

Diversity and Inclusion Strategy 2016 – 2019



If you would like this strategy in another format that would better suit your needs, or in another language, please contact us on 0191 2035044 or email jane.miller8@nhs.net.

We welcome feedback on this

strategy, which is also published on our website

www.nhsbsa.nhs.uk. If you have please contact us using the details above.

any comments or questions



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Foreword

This strategy sets out our commitment to taking equality, diversity and inclusion into account in everything we do. This includes providing and transforming services, employing people, procuring goods and services, developing policies, communicating, or involving people in our work.

It has been designed in response to the legal requirements of the Equality Act (2010) and Public Sector Equality Duty (2011), our commitment to doing 'good business', and our goal to harness the benefits of diversity to deliver great services for our customers, and be an inclusive employer of choice. It builds on the success of the many actions and objectives that were achieved in our previous Equality Strategy for the period 2011 - 2015.

It provides a clear picture of the significant targets we have set in relation to diversity and inclusion. It is a long-term commitment driven by our vision and by the needs and wishes of our customers and staff. Our Board commits to monitoring our progress and reporting regularly and openly in line with the specific duties of the Equality Act (2010). Each year progress will be assessed on the delivery of our objectives and formulating new improvements for the future. This will make sure that we are making continuous improvements.

We look forward to the work ahead, facing the challenges, and meeting the actions we have set ourselves.



Silla Maizey
Chair



Nick Scholte
Chief Executive

1. Introduction and links to our broader strategy

This strategy is a public commitment of how the NHS Business Services Authority (NHSBSA) plans to meet the needs and wishes of our customers, clients and staff, in addition to the duties placed upon us by the Equality Act (2010) and Public Sector Equality Duty (2011). It also sets out how the NHSBSA recognises the differences between people, and how we aim to make sure that (as far as possible) any gaps and inequalities are identified and addressed.

Our Diversity and Inclusion Strategy is part of the NHSBSA's broader approach to Corporate Responsibility, and our 'Good Business' approach. For more details, read our [Good Business – Corporate Responsibility Strategy](#).

This strategy includes an action plan containing the 'equality objectives' we have set ourselves for the next four years. These have been set as a result of either; being a legal requirement, being recommended as good practice by Stonewall through our annual participation in their Workplace Equality Index, or being highlighted as a priority from the consultation and engagement we have carried out with our employees, managers (through our Extended Leadership Team), our Staff Diversity Network, and with customers.

Consideration of human rights is also an important factor in the production of this strategy and it underpins all our aims, objectives and actions towards addressing inequality and promoting diversity.

This strategy is a 'live' document, in that it will be regularly reviewed and strengthened. Work is also ongoing to explore how best to allow stakeholders to hold the NHSBSA to account for the commitments made, and to increase involvement and ownership in this strategy.

2. About us

The NHS Business Services Authority (NHSBSA) is a Special Health Authority and an Arm's Length Body (ALB) of the Department of Health (DH). We provide a range of critical central services to NHS organisations, NHS contractors, patients and the public.

The NHSBSA was created in 2006 by bringing together a number of previously separate NHS organisations. We still deliver the core range of services we started with and have taken on additional services as our stakeholders' needs have evolved (see figure 1 overleaf). Figure 2 explains the vision of the NHSBSA, including our strategic goals and values. The Diversity and Inclusion Strategy embodies all of our values and contributes to the delivery of many of our strategic goals. The Action Plan at Appendix 1 clearly states which strategic goals the actions in each objective area contribute to.

Figure 1: Our services

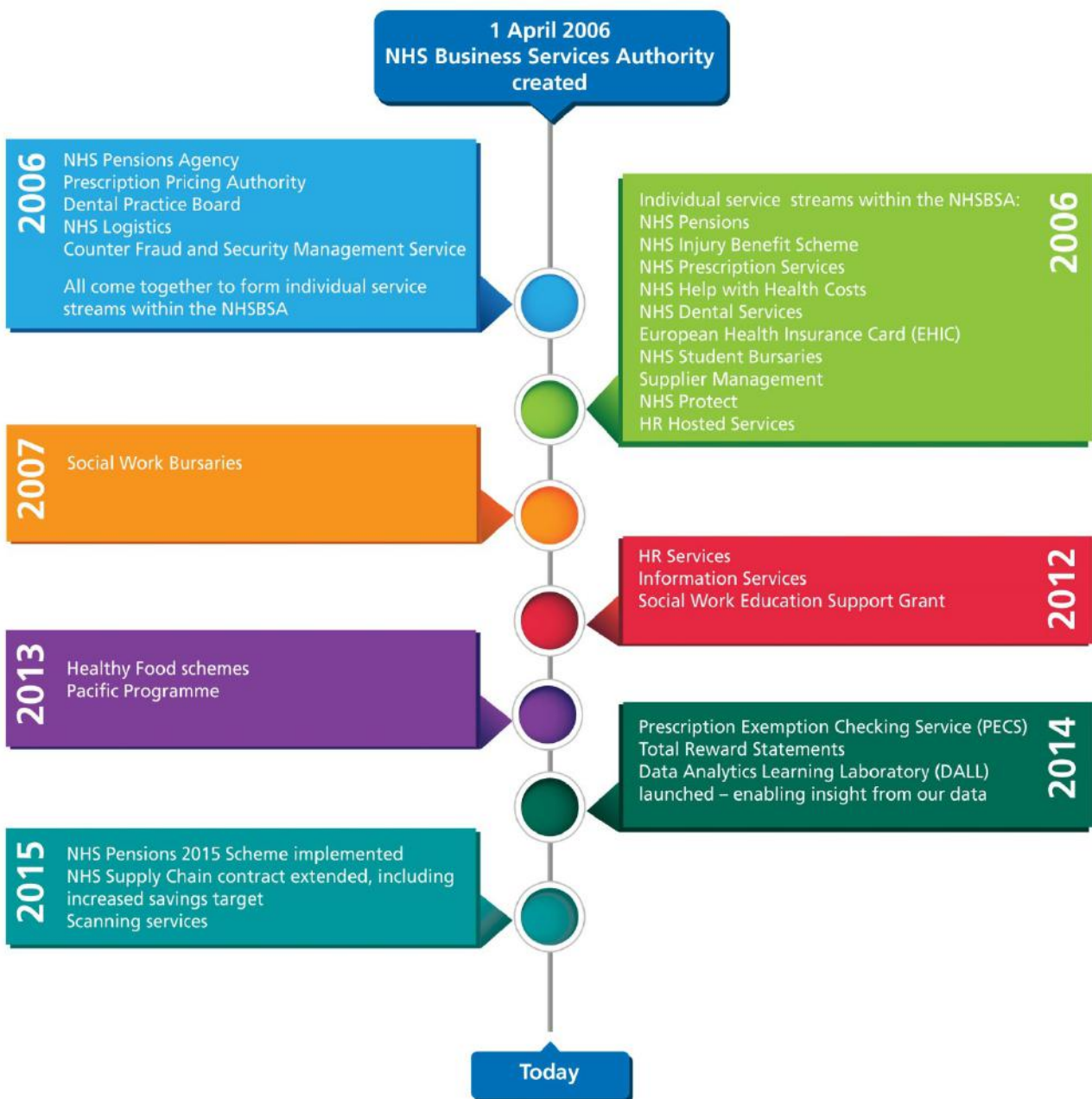


Figure 2: Our vision

Our strategic goals have been developed to ensure we can continue to meet our purpose and address threats and opportunities identified in the longer term.



3. Our vision

We aim to:

- Promote equality and diversity in employment and the services we provide; and employ a diverse workforce which is representative of the population we serve.
- Create an inclusive organisation which recognises the contribution of all staff, is supportive, fair and free from discrimination; and where all colleagues feel able to be themselves.
- Ensure that the NHSBSA is regarded as an employer of choice.

We will achieve this by:

- having a strategic approach to equality and diversity
- having policies and processes in place to prevent discrimination and ensure equality
- engaging with colleagues, customers and other stakeholders, working in partnership to promote diversity and tackle barriers to equality
- identifying and removing barriers to accessing our services
- treating all people as diverse individuals with their own experiences and needs
- finding creative, sustainable ways of improving equality and increasing diversity
- collating and analysing data to gain insight about experiences and barriers for staff and customers
- learning from what we do well and from where we can improve.

4. Meeting our duties

The Equality Act (2010) harmonised previous equality legislation, and further extended discrimination protection for those in employment, education and training, and in the provision of goods and services. Protection from discrimination under the Act is on the basis of the following 'protected characteristics':

- age
- disability
- gender reassignment
- marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief
- sex
- sexual orientation.

The Equality Act (2010) also imposes a Public Sector Equality Duty (PSED) on us which includes a general duty with three main aims. It requires the NHSBSA to have due regard for the need to:

- eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act (2010)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it
- foster good relations between people who share a protected characteristic and people who do not share it.

Having due regard means that we must take account of these three aims as part of our decision making processes – in how we act as an employer, how we develop and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others. We are also required to consider the need to:

- remove or minimise disadvantages suffered by people due to their protected characteristics
- meet the needs of people with protected characteristics
- encourage people with protected characteristics to participate in public life or in other activities where participation is low.

Complying with the PSED explicitly recognises that the needs of people with disabilities may be different from those of people who do not have a disability. This may mean making reasonable adjustments or providing services in a different way.

The general duty is underpinned by a number of specific duties which include the need for us to:

- set and publish specific, measurable equality objectives, at least every four years
- analyse the effect of our policies and practices on equality and consider how they further the PSED aims
- publish sufficient information to demonstrate we have complied with the general equality duty, at least annually, which must relate to our workforce and the people who are affected by our policies and practices, such as our customers.

5. The protected characteristics

The NHSBSA has a legal duty to ensure that, wherever possible, all people can use or access our services to the same standards regardless of any of the protected characteristics. We must demonstrate how we will promote equality and address the inequality, disadvantage and discrimination that people may face during their lives, related to the different protected characteristics, or a combination of these characteristics (sometimes referred to as 'multiple identities').

The following is a brief explanation of each protected characteristic. Although not in itself a protected characteristic, information about human rights is also included in this section, as this is relevant to each characteristic.



5.1 Age

The Equality Act (2010) protects people of all ages. Age equality is about responding to differences between people that are linked to age, and avoiding preventable inequalities between people of different ages. Ageism, the attitudes of others and the assumptions they make can have a dramatic effect on people's quality of life, access to services, employment, and other opportunities. However, different treatment because of age can be lawful if it can be justified as a way of meeting a legitimate aim (for example minimum age restrictions for the sale of some goods).



Some key statistics:

- The latest ONS Labour Market Statistics show that there is still a neglect of the over-50s by many UK employers, meaning that many over 50's are unable to fully utilise their skills and knowledge.
- Experiences of age discrimination were also common for younger groups, with under-25s at least twice as likely to have experienced discrimination than other age groups (ONS, 2016).

5.2 Disability

Under the Equality Act, a person has a disability if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities, which would include things like using a telephone, reading a book or using public transport.



The vast majority of disability groups prefer that the 'social model' of disability is promoted rather than the 'medical model'. This aims to address the social, environmental and attitudinal barriers that can cause social exclusion and reduced self-esteem amongst people with disabilities.

Some key statistics:

- There are over 11 million people in the UK with a limiting long term illness, impairment or disability (*Family Resources Survey, 2012*)
- The prevalence of disability rises with age. Around 6% of children have a disability, compared to 16% of working age adults and 45% of adults over State Pension age (*Family Resources Survey, 2012*)
- People with a disability remain significantly less likely to be in employment. In 2012, 46.3% of working-age people with a disability were in employment compared to 76.4% of working-age without a disability. This means there is a 30.1% gap between people with and without a disability, representing over 2 million people (*Labour Force Survey, 2012*)

5.3 Gender reassignment

The Equality Act provides increased protection for transgender people. A transgender person is someone who has a deep conviction that their gender – whether they are a man or woman – does not conform to the sex they were assigned at birth. Many transgender people wish to change their name and personal details, and live as a member of the gender with which they identify. The process is sometimes referred to as 'gender reassignment' or 'transitioning'.



The legislation covers individuals who appear as, wish to be considered as, have undergone, or are undergoing treatment to become a member of the opposite sex. Individuals who identify as 'non-binary' (a person who does not identify as solely male or female – they may identify as both, neither or something different) are also included.

Some key statistics:

- There is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are “likely to be gender incongruent to some degree”.
- Trans people have long endured high levels of prejudice (referred to as “transphobia”) and misunderstanding. This is manifested in numerous forms, including discrimination in a wide range of settings (including public services), hostile portrayal in the media, abuse and violence (including, in some cases, sexual assault and murder).
- About half of young trans people and a third of trans adults attempt suicide.

(All from ‘Transgender Equality Report’, House of Commons Women and Equalities Committee, 2016).

5.4 Marriage and civil partnership

The Equality Act protects employees who are married or in a civil partnership against discrimination at work (or in training for work), but does not provide protection against discrimination because of marriage or civil partnership in the provision of services.



Some key statistics:

- There are 60,000 couples in civil partnerships in the UK with an estimated 15,000 couples expected to convert to marriage status in the next three years (ENEI, 2015).

5.5 Pregnancy and maternity

A woman is protected against discrimination on the grounds of pregnancy and maternity during her pregnancy and any statutory maternity leave. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.



Some key statistics:

- New research suggests that around 54,000 new mothers may be forced out of their jobs in the UK each year.
- When mothers were allowed to work flexibly, around half reported negative consequences such as receiving fewer opportunities at work or feeling that their opinion was less valued.

(Equality and Human Rights Commission, 2015)

5.6 Race

Under the Equality Act 'race' includes colour, nationality and ethnic or national origins. There is a lower uptake of some health services by people from BME (black and minority ethnic) communities and also a higher incidence of some health conditions. Many people from BME communities report that they find it difficult to find information about some services and health conditions. In addition, staff from BME communities are under-represented in higher grade positions in the NHS.



Some key statistics:

- 18.4% of the UK population are from a black or minority ethnic background (ONS, 2011).
- The proportion of the UK population who admit to being racially prejudiced has risen since the start of the millennium. After years of increasing tolerance, the percentage of people who describe themselves as prejudiced against those of other races has risen overall since 2001 (British Social Attitudes survey, NatCen 2014)

5.7 Religion and belief

Under the Equality Act, 'religion' includes any religion which has 'a clear structure and belief system'. It also includes a lack of religion - in other words, employees or jobseekers are protected if they do not follow a certain religion or have no religion at all. 'Belief' means any religious or philosophical belief, or a lack of such a belief.

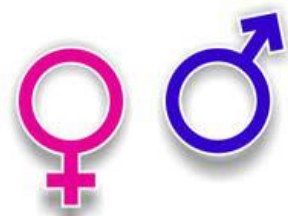


Some key statistics:

- An estimated 59% of England's population declare themselves to be Christian, followed by 25% who are of 'No religion', and 8% who follow 'Other religions', including 4.8% of the population who are Muslim (ONS, 2011).

5.8 Sex

Both men and women are protected under the Equality Act (2010). Sex equality means being treated the same as others in society regardless of being a man or woman, and having the same opportunities. So for example, the same access to job opportunities at the same rate of pay (relative to experience and qualifications), the same access to services, to work within policies and guidelines which don't discriminate because a person is a carer or parent, man or woman; and the same opportunities to develop careers and still have a family/home life.



Some key statistics:

- The current pay gap in the UK between men and women (based on full-time earnings) is 15%. When comparing part-time workers the gap increases further. Also this is a national average for both the public and private sectors, when looking at the private sector alone it increases to 19% (*Equality and Human Rights Commission, 2015*).
- Research published by Bright Horizons and Working Families has revealed that almost half of all millennial working fathers have taken sick leave to achieve a better work-life balance. The 2016 Modern Families Index found that fathers are feeling increasingly resentful towards their employers due to their lack of work-life balance (*ENEI, 2016*).

5.9 Sexual orientation

The Equality Act protects bisexual, gay, heterosexual (straight) and lesbian people, in addition to people who do not choose to identify as any of these.



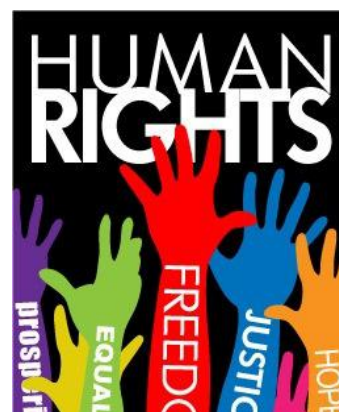
Some key statistics:

- One in sixteen people in the UK identify themselves as LGBT, which is over 3.7 million people (*Northern Pride Report, 2016*).
- YouGov polling shows that in the past 5 years 2.4 million people in the UK have witnessed verbal homophobic bullying at work, and 800,000 have witnessed physical homophobic bullying in the workplace (*Stonewall, 2015*).
- Only 45% of LGBT employees in the UK feel comfortable being out at work, and many LGBT people leave their jobs because of this. It's estimated that this costs the UK economy £678 million each year (*ENEI, 2015*).

Human Rights

Although not a protected characteristic, the Human Rights Act (1998) also has an impact on the way we provide our services. We must consider whether anyone's human rights may potentially be affected by our policies and practices, and if so, whether the impact is legal and justifiable. There are some rights under the Act which are more relevant within the NHS, including:

- the right to life (Article 2)
- the right not to be tortured or treated in an inhuman or degrading way (Article 13)
- the right to liberty (Article 5)
- the right to respect for private and family life, home and correspondence (Article 8)



- the right not to be discriminated against in relation to any of the rights contained in the European Convention (Article 14).

6. Accessibility of our services

This section outlines some key information about the accessibility of our services, including for customers with diverse communication needs in relation to the different protected characteristics. The Equality Act (2010) requires us to ensure that there are no barriers (as far as is reasonable), to accessing our services for people from different equality groups (protected characteristics), such as those with a disability / long-term health condition, those whose first language is not English, or older people. The Public Sector Equality Duty goes further and includes specific requirements which apply in situations where a person with a disability could be placed at a 'substantial disadvantage' compared with people who do not have a disability. Service providers must not put people with a disability at a substantial disadvantage by what is called a 'provision, criterion or practice', and an organisation must take reasonable steps to provide additional aids or services if this would enable (or make it easier for) a person with a disability to make use of any of its services. This includes a requirement to be proactive and anticipate that people with disabilities will need to access the service.

6.1 Accessing our services

Our Contact Centre Service is usually the first point of contact for our customers, who range from patients who need help paying for healthcare, healthcare students wanting to apply for a DH bursary, to members of the NHS Pension Scheme.

Customers with different accessibility requirements are supported to access the services we provide, which can be accessed through several means including online, via the telephone, or through the post. We use Language Line to provide verbal and written translation services for customers for whom English is not their first language, and BT TypeTalk and Sign It can be used by customers with hearing or speech impairments. Where we provide services in Wales in addition to England, such as the administration of the European Health Insurance Card scheme, our information and application forms are also provided in Welsh language versions. The majority of our forms and leaflets, such as those for the Help with Health Costs scheme, are available in large print, Braille, and on compact disc. We have also designed many of our forms, leaflets and customer information to be written in plain English, and our Help with Health Costs quick guide leaflet and claim form have both been awarded the Crystal Mark for clarity by the Plain English Campaign.

We also offer a form completion service for customers who need additional help. For example, customers applying for the NHS Low Income Scheme who have different needs due to a condition such as visual impairment have been supported to complete the 20-page application booklet with the costs incurred by support organisations in doing so reimbursed by the NHSBSA.

Our website has been designed with the objective of making information accessible to all users, including those with disabilities, and is AA accessibility compliant as defined by the W3C Web Content Accessibility Guidelines (WCAG) 2.0 (<http://www.w3.org/WAI/>) and 3.0 usability (<http://www.w3.org/standards/webdesign/>). It also meets the government digital services requirements for user experience in accordance with GDS Standard 13 (<https://www.gov.uk/service-manual/digital-by-default>). Going forward, as we digitise our services we will ensure that there is appropriate assisted digital support for customers who require it (for example due to a disability).

6.2 Information about our services

Information about the services we provide is published on our website www.nhsbsa.nhs.uk, in our Annual Report, Annual Plan, and on www.nhs.uk. Customer and public information is available in other languages or formats such as large print or Braille, upon request to us, and this is made clear on our website.

6.3 Complaints and satisfaction about our services

Complaints are an important source of information for monitoring impact on equality and can support the identification of potential discrimination. The NHSBSA takes all complaints seriously and any complaints that have an equality element are shared with the Equality and Diversity Manager for specialist input. In addition, as part of the NHSBSA's commitment to ensuring that our complaints procedure is fully accessible, where a formal complaint has been made verbally, or the complainant needs help preparing a written formal complaint, this process is supported by us.

Appendix 1 – Diversity and inclusion action plan for 2016 - 2019

This action plan sets out our equality objectives to ensure we continue to improve our performance on Diversity and Inclusion, and meet our legal equality duties. The plan is set out to clearly show which of the protected characteristics each objective relates to. All of the objectives can impact on Human Rights and therefore Human Rights underpin each of the protected characteristics in the plan.

Objectives are grouped into the following key areas; 1) Leadership, Assurance and Performance, 2) Strategy and Policy, 3) Insight, 4) Service Delivery, Customer Experience and Transformation, 5) Our People, 6) Procurement and Contract Management, and 7) Communications and Engagement. Objectives in each area contribute to delivery of one or more NHSBSA strategic goals (please see page 6), and these are included in each section.

How our objectives have been set:





The key below indicates which objectives have been set as a result of either; being a legal requirement under the Equality Act (2010) and Public Sector Equality Duty (2011), being recommended as good practice by Stonewall through our participation in their Workplace Equality Index, or were highlighted as a priority during the consultation and engagement we have carried out with our employees, managers (through our Extended Leadership Team), our Staff Diversity Network, and with customers.

Each objective in the plan is marked with the relevant symbol(s), under the column headed 'Benefits/Rationale';

L – Legal requirement C – Customer consultation E – Employee consultation M – Management consultation S – Stonewall recommendation D&IN – Diversity and Inclusion Network consultation

Monitoring our progress:

Against each action is a 'Status' column, indicating the progress made against each action using the key below:

 Completed or in place  IP In Progress  Not progressing  Not due to start yet

Objective Area 1: Leadership, assurance and performance

The objectives in this area support the following **NHSBSA strategic goals**:



- We will always improve service and deliver great results for customers
- We will invest time in our people, and we will recognise them for their commitment, contribution and passion


Our **aims** are:

- Diversity and Inclusion Board Champions visibly demonstrate commitment for diversity and inclusion, to staff and externally
- Our Board is fully aware of the organisational benefits of diversity and inclusion, in addition to their obligations under Equality legislation
- There is clear governance and accountability for diversity and inclusion, and an Equality and Diversity Committee comprising senior leaders within the organisation to drive the agenda forward
- The NHSBSA works in collaboration with external organisations to benchmark and further improve our diversity and inclusion performance

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
a.	Non- Executive and Executive Diversity and Inclusion Board Champions to continue in their roles	Diversity and Inclusion (D&I) issues are championed at Board and Leadership Team levels (L, S)	Chair Director of Service Delivery	Ongoing	Exec and Non-Exec Champions in place, who champion D&I issues at Board and LT level	☺	✓	✓	✓	✓	✓	✓	✓	✓
b.	The Diversity and Inclusion Committee to continue to monitor performance against this strategy, and provide assurance to the Board	Senior representatives who are members of the Committee are accountable for actions within this Strategy (L, S)	Diversity and Inclusion Committee E&D Manager	Ongoing	Diversity and Inclusion Committee provide assurance to the Board	☺	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
c.	The Board to receive refresher training on Diversity and Inclusion (at least every 3 years)	The Board are aware of their responsibilities, legal changes, best practice and benefits (L)	Corporate Secretary E&D Manager	Next due Year 1 31/12/16 Then due Year 4	All Board members to have received refresher training	✓	✓	✓	✓	✓	✓	✓	✓	✓
d.	Chief Executive and/or Non-Exec or Exec Board Champions to attend a Diversity and Inclusion Staff Network meeting annually	Board level commitment to both D&I and the Diversity and Inclusion Staff Network is demonstrated to staff (S)	Chair / Chief Executive / Director of Service Delivery	Annually Mid – Year 1 30/08/16	Diversity and Inclusion Staff Network meeting (s) attended	✓	✓	✓	✓	✓	✓	✓	✓	✓
e.	Chief Executive and/or Non-Exec or Exec Board Champions to speak at an D&I awareness raising internal or external event(s)	Board level commitment to D&I is demonstrated to staff and the profile is raised (S)	Chair / Chief Executive / Director of Service Delivery	Mid - Year 1 30/08/16	Event delivered	✓	✓	✓	✓	✓	✓	✓	✓	✓
f.	Senior representatives of Diversity and Inclusion Committee communicate support of D&I to staff, engage with the Board and management to promote D&I, meet with the Diversity and Inclusion Staff Network, and speak at an awareness raising event	Senior management level commitment to D&I is demonstrated to staff and the profile raised. Greater partnership working between the D&I Committee and the D&I Staff Network is achieved (S)	Senior representatives of the Diversity and Inclusion Committee	Mid - Year 1 30/08/16	Message communicated, Diversity and Inclusion Staff Network meetings attended, and event(s) delivered.	✓	✓	✓	✓	✓	✓	✓	✓	✓
g.	Maintain membership of Stonewall's Diversity Champions Programme	Assurance gained from being externally performance measured	E&D Manager	Annually Next sub-	Annual submission to and performance			✓	✓					✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	and participate annually in their Workplace Equality Index, aiming to reach the Top 100 Employers list in the Index	and benchmarked against best practice and other employers, and make further improvements (S, D&IN)		mission due 05/09/16	within the Index, and outcomes of benchmarking implemented									
h.	Continue supporting Stages 1 and 2 of Project Choice, assess other services and expand to other areas	Young people with physical and/ or learning disabilities are given work and life skills by NHSBSA staff. Supports our Community Investment Strategy. (D&IN, E)	E&D Manager Diversity and Inclusion Committee	Ongoing Year 1 31/12/16	Placements and internships provided under the scheme in relevant areas		✓	✓						
i.	NHSBSA to become a national member of the Dementia Action Alliance, develop and implement action plan / charter	Supports our Community Investment Strategy. Will raise awareness amongst staff, supporting them personally and when providing services (D&IN, E)	E&D Manager Corporate Responsibility Manager	Year 1 31/12/16	NHSBSA become a national member. Action plan / charter developed and implemented	 IP	✓	✓						

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
j.	As part of our national membership of the Autism Alliance, deliver the pledges within the Charter we have committed to, obtain certification by 'Autism Connect' as an 'autism friendly' organisation	Supports our Community Investment Strategy and wider NHS policy. Will raise awareness amongst staff, supporting them personally and when providing services to customers (D&IN, E)	E&D Manager	Year 1 31/12/16	Pledges within the Autism Alliance Charter are delivered	 IP		✓						
k.	Pledge our commitment to NHS programme supporting NHS employment of people with learning disabilities	People with learning disabilities are encouraged to apply for jobs with us, supporting our aim to employ a diverse workforce (E)	E&D Manager	Year 1 31/12/16	Pledges within the Programme are delivered		✓							
l.	Internal Audit to be carried out of compliance with government mandates and legal requirements	NHSBSA gains assurance over internal practices relating to equality mandates and legislation (M)	Head of Risk and Assurance Diversity and Inclusion Committee	Year 1 31/12/16	Audit completed and an action plan agreed for any outcomes	✓	✓	✓	✓	✓	✓	✓	✓	✓

Objective Area 2: Strategy and policy

The objectives in this area support the following **NHSBSA strategic goals**:

- We will always improve service and deliver great results for customers
- We will invest time in our people, and we will recognise them for their commitment, contribution and passion

Our **aims** are:

- To be open and transparent about our performance on diversity and inclusion, and publish reports on our progress
- To have policies and processes in place to prevent discrimination, ensure equality and create an inclusive workplace where all staff feel able to be themselves
- Equality Analysis is used to ensure that our policies and procedures are fair, flexible and do not have a detrimental impact on any equality groups

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
a.	Prepare, publish and implement a new Diversity and Inclusion Strategy with Equality Objectives, which must be updated at least annually	E&D Manager Diversity and Inclusion Committee	Year 1 01/04/16 Ongoing	New Diversity and Inclusion Strategy approved by Board, published on NHSBSA website and intranet		✓	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
b.	Continue to prepare and publish annual update reports on progress against the Diversity and Inclusion Strategy	To ensure the Board monitor performance against this Strategy, and to provide evidence of how the NHSBSA complies with the general duties (L)	E&D Manager	Annually Year 1 report due 31/03/17	Annual reports approved by the Board, published on NHSBSA website and intranet	✓	✓	✓	✓	✓	✓	✓	✓	✓
c.	Report on D&I progress within the NHSBSA Annual Report	To provide evidence of how the NHSBSA complies with the general duties and key achievements for that year (L)	E&D Manager Head of Risk and Assurance	Annually Year 1 30/04/16	NHSBSA Annual Report published with D&I section included	✓	✓	✓	✓	✓	✓	✓	✓	✓
d.	Review the NHSBSA Equality and Diversity Policy and update if required	The policy continues to mirror changing legislation and reflect best practice on D&I (L)	E&D Manager / D&I Staff Network / D&I Committee	Year 1 31/12/16	Policy reviewed and any changes needed made	✓	✓	✓	✓	✓	✓	✓	✓	✓
e.	Review the reporting routes for staff under the Prevention of Bullying and Harassment Policy and update if required	All staff feel confident and able to raise any bullying or harassment issues (S)	E&D Manager Head of HR	Mid – Year 1 30/06/16	Reporting routes reviewed and any changes needed made	✓	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
f.	Continue to ensure all new and reviewed policies are assessed using the Equality Analysis Procedure	NHSBSA policies are compliant with equality legislation and no equality groups are discriminated against by a policy / practice (L)	E&D Manager	Ongoing	Equality analysis assessments are completed for all new / reviewed policies	😊	✓	✓	✓	✓	✓	✓	✓	✓
g.	Transgender guidance to be developed to underpin the Equality and Diversity Policy, and launched with an awareness raising campaign	Managers and staff are aware of their legal responsibilities and how best to support transgender staff, customers and job applicants. (L, S, D&IN)	E&D Manager D&I Staff Network / D&I Committee	Year 1 31/12/16	New guidance developed and implemented, with an awareness campaign launched			✓						✓
h.	Religious Observance guidance to be developed to underpin the Equality and Diversity Policy, and launched with an awareness raising campaign	Managers and staff are aware of their legal responsibilities and how best to support the different religious needs of staff, customers and job applicants. (L, M)	E&D Manager D&I Staff Network / D&I Committee	Year 1 31/12/16	New guidance developed and implemented, with an awareness campaign launched						✓	✓		

Objective Area 3: Insight

The objectives in this area support the following **NHSBSA strategic goals**:

- We will derive insight from data to drive change
- We will always improve service and deliver great results for customers
- We will invest time in our people, and we will recognise them for their commitment, contribution and passion

Our **aims** are:

- To gain more insight into the demographics of our diverse customer base, to identify their needs and any barriers they experience
- To identify and address any areas of under representation in terms of accessing and using our services, and any diversity trends in complaints
- To use this information to improve access to and experience of our public-facing services
- To use insight from workforce, pay, recruitment and staff survey information to recruit, employ and pay equally a diverse workforce which is representative of the general population
- To gain insight about experiences and barriers for staff, and address these if needed

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
a.	Collate, analyse and publish workforce, pay and recruitment equality information, with annual updates provided	E&D Manager Head of HR D&I Committee	Annually Year 1 report due 31/01/17	The information is monitored by the E&D Committee, the Board and published. Any issues / barriers are identified and addressed		✓	✓			✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
b.	Use insight to analyse experience of staff by protected characteristic, by including D&I questions and monitoring questions in the annual staff survey	We can identify if staff from equality groups have different experiences and views of the NHSBSA, and if themes emerge, plan action to address this (L, S)	E&D Manager Insight team	Annually Next due 31/12/16	Results of staff survey analysed by protected characteristic and reported to D&I Committee. Any necessary action planned.	✓	✓	✓	✓	✓	✓	✓	✓	✓
c.	Collate and analyse formal and informal anonymised staff data (e.g. disciplinary, grievance, etc. and reporting through the Diversity and Inclusion Staff Network).	Provide insight into D&I issues experienced by staff, and identify recurring themes or areas where issues are arising, so that remedial action can be taken (L, S)	E&D Manager / Head of HR / Diversity and Inclusion Staff Network	Ongoing Year 1 report due 31/01/17	Information collated and analysed, and any action taken if needed	✓	✓	✓	✓	✓	✓	✓	✓	✓
d.	Collate, analyse, monitor and publish the D&I results of customer satisfaction surveys for each service	Provides insight to measure customer usage and experience of services by protected characteristic, identify any issues / themes, and take action to address these. Provides evidence of how the NHSBSA complies with the general duties (L, S, M)	E&D Manager Insight team D&I Committee	Annually Year 1 report due 31/01/17	Customer equality data is monitored by the D&I Committee, the Board and published, and any issues / barriers are identified and addressed.	✓	✓			✓	✓	✓	✓	✓
e.	Expand the range of customer D&I data being captured so that	Any areas of under representation in terms of accessing and using	Head of Patient and	Year 2	Systems are in place to allow for customers	✓	✓				✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	demographic trends per service can be identified, to inform service development	services, are identified and addressed (L, M)	Customer Operations	31/12/17	monitoring information to be captured.									
f.	Ensure that user research carried out as part of 'discovery' for digitisation projects is representative of all protected characteristics	Insight gained is inclusive of all diverse groups, and leads to improvements made in the accessibility and customer experience of each service (L, M)	Insight Team	Ongoing Year 1 update 30/06/16	Processes are in place to ensure that user research is representative of all diverse groups	☹️ IP	✓	✓	✓	✓	✓	✓	✓	✓
g.	Improve the D&I data / issues captured from formal and informal customer complaints to give better insight	D&I trends in complaints can be identified across services and action taken to address this where needed (L)	Corporate Secretary E&D Manager	Year 2 31/12/17	Better MI is available from customer complaints, which provides insight		✓	✓	✓	✓	✓	✓	✓	✓
h.	Encourage staff to update their equality monitoring information on their individual ESR record	Staff have confidence in the confidentiality of their information. Disclosure rates for staff equality monitoring on ESR are improved and provide a more accurate reflection of the workforce (S, D&IN)	Head of HR	Year 1 30/08/16	Communications sent to staff and disclosure rates improved		✓	✓			✓	✓	✓	✓

Objective Area 4: Service delivery, customer experience, and transformation

The objectives in this area support the following **NHSBSA strategic goals**:


- We will always improve service and deliver great results for customers
- We will digitise 80% of customer and supplier interactions
- We will reduce our unit costs by 50%

Our **aims** are:

- To recognise the individual needs of our diverse customers and treat them fairly with dignity and respect, delivering great service
- To provide customers with the accessible information they need to use our services in a way that takes account of their individual needs
- As we transform our services and digitise, we ensure changes are compliant with equality legislation and use the opportunity to drive further improvement in the accessibility and customer experience of our services

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil - partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
a.	Ensure that Equality Analysis is undertaken for all Change Programmes, Projects and Continuous Improvement changes, and specialist advice provided during the project as needed	Changes are compliant with equality legislation, customers are not discriminated against and opportunities are not missed for improvements to be made to customer accessibility (L)	E&D Manager / Corporate Head of Business Transformation / Heads of Service	Ongoing Review 30/06/16	Equality analysis assessments are completed for all change projects and continuous improvement changes.	😊	✓	✓	✓	✓	✓	✓	✓	✓
b.	Include assurance of equality analysis taking place for all change projects, as a standing agenda item at monthly Portfolio Board meetings	Ensures that equality analysis is undertaken for all Change Programmes (L)	Corporate Head of Business Transformation	Year 1 31/03/16	Equality analysis assessments are completed for all change projects		✓	✓	✓	✓	✓	✓	✓	✓
c.	Ensure that accessibility issues are addressed as	Changes made as part of digitisation are compliant	E&D Manager		Equality analysis is incorporated		✓	✓			✓			

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil - partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	part of the NHSBSA goal to digitise 80% of our transactions	with equality legislation, customers are not discriminated against and opportunities are not missed for improvements to be made to customer accessibility (L)	Trans - formation Lead – Digitisation and Sourcing	Ongoing Year 1 30/06/16	into the digitisation programme for each service									
d.	Review the Digital Strategy to set different digitisation targets for each service, relevant to customer demographics, which contribute to the 80% overall target	Using insight from the 'discovery' phase of each digitisation project, and appropriate target is set for each service (M)	Trans - formation Lead – Digitisation and Sourcing	Mid – Year 1 30/08/16	Digital Strategy reviewed and new targets set per service	✓	✓				✓			
e.	Ensure that customer information is available in different formats and languages on request to meet individual customer needs	Customers have access to information in formats they can understand, that is relevant to them, and they can use (L, C)	Head of Comms	Ongoing	Information can be readily supplied in different formats on request, as per the Comms Strategy	😊	✓	✓			✓			
f.	Review the existing Translation Service contract(s), and ensure it continues to be fit for purpose	There are no language barriers to accessing our services and NHSBSA requests for translation of phone, email or written correspondence can be supported promptly. (L, E, C)	Head of Patient and Customer Operations E&D Manager	Year 1 31/12/16	The current provision is reviewed and changed if required.		✓				✓			

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil - partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
g.	Develop and launch a training package on supporting vulnerable customers, for all Contact Centre and Patient Services staff	Relevant staff are skilled to support vulnerable customers with different needs such as those who do not speak English, have a condition such as dementia, severe anxiety, learning difficulties, or literacy issues. (L, E, C)	Head of Patient and Customer Operations E&D Manager	Year 1 31/12/16	Training package in place and all CCS and Patient Services staff have attended.	 IP	✓	✓	✓			✓		

Objective Area 5: Our people

The objectives in this area support the following **NHSBSA strategic goals**:

- We will invest time in our people, and we will recognise them for their commitment, contribution and passion
- We will always improve service and deliver great results for customers


Our **aims** are:

- To ensure that the NHSBSA is regarded as an employer of choice
- To further increase the diversity of our workforce so that we are representative at all levels of the organisation, of the general population
- To create an inclusive organisation which recognises the contribution of all staff, is supportive, fair and free from discrimination; and where all colleagues feel able to be themselves
- To ensure that all colleagues feel able to challenge inappropriate behaviours, which do not represent the values of the NHSBSA
- All colleagues have an understanding of diversity and inclusion, their responsibilities, and the contribution they make within their specific roles
- Colleagues are actively engaged and involved in the development and delivery of our Diversity and Inclusion Strategy, through our Diversity and Inclusion Staff Network

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
a.	Maintain accreditation of the Disability Equality Award ('Two Tick' symbol)	E&D Manager Head of HR	Annually Year 1 31/12/16	Accreditation by JobCentre Plus is maintained	😊		✓							

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
b.	Review recruitment processes / campaigns, wording of adverts, where and how we are advertising, possible links with local schools, colleges or community groups, and incorporate actions to avoid unconscious bias	Our vacancies reach a wider, more diverse audience, and our recruitment processes are free of unconscious bias, which leads to a more diverse workforce which is representative of the population. (S, M, D&IN)	E&D Manager Head of HR	Year 1 31/12/16	Recruitment processes reviewed and changes made		✓	✓	✓	✓	✓	✓	✓	✓
c.	All staff to complete Diversity and Inclusion training, at least every 3 year, with a refresher module every year	All staff are informed of their duties and responsibilities around D&I, and how it can impact on their roles. (L, S, E, C)	E&D Manager Head of L&OD	Full module every 3 years Annual refresher	More than 90% of staff have completed the training	😊	✓	✓	✓	✓	✓	✓	✓	✓
d.	Review and expand the D&I training provided to include areas such as unconscious bias, multiple identities and distinct issues faced by minority groups	Staff understanding of D&I moves beyond legal requirements into more complex diversity issues (S, M, D&IN)	E&D Manager Head of L&OD	Year 2	Training expanded and launched		✓	✓	✓	✓	✓	✓	✓	✓
e.	Develop a separate D&I Induction module on LMS, which includes a message from a senior leader on our commitment to D&I	New starters are informed of their D&I duties and responsibilities and understand NHSBSA's commitment to D&I (L, S)	E&D Manager / Head of L&OD / Director of Service Delivery	Mid - Year 1 31/08/16	New module developed and launched		✓	✓	✓	✓	✓	✓	✓	✓
f.	Review and update the	Managers understanding	E&D		Training		✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	'Diversity and Inclusion for Managers' workshop to include unconscious bias in recruitment, multiple identities, etc.	of D&I moves beyond legal requirements to more complex issues and managers model correct values and behaviours (S, M,)	Manager / Head of L&OD / D&I Committee	Mid – Year 1 31/08/16	reviewed, updated and launched									
g.	All Managers to complete the 'Diversity and Inclusion for Managers' refresher training at least every 3 years	Managers are aware of their duties and responsibilities for equality, diversity and inclusion (L, S, E, C)	E&D Manager Head of L&OD	Year 2 31/03/17 Then annually	More than 90% of managers to have completed the refresher course.	✓	✓	✓	✓	✓	✓	✓	✓	✓
h.	Review the D&I aspects of the training provided to staff who deal with bullying and harassment issues (HR, SDN, TU Reps, etc.) and provide new training if needed	Staff who deal with bullying and harassment issues have an in-depth understanding of D&I issues and are equipped to support all staff (S)	E&D Manager Head of HR	Mid – Year 1 31/08/16	Training reviewed and new training provided if needed	✓	✓	✓	✓	✓	✓	✓	✓	✓
i.	Support Stonewall's 'NoByStanders' anti-bullying campaign, and encourage managers and staff to sign up	Increase awareness of the NHSBSA's zero-tolerance approach to bullying and harassment, and encourage staff to challenge unacceptable behaviour (S, M, D&IN)	Diversity and Inclusion Staff Network / D&I Committee	Year 1 31/12/16	Campaign publicised and more staff and managers sign up	✓	✓	✓	✓	✓	✓	✓	✓	✓
j.	Develop management guidance on managing diverse staff groups	Managers understand their D&I responsibilities for their staff and are equipped to deal with staff	E&D Manager Head of	Mid – Year 1	Guidance developed and implemented	✓	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	D&I issues (S, M)	HR	31/08/16											
k.	Manager and staff D&I achievements are assessed during appraisal	Managers and staff understand the contribution they make to D&I within their specific roles (S, D&IN, M)	E&D Manager Head of L&OD	Year 2 31/12/17	D&I measures incorporated into the ORO process and documentation	✓	✓	✓	✓	✓	✓	✓	✓	✓
l.	The Autism Alliance to provide autism awareness sessions for staff	Increase awareness of autism and contribute to building 'autism friendly' communities. Supports staff and customers (C, D&IN)	E&D Manager Autism Alliance	Year 1 31/12/16	Awareness sessions delivered		✓							
m	Provide 'Dementia Friends' awareness sessions for staff	Increase awareness of dementia and contribute to building 'dementia friendly' communities. Supports staff and customers (C, E)	Corporate Responsibility Manager	Year 1 31/12/16	Awareness sessions delivered	✓	✓							
n.	Continue to ensure Accessibility audits of our premises are carried out and make adjustments to premises where needed	Staff and visitors can access all NHSBSA buildings (L)	Head of Property and Facilities	Ongoing Annual update required	Up to date access audits have been completed and acted upon		✓							
o.	Ensure that as our premises are moved / renovated, D&I issues such as accessibility and multi-faith prayer needs	Staff and visitors can access all NHSBSA buildings. Staff who wish to pray at work have an appropriate space to do	Head of Property and Facilities	Ongoing Annual update required	D&I issues are considered and incorporated into the purchase / design of our		✓					✓		

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	are incorporated.	so, where possible (L, E)		properties										
p.	The Diversity and Inclusion Staff Network to continue in their role and contribute towards delivery of this strategy	All staff feel empowered and engaged with the NHSBSA, and contribute to this strategy (L, S, E, M, D&IN)	E&D Manager / D&I Staff Network	Ongoing Annual update required	D&I Staff Network provide updates to the E&D Committee at every meeting	😊	✓	✓	✓	✓	✓	✓	✓	✓
q.	Managers to support and promote the Diversity and Inclusion Staff Network by allowing local Network members 'airtime' in team meetings and supporting Network initiatives	Managers demonstrate commitment to D&I for their staff. Awareness is raised among staff and managers of the Network, D&I issues and initiatives (S, M, D&IN)	D&I Committee / All Managers / D&I Staff Network	Year 1 31/12/16	Diversity and Inclusion Staff Network regularly attend local team meetings and provide updates		✓	✓	✓	✓	✓	✓	✓	✓
r.	Diversity and Inclusion Staff Network to work in partnership with other relevant NHSBSA groups such as Mental Health First Aiders, Domestic Abuse Champions, Community/ Environment / Wellbeing Committee	Network / groups work together on overlapping issues to ensure staff are supported appropriately (S, M, D&IN)	E&D Manager / D&I Staff Network / Corporate Responsibility Manager	Year 1 31/12/16	Joint event with Network and other groups takes place		✓	✓	✓	✓	✓	✓	✓	✓
s.	Further strengthen links between D&I Committee and D&I Staff Network by establishing a 'reverse mentoring / buddying' scheme between members	Links between the strategic and staff D&I groups are strengthened. Senior Committee members gain a deeper understanding of D&I issues experienced by staff (S, D&IN)	E&D Manager / D&I Committee / D&I Staff Network	Mid-Year 1 30/06/16	Scheme launched and positive feedback received.	☹️ IP	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
t.	Develop and launch a formal 'Straight Allies' programme for staff	Visibly demonstrate NHSBSA commitment to sexual orientation equality. LGBT staff feel supported and accepted by straight colleagues to be themselves at work (S)	E&D Manager / D&I Committee / D&I Staff Network	Mid – Year 1 31/08/16	Programme developed and launched			✓	✓					✓

Objective Area 6: Procurement and contract management

The objectives in this area support the following **NHSBSA strategic goal**:

- We will always improve service and deliver great results for customers

Our **aims** are to ensure that:

- Diversity and inclusion issues are considered from the outset in all procurement and commissioning processes
- Diversity and inclusion criteria are included in specifications and requirements, and suppliers are scored appropriately for these
- Contractors are actively performance managed on their diversity and inclusion criteria and any underperformance is addressed

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
a.	Where Pre Qualifying Questionnaires (PQQs) are applicable, ensure that they take into account diversity and inclusion requirements	D&I issues are considered from the outset in the procurement and commissioning process (L)	Head of Strategic Sourcing	Annual update required	PQQs contain D&I specific questions	✓	✓	✓	✓	✓	✓	✓	✓	✓
b.	All contracts contain a requirement for suppliers to comply with equality legislation, including the Public Sector Equality Duty.	NHSBSA has assurance that contracted services meet the legal equality requirements that we are subject to (L)	Head of Strategic Sourcing	Annual update required	All contracts contain equality clauses where appropriate	✓	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
c.	D&I requirements are consistently considered and criteria is included in relevant procurement specifications and requirements	As contracts are awarded or renewed, D&I issues are incorporated and accounted for. Contracted services have to demonstrate their compliance to Equality legislation (L)	Head of Strategic Sourcing / Head of Finance	Annual update required	All relevant specifications include D&I criteria, which also forms part of the contract management process	✓	✓	✓	✓	✓	✓	✓	✓	✓
d.	Procurement and contract management practices with regard to D&I move beyond compliance towards best practice (as per Stonewall Index)	NHSBSA is regarded as demonstrating best D&I practice in public sector procurement (S)	Head of Strategic Sourcing / Head of Finance	Year 2	External benchmarking (such as the Stonewall Index)	✓	✓	✓	✓	✓	✓	✓	✓	✓
e.	Undertake an Equality Analysis and accessibility review of contracts managed by Supplier Management	Services provided are accessible and inclusive (L, M)	Head of Supplier Management	Year 1 31/12/16	Review completed	✓	✓	✓	✓	✓	✓	✓	✓	✓
f.	Review supplier requirements and audit their equality performance	NHSBSA gains assurance that suppliers are compliant with equality legislation (M)	Head of Finance	Year 1 31/12/16	Audit completed and an action plan agreed for any outcomes	✓	✓	✓	✓	✓	✓	✓	✓	✓

Objective Area 7: Communications and engagement

The objectives in this area support the following **NHSBSA strategic goals**:

- We will always improve service and deliver great results for customers
- We will invest time in our people, and we will recognise them for their commitment, contribution and passion
- We will derive insight from data to drive change

Our **aims** are to ensure that:

- Colleagues are actively engaged and involved in the development and delivery of this strategy
- We gather feedback and capture experiences from our staff and customers, and use this to improve the things we do
- We engage with colleagues, customers and other stakeholders to promote diversity and inclusion, and tackle barriers to equality
- The profile of the NHSBSA is improved as a service provider and employer of choice, for people from all diverse communities

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
a.	Consult and engage with staff and customers on our Diversity and Inclusion Strategy and equality objectives	Staff and customers have an opportunity to influence our Diversity and Inclusion Strategy, and objectives (L)	E&D Manager Comms Manager	Year 1 31/12/16	Outcomes of engagement incorporated into strategy and objectives	✓	✓	✓	✓	✓	✓	✓	✓	✓
b.	Update and expand the diversity and inclusion sections of the Hub and external website, with the new strategy and other relevant information	Staff and customers are able to easily find information about what the NHSBSA has in place in terms of D&I (L, S, E, C)	E&D Manager Comms Manager	Mid-Year 1 31/08/16 Ongoing	D&I sections of the Hub and website updated and expanded.	✓	✓	✓	✓	✓	✓	✓	✓	✓
c.	Diversity Events planner to be developed annually,	Staff gain an increasing awareness of D&I issues	E&D Manager /	Year 1	Plan implemented and regular	✓	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	for diversity related events and issues to be promoted to staff, ensuring all protected characteristics are covered, and where possible from a personal perspective	and their obligations across all characteristics. Positive staff role models and real experiences are highlighted through personal stories. (L, S, E, D&IN)	Diversity and Inclusion Staff Network / D&I committee	31/03/16 Then annually	diversity events and issues are promoted to raise staff awareness									
d.	Raise awareness of the Diversity and Inclusion Staff Network and members through the use of 'badges', email signatures, and profiles published on the Hub	Staff have a greater awareness of the Diversity and Inclusion Staff Network, know who the Network members are and how to contact them (S, E, D&IN)	E&D Manager / D&I Staff Network / Comms Manager	Mid-Year 1 31/08/16	Profiles published and other changes in place	✓	✓	✓	✓	✓	✓	✓	✓	✓
e.	Diversity and Inclusion Staff Network to host an event(s) for staff at each main site, to raise the profile of the Network and increase awareness of D&I issues	Staff gain an increasing awareness of D&I issues and have confidence to raise any D&I issues with Network members (S, D&IN)	E&D Manager / D&I Staff Network / D&I committee	Year 1 31/12/16	Diversity and Inclusion Staff Network host events at main NHSBSA sites	✓	✓	✓	✓	✓	✓	✓	✓	✓
f.	Support community engagement through staff participation in diversity-related community event(s) such as Pride or Mela festivals	Raises the profile of the NHSBSA as a service provider and employer of choice, for people from all diverse communities (L, S, C, D&IN)	E&D Manager / D&I Staff Network / Comms Manager	Mid-Year 1 31/08/16 Then annually	Staff supported to attend community events and profile of NHSBSA is raised with customers and the public	✓	✓	✓	✓	✓	✓	✓	✓	✓
g.	Support local D&I community group(s) through linking staff volunteering with minority	Supports our Community Investment Strategy and raises the profile of the NHSBSA	Corporate Responsibility Manager	Year 1 31/12/16	Colleagues are supported to volunteer for local D&I community	✓	✓	✓	✓	✓	✓	✓	✓	✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
	groups, local schools, etc.	(S, M)		groups, etc.										
h.	Develop and run a comms campaign to profile staff role models with different characteristics and multiple identities	Staff gain an increasing awareness of D&I issues and how these can impact upon people (S, M)	E&D Manager / D&I Staff Network / Comms Manager	Yr 1 31/12/16	Campaign developed and ran, with positive feedback received from staff	✓	✓	✓	✓	✓	✓	✓	✓	✓
i.	Ensure there is active and regular use of social media re the NHSBSA promoting D&I	Positive impact on the external reputation and profile of the NHSBSA, particularly for our diverse customers and job applicants (S)	Comms Manager E&D Manager	Annually Mid-Year 1 30/08/16	Social media posts sent and profile raised	✓	✓	✓	✓	✓	✓	✓	✓	✓
j.	Advertised or placed an article in LGBT media about the NHSBSA commitment to D&I, including sexual orientation equality	Positive impact on the external reputation and profile of the NHSBSA, particularly for our diverse customers and job applicants (S)	Comms Manager E&D Manager	Annually Mid-Year 1 31/08/16	Advert / article published in LGBT media			✓						✓
k.	Advertised or placed an article in mainstream media about NHSBSA commitment to D&I, including sexual orientation equality	Positive impact on the external reputation and profile of the NHSBSA, particularly for our diverse customers and job applicants (S)	Comms Manager E&D Manager	Annually Mid-Year 1 31/08/16	Advert / article published in mainstream media			✓						✓

Action	Benefits / rationale	Lead(s)	Time-scale	Measure of success	Status	Age	Disability	Gender reassignment	Marriage / civil partnership	Pregnancy / maternity	Race	Religion/belief	Sex	Sexual orientation
						Human rights								
i.	Celebrate successes and communicate our aspirations re our D&I work, internally and externally via the Hub, articles in the Loop, external media and other means such as goal posters where appropriate	Staff, customers, the public and other stakeholders are aware of the positive work the NHSBSA is doing on D&I (M)	E&D Manager Comms Manager	Annually Year 1 31/12/16	Articles, etc. published and awareness raised	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix 2 – Our equality analysis

Workforce and recruitment analysis

The tables and graphs below demonstrate our workforce information by protected characteristic, for the year from **1 October 2014 - 30 September 2015**. As at 30 September 2015, the NHSBSA employed 2763 staff, which was an increase in headcount of 116 from the previous year, from which comparisons will be made for the statistics below.

2.1 Summary of workforce by protected characteristic

Race

It can be determined from the tables below that Black and Minority Ethnic (BME) groups currently constitute 7.59% of the total workforce, a slight decrease of 1.89% from the previous year, which is a departure from what has been an increase year on year since 2010. The 7.59% workforce figure can be compared to the 18.4% of England's population being from BME groups (Census, 2011), so we are not yet representative of the general population.

1. Trend – Race by Year	BME %
30 September 2015	7.59%
30 September 2014	9.48%
30 September 2013	7.85%
30 September 2012	7.01%
30 September 2011	6.52%
31 March 2010	5.39%

2. Summary of Workforce by Race - Grouped	Headcount	Headcount %
White - British	2379	86.10%
Black and Minority Ethnic Groups	210	7.59%
Not stated and undefined	174	6.30%

3. Summary of Workforce by Race	Headcount	Headcount %
White - British	2379	86.10%
White - Other	41	1.48%
Mixed	16	0.58%
Asian or Asian British	126	4.56%
Black or Black British	13	0.47%
Chinese	7	0.25%
Other	7	0.25%
Undefined	0	0%
Not stated	174	6.30%

Race by NHSBSA site establishment

4. NHSBSA Site / Race	Newcastle (SH & BH)	Eastbourne	Mansfield	Wakefield	Bolton	Fleetwood	Coventry	London
White - British	88.3%	77.14%	87.5%	85.04%	74.63%	92.05%	73.91%	47.73%
White - Other	2.43%	8.57%	0%	2.36%	1.24%	0.76%	8.7%	19.32%
Mixed	0.52%	0%	0%	0.39%	0.75%	0.19%	0%	3.41%
Asian/Asian British	1.55%	5.71%	0%	5.12%	20.15%	0.19%	0%	7.95%
Black/Black British	0.37%	0%	0%	0.39%	0.25%	0.19%	0%	5.68%
Chinese	0.22%	2.86%	0%	1.18%	0%	0%	0%	0%
Other	0.07%	0%	0%	0.39%	0.50%	0%	4.35%	1.14%
Undefined	0%	0%	0%	0%	0%	0%	0%	0%
Not stated	6.55%	5.71%	12.5%	5.12%	2.49%	6.63%	13.04%	14.77%
Number of staff at site	1359 (up by 104)	35 (up by 7)	24 (up by 1)	254 (down by 1)	402 (up by 1)	528 (up by 24)	23 (down by 3)	188 (down by 14)
% of staff at each site from BME groups	5.16% (down by 0.26%)	17.14% (up by 13.57%)	0% (stayed the same)	9.83% (Up by 1.21%)	22.89% (Down by 0.56%)	1.33% (down by 0.06%)	13.05% (up by 1.51%)	37.5% (Down by 4.65%)
% population by region and LA Area, from BME groups	North East 4.7% Newcastle 11.01%	South East 9.3% Eastbourne 6.64%	East Midlands 10.8% Mansfield 3.3%	Yorkshire & Humber 11.20% Wakefield 4.79%	North West 9.8% Bolton 12.78%	North West 9.8% Wyre 3.78%	West Midlands 17.4% Coventry 19.28%	London 40.2%

Table 4 above reveals our workforce, grouped by ethnicity and NHSBSA site. For comparison purposes, the two sites in Newcastle (Bridge House and Stella House) have been grouped together. In addition, the 50 home-based or regional staff have not been included. The row labelled 'total percentage of staff at each site from BME groups' can be compared with the row below, which highlights the percentage of the local population for that area who are from BME groups. There are two figures provided for the local population – the Local Authority Area percentage and also the regional percentage, as the geographic areas that job applicants are traditionally drawn from are widening over time, as people are commuting further from home to work. For example, 5.16% of our staff based in Newcastle upon Tyne are from BME groups, which is fairly representative of the 4.7% of the overall North East population from BME groups, but significantly lower than the 11.01% of the Newcastle upon Tyne city population from BME groups (Census 2011).

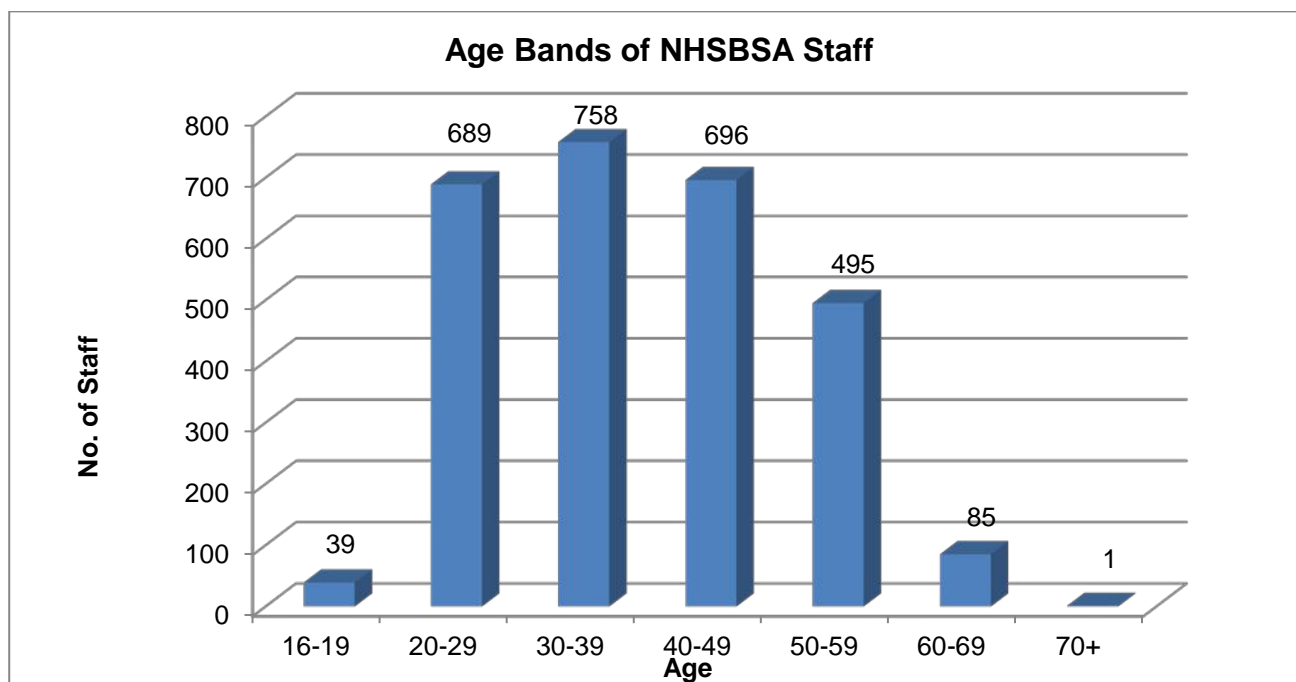
It can be seen that the sites with the highest percentage of staff from BME groups are London (37.5%), and Bolton (22.89%), followed for the first time by Eastbourne (17.14%). The site with the lowest percentage is Mansfield (0%), followed closely by Fleetwood (1.33%). Newcastle, London and Wakefield are the sites that are most representative of their regional populations, with 5.16% of Newcastle staff being from BME groups compared to 4.7% of the North East population, 9.83% of Wakefield staff compared to 11.20% of the Yorkshire and Humber region, and 37.5% of London staff compared to 40.2% of the greater London population. It is interesting to note that some areas are over-representative, for example at Bolton, with 22.89% of staff compared to 12.78% of Bolton's population and 9.8% of the North West population. Also included in the table is a comparison from the previous year, for both the total amount of staff based at each site,

and the percentage of those staff who are from BME groups. In terms of total headcount, most sites have remained fairly static from last year, other than; Newcastle which has increased headcount by 104, Fleetwood which has increased by 24, and London which has decreased by 14. It is interesting to note that these sites have also seen a decrease (albeit marginally in Newcastle and Fleetwood) in the percentage of staff from BME groups. It appears that despite recruitment in Newcastle and Fleetwood, this has not led to a more racially diverse workforce. Whilst the Newcastle sites are still representative of the North East population, it is a concern for Fleetwood as it is not representative of its local population, and this will be monitored going forward. Conversely, it is positive to note that the increase in headcount of 7 at Eastbourne has also led to a significantly more racially diverse workforce, up by 13.57%.

Age

The information below reveals the age demographics of our workforce, which has remained fairly static from the previous year. The largest age group is employees aged between 30-39 years old, who constitute 27.43% of our workforce, closely followed by the 40-49 year old age group at 25.19%. There has been a slight increase in our youngest age groups, with 26.35% of staff aged under 30, compared to 25.54% previously.

5. Summary of Workforce by Age	Headcount	Headcount %
16 - 19	39	1.41%
20 - 29	689	24.94%
30 - 39	758	27.43%
40 - 49	696	25.19%
50 - 59	495	17.92%
60 - 69	85	3.08%
70+	1	0.04%

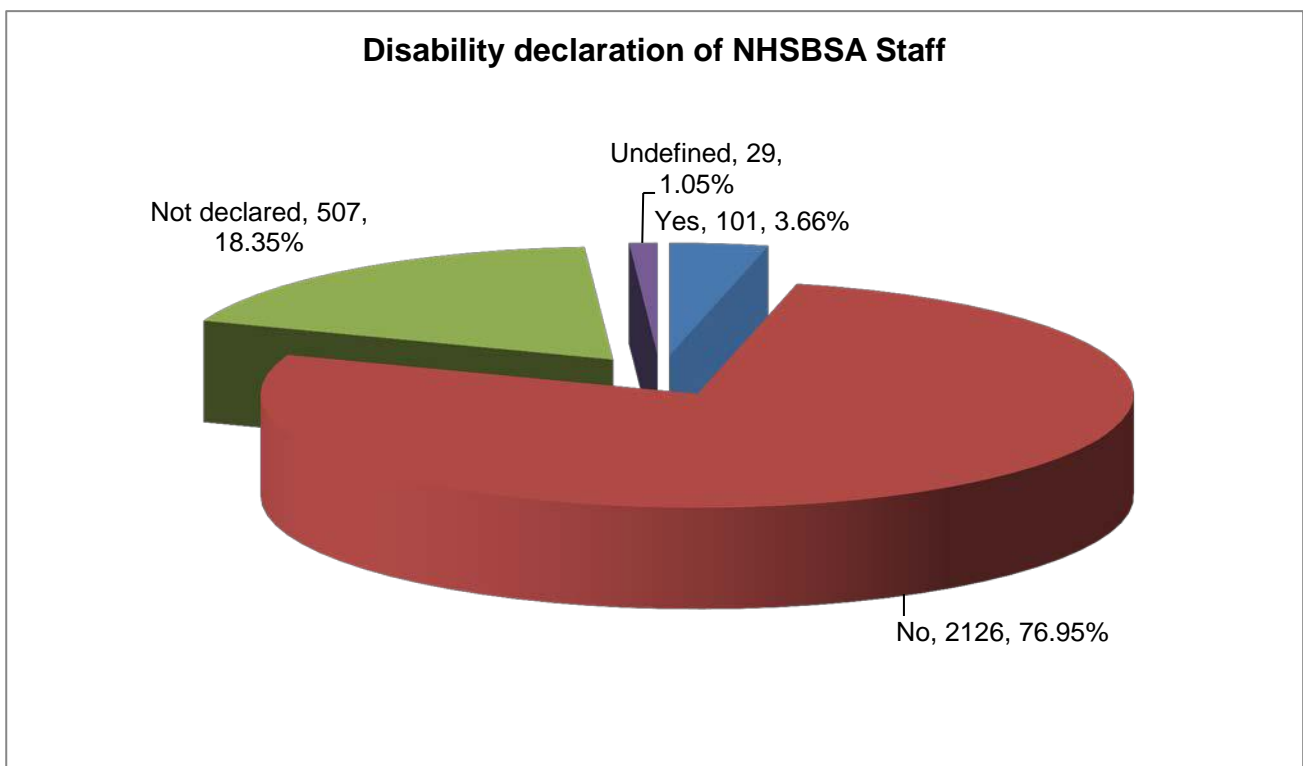


Disability

Table 6 and the chart below summarise our workforce by disability, with 101 staff (3.66%) having declared that they consider themselves to have a disability. Table 7 reveals that this has remained fairly static over the last two years. This can be compared to the 16% of UK working adults who have a disability, so we are not yet representative of the population.

6. Summary of workforce by disability	Headcount	Headcount %
No	2126	76.95%
Yes	101	3.66%
Not declared	507	18.35%
Undefined	29	1.05%

7. Trend - disability year	% Staff declaring a disability
30 September 2015	3.66%
30 September 2014	3.63%
30 September 2013	3.66%
30 September 2012	3.55%
30 September 2011	2.75%
31 March 2010	1.91%

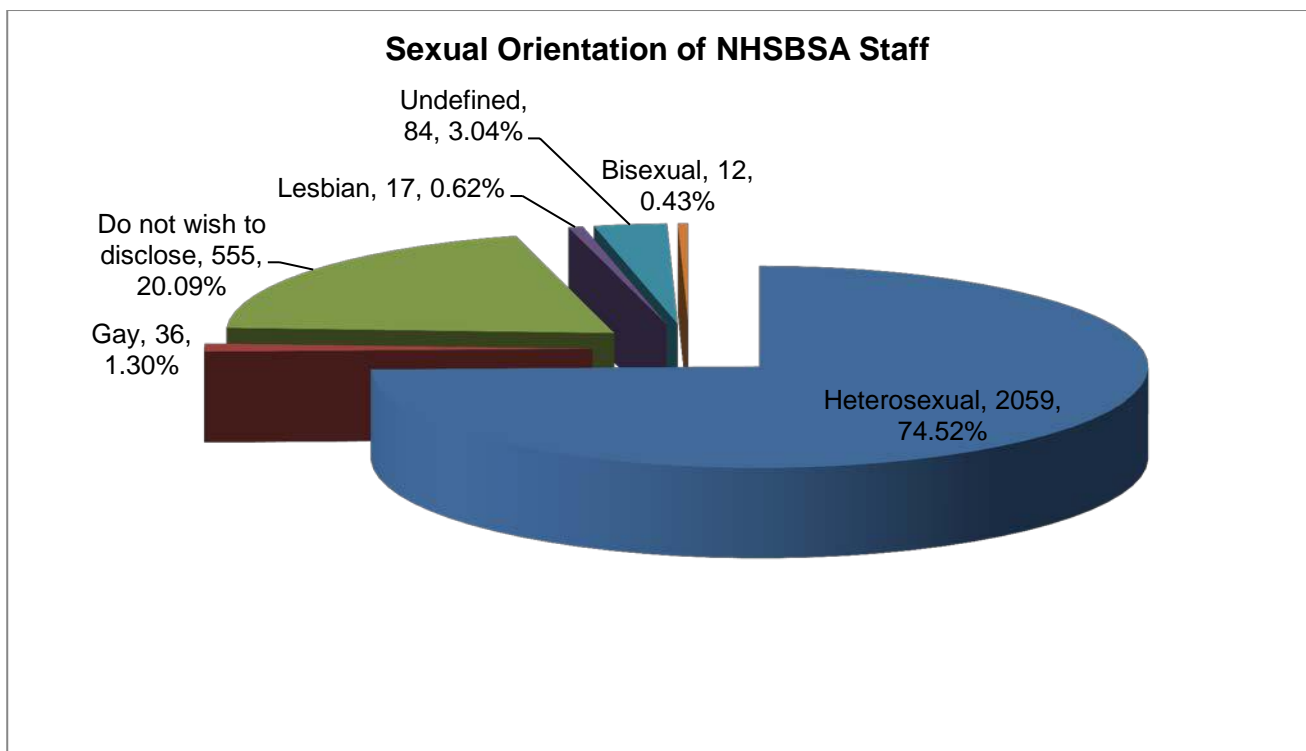


Sexual orientation

Table 9 and the chart below outline our workforce by sexual orientation. 65 staff (2.35%) have disclosed that they are LGB (Lesbian, Gay or Bisexual). This compares to an estimated 6.25% of the UK population who identify as LGB, so we are not yet representative of the general population. Table 8 reveals that this figure has improved slightly since last year (by 8 staff or 0.20%) which is encouraging. It is also positive to note that the percentage of staff overall disclosing their sexual orientation to us has increased from last year, from 74.34% to 76.87%.

8. Trend – Sexual orientation year	% of LGB staff
30 September 2015	2.35%
30 September 2014	2.15%
30 September 2013	2.15%
30 September 2012	2.20%
30 September 2011	1.8%
31 March 2010	1.35%

9. Summary of workforce by sexual orientation	Headcount	Headcount %
Bisexual	12	0.43%
Gay	36	1.3%
Heterosexual	2059	74.52%
Lesbian	17	0.62%
Total LGB	65	2.35%
I do not wish to disclose	555	20.09%
Undefined	84	3.04%

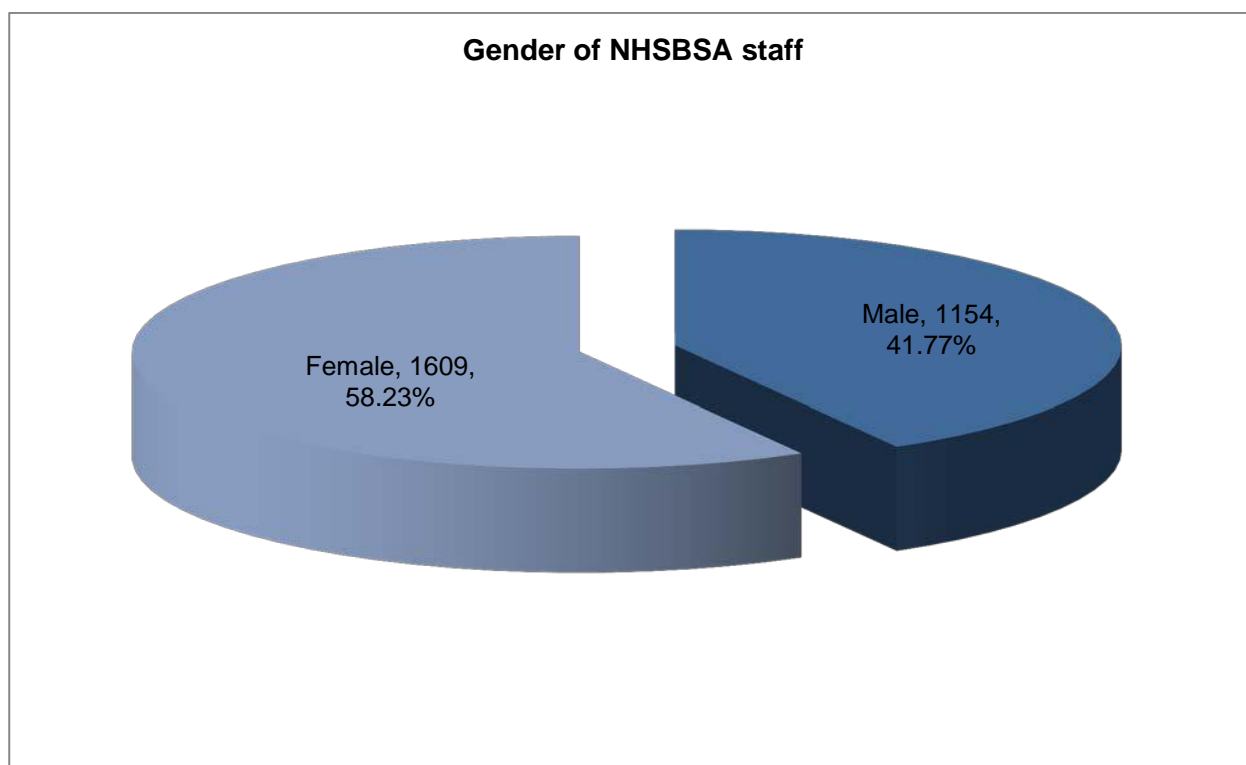


Gender

Table 10 and the chart below illustrate our workforce by gender, which is split between 58.23% of staff being female, to 41.77% male employees. This can be compared to England's population demographic of 51% women and 49% men (Census, 2011), so we are over-representative by women. Table 11 reveals that the gender split has remained fairly static since 2010.

10. Summary of workforce by gender	Headcount	Headcount %
Female	1609	58.23%
Male	1154	41.77%

11. Trend – gender by year	% Female staff	% Male staff
30 September 2015	58.23%	41.77%
30 September 2014	57.50%	42.50%
30 September 2013	57.56%	42.44%
30 September 2012	58.04%	41.96%
30 September 2011	58.42%	41.58%
31 March 2010	58.38%	41.62%



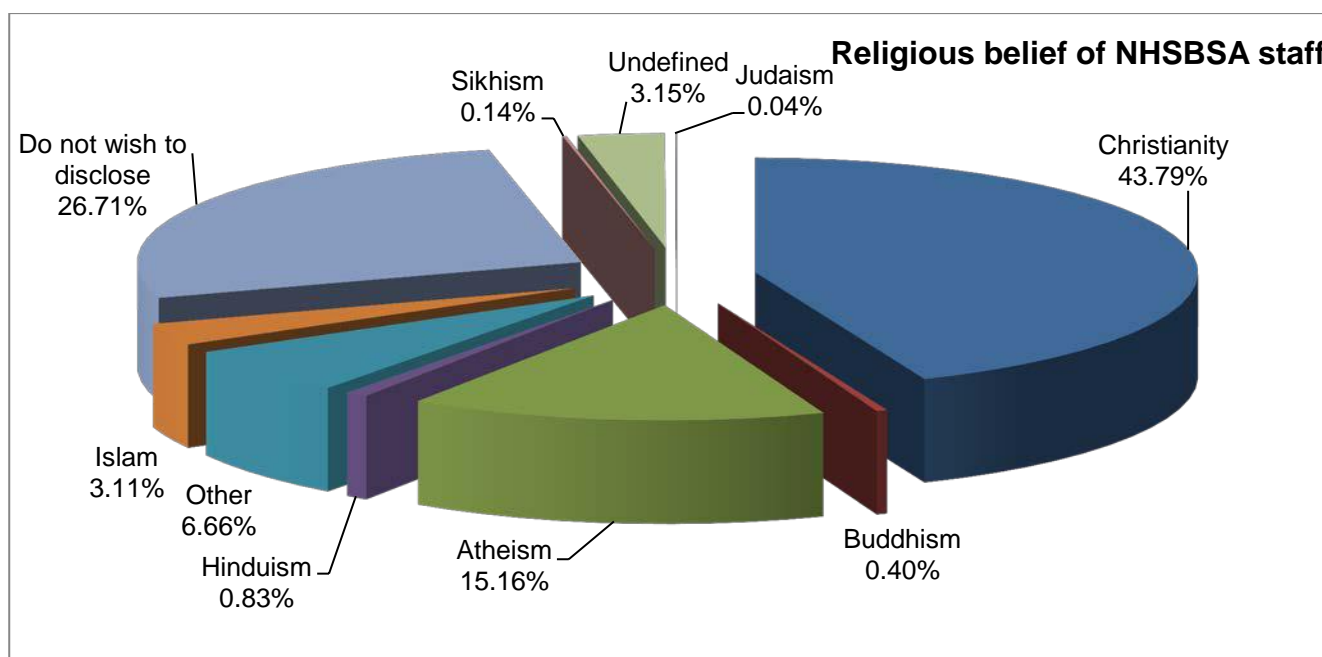
Religion and belief

Table 12 and the chart overleaf highlight the workforce by their religion or belief. The largest group remains Christianity at 43.79%, followed by 15.16% of staff who are Atheist or have no belief. 11.18% of staff follow a religion other than Christianity, which includes Buddhism, Hinduism, Islam, Judaism and Sikhism amongst others. This can all be compared to the estimated 59% of England's population who declare themselves to be Christian, followed by 25% who are of 'No religion or Atheist', and 8.4% who follow 'Other

religions' (Census, 2011). Table 13 reveals that the diversity of religions staff follow is increasing year on year (albeit with a very slight decrease this year).

12. Summary of workforce by religion and belief	Headcount	Headcount %
Atheism / no belief	419	15.16%
Buddhism	11	0.40%
Christianity	1210	43.79%
Hinduism	23	0.83%
Islam	86	3.11%
Judaism	1	0.04%
Sikhism	4	0.14%
Other	184	6.66%
I do not wish to disclose	738	26.71%
Undefined	87	3.15%
Total religions other than Christianity	309	11.18%

13. Trend – religion and belief by year	% of staff following 'other' religions
30 September 2015	11.18%
30 September 2014	11.30%
30 September 2013	11.04%
30 September 2012	10.54%
30 September 2011	9%
31 March 2010	7.54%



2.2 Equal pay analysis

Gender by pay band

The following tables reveal our workforce by gender and pay band, highlighted by headcount (table 14), percentages of the total of each gender per pay band (table 15), and the gender split in each pay band (table 16). There has been a significant increase of 115 employees in the headcount in Band 1, from 724 employees last year to 839 currently. Pay bands 2 and 3 have also seen increases in headcount, with 65.84% of our workforce now

in bands 1-3, compared to 62.41% last year. Bands 4-9 have all remained fairly static in total headcount.

Table 16 reveals that pay bands 1-6 still have significantly higher percentages of female staff, compared to male staff. This gender split is most noticeable at the differential between bands 6 and 7. However, it is very encouraging to note that the gender balance from band 6 upwards is continuing to improve. There has been an increase of men in Band 6 (which has historically been predominantly female), from 35.16% to 40.66%. In Bands 7 and above, which have been predominantly male, there has been increases in female staff of 0.81% in Band 7, of 2.84% in Band 8a, of 7.03% in Band 8b (which means there are now more women than men in band 8b), of 1.51% in Band 8d and of 30% in Band 9. This means that overall, the average of female staff in Bands 7-9 has increased by 5.43%, from 37.16% to 42.59%, which is very positive.

14. Headcount

Pay band	Male	Female	Total
1	350	489	839
2	233	427	660
3	124	196	320
4	56	70	126
5	60	125	185
6	37	54	91
7	128	82	210
8A	52	42	94
8B	25	29	54
8C	15	8	23
8D	14	7	21
9	2	2	4
Level 1A	8	2	10
Level 1B	21	61	82
Level 2	3	3	6
Level 3	2	4	6
Level 4	2	4	6
Medical MC01	3	0	3
Medical MC02	8	3	11
Personal Sal	11	1	12

15. Percentages (of total workforce)

Pay band	Male	Female	Total
1	12.67%	17.70%	30.37%
2	8.43%	15.45%	23.89%
3	4.49%	7.09%	11.58%
4	2.03%	2.53%	4.56%
5	2.17%	4.52%	6.70%
6	1.34%	1.95%	3.29%
7	4.63%	2.97%	7.60%
8A	1.88%	1.52%	3.40%
8B	0.90%	1.05%	1.95%
8C	0.54%	0.29%	0.83%
8D	0.51%	0.25%	0.76%
9	0.07%	0.07%	0.14%
Level 1A	0.29%	0.07%	0.36%

Level 1B	0.76%	2.21%	2.97%
Level 2	0.11%	0.11%	0.22%
Level 3	0.07%	0.14%	0.22%
Level 4	0.07%	0.14%	0.22%
Medical MC01	0.11%	0.00%	0.11%
Medical MC02	0.29%	0.11%	0.40%
Personal Sal	0.40%	0.04%	0.43%

16. Percentages (of each band)

Key:

>50% of staff

Pay band	Male	Female
1	41.72%	58.28%
2	35.30%	64.70%
3	38.75%	61.25%
4	44.44%	55.56%
5	32.43%	67.57%
6	40.66%	59.34%
7	60.95%	39.05%
8A	55.32%	44.68%
8B	46.30%	53.70%
8C	65.22%	34.78%
8D	66.67%	33.33%
9	50.00%	50.00%
Level 1A	80.00%	20.00%
Level 1B	25.61%	74.39%
Level 2	50.00%	50.00%
Level 3	33.33%	66.67%
Level 4	33.33%	66.67%
Medical MC01	100.00%	0.00%
Medical MC02	72.73%	27.27%
Personal Sal (Board)	91.67%	8.33%

2.3 Average pay analysis

The following tables reveal our workforce breakdown by average pay and protected characteristic, with the key below indicating which categories are above or below the average pay of the NHSBSA, which is currently £22,753 (based on WTE pay). Average pay overall has decreased slightly (by £349) from £23,102 in the previous year. This reflects the increase in headcount in pay bands 1-3 as referred to on page 53. It is encouraging to see that the average pay gap in the NHSBSA between men and women (currently £2794.91), has continued to reduce, by £326 since last year. This also reflects the better gender balance amongst the higher pay bands, as explained on page 53.

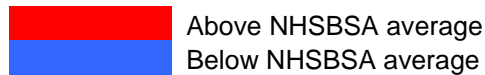
The average pay analysis for the other protected characteristics has remained fairly static over the last year. Our youngest employees (in the age range 16-19 years) continue to have the lowest average pay at £15,147, compared to the highest average pay of £28,871 for the 50-59 year olds. It appears that pay increases with work experience, until the 60-69 age bracket when it starts to reduce again, possibly due to staff in that age group using

flexible retirement options. For disability, there is very little difference between those who have declared that they have a disability and those who do not, however staff who chose not to disclose a disability do earn above average. This pattern continues with sexual orientation and religion or belief which may suggest that it is employees on the higher pay bands who are selecting the 'I do not wish to disclose' options when completing their equality monitoring. For Race, it is interesting to note that staff from BME backgrounds earn above the average pay, whereas 'White-British' staff earn below the average pay.

Average NHSBSA pay £22,753.12

(based on WTE pay)

Key



Gender

Male	£24,386.62
Female	£21,591.71

Age

50-59	£28,871.37
40-49	£25,859.61
60-69	£25,307.65
30-39	£21,517.81
20-29	£16,755.31
70+	£17,800.00
16-19	£15,147.21

Disability

Not declared	£24,680.65
Undefined	£17,686.45
No	£22,359.92
Yes	£22,838.87

Sexual orientation

Do not wish to disclose	£24,303.73
Heterosexual	£22,443.22
Undefined	£21,899.72
Lesbian	£23,507.76
Gay	£19,758.08
Bisexual	£17,907.92

Religious belief

Sikhism	£20,894.75
Do not wish to disclose	£24,093.58
Christianity	£23,523.94
Undefined	£21,743.68
Buddhism	£21,675.45
Atheism	£21,078.14
Other	£19,585.35
Hinduism	£23,316.04
Islam	£16,560.08

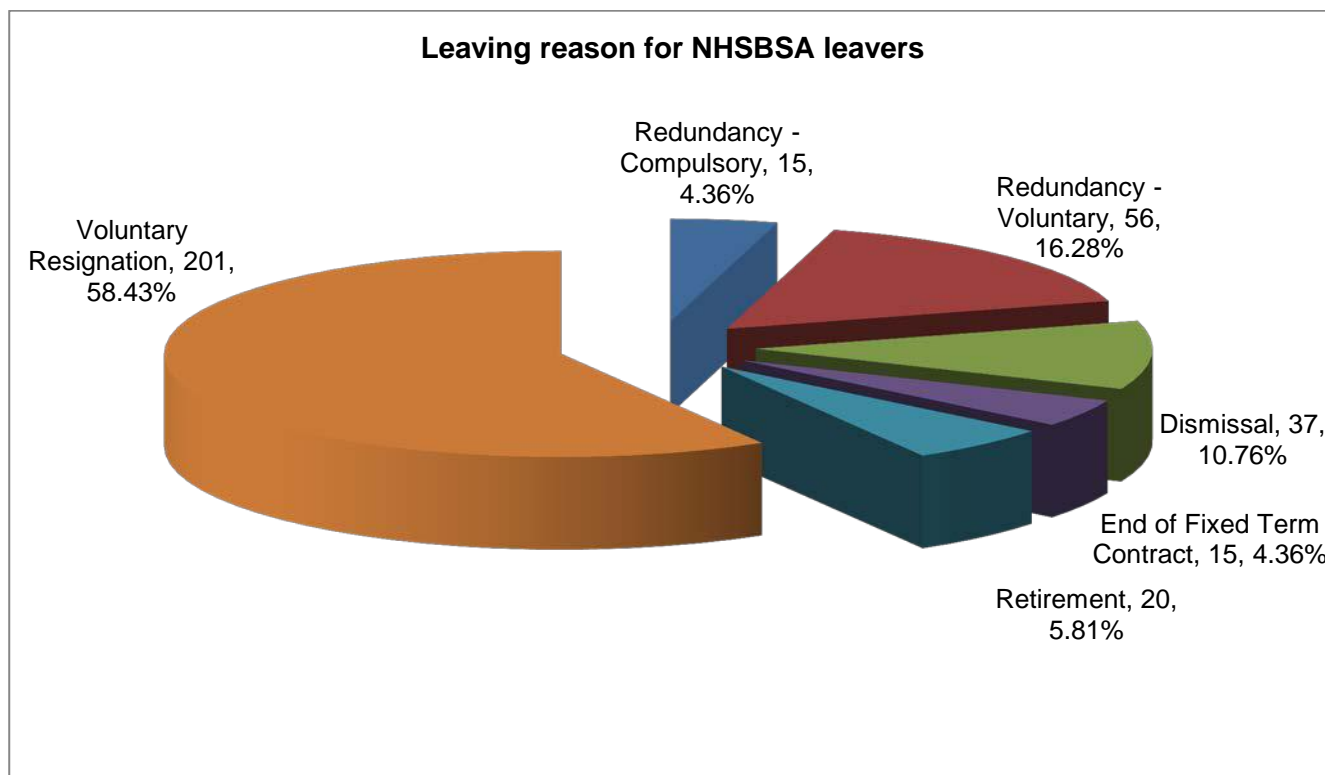
Race

Other	£24,065.33
White - British	£22,510.58
Not stated	£24,160.57
Undefined	£0.00

2.4 Summary of leavers by protected characteristic

The tables below give a breakdown of the 353 staff who left the NHSBSA in the year 1 October 2014 – 30 September 2015, by grouped reasons for leaving. The vast majority left for reasons of voluntary resignation (59.64% in total), voluntary redundancy (15.86%) and dismissal (10.48%).

Grouped	Number	%
Redundancy - Compulsory	15	4.25%
Redundancy - Voluntary	56	15.86%
Dismissal	37	10.48%
End of Fixed Term Contract	15	4.25%
Retirement	20	5.67%
Voluntary Resignation	201	56.94%
Death in Service	2	0.57%
TUPE transfer	5	1.42%
Other	2	0.57%



The following tables provide a breakdown of leavers by protected characteristic, and demonstrate that leavers were fairly representative of the workforce establishment as a whole for disability, with 3.12% of leavers having declared a disability compared to 3.66% of staff, and for sexual orientation as 1.98% of leavers were LGB compared to 2.35% of staff. However, for race, gender, age and religion / belief, leavers did not reflect the

workforce establishment. 11.91% of leavers were from a Black and Minority Ethnic Group, compared to only 7.59% of staff. 45.61% of leavers were male, compared to only 41.77% of total staff. 32.86% of leavers were aged under 30 years old, which is higher than the 26.53% of staff in that age group, and 15.3% of leavers followed a religion other than Christianity, compared to 11.18% of staff. Going forward, these areas will be monitored to identify whether a pattern emerges, and if so this will be investigated.

Leavers by Gender	Number	%
Male	161	45.61%
Female	192	54.39%

Leavers by Race	Number	%
White - British	276	78.19%
White - Other	11	3.12%
Other	3	0.85%
Asian or Asian British	20	5.67%
Black or Black British	8	2.27%
Undefined	11	3.12%
Not Stated	24	6.8%
Total BME leavers	42	11.91%

Leavers by Age	Number	%
16-19	16	4.53%
20-29	100	28.33%
30-39	71	20.11%
40-49	66	18.70%
50-59	66	18.70%
60-69	34	9.63%
70+	0	0%

Leavers by Sexual orientation	Number	%
Heterosexual	247	69.97%
Do not wish to disclose	71	20.11%
Lesbian	3	0.85%
Undefined	28	7.93%
Gay	4	1.13%
Bisexual	0	0%
Total LGB leavers	7	1.98%

Leavers by Disability	Number	%
Yes	11	3.12%
No	265	75.07%
Not declared	60	17%
Undefined	17	4.82%

Leavers by Religious belief	Number	%
Atheism	43	12.18%
Christianity	137	38.81%
Buddhism	1	0.28%
Do not wish to disclose	91	25.78%
Hinduism	3	0.85%
Islam	14	3.97%
Judaism	0	0%
Other	36	10.20%

Sikhism	0	0%
Total religions other than Christianity	54	15.3%
Undefined	28	7.93%

2.5 Recruitment information - summary of job applicants, shortlisted and appointed, by protected characteristic

We analyse recruitment data by protected characteristic, and are able to capture data on these from the point of application through to appointment. This data assists us in ensuring that our recruitment methods are fair and transparent for all, and supports us in our goal to recruit a workforce which is representative of the diverse population. During the year 1 October 2014 – 30 September 2015, 5,403 applications were received, with 1671 applicants shortlisted and 347 people appointed.

Race

The table below reveals that 20.6% of job applicants were from BME groups, which is slightly higher than the 18.4% of England's population from BME groups, and 7.59% of our staff. The second table shows the historical data for BME applicants for the different recruitment stages. The percentages of BME applicants are reducing at each stage of the recruitment process, albeit there does appear to be an overall trend towards this becoming more consistent each year, and this will be an area that will be closely monitored going forward to identify if any action is needed.

Race	Applications	%	Shortlisted	%	Appointed	%
White – British	4141	76.6%	1423	85.2%	309	89%
Any other white background	213	3.9%	47	2.8%	10	2.9%
Asian or Asian British	522	9.6%	84	5%	7	2.1%
Mixed	72	1.3%	13	0.8%	3	0.9%
Black or Black British	277	5.10%	31	1.9%	3	0.9%
Chinese	13	0.2%	8	0.5%	2	0.6%
Any other ethnic group	26	0.5%	3	0.2%	0	0%
Do not wish to disclose	139	2.6%	62	3.7%	13	3.7%
Grand Total	5403	100%	1671	100%	347	100%
Of which BME Groups	1123	20.6%	186	11.2%	25	7.4%

Data period	% of applications from BME groups	% of shortlisted from BME groups	% of appointed from BME groups
Oct 2014 – Sept 2015	20.6% (1123)	11.2% (186)	7.4% (25)
Oct 2013 – Sept 2014	28.4% (1186)	14.65% (139)	13.7% (36)
Oct 2012 – Sept 2013	22.65% (1263)	14.35% (229)	9.75% (5)
Oct 2011 - Sept 2012	35.8% (1045)	27.4% (209)	16.65% (25)

April 2010 – March 2011 (different time period)	16.2% (143)	6.95% (18)	1.37% (1)
April 2009 – March 2010 (different time period)	16.9% (1055)	12.5% (217)	8.8% (37)

Gender

The table below illustrates the gender breakdown of the job applications received in this period. 46.9% of applicants were male, and this can be compared to the 49% of the general population who are male, and the 41.77% of men in our workforce. The percentages of men shortlisted and appointed did reduce from the percentage of applications (46.9% to 43.1% shortlisted and 39.2% appointed), and this will be monitored going forward.

Gender	Applications	%	Shortlisted	%	Appointed	%
Male	2533	46.9%	720	43.1%	136	39.2%
Female	2842	52.6%	932	55.8%	208	59.9%
Do not wish to disclose	28	0.50%	19	1.10%	3	0.90%
Total	5403	100%	1671	100%	347	100%

Disability

The table below reveals that 5.2% of the applicants had declared a disability, which can be compared to the 16% of UK working adults who have a disability and 3.66% of staff who have declared a disability. It is very encouraging to note that this percentage remained consistent at all recruitment stages, with 5.1% of those shortlisted and 4.9% of those appointed having declared a disability.

Disability	Applications	%	Shortlisted	%	Appointed	%
Yes	280	5.2%	86	5.1%	17	4.9%
No	5038	93.2%	1560	93.4%	324	93.4%
Do not wish to disclose	85	1.6%	25	1.5%	6	1.7%
Total	5403	100%	1671	100%	347	100%

Age

The table below reveals that the percentages between applications, shortlisted and appointed remained fairly constant for all age groups, although the percentage of 20-29 year olds did increase from 34.9% of applications to 38.4% of those shortlisted and again to 41.5% of those appointed. It is encouraging to note that there was significant recruitment at either end of the age spectrum, with 4.1% of appointments made to those aged under 20, and 14.4% to those aged 50 and over.

Age group	Applications	%	Shortlisted	%	Appointed	%
16-19	187	3.5%	68	4.1%	14	4.1%
20-29	1887	34.9%	641	38.4%	144	41.5%

30-39	1360	25.2%	371	22.2%	77	22.2%
40-49	1134	21%	355	21.3%	61	17.5%
50-59	721	13.3%	206	12.3%	45	13%
60-69	98	1.8%	22	1.4%	5	1.4%
Over 70	0	0%	0	0%	0	0%
Undisclosed	16	0.3%	8	0.5%	1	0.3%
Total	5403	100%	1671	100%	347	100%

Sexual orientation

The table below reveals that 3.3% of applicants had declared that they were lesbian, gay or bisexual, which can be compared to an estimated 6.25% of the UK population and to 2.35% of staff who identify as LGB. It is positive to see that the percentages of LGB applicants remain constant at the shortlisted and appointed stages, with 3.4% and 3.5% respectively.

Sexual orientation	Applications	%	Shortlisted	%	Appointed	%
Heterosexual	4901	90.7%	1502	89.9%	313	90.2%
Lesbian	36	0.7%	12	0.7%	2	0.6%
Gay	85	1.6%	23	1.4%	3	0.9%
Bisexual	55	1%	21	1.3%	7	2%
I do not wish to disclose	326	6%	113	6.8%	22	6.3%
Total	5403	100%	1671	100%	347	100%
LGB applicants	176	3.3%	56	3.4%	12	3.5%

Religion and belief

The table overleaf identifies that 19.9% of applicants followed a religion other than Christianity, including Buddhism, Hinduism, Islam, Jainism, Judaism, and Sikhism amongst others. This can be compared to the 8.4% of England's population who follow 'Other religions' (Census, 2011), and 11.18% of our staff. It is encouraging to see that the percentages for most religions remained fairly consistent between the applications, shortlisted and appointed stages, with the exception of Islam, which reduced from 5.6% of applications to 3.4% of those shortlisted and 1.7% of those appointed. This will be monitored going forward.

Religion / belief	Applications	%	Shortlisted	%	Appointed	%
Atheism	983	18.2%	375	22.4%	93	26.8%
Buddhism	35	0.6%	10	0.6%	1	0.3%
Christianity	2729	50.5%	848	50.7%	169	48.7%
Hinduism	132	2.4%	14	0.8%	2	0.6%
Islam	302	5.6%	57	3.4%	6	1.7%

Jainism	4	0.1%	0	0%	0	0%
Judaism	17	0.3%	6	0.4%	0	0%
Sikhism	31	0.6%	3	0.2%	0	0%
Other	554	10.3%	152	9.1%	33	9.5%
Undisclosed	616	11.4%	206	12.3%	43	12.4%
Total	5403	100%	1671	100%	347	100%
Of which religions other than Christianity	1075	19.9%	242	14.5%	42	12.1%

2.6 Summary of disciplinary cases by protected characteristic

18 staff received disciplinary sanctions during the year. The tables below analyse these by protected characteristic, and reveal that 61.11% of the sanctions were given to male staff, which is significantly higher than the 41.77% of total male staff. In terms of race, 16.68% of the sanctions applied to staff from BME groups, which is higher than the 7.59% of staff from a BME background. These areas will be closely monitored going forward.

For age, 50% of the sanctions were given to 20-29 year olds, with the remainder spread across the 30-49 year olds. It is interesting to note that there were no sanctions given at either end of the age spectrum, for the under 20's or those aged 50 and over. None of the sanctions applied to staff who had declared a disability, or who were lesbian, gay or bisexual. 11.12% of the staff involved followed a religion other than Christianity, which is very representative 11.18% of staff who do so.

Gender		
Female	7	38.89%
Male	11	61.11%

Race		
White British	15	83.33%
White Other	0	0%
Asian or Asian British	2	11.12%
Chinese	1	5.56%
Black or Black British	0	0%
Mixed	0	0%
Not stated	0	0%
Total BME staff	3	16.68%

Age		
16-19	0	0%
20-29	9	50%
30-39	6	33.33%
40-49	3	16.67%
50-59	0	0%
60-69	0	0%
70+	0	0%

Disability		
Yes	0	0%
No	15	83.33%
Not Declared	3	16.67%

Religious belief		
Christianity	7	38.89%
Atheism	3	16.67%
Buddhism	0	0%
Hinduism	0	0%
Islam	1	5.56%
Judaism	0	0%
Other	1	5.56%
Sikhism	0	0%
Do not wish to declare	5	27.78%
Total following religions other than Christianity	2	11.12%

Sexual orientation		
Heterosexual	14	77.78%
Bisexual	0	0%
Gay	0	0%
Lesbian	0	0%
Do not wish to declare	4	22.22%
Total LGB staff	0	0%

2.7 Summary of grievance cases by protected characteristic

There were 9 grievances lodged during the year. The tables overleaf analyse these by protected characteristic, and reveal that 77.78% of the grievances were made by male staff, which is significantly higher than the 41.77% of total male staff. In terms of race, 11.11% of the grievances were made by staff from BME groups, which is higher than the 7.59% of staff from a BME background. Again, these areas will be closely monitored going forward.

For age, it is interesting to compare the breakdown to the disciplinary figures. Whereas no disciplinary sanctions were given to staff aged 50 and over, this was the age group lodging the most grievances, at 44.44% (which compares to 17.92% of total staff in this age group). Again, it is positive to note that none of the grievances were raised by staff who had declared a disability, or who were lesbian, gay or bisexual. Very similarly to the disciplinary figures, 11.11% of the staff involved followed a religion other than Christianity, which is representative 11.18% of total staff who do so.

Gender		
Female	2	22.22%
Male	7	77.78%

Age		
16-19	0	0%
20-29	3	33.33%
30-39	1	11.11%
40-49	1	11.11%
50-59	4	44.44%

60-69	0	0%
70+	0	0%

Race		
White British	8	88.89%
White - Other	0	0%
Asian or Asian British	1	11.11%
Black or Black British	0	0%
Chinese	0	0%
Mixed	0	0%
Not stated	0	0%
Total BME staff	1	11.11%

Disability		
Yes	0	0%
No	8	88.89%
Not Declared	1	11.11%

Religious belief		
Christianity	5	55.56%
Do not wish to disclose	2	22.22%
Atheism	1	11.11%
Other	1	11.11%
Buddhism	0	0%
Hinduism	0	0%
Islam	0	0%
Judaism	0	0%
Sikhism	0	0%
Total following religions other than Christianity	1	11.11%

Sexual orientation		
Heterosexual	8	88.89%
Bisexual	0	0%
Gay	0	0%
Lesbian	0	0%
Do not wish to disclose	1	11.11%
Total LGB staff	0	0%