Annual Equality Diversity and Inclusion Report

2021/2002

Contents

1.   Introduction

All NHS Trusts are required to follow the Legislative Framework underpinned by the Equality Act 2010, Human Rights – the Mental Health Act Code of Practice, the Equality Delivery System (EDS2), the Workforce Race Equality Standards (WRES), the Workforce Disability Equality Standard (WDES), Gender Pay Gap (GPG), and the Accessible Information Standard (AIS). The Equality Act has expanded and mandates the Trust in addressing Equality Diversity and Inclusion in each of the above areas as well as placing a statutory duty to comply with the Public Sector Equality Duty (PSED) to address unlawful discrimination.

The PSED sets out **'general'** and **'specific'** duties on public authorities as set out below:

The General Duty to:

- Eliminate unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

The Specific Duty to:

- Publish equality information at least once a year to show how they've complied with the equality duty
- Prepare and publish equality objectives at least every 4 years.

The information must include information relating to people who share a protected characteristic who are:

- its employees, and
- people affected by its policies and practices.

This annual report provides an analysis of all Gateshead NHS FT employees by protected characteristics, including bank workers as captured via the old NHS Jobs and the newly implemented TRAC system. It has been broken down into 2 areas covering the following:

- Applicants and New Starters for the reporting period April 2021 – March 2022
- All Staff currently in post in the same time frame

2.   Context

We are Gateshead Health NHS Foundation Trust, better known as Gateshead Health.

Based in the North East of England we provide a range of hospital and community health services from our leading facilities, including the Queen Elizabeth Hospital, Blaydon urgent care centre and Bensham Hospital, all within Gateshead.

Established in 2005, we were one of the first foundation trusts in the country and since then have consistently achieved the highest levels of care for patients.

We now employ around 4,800 staff and currently provide 444 hospital beds across the Gateshead region.

Alongside a full range of local hospital and community services, we provide specialist services, including

A breast screening service for Gateshead, South Tyneside, Sunderland and parts of Durham. The Trust offers superb standards of treatment – from scanning and diagnosis to treatment.

The North-Eastern hub for the National Bowel Cancer and AAA Screening Programmes, covering a population of around seven million people.

Cutting edge care in our state-of-the-art facilities. Including our Emergency Care Centre, Pathology Centre of Excellence and the Peter Smith Surgery Centre.

3.   Equality Objectives

Communication – improving communication between the Trust and service users and carers, voluntary and community groups, staff, and primary care.	We continue to enhance our communication methods with our key stakeholder groups. As part of writing our Equality Strategy, we have sent out a Equalities survey to all of our members, which is also being rolled out into the communities for their input. The Chief Executive Blog is updated on a monthly basis and is emailed to all members of staff. Communications team produce information leaflets for LGBTQ+ service user awareness as well as informing staff about the Network meetings. More specific communication methods to meet individuals needs based on feedback
Engagement – improving engagement with a range of stakeholders.	There has been several engagement events for stakeholders to inform the development of our equality strategy and equality policy. We will be undertaking a survey seeking the views of our governors, members and the wider public to generate feedback about the experience of people from different backgrounds in order to inform our EDI action plan
Learning and development – ensuring the Trust meets mandatory requirements and provides training that responds to the needs of staff	There is a process in place for face-to-face equality and diversity training and an e-learning package for all staff which is mandatory. In addition to this a programme has been developed and delivered in respect of Equality and Diversity. LGBTQ+ Disability and Race programmes of work have also been developed and partially delivered

Making the organisation more reflective of the communities we serve.	We continually review and monitor our workforce demographics and respond in line with WRES, WDES and GDP reporting requirements. We have developed a number of actions to enhance diversity within our workforce and continue to monitor progress.

4. Our Visions, Purpose, Values and Goals

The vision and values were developed through engagement with our people to identify what matters to us as an organisation, now and in the future.

4.1. Values

Our values should be the 'golden thread' which runs through everything we do – they are the core of who we are. Our five values can easily be remembered by the simple acronym **ICORE**.

Innovation	We look for new ways to improve what we do and recognise that we all have a role to play in our continuous improvement.
Care	We care for our patients, community, each other and ourselves with kindness and compassion.
Openness	We always act with integrity and transparency and are open and honest with ourselves and each other.
Respect	We treat everyone with respect and dignity, creating a sense of belonging and inclusion
Engagement	We are inclusive and collaborative in our approach, working as a team and with our partners to deliver the best care possible.

Our vision captures what matters to us – delivering outstanding compassionate care.

5. Assessment and action

There are a number of equality systems and standards that enable the Trust to assess progress against the public sector equality duties as follows:

- Equality Delivery System (EDS2)
- Workforce Race Equality Standards (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap (GPG)
- Accessible Information Standards (AIS)

5.1. Equality Delivery System (EDS2)

EDS 2 is an assessment tool that has been designed to improve the equality performance of NHS Trusts by embedding all elements of equality into the mainstream of the Trusts business by gathering equality evidence which demonstrate compliance with the public sector equality duty and the statutory duty to consult and involve patients (NHS Act 2006). Over the last few years, the existing EDS has been consulted on and has resulted in EDS 2022.

The new framework will be rolled out in the coming months and work on the EDS will be detailed in the coming months and appropriate actions will be added into the existing EDI action plan.

5.2. Workforce Race Equality Standards (WRES)

The Workforce Race Equality Standard (WRES) is designed to help NHS organisations review their data against the nine WRES indicators with a view to agreeing and progressing actions to close any gaps in the workplace experience between White and Black and Minority Ethnic (BME) staff and improve BME representation at the Board level of the organisation.

Previous WRES report can be found at
https://www.qegateshead.nhs.uk/about/trust/equality-diversity/

5.3. Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) standard is designed to help NHS organisations review their progress against ten WDES metrics and agree and progress actions to close any gaps in the workplace experience between disabled and non-disabled staff.

Previous WDES report and action plan can be accessed via the following link.
https://www.qegateshead.nhs.uk/about/trust/equality-diversity/

5.4. Gender Pay Gap

The gender pay gap report sets out the gender pay gap between male and female employees and set out actions to address any gender pay gap identified.

The Gender Pay Gap Report can be accessed by the following link;
https://www.qegateshead.nhs.uk/about/trust/equality-diversity/

5.5. 5.5 Accessible Information Standards

The Accessible Information Standards (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things.

- Ask people if they have any information or communication needs, and find out how to meet their needs
- Record those needs in a set way
- Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
- Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.
- Make sure that people get information in an accessible way and communication support if they need it

Where information is requested in large print or Braille, or alternative format for a disabled individual reasonable, appropriate reasonable adjustment need to be made for the individual concerned.

Whilst some electronic patient record captures the requirements of the AIS, we are working towards ensuring all services are aware of the AIS and how it is implemented for our patients, service users, their carers and parents. This area of work also aids in ensuring we are meeting one of the elements related to the EDS. Compliance around the standard will sit with the Head of Quality and Patient Experience and will be monitored by HREDIG.

6.   Key Achievements promoting Inclusion

The Trust has continued to make progress during the period of reporting in the achievement of our equality objectives.

6.1.   Strengthened Governance arrangements

There has been a significant focus during to establish clearer governance arrangements to take forward and monitor progress of Equality, Diversity and Inclusion activities across the Trust.

We have established an Executive led Human Rights Equality Diversity and Inclusion group and to ensure actions are clearly set to deliver our objectives and to provide oversight to the EDI actions developed from the WRES / WDES data we have collected. The governance structure is set out in **Appendix 1.**

6.2.   Promoting inclusion

During the pandemic, our focus around engaging with communities of interest and within our workforce were like other Public Sector organisations with limited engagement taking place. As we start to move into the 'new normal', we have started to communicate key messages to our staff more consistently to raise the profile of the inclusion work indicating how we have taken the inclusion agenda forward and also promoted key events and activities. An annual timetable of key events has been worked on and key areas of inclusion work is promoted throughout the Trust via the communication team.

6.3.   Staff Networks

During the Pandemic, we have worked to strengthen the staff networks across the Trust and/or develop new staff networks to support our diverse workforce.

LGBTQ+

Sponsorship of the group is being undertaken by the Director of Nursing

Whilst the LGBTQ+ staff network has been running for the past few years, membership of the group has dwindled, and due to work pressures activity has been very limited, however the Network has been:

- involved with the local PRIDE events.
- involved in hoisting the rainbow flag during LGBTQ+ week
- highlighting LGBTQ+ network via stand-up banners
- working with the radiology department to put up signs regarding pregnant trans, non-binary and gnc patients
- working with endoscopy department on a department trans & non-binary policy, including doing an outreach session with the department in order to discuss the needs of trans people.
- progressing work on a trans staff policy.
-

Some of our key successes have included

- Having a Pride breakfast
- staff survey around the Network
- Being nominated for the QE Star Awards
- Speaking at the Op Workforce Cell, SMT and several other groups to raise awareness of the network and issues that affect the LGBT+ community and supporting the LGBT+ community.

The network also produced an information leaflet which has been publicised by the communication department and has been sent out to all departments. LGBT History month was also celebrated as can be seen by the attached screen saver. Further engagement is being scoped to ensure that meaningful debate can take place with LGBTQ+ members of staff.

Further information about LGBTQ can be accessed via: (note internal link only)
https://staffzone.ghnt.nhs.uk/ddi/initiatives/edhr/staff-networks/LGBT.php

BAME

Sponsorship of the group is being undertaken by the Chief Operating officer
The BAME Staff Network meet every month and have been actively engaged with providing advice during the pandemic around risk assessments, offering advice in respect the George Floyd incident, India crisis, Ukraine conflict and the EU settlement as well as helping to advise on the overarching EDI work programme.

The Workforce Race Equality standard resulted in a detailed action plan, which the BAME Network continues to support in developing not only the BAME workforce but also around how the Trust addresses:
- Recruiting from the multi-cultural communities we serve
- Employing a workforce with awareness of differing cultures, represented by our patients
- Retaining expertise and experience
- Develop our staff
- Engage and motivate a significant part of the workforce.

The Network has also played a key role in:
- the development of the covid risk assessment, menopause guide, ensuring the trust provides a culturally sensitive health and well-being support
- improving practice by improving training (violence and aggression training and resus) by incorporating how cyanosis looks like on darker skin

Similar to previous years, the Trust promoted and supported Black History Month. Our working title for our seminar was titled 'In conversation with…' and was hosted by our Obs and Gynae Consultant, Isaac Evbuomwan and included national speakers David Oluosoga (talking about Black History within the UK), John James representing Sickle cell society, Estephanie Dunn the RCN's North West Regional Director and Professor Carol Baxter (who has worked with the NHS nationally on the Diversity and Inclusion Agenda). The BAME Network were instrumental in getting the session up and running. The image below captures how we communicated information for the day.

Further information about the BAME Network can be accessed via: (internal link only)

Disability

Sponsorship of the group is undertaken by the CEO of QEF
The WDES was developed to help NHS organisations make a positive impact for all disabled staff working in the NHS. The WDES aims to inform year on year improvements in reducing those barriers that impact most on the career opportunities and workplace experiences of Disabled staff - driving changes in attitudes, increasing employment and career opportunities, and implementing long-lasting change for Disabled staff.

The Trusts D-Ability Staff Network and HR gathered data and feedback giving the Trust a greater understanding of the experiences of Disabled staff. This resulted in the WDES report that was presented and approved by the Board. The Disability Network continues to meet on a monthly basis and similar to the BAME Network, the group has;

- Actively engaged in helping promote / advise the EDI and WDES work programme,
- Worked to increase the reporting for staff with a disability in order to support and improve experience in work.
- Helped the Trust in the reaccreditation for Level 2.
- Promoted stress awareness month weeks
- Produced a video and art to raise awareness and remove stigma
- Arranged a stall at the HUB and produced a video to raise staff networks profile, promote allyship and membership.
- To educate and raise awareness to improve support for staff a learning event on 17th June, talked about the network (and other networks) and shared lived experience, autism and dyslexia awareness.
- To mark Disability History Month, D-Ability Flags were raised and Bensham General Hospital and QE to mark the month. There were also stalls on both sites where almost 350+staff attended. Information offered included resources, disability History Month Quiz and a list of recommendations of books and movies

for colleagues to understand different abilities, promote inclusion, equity and remove the barriers.

- Baroness Tanni-Grey Thompson, Dr Lucy Reynolds and Dr Ian Aird shared their stories and how they had overcome challenges in a webinar arranged by the Network.

Further information about the D-ability Network can be accessed via: (internal link only)
https://staffzone.ghnt.nhs.uk/ddi/initiatives/edhr/staff-networks/d-ability.php

6.4. Information and data collection

Improvements have been made to the information collection systems in order to support the completion of data. The Trust has also improved the Information available through data collected via different sources such as:

- NHS Staff Survey,
- Local Data collection System e.g. Human Resources Tracker, Electronic Staff Record (ESR).
- Developed effective monitoring systems to review and analyse the data to inform actions and initiatives through the Trust EDI Steering group.
- The Data collected from Equality Impact Assessment (EqIA) Frameworks aims to readdress inequalities in Service delivery, which is picked up via the EqIA action plans.

6.5. Celebration of different faiths

We have increased our communication programme to include a more diverse celebration of faiths by publicising special dates. We have purchased and distributed a multi-faith calendar across our services. We have used screensavers to promote and highlight different cultural and religious events. Aspects of faith and its impact upon health varies within each faith group. e.g. during the month of Ramadan, there was internal communication for all staff around the dietary needs for those members of staff who were fasting and appropriate meals were on offer. The Trust has also purchased a number of Koran's and Prayer mats. These are currently located within Chaplaincy department and are available to all Muslim members of staff upon request.

6.6. Training

In addition to the online core and essential skills training (CEST), the Trust provides Equality, Diversity and Human Rights training. This training has been incorporated into the Managing Well Programme. EDI is also being rolled out within induction to ensure staff are aware of their responsibilities and statutory regulations.

A workshop for senior managers understanding Transgender issues is being scoped and will be delivered by an external provider. coped and will be delivered by an external provider.

6.7. Health and Wellbeing

To mark a renewed focus on health and wellbeing at Gateshead, we created a dedicated brand, Balance. This brand was selected after consultation with Gateshead Health staff.

This has led to the identification of six clear areas of health and wellbeing – self-care, physical wellbeing, social wellbeing, mental wellbeing, financial wellbeing and environmental wellbeing, aiding effective communication.

- To enhance HWB communications, a dedicated Twitter account was rebranded and made more active. Over the past year, the account's audience has since grown by 221%, with more than 10,000 engagements made through 311,894 impressions –both representing improvements of over 450% year on year.
- A Facebook page was created, helping establish the Balance brand internally through posts in the staff Facebook group, while the health and wellbeing newsletter was also redesigned and relaunched. In-person communication has also been developed through the launch of health and wellbeing roadshows, with 36 stalls taking place around various areas of the Trust in 2022 so far.
- Throughout the year a number of campaigns have helped the organisation to mark awareness days, react to arising wellbeing needs and recognise colleagues. #ShareYourStoryGH helped remove stigma around the open discussion of mental health through six individual stories. #MyPledgeGH saw colleagues make a commitment to improving their personal health and wellbeing. #BeatTheBlues helped colleagues to fend off any January blues and stay physically and mentally well.
- 95% of colleagues report having received a gift of thanks throughout the past 12 months. Our #AppreciationAugust and December gift hamper campaigns ensured colleagues were thanked for their continued efforts. Continuing the theme of recognition, You're A Star was relaunched to provide and encourage monthly recognition between colleagues.

7. Foundation Trust Membership

Foundation Trust membership seeks to give local people and staff a greater influence on how our services are provided and developed.

There are a number of different constituencies to which our members belong. Those eligible to become public members are people over the age of 16 who live in Gateshead and the immediate surrounding area which is divided into three constituencies: Western; Central; and Eastern Gateshead, and the Out of Area constituency which includes County Durham, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland (other than areas within the Gateshead constituency). The boundaries for public membership are shown on the map.

People over 16 years of age, living in these areas who wish to become a public member of Gateshead Health NHS Foundation Trust, must complete and have accepted a membership application form. Members can vote to elect governors for their constituency and can choose to be nominated to stand for election as a governor.

Patient membership is available to individuals who live outside of the areas shown in the map who have used any of the Trust's services within the seven years immediately preceding the date of their application for membership. Patient members are included in the Out of Area constituency.

As of 31st March 2022, the total number of public members was 13,344, a slight decrease since April 2021 however as expected due to government restrictions. Our public membership profile as at 31st March 2022 was as follows:

Population / Public Membership Ratio at 31 March 2022

	Western	Central	Eastern	Out of Area
Population	77,471	92,828	41,615	Unknown
Membership	3,587	6,953	2,275	529
%	4.63	7.49	5.47	Unknown

We are committed to ensuring that NHS Foundation Trust membership is representative of the whole community. An analysis of membership shows that ethnic makeup is higher than that of the Gateshead demographics. The membership is over represented by people aged over 75 and is under represented in all other age groups.

	Population Demographics	Membership Demographics
Gender		
Male	48.4%	35.1%
Female	51.6%	64.7%
Unknown		0.2%
Age		
Under 16*	19.3%	
16 – 19	4.9%	0.1%
20 – 29	11.4%	5.6%
30 – 59	41.6%	36.8%
60 – 74	15.2%	28.1%
75 and over	7.6%	28.0%
Age unknown		1.4%
	Population Demographics	Membership Demographics
Ethnic Breakdown		
White	98.4%	90.3%
Other	1.6%	7.5%
Unspecified		3.6%

Staff directly employed by the Trust or its subsidiary, QE Facilities, are automatically Foundation Trust members for the duration of their employment, unless they choose to 'opt out'. Employees of the Trust cannot be public members.

Staff whose services are contracted for by the Trust, staff not employed by the Trust but who in effect work in and with the Trust for most of their time, and volunteers are given the same status as staff, if they wish, provided they have worked with the Trust for a minimum of one year.

The number of staff members as of 31st March 2022 was 4,891.

Our membership strategy describes how we will maintain and develop an active and engaged membership. Organised membership engagement events have not taken place during the year due to the pandemic. As restrictions ease and we can safely engage with our members and the public, we look forward to refreshing our membership strategy. We intend to relaunch our Membership Strategy Group, a sub-group of the Council of Governors, and work closely with Governor colleagues to refresh the strategy and identify ways in which we can re-engage with our existing members and recruit new members.

8.   Staff, Service and Patient Experience

The following sections set out our monitoring information in relation to our service users/patients.

The Trust continually works towards providing the best possible care for its patients but there are occasions when patients and their families do not feel the outcome has met their expectations. The Trust will ensure it provides honesty and openness and a willingness to listen to the complainant and to understand and work with the patient to rectify the problem. Each formal complaint is reviewed by the Chief Executive, Chief Nurse or the Medical Director. An investigating officer is allocated to investigate the complaint. The DATIX system is utilised to manage the complaints.

The Trust welcomes comments, compliments, complaints and concerns. We receive lots of positive feedback about the services we provide and sharing this with staff is always encouraging, however we also take time to feedback about the times when we do not get things right. We understand that complaints matter. Concerns and complaints all contain valuable insights into how patient experience can be improved. Listening and responding effectively to complaints and concerns helps us to avoid the same issues from happening again, making our services better and improving things for the people who use them.

During the period 1 April 2021 to 31 March 2022, the Trust received a total of 280 complaints. All complaints were acknowledged within three working days in line with the NHS Complaints Regulations.

The number of complaints received by business unit is:

Business Unit	Number
Medical Services	131
Surgical Services	103
Clinical Support & Screening	22

QE Facilities	10
Community Services	8
Nursing Midwifery & Quality	4
Finance	2
Total	280

During the period 1 April 2021 to 31 March 2022, the Trust closed 280 complaints. Of these 32% were sent a response within the Trust's eight-week timescale. The delay was often as a result of the complexity of the cases, involving several departments or organisations or this year in particular, the actions the Trust had to take in regard to the pandemic including staff working clinically.

8.1.   Patient Experience

To assess patient satisfaction across the Trusts footprint, a variety of modes are used to capture the experience of patients following treatment, enabling us to monitor and assess the experiences of those accessing the service. In addition to this the Trust have recently undertaken a community survey and the results of this once analysed will feed into the Trusts EDI strategy.

8.2.   National Friends and Family Test (FFT)

The FFT asks patients how likely they are to recommend the service to friends and family should they require similar care or treatment. Equality data is collected in line with the current protected characteristics. However further detailed analysis is required to assess the full nature of data captured.

8.3.   Patient Advice and Liaison Service (PALS)

The Trust provides a Patient Advice and Liaison Service (PALS) who offer confidential advice, support and information on health-related matters. They provide a point of contact for patient, their families, and carers. Where appropriate, those that utilise PALS are forwarded a questionnaire regarding their experience of the service.

For the period 1 April 2021 to 31 March 2022, the Trust received 598 informal concerns. Equality data is also requested on the questionnaire. 37 questionnaires were returned.

In the period 1 April 2020 to 31 March 2021, the Trust received 160 compliments which were formally recorded on the DATIX system and shared with staff.

Compliments are really important to the Trust, they are a fantastic boost to staff morale when a person has taken the time to write or telephone with a thank you. An example of a compliment the Trust has received is:

I would just like to take the opportunity to pass compliments to the QE maternity team, and to the Midwife who was extremely competent and confident as a midwife.

She made my partner and I feel very comfortable and assured during our time on the Labour ward in her care. Our son was delivered safely and we just wanted to take the opportunity to express our thanks. The

Midwife is a credit to the QE maternity service and we would appreciate if her hard work was acknowledged.

Thank you for everything

8.4. Complaints

Complaints are viewed as an opportunity to improve service quality, increasing cultural and religious awareness and fostering good relations between people who share a protected characteristic and those who do not.

Complaints survey evaluation:

During the 2021/22 financial year, a complaints process feedback questionnaire was sent out to all complainants with the exception of those where the case was now legal, had reopened or involved a deceased patient. 280 complaints were received in 2021/22.

Overall:
- 131 questionnaires were sent and 38 completed questionnaires were returned giving a response rate of 29%. The response of the 38 responses are broken down below.
- 32% of the complainants were contacted by the investigating officer before beginning the investigation.
- 39% of complainants reported that they received a full response to their complaint within eight weeks. Only 47% felt the response covered all points raised and furthermore, only 26% had confidence that their complaint would be valued and seen as important.
- Five people was very satisfied with the complaint response, however twelve complainants were very dissatisfied.

Ethnicity breakdown in respect of 38 responses
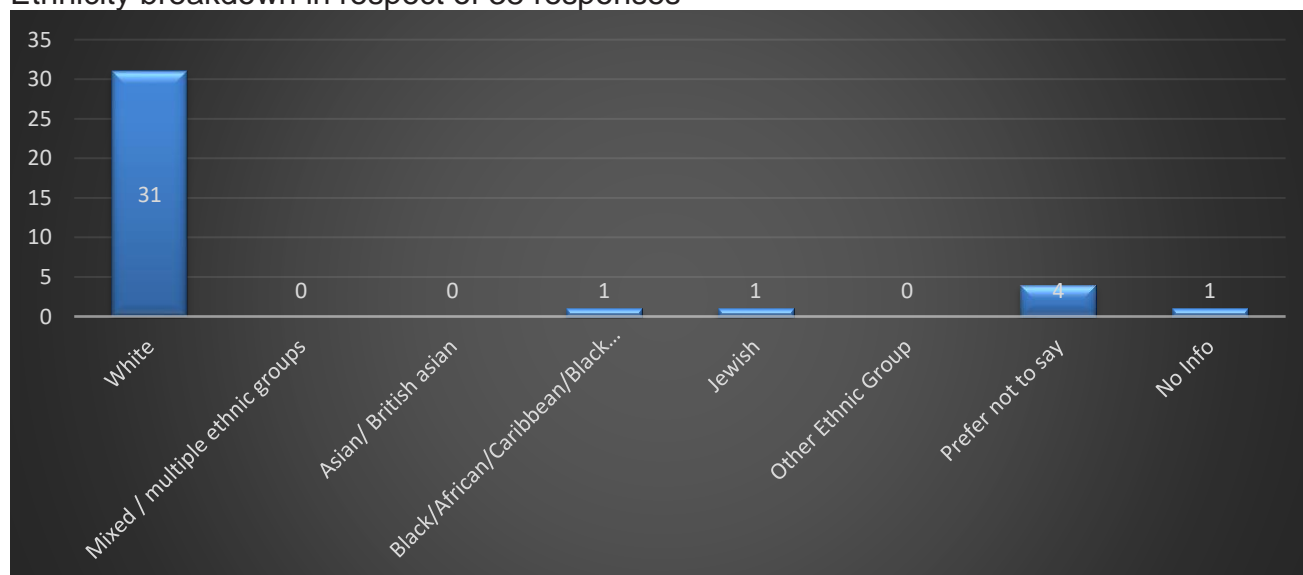
Age breakdown in respect of 38 responses
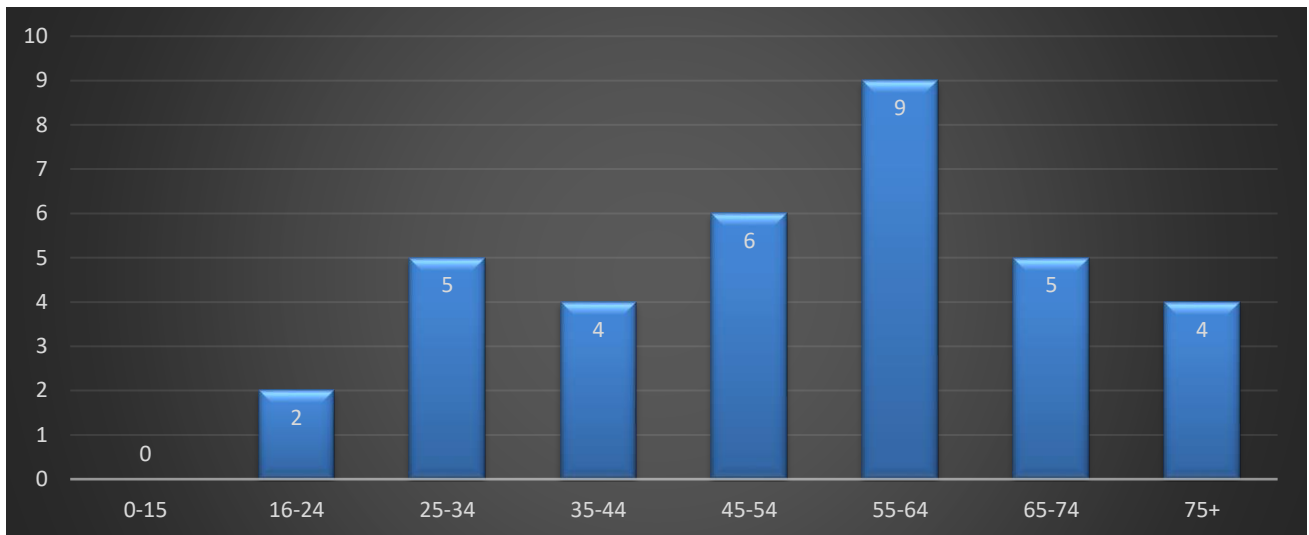
Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? (include any issues related to old age)
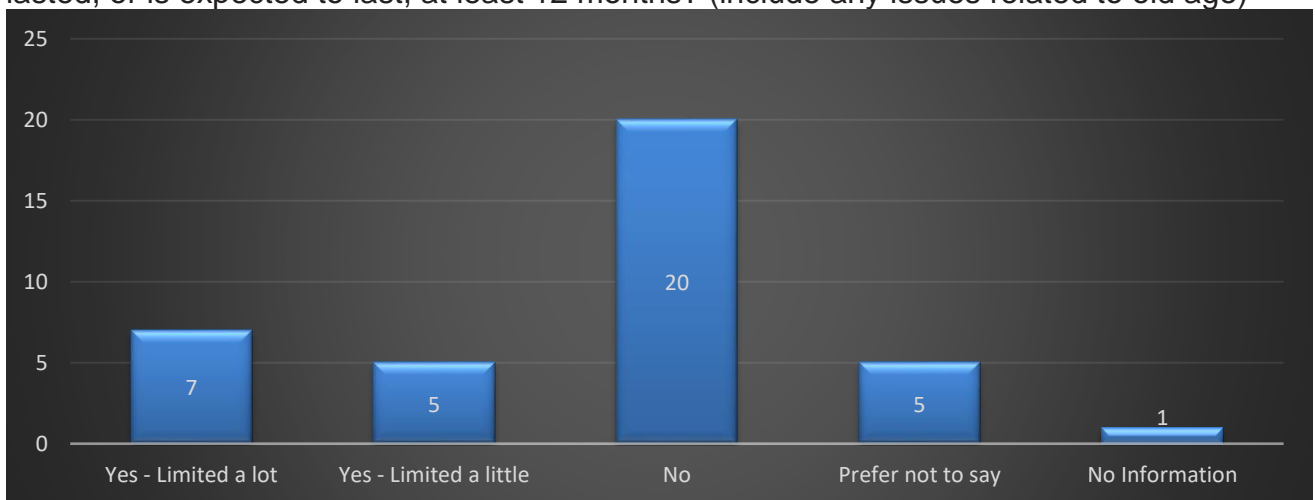
Which of the following options best describes how you think of yourself?
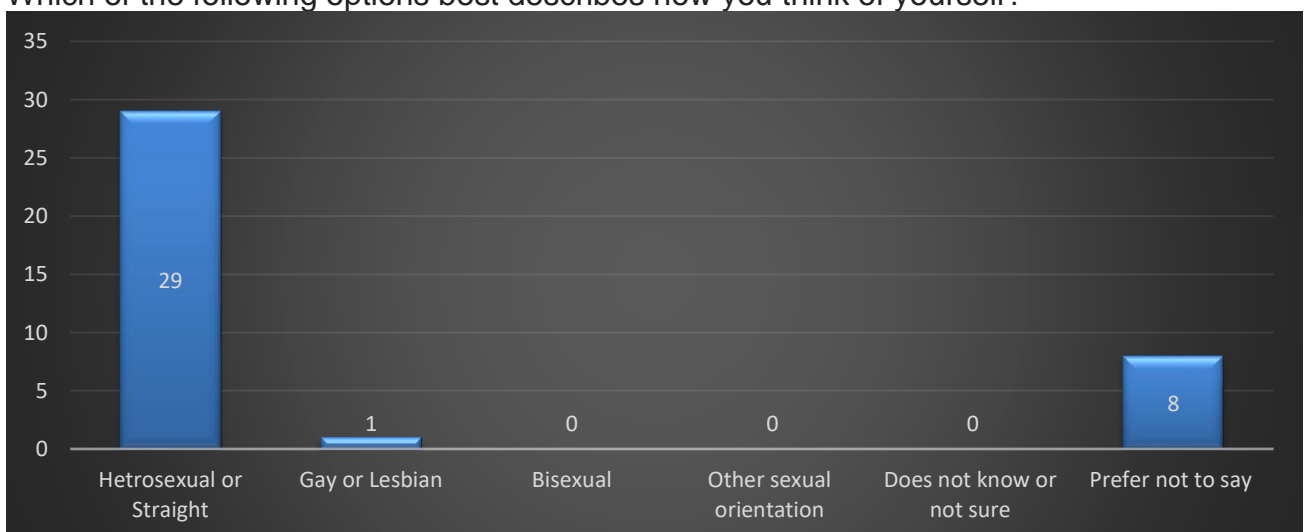
As a result of complaints and concerns raised over the past year a number of initiatives have been implemented.

As an example - In response to a complaint about post-natal care, including pressure sores, there will be focused improvement on the ward to raise awareness and standards within the maternity department relating to the formal assessment and prevention of developing skin trauma. The team are developing some clear assessment tools on their electronic records to support all staff in remembering to complete and record basic tasks. They are implementing a robust training and awareness programme around risk assessments with all of the staff.

The team will be making focused improvements to ensure mothers who have had epidurals have regular postnatal checks and pressure sore assessments. The team have now added this to morning safety huddles to raise awareness and ensure learning. The care of a mother with an epidural will also be highlighted within staff mandatory training when the planned pathways have been reviewed. Overall, the response was low at 29%, however 87% found it easy to find out how to complain.

Patient Safety and Incident Reporting

This Incident reporting policy extends to those incidents which:
- Occur on Trust premises
- Occur off Trust premises but involve persons employed by the Trust (or managed by the Trust i.e. seconded staff and volunteers), whilst on Trust business.
- Involve any patient receiving care from the Trust – including joint services with local authorities (community and mental health), where an incident relates to the health & social care provision of the service user.
- Suicides and homicides of former service users will be reported if the person has received care from the Trust in the previous 6 -12 months and, if appropriate, investigated in accordance with this NHS England SI Framework mental health homicide review process.

The incident data entered by staff within the incident reporting system allows information on incidents to be collated. The incident data is reported to Directorates on a monthly basis to support further analysis of trends and themes, this includes considering people from protected groups. Whilst monitoring an analysis of incident data at a local and Trust level is achieved in the followings ways:

- Ad hoc requests for reports during the review of incidents.
- Reports provided to subject matter experts such as Equality and Diversity Team.
- Comparison of National Reporting Learning System (NRLS) reporting data showing reporting rates of other comparable Trusts.
- Benchmarking exercises with other local Trusts.
- Incident data and reports reviewed at Trust Forums and Committees e.g. Resuscitation Committee, Mental Health Law Forum etc.
- Regular reports shared with Trust Board and Commissioners
- Regular incident data reports provided to each Directorate.

The Risk Department ensures that all incidents are recorded onto the Trust incident reporting system. Automatic notifications are in place to ensure that the appropriate subject matter expert e.g. infection Control, Local Security Management Specialist, Health and Safety etc. is alerted to the incident to support review of immediate actions taken and decision making in regards to the need for further investigation.

Language Services

The Trust continues to ensure that the support mechanisms are in place to meet the language needs of those service users whose first language is not English, this also includes British Sign Language, Signalong and Makaton. Their interpreters and translators are qualified and trained to fulfil the needs of diverse community served. The Trust has a robust performance management arrangement to ensure better outcomes are achieved for our service users.

9. Service Users referrals broken down by age, ethnicity, gender, and marital status

The Trust collects equality data on all referrals, contacts and DNA's, used to inform the planning and delivery of services so that they are accessible and respond to need. The detailed breakdown of the referrals by protected characteristics is indicated below.

9.1. Service users referrals broken down via protected characteristics
Service User data (1st April 2021 – 31st March 2022)

Referrals by Age

By Age Range	Total	%
0-18	10303	10.9%
19-25	4937	5.2%
26-40	18895	20.0%
41-64	30490	32.4%
65+	29621	31.4%
Total	94246	100%

The referral data in respect of age indicates the following:
- The two greatest number of referrals fell into the 41 – 64 and 65+ age category (32.4% and 31.4% respectively)
- 20% of referrals fell into the 26 – 40 age group
- The referrals between the ages of 19 – 25 are virtually half of the 0 -18 age group (5.2% and 10.9% respectively)
- The referrals for over 65s' has been increasing year on year which suggest that higher

life expectancy and falling birth rates are increasing the proportion of
elderly people not only in the UK but across the world
https://populationmaters.org/mythbusting

Referrals by ethnicity

By Ethnicity	Total	%
White British	71912	76.3%
White Irish	188	0.2%
Any other White background	973	1.0%
Indian or British Indian	236	0.3%

Pakistani or British Pakistani	184	0.2%
Bangladeshi or British Bangladeshi	155	0.2%
Asian - other	288	0.3%
Mixed White and Asian	129	0.1%
Mixed White and Black African	121	0.1%
Mixed White and Black Caribbean	47	0.0%
Any other mixed background	241	0.3%
Black Caribbean or Black British Caribbean	34	0.0%
Black African or Black British African	274	0.3%
Any other Black background	68	0.1%
Chinese	162	0.2%
Any other ethnic group	657	0.7%
Not Set	9	0.0%
Not Stated	18568	19.7%
Total	94246	100%

The chart indicates:

- Collectively 77.5% (73,073) of people who have been referred to our services are from a White British background
- The total number from the overarching Asian ethnic groups equates to 1.0%, the Mixed category equates to 0.2%, whilst the Black category doubles to 0.4%
- A separate ethnic category for the Chinese equates to 0.2%
- The overarching BAME category equates to 2.1% (which is lower than the BAME communities served (3.7%)
- It is worrying that we have not capture data for nearly a fifth of referred Patients (19.7%), who fell into the Not Stated category. This may be because people either don't want to disclose their ethnicity or our systems / processes do not collect this information. This is one of our areas for improvement and work is in progress to ensure that our systems capture all the relevant equality information on our service users.

As part of our EDI action plan, further analysis will be undertaken to cross reference health inequalities for the groups indicated above and service provision.

Referrals by Marital status

Marital Status	Total	%
Single	35224	37.4%
Married/Civil Partnership	34303	36.4%
Not Disclosed	16582	17.6%
Divorced/Dissolved Civil partnership	4024	4.3%
Widowed/Surviving Civil Partner	3525	3.7%
Separated	567	0.6%
Other	12	0.0%
Not Set	9	0.0%
Total	94246	100%

In terms of this protected characteristic

- There is virtual parity between Single, Married /Civil Partnership category (37.4% and 36.4% respectively)
- 17.6% of referrals did not disclose their marital status – this may be related to individuals not feeling comfortable in disclosing for a variety of personal reasons.

Referrals by Gender

Gender	Total	%
Female	61085	64.8%
Male	33061	35.1%
Not Specified	100	0.1%
Total	94246	100%

In terms of Gender distribution, our greatest referrals were from Female's (64.8%) comparatively this virtually halved to 35.1%

Did Not Attend (DNA)
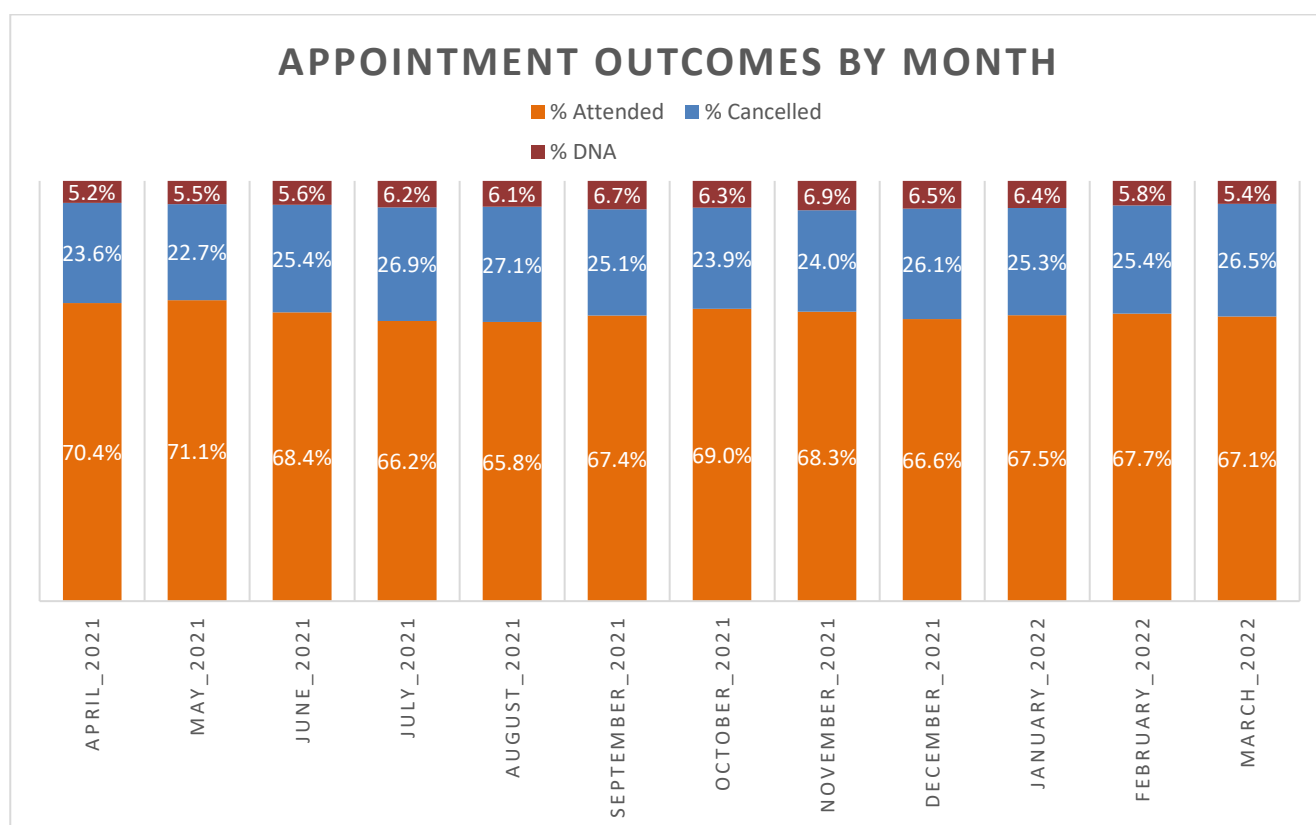
There are times when cancelling or missing an appointment can be perfectly justified.

During the reporting period, the DNA figures across all Ethnicities, Gender and Religion were around the 5% mark for the first 3 months of 2021. This figure fluctuated between 6.2% and 6.4% between July and 2021 and January 2022 and peaked at 6.9% in November 2021.
Further work will be undertaken to analyse and assess any inequalities arising in respect of the results of DNA's

10. Workforce Monitoring Information

This annual report provides an analysis of all Gateshead NHS FT employees by protected characteristics, including bank workers as captured via the old NHS Jobs and the newly implemented TRAC system. It has been broken down into 2 areas covering the following:

- Applicants and New Starters for the reporting period April 2021 – March 2022
- All Staff currently in post in the same time frame

The data pertaining to workforce monitoring is captured in the charts below.

Whilst there are pockets of good practice in recruitment, selection and retention, further work around assessing and analysing data in respect of the Workforce Race Equality Standard (WRES). Our baseline data from the WRES indicators shows lower representation of BAME staff in Band 8-9 compared to the rest of the workforce.

The 2020/2021 WRES report was presented to the HREDIG and the Executive Team with recommendations. These recommendations and associated action plan is monitored by HREDIG and Workforce Steering Group.

This report is available on our website – [Workforce Race Equality Standard (WRES) - QE Gateshead](#)

10.1. Workforce Monitoring Information – Recruitment data.

Recruitment data (April 2021 to March 2022) for all applicants and starters – broken down via protected characteristics

Total number of application received – 28,399
Total number of applicants shortlisted – 13,758
Total number of appointments – 842

Overall applications broken down by Gender

Gender	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Male	9,799	34.50%	4,867	35.38%	166	19.71%
Female	18,530	65.25%	8,860	64.40%	671	79.69%
I do not wish to disclose	70	0.25%	31	0.23%	5	0.59%
Total	28,399		13,758		842	

- 34.5% of applications were from Men. This figure virtually doubles at 65.25% from Women.
- In percentage terms, there is virtual equal parity in the numbers of Men and Women who applied and were shortlisted.
- This is also replicated within the 'I do not wish to disclose' category
- Out of the 842 appointments, 19.71% were male and 79.69% were female

Overall applications broken down by Age

Age	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Under 20	448	1.58%	214	1.56%	39	4.63%
20 - 24	3281	11.55%	1669	12.13%	138	16.39%
25 - 29	7869	27.71%	3760	27.33%	134	15.91%
30 - 34	6302	22.19%	3263	23.72%	131	15.56%
35 - 39	3739	13.17%	1839	13.37%	88	10.45%
40 - 44	2337	8.23%	1127	8.19%	93	11.05%
45 - 49	1547	5.45%	720	5.23%	68	8.08%
50 - 54	1359	4.79%	562	4.08%	75	8.91%
55 - 59	1052	3.70%	423	3.07%	52	6.18%
60 - 64	387	1.36%	158	1.15%	19	2.26%
65+	72	0.25%	22	0.16%	5	0.59%
Not stated	6	0.02%	1	0.01%	0	0.00%
Total	28,399		13,758		842	

- 1.58% applicants were under 20.
- The highest number of applications were in the 25 – 29 and 30 – 34 age brackets (27.71% and 22.19% respectively)
- 13.17% of applicants fell within the 35 - 39 age bracket, followed closely at 11.55% for the 20 – 24 age brackets
- Whilst 8.23% of applications were within the 40 - 44 age bracket, this virtually halves between the 45 – 49 and 50 – 54 age brackets and a smaller dip within the 55 – 59 age brackets (5.45%, 4.79% and 3.70% respectively)
- Collectively our lowest figure at 0.27% fall within the 65 and not stated category.
- Out of the 842 appointments:
  - There is virtual parity of appointments within the 20 – 24, 25 – 29, 30 – 34, age bracket (16.39%, 15.91%, 15.56% respectively)
  - There was virtually equal parity within the 35 – 39, and 40 - 44 age bracket (10.45% and 11.05% respectively)
  - There was virtually equal parity within the 45 – 49, 50 - 54 age bracket (8.08% and 8.91% respectively)
  - 6.18% of appointments fell within the 55 – 59 age bracket and dropped by nearly 4% for the 60 - 64 age bracket (2.26%)
  - 0.59% of appointments fell within the 65+ category

Overall applications broken down by Ethnicity

Ethnicity	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
White overall	13,271	46.66%	5,941	33.91%	639	75.89%
Mixed	924	3.26%	482	3.5%	4	0.48%
Asian overall	9,934	17.49%	2,283	16.6%	27	3.21%
Black overall	6,995	24.63%	4,584	33.32%	19	2.26%
Other Ethic group	1,649	5.81%	796	5.79%	5	0.6%
Any other ethnic group	1513	5.33%	711	5.17%	4	0.48%
Collective - Not stated / Do not wish to disclose	592	2.08%	122	0.89%	148	17.58%
Total	28,399		13,758		842	

- Highest numbers of applications were from White applicants = 46.6%
- The second highest number of applications from Black category = 24.63% followed by the Asian category (17.49%)
- Other Ethnic groups (Chinese) equated to 5.81%
- Collectively 2.08% fell into the Not stated / Did not want to disclose category and 3.26% fell under the Mixed category
- Total BAME applications (Asian, Black, Mixed and Chinese) categories equate to
- 45.5%, (which is more than the Trusts footprint of 3.7%).
- (The 'any other ethnic group' category falls outside the ethnicity categories listed above and has not been captured in the narrative)
- Out of the total 842 appointments
    - The highest numbers appointed were from the White and Not stated / do not wish to disclose category (75.89% and 17.5% collectively)
    - Asian and Black categories figures were on a virtual parity 3.21% and 2.26% respectively
    - The ethnic category defined as Other, was very low at 0.6%
    - Total BAME appointments equated to 5% compared to their white counterparts at 75.89%, which is above the BME population served by the Trust

Overall applications broken down by Disability

Disability	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
No	26,743	94.17%	13,176	95.77%	637	75.65%
Yes	1,096	3.86%	478	3.47%	38	4.51%
Not Declared	407	1.43%	158	18.76%	28	0.2%
Preferred not to answer	153	0.54%	76	0.55%	9	1.07%
Total	28,399		13,758		842	

- 94.17 % of applicants indicated they were not disabled
- 3.86% indicated they had a disability
- Collectively a total of 1.97% applicants either did not declare if they were disabled or preferred not to answer
- Out of the total 842 appointments
    - 75.65% were not disabled
    - 4.51% were disabled individuals (This is low compared to the national figure of approximately 13.9 %)
    - Collectively 1.27% of appointments were from individuals who either did not declare / preferred not to answer

Overall applications broken down by Sexual Orientation

Sexual Orientation	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Heterosexual / Straight	26,305	92.63%	12,917	93.89%	657	78.03%
Gay or Lesbian	591	2.08%	241	1.75%	16	1.90%
Bisexual	458	1.61%	227	1.65%	15	1.78%
Sexual orientation not listed	88	0.31%	35	0.25%	0	0.00%
Undecided	42	0.15%	23	0.17%	0	0.00%
Do not wish to disclose	442	1.56%	258	1.88%	8	0.95%
Not stated	473	1.67%	146	17.34%	57	0.41%
Total	28,399		13,758		842	

- 92.63% of applicants indicated their Sexual orientation as Heterosexual / Straight
- Collectively 3.69% applicants identified themselves /Bisexual
- Collectively 3.23% either did not want to disclose or did not state their Sexual orientation
- The Undecided or the Sexual orientation not listed categories equated to (0.15% and 0.31% respectively)
- Out of the total 842 appointments
    - 78.03% fell under the Heterosexual / Straight category

- o Collectively 3.68% of appointments were from the Gay or Lesbian category and Bisexual category
- o Collectively 1.36% staff appointed did not wish to either disclose or did not state their Sexual orientation

Overall applications broken down by Marital status

Marital Status	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Single	14,908	52.49%	7,203	52.35%	357	42.40%
Married	10,729	37.78%	5,510	40.05%	251	29.81%
Civil Partnership	552	1.94%	239	1.74%	10	1.19%
Legally Separated	161	0.57%	69	0.50%	9	1.07%
Divorced	876	3.08%	325	2.36%	37	4.39%
Widowed	127	0.45%	61	0.44%	3	0.36%
Other	382	1.35%	182	1.32%	27	3.21%
Do not wish to disclose	193	0.68%	111	0.81%	6	0.71%
Not stated	471	1.66%	142	16.86%	58	0.42%
Total	28,399		13,758		842	

- 52.49 % of applications were received from single individuals
- 37.78.% stated they were married
- The third highest category at 3.08% indicated that they were divorced
- 1.94% were in a Civil partnership
- There was virtual equal parity between Legally separated and Widowed category (0.57%, 0.45% respectively)
- 1.35% fell into the other category.
- Collectively 2.34% either did not state or did not want to disclose this information.
- Of the total 842 appointments made
  - o Highest category at 42.4% were single
  - o The second highest 29.81% reflected the married category
  - o 4.39% were divorced
  - o Collectively 4.34% fell into the Other, Not Stated category / Did not wish to disclose category
  - o 1.19% were in a civil partnership
  - o 1.07% were legally separated.

Overall applications broken down by Religion

Religion	Total Numbers	%	Numbers shortlisted	%	Numbers appointed	%
Atheist	3,526	12.42%	1,454	10.57%	170	20.19%
Buddhist	317	1.12%	111	0.81%	5	0.59%
Christian	14,486	51.01%	8,022	58.31%	338	40.14%
Hinduism	1147	4.04%	541	3.93%	2	0.24%
Islam	4,210	14.82%	1,749	12.71%	16	1.90%
Jain	8	0.03%	2	0.01%	0	0.00%
Judaism	6	0.02%	3	0.02%	0	0.00%
Sikh	92	0.32%	52	0.38%	1	0.12%
Other	2,422	8.53%	1,022	7.43%	88	10.45%
Do not want to disclose my religion	1,255	4.42%	626	4.55%	62	7.36%
Not Stated	930	3.27%	176	1.28%	160	19.00%
Total	28,399		13,758		842	

- Applications from the Christian Faith were the largest at 51.01%
- There was virtual equal parity between Islam and Atheist categories (14.82% and 12.42% respectively)
- 8.53% indicated that they had no faith
- 4.04% of applicants indicated their faith as being Hindu.
- Collectively for the Buddhist, Jain, Judaism, and Sikh community the total equates to 1.49%
- Collectively 16.22% either did not want to disclose/ or did not state/ or stated other as their religious belief
- Of the total 842 appointments made
- The highest appointments at 40.14% were from the Christian faith
- The second highest at 20.19 % indicated that they had no faith
- 10.45% of appointments fell into the Other category
- Collectively 5.19% appointments were from the Buddhist, Hindu, Muslim and Sikh faiths
- Collectively a total of the 27.36% fell into the do not want to disclose/ not stated category

10.2.   Workforce Monitoring Information – current staff

Permanent and Fixed Term Temporary staff as listed in ESR (April 2021 – March 2022) = 4936

The information below is broken by the Protected Characteristics of Age, Disability, Ethnicity, Sexual Orientation, Gender, Religion /Faith.

10.3.   Workforce Profile - Age
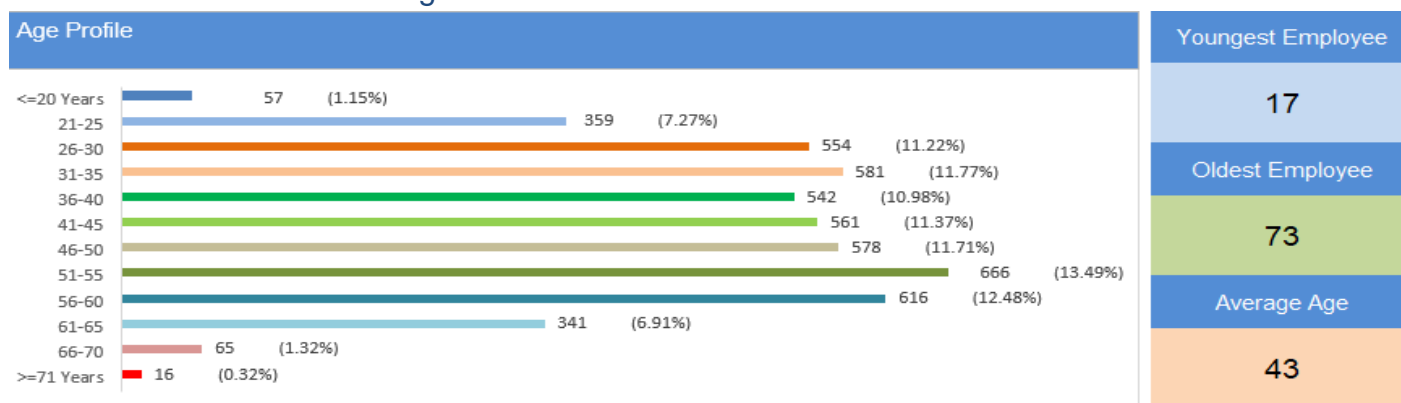
- The highest number of staff (13.49%) fell into the 51 – 55 age bracket followed closely (12.48%) in the 55 - 65 age bracket
- There is virtually equal parity between three age brackets, 31 – 35, 41 – 45, 46 – 50 (11.77%, 11.37% and 11.71% respectively)
- 10.98% of the workforce fall within the 36 – 40 age group
- 7.27% of our workforce fall within the 21 – 25 age range
- The smallest numbers of staff fall into the Under 20 (1.15%) and the 61 upwards (8.55%)

10.4.   Workforce Profile – Disability
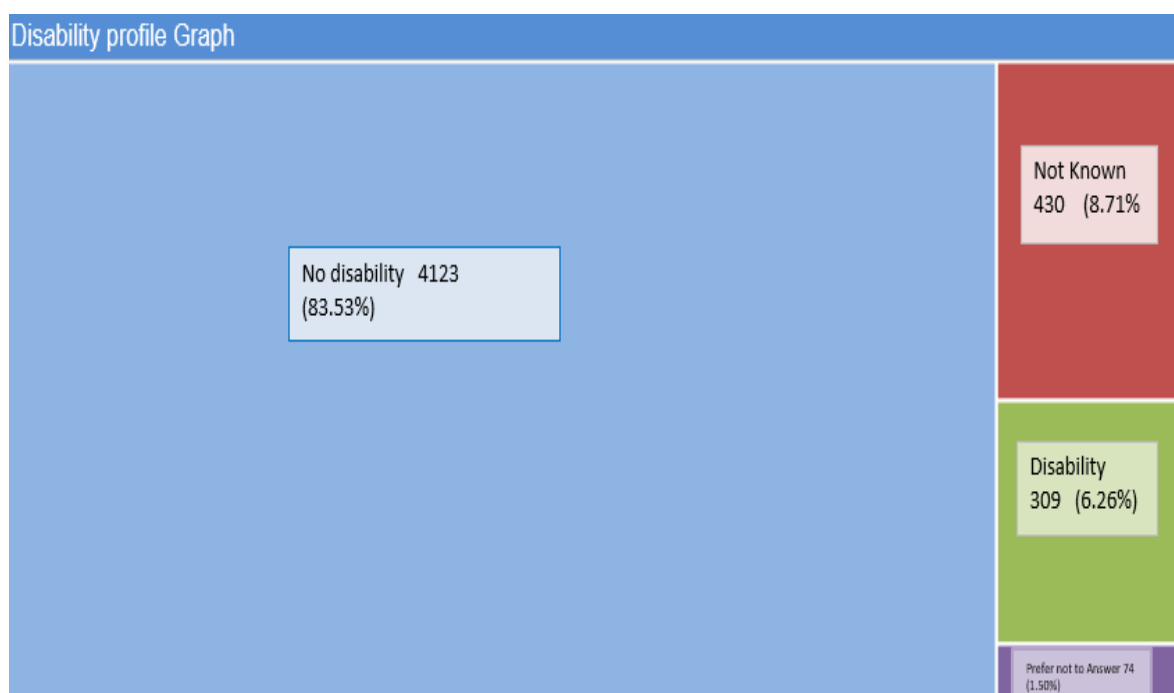
Of the 4,936 staff employed by the Trust;

- 6.26% considered themselves to have a disability compared with 83.53% who declared themselves as having no disability.
- The disability status of 8.71% of staff is not known and capturing this data is an area for improvement, bearing in mind that the Trust's ESR self-service is available for staff to access their own record and update as required.
- Additionally, 1.50% of staff have preferred not to declare their disability.

Further work will be carried out with managers to provide support for staff to ensure that individuals disability status is recorded and ensure reasonable adjustments are put into place where needed e.g.
- members of staff who have dyslexia have voice recognition software installed,
- assess workload pattern changes for staff with any mental health issues.

As a part of EDS goal 3 action plan, Workforce and OD will assess how we can further improve equality data collection on staff with disabilities to ensure appropriate reasonable adjustments are identified.

Ethnicity Category

Not Stated/Unknown	154 (3.12%)
BME	270 (5.47%)
White	4512 (91.41%)
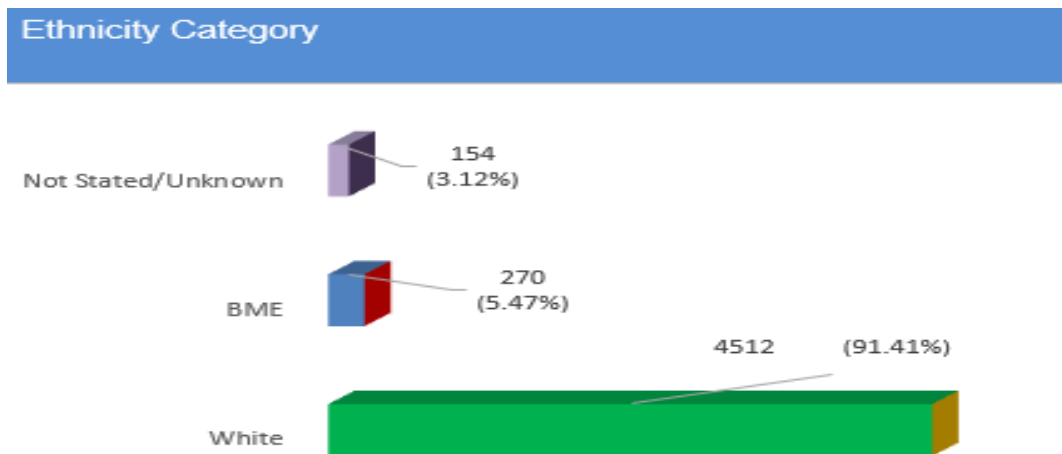
10.5.   Workforce Profile – Ethnicity

- 91.4% staff fall under the category or identify as White British
- 5.4% staff identify as BME*
- 3.12% of staff are categorised as Not stated / or unknown.

The BME representation is higher than the Trusts footprint of 3.7%. As part of the EDS goal 3, further analysis of this will be undertaken to ascertain reasons behind the non-declaration.

10.6.   Workforce Profile – Gender
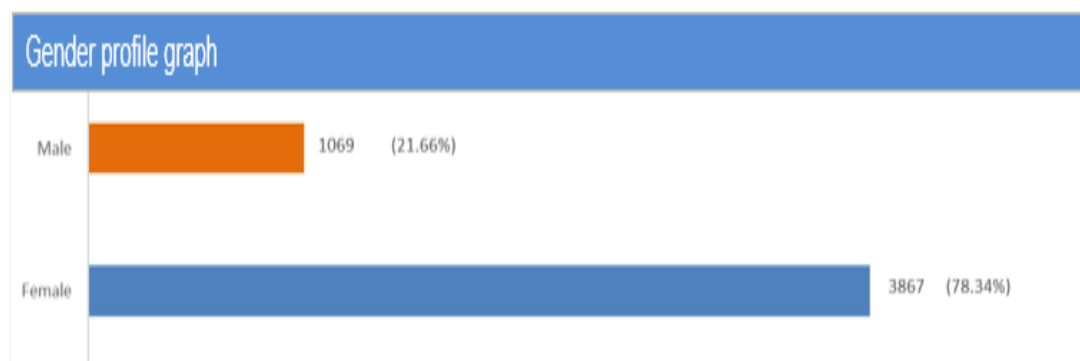
ESR data captured shows that more women than men are employed by the Trust. 78.34% of staff are Female and 21.66 % are Male

10.7.   Workforce Profile – Sexual Orientation
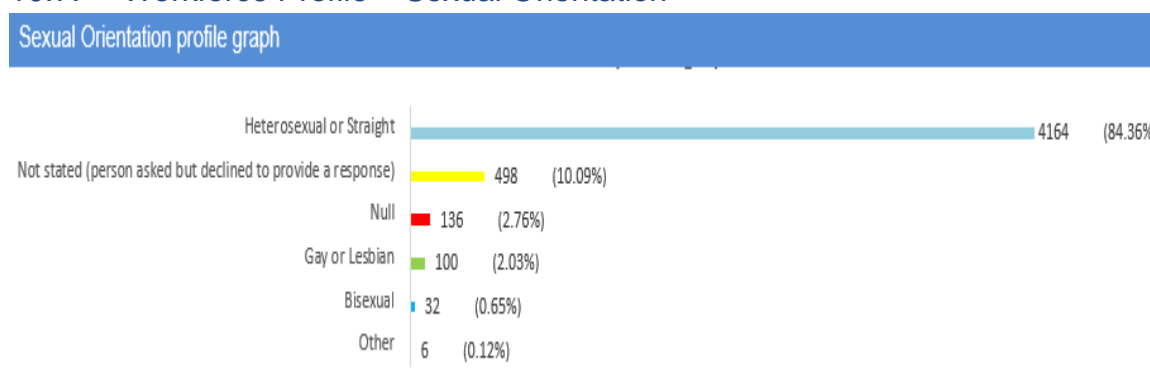
- ESR data captured shows that 84.36% of our staff indicated their sexual orientation as being Heterosexual or Straight.
- Collectively the figure for the Gay or Lesbian, and Bisexual category equates to a very small percentage of 2.65%
- The other category 0.12%
- There is further work to be done to understand why collectively 12.85% of staff did not either state or declined to give their view around sexual orientation. Work around this will be picked up via the EDS2 action plan

10.8.   Workforce Profile – Religion and Faith

Religious profile graph

Religion	Count	Percentage
Christianity	2622	(53.12%)
Atheism	986	(19.98%)
I do not wish to disclose my religion/belief	681	(13.80%)
Other	373	(7.56%)
Unspecified	144	(2.92%)
Islam	55	(1.11%)
Hinduism	44	(0.89%)
Sikhism	14	(0.28%)
Buddhism	10	(0.20%)
Judaism	4	(0.08%)
Jainism	3	(0.06%)
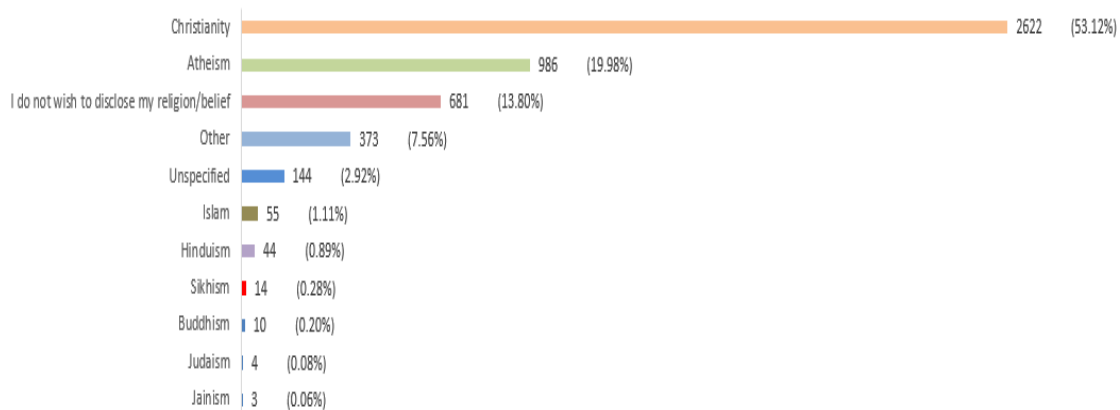
- In respect of this protected characteristic, 53.12% of staff in the Trust identifies themselves as being Christian.
- Collectively the faith populations in respect of Islam/ Hindu / Sikh/ Buddhism/ Judaism/ Jain faiths equates to 2.62%
- 19.98% of our staff indicated that they do not have any faith.
- 7.56% of our staff indicated a faith other than the traditional identified faiths above
- Collectively 16.72% either did not disclose their religion / faith or faith and Religion were unspecified.

11. Appendices

11.1.   Governance structure for Human Rights Equality, Diversity and Inclusion

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                          │          Trust Board            │
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                          │          HR Committee           │
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                    │ People and Organisation Development Committee │
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              │ Human Rights Equality Diversity Inclusion Programme Board │
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        │D-Ability Network│ │LGBTQ+ Network│ │ BAME Network │ │   Women's    │
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11.2.   Acronyms used in the report:

BME	Black and Minority Ethnic	NRLS	National Reporting and Learning System
CCG	Clinical Commission Group	PALS	Patient Advice and Liaison Service
CPD	Continuous Professional Development	PE	Patient Experience
CQC	Care Quality Commission	PSED	Public Sector Equality Duty
DNA	Did Not Attend	SWS	Staff Wellbeing Service
EqIA	Equality Impact Analysis	WDES	Workforce Disability Equality Standard
EDI	Equality Diversity and Inclusion	WRES	Workforce Race Equality Standard
EDHR	Equality Diversity and Human Rights		
EDS2	Equality Delivery System		
ESR	Electronic Staff Record		
GP	General Practitioner		
HR	Human Resources		
KPIs	Key Performance Indicators		
LD	Learning and Development		
LGBTQ++	Lesbian, Gay and Bisexual		

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EDS2	Equality Delivery System		
ESR	Electronic Staff Record		
GP	General Practitioner		
HR	Human Resources		
KPIs	Key Performance Indicators		
LD	Learning and Development		
LGBTQ++	Lesbian, Gay and Bisexual		