

2017 Annual Report on Staff Equality, Diversity and Inclusion Data

Introduction

The Trust's position

We can only provide the highest quality healthcare to children and their families if we recruit the best possible staff, and if all these staff are treated with respect and are valued. The Trust has developed Our Always Values, a set of shared values and behaviours which characterise all our dealings with each other, our patients and families. We also have policies and procedures that help us to ensure rights and responsibilities are applied equitably, and we have processes that allow us to examine problems fairly and sensitively when they arise. We collect data and review what we do to help ensure that we are not inadvertently behaving in a way that disadvantages some people. Our aim is for equality and diversity issues to become mainstreamed across all that we do and that we take action to ensure that we:

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

The law

The Equality Act (2010) introduced a specific statutory duty (the Equality Duty) in April 2011 which is applicable to all public sector bodies. It requires that public sector bodies develop and work towards equality objectives. The Trust utilised the NHS Equality Delivery System 2 (EDS2) to develop our objectives for the period 2016 – 2019 (inclusive). From April 2015, EDS2 implementation by NHS provider organisations will be made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework and will continue to be a key requirement for all NHS clinical commissioning groups (CCGs). The objectives were ratified by Trust Board in January 2016 and a copy of these objectives is posted on our website (www.gosh.nhs.uk/about-us/equality-and-diversity).

This report

This report contains equality information relating to staff and should be read in conjunction with that regarding service users, a copy of which is also available on the GOSH website. Unless specified otherwise, all data contained within this report covers the period 01 Jan 2017 – 31 Dec 2017 (for simplicity this data has been titled 2017 data).

Workforce Demographic and Pay Information by Protected Characteristic

NB: Percentages in all tables have been rounded up or down and so may not always add up to 100.

Race

Ethnic Group	2017	2016	2015	2014	2013	2012	2011
White	67%	69%	72%	73%	73%	73%	72%
BME	29%	28%	27%	27%	27%	27%	28%
Not known	4%	3%	1%	0%	0%	0%	0%

Table 1 – Comparison of race/ethnicity of GOSH staff

Table 2 – Breakdown of ethnic origin of GOSH staff

Ethnic Group	2017	2016	2015	2014	2013	2012	2011
Asian	13%	12%	12%	12%	12%	11%	12%
Black	10%	9%	9%	9%	9%	9%	10%
White	67%	69%	72%	73%	73%	73%	72%
Other (inc Mixed)	7%	6%	6%	6%	6%	6%	6%
Not known	4%	4%	1%	0%	0%	0%	0 %

The 2011 census showed that 86% of the UK population is White British. Within Inner London this decreases to 57% of the population and in Camden, the proportion falls to 66%. Within London the proportion of White British people has decreased over recent years, whilst at GOSH the proportion of employed White British staff has remained virtually static. A potential reason for this is that significant numbers of jobs at GOSH, being specialist in nature, are not recruited from the local population; rather GOSH recruits from regional, national and international job markets. Similarly, our patient population comes from a wide geographical base and not simply our local community.

Table 3 – Staff group by ethnic origin

	Whi	ite	e BM		Unkr	nown
STAFF GROUP	2017	2016	2017	2016	2017	2016
Whole Trust	67%	69%	29%	28%	4%	3%
Administrative and Clerical	56%	58%	39%	38%	5%	4%
Allied Health professionals	86%	86%	12%	13%	2%	1%
Estates, ancillary and non-registered clinical support	47%	50%	49%	46%	4%	4%
Medical and dental	62%	64%	30%	30%	8%	6%
Nursing registered	82%	83%	15%	14%	3%	3%
Scientific and technical	62%	69%	36%	27%	2%	4%

The trends noted in last year's report have continued in that BME staff continue to be very significantly disproportionately underrepresented in Registered Nursing and Allied Health professionals. The Trust continues its close working relationship with Southbank University which is responsible for providing paediatric nursing students to the wards, in order to ensure that diversity is maximised at professional entry level.

Table 4 – Pay band by ethnic origin

White	BME	Not disclosed
39%	55%	6%
44%	52%	4%
54%	42%	4%
71%	25%	4%
72%	26%	2%
77%	21%	2%
82%	17%	1%
80%	18%	2%
85%	8%	7%
83%	3%	14%
100%	0%	0%
83%	7%	10%
100%	0%	0%
45%	55%	0%
	39% 44% 54% 71% 72% 77% 82% 80% 80% 85% 83% 100% 83% 100%	39% 55% 44% 52% 54% 42% 71% 25% 72% 26% 77% 21% 82% 17% 80% 18% 85% 8% 83% 3% 100% 0%

M&D Consultant	72%	27%	2%
M&D Junior	53%	32%	15%

Table 5 – Salary by ethnic origin

Salary	White		BME		Unknown	
	2017	2016	2017	2016	2017	2016
<£25,000 p.a.	59%	60%	37%	34%	4%	1%
>£40,000 p.a.	72%	77%	24%	23%	4%	1%

Following the trend of previous years, a disproportionate number of staff from BME groups continue to be overrepresented in lower Agenda for Change pay bands. These findings are likely to be indicative of the disproportionate numbers of BME staff who hold 'non-professional' jobs which attract a lower salary.

One of the Trust's Equality and Diversity objectives is focused on improving the representation of BME staff in senior Posts (bands 7 - 9). These are in addition to our other actions intending to prevent unfair discrimination in recruitment.

Age

Table 6 – GOSH staff by age

Age Range	% of total FTE workforce 2017	% of total FTE workforce 2016
16 to 29	31%	31%
30 to 49	52%	52%
50 to 59	13%	14%
60+	3%	3%

Table 7 – Staff groups by age

	16 to 29		30 to 49		50 to 59		60+	
Staff Group	2017	2016	2017	2016	2017	2016	2017	2016
Administrative and Clerical	26%	27%	52%	51%	17%	18%	5%	4%
Allied Health professionals	28%	26%	61%	60%	10%	12%	1%	2%
Estates, ancillary & non-registered clinical support	35%	16%	43%	46%	18%	30%	4%	8%
Medical and dental	4%	4%	73%	74%	16%	17%	6%	5%
Nursing registered	49%	48%	42%	44%	7%	7%	1%	1%
Scientific and technical	22%	29%	60%	56%	15%	12%	3%	3%
Total	31%	31%	52%	52%	13%	13%	3%	4%

Table 8 – Pay band by age

Pay Band	16 to 29	30 to 49	50 to 59	60+
Band 2	33%	35%	25%	8%
Band 3	41%	40%	15%	4%
Band 4	30%	47%	17%	6%
Band 5	68%	27%	4%	1%
Band 6	34%	54%	9%	2%
Band 7	12%	75%	11%	2%

Band 8a	4%	70%	24%	3%
Band 8b	1%	63%	25%	11%
Band 8c	4%	61%	31%	4%
Band 8d	0%	42%	49%	8%
Band 9	0%	75%	25%	0%
Local manager	0%	43%	40%	17%
Local non-manager	0%	84%	0%	16%
M&D Career grade	0%	70%	11%	18%
M&D Consultant	0%	58%	30%	11%
M&D Junior	9%	88%	3%	0%

Table 9 - Salary by age

	16-29		30-49		50-59		60+	
	2017	2016	2017	2016	2017	2016	2017	2016
<£25,000	55%	53%	32%	33%	10%	11%	3%	3%
>£40,000	1%	1%	70%	71%	23%	23%	6%	5%

The data shows that the Trust continues to employ relatively young staff, with the majority of staff falling into the 30-49 age bracket. The Trust continues its effort to consider any Bands 2 – 4 vacancies to determine if they could be converted into an apprenticeship post to increase the proportion of staff in the youngest age bracket. 36 Apprentices started in 2017 (up from 23 in the last reporting period).

The Trust is keen to support the retention of older workers and provides advice and policies to support this. However we do anecdotally know that as staff become older and some decide to raise a family, they may move away from London and choose to work within the community or with locally-based hospitals. The Trust offers a range of initiatives to try and retain such staff including a comprehensive flexible working policy open to all staff regardless of caring responsibilities, a staff hotel to support staff travelling long distances to work and an on-site subsidised staff nursery, holiday play schemes and salary sacrifice childcare vouchers.

Gender

Table 10 – Staff group by gender

	Fema	ale	Male	
STAFF GROUP	2016	2016	2016	2016
Whole Trust	77%	77%	23%	23%
Administrative and Clerical	65%	68%	35%	32%
Allied Health professionals	92%	93%	8%	7%
Estates, ancillary and unqualified clinical support	72%	42%	28%	58%
Medical and dental	53%	54%	47%	46%
Nursing and midwifery registered	94%	94%	6%	6%
Scientific and technical	75%	78%	25%	22%

The current proportion of male to female staff is unchanged at 23%:77%.

The promotion of NHS careers without any gender bias is aimed at addressing this imbalance, although societal drivers with regard to gender-related career choices are assumed to still be strongly influencing this picture.

Table 11 – Pay band by gender

Pay Band	Female	Male
Band 2	66%	34%
Band 3	75%	25%
Band 4	78%	22%

Band 5	87%	13%
Band 6	84%	16%
Band 7	83%	17%
Band 8a	71%	29%
Band 8b	76%	24%
Band 8c	65%	35%
Band 8d	58%	42%
Band 9	75%	25%
Local manager	50%	50%
Local non-manager	84%	16%
M&D Career grade	72%	28%
M&D Consultant	47%	53%
M&D Junior	59%	41%

Table 12 - Gender by salary

Salary		Female	Male	
	2017	2016	2017	2016
<£25,000 p.a.	81%	80%	19%	20%
>£40,000 p.a.	63%	65%	37%	35%

Gender Pay Gap

From April 2017 all employers of 250 or more employees are required to report on their gender pay gap, as of 31st March 2017. The gender pay gap is a measure of the difference between men's and women's average earnings across an organisation. It is expressed as a proportion of men's earnings. The Trust has published its gender pay gap report on its public website <u>www.gosh.nhs.uk/about-us/equality-and-diversity/gender-pay-gap-reporting</u>, as well as through the government reporting portal. Bonus payments relate to Clinical Excellence Awards paid to experienced medical staff. A summary of the results is shown below.

Gender	Average Hourly Rate of Pay	Median Hourly Rate of Pay	Average Bonus	Median Bonus
Male	£26.05	£21.29	£18,886.84	£16,167.62
Female	£20.45	£18.10	£16,081.90	£8,950.75
Difference	£5.60	£3.19	£2,804.94	£7,216.87
Percentage Pay Gap %	21.49%	14.97%	14.85%	44.64%

Clinical Excellence Awards

At the time of compiling this report, clinical excellence awards are due for completion thus data is unavailable at the present time to report on the allocation of awards.

Disability

Table 13 – Breakdown of GOSH staff by disability

Disability	2017	2016	2015	2014
Yes	2%	2%	2%	2%
No	78%	77%	76%	72%
Undefined / not declared	20%	21%	22%	26%

Table 14 – Staff group by disability

	Non-disabled		Disabled		Unknown / undeclared	
STAFF GROUP	2017	2016	2017	2016	2017	2016
Whole Trust	78%	77%	2%	2%	20%	21%

Administrative and Clerical	82%	78%	2%	2%	17%	20%
Allied Health professionals	80%	77%	3%	3%	17%	20%
Estates, ancillary and non-		73%		2%		25%
registered clinical support	83%		2%		15%	
Medical and dental	67%	73%	0%	1%	33%	26%
Nursing registered	78%	75%	4%	3%	18%	22%
Scientific and technical	79%	81%	1%	0%	19%	19%

Table 15 – Pay band by disability

Pay Band	Disabled	Non-disabled	Unknown/ undeclared
Band 2	3%	79%	18%
Band 3	2%	86%	12%
Band 4	2%	80%	19%
Band 5	4%	87%	9%
Band 6	3%	80%	17%
Band 7	1%	72%	27%
Band 8a	1%	71%	28%
Band 8b	1%	69%	30%
Band 8c	0%	70%	30%
Band 8d	6%	50%	45%
Band 9	0%	50%	50%
Local manager	0%	95%	5%
Local non-manager	0%	84%	16%
M&D Career grade	0%	68%	32%
M&D Consultant	0%	58%	42%
M&D Junior	1%	76%	23%

Table 16 – Salary by disability

Salary	Disabled		Non-d	isabled	Unknow	n/undeclared
	2017	2016	2017	2016	2017	2016
<£25,000 p.a.	3%	3%	85%	84%	12%	13%
>£40,000 p.a.	0%	1%	66%	65%	33%	34%

The data shows that 2% of the workforce have a disability. However it is likely that the percentage of people with disabilities employed by GOSH is higher as many people do not wish to disclose this information or do not classify themselves as having a disability (even if they would fall under the legal definition of having a disability). The Trust has strategies in place to ensure that disabled people access and remain within employment. As well as achieving Disability Confident Committed status in 2017 (a Government scheme which replaces the old two tick system and supports people with disabilities to secure employment), the Trust has a redeployment process in place to ensure staff are retained in the organisation, and also has access to an in-house Occupational Health Service who are able to support staff with disabilities and provide advice as to any adjustments which they may require. The Trust also has an Employee Assistance Program provided by a leading supplier which supports both staff and managers through the provision of advice, information, support and counselling interventions. This support is available to all but we will continue to work closely with staff experiencing health difficulties, including those with disabilities, to ensure that they receive the support they require.

Pregnancy and Maternity

As we have already seen the Trust employs many more females than males and has a relatively young workforce. Consequently, the effect of maternity leave can present significant workforce challenges, especially if it is concentrated in one or two clinical areas. As at December 2017, 3.6% of the workforce were on maternity/adoption leave at this time. Again the Trust has measures in place to help support those on maternity leave to return to

employment and these include flexible working initiatives, subsidised on-site staff nursery and the provision of childcare vouchers.

Marriage & Civil Partnership

The breakdown of the workforce against their declared marital/civil partnership status as of December 2017 is shown in the table below:

Table 17 – GOSH staff breakdown by marital status

Marital Status	2017	2016	2015
Married	31%	32%	32%
Civil partnership	1%	1%	1%
Divorced	2%	2%	2%
Legally separated	1%	1%	1%
Single	62%	61%	63%
Widowed	0%	0%	0%
Unknown	4%	2%	1%

It should be noted that this data is dependent on staff reporting a change in their marital status during their employment, and should therefore be used with caution.

No concerns or complaints of discrimination on the grounds of marriage or civil partnership status have been made to the Trust.

Religion or Belief and Sexual Orientation

Table 18 – GOSH staff breakdown by Religion

Religion	2016
Atheism	14%
Buddhism	0.5%
Christianity	35%
Hinduism	3%
Not disclosed	35%
Islam	6%
Jainism	0.2%
Judaism	0.5%
Other	5%
Sikhism	0.8%

Table 19 – GOSH staff breakdown by sexual orientation

Sexual Orientation	2017
Bisexual	0.5%
Gay	1.5%
Heterosexual	67%
Not disclosed	30%
Lesbian	0.5%
Undefined	0%

Although the information we gather on these protected characteristics is less complete than for other groups, our commitment to meeting the three aims of the general equality duty for people of **all** protected characteristics applies.

Gender Reassignment

No requests for support were received during 2017 with regard to gender reassignment. On the very few occasions such a request has been made the Trust's approach is to respond supportively and sensitively, working with the individual(s) concerned and seeking advice from appropriate expert sources as necessary.

Recruitment Activity

Our recruitment teams continue to provide a dedicated quality recruitment service to both managers and incoming applicants. A large proportion of the team's work is concentrated on discussing recruiting manager needs at the starting point of the recruitment episode. This helps to define requirements for specific roles such as tailoring application forms by using the NHS electronic recruitment system (NHS Jobs 2) as well as identifying suitable testing to assist managers with their selection process. Recruitment activity is continuously monitored and regular data is produced tracking candidate success rates on all required protected characteristics. NB. Recruitment data shown for 2017 is for 12 months to March 2018 (i.e. financial year)

During 2017 we have continued to work with our identified apprenticeship provider. All entry level positions into the organisation are regarded as potential apprenticeships. The Trust is ambitious in terms of our drive to increase the number of apprentices and also become properly recognised as a strong, caring local employer within a diverse potential workforce.

	% of total applicants			% appointed		
Ethnic Origin	2017	2016	2015	2017	2016	2015
White	33.7%	38%	39.2%	58.9%	59.5%	66.1%
BME	61.7%	58%	57.2%	37.7%	33.0%	30.57%
Black	23.4%	21.7%	21.6%	12.4%	9.7%	7.81%
Asian	28.9%	27.2%	26.7%	16.3%	16.2%	15.22%
Chinese	0.8%	0.8%	1.1%	0.8%	1.7%	1.59%
Mixed race	4.3%	4%	8%	3.7%	3.8%	4.06%
Other	4.3%	4.2%	3.3%	4.5%	1.7%	1.90%
Not disclosed	4.6%	4%	3.6%	3.4%	7.5%	3.34%

Table 20 – Breakdown of 2017 recruitment activity by ethnic origin

The data indicates a continuing disproportion in the number of non-white applicants compared to the number of non-white appointees. The Trust accepts that there will be a range of potential factors, and previously agreed an objective on increasing the number of selection processes that include a test element in addition to an interview. This was intended to introduce a stronger objective measure in the process. Whilst the amount of testing increased, there was not a clear and consistent correlation impact on the ethnicity of appointees. The Trust has therefore continued its focus on this area by developing an entirely new objective.

Table 21 – Breakdown of 2017 recruitment activity by gender

	% of total applicants			% appointed		
Gender	2017	2016	2015	2017	2016	2015
Male	34.4%	33.2%	34%	24.4%	24.0%	25.96%
Female	64.9%	66.1%	65.3	75%	76.0%	74.04%
Not stated	0.6%	0.7%	0.7%	0.6%	0.0%	0%

Table 22 – Breakdown of 2017 recruitment activity by disability

	% of total applicants			% appointed			
Disability	2017	2016	2015	2017	2016	2015	
Non-disabled	94.7%	94.9%	95.3%	96.1%	88.7%	93.43%	
Disabled	3.5%	3.9%	3.5%	2.6%	2.6%	2.49%	
Not declared	1.8%	1.2%	1.1%	1.4%	8.89%	4.07%	

• The Trust is aware that many people who may fall within the legal definition of disabled do not class themselves as such and continues to work very closely with Occupational Health to ensure that the best candidates can continue into employment wherever possible and all reasonable adjustments are made to ensure this happens, whether they are defined as disabled or not. The Trust has Disability Confident Committed status and this means that all disabled applicants who meet the essential criteria as contained on the person specification are guaranteed an interview.

Age Origin	% of total applicants			% appointed			
	2017	2016	2015	2017	2016	2015	
16-29	44.8%	45.3%	47.4%	45.0%	46.4%	47.31%	
30-49	45.8%	45.7%	44.7%	48.7%	48.6%	47.78%	
50-59	8.1%	7.9%	6.5%	5.7%	4.3%	4.23%	
60+	1.2%	1%	1.6%	0.6%	0.7%	0.67%	
Not stated	0.1%	0.1%	0.2%	0.0%	0.0%	0.00%	

Table 23 – Breakdown of 2017 recruitment activity by age

Table 24 – Breakdown of 2017 recruitment activity by religion / belief

Religion/Belief	% of total applicants			% appointed		
	2017	2016	2015	2017	2016	2015
Atheism	8.8%	9%	8.7%	17.0%	18.2%	19.12%
Buddhism	0.8%	1%	1.0%	0.9%	0.7%	1.27%
Christianity	44.0%	44.7%	45.6%	43.7%	38.65%	42.21%
Hinduism	6.8%	7.2%	8.1%	4.4%	5.6%	5.78%
Not declared	10.6%	10.6%	10.5%	11.5%	21.4%	17.19%
Islam	20.4%	18.8%	18.1%	11.4%	8.2%	7.08%
Judaism	0.3%	0.6%	0.5%	0.3%	0.7%	0.87%
Other	0.5%	6.6%	6.1%	0.6%	5.6%	5.57%
Sikhism	6.4%	1.2%	1.2%	8.7%	1.0%	0.91%

Table 25 – Breakdown of 2017 recruitment activity by sexual orientation

S/O	% of total applicants			% appointed			
	2017	2016	2015	2017	2016	2015	
Bisexual	1.0%	1.1%	1.1%	0.8%	0.5%	0.49%	
Gay	1.8%	1.4%	1.5%	2.2%	2.2%	3.49%	
Heterosexual	88.7%	88.7%	88.5%	88.8%	81.3%	83.31%	
Not declared	8.2%	8.4%	8.5%	7.7%	15.5%	12.18%	
Lesbian	0.4%	0.4%	0.4%	0.5%	0.5%	0.53%	

The Trust recognises that the collection and use of information concerning people's sexual orientation and religion/beliefs is extremely sensitive and can cause some people concern and 2015 was the first time that we reported such data. The Trust does request this at the recruitment stage from all applicants; however applicants are not obliged to provide this information. The collection of this information from applicants is undertaken throughout the NHS and is included on the NHS Jobs application form. In all cases personal sensitive information is removed from the application form before it is sent to the manager for shortlisting, helping to ensure that shortlisting decisions are not based on merit and not personal characteristics.

Table 26 – Breakdown of 2017 recruitment activity by marital status

Marital	% of	% of total applicants		% appointed		
	2017	2016	2015	2017	2016	2015
Civil Partnership	1.4%	1.8%	1.6%	1.6%	0.6%	0.74%
Divorced	2.6%	2.7%	2.3%	2.3%	1.8%	2.66%

Separated	0.5%	0.6%	0.5%	0.1%	0.6%	0.48%
Married	29.2%	30%	29.6%	26.5%	26.0%	25.84%
Single	62.0%	60.7%	62.1%	64.6%	64.8%	68.0%
Not declared	4.0%	3.9%	3.6%	4.6%	6.2%	2.28%
Widowed	0.3%	0.2%	2.3%	0.3%	0.1%	0%

Personal information about job applicants is held on a computer system which is password and smartcard protected and accessible to selected HR / Workforce planning staff on a need-to-access basis only. On giving their information all applicants are informed and consent that it will be used for anonymous, collective reporting.

Using the information obtained, the following are apparent:

- Job applicants continue to be from a wide range of religious beliefs and most applicants declare themselves as being Christian or Muslim.
- The majority of applicants are heterosexual; however the Trust does receive applications from people of all sexual orientations.

The Trust will continue to monitor this information and use national guidance to develop its work in this area as well as maintaining relationships through the Staff Equality, Diversity and Inclusion Group with those who are able to represent staff from these protected groups. We have an active multi-faith chaplaincy service who are represented on the Staff E&D Group.

Learning & Development

The data below refers to the percentage of people accessing training or having a current PDR as a percentage of the population of each Protected Characteristic.

Note: All our staff, regardless of Protected Characteristic, complete their statutory and mandatory training as required by the Trust, therefore we have not presented data on these courses. The data relating to accessing training (column 2 of the table below) refers to training / CPD activity which has been accessed by staff above and beyond that which is statutory/mandatory and which is focused on personal development i.e. not a required job competency. Therefore percentages appear to be lower than would be expected had statutory / mandatory training been included.

The table below also gives about the percentage of staff having a current PDR.

Table 27 - Breakdown of training uptake by protected characteristic

Ethnic Group	2017 (accessing training beyond statutory /mandatory)	2017 (In-date PDR)
BME	15.5%	89.9%
White	21.6%	90.2%
Not known	18.9%	88.3%
Age Range	2017	PDR
16 to 29	29.1%	93%
30 to 49	17.9%	88.5%
50 to 59	9.5%	88.6%
60+	6.4%	88.2%
Disability	2017	PDR
Yes	21%	92.6%

No	21%	90.3%
Undefined / not declared	14.9%	88.8%
Gender	2017	PDR
Female	14%	90.5%
Male	13%	88.4%
Marital Status	2017	PDR
Married	12.6%	89.5%
Civil partnership	6.3%	95.2%
Divorced	10.1%	87.1%
Legally separated	20%	87.0%
Single	24.1%	90.5%
Widowed	0%	100%
Unknown	17.5%	88.1%
Sexual Orientation	2017	PDR
Bisexual	29.2%	100%
Gay	15.4%	93%
Heterosexual	21.4%	90.9%
Not disclosed	15.5%	87.8%
Lesbian	47.6%	90%
Undefined	0%	100%
Religion	2017	PDR
Atheism	22.8%	92.6%
Buddhism	5%	84.6%
Christianity	23%	91.2%
Hinduism	9.6%	94.8%
Not disclosed	16.2%	87.6%
Islam	16.9%	90.6%
Jainism	12.5%	100%
Judaism	18.5%	85.7%
Other	26.4%	91%
Sikhism	8.6%	73.1%

A previous Trust equality objective concentrated on equalising PDR rates between BME and white staff due to measured disparity between the two groups as shown by the data. This objective was achieved during 2015 and 2016.

The PDR process now measures performance against objectives and along the behavioural dimensions of the Trust Always Values. The data collated from individual PDR appraisal scores will be calibrated at set times each year. The calibration will confirm parity and fairness in how appraisal scores are awarded by managers, and will identify any major disparities between appraiser-appraisee scores. Our PDR Appraisal Policy strengthens the appraisal process, and clarifies expectations and responsibilities of managers and staff. It also outlines the review procedure for any disagreement between appraiser-appraise about someone's performance. In 2017 unconscious bias was included on our appraiser training.