Standard and Workforce Disability Equality Standard
- Key Actions Approved by the Board
- Objectives for 2021/22
- Data relating to EDI including the EDS2 Summary Report

Please note the page numbers will be finalised prior to publication pending any final changes to the report.

2. Risks and mitigations associated with the report

There are no specific risks highlighted in the report.

3. Recommendation

Quality and Performance Committee is asked to note the content of the report.

Chris Rowlands   Lynne Shaw
Equality, Diversity and Inclusion Lead   Executive Director of Workforce & OD

June 2021

NHS

Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

Equality, Diversity and Human Rights

Report Covering the Period November 2019 – April 2021

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Introduction

This report highlights the work undertaken by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust during the second year of its current Equality, Diversity and Inclusion Strategy, to make the NHS a better and fairer place for patients and staff. In light of measures put in place because of the Covid-19 pandemic the report covers an 18 month period between November 2019 – the start of the second year of the current strategy and the end of April 2021. It also includes an outline of agreed actions for 2021-22.

It is named 'Equality, Diversity and Human Rights' report because it shows the work we have done to:

- Help all people, whoever they are, to receive high quality health care – we call this equality

- Recognise and celebrate the fact that every person is an individual - we call this diversity

- Make sure every person is treated with dignity and respect - we call this human rights

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust is one of the largest mental health and disability Trusts in England employing more than 7,000 staff, serving a population of approximately 1.7 million, providing services across an area totalling 4,800 square miles.

We work from over 70 sites across Cumbria, Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland. We also have a number of regional and national specialist services.

We have a budget of over £380 million.

Our main sites are: -

St Nicholas Hospital, Newcastle upon Tyne   Walkergate Park, Newcastle upon Tyne
St George's Park, Morpeth, Northumberland   Hopewood Park, Sunderland
Northgate, Morpeth, Northumberland   Monkwearmouth, Sunderland
Ferndene, Prudhoe, Northumberland   Carleton Clinic, Cumbria

Equality, Diversity and Inclusion Strategy 2018-2022

We have aligned our Trust-wide equality, diversity and inclusion objectives to the four EDS2 goals. During the life of this strategy, we are setting and reviewing actions on an annual basis to work towards achieving:

1. Better health outcomes for our service users.
2. Improved patient access and experience.
3. A representative and supported workforce.
4. Inclusive leadership.

The detailed actions for this, the second year of this strategy, largely consisted of 'must do' actions to fulfil our statutory duties. In many ways these are 'setting the stall' for future years of this strategy by putting mechanisms in place around key issues – for example the Accessible Information Standard and the Workforce Disability Equality Standard. However, in late 2019 and through 2020 we have engaged with our stakeholders – notably working with our staff networks to begin to shape actions beyond the statutory requirements of the Public Sector Equality Duty and our obligations as part of our NHS Contract.

In addition to Trust-wide objectives our operational localities and corporate departments have begun to use EDS2 to set local objectives towards improving equality, diversity and inclusion for those we serve and to make the Trust a great place to work. Some of the progress we had hoped to report on this year has been halted due to the impact of Covid-19, however this work is being picked up as part of our recovery and future actions have been influenced by the impact of the pandemic. Indeed we have recognised that the impact of the pandemic has hastened the need to refresh our Equality, Diversity and Inclusion Strategy earlier than anticipated. Work will commence on this in 2021, rather than the planned date of 2022.

Equality, Diversity and Inclusion Speak Easy Events

As part of our engagement work on equality, diversity and inclusion we took the decision as part of our relaunch of staff networks and promotion of the EDI Strategy to hold E&D themed Speak Easy events for staff across the localities which we serve. The events took place during January and February 2020 with 2 events in Newcastle, and sessions in the Carleton Clinic, St George's Park and Hopewood Park. Finally, two workshop sessions were run at the Nursing Conference in March 2020 just prior to lockdown which examined the same issues. The sessions were semi-structured with conversations around the following issue: How can we ensure we have a representative and supported workforce and inclusive leadership at all levels? From those events the following themes emerged. This feedback informed our Equality, Diversity and Inclusion action planning through to 2022 and feed into the work plans for WRES, WDES and post Covid-19 organisational development work

How can we ensure we have a representative workforce?

Views were expressed about current recruitment processes.
- How do we ensure that we have a representative Trust Board?
- How can we make the job application process more inclusive?
- Do we need to revisit the values based recruitment processes to ensure that they were not culturally biased?
- We should add patient/carer representation to the recruitment decision and utilise the skills of peer supporters within recruitment.
- The need for opportunities to be available in all areas that are truly open was expressed and for career development to be seen as inclusive.
- How do we bring more men into nursing?
- It would be more useful to consider local recruitment and that we need to do more to help support the application process.
- What help can we provide for people to developing application and interview skills?

Once recruited to the Trust the importance of development was discussed. Mentoring in its traditional and reverse forms were seen as important for personal development and should be given greater importance.

How can we ensure we have a supported workforce?

- Some managers felt that they could do with more support and felt isolated, not always feeling equipped to do their job.
- Just having the mandatory E&D training is felt to not be enough, we need to explore the development of training that increases the cultural competency of staff.
- The development of Cultural Ambassadors was welcomed but we also need to roll out Diversity and Inclusion champions.
- We need to think of different ways of capturing and disseminating information.
- Could we have a regular E&D briefing?
- One of the suggestions made was regular drop in sessions for staff to meet with the Executive Directors. The adoption of Microsoft Teams and our response to the Covid-19 pandemic has made this a reality and it is hoped that this will be continued.
- Widening methods for speaking up and a hope that the cultural ambassadors could play a role in this.

Ensuring that we have compassionate leadership that empowers, listens and acts upon what is being said was thought to be important in developing and supporting our staff for the longer term. Making sure that leadership is inclusive was seen to be crucial. Part of this is linked to how we view privilege in different forms and how this affects job roles and structures. There needs to be more cultural awareness and therefore more training across the Trust to achieve this.

Staff Networks

These have grown during this reporting period, running virtually has improved attendance and has allowed for the flexibility to hold meetings more frequently and at different times. All of the networks have developed action plans and have been supported by budgets for activities, release time for network chairs and administrative support. Network chairs met regularly with the Equality and Diversity Lead to talk about cross cutting issues and to plan and deliver joint activities. During Black History and LGBT History Months there were events that recognised the intersectionality of race and sexuality. We have also seen the release of a central fund for equality and diversity which the networks can submit bids to for initiatives that will support key work that will help address Trust-wide actions.

A highlight worth commenting on from this year was the attendance at the May BAME network meeting of Prerana Issar NHS England's Chief People Officer who spoke about the importance of staff network contributions during the Pandemic. Major pieces of work that have been generated by the staff networks have taken shape:

- The Disability Passport was launched Disability History Month in December 2020.
- The Multi-disciplinary approach to the provision of reasonable adjustments has received further consultation and plans have been made for the next steps to introduce this initiative.
- We celebrated Black History Month in October which culminated with a virtual conference on the 30th of October.
- We have started work with Northumbria Police to develop hate crime champions and a hate crime reporting mechanism within the Trust.
- We celebrated LGBT History Month in February 2021.

Black History Month

2020 is the first year that the Trust has had series of events to celebrate Black History Month. During the month the BAME Staff Network were instrumental in delivering a varied programme of activities and resources that celebrate the lives of Black People in the UK and raise levels of awareness about issues that affect the lives of these communities in the UK. Throughout the month a screensaver campaign was running sharing information and interesting historical facts about key figures in the development of healthcare from Black History such as Mary Seacole.

During the month a number of staff read Reni Eddo-Lodge's debut book 'Why I'm No Longer Talking to White People About Race'. The book begins with a summary of the experience of Black and Asian people in the UK, including the Atlantic slave trade, Indian soldiers in World War 1, the Bristol Bus Boycott and the 1981 riots that led to the Scarman Report. On 26 October the library facilitated an online book club discussion on the book.

The Staff Network in conjunction with the Trust's Staff Psychological Centre developed a series of Multilingual Livecasts on Kindness that went live on the Trust's YouTube Channel in mid-October. A number of staff from the network recorded messages in their first languages (with a transcript) on the theme of kindness. The messages include the importance of compassion around mental health, equality and diversity and the need to address the issues of stigma and race discrimination.

On 16 October staff dressed in red and adopted a themed backdrop for Microsoft Teams meetings to Show Racism the Red Card. Show Racism the Red Card is a national charity (based in North Shields) that delivers education and training to promote anti-racist behaviour in organisations.

In the final week of October catering facilities in the Trust delivered a Black History Month Menu that offered on each day a selection of dishes that celebrate African and Asian cuisine.

On 30 October our first BAME Conference took place via Microsoft Teams. Speakers included Roger Kline and Dame Elizabeth Anionwu.

Disability History Month

United Kingdom Disability History Month 2020 was celebrated from 18 November until Friday 18 December 2020. In the Trust we organised and run several activities in collaboration with our Disabled Staff Network planned to mark the month.

- Staff wore purple and used the commemorative Teams Backdrop on 3 December to mark the International Day of Disabled People.

- We launched our Disabled Staff Passport (more detail in the section below).

In the second week of December, we ran a Disability Awareness training session that was facilitated by Angie Stewart from Dare to be You. This was a wide-ranging session that looked at the Social Model of Disability after the presentation Angie took questions which led to a good discussion of disability and how it is viewed in wider society – and although a quarter of century of disability legislation has seen many changes, there is still much to do – with a clear focus on cultural change. On 16 December we welcomed Richard Boggie the Development Manager for Difference North East. Richard presented the charity's work on the impact that Covid-19 has had on disabled people across the North East. The Charity states that organisations need to consider EPIC responses to the issues namely, Extra investment and resources to support disabled people. Personalised support. Involvement in decisions that affect us and Compliance with existing disability and human rights laws. The sessions were successful, and the Staff Network is planning a series of these sessions throughout the coming year that will raise awareness about the issues that disabled

staff face. The Trust is continuing to develop a working relationship with Difference North East and we plan to deliver Disability Awareness Training with their support in 2021-22.

Disabled Staff Passport

The Disabled Staff Network has developed a 'passport' for disabled staff which documents how their disability affects them on a day to day basis and is a record of any reasonable adjustments that they have within the workplace. The passport was approved in October 2020 and launched as part of our celebrations for Disability History Month. The document is designed to be shared with the disabled staff member's manager and is reviewed as circumstances dictate – but at least on a yearly basis. As the name passport implies, if a disabled member of staff changes jobs the passport will help facilitate the provision of reasonable adjustments, without the need to start a conversation with the new manager. The provision should allow reasonable adjustments to be in place from the commencement of a new job. For the launch in the first week of December, two workshops facilitated by the Staff Network to introduce the passport were delivered: – one aimed at disabled staff and a further with information specifically for managers. Both of these lunchtime sessions were well attended, and the network backed this up by attending and presenting on disability issues to a meeting of managers in April. This meeting also gathered information that is helping to shape the future work of the Disabled Staff Network.

Mental Health and Well-being Network

This network was the first to embrace virtual meetings this year and is a safe space for people to come and talk about how our wellbeing is affected by work and how our wellbeing affects us at work too. The network has run during the pandemic regular meetings and 'cafes' – more informal drop in sessions to help with mood. They have offered
- Regular 'Meditation Cafes'
- Mindfulness Sessions
- Crafting Workshops
- Book Clubs.

The three main aims for the network at the moment are to continue to communicate the work of the network and to grow its support. To continue to provide cafes – seen as the biggest success of the network to date and help towards ensuring that we have psychological safety within the Trust. The network has made every effort to be accessible to staff by offering their sessions and support meetings at different times throughout the day and into the early evening.

Trans Day of Remembrance
Every year since 1999 trans people have come together on the 20 November to mark Trans Day of Remembrance. The Trust's LGBT+ Staff network with the support of the Trust's Chaplaincy Team conducted a virtual service to commemorate the day.

LGBT History Month

The LGBT+ Staff Network hosted an online event on Friday 26 February. The event included discussions on conversion therapy, faith and sexuality, addictions and recovery, race and sexuality and Transwomen in sport. The event was recorded and has been added to the growing bank of resources that has been developed by the LGBT+ Staff Network.

Covid-19 and Equality Diversity and Inclusion

The E&D lead worked with colleagues to develop the first iteration of the risk assessment toolkit to assess the risk of Covid-19 for Trust Staff. The Guidance documentation for enabling conversations with BAME staff has been highlighted by both NHS Employers and NHS England as an example of good practice that has been shared nationally. The E&D Lead has been part of the Covid Risk Assessment Group (CRAG) that has developed the risk assessment decision aid that has been used to complete the assessments to comply with the NHS England targets for risk assessment. Key work on this was the development of a set of frequently asked questions to help inform and guide staff and managers in the process. This work has also been linked into that taking place in the staff networks – particularly the BAME and Disabled Staff networks, where the risk has been deemed to be greater. The networks have helped to influence the development of the decision aid and frequently asked questions.

Workforce Race and Disability Equality Standards

Following an initial decision to not collect these data this year, COVID-19 highlighted the critical importance of workforce equality, therefore WDES and WRES implementation, including data collections, will continue as usual this year. We are now in the reporting period for WRES and WDES 2020 data. The reporting timeline runs from the 6 July until the 31 August. By the 31 October Trusts must publish their action plans for WRES and WDES on their websites.

The information returned by Trusts and an analysis of published annual reports will enable a comparative data analysis across all Trusts. Data will be compared with 2019 results and analysed by type of Trust and region in the national WRES/WDES Reports. There is a pledge from NHS England that the compilation of these reports will be quicker this year – which will help with actions aligned to the new NHS People Plan.

WRES Key Findings

- There are disparities between BAME and White staff in their distribution across the pay bands for both non-clinical and clinical roles. Only with the data for Doctors do we see a greater likelihood for BAME staff to be employed at higher grades.
- White job applicants are nearly 3 times more likely to be appointed from shortlisting compared to BAME applicants.

- A BAME member of staff is two and a half times more likely to enter the formal disciplinary process compared to a White member of staff.

The WRES submission contains 4 metrics that are based on staff survey questions:
- Two on bullying harassment or abuse – patient/staff
- One on the belief that the Trust provides equal opportunities
- One on experiencing discrimination from managers.

These metrics were discussed at the March Trust Board. The data for BAME staff shows that results are typically average by comparison with other Mental Health and Learning Disability Trusts. However, when compared against the results for White staff all of these metrics show a gap between the experience of BAME and White staff.

WDES Key Findings

- The findings suggest that there is not a bias against disabled people in terms of distribution across pay band in the Trust. However to be comfortable in making that statement, we need to close the gap of the 20% unknown data. We are in the process of writing to all staff whose disability status is unknown and will update the information in the system.
- The recruitment of non-disabled staff to Disabled staff when expressed as a ratio is 1.03:1. In other words, recruitment shows that the likelihood of appointment is similar for disabled and non-disabled applicants.
- A Disabled member of staff is 1.5 times more likely to enter the capability process compared with a non-disabled member of staff.
- All figures for bullying and harassment by patients, staff or managers demonstrate a worse experience for disabled compared to non-disabled staff. Worryingly, there was 9% point difference in reporting of incidents between non-disabled staff (74%) and Disabled staff (65%).
- 23% of disabled staff have felt pressure to come to work despite not feeling well, compared to 13% of non-disabled staff.
- 43% of disabled staff stated they felt valued, the figure for non-disabled was 55%.
- 83% of disabled staff stated that adequate reasonable adjustments had been made.

Key actions approved by the Board

- Overhaul of recruitment and promotion practices for all levels of post to ensure that staffing reflects the diversity of the community and regional and national labour markets.

- Introduce a RESPECT campaign to tackle inappropriate values and behaviours in relation to, amongst other things, racism and other forms of discrimination.
- Reviewing disciplinary processes to eliminate the ethnicity gap when entering formal disciplinary processes. This will include adopting the NHSEI toolkits when available.

Stonewall Diversity Champions

At the start of 2019 we signed a three year agreement to be Diversity Champions with Stonewall. The Diversity Champions programme is the leading employers' programme for ensuring all LGBT staff are accepted without exception in the workplace. Stonewall work with over 750 organisations, all of whom share a core belief in the power of a workplace that is truly equal. As part of our work with Stonewall we took part in the Workplace Equality Index for the first time. Our results are summarised below.

Score and rank	*Quick facts*
• Total score: 43.5	• Over 500 organisations took part
• Rank: 357th	• 109 820 people responded to the Staff Feedback Questionnaire
• Health and social care sector rank: 48th	• The average Top 100 score is 137.5
• Health and social care sector entrants: 64	• The average Top 100 Bi Inclusion Score is 67%
• Bi inclusion score: 28%	• The average Top 100 Trans Inclusion Score is 60%
• Trans inclusion score: 10%	

Key work that is taking place with Stonewall to review our workforce policies to ensure that they use gender neutral language throughout and are fully inclusive. Policy development this year is key we have worked on the development of a policy for staff transitioning at work - scheduled for introduction in July 2021. We have worked closely with Stonewall during this period and expect to improve significantly on our ranking at the next submission which is due in October 2021.

Objectives for 2021-2022

Action	Desired Outcome/Immediate Impact
Making recruitment/progression more inclusive	That recruitment processes are accessible, fair and transparent, with the desired outcome that our workforce better represents the community that is serves. This will also address the Gender Pay Gap actions of reviewing processes and ensure a gender balance on interview panels. Ensure that women have the opportunity and support to develop their careers. Design every job as flexible by default.
Tackling Discrimination (part of RESPECT campaign)	Implement Respectful Resolution Pathway. Training using the resources bought on a 3 year licence will enable to implement the 5 point pathway to include team discussions on bullying, reflection tools, speaking up tools, adoption of BUILD model.
Tackling Discrimination (part of RESPECT campaign)	Implement Leading with Values. Training has the following modules Module 1: Appreciate anything. Change Everything Module 2: Great Feedback. Great Results Module 3: Be the change. See the impact. Module 4: Vital conversations. Vibrant relationships.
Tacking Discrimination (Part of RESPECT campaign)	Implement Show Racism the Red Card Training to equip staff with knowledge and skills to help educate, challenge and promote cultural respect and understanding.
Tackling Discrimination (Part of RESPECT campaign)	Implement Disability Awareness Masterclasses. Evidence from DSN and subsequent meeting with managers demonstrates that there is a need for Disability Awareness/Equality Training to be rolled out. This will begin at middle management level.
Improving disciplinary and grievance processes	Campaign to promote awareness of Cultural Ambassador Role.
Improving disciplinary and grievance processes	Work with Capsticks to ensure that they have a clear understanding of the role of the Cultural Ambassador and to embed the role in all parts of the process from the initial fact find to a formal hearing.
Improving disciplinary and grievance processes	Train a further cohort of Cultural Ambassadors
Improving disciplinary and grievance processes	Evaluate the impact of Cultural Ambassador role
Review and cleanse all data to ensure staff disability is recorded appropriately.	That staff data is complete regarding the recording of disability. The immediate impact will be that we have better information about our staff and will be able to support disabled staff more effectively.
Introduction of the Disability Passport	That disabled staff are better supported in the provision of reasonable adjustments
A deep dive analysis of the reasons why disabled staff are entering formal capability processes.	To establish whether anything by way of reasonable adjustment would have averted them and act where findings suggest they are required.

Implement Central Budget for reasonable adjustments and a protocol for access	To remove the barriers to the provision of reasonable adjustments in the Trust and make the process more efficient
Central MDT approach to reasonable adjustments be introduced	To remove the barriers to the provision of reasonable adjustments in the Trust and make the process more efficient.
To adopt the Social Model of Disability	To move our approach to disability away from the medical model with a focus on sickness to one where disabled staff are valued and the disabling barriers within the environment and particularly attitudes are removed
To address the issue of domestic violence faced within the Trust's workforce	That policies and procedures are in place to address this issue that has been further heightened during the Covid-19 Pandemic lockdown periods.
To introduce Sexual Orientation Monitoring Standards	To unify the recording of sexual orientation information to NHS England's standard.
Development of a Trans Equality Policy	To improve the experiences of trans staff and service users with the Trust.
To continue to submit to the Stonewall Workplace Equality Index	To improve the experiences of LGBT+ staff in the Trust.
To train staff to be Hate Crime Champions (Part of the RESPECT campaign)	To ensure the reporting of Hate Crime across all protected characteristics to the Police.
Promote Equality and Human Rights Commission's Working Forward Campaign Resources	Best practice support for campaign to support pregnant women and new parents. Staff will be able to access the support and resources provided by the campaign. Will actively support staff returning to work following p/maternity or adoption leave.
Actively encourage and support female doctors with the application for Clinical Excellence Awards.	Female Doctors are less likely to receive Clinical Excellence Awards. Positive action to encourage female doctors to apply may help to address gender pay gap issues.
Establishment of an advisory group to consider proactive work around gender issues.	Group to help develop and promote best practice on gender /family friendly issues.
Refresh of Equality and Diversity Strategy	To determine the strategic direction and practice for EDI in the Trust between 2022 and 2026.

Appendix 1

WRES Metrics

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

Non clinical	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Under 1	25	0	0	30	1	0
1	1	0	0	3	0	0
2	152	4	10	204	5	14
3	313	3	22	388	4	22
4	229	5	30	274	4	27
5	87	2	6	132	6	5
6	63	1	18	78	0	13
7	45	2	8	59	1	9
8a	33	0	4	30	0	4
8b	23	0	3	27	1	3
8c	2	0	0	3	0	0
8d	0	0	0	1	0	1
9	1	0	1	2	0	0
VSM	0	0	1	4	0	1

Clinical	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Under 1	0	0	0	0	0	0
1	1	0	0	1	0	0
2	32	0	1	13	0	1
3	1217	62	84	1382	77	78
4	188	7	11	237	5	14
5	591	46	48	711	56	46
6	1023	28	93	1266	31	86
7	435	12	41	598	19	37
8a	161	10	19	181	9	17
8b	68	1	7	87	2	3
8c	41	1	2	50	2	2
8d	22	0	2	22	0	1
9	4	0	0	3	0	0
VSM	1	0	0	1	0	0

Doctors	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Consultants	91	53	41	99	59	38
Senior Med Manager	2	1	0	3	1	0
Career Grade	22	15	14	30	23	15
Trainee Grade	10	8	9	11	9	3
Other	46	0	8	49	0	6

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

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Number shortlisted applicants	3871	547	44	5354	1072	108
Number appointed from shortlisting	683	40	31	1018	70	62
Relative likelihood of appoint from shortlisting	17.64%	7.31%	70.45%	19.01%	6.53%	57.41%
White compared to BAME Staff	2.41			2.91		

3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Number of staff in workforce	4927	260	483	5976	314	446
Number entering formal disciplinary processes	252	15	22	185	24	25
Likelihood of staff entering process	5.11%	5.77%	4.55%	3.10%	7.64%	5.61%
Relative likelihood BME to White Staff		1.13			2.47	

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

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Number of staff in workforce	4927	260	483	5976	314	446
Number accessing non mandatory	46	1	2	25	2	0
Likelihood of of staff accessing non mandatory	0.93%	0.38%	0.41%	0.42%	0.64%	0.00%
Relative likelihood White staff to BAME	2.43			0.66		

Staff Survey Metrics

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

	2017	2018	2019	2020
White Trust	36.4%	37.7%	34.2%	30.4%
BAME Trust	44.6%	43.6%	39.2%	35.3%
White Average	31.8%	29.6%	31.7%	25.4%
BAME Average	36.1%	38.2%	39.7%	32.1%

6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

	2017	2018	2019	2020
White Trust	15.4%	15.5%	16.2%	15.9%
BAME Trust	24.3%	22.6%	24.0%	25.0%
White Average	20.7%	22.4%	21.4%	19.6%
BAME Average	26.9%	27.2%	25.5%	25.0%

7. Percentage believing that trust provides equal opportunities for career progression or promotion

	2017	2018	2019	2020
White Trust	92.7%	92.5%	90.6%	89.9%
BAME Trust	81.1%	84.1%	83.5%	83.2%
White Average	87.4%	85.1%	85.9%	89.2%
BAME Average	77.0%	71.9%	74.3%	72.7%

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

	2017	2018	2019	2020
White Trust	4.6%	4.8%	4.8%	5.0%
BAME Trust	8.8%	12.1%	8.9%	13.1%
White Average	6.1%	6.2%	6.4%	5.6%
BAME Average	14.0%	14.1%	14.0%	15.1

9. Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator. For this indicator, compare the difference for White and BME staff

	2019 White	2019 BAME	2019 Unknown	2020 White	2020 BAME	2020 Unknown
Total Board Members	11	1	1	13	1	
Voting Board Members	11	1	1	13	1	
Exec	5	1	1	5	1	
NED	6	0	0	8	0	
% Difference Total Board – Overall Workforce	-2.3%	3.1%	-0.8%	-2.1%	2.0%	

Appendix 2

WDES Metrics

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

Non clinical	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
1	0	1	0	0	2	1
2	12	129	25	11	173	39
3	19	258	61	25	326	63
4	13	191	60	19	230	56
5	5	72	18	10	112	21
6	2	47	33	3	57	31
7	0	38	17	1	51	17
8a	3	26	8	4	24	6
8b	0	18	8	0	22	9
8c	0	2	0	0	3	0
8d	0	0	0	0	0	2
9	0	0	2	0	0	2
VSM	1	2	1	1	3	1
Other	8	34	8	7	34	17

Clinical	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
1	1	0	0	1	0	0
2	4	27	2	3	8	3
3	56	352	355	72	1099	366
4	7	164	35	13	200	43
5	33	542	110	47	653	113
6	56	831	257	71	1065	247
7	19	364	105	32	507	115
8a	6	142	42	6	163	38
8b	2	58	15	1	80	11
8c	1	30	13	3	37	14
8d	0	18	6	0	17	6
9	0	4	0	0	3	0
VSM	0	1	0	0	1	0

Doctors	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
Consultants	5	108	72	6	117	73
Career grade	4	24	23	5	40	23
Trainee grades	0	19	8	0	19	4
Other	0	18	11	0	18	10

2. Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

	2019 Disabled staff	2019 Not Disabled	2020 Disabled Staff	2020 Not Disabled
Number of shortlisted applicants	242	4092	447	5960
Number appointed from shortlisting	45	644	70	970
Percentage appointed	18.6	15.7	15.7	16.3

Relative likelihood 2019 0.87
Relative likelihood 2020 1.03

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.

	2019 Disabled staff	2019 Not Disabled	2020 Disabled Staff	2020 Not Disabled
Number of staff entering the capability process	0	13	17	162

Disabled staff comprise 9.5% of those entering the formal capability process, but only comprise 5% of the workforce

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

	2018	2019	2020
Disabled staff	39.8%	39.7%	35.0%
Non-disabled staff	37.3%	32.3%	28.8%
Disabled staff Average	36.6%	37.1%	31.8%
Non-disabled staff Average	29.8%	30.7%	24.7%

ii) Managers

	2018	2019	2020
Disabled staff	9.6%	11.8%	13.2%
Non-disabled staff	5.6%	5.5%	5.8%

	2018	2019	2020
Disabled staff Average	17.6%	16.8%	15.2%
Non-disabled staff Average	9.4%	9.1%	8.5%

iii)   Other colleagues

	2018	**2019**	**2020**
Disabled staff	16.6%	18.2%	17.2%
Non-disabled staff	10.6%	9.7%	9.5%
Disabled staff Average	23.1%	23.0%	21.3%
Non-disabled staff Average	14.0%	13.6%	13.0%

4. (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.

	2018	**2019**	**2020**
Disabled staff	70.5%	65.3%	66.2%
Non-disabled staff	74.3%	74.4%	73.0%
Disabled staff Average	56.1%	58.2%	58.8%
Non-disabled staff Average	58.2%	59.9%	60.8%

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

	2018	**2019**	**2020**
Disabled staff	89.1%	85.9%	85.2%
Non-disabled staff	93.1%	91.6%	91.3%
Disabled staff Average	75.9%	79.3%	81.6%
Non-disabled staff Average	85.3%	86.6%	88.5%

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.

	2018	**2019**	**2020**
Disabled staff	21.8%	23.0%	19.4%

Non-disabled staff	12.7%	12.5%	13.2%
Disabled staff Average	24.6%	22.3%	24.1%
Non-disabled staff Average	16.4%	14.3%	16.6%

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.

	2018	**2019**	**2020**
Disabled staff	43.2%	43.4%	46.1%
Non-disabled staff	54.0%	55.3%	57.4%
Disabled staff Average	38.5%	41.7%	44.6%
Non-disabled staff Average	52.8%	53.5%	55.2%

8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s)

	2018	**2019**	**2020**
Disabled staff	83.0%	83.1%	84.3%
Disabled staff Average	77.3%	77.1%	81.4%

9. The staff engagement score for Disabled staff compared to non-disabled staff

	2018	**2019**	**2020**
Organisation average	7.1	7.1	7.3
Disabled staff	6.8	6.8	7.0
Non-disabled staff	7.2	7.2	7.4
Disabled staff average	6.7	6.7.	6.8
Non-disabled staff average	7.1	7.2	7.3

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

	2019 Disabled staff	2019 Not Disabled	2019 Unknown	2020 Disabled Staff	2020 Not Disabled	2020 Unknown
Total Board Members	3	6	4	3	11	
Execs	1	4	1	1	5	

Appendix 3
Equality Delivery System 2 Rating

Equality Delivery System for the NHS

NHS

EDS2 Summary Report

Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Northumberland Tyne and Wear NHS Foundation Trust

Organisation's Board lead for EDS2:

Lynne Shaw

Organisation's EDS2 lead (name/email):

Chris Rowlands chris.rowlands@ntw.nhs.uk

Organisation's Equality Objectives (including duration period):

The Trust has an Equality Diversity and Inclusion Strategy that was approved by Trust Board in November 2018 and runs through 2022. Action plans are regularly reviewed as part of the Trust's Equality Diversity and Inclusion Steering Group's remit and are accountable to the Trust's Business Delivery Group. To find details of the Trust's Equality Objectives please go to www.ntw.nhs.uk/about/equality/

Level of stakeholder involvement in EDS2 grading and subsequent actions:

All evidence that has been used to arrive at a grading has had stakeholder involvement, be that from policy formulation to wider consultation work. We are broadening our approach to EDS2, developing devolved assessments and action plans

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

LGBT+ Network has organised LGBT Training Sessions
LGBT+ Allies training and a network of allies established.
More Freedom to Speak Up Champions have been trained
E&D Lead worked with Newcastle University to deliver disability awareness training to supervisors of Dr of Psychology placement students.
Trust working as a WDES pioneer
BAME recruitment event in partnership with other Trusts in the Region, 400 members of local BAME population attended.
Flagging developed for electronic records to improve recording and alerting through the Accessible Information Standard

Publication Gateway Reference Number: 03247

| | Date of EDS2 grading | June | 2019 | | Date of next EDS2 grading | June | 2020 |

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Better health outcomes	1.1	**Services are commissioned, procured, designed and delivered to meet the health needs of local communities** ↓ Grade ● Undeveloped ● Developing ○ Achieving ● Excelling ↓ Which protected characteristics fare well ☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation ↓ Evidence drawn upon for rating Self Assessment 2014, Trust Strategy, Quality Accounts , Friends and Family. Work is improving with Transgender, a series of events has led to action planning at a regional level which is starting to raise awareness of issues around service provision and make changes to those services.	☑
	1.2	**Individual people's health needs are assessed and met in appropriate and effective ways** ↓ Grade ● Undeveloped ● Developing ○ Achieving ● Excelling ↓ Which protected characteristics fare well ☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation ↓ Evidence drawn upon for rating Self Assessment 2014, Trust Strategy, Quality Accounts , Friends and Family. Work is improving with Transgender, a series of events has led to action planning at a regional level which is starting to raise awareness of issues around service provision and make changes to those services.	☑
	1.3	**Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed** ↓ Grade ● Undeveloped ● Developing ○ Achieving ● Excelling ↓ Which protected characteristics fare well ☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation ↓ Evidence drawn upon for rating Self Assessment 2014, Trust Strategy, Quality Accounts , Friends and Family. Work is improving with Transgender, a series of events has led to action planning at a regional level which is starting to raise awareness of issues around service provision and make changes to those services.	☑

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective

Better health outcomes, continued

1.4 — When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse

Grade:
- 🔴 Undeveloped
- 🟠 Developing
- 🟢 Achieving
- 🟣 Excelling

Which protected characteristics fare well:
- ✓ Age
- ☐ Disability
- ☐ Gender reassignment
- ✓ Marriage and civil partnership
- ✓ Pregnancy and maternity
- ✓ Race
- ✓ Religion or belief
- ✓ Sex
- ✓ Sexual orientation

Evidence drawn upon for rating:
We are working to raise awareness about Trans issues and working across the region with an action plan that is working to address issues. For disability we have audited collection of information around the Accessible Information Standard, and whilst capture of the information has improved, we do know that there is scope for improvement and will continue to monitor this.

Outcome links to an Equality Objective: ✓

1.5 — Screening, vaccination and other health promotion services reach and benefit all local communities

Grade:
- 🔴 Undeveloped
- 🟠 Developing
- 🟢 Achieving
- 🟣 Excelling

Which protected characteristics fare well:
- ✓ Age
- ☐ Disability
- ☐ Gender reassignment
- ✓ Marriage and civil partnership
- ✓ Pregnancy and maternity
- ✓ Race
- ✓ Religion or belief
- ✓ Sex
- ☐ Sexual orientation

Evidence drawn upon for rating:
Assessed on the basis of how much information we have on the service population. We have identified that we need to do additional work around the Sexual Orientation Monitoring Information Standard and keep improving the quality and quantity held of information relating to the delivery of the Accessible Information Standard

Outcome links to an Equality Objective: ✓

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

Grade:
- 🔴 Undeveloped
- 🟠 Developing
- 🟢 Achieving
- 🟣 Excelling

Which protected characteristics fare well:
- ✓ Age
- ✓ Disability
- ☐ Gender reassignment
- ✓ Marriage and civil partnership
- ✓ Pregnancy and maternity
- ✓ Race
- ✓ Religion or belief
- ✓ Sex
- ✓ Sexual orientation

Evidence drawn upon for rating:
Assessed on the basis of how much information we have on the service population. We have identified that we need to do additional work around the Sexual Orientation Monitoring Information Standard and keep improving the quality and quantity held of information relating to the delivery of the Accessible Information Standard
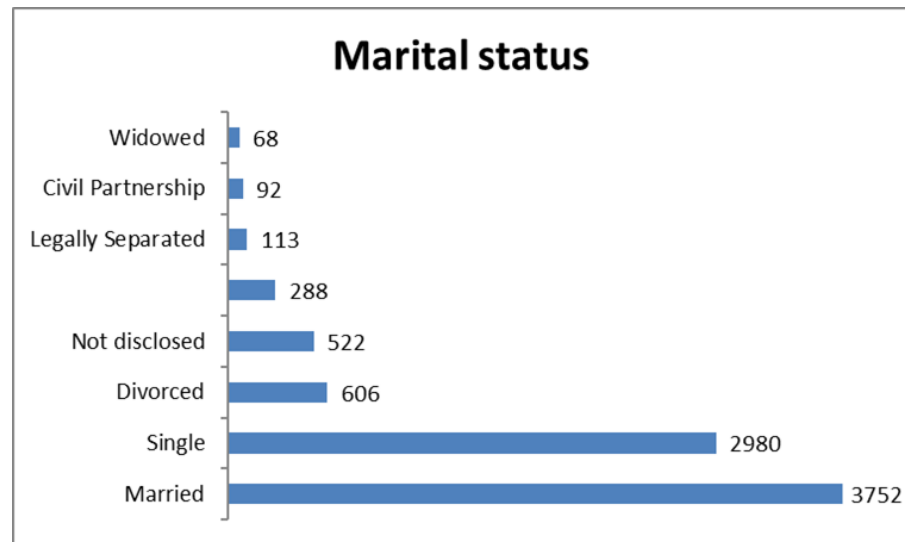
Outcome links to an Equality Objective: ✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Improved patient access and experience	**2.2**	**People are informed and supported to be as involved as they wish to be in decisions about their care** ⬇ Grade 🔴 **Undeveloped** 🟠 **Developing** 🟢 **Achieving** 🟣 **Excelling** ⬇ Which protected characteristics fare well ✓ Age ✓ Pregnancy and maternity ✓ Disability ✓ Race ✓ Gender reassignment ✓ Religion or belief ✓ Sex ✓ Marriage and civil partnership ✓ Sexual orientation ⬇ Evidence drawn upon for rating Trust Self Assessment, JSNA, Surveys, work towards implementation of the Accessible Information Standard	✓
	2.3	**People report positive experiences of the NHS** ⬇ Grade 🔴 **Undeveloped** 🟠 **Developing** 🟢 **Achieving** 🟣 **Excelling** ⬇ Which protected characteristics fare well ✓ Age ✓ Pregnancy and maternity ✓ Disability ✓ Race ✓ Gender reassignment ✓ Religion or belief ✓ Sex ✓ Marriage and civil partnership ✓ Sexual orientation ⬇ Evidence drawn upon for rating Self Assessment, desktop analysis of evidence, JSNA, Patient Surveys, FFT	✓
	2.4	**People's complaints about services are handled respectfully and efficiently** ⬇ Grade 🔴 **Undeveloped** 🟠 **Developing** 🟢 **Achieving** 🟣 **Excelling** ⬇ Which protected characteristics fare well ✓ Age ✓ Pregnancy and maternity ✓ Disability ✓ Race ✓ Gender reassignment ✓ Religion or belief ✓ Sex ✓ Marriage and civil partnership ✓ Sexual orientation ⬇ Evidence drawn upon for rating Self Assessment, desktop analysis of evidence, JSNA, Patient Surveys, FFT. Analysis of complaints by protected characteristics.	✓

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.1	**Fair NHS recruitment and selection processes lead to a more representative workforce at all levels** ↓ **Grade** 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling ↓ **Which protected characteristics fare well** ☑ Age ☑ Pregnancy and maternity ☐ Disability ☐ Race ☑ Gender reassignment ☑ Religion or belief ☐ Sex ☑ Marriage and civil partnership ☑ Sexual orientation ↓ **Evidence drawn upon for rating** WRES, WDES evidence. We have some examples of good practices, for example the BAME recruitment event, but we also know that staff from protected characteristic groups are clustered at certain AfC Bands. Work has been identified to develop talent within these groups. We have also set out in our EDI Strategy the need to think how to address gender imbalance - the majority of our workforce is female.	✓
	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** ↓ **Grade** 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling ↓ **Which protected characteristics fare well** ☐ Age ☐ Pregnancy and maternity ☐ Disability ☐ Race ☐ Gender reassignment ☐ Religion or belief ☐ Sex ☐ Marriage and civil partnership ☐ Sexual orientation ↓ **Evidence drawn upon for rating** We can do more than the statutory gender reporting. Far greater analysis of WRES and WDES data can be made here.	✓
	3.3	**Training and development opportunities are taken up and positively evaluated by all staff** ↓ **Grade** 🔴 Undeveloped 🟠 Developing 🟢 Achieving 🟣 Excelling ↓ **Which protected characteristics fare well** ☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☑ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation ↓ **Evidence drawn upon for rating** This is positive for staff. But we need to do more to monitor and evaluate the take up of non-mandatory training across the Trust. We know from WRES data that these figures are not as accurate as they could be and work will be taking place between the E&D lead and the Head of the Training Academy to address.	✓

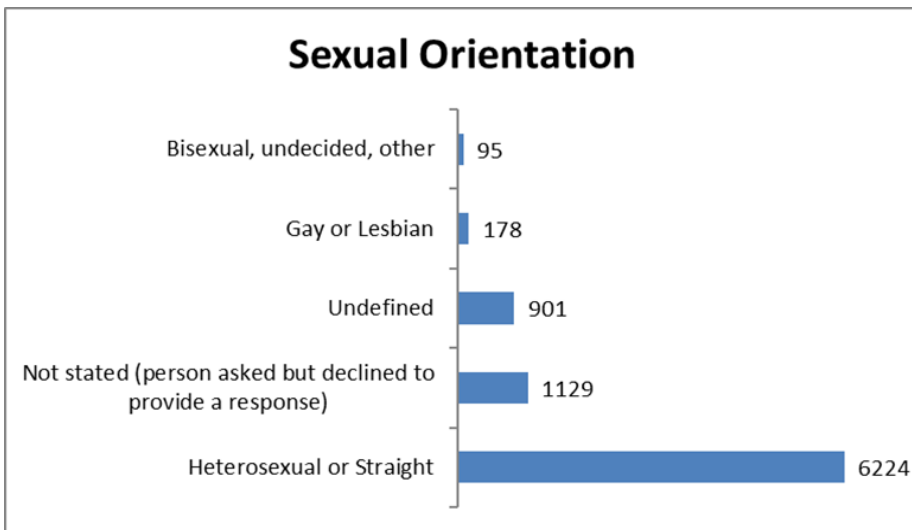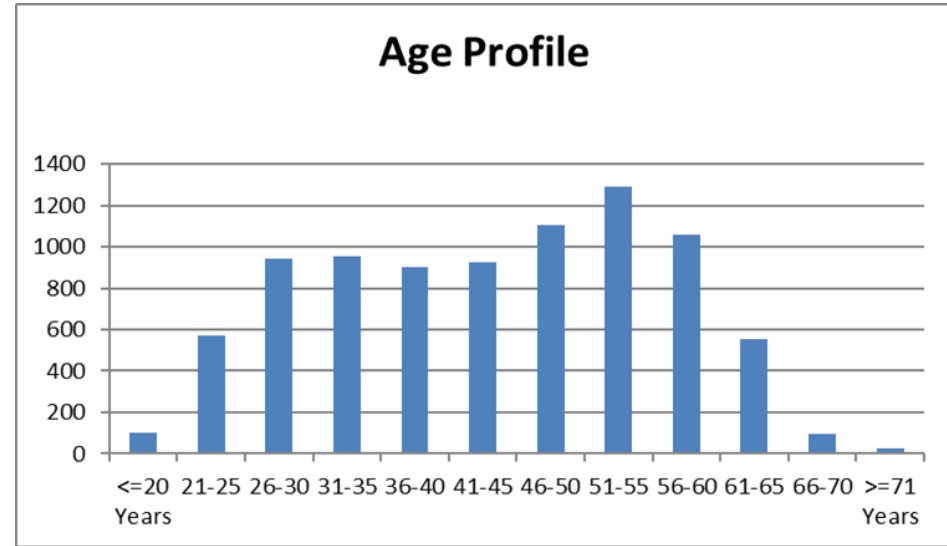| Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
A representative and supported workforce	3.4	**When at work, staff are free from abuse, harassment, bullying and violence from any source** **↓ Grade** 🔴 Undeveloped 🟠 Developing (selected) 🟢 Achieving 🟣 Excelling **↓ Which protected characteristics fare well** ☑ Age ☑ Pregnancy and maternity ☐ Disability ☐ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation **↓ Evidence drawn upon for rating** Staff Survey shows that there is still differential experiences particularly for Disabled and BAME staff. Situation for sexual orientation shows variations. Staff Networks playing a part in raising awareness regarding these issues	☑
	3.5	**Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives** **↓ Grade** 🔴 Undeveloped 🟠 Developing 🟢 Achieving (selected) 🟣 Excelling **↓ Which protected characteristics fare well** ☑ Age ☑ Pregnancy and maternity ☑ Disability ☑ Race ☑ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation **↓ Evidence drawn upon for rating** Policy and Staff Survey evidence - analysis of Quantitative and qualitative free text data.	☑
	3.6	**Staff report positive experiences of their membership of the workforce** **↓ Grade** 🔴 Undeveloped 🟠 Developing (selected) 🟢 Achieving 🟣 Excelling **↓ Which protected characteristics fare well** ☑ Age ☑ Pregnancy and maternity ☐ Disability ☐ Race ☐ Gender reassignment ☑ Religion or belief ☑ Sex ☑ Marriage and civil partnership ☑ Sexual orientation **↓ Evidence drawn upon for rating** Staff survey analysis by protected characteristic show that the biggest discrepancies in experience are for disabled staff, followed by staff from BAME backgrounds	☑

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective
Inclusive leadership	**4.1**	**Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations** ↓ Grade: 🔴 Undeveloped, 🟠 Developing, ⭕ Achieving, 🟣 Excelling ↓ Which protected characteristics fare well: ✓ Age, ✓ Disability, ✓ Gender reassignment, ✓ Marriage and civil partnership, ✓ Pregnancy and maternity, ✓ Race, ✓ Religion or belief, ✓ Sex, ✓ Sexual orientation ↓ Evidence drawn upon for rating: Engagement with Staff Network activities, attendance at events such as Pride and Mela,	✓
	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** ↓ Grade: 🔴 Undeveloped, 🟠 Developing, ⭕ Achieving, 🟣 Excelling ↓ Which protected characteristics fare well: ✓ Age, ✓ Disability, ✓ Gender reassignment, ✓ Marriage and civil partnership, ✓ Pregnancy and maternity, ✓ Race, ✓ Religion or belief, ✓ Sex, ✓ Sexual orientation ↓ Evidence drawn upon for rating: All papers are monitored for equality impact	✓
	4.3	**Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination** ↓ Grade: 🔴 Undeveloped, 🟠 Developing, 🟢 Achieving, 🟣 Excelling ↓ Which protected characteristics fare well: ✓ Age, ☐ Disability, ☐ Gender reassignment, ✓ Marriage and civil partnership, ✓ Pregnancy and maternity, ☐ Race, ☐ Religion or belief, ✓ Sex, ✓ Sexual orientation ↓ Evidence drawn upon for rating: Staff Survey and evidence from Staff Networks. Work from the networks to address cultural competence and the training of Cultural Ambassadors is taking this work forward	✓

Appendix 4
Equality and Diversity Data of Staff April 2021

Number of Staff 8026

Gender

Female 75% Male 25%

Age Profile

Age	Value
<=20 Years	~110
21-25	~530
26-30	~910
31-35	~935
36-40	~900
41-45	~920
46-50	~1100
51-55	~1330
56-60	~1010
61-65	~540
66-70	~100
>=71 Years	~30

Sexual Orientation

Bisexual, undecided, other	80
Gay or Lesbian	164
Undefined	979
Not stated (person asked but declined to provide a response)	1174
Heterosexual or Straight	6024

Marital status

Widowed	68
Civil Partnership	92
Legally Separated	113
	288
Not disclosed	522
Divorced	606
Single	2980
Married	3752

Equality and Diversity Data of Staff as at October 2020
Figures Include bank and excludes honorary staff

Gender

- Female: 75%
- Male: 25%

Age Profile

Age (Years)	Count
<=20	~100
21-25	~570
26-30	~940
31-35	~950
36-40	~900
41-45	~920
46-50	~1100
51-55	~1290
56-60	~1060
61-65	~550
66-70	~90
>=71	~20

Sexual Orientation

Category	Count
Bisexual, undecided, other	95
Gay or Lesbian	178
Undefined	901
Not stated (person asked but declined to provide a response)	1129
Heterosexual or Straight	6224

Ethnicity

- Asian Tamil: 1
- Black British: 1
- Asian Punjabi: 1
- White: 7828
- Other: 38
- 13
- Not disclosed: 144
- Mixed: 83
- Black: 227
- Asian: 191

Disability

- Yes: 507
- Unspecified: 751
- Not declared: 927
- No: 6342

Religious belief

- Sikhism: 14
- Buddhism: 37
- Hinduism: 41
- Islam: 63
- Other (incl Judaism and Jainism): 835
- No Information: 885
- Atheism: 1433
- Not disclosed: 1570
- Christianity: 3649

Marital status

- Widowed: 75
- Civil Partnership: 106
- Legally Separated: 110
- 274
- Not disclosed: 483
- Divorced: 605
- Single: 3107
- Married: 3767

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Acknowledgement

Cumbria, Northumberland Tyne and Wear NHS Foundation Trust would like to thank all the individuals, groups and organisations who gave their time and expertise to contribute to contribute to the work detailed Annual Report. We look forward to continuing to work with them to help us move further towards equality for all people in the area which we serve.

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A copy of this document is also available from the Trust in large print, braille and on audiotape, on request.

This document will be made available upon request in the following languages: Bengali, Urdu, Hindi, Cantonese, Punjabi, Arabic.

سوف يتم تقديم هذا المستند عند الطلب في اللغات التالية: البنغالية، والأردوية، والهندية، والكانتونية، والبنجابية والعربية

گذارش کرنے پر یہ دستاویز درج ذیل زبانوں میں فراہم کرائی جائے گی: بنگالی، اردو، ہندی، کینٹونیز، پنجابی، عربی

अनुरोध करने पर यह अभिलेख निम्न भाषाओं में उपलब्ध कराई जाएँगीः बंगाली, उर्दू, हिंदी, कैंटोनीज, पंजाबी, अरबी।

ਬੇਨਤੀ ਉਤੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਹੇਠ ਲਿਖੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲੱਬਧ ਕਰਾਏ ਜਾਣਗੇ : ਬੰਗਾਲੀ, ਉਰਦੂ, ਕੈਨਟੋਨੀਜ਼, ਪੰਜਾਬੀ ਅਤੇ ਅਰਬੀ।

如果有要求，必須提供本檔的以下語言的版本：孟加拉語、烏爾都語、北印度語、廣東話、旁遮普語和阿拉伯語。

অনুরোধসাপেক্ষে এই নথিটি নিম্নলিখিত ভাষায় পাওয়া যাবেঃ বাংলা, উর্দু, হিন্দি, কান্টোনিজ, পাঞ্জাবি, আরবি।