

Workforce Equality and Diversity



Monitoring
Report
2012-2013

University Hospitals of Leicester 
NHS Trust

Caring at its best

Contents

Executive Summary

Top Priorities from 2011-2012

Section 1: Disability

Section 2: Sex

Section 3: Race

Section 4: Age

Section 5: Sexual Orientation

Section 6: Religion or Belief

Section 7: Marriage and Civil Partnerships

Section 8: Pregnancy and Maternity

Section 9: Gender Reassignment

Conclusions and Recommendations.

Executive Summary Equality Workforce Monitoring Report 2012-2013

The Workforce monitoring report has been presented to the Trust Board as to comply with our Legal Duty we need to publish the data against the nine protected characteristics that are:

- Disability
- Sex
- Race
- Age
- Sexual Orientation
- Religion or Belief
- Marriage and Civil Partnerships
- Pregnancy and Maternity
- Gender Reassignment

Currently we only routinely collect staff data on disability, age, race, religion and belief, sex, and sexual orientation. We are awaiting Government confirmation as to whether we will be expected to extend our data collection to all of the nine characteristics in the future.

In line with our requirements under the Public Sector Equality Duty we have collected, analysed and published our workforce data by:

- Overall workforce profile
- Pay
- Recruitment
- Staff leaving
- Disciplinary and Grievance
- Training

Key Headlines

The total head count of staff remains comparatively stable. We have however seen some changes within our staff groups with a significant number of staff from Estates and Ancillary having transferred to Interserve. There has been a small increase in staff in additional clinical services and medical and dental. Reassuringly our overall profile remains unchanged.

The more detailed data indicates:

- A higher than expected representation of staff involved in the disciplinary process who either have declared a disability, identify as LGB or are aged 41-50 yrs.
- A reduction in the 'unknown' status in areas of disability, sexual orientation and religion and belief although not sufficient to draw firm conclusions from data.
- The continued challenge of representation at senior level.

Limitations of the Data

Whilst we have staff data available in some areas there remain some limitations.

- We continue to be unable to fully report on training as current recording of e-UHL training data does not allow for protected characteristic breakdown. We are therefore unable to draw any concrete conclusions around training.

- Due to limitations of the current reporting processes for recruitment the data does not enable a direct comparison of data sets but gives an indication of trends. This is due to data for applicants applying and shortlisted has been extracted from NHS Jobs, and appointed data is extracted from the Electronic Staff Record. This leads to some discrepancies due to time delays from shortlisting to successful applicants starting and a discrepancy in reports if appointed applicant is an internal candidate.
- The period reported for recruitment is October 2012-September 2012 (due to limitations in reporting on NHS jobs) and excludes junior doctors.

Top Priorities identified in 2011-2012

In last year's Workforce Report we identified five top priorities as part of our ongoing action plan. Below is an update of how we have progressed:

- **To establish benchmarks with similar acute Trusts so we can consider our performance in line with others and where possible work jointly to resolve issues.**

The regional Equality leads continue with this piece of work to establish a systematically agreed data set across region, with the aim of establishing three top priorities. In order to reassure ourselves that our overall representation is consistent with other Acute Trust's an initial benchmarking of workforce data was carried out. The results indicate (see Appendix A) that our declaration rates are greater than neighbouring Trusts and our overall representation is favourable.

- **To understand why a higher proportion of males and individuals from a BME background are employed on fixed term contracts.**

Our leaver's data indicated that individuals from a BME background employed on fixed term contracts were over represented. Initial deep dive work into this on a sample of posts both fixed term and permanent has indicated that although a higher percentage of individuals from a BME background apply for fixed term posts (51% vs 67%) at the point of shortlisting there is no difference (46% vs 47%).

In order to reassure ourselves that our complete recruitment process is fair we need to complete further analysis on those appointed into positions. This is not recorded on NHS jobs so there is no automatic flow of reporting currently to achieve this. We will look at a sample of posts to verify the reason for the fixed term contract.

- **To develop guidance for staff on "reasonable adjustment".**

This piece of work was undertaken to continue to enhance support for staff with a disability or long term health condition. The guidance was developed through the Disability Advisory steering group alongside colleagues from Human Resources. The guidance has been circulated to staff and managers and is available on our internal website for all to access. It is hoped it will support a pro-active attitude to making reasonable adjustments for staff where needed and ensure a standardised approach throughout the Trust.

- **To audit band 6 staff to identify any perceived /real blocks to career progression for BME staff.**

This piece of work was undertaken due to the decreased representation of female and BME staff in senior positions in the Trust as evidenced in our previous annual workforce report. The aim was to investigate career aspirations of band 6 staff and if there were any perceived barriers unique to particular groups that were preventing career progression.

The findings suggest that there is no indication of direct discrimination evident between men and women, ethnic groups or differing age groups which are acting as barriers to career progression.

Common themes were identified across all groups as to the perceived barriers to progression including availability of suitable positions, access to development opportunities and access to additional training.

It is recommended that in order to further validate the findings of this report appointment's to band 7 and above and exit data of staff leaving for promotion should also be reviewed and analysed.

- **To ensure equality data is consistently embedded in all data recording across the Trust, with clear explanation and reassurance given on how the data will be utilised.**

The data in this years report demonstrates improvements in some reporting areas.

In order to provide clarity and ensure all data is captured correctly reporting of disciplinary and grievance data has been reviewed and changed slightly to last year making any comparisons difficult. It has however resulted in the ability to report across protected characteristics in detail for the first time.

For next year we wish to identify our Human Resources data recording activity to identify where we are unable to generate accurate equality reports. Actions will then need to be agreed as to the way forward.

Section 1 – Disability

We know from the Office of National Statistics that 19% of people of working age have a disability but only about half of these are in work (approx 8.5%).

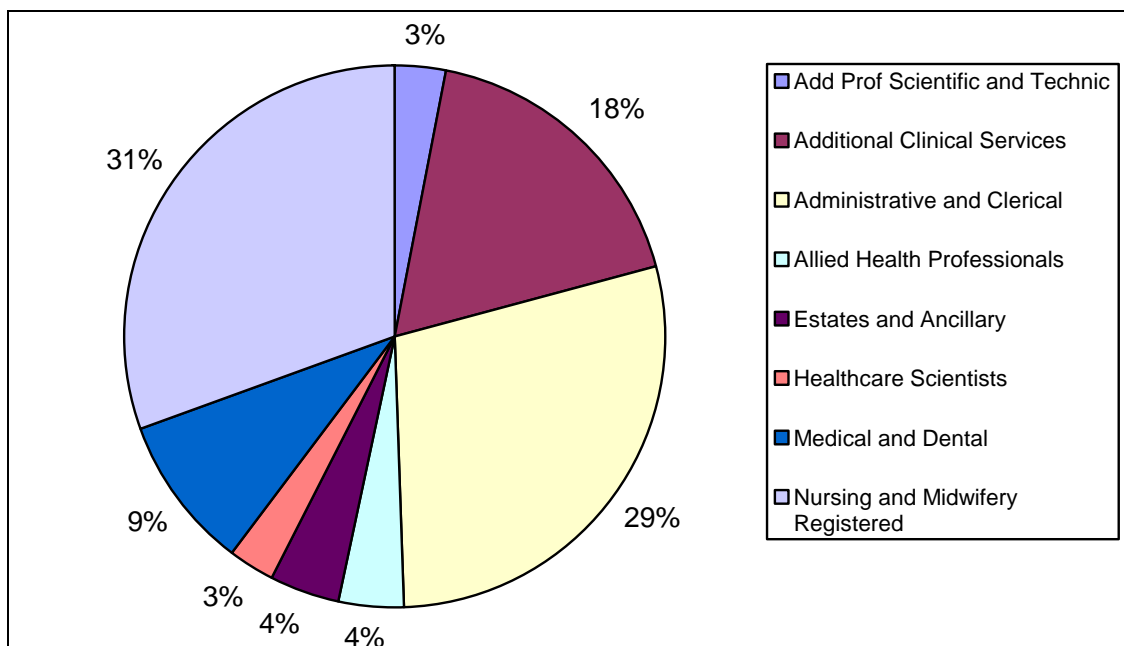
1.1 Disability profile of staff in post.

Year ending	2013	2012	% of change
No	56.8%	51.6%	+5.2%
Yes	1.4%**	1.1%	+0.3%
Choose not to declare	5.8%	0.7%	+5.1%
Unknown	36%	47%	-11%

** 1.4% represents **159 staff**

The data demonstrates that we have reduced the percentage of staff whose disability status was unknown by 11%. This reduction is reflected in the increase in all other categories including those declaring a disability. This pattern is not seen in other local Trusts, with their percentage of unknown disability status ranging from 67% – 84%. Despite this the % staff that have declared themselves as having a disability in these Trusts varies from 0.9% to 1.8% and therefore remains consistent with UHL's data.

Comparison of the Percentage of disabled staff in each staff group.

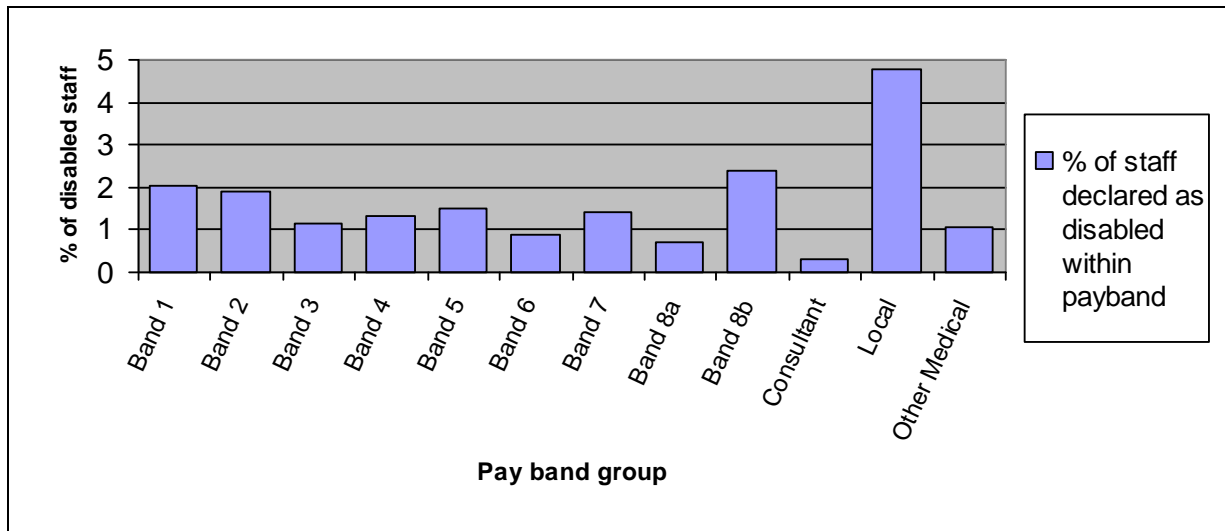


When compared to our previous year's data we can see some changes in the representation of disabled staff within some staff groups:

- Increase of 7% in Medical and Dental – this group has reduced their undeclared status but remain under represented in relation to their workforce numbers.
- Decrease of 7% in Administrative and clerical – in terms of head count there is no change and are over represented in relation to their workforce numbers.

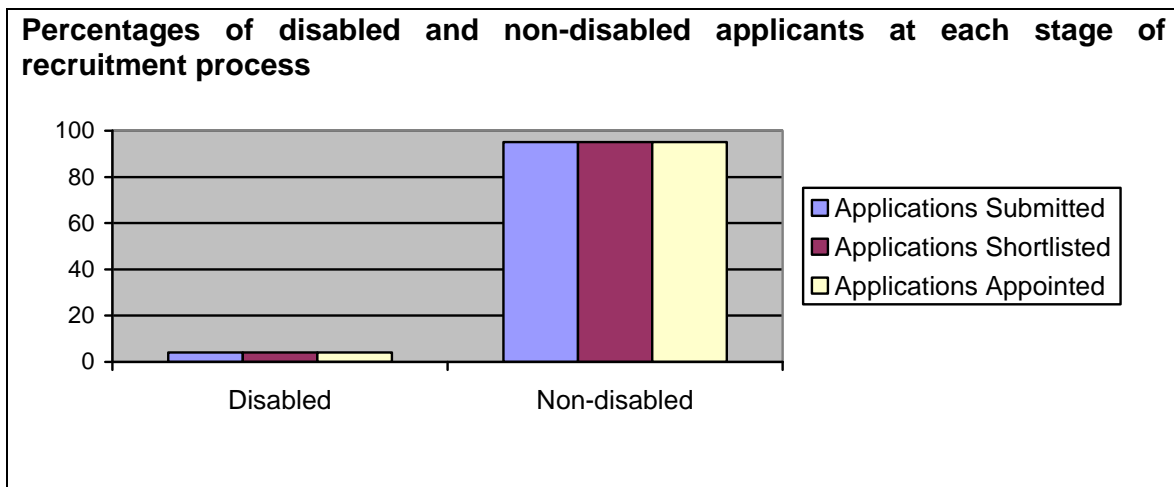
- Decrease of 5% in Estates and Ancillary staff – this group have seen an overall reduction in headcount due to employee transfers.

1.2 Disability and Pay



The data shows the percentage of disabled staff within band 5, band 8b, other medical and those on a local pay band have increased. All other bands remain broadly consistent with last year's data.

1.3 Disability Profile at Recruitment



The trend in the data shows that there is no discrimination shown to applicants that declare a disability throughout the recruitment process.

1.4 Disability of Staff Leaving

31 staff who left the Trust declared themselves as disabled, this equates to 1.7% of the total staff turnover. This is an increase on last year; however 0.5% of these staff were involved in the employee transfer. Taking this into account the data suggest that disabled staff are not over represented in staff leaving the Trust.

1.5 Disciplinary and Grievance

2.8% of staff who have been involved in a disciplinary investigation declared a disability. This suggests a higher number of individuals who declare a disability have been involved in a disciplinary process in relation to workforce representation.

The number of grievances brought this year has reduced to 12; we are unable to meaningfully report this data for disability.

1.6 Disability and Access to Training

Courses	Disability					
	Yes		No		Undefined / Undisclosed	
Leadership (EMLA)	0	-	107	100%	0	-
Leadership (UHL)	0	-	82		73	
Short Courses	7	1.3%	300	57%	215	41%
QCF's	2	3%	63	97%	0	-
Apprentices	0	-	39 *	100%	0	-

* 4 Apprentices did register as having learning difficulties.

Summary

Within the organisation we have continued to see an increase in staff declaring whether they have a disability. The number of staff is comparable to other acute Trusts. There remains however approximately one third of the workforce who's status is unknown and therefore remain unable to draw any firm conclusions from the data.

The data we have demonstrates:

- We have staff declaring a disability in all staff groups and across most pay bands with the exception senior staff of band 8c-9.
- There is no discrimination within the recruitment process with 4% of new starters declaring a disability.
- There was a slight increase in staff with a disability leaving the Trust but this appears to be accounted for by staff within an employee transfer process.
- There is an over representation of disabled staff who have been involved in a disciplinary procedure.
- No staff declaring a disability has undertaken a leadership course although UHL data in this area is incomplete.

Key actions

- To deep dive into the disciplinary data to establish why we maybe seeing increased representation in staff declaring a disability.
- To continue to encourage staff to declare their disability status through the forthcoming ESR refresh.
- To deep dive into the staff groups recording a low percentage of staff with a disability to ensure there is no indirect discrimination.
- To continue to develop support for staff with disabilities to become an employer of choice.

Section 2 – Sex (formally referred to as gender)

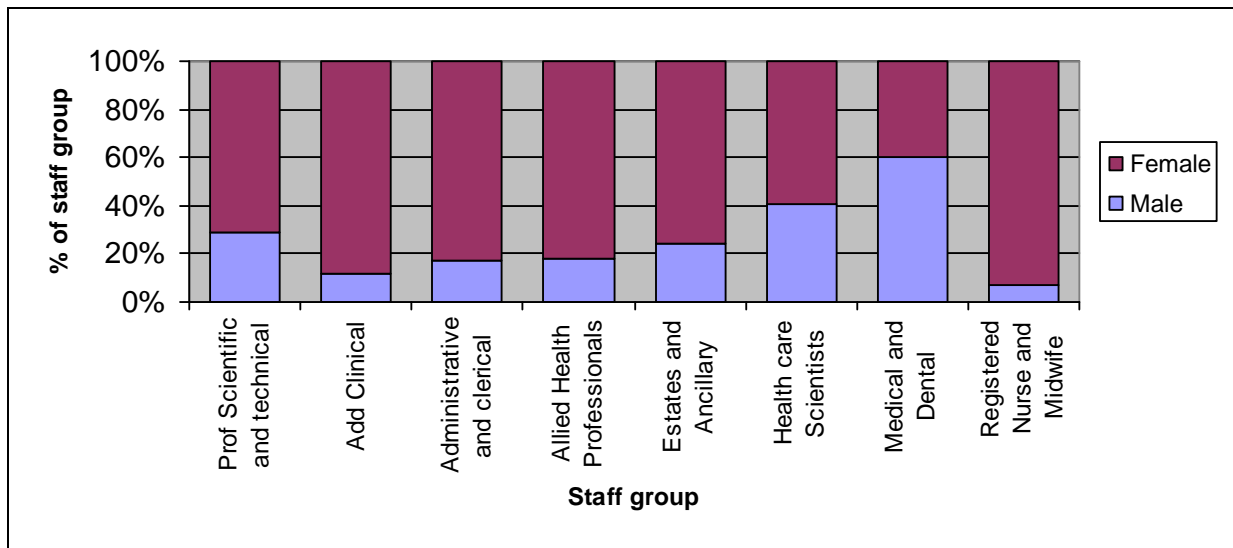
Under the Equality Act (2010) the term “sex” has replaced gender.

2.1 Sex profile of staff in post.

	2013	2012	% of change
Female	79.2%	78.5%	+0.7%
Male	20.8%	21.5%	-0.7%

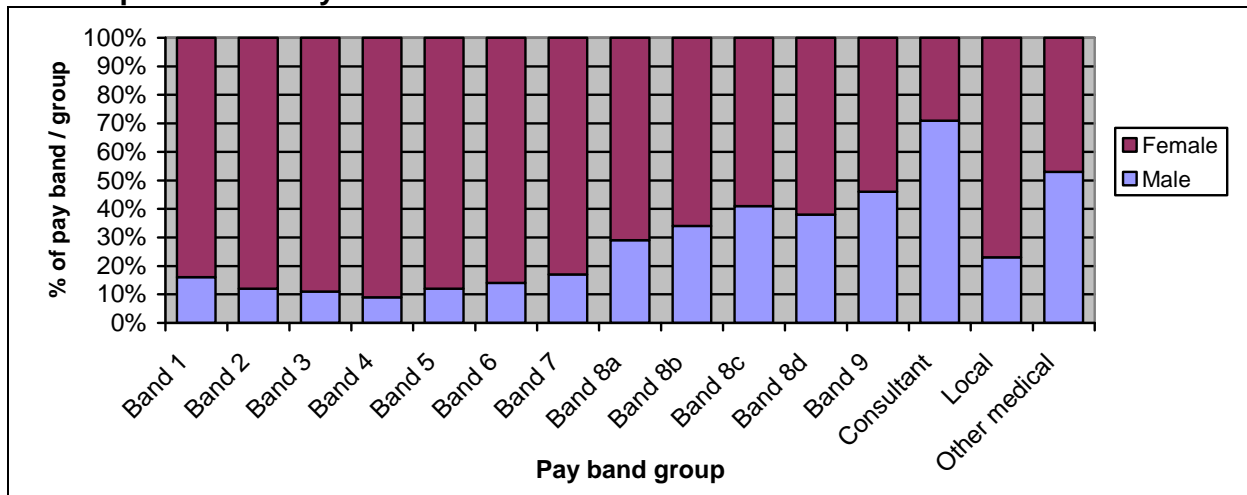
The data shows a small percentage rise in female staff compared to last years data. The broad workforce split of 80% female and 20% male is seen in the data of all but one of the other Acute Trusts used for comparison.

Sex as a proportion of staff group



There has been a 15% decrease in male staff and corresponding increase in female staff in the Estates and Ancillary following a significant employee transfer from this group of staff. The data demonstrates consistency in all other staff groups with last years data.

2.2 Sex profile and Pay



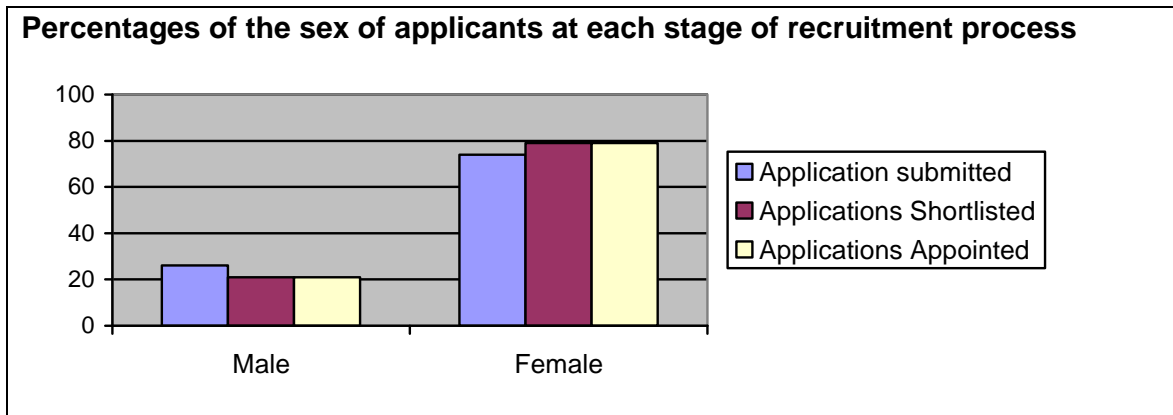
The data continues to demonstrate the overall trend of decreasing female representation and increasing male representation as a proportion as the pay band increases.

When compared to last years data there is:

- A decrease in the percentage of male representation in bands 1-4.
- An increase in male representation at band 8D and local pay band.
- Stability in all other pay bands.
- A 2% increase in female consultant appointments

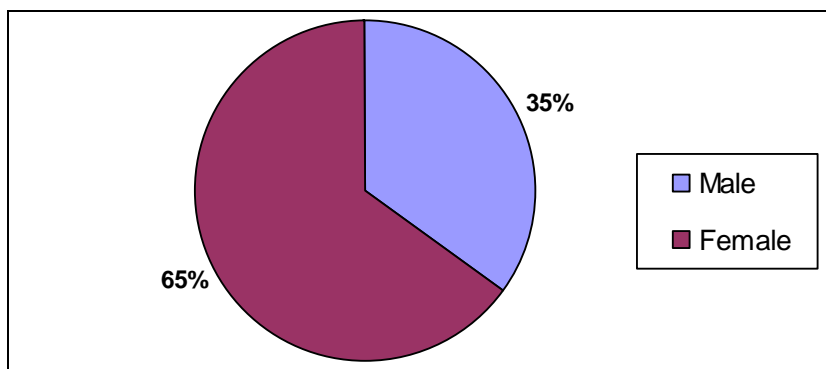
"Local" pay bands include staff on the previous Trust pay scales, apprentices and senior management.

2.3 Sex Profile at Recruitment



The trend in data indicates that less male applicants are shortlisted from applications submitted. The appointment from shortlist however is consistent for both sexes indicating no discrimination.

2.4 Sex of Staff Leaving

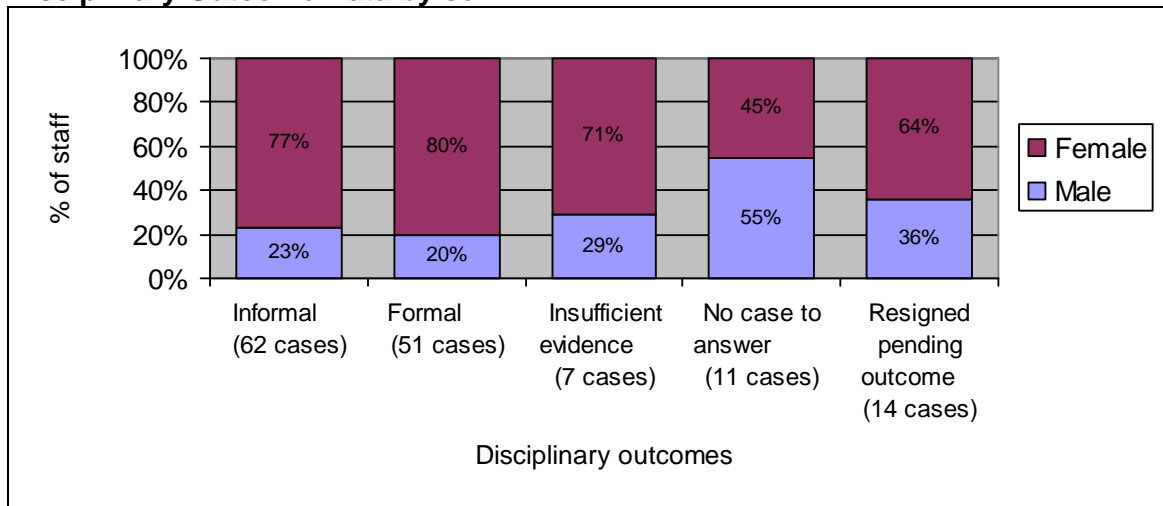


There is no change this year in the percentage of each gender leaving the Trust. This indicates that more male staff than expected based on representation have left the Trust. Further analysis of the data indicates that we continue to see over representation of male staff in 'end of contracts' and this year within the employee transfer process.

2.5 Sex Profile and Disciplinary and Grievance

A total number of 145 disciplinary cases and 12 grievance cases were concluded during 2012-2013.

Disciplinary Outcome Data by sex.



The data suggests that the sex representation in both informal and formally concluded cases was consistent with total workforce representation. There is an increased representation of male staff where it was deemed there was no case to answer or staff choosing to resign before a conclusion was reached. It should be noted however that the number of cases in these areas are small.

Grievance Outcome Data by sex

	Total cases	Female	Male
Upheld	4	4	0
Not upheld	8	7	1

The data demonstrates over representation of female staff bringing a grievance however the total numbers are so small no meaningful conclusions can be drawn from this.

2.6 Sex Profile and Access to Training

Courses	Sex	
	Male	Female
Leadership (EMLA)	50 46%	57 53%
Leadership (UHL)	24 16%	131 84%
Day Courses	77 15%	445 87%
QCF's	12 18%	53 81%
Apprentices	11 28%	28 71%

The data demonstrates that more female staff are attending leadership courses at UHL compared with those attending the East Midlands Leadership Academy (EMLA) programmes. The difference in representation on the courses maybe due to only senior staff accessing leadership courses at EMLA, whereas internal leadership courses are accessible to staff across the banding structure. An under representation

of males is also seen in our attended day courses and those undertaking a qualification credit framework (QCF).

Summary

The sex makeup of or total workforce has remained consistent with previous data, and comparable with other acute Trusts.

The detailed data demonstrates:

- A continued stability in sex representation in all staff groups, with the exception of Estates and Ancillary where there is a reduction in male representation following an employee transfer from this group.
- An overall trend of decreasing female representation and increasing male representation, as a proportion, as the pay band increases.
- During recruitment more female staff are shortlisted from application, but from shortlist to appointment there is no difference between the sexes.
- There is an over representation of male staff leaving the Trust.
- The percentages of sexes involved in informal and formally concluded disciplinary cases is consistent with total workforce representation.
- An under representation of male staff undertaking internally attended training.

Key Actions

- | |
|--|
| <ul style="list-style-type: none">• To further investigate the nature of the fixed term contracts which see a higher proportion of male staff leaving the Trust.• Investigate how widely flexible working options are accessed at consultant level. |
|--|

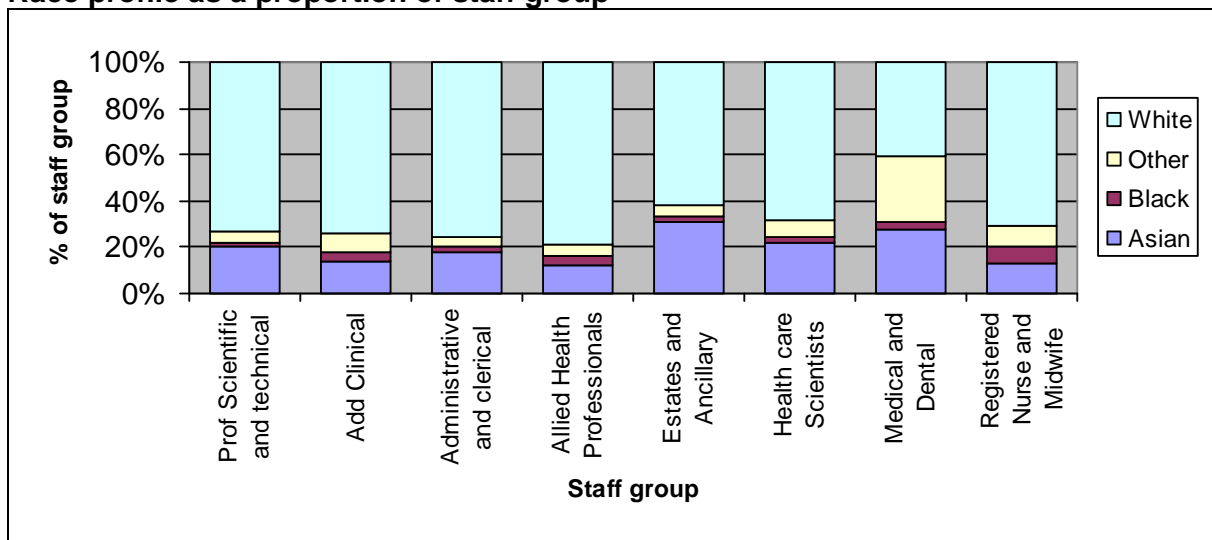
Section 3 – Race

3.1 Race Profile of Staff in Post.

	2013	2012	Percentage of change
Asian	17%	19%	-2%
Black	4%	4%	-
Other	11%	6%	+5%
White	68%	71%	-3%

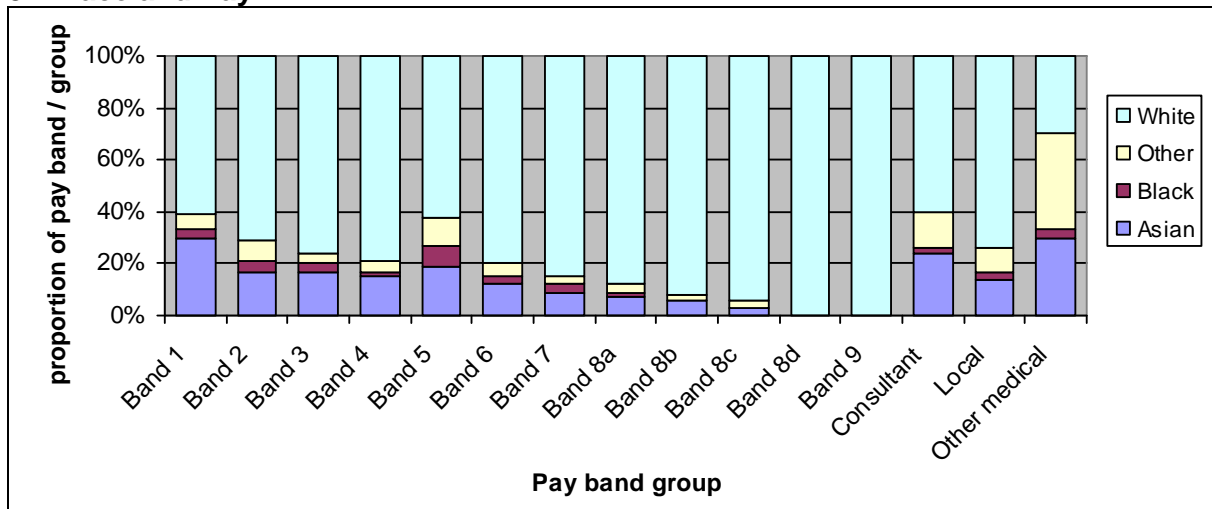
The data indicates an increase in our BME representation from 29% last year to 32% this year. This percentage is higher than any of the other Trusts used for comparison with other Trusts ranging from 12 -28%.

Race profile as a proportion of staff group



The data indicates a significant change in the racial makeup of medical and dental staff, with the percentage of staff that falls within the 'Other' category increasing by 18% while representation of staff from a White, Asian or Black racial profile all fell.

3.2 Race and Pay

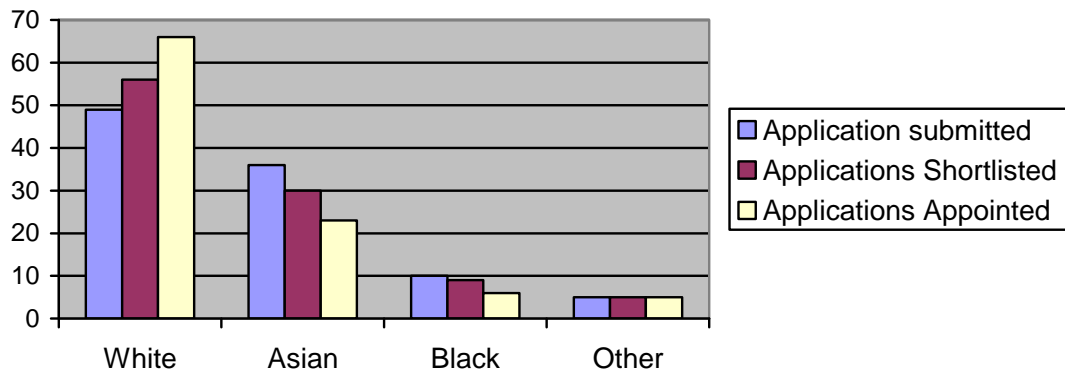


The data demonstrates two significant changes when compared to last years data:

- In 'Band 1' there is a percentage decrease of staff from an Asian and Black background.
- In 'other medical' there is a percentage decrease in staff from an Asian background and an increase in staff from within the 'other' category.

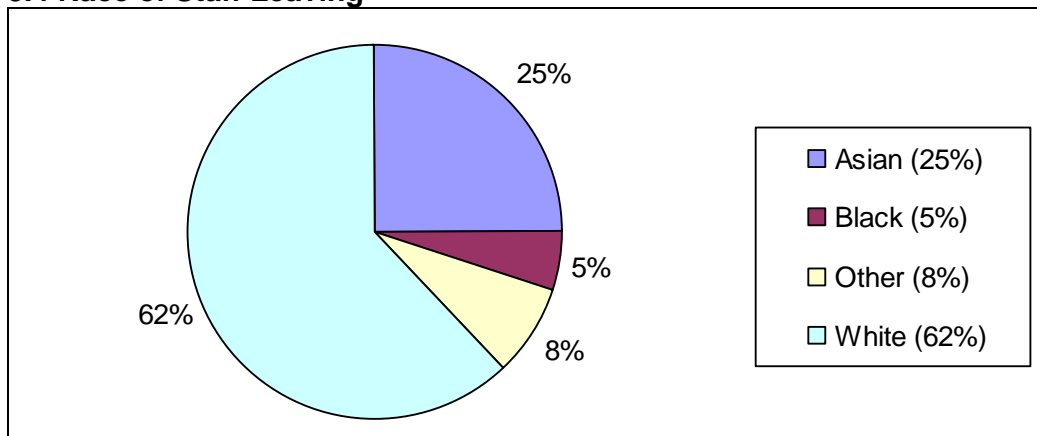
3.3 Race Profile at Recruitment

Ethnic percentages of the of applicants at each stage of recruitment process



As was evident last year the data trends continue to suggest that applicants from a White background are more successful through the application process, with a higher percentage appointed in relation to initial applications. The reverse is true for applicants from an Asian or Black background.

3.4 Race of Staff Leaving

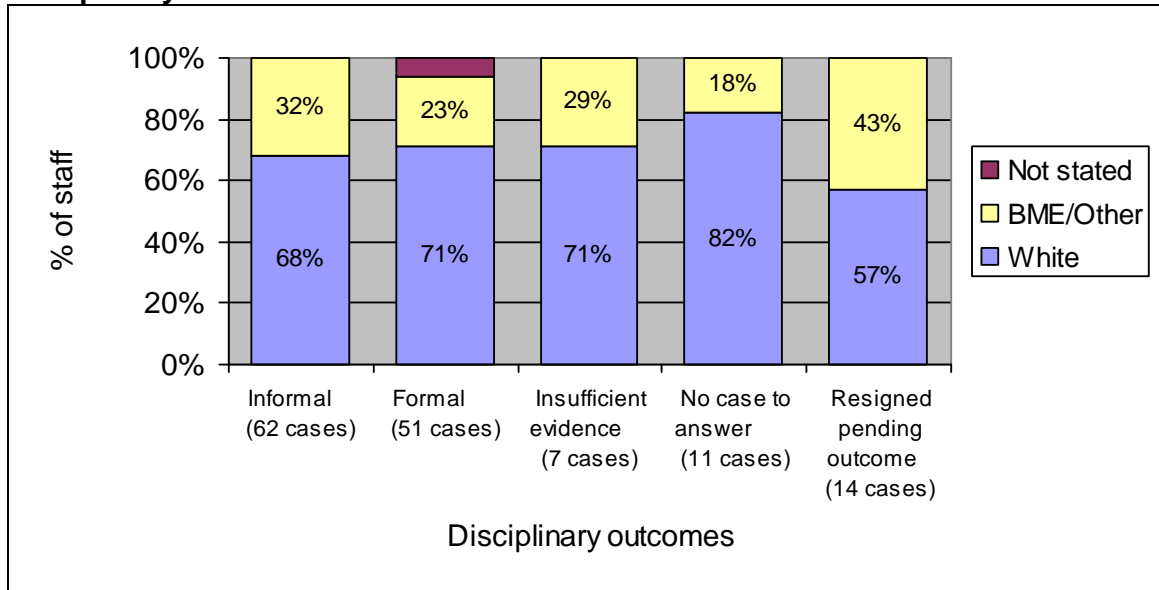


The data indicates that there is an over representation of Asian staff leaving the Trust. Initial investigations show this is particularly evident amongst staff whose employment was transferred, who were working on a fixed term contracts and those whose role involves external rotation (usually medical staff in training).

3.5 Disciplinary and Grievance by Race

A total number of 145 disciplinary cases were concluded during 2012-2013.

Disciplinary Outcome Data



The data indicates that BME staff are not over represented in any group of disciplinary outcomes except those who choose to resign before the case was concluded. The small numbers in this group however do not allow any meaningful conclusions to be drawn from this.

Grievance Outcome Data

	Total cases	White	BME/Other
Upheld	4	1 (25%)	3 (75%)
Not upheld	8	7 (87.5%)	1 (12.5%)

As the total numbers of grievances is small we cannot draw any meaningful conclusions at this time. The data does however demonstrate that a higher percentage of grievance cases brought by non-white staff were upheld.

3.6 Ethnicity and Access to Training

Courses	Ethnicity					
	White	BME /Other	Undefined/ Undisclosed	White	BME /Other	Undefined/ Undisclosed
Leadership (EMLA)	60	56%	18	17%	29	27%
Leadership (UHL)	120	77%	32	21%	3	2%
Short Courses	429	82%	76	15%	17	3%
QCF	53	82%	12	18%	0	-
Apprentices	26	67%	13	33%	0	-

Our broad race profile for staff is reflected in those who undertook an apprenticeship. In all other areas of training recorded there is a under representation of non-white staff accessing training.

Summary

The data indicates a rise in our BME representation within the workforce as a whole.

The detailed data demonstrates:

- A continued stability in BME representation in all staff groups, with the exception of Medical and dental which indicates the percentage of staff that falls within the 'Other' category increasing by 18%.
- An overall trend of decreasing representation of staff from a BME background (with the exception of band 5) as the pay band increases.
- Within medical staff we see an over representation of staff from a BME background in relation to total workforce figures.
- During the recruitment process staff from a white background are more successful than individuals from an Asian or Black background.
- There is an over representation of BME staff leaving the Trust this is particular evident amongst staff from an Asian background. Some of this is due to rotation of medical staff and this year's employee transfer process.
- The racial background of staff involved in the disciplinary process is what we would expect from our workforce population.
- An under representation of staff from a BME background attending training.

Key Actions

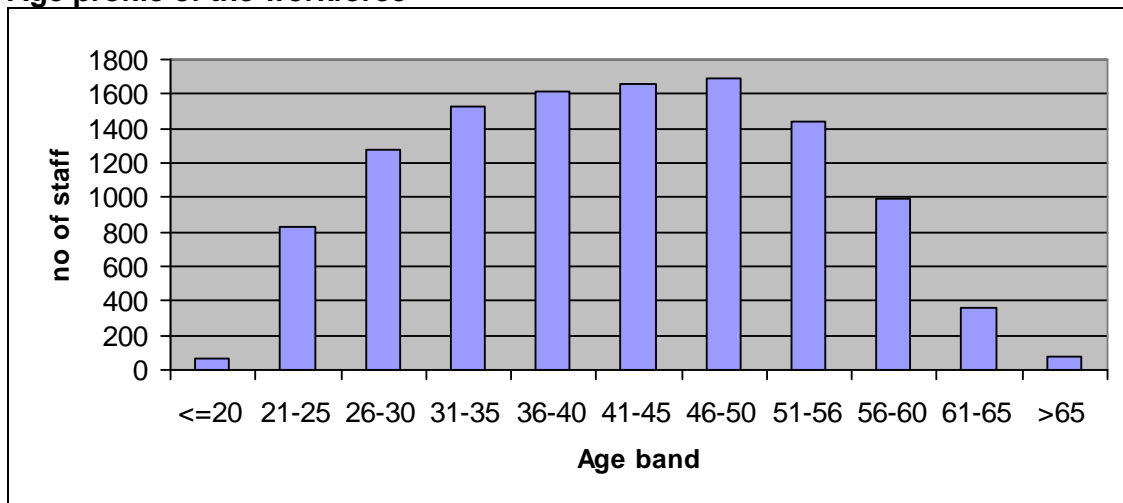
- To investigate why some staff groups have poor BME representation.
- To examine why white staff appear to be more successful at interview.
- To further investigate the nature of fixed term contracts which see a higher proportion of BME staff leaving the Trust.
- To understand why and consider actions to address low representation of BME staff at senior levels.

Section 4 – Age

4.1 Age profile of staff in post.

	2013	2012	% of change
<20 yrs	0.6%	0.4%	+0.2%
21-25yrs	7%	7%	-
26-30yrs	11%	11%	-
31-35yrs	13%	13%	-
36-40yrs	14%	14%	-
41-45yrs	14%	15%	-1%
46-50yrs	15%	15%	-
51-55yrs	13%	13%	-
56-60yrs	9%	9%	-
61-65yrs	3%	3%	-
>65yrs	0.6%	0.6%	-

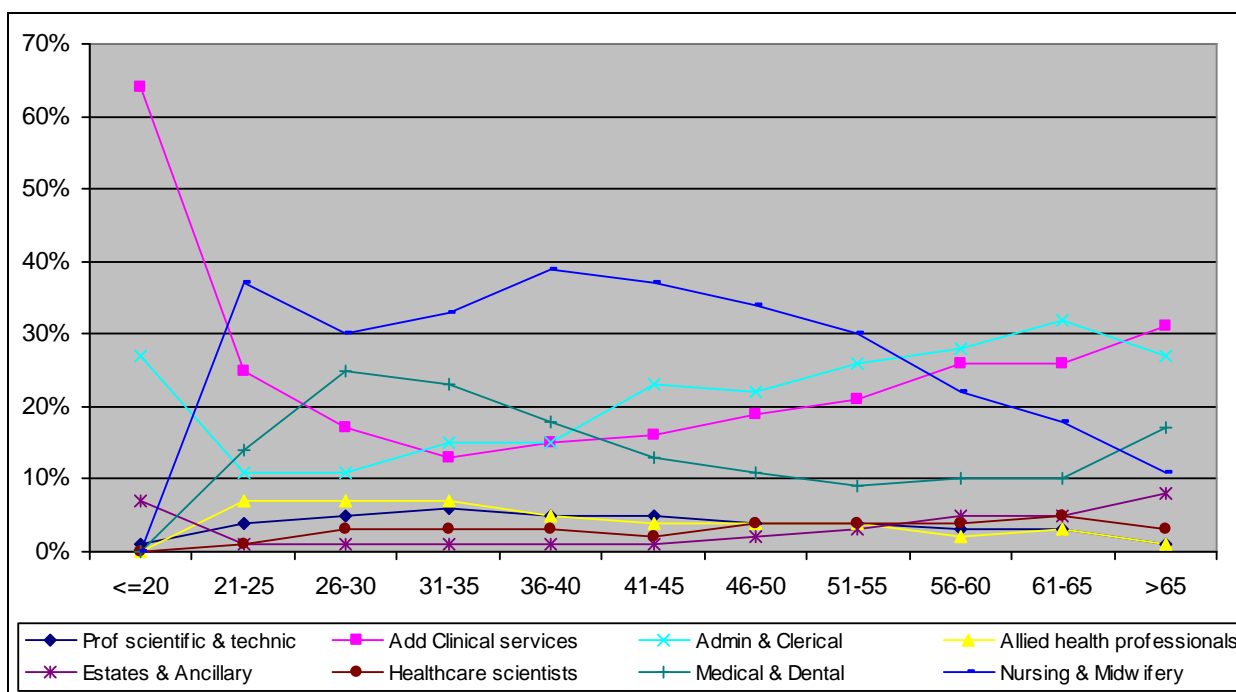
Age profile of the workforce



The age profile of staff has remained stable over the last twelve months with data demonstrating a normal distribution across age groups with the majority of staff falling between 36 -50yrs.

UHL's age profile is consistent with other acute Trusts, with the exception of an acute Trust in the north of the country who's profile indicates lower trends of staff <40yrs and higher of staff with aged >41yrs.

Age profile of staff groups.



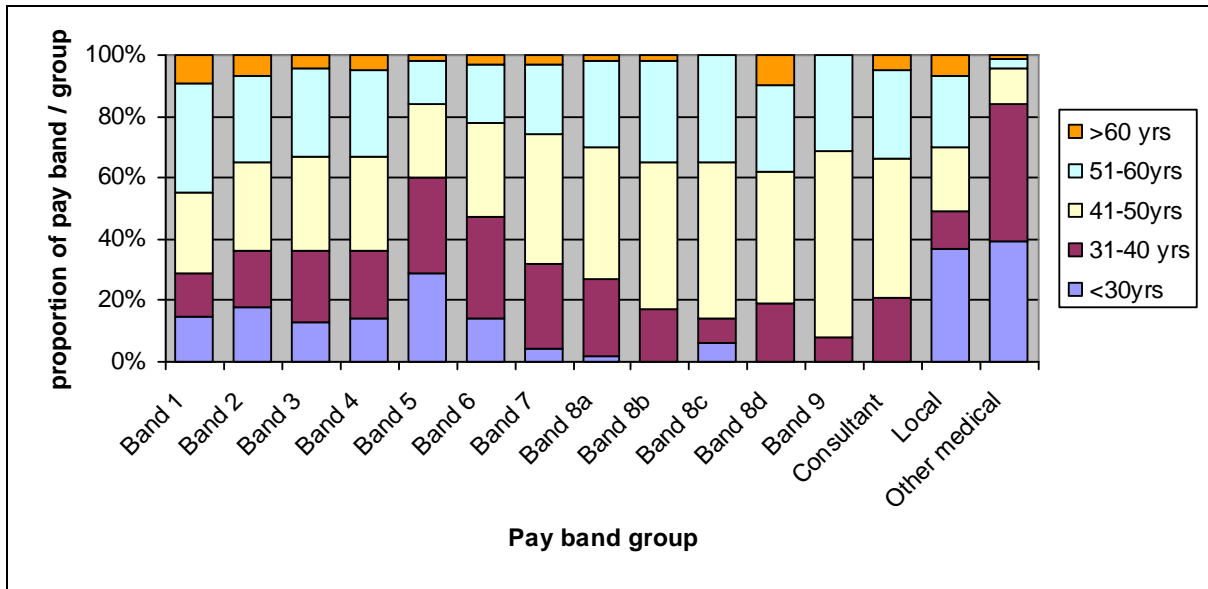
In this years report we have reported staff groups different and therefore we are unable to make direct comparisons with last years data.

The data shows:

- A large percentage of staff that provides additional clinical services is under the age of 25yrs.

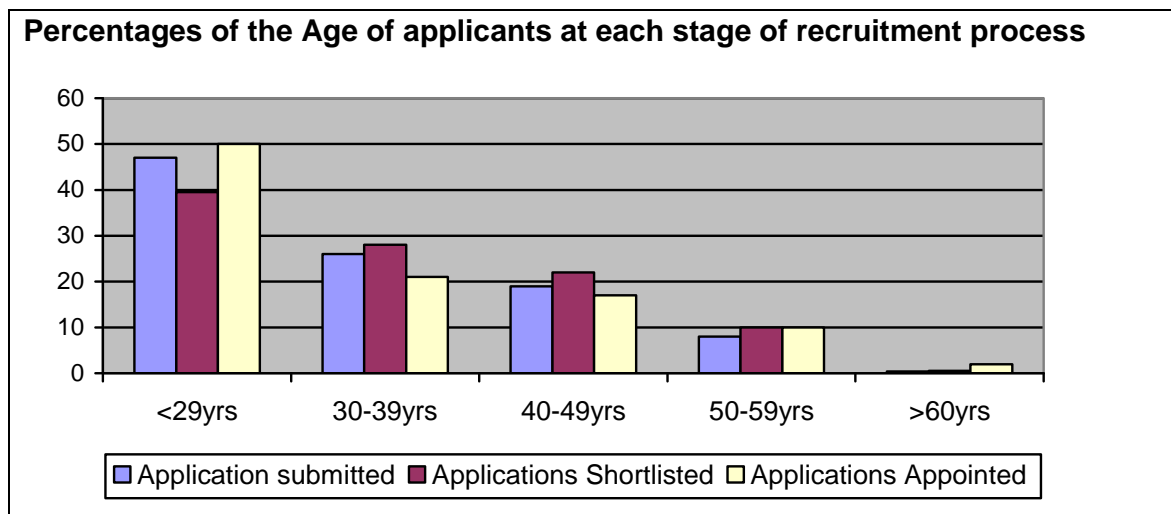
- The majority of our nursing and midwifery staff is between the ages of 25-50 yrs.
- Medical and dental staff peak between 26 -35yrs consistent with numbers of junior staff.
- The percentage of admin and clerical staff increases through each age bracket from 30yrs with a similar pattern seen in staff that provide additional clinical services.
- All other staff groups are reasonably equally represented from the age of 21-65yrs.

4.2 Age and Pay



The data continues to show good age representation across all bands, with the expected fewer younger staff (aged < 30yrs) in senior positions.

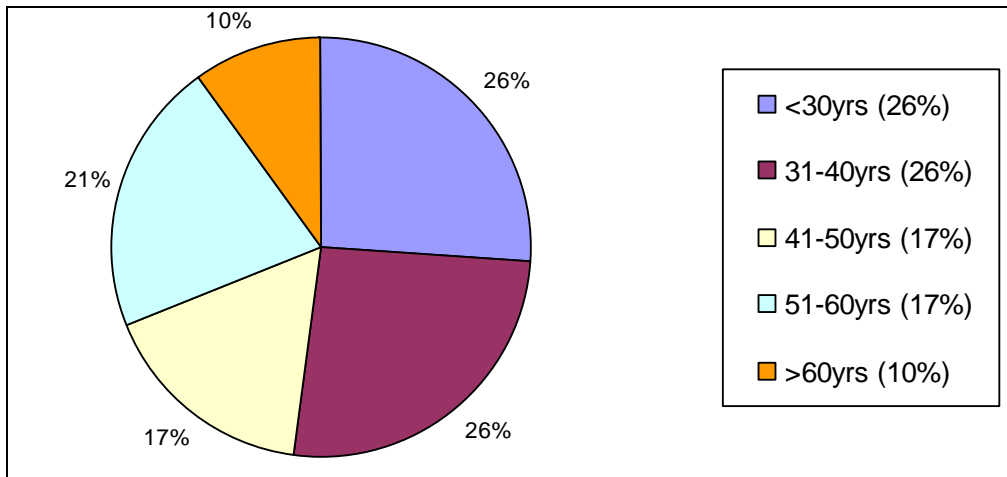
4.3 Age Profile at Recruitment



The majority of applicants come from staff aged less than 29yrs, with high percentages of those shortlisted being appointed. The number of applicants decreases with age. The data trends suggest that a higher number of those aged

between 30-59yrs are shortlisted from application but only those between 50-59yrs see the same percentage appointed.

4.4 Age of staff leaving

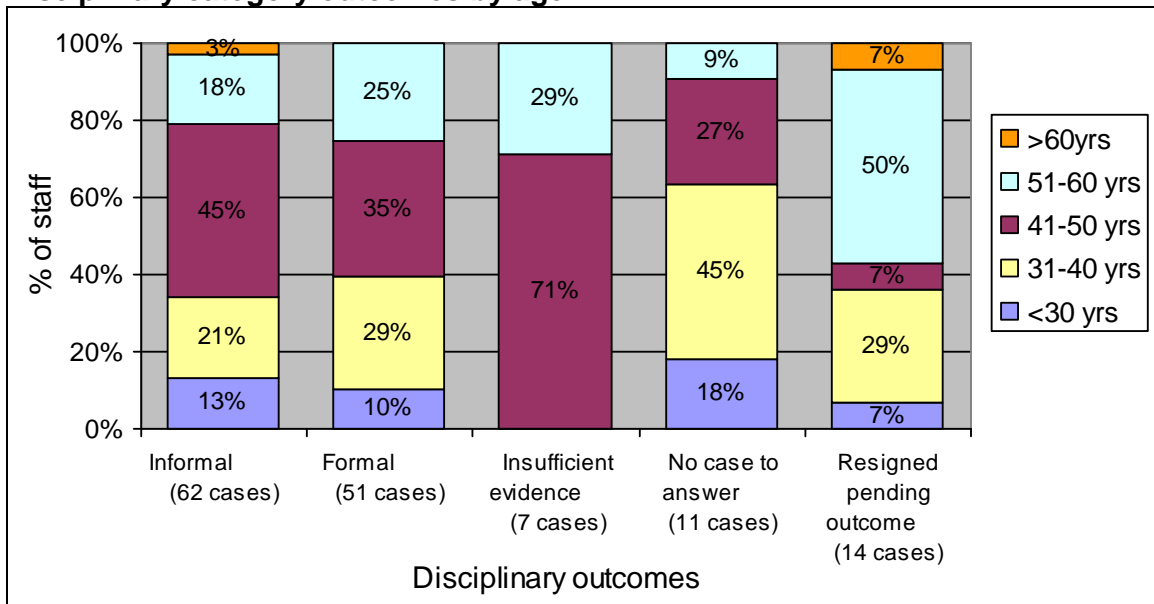


This year's data shows an increase of staff between the ages of 41-60yrs leaving the Trust. Further investigation shows that 68% of staff involved in the employee transfer fell within these age groups.

4.5 Disciplinary and Grievance

A total number of 145 disciplinary cases were concluded during 2012-2013.

Disciplinary category outcomes by age.



The data shows that:

- There is a higher than expected representation of staff aged 41-50yr involved in disciplinary cases.
- There is a higher than expected representation of staff aged 31-40yr involved in disciplinary cases where it is found that there is no case to answer**.

- There is a higher than expected representation of staff above the age of 51yrs that choose to resign before an outcome is determined**.

**NB numbers in these categories are small.

Grievances

	Total cases	31-40yrs		41-50yrs		51-60yrs		>60yrs	
Upheld	4	1	25%	2	50%	1	25%	0	-
Not upheld	8	1	12.5%	0	-	6	75%	1	-

As the total numbers of grievances overall is small we cannot draw any meaningful conclusions at this time. The data does however demonstrate that 58% of grievances were brought by staff aged between 51-60yrs with the majority of them not being upheld.

4.6 Age and access to Training

	<20yrs	20-30yrs	30-40yrs	40-50 yrs	50-60yrs	>60yrs
QCF learners	0	19	17	21	8	0
Apprentices	9	24	5	1	0	0

*Age is not recorded for Leadership or UHL day courses.

Summary

The data indicates stability in our age profile across the workforce with the peak of staff between 36 -50 yrs of age.

The detailed data demonstrates:

- A representation of all age bands across staff groups with a particularly high percentage of staff under 25yrs employed in additional clinical services.
- Within the recruitment process staff under the age of 29yrs are most prominent with a high percentage of applicants being appointed, this trend is not seen in any other age group.
- Expected patterns in the age profile of staff leaving the Trust with an over representation in staff aged <30yrs as many are in training posts or >60 yrs as individuals retire.
- There is over representation of staff aged between 41-50 yrs within our disciplinary processes.

Key Actions – Points to consider

- | |
|---|
| <ul style="list-style-type: none"> • To deep dive into why and increased number of staff aged 41-50yrs are involved in disciplinary processes. |
|---|

Section 5 – Sexual Orientation

In a 2010 survey by the Office of National Statistics 95% of those questioned identified themselves as heterosexual, 1% identified as Gay or Lesbian, 0.5% as Bisexual and the remaining 3.5% as other or do not know. This would suggest that individuals who identify as LGB total 1.5%.

5.1 Sexual Orientation Profile of Staff in Post.

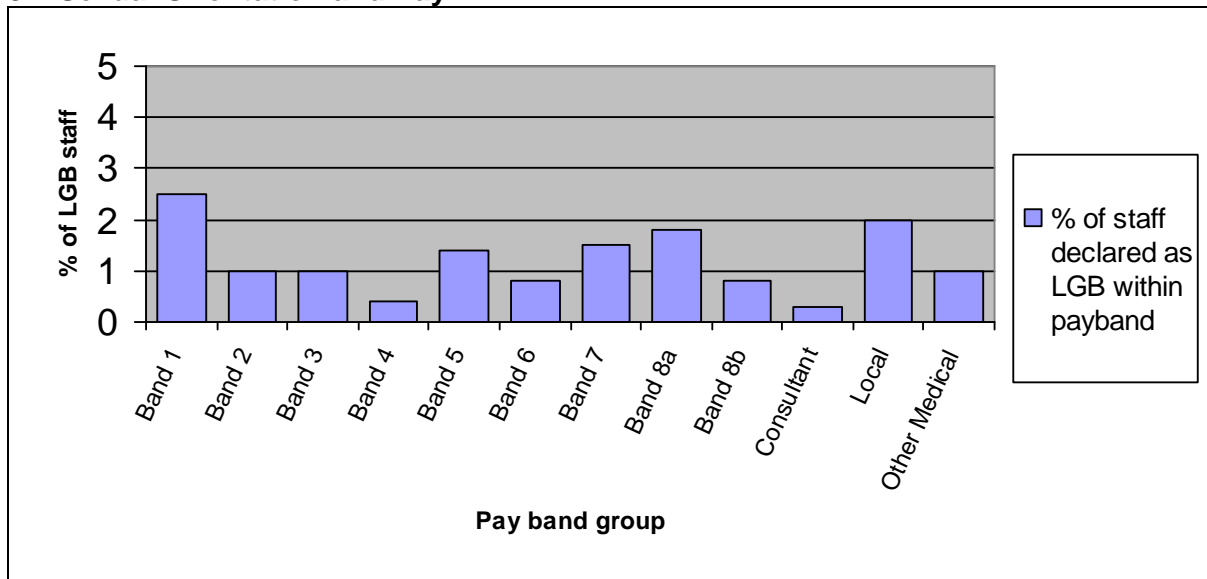
	2013	2012	% of change
Bisexual	0.49%	0.47%	+0.02%
Gay	0.37%	0.34%	+0.03%
Heterosexual	53.19%	44.3%	+8.9%
Lesbian	0.23%	0.24%	+0.01%
Do not wish to declare	13.2%	7.8%	+5.4%
Unknown	32.6%	46.9%	-14.3%

* 127 staff declared as LGB = 1.1% staff population this is significantly higher than neighbouring Trusts.

The data shows that this year we have seen a decrease in staff with an undefined sexual orientation status. This is mainly reflected in an increase in 'heterosexual' and those who 'do not wish to disclose' their sexual orientation, the number of staff who identify themselves as lesbian, Gay or bisexual (LGB) remains stable.

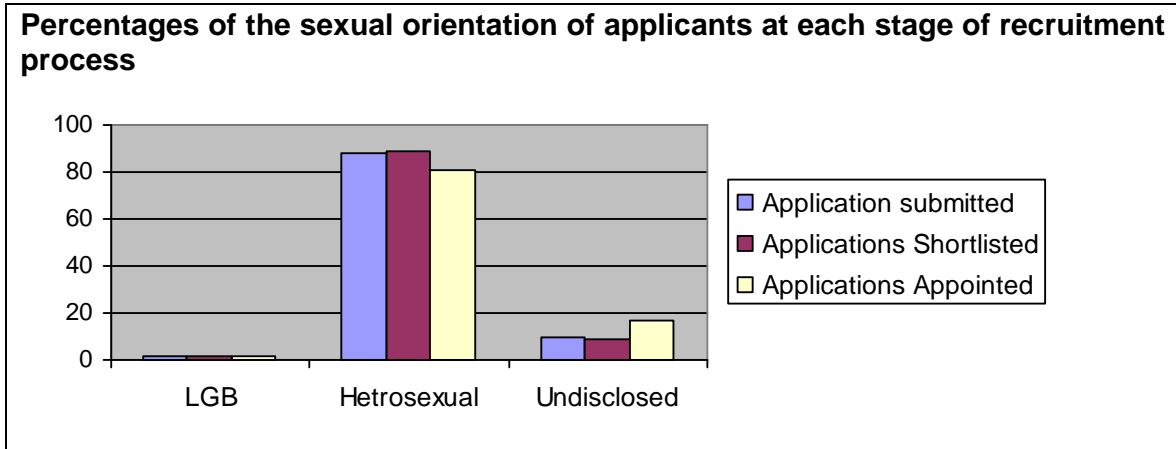
There are staff that have identified themselves as LGB in all staff groups. The percentages within each staff group ranging between 0.7%-2.2%.

5.2 Sexual Orientation and Pay



There is a broadly equal spread of staff that identifies themselves as LGB in all pay bands, except for senior bands of 8C, 8D and 9 where no staff identify as LGB.

5.3 Sexual Orientation Profile at Recruitment



The data shows that a number of applicants did not disclose their sexual orientation; therefore it is difficult to draw any firm conclusions. From the data available the trends suggest that applicants who declare the sexual orientation as LGB are equally successful through each stage of the recruitment process. Where as those who declare their sexual orientation as heterosexual faired worse at application.

5.4 Sexual Orientation of staff leaving

Of staff that left the Trust 1.1% (21) declared their sexual orientation as LGB. Of these 43% left due to employee transfer.

5.5 Disciplinary and Grievance

4% of staff involved in a disciplinary process declared their sexual orientation as LBG this is above the average total staff population. As the total number of grievances are so small (12), no trends are able to be identified.

5.6 Sexual Orientation and Access to Training

Courses	Sexual Orientation					
	LGB		Heterosexual		Undefined/ Undisclosed	
Leadership (EMLA)	2	2%	12	11%	93	87%
Leadership (UHL)	1	1%	82	53%	72	46%
Day Courses	13	2%	294	56%	215	41%
QCF's	Not currently recorded					
Apprentices	Not currently recorded					

A representative number of LGB staff are attending training.

Summary

The data indicates a representation within the workforce as a whole.

The detailed data demonstrates:

- We have staff identifying as LGB in all staff groups and across most pay bands with the exception senior staff of band 8c-9.

- There is no discrimination within the recruitment process with 2% of new starters identifying as LGB.
- There is an over representation of staff identifying as LGB who have been involved in a disciplinary procedure.

Key Actions – Points to consider

- | |
|---|
| <ul style="list-style-type: none"> • To deep dive into the disciplinary data to establish why we maybe seeing increased representation of staff that identify as LGB. • To continue to encourage staff to declare their sexual orientation through the ESR refresh. |
|---|

Section 6 – Religion or Belief

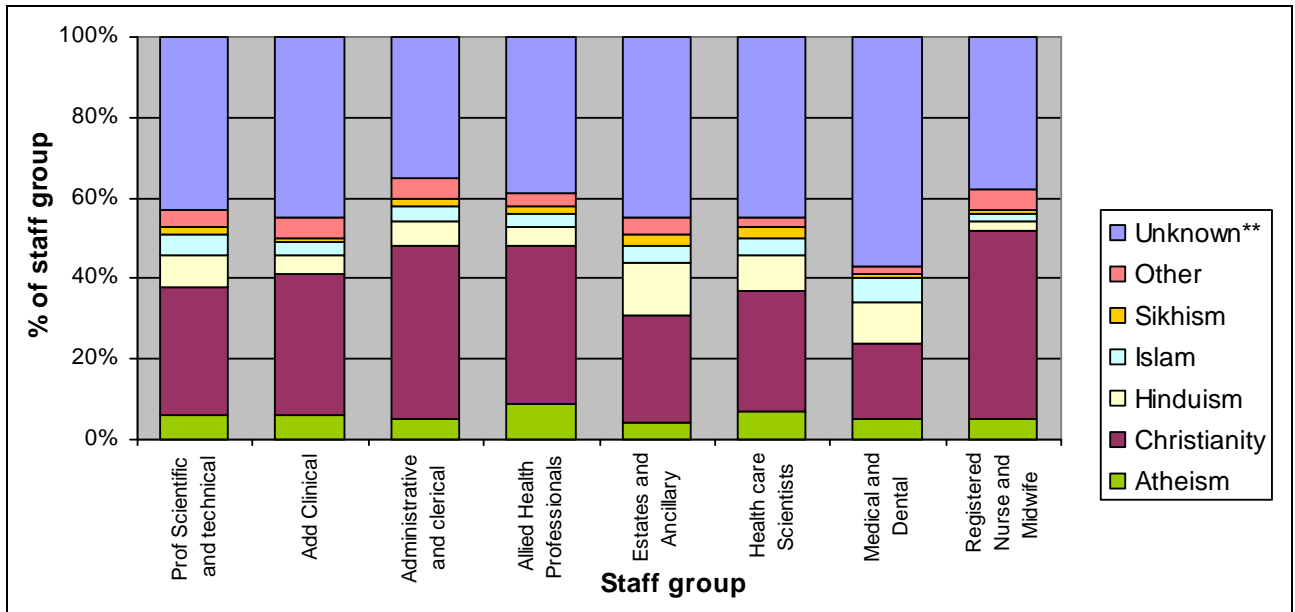
The Equality Act defines “religion” as “any religion”, and “belief” as ‘any religion or religious or philosophical belief’. This includes all major religions, as well as less widely practised ones. The terms “religion” and ‘belief’ in the context of the act also apply if you do not follow any religion or belief.

6.1 Religion or Belief Profile of Staff in Post.

	March 2013	March 2012
Atheism	5.4%	3.8%
Buddhism	0.3%	0.1%
Christianity	38%	33%
Hinduism	5.4%	4.6%
Islam	3.3%	2.4%
Jainism	0.1%	0.1%
Judaism	0.1%	0.06%
Sikhism	1.3%	1.1%
Other	4%	2.5%
Undefined	31%	46%
Not wish to disclose	12%	6%

**data obtained from the 2011 census.

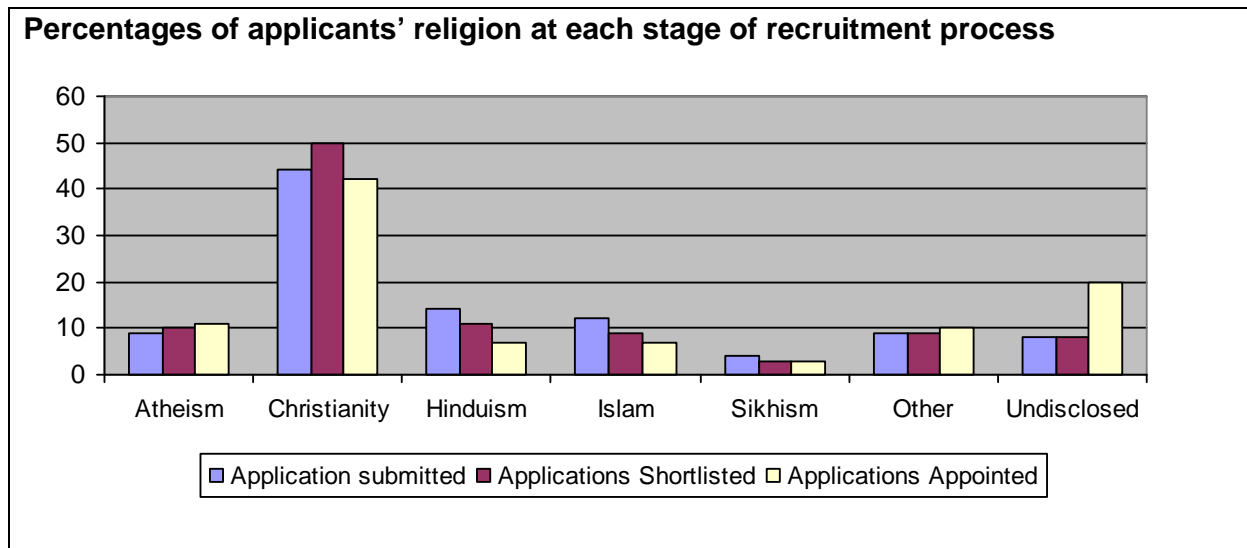
There is a broad range of beliefs amongst staff. The data shows that we have reduced the number of staff who’s religious or belief profiles were undefined by 15%, with most groups demonstrating a percentage increase this year. The representation at UHL favourably compares to neighbouring Trusts.



** Unknown included both staff who does not wish to declare their religion/belief and those who have an undefined status.

The data demonstrates that staff with a broad range of beliefs is found within each staff group. In most groups however over 40% of individuals beliefs are unknown making comparisons with the local population more difficult.

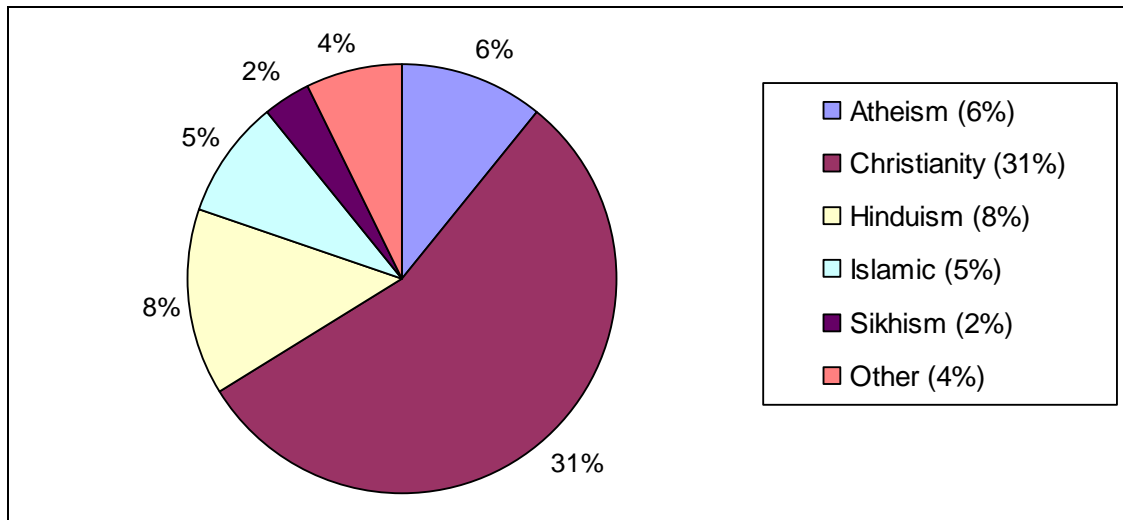
6.2 Religion or Belief Profile at Recruitment



The data shows that a number of applicants did not disclose their beliefs especially at appointment; therefore it is difficult to draw any firm conclusions. The data trends suggest that a lower percentage of applicants are shortlisted who have a Hindu, Islamic or Sikh faith.

This pattern is not unique to UHL with similar recruitment trends seen in the other NHS Acute Trusts used for comparison.

6.3 Religion or belief of staff leaving



We have seen a percentage increase in all belief groups leaving the Trust, this maybe the result of increased declaration of belief. Those with a Hindu or Islamic belief are higher than would be expected if compared with the staff population figures. Further investigation indicates that staff from these two groups alongside those from a Sikh faith were greater represented amongst the staff involved in the employment transfer when compared to the staff population.

6.4 Disciplinary and Grievance

From the total data reported on Disciplinary actions no religious/ belief group appears to be disproportionately represented.

As the total number of grievances are so small (12), no trends are able to be identified.

6.5 Religion or Belief and Access to Training

	Leadership		Day Courses	
	Count	Percentage	Count	Percentage
Atheism	15	6%	30	6%
Christianity	66	25%	238	46%
Hinduism	3	1%	13	2%
Islam	5	2%	7	1%
Sikhism	6	2%	6	1%
Other	4	1%	18	3%
Unknown **	163	62%	210	40%

*This data is not currently collected for apprentices or staff undertaking QFC's.

** Unknown included both staff who does not wish to declare their religion/belief and those who have an undefined status.

Summary

The data indicates a rise in our representation across all religion and beliefs within the workforce as a whole.

The detailed data demonstrates:

- There is representation of all religions and beliefs across all staff groups in half of the groups however there remains a unknown status of at least 40%

- Through the recruitment process staff from who follow the Hindu or Islamic religion appear to fair less well with decreasing percentages seen at each stage.
- There is an over representation of staff from who follow the Hindu or Islamic religion leaving the Trust. Some of this maybe explained due to rotation of medical staff and this year's employee transfer process.

Key Actions – Points to consider

- To encourage staff to declare their religion / belief
- To continue to encourage staff to declare their religion or belief status through ESR refresh.
- To investigate why individuals with an Islamic or Hindu belief fair less well at the shortlisting stage of recruitment.
- To improve our data collection around religious belief at the appointment stage of recruitment.

The following three sections are additions under the Equality act (2010) and minimal data is currently collected. A decision needs to be made as to what data we need to collect in the future.

Section 7 – Marriage and Civil Partnership

7.1 Marital status of staff in post.

	March 2013	March 2012
Civil Partnership	0.3%	0.3%
Divorced	5.5%	6%
Legally Separated	1.3%	1%
Married	58%	59%
Single	30%	28%
Widowed	0.7%	1%
Unknown	4.3%	5%

Section 8 – Pregnancy & Maternity

8.1 Maternity Leave of Staff in Post.

	Number of staff	Days taken
Female	681	110,591

Section 9 – Gender Reassignment.

Data is recorded in this area but not reported due to low numbers with the possibility of breach of confidentiality.

Summary

Little data is currently collected on these three elements

Key Actions

- To decide what information around these three areas needs to be reported.
- To establish appropriate data sets and methods for collection.

Report Summary

Broadly representation has remained the same and again there have been some interesting anomalies identified that warrant further investigation.

We identified 5 areas of focused work as a result of last year's data analysis. In terms of the benchmarking we have started to do our representation for all protected groups is favourable. The other Trusts also face similar challenges in terms of BME representation at senior levels. We need to continue into our investigations into short term contracts and the prevalence of BME Staff.

On the positive side we have seen an increase in the number of female consultants, a reduction in the number of 'unknowns' for disability. In addition the Reasonable Adjustment guidance has been disseminated which will hopefully ease some of the anxiety staff feel as a result of experiencing health problems that have ongoing implications.

In terms of the deep dive activity conducted last year, whilst not all was conclusive and further work needs to be done. The results did provide some assurance that our Human Resources processes do not discriminate against our staff from protected groups. The band six career progression work survey report confirmed this.

Finally we do still have limitations in terms of the data that is recorded and collected. However having completed a second years report using this format it feels as though we are in a much better position to identify where the gaps are and what we need to do to address them. This is going to form part of the work plan for 2014 and phase one will be reported in the July 2014 update.

Top Priorities

- To conduct some further analysis for those BME staff appointed into band 7 positions.
- To identify our Human Resources data recording activity to identify where we are unable to generate accurate equality reports.
- Adopt best practice data collection and analysis through benchmarking with East Midlands colleagues.
- Conduct a deep dive into the number of disabled and LGB staff represented in disciplinaries.

Appendix A

Workforce Benchmarking Data 2012-2013

Disability % of Trust Staff					
	UHL	NUH	Derby	UHB	PAT
Yes	1.4	1.83	0.89	1.94	1.32
No	56.8	15.8	15.8	59.7	22.2
Not declared	5.8	2.5	-	38.4	72.3
Undefined	36	67	53.9	-	4.10

Sex % of Trust Staff					
	UHL	NUH	Derby	UHB	PAT
Female	79	78	82	72	79
Male	20	22	18	28	21

Race % of Trust Staff					
	UHL	NUH	Derby	UHB	PAT
Asian	17	6	9	13	8
Black	4	3	3	8	2
Chinese		0.5	0.4	1	0.4
Mixed		1	1	2	1
White	68	74	78	71	87
Other	11	1	1	4	1
Not declared			3	1	0.2
Undefined		14	4	-	-
BME Total	32	12	15	28	13

Age % of Trust Staff					
	UHL	NUH *	Derby	UHB	PAT
<30 yrs	19	-	20	20	15
31-40 yrs	27	-	26	27	22
41-50 yrs	29	-	30	28	32
51-60 yrs	21	-	20	20	26
>60 yrs	4	-	4	5	5

*Use different age brackets therefore unable to use as comparison.

Sexual Orientation % of Trust Staff					
	UHL	NUH	Derby	UHB	PAT
Bisexual	0.49	0.19	0.1	0.5	0.13
Gay	0.37	0.33	0.26	0.61	0.37
Heterosexual	53.2	31.5	32.1	59	34.3
Lesbian	0.23	0.23	0.12	0.31	0.23
Undefined	32.6	59.1	63.9	-	2.7
Do not wish to disclosed	13.2	8.5	-	39.4	62.2
LGB	1.09	0.75	0.48	1.42	0.73

Religion / belief % of Trust Staff					
	UHL	NUH	Derby	UHB	PAT
Atheism	5.4	4.8	3.5	5.7	3.5
Buddhism	0.3	0.2	0.1	0.4	0.1
Christianity	38	21	22	41	22.5
Hinduism	5.4	0.7	0.4	2.6	0.4
Islam	3.3	0.7	0.8	3.7	0.8
Jainism	0.1	-	-	0.04	-
Judaism	0.1	0.07	-	0.1	-
Sikhism	1.3	0.3	0.8	2	0.8
Other	4	2.9	3.4	5	3.4
Undefined	31	60		-	
Not wish to disclose	12	10	68	39	68

UHL = University Hospitals of Leicester NHS Trust.
 NUH = Nottingham University Hospitals NHS Trust.
 Derby = Derby Hospitals NHS Foundation Trust.
 UHB = University Hospitals Birmingham NHS Foundation Trust.
 PAT= The Pennine Acute Hospitals NHS Trust.