

**TRUST BOARD – 8 JANUARY 2015**

**The Annual Workforce Monitoring Report 2013-2014**

<b>DIRECTOR:</b>	Emma Stevens , Acting Director of Human Resources
<b>AUTHOR:</b>	Deb Baker, Equality Manager
<b>DATE:</b>	8 <sup>th</sup> January 2015
<b>PURPOSE:</b>	<ul style="list-style-type: none"> <li>• To present the 2013-2014 Annual Workforce Equality Monitoring report;</li> <li>• To secure agreement to publish the above report on the UHL Web site in line with Public Sector Equality Duty;</li> <li>• To update on progress against the 2013-2014 equality workforce work programme;</li> <li>• To inform the Board of forthcoming changes to our monitoring arrangements, and</li> <li>• To agree the priorities for the 2015-2016 equality workforce programme.</li> </ul>
<b>PREVIOUSLY CONSIDERED BY:</b>	The Executive Workforce Board 23 <sup>rd</sup> December 2014
<b>Objective(s) to which issue relates *</b>	<input type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input type="checkbox"/> 2. An effective, joined up emergency care system <input type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 8. Enabled by excellent IM&T
<b>Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:</b>	The Annual Workforce Equality Monitoring Report once agreed will be published on the internal and external web site. The report will also be shared with the Equality Advisory Group our external reference group.
<b>Please explain the results of any Equality Impact assessment undertaken in relation to this matter:</b>	The workforce equality updates and monitoring reports are produced, to firstly provide us with the data we need to be able to evidence whether we are a fair and inclusive organisation. Secondly the information highlights areas where further development work or changes to processes may be required and informs the overall equality work programme for the coming year.
<b>Organisational Risk Register/ Board Assurance Framework *</b>	<input type="checkbox"/> <b>Organisational Risk Register</b> <input type="checkbox"/> <b>Board Assurance Framework</b> <input checked="" type="checkbox"/> <b>Not Featured</b>
<b>ACTION REQUIRED *</b>	

For decision



For assurance



For information



- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD

**DATE:** 8<sup>th</sup> JANUARY 2015

**REPORT BY:** DEB BAKER, SERVICE EQUALITY MANAGER  
EMMA STEVENS, ACTING DIRECTOR OF HUMAN RESOURCES

**SUBJECT:** EQUALITY WORKFORCE PROGRESS REPORT

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### 1. BACKGROUND

1.1 In July 2014 the Equality Annual Report was presented to the Trust Board. This detailed both the patient and workforce elements of the Equality Work Programme which is determined by the NHS Equality Delivery System (EDS). The EDS helps NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010.

### 2. INTRODUCTION

2.1 This paper specifically outlines our compliance with the Public Sector Equality Duty (PSED) where we are required, in relation to workforce, to :-

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups which are:-

*Race/ethnicity, Sex, Religion or belief, Gender Reassignment, Sexual orientation including lesbian, gay and transsexual people, Age, Marriage and Civil Partnership, Disability - learning disabilities, physical disability, sensory impairment and mental health problems*

2.2 Following endorsement from the Trust Board, UHL will publish (by the 31<sup>st</sup> January 2015) the Annual Workforce Equality Monitoring Report which is a statutory requirement.

### 3 THE PURPOSE OF THE PAPER

3.1 This paper details:

- National Workforce Equality requirements.
- Progress against the workforce elements of the 2013 -2014 equality work programme.
- This year's Equality Workforce Monitoring Report (at **Appendix 1**).
- Priorities for 2015-2016 (at **Appendix 2**).

### 4. EQUALITY COMPLIANCE 2013 – 2014

4.1 We produce an annual employee profile as a way of monitoring that our workforce broadly reflects the diversity of the community we serve and to ensure that our

practices are free from discrimination. We are required as part of the Public Sector Equality Duty to publish this data that includes equality analysis on:-

- Our overall workforce profile.
- Pay differences.
- Recruitment.
- Number of staff leaving.
- Number of Disciplinary and Grievance cases.
- Access to training.

4.2 As a result of the findings, an annual equality work programme is produced and monitored using the Equality Delivery System (EDS) framework.

4.3 We are required to have at least one workforce objective for each of the two domains (a representative workforce and that we have an inclusive approach to Leadership) .We therefore need to be able to demonstrate that all of our workforce processes, policies and procedures are fair, open to all and free from discrimination. Progress against the work programme for the EDS is outlined in section 5.

## 5 WORKFORCE EQUALITY METRICS

5.1 An important area of national focus for this year has been Black and Minority, Ethnic (BME) career progression and representation. New research reported in the Roger Kline report entitled the “Snowy White Peaks” found that the absence of Black and Minority Ethnic (BME) NHS staff from the leadership of the NHS is “serious, systemic and has shown no sign of improving in recent years”.The seemingly slow progress has culminated in a pledge from NHS England to implement the two following measures to improve equality within the workforce across the NHS, which would start in April 2015:-

### 5.1.1 Race Equality Standard

The first is a workforce race equality standard that would, for the first time, require organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. In addition it is proposed that this may form part of the NHS 2015-2016 contract. In terms of the new standard some of the information required is already collected and /or reported. The new activity will be the more regular validation of Trust Board member details and the details of responses to the staff survey questions by BME group. However, the bigger challenge for us and others will be what new or additional strategies are there that will bring about an effective shift from our current position.

Workforce Metric	UHL’s Current Position
Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce.	Already collected and reported in the annual Workforce Report. Section 3.2.

Relative likelihood of BME staff being recruited from short listing compared to that of white staff being recruited from short listing across all posts.	Already collected and reported in the annual Workforce Report. Section 3.3.
Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	Already collected and reported in the annual workforce Report. Section 3.7.
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? If so were any training, learning or development needs identified?	Question within the National Staff Survey and will request breakdown of answers by BME group in 2015.
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? If so  Were any training, learning or development needs identified?  Did your manager support you to receive this training learning and development?	Question within the National Staff Survey and will request breakdown of answers by BME group in 2015.
Percentage believing that trust provides equal opportunities for career progression or promotion.	Question within the National Staff Survey and will request breakdown of answers by BME group in 2015.
In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	Question within the National Staff Survey and will request breakdown of answers by BME group in 2015.
Does the Board meet the requirement on Board membership (Boards are expected to be broadly representative of the population they serve.)	The Board members details were last validated in June 2014. The Board is under represented in terms of Ethnicity, Women and Disability.

### 5.1.2 The Equality Delivery System

The second measure is to make the use of the EDS mandatory. The regulators – The Care Quality Commission, Trust Development Agency and Monitor – will also

consider using the standard to help assess whether organisations are 'well-led'. UHL already uses the EDS 2 framework so work will continue to progress the standards.

A self assessment of the EDS is undertaken annually and validated by our Equality Advisory Group. In addition to this, for this year we want to trial in collaboration with the City Clinical Commissioning Group and Leicestershire Partnership Trust a broader stakeholder validation event. This is scheduled for February and March 2015.

## **6. PROGRESS AGAINST THE WORKFORCE 2013-2014 WORK PROGRAMME**

We identified a range of work streams following the publication of last year's report; the highlights of which are described below.

### **6.1 Band 7 Representation**

It has become evident through the publication of our data that there has only been minimal change year on year in terms of BME representation at senior levels (at bands 8a and above). As described in section 4 this is a national issue and one that requires on-going attention.

Our focus last year was to narrow our scope to one professional group rather than looking at all senior posts. We selected Nursing as we had in previous years looked at the level of BME nurse recruits at De Montfort University (DMU). We hoped to see an increasing trend in band 7 appointments for BME staff that corresponded to the increasing number of BME student nurses recruited by DMU since we first started monitoring in 2007.

The positive news is that we have seen an increase in BME band 7 appointments and that this upward trend within Nursing is continuing. By analysing the data in this way we are able to see some improvement thereby reassuring us that by taking a more long term view the progression of BME staff through the bands is evident albeit slower than we would like.

That said we do need to ensure that there is equal opportunity for all staff across the organisation and that we need to develop some targeted interventions that better support staff development generally but particularly BME staff.

We already know that from this year's report that BME staff appear to be under represented on all training courses which includes leadership /management courses. In conjunction with the Learning and Organisational Development team there are 3 areas of focus where we have the opportunity to proactively support the development of BME Staff. The first is regarding our talent management strategy and links to a series of Talent Management Master Classes that are being run from March 2015. Secondly, whilst we have a mentoring system within the Trust the uptake is variable and less well accessed by some staff groups and possibly BME Staff. It is also likely that a renewed national interest BME specific Leadership /mentoring courses may be reintroduced by the Leadership Academy. The third area to consider and explore is introducing the concept of unconscious bias into our recruitment and equality training.

## **6.2 Data Collection and Analysis Through Benchmarking within the East Midlands**

The Regional Equality Leads meet quarterly and share data. Similar trends have been identified across the Region with no areas identified as outlying for UHL.

## **6.3 Dyslexia Guidance for Staff**

An increasing number of staff are identifying themselves as Dyslexic or Dyscalculic and require in the main educational support. Dyslexia falls under the Equality Act 2010 and as a result we have developed guidance for managers on reasonable adjustments in terms of job role and examinations/professional testing.

## **6.4 Dyslexia Assessment Training**

In addition to the guidance we have trained eight members of staff to undertake dyslexia screening assessments to enable earlier intervention, unnecessary formal testing and cost savings.

## **7. EQUALITY TRAINING**

Progress against the 3 yearly Mandatory Equality training is positive and remains on course against UHL's predicted trajectory – currently 75%.

## **8. 2013- 2014 WORKFORCE MONITORING REPORT - POINTS OF INTEREST**

The attached equality workforce monitoring report (see appendix 1) is produced as part of our compliance with the Public Sector Equality Duty. The key highlights of the report include:

- The total staff head count remains comparatively stable with minimal changes in the equality profile across the organisation. We have continued to see an improvement in the quality of staff data, resulting in an increase in the number of areas we can report on.
- We are pleased to report more evidence of promotion/ appointment of staff from BME background, female staff and staff identifying as LGB into more senior roles. The deep dive work undertaken does provide reassurance that representation is changing but that progress is slower than we would want.
- Overall applicants from a white background continue to fair better throughout the application process.
- There has, however, been a percentage reduction in the appointment of staff with a disability and those who are Atheist, which has not previously been seen, despite application levels remaining consistent.
- Working patterns of staff is a new area of reporting. We know 51% of our workforce work less than full time hours and the data shows that this is opportunity is accessed across the board by all groups. From examining the data in more detail there is evidence that more female staff, those from a white

background, those aged >60yrs, staff identifying as heterosexual and those who follow the Christian faith work part-time hours.

- The groups of staff involved in a disciplinary process have changed this year. We have seen higher representation amongst male staff, staff from a BME background and those from older age groups which were not evident last year, whilst representation of staff identifying as LGB have fallen. This has highlighted that trends will change year on year and it is only by consistently monitoring over several years that true trends will emerge. Staff declaring disabilities do, however, continue to be over represented. Further analysis of the data is required before any conclusions can be drawn and interventions developed.

## **9. THE AGEING WORKFORCE**

- 9.1 We know that there is a particular issue in relation to Midwives that has previously been reported and detailed in the Women's and Children's workforce plan. The 5 year workforce plan acknowledges that there may be other staff groups for example Healthcare Scientists and Consultants that may be affected by a larger numbers of retirements than previously seen. It is important that as a Trust we have robust retirement plans in place. To this end a task and finish group will be established in the New Year to ensure that adequate plans are in or can be put into place.

## **10. PRIORITIES FOR 2015- 2016**

- 10.1 The priorities for 2015-16 that are included in the EDS Workforce Programme are outlined in appendix 2.

## **11. SUMMARY**

- 11.1 UHL continues to declare legal compliance with the Public Sector Equality Duty and has a range of activities and processes to evidence our position.
- 11.2 The total head count of staff remains comparatively stable with minimal changes in the equality profile across the organisation. We have continued to see an improvement in staff monitoring data, resulting in an increase in the number of areas we can report on.
- 11.3 Comparing the data to previous years it is evident that each year we see slightly different trends between groups and in different areas; however there are also key areas we are seeing year on year. This includes the challenge of representation at senior level. This in turn maybe linked to the under representation of some groups within our leadership programmes which will be a focus for next year.
- 11.4 The challenge for any organisation wanting to ensure it is fair will be to produce a best fit for the majority of staff while at the same time still meeting individual needs. In order to achieve this continuing to identify areas that would benefit from further analysis to provide a deeper understanding is essential.

## **12 RECOMMENDATION**


- 12.1 The Trust Board is asked to note and agree the content of the Workforce Report and agree the priorities identified.



# Workforce Equality and Diversity



Monitoring  
Report  
2013-2014

University Hospitals of Leicester   
NHS Trust

*Caring at its best*

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# **Executive Summary Equality Workforce Monitoring Report 2013-2014**

## **1. Introduction**

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 collect and report staff data on disability, age, race, religion and belief, sex, and sexual orientation. We are still 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
- Working patterns
- Sickness
- Disciplinary and Grievance
- Training

Please note the analysis of Working patterns and Sickness are new to this years report.

## **2. Progress on Key actions identified in 2012-2013**

Within each workforce report areas which would allow a richer understanding of some of the data are identified within our yearly action plan. Below is an update of how we are progressing:

We know that that like many similar organisations, representation at senior levels remains a challenge. The Equality and Diversity Council recently announced

‘that more action was required to ensure that employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and fair treatment in the workplace.’

This year we have continued our work to drill deeper into the make up of our senior staff profile to understand what we may need to do diversify our representation at senior levels.

## **2.1 To conduct some further analysis for those BME staff appointed into band 7 positions.**

It has become evident that there is often only minimal changes year on year of representation at senior level. One reason for this which was evident when we investigated the career aspirations of our band 6 staff was the availability of senior positions suggesting a lower turnover combined with fewer job roles. We therefore widened our scope to look at the longer term trends in BME appointment through bands 5 – 7 from 2007, 2010, and 2013 within our largest staff group, nursing and midwifery. The results clearly demonstrated a more defined percentage change in all bands every three years with an increase in BME at band 7 of 2.5 %, at band 6 of 5.5% and at band 5 of 3.4% between 2007 and 2013. This year's data at band 6 and 7 suggest this increasing trend is continuing, thereby reassuring us that by taking a more long term view the progression of BME staff through the bands is evident.

## **2.2 Investigate How Widely Flexible Working Options Are Accessed At Consultant Level.**

An analysis of more detailed data was conducted which considered both the gender of consultants in each speciality and the working hours of consultants and the specialities they worked within. The analysis showed that 21% of consultants are working less than 1WTE, of these the male / female split was equal. A fairly even sex split was also seen amongst consultants working 1WTE. The largest proportions of consultants (57%) are working more than 1WTE and of these 80% are male.

When drilling down further into Speciality there are five services within the Trust that have no female consultants. The data has been shared with a newly emerged network championed within the Trust called Leicester Women in Medicine (LWIM) which hopes to motivate and support women in medicine at all levels of career to achieve their personal goals and realise their talent through peer support and mentoring.

## **3. Key Headlines As To How Our Data Has Changed.**

- The total staff head count remains comparatively stable with minimal changes in the equality profile across the organisation. We have continued to see an improvement in the quality of staff data, resulting in an increase in the number of areas we can report on.
- In addition the numbers of declarations within disability, sexual orientation and religion and belief, has again increased by around seven percent. The numbers, however, still remain low in comparison to gender, age and ethnicity so we would like to see the figures rise more quickly than they are.
- Year on year we continue to see the challenge of representation at senior level. We are pleased to report more evidence of promotion/ appointment of staff from BME background, female staff and staff identifying as LGB into more senior roles which has changed the overall profile at senior level. The deep dive work undertaken does provide reassurance that representation is changing but that progress is slower than we would want.
- We continue to recruit across the Trust into a variety of job roles. Overall applicants from a white background continue to fair better throughout the application process.
- This years' data does demonstrate there is now significantly less difference in all groups between the percentage of applicants shortlisted and those then appointed.

- There has however been a percentage reduction in the appointment of staff with a disability and those who are Atheist, which has not previously been seen, despite application levels remaining consistent.
- Staff from an Islamic or Christian faith have fared better through the process this year as have applicants aged between 30-39 years.
- The data around staff leaving the Trust last year was influenced by a large number of employee transfers to a private contractor. Therefore the reasons and characteristics in this year's data are not directly comparable.
- In this year's data we see an overrepresentation of staff that are male, from an Asian or 'other' background and those aged less than 30 yrs. For all of these groups the majority are leaving due to 'End of fixed term contract' which includes training schemes and rotational posts.
- Working patterns of staff is a new area of reporting. We know 51% of our workforce work less than full time hours and the data shows that this opportunity is accessed across the board by all groups. From examining the data in more detail there is evidence that more female staff, those from a white background, those aged >60yrs, staff identifying as heterosexual and those who follow the Christian faith work part-time hours.
- Sickness is a new area of reporting this year so we do not have previous data to compare with. The data suggests when compared to others within the particular characteristic group a higher percentage of staff declaring a disability, female staff, staff identifying as bisexual or lesbian, and those aged less than 35yrs have taken a period of sickness. It is too early to draw any conclusions and will need further refinement in terms of what analysis is required.
- The groups of staff involved in a disciplinary process have changed this year. We have seen higher representation amongst male staff, staff from a BME background and those from older age groups which were not evident last year, whilst representation of staff identifying as LGB have fallen. This has highlighted that trends will change year on year and it is only by consistently monitoring over several years will true trends emerge. Staff declaring disabilities do however continue to be over represented, with this year's percentage higher than last.
- Our reporting of training data although improving remains inconsistent added to which there are high numbers of 'unknowns'. This reduces the certainty of the conclusions we can draw from it. From the data we do have we can see that there is an under representation of staff declaring a disability, from a BME background or identifying as LGB accessing leadership/management courses or short taught day courses provided by the learning and organisational development team. Data from our apprenticeship programme is more robust and does demonstrate a good representation across all groups.

It should be noted however that representation has been measured against the representation of the total workforce. In some areas of training only a percentage of our workforce maybe eligible to access the courses offered. Further work to establish these baseline figures needs to be undertaken.

## **Section 1 – Disability**

### **1.1 Disability profile of staff in post at UHL**

Year ending	March 2014	March 2013	% of change
No	63.3%	56.8%	+ 6.5%
Yes	1.7%**	1.4%**	+0.3
Choose not to declare	3.7%	5.8%	-2.1
Unknown	31.3%	36%	-4.7

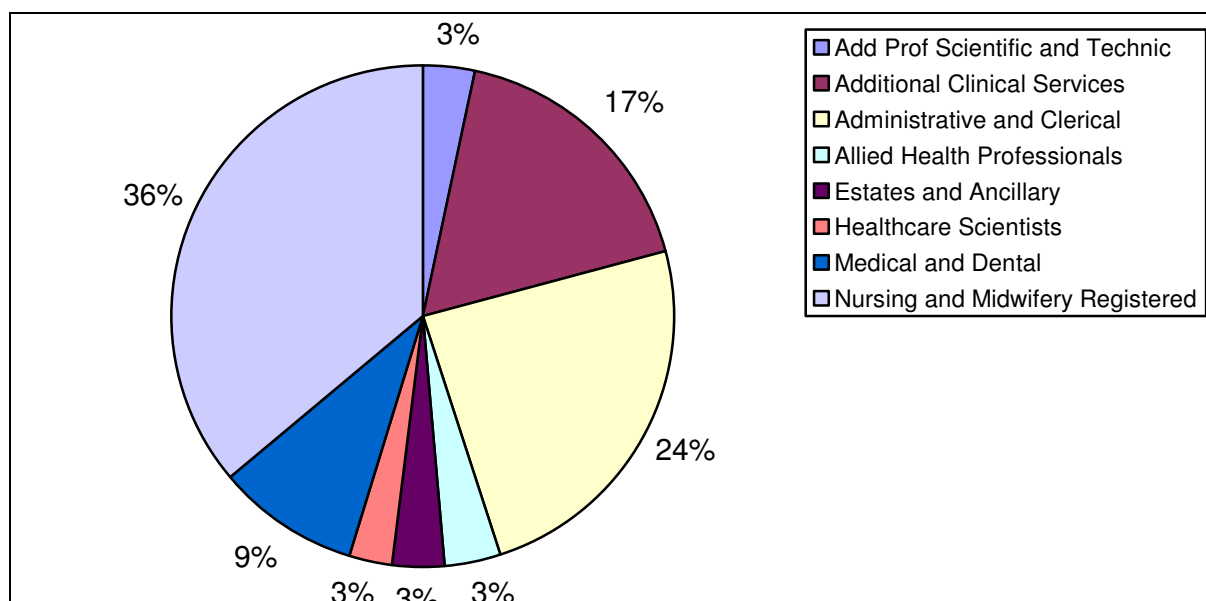
\*\* 1.7% represents 206 staff members

Nationally 9.5% of working age people is defined as disabled under the Equality Act 2010. The Act defines an individual with a disability as having a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Our data demonstrates that 1.7% of the workforce have declared a disability which is a slight increase from last year; however, a third of the workforce's disability status remains unknown.

In a recent staff survey of 3000 staff 579 (16%) declared that they had a long-standing illness, health problem or disability. This suggests a significant number of staff who may not declare themselves as having a disability would be supported under the Equality Acts (2010) definition of disability. For this reason the wording will be amended for our next ESR update to bring the definition in line with all national surveys.

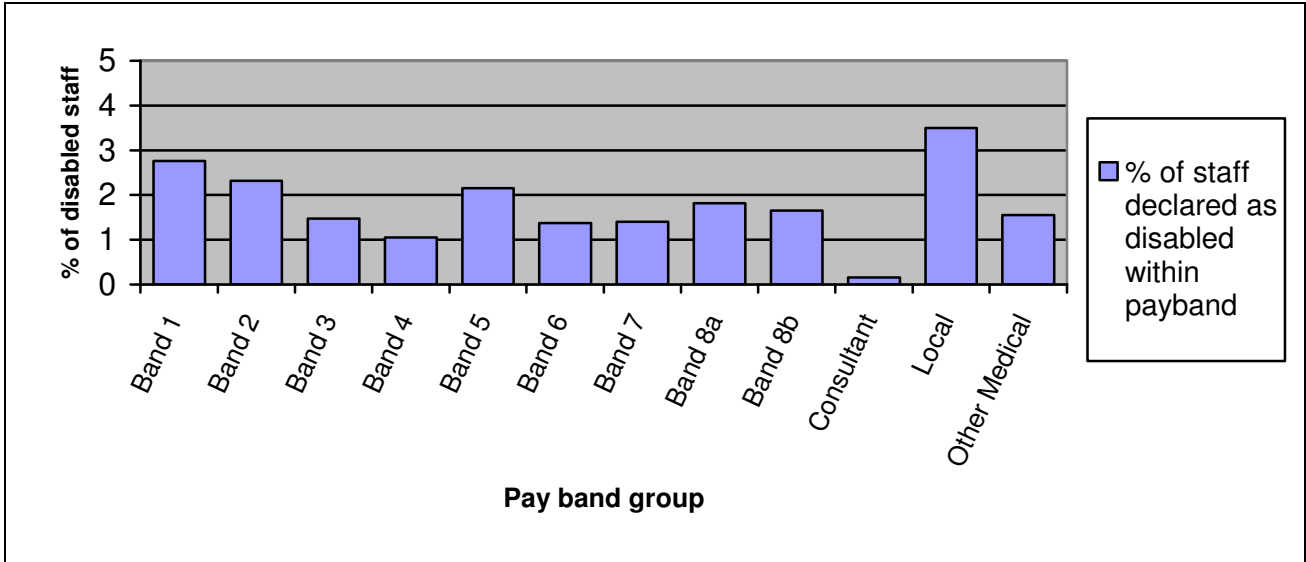
### **Comparison of the Percentage of disabled staff in each staff group.**



The data demonstrates that all staff groups have seen an increase in the number of staff declaring a disability. This has altered the representation of disabled staff within some staff groups the most evident being:

- A decrease of 5% in administrative and clerical – in terms of head count there has been a slight increase and they remain over represented in relation to workforce numbers.
- An increase of 5% in nursing and midwifery – this group has seen the largest change in terms of headcount
- Medical and dental representation remains stable thereby they continue to be under represented in relation to their workforce numbers.

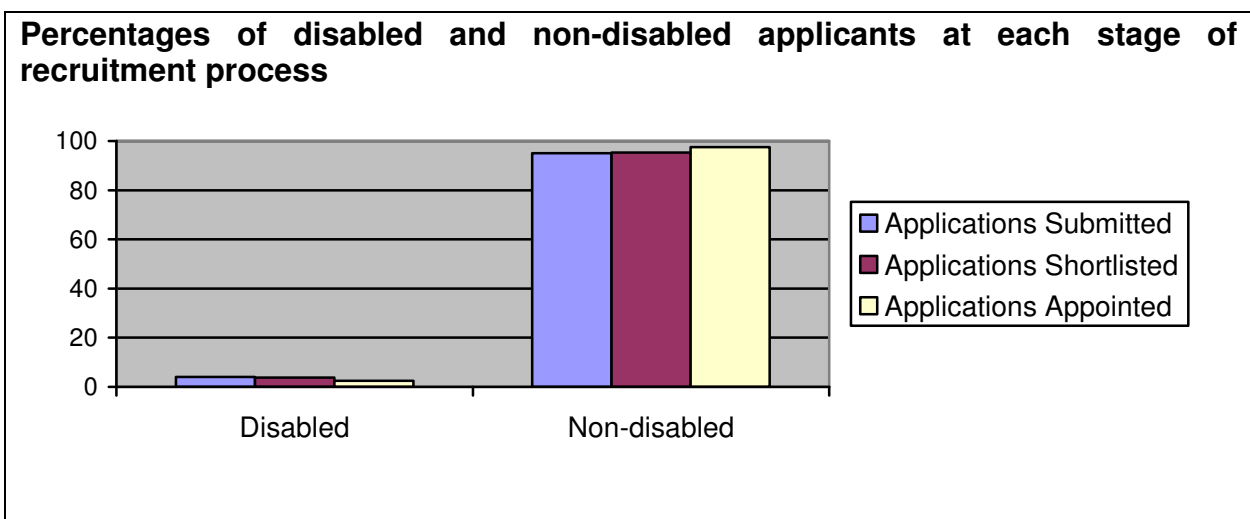
### 1.2 Disability and Pay



The data demonstrates that staff declaring a disability are represented at all bands except for 8C, 8D and band 9. When compared to last years data we see:

- An increase in representation in Bands 1,2,3,5,6, 8A, and other medical
- A decrease in representation in Bands 4, 7, 8B Consultant and local.

### 1.3 Disability Profile at Recruitment



The data demonstrates that:

- As seen in last years data less than 1% of applicants disability status is undisclosed.

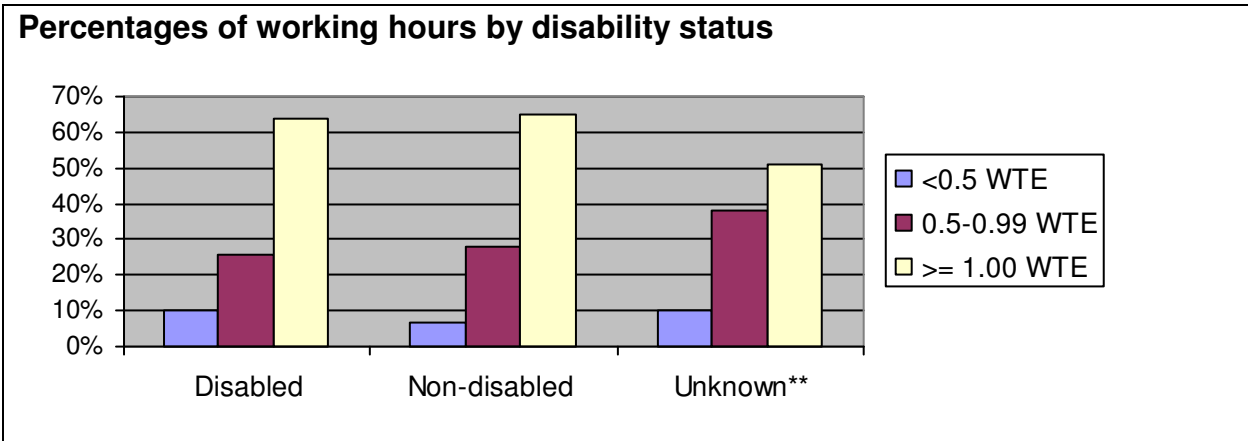
- 98% of individuals appointment were non disabled compared to 95% seen in last years data.

The percentage decrease of disabled staff at each stage of the recruitment process has not been seen in previous year's data.

### 1.4 Disability of Staff Leaving

Of staff that left the Trust 1.9% (32 staff members) defined themselves as having a disability. This figure is consistent with last year's representation.

### 1.5 Working Patterns

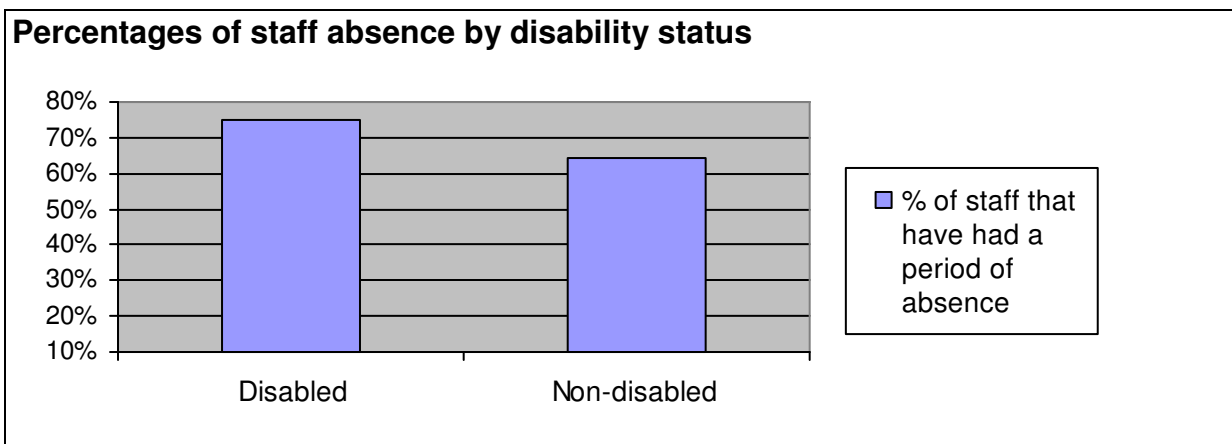


\*\* In this instance unknown included both staff who does not wish to declare their disability status (11%) and those who have an undefined status (89%).

The data demonstrates that:

- A higher percentage of staff declaring a disability work <0.5 hours
- There is a minimal percentage difference between non-disabled staff and staff declaring a disability working full time hours.

### 1.6 Sickness and Absence



The data indicates the percentage of staff who has taken a period of sickness is higher in staff declaring a disability.

### 1.7 Disciplinary and Grievance Cases



A total number of 179 disciplinary processes and 12 Grievance cases were concluded during 2013-2014.

### Disciplinary data by disability

	Disabled	Non-disabled	Unknown
<b>Total %</b>	3.91%	49.72%	46.37%

This year's data continues to suggest in relation to workforce representation a higher number of individuals who declare a disability have been involved in a disciplinary process.

### Grievance data by disability

	Disabled	Non-disabled	Unknown
<b>Total %</b>	-	75%	25%

The data indicates no staff declaring a disability has been involved in the Grievance process.

## 1.8 Disability and Access to Training

Courses	Disability					
	Yes		No		Undefined / Undisclosed	
Leadership (EMLA)	-	-	72	100%	-	-
Leadership (UHL)	-	-	59	95%	3	5%
Short Courses	6	0.6%	661	73%	240	26%
QCF's	5 **	6%	82	93%	1	1%
Apprentices	3**	7%	43	93%	-	-

The data indicates that staff declaring a disability are not accessing Leadership courses.

Due the recording methods we know that although no staff undertaking training through the Qualifications and Credit Framework (QCF) or Apprenticeship declared a disability:

\*\*8 QCF learners/ Apprentices did register as having 'other medical condition' and 6 QCF learners/ Apprentices did register as having additional learning needs (Dyslexia / Dyscalculia)

## Summary

Within the organisation we have continued to see an increase in staff declaring a disability there remains, however, approximately one third of the workforce who's status is unknown and therefore we remain unable to draw any firm conclusions from the data. Monitoring data gathered from other sources in the Trust suggest the percentage of staff that would be covered under the Equality Act (2010) definition of disability is higher. It is hoped that these two issues will be resolved following the planned ESR update.

The data we have demonstrates:

- We have staff declaring a disability in all staff groups and across most pay bands with the exception of senior staff of band 8C-9.
- During the recruitment process non-disabled staff are more successful than disabled staff. This has not been seen in previous year's data. This year 2.5% of new starters had a disability compared to 4% last year.
- There is above expected representation of staff with a disability leaving the Trust but the figure is consistent with last year.
- Again this year there is an over representation of disabled staff who have been involved in a disciplinary procedure.
- Staff declaring a disability are under represented in areas of voluntary training however the recording of data is inconsistent.

## **Key actions**

- To complete the Electronic Staff Record (ESR) update.
- To monitor trends in recruitment data.
- To review the disciplinary cases to ensure equity.

## **Section 2 – Sex (formally referred to as gender)**

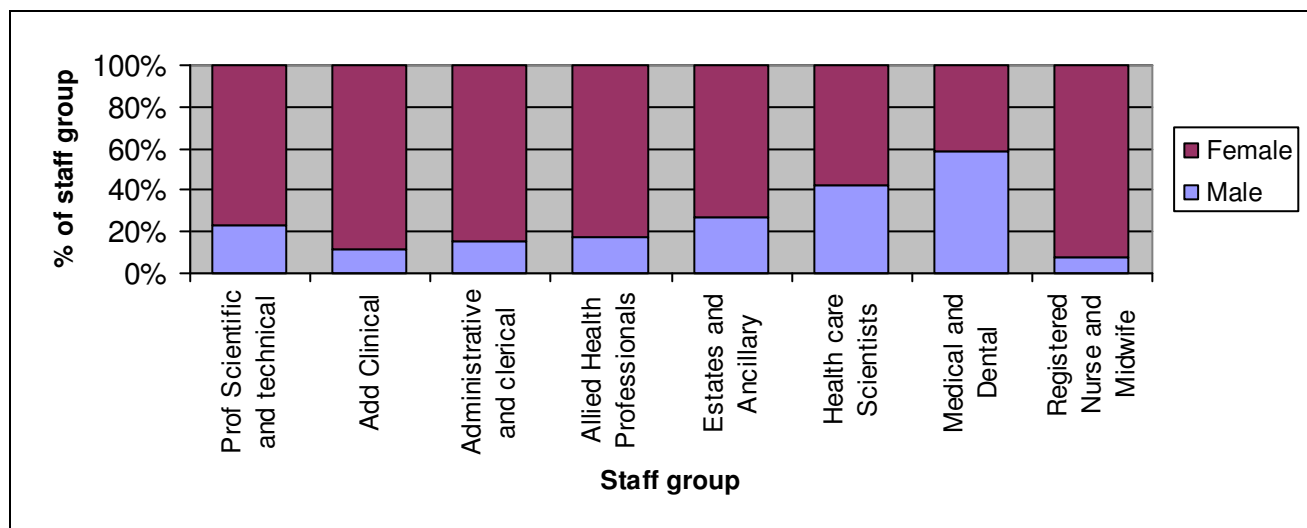
Under the Equality Act (2010) the term "sex" has replaced gender.

### **2.1 Sex profile of staff in post.**

Year ending	March 2014	March 2013	% of change
Female	79.6%	79.2%	+0.4%
Male	20.4%	20.8%	-0.4%

The data shows a small percentage rise in female staff compared to last years data. This is consistent with national figures.

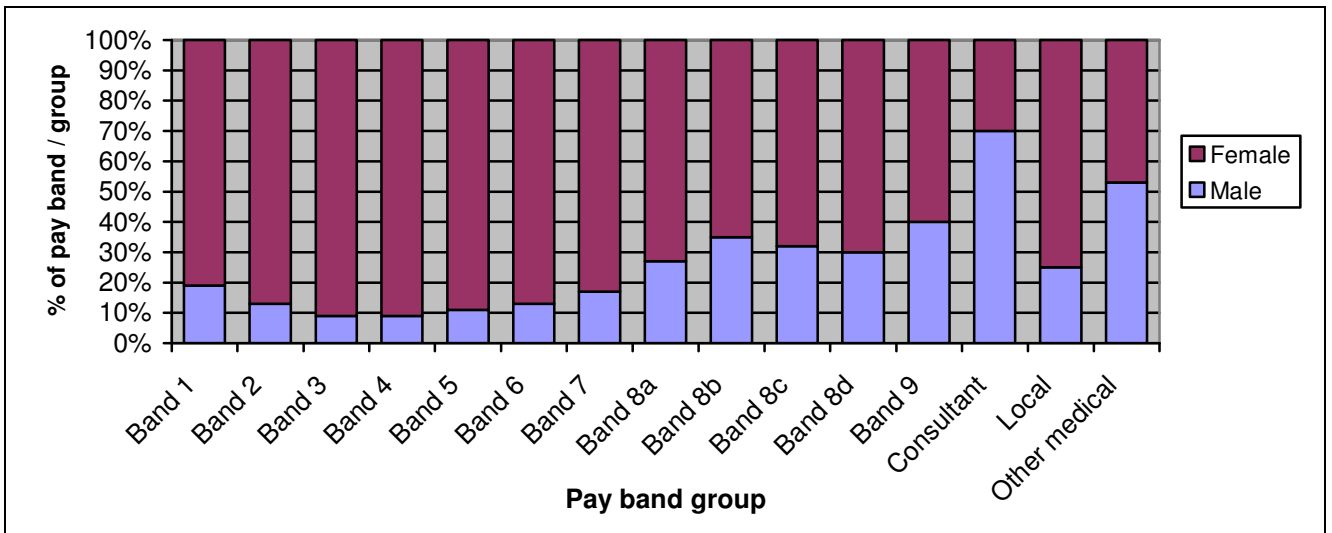
### **Sex as a Proportion of Staff Group**



The data demonstrates that when compared to last years data there has been some percentage change in all staff groups except for Additional Clinical and Healthcare Scientists. The most notable of these are:

- Prof Scientific and Technical which has seen a 3% increase in female staff.
- Estates and Ancillary which has seen a 3% increase in male staff.

## 2.2 Sex Profile and Pay



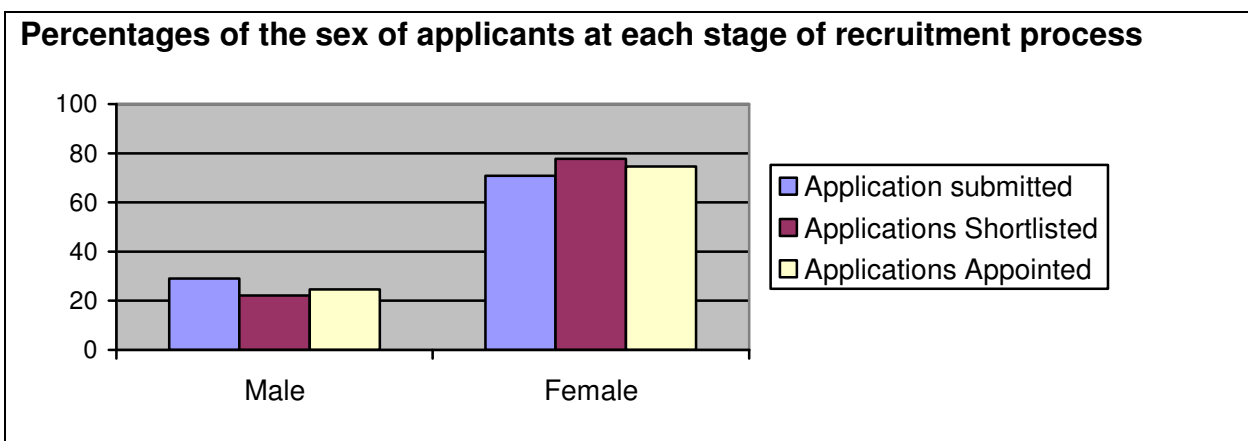
The data continues to demonstrate an overall trend of decreasing female representation and increasing male representation as a proportion as the pay band increases.

When compared to last years data there is:

- An overall increase of 2 % in male representation in bands 1-4.
- Status quo in bands 5-7 and other medical groups
- An increase in female representation in bands 8a; 8c; 8d; and those on local pay of between 2 – 9%
- A 0.7% increase in female consultant appointments however this is due to growth in the overall Consultant population.

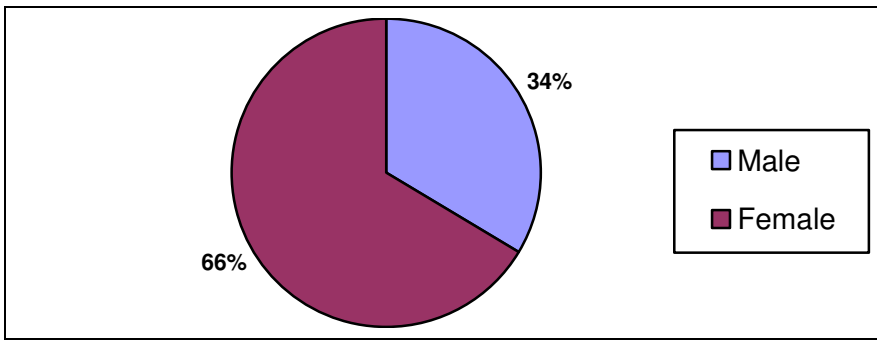
"Local" pay bands include staff on the previous Trust pay scales, apprentices and senior management.

## 2.3 Sex Profile at Recruitment



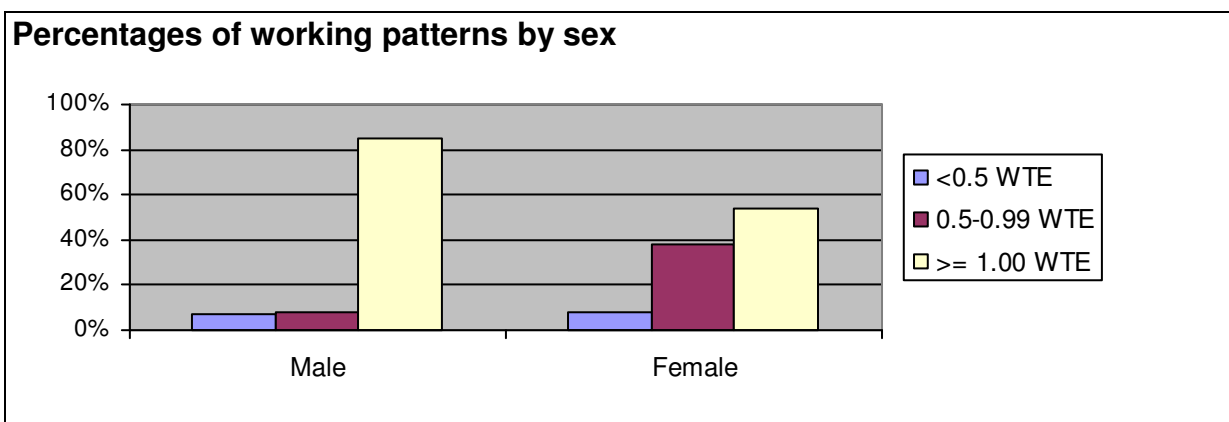
The data indicates that less male applicants are shortlisted from applications submitted. However the appointment from shortlist, demonstrates males to be more successful.

## 2.4 Sex of Staff Leaving



There is little 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 of males leaving the Trust over 50% is due to 'end of fixed term contracts'. Whilst for females leaving the Trust 50% do so following voluntary resignation.

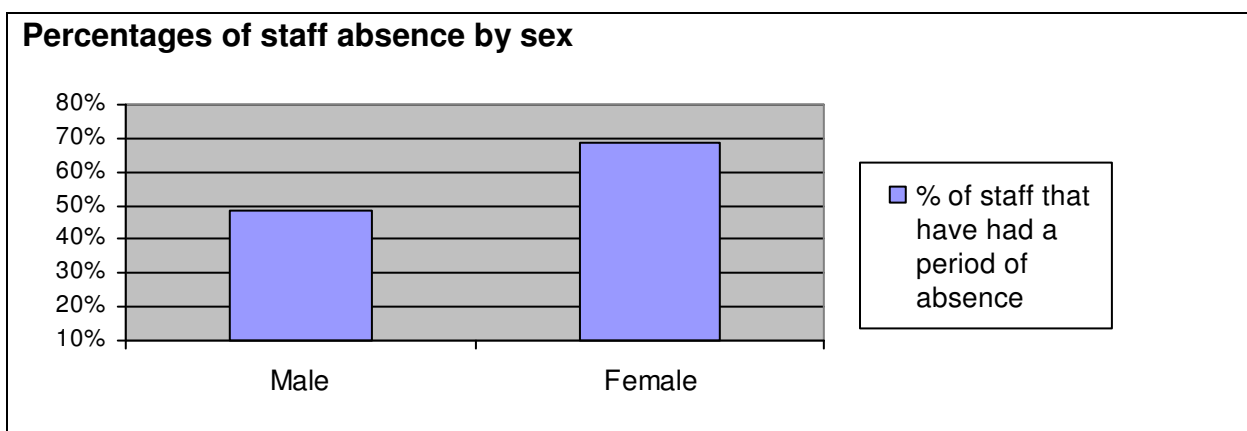
## 2.5 Working Patterns



The data demonstrates that:

- Significantly more male staff work full time
- Significantly more female staff work between 0.5 – 0.99 WTE
- There is little difference in genders working less than 0.5 WTE

## 2.6 Sickness and Absence



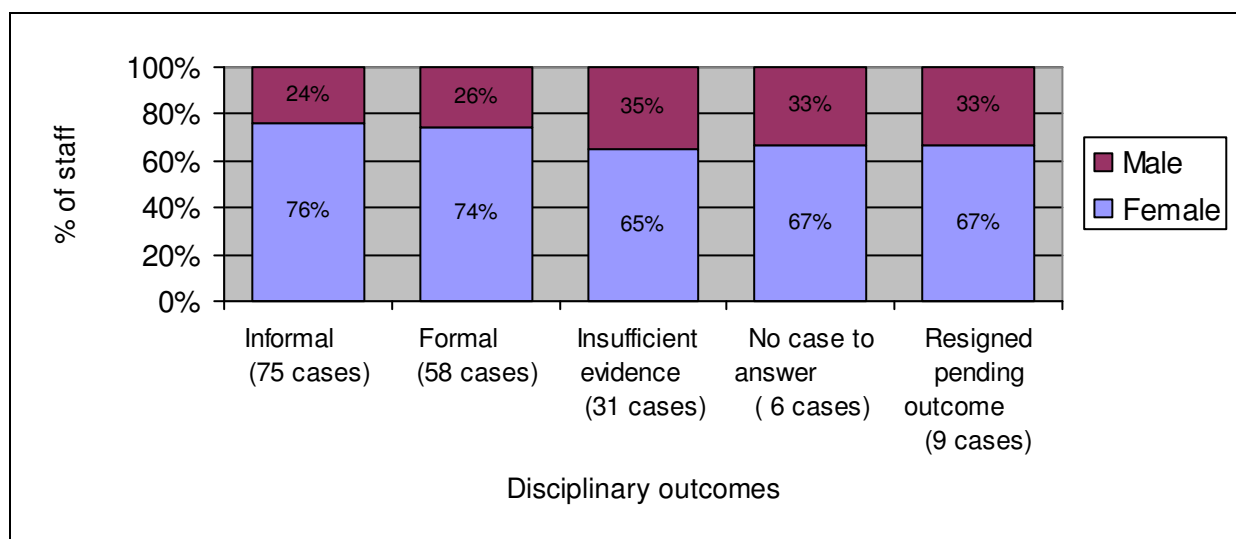
The data indicates the percentage of staff who have taken a period of sickness is higher amongst female staff.

## 2.7 Sex Profile and Disciplinary and Grievance

A total number of 179 disciplinary processes and 12 grievance cases were concluded during 2013-2014.

### Disciplinary data by sex.

	Female	Male
<b>Total %</b>	73%	27%



The data suggests that more male staff than expected based on representation are involved in the disciplinary process. This is most evident where it's found that there has been 'insufficient evidence'.

### Grievance Outcome Data by sex

	Total cases	Female	Male
<b>Total %</b>	12	10 (83%)	2 (17%)

Of twelve grievance cases were brought, ten were not upheld and two were upheld in part. Of those upheld in part one was brought by a male and one by a female.

### 2.8 Sex Profile and Access to Training

Courses	Sex		Sex	
	Male	Female	Male	Female
Leadership (EMLA)	25 (35%)	47 (65%)		
Leadership (UHL)	17 (27%)	45 (73%)		
Day Courses	110 (12%)	787 (88%)		
QCF's	14 (16%)	74 (84%)		
Apprentices	10 (22%)	36 (78%)		

## Summary

The sex makeup of or total workforce has remained consistent with previous data.

The detailed data demonstrates:

- There has been a percentage change sex representation in most staff groups.
- An overall trend of decreasing female representation and increasing male representation, as a proportion, as the pay band increases. There has however been some increase of female representation at senior level and amongst consultants.
- During recruitment the highest proportion of applicants are female, but from shortlist to appointment male applicants are more successful.
- There is an over representation of male staff leaving the Trust.
- More female staff work part- time hours.
- More female staff took a period of sickness.
- Male staff are over represented in the disciplinary process.
- An under representation of male staff undertaking attended internal short courses training and female staff attending leadership courses.

## Key Action

- To look at access of females to leadership and management courses

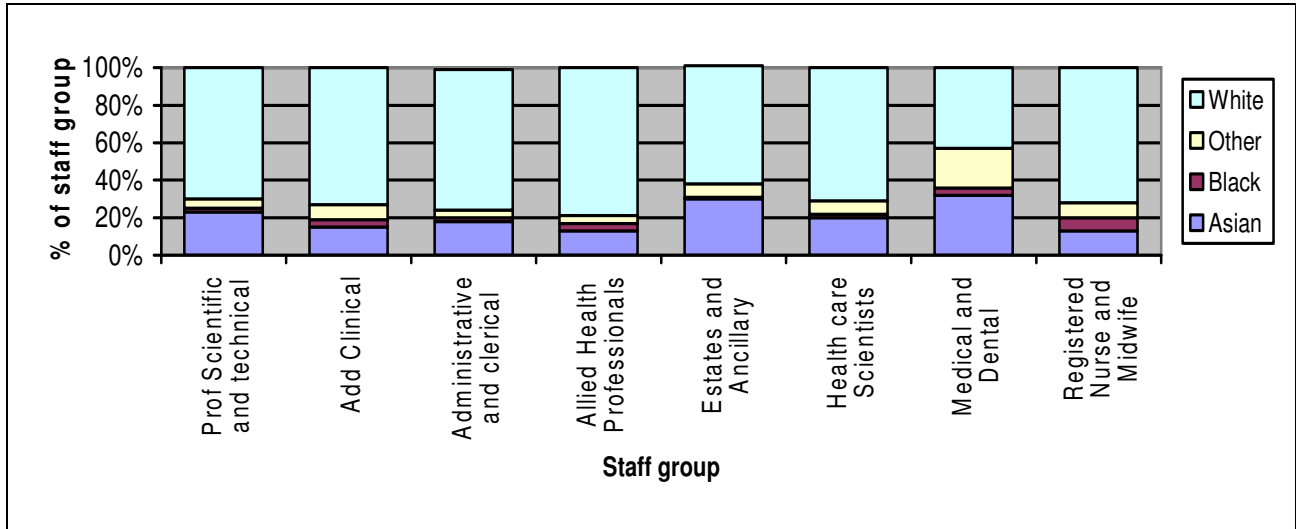
## Section 3 – Race

### **3.1 Race Profile of Staff in Post.**

	2014	2013	Percentage of change
Asian	18%	17%	+1%
Black	5%	4%	+1%
Other	9%	11%	-2%
White	68%	68%	-

The data indicates that the percentage of staff from a Black and Minority Ethnic (BME) (32%) and white (68%) background remains unchanged. There have however been some changes in the racial profile of our BME staff with an increase in staff numbers with an Asian or Black background and corresponding decrease in staff from an 'other' background.

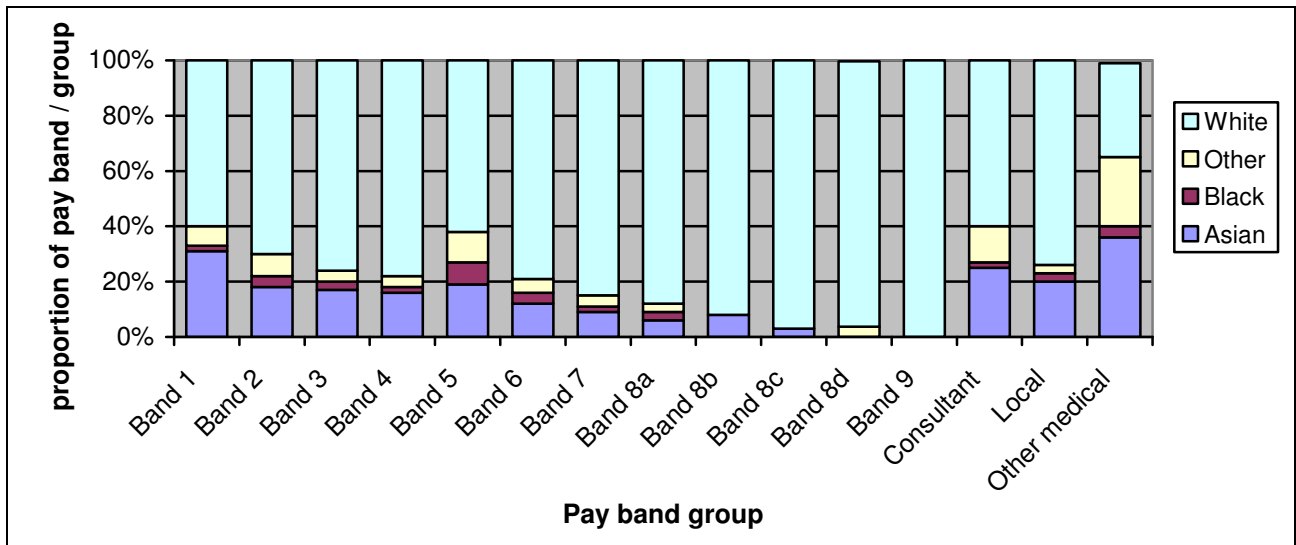
## Race profile as a Proportion of Staff Group



The data continues to show representation in all staff groups. The notable changes from last years data are:

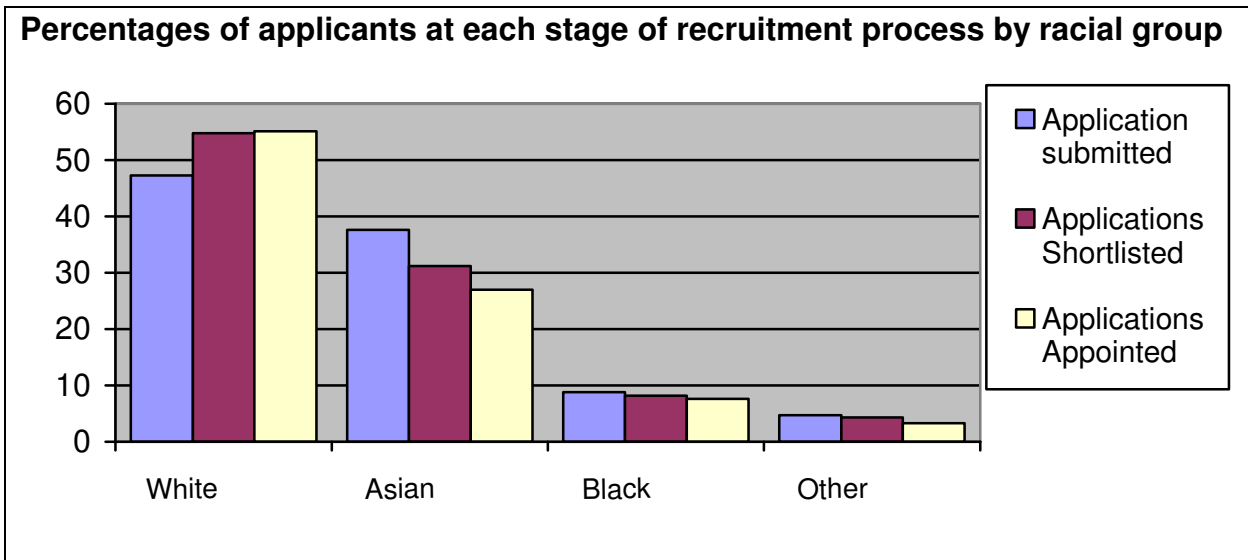
- 3% increase in Asian staff in professional scientific and technical
- 2% increase in Estates and Ancillary staff from 'other' group
- 3% increase in white staff in Health care Scientists
- 7% decrease in medical and dental staff from 'Other' background with percentage increases in all other groups.

## 3.2 Race and Pay



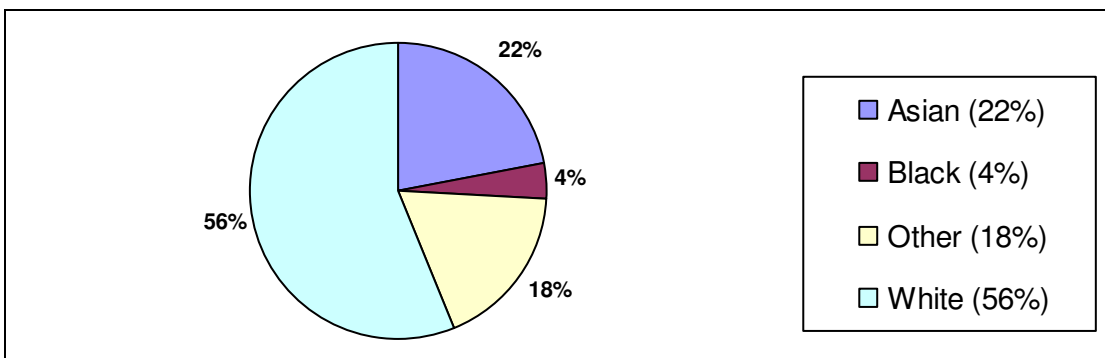
The data demonstrates that although there has been some change in the racial makeup of the BME groups overall representation remains static. BME representation remains low in Bands 8b-8d however this year it is only absent in band 9. From our deep dive work into BME representation at band 7 whilst we are seeing an upward trend within Nursing, we know that significant change is unlikely to be seen on a yearly basis.

### 3.3 Race Profile at Recruitment



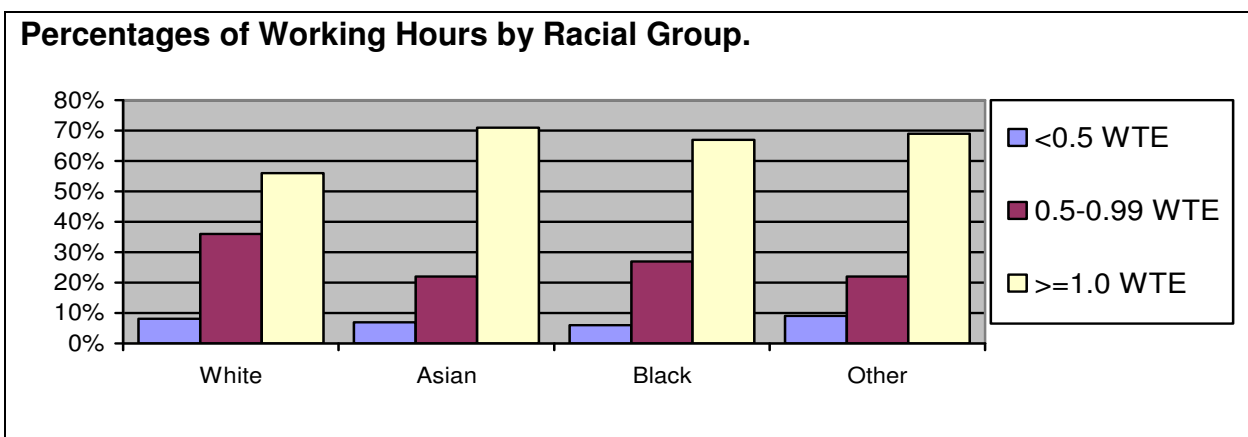
In a change to previous years, this year’s data demonstrates that although applicants from a White background continue to do better from application to shortlisting, there is now significantly less difference in all groups from shortlisting to appointment.

### 3.4 Race of Staff Leaving the Trust



The data indicates that there has been a percentage decrease in staff leaving the trust in all groups with the exception of ‘other’. In terms of workforce representation those from an Asian or ‘other’ staff are over represented with white staff under represented. In the ‘other’ group we have seen a significant change with a 10% increase of staff leaving, on more detailed examination of the data the reason for over half of this group was due to ‘end of fixed term contract’.

### 3.5 Working Patterns

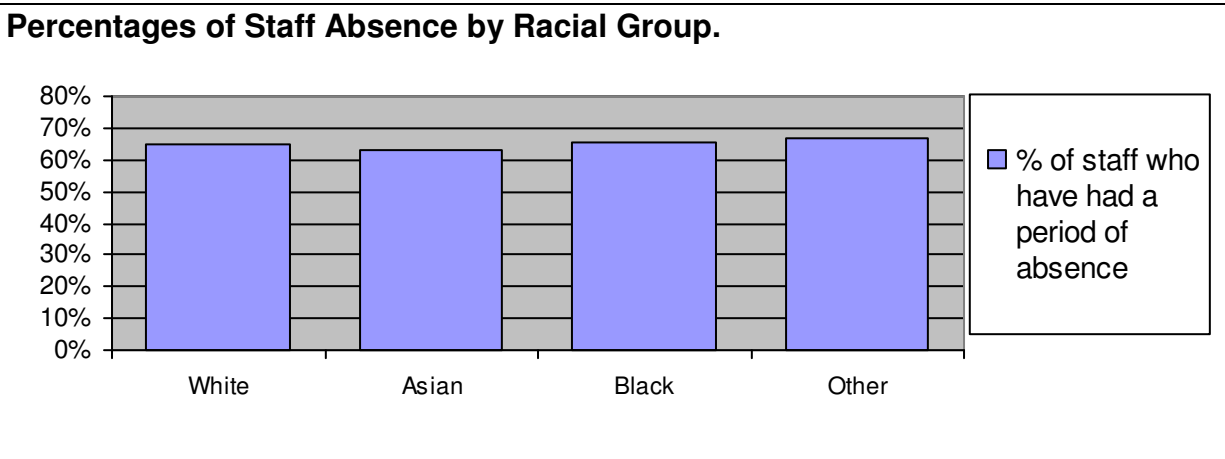




The data demonstrates that flexible hours are worked by all racial groups:

- >65% of BME staff work full time compared to 56% of white staff
- There is a higher percentage of staff from a white background work between 0.5- 0.99WTE.
- In all groups <10% of staff work less than half time.

### 3.6 Sickness and Absence



There is no significant percentage difference between racial groups of staff taking a period of sickness.

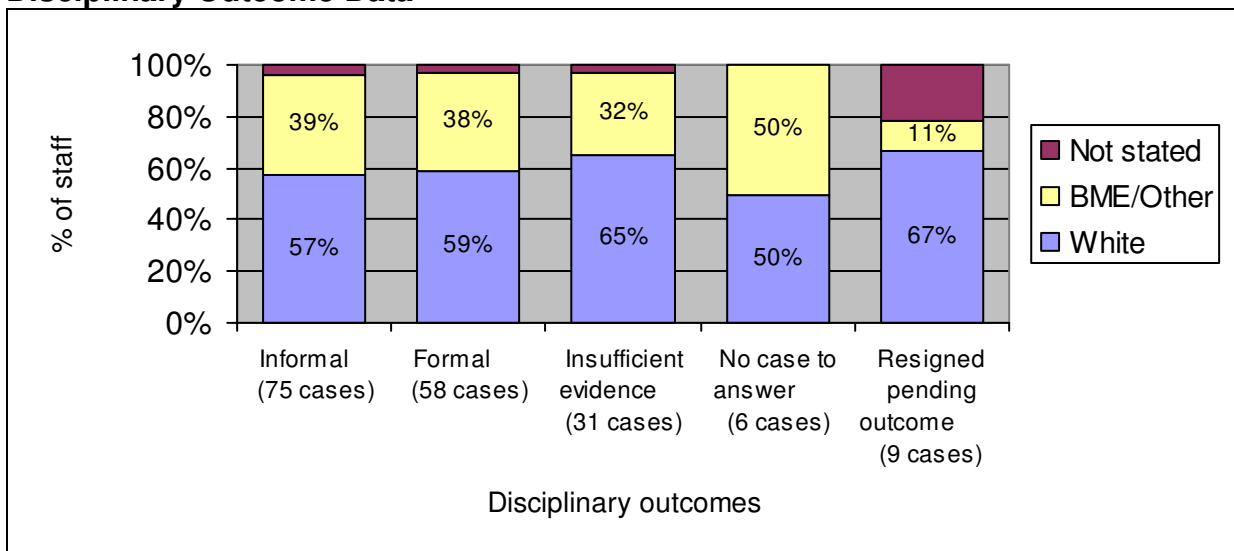
### 3.7 Disciplinary and Grievance by Race

A total number of 179 disciplinary processes and 12 grievance cases were concluded during 2013-2014.

#### Disciplinary data by Race.

Racial group	White	BME / Other	Unknown
<b>Total %</b>	59%	36%	5%

#### Disciplinary Outcome Data



The data indicates that there is a higher than expected BME representation in disciplinary cases. In comparison to last years data there is a higher BME representation in all outcome groups with the exception of those choosing to resign which has reduced. The small numbers within this group do not allow any meaningful conclusions to be drawn from this.

### Grievance cases by race

Ethnic group	White		BME / Other	
	Total %	10	83%	2

Of the twelve grievance cases were brought, ten were not upheld and two were upheld in part. Both of the cases upheld in part were by white staff members.

### 3.8 Ethnicity and Access to Training

Courses	Ethnicity					
	White		BME /Other		Undefined/ Undisclosed	
Leadership (EMLA)	48	67%	1	1%	23	32%
Leadership (UHL)	50	81%	7	11%	5	8%
Short Courses	567	62%	117	13%	223	25%
QCF	72	81%	12	14%	4	5%
Apprentices	27	59%	18	39%	1	2%

The data demonstrates under representation of BME attending all training courses with the exception of apprenticeships when compared with the workforce population.

### Summary

The data indicates that our overall workforce percentage of BME representation has remained stable. There is evidence however that within it there has been a change in the racial profile with a percentage increase in both Asian and black staff and corresponding decrease in 'other'.

The detailed data demonstrates:

- There has been a percentage change in representation in most staff groups. The most notable is a decrease of 7% in the 'Other' category within Medical and dental.
- An overall trend of decreasing representation of staff from a BME background (with the exception of band 5) as the pay band increases. There is however now only absence of any BME representation at Band 9.
- Within medical staff we see an over representation of staff from a BME background in relation to total workforce figures.
- This year's recruitment data demonstrates that although applicants from a white continue to better through the application process, there is now significantly less difference in all groups from shortlisting to appointment.
- There is an over representation of BME staff leaving the Trust this is particular evident amongst staff from an Asian or 'other' background. Some of this appears to be due to rotation of medical staff.
- Flexible working hours are demonstrated within all groups of these a higher proportion of white staff work less that full time hours.

- There is minimal difference between racial groups in the percentage of staff taking a period of sickness.
- There is an over representation of BME staff involved in the disciplinary process than what we would expect from our workforce population.
- An under representation of staff from a BME background undertaking recorded training with the exception of Apprentices.

## **Key Actions**

- Look at access to leadership and training courses
- Representation in other Professional Groups at senior level

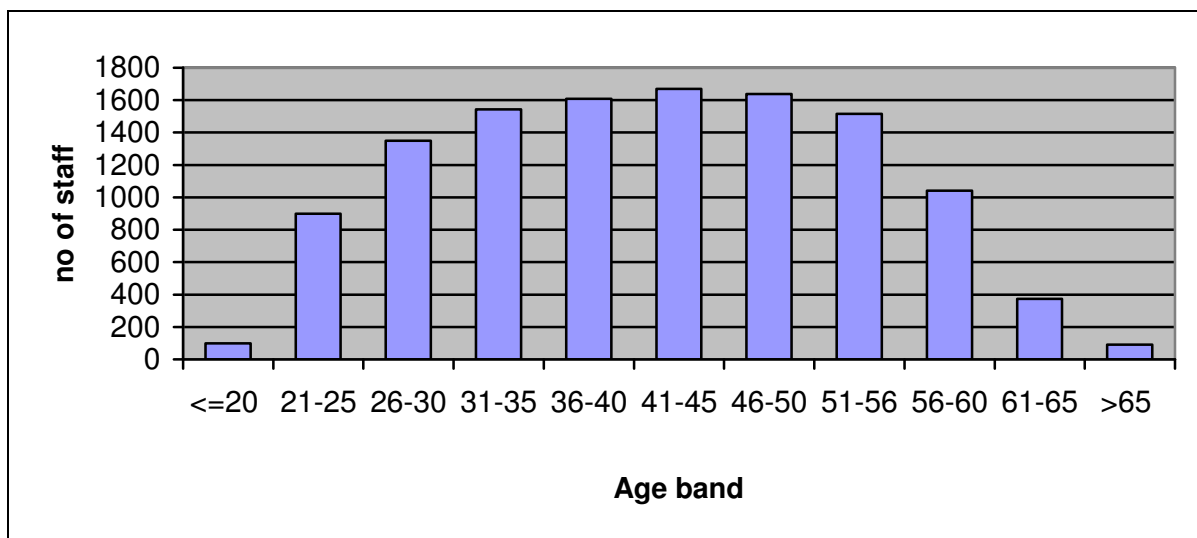
## **Section 4 – Age**

### **4.1 Age Profile of Staff in Post.**

Year ending	March 2014	March 2013	% of change
<20 yrs	0.8%	0.6%	+0.2%
21-25yrs	8%	7%	+1%
26-30yrs	11%	11%	-
31-35yrs	13%	13%	-
36-40yrs	14%	14%	-
41-45yrs	14%	14%	-
46-50yrs	14%	15%	-1%
51-55yrs	13%	13%	-
56-60yrs	9%	9%	-
61-65yrs	3%	3%	-
>65yrs	0.8%	0.6%	+0.2%

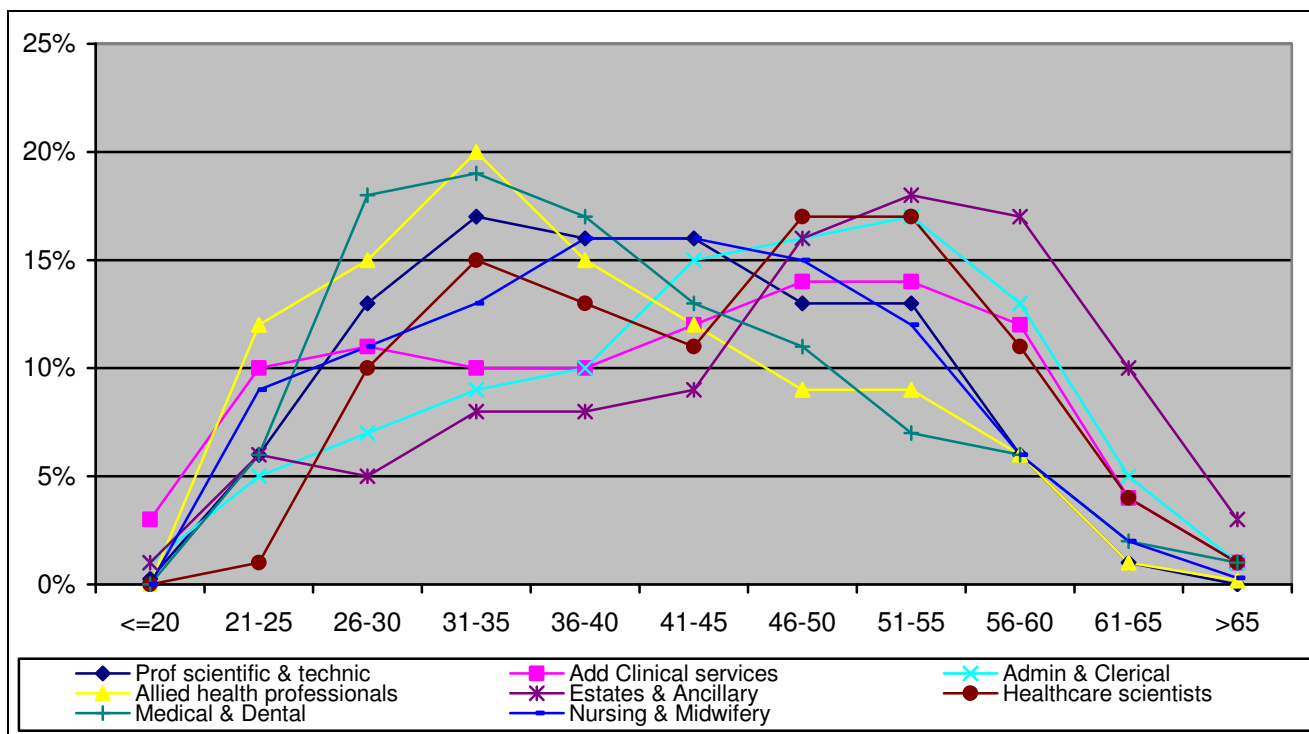
The data demonstrates minimal changes in the percentage of staff within each age bracket.

### **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

### Age Profile of Staff Groups.

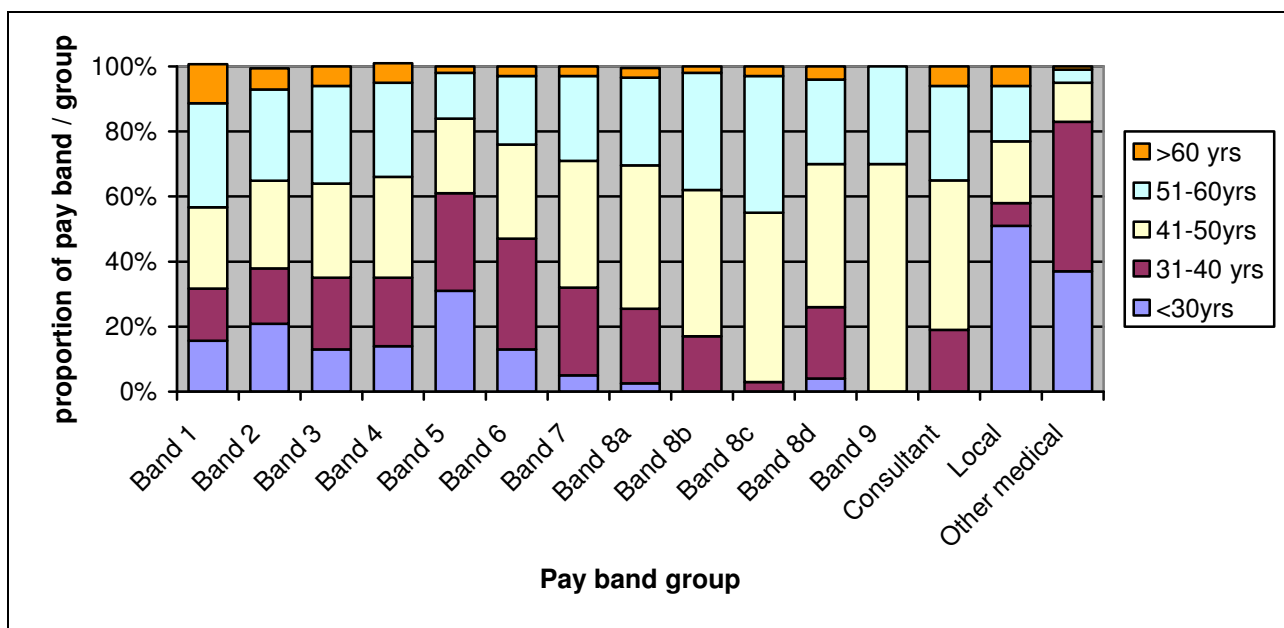


The data indicates there are two noticeable peaks within the staff groups:

- 31-35yrs these include Allied Health Professionals, Medical and Dental, Professional Scientific and Technical
- 50-55yrs which includes the staff groups Estates and Ancillary, Administration and Clerical and Health Care Scientists.

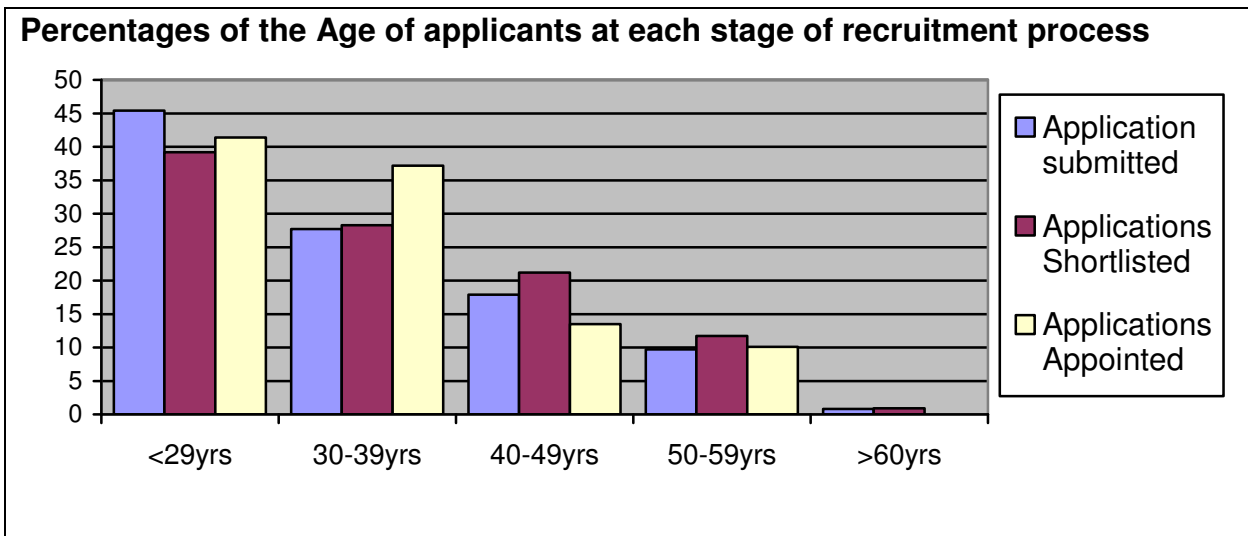
Nursing and Midwifery as our largest staff group follow the pattern of overall workforce representation.

### 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.

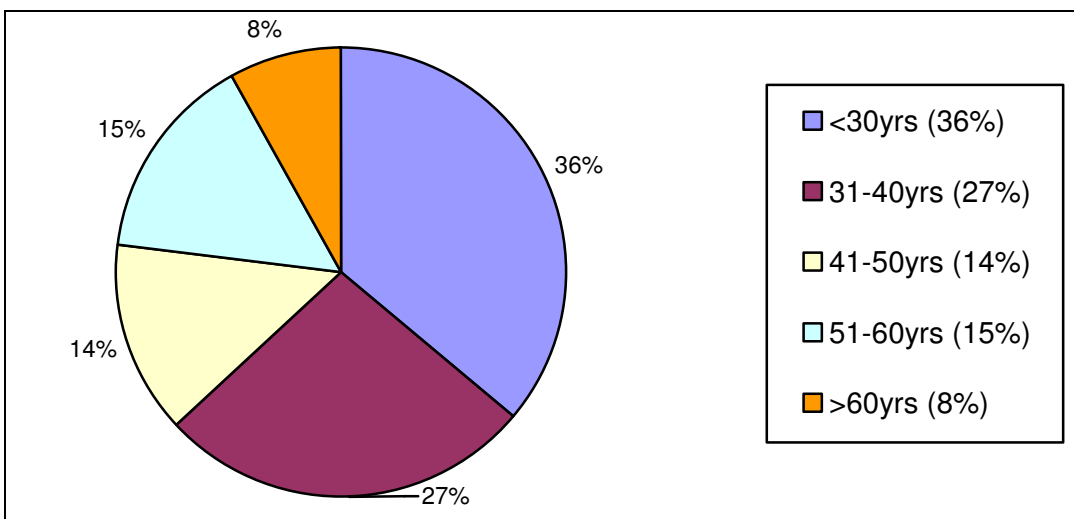
### 4.3 Age Profile at Recruitment



The data shows that:

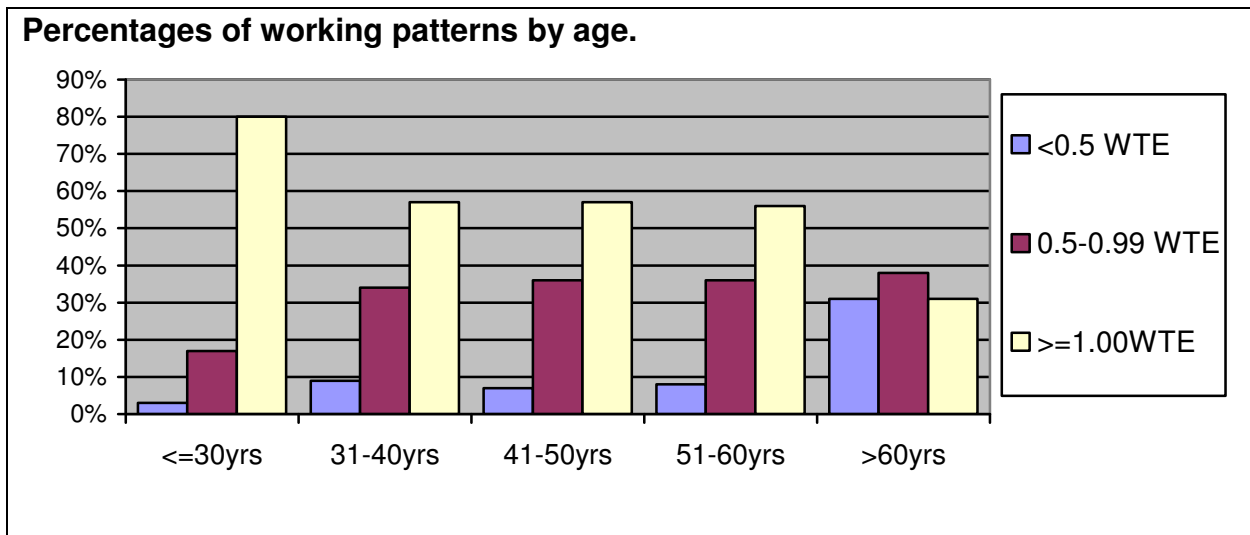
- The highest percentage of applications submitted comes from individuals aged less than 29yrs.
- The percentage of applications submitted decreases as age bracket increases.
- A higher percentage of those aged between 30-59yrs are shortlisted from application.
- From short listing to appointment those aged between <29yrs - 39yrs are the most successful. This was not seen in the 30-39yrs data last year.

### 4.4 Age of Staff Leaving



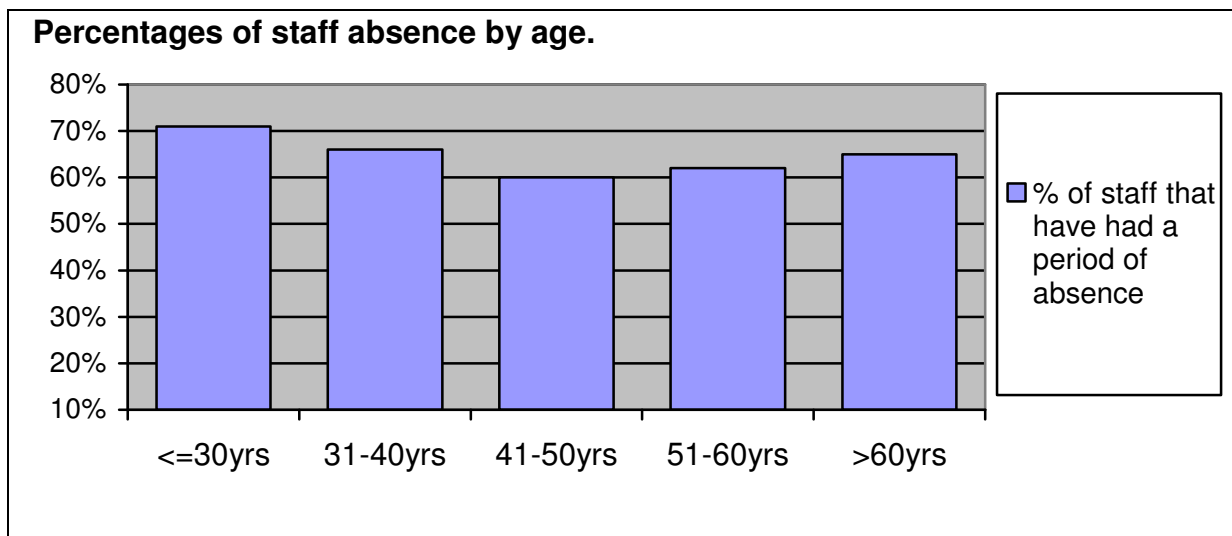
This year's data shows a difference in the percentages of all age groups. There is an increase of 10% of those <30 leaving, with a corresponding decrease in those above 41yrs. This is mainly due to last years data containing a large employee transfer involving many staff in above 41yrs.

## 4.5 Working Patterns



The data demonstrates that there is flexible working across the age ranges. The most marked differences in hours worked can be seen at either end of the age range with 80% of those aged 30yrs or less working full time compared with 36% of those aged over 60 yrs.

## 4.6 Sickness and Absence



The data indicates that those aged 30yrs or less have the highest percentage (71%) of staff taking a period of sickness. The lowest (60%) was demonstrated in those in the 41-50 yr old age bracket.

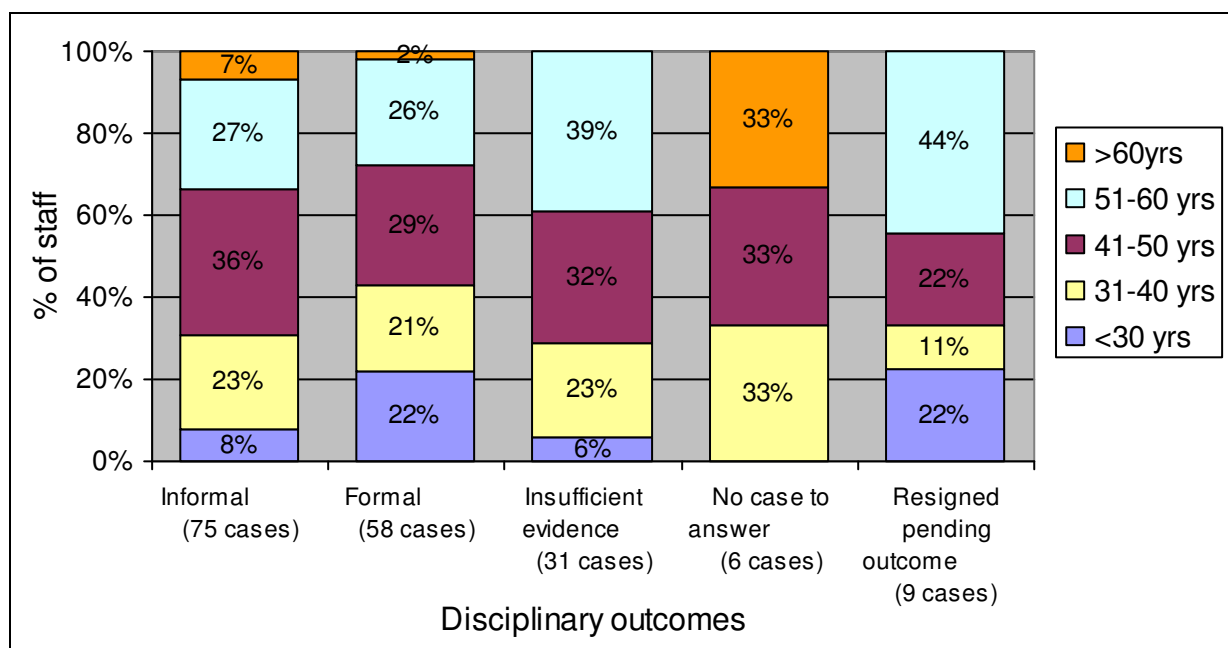
## 4.7 Disciplinary and Grievance

A total number of 179 disciplinary cases and 12 grievances were concluded during 2013-2014.

### Disciplinary data by Age group.

Age band	<=30yrs	31-40yrs	41-50yrs	51-60yrs	>60yrs
<b>Total %</b>	13%	22%	32%	28%	4%

## Disciplinary category outcomes by age.



The data shows that:

- There is a higher than expected representation of staff aged >60yrs involved in disciplinary cases with a formal outcome.
- There is a higher than expected representation of staff aged 41-50yr involved in disciplinary cases with an informal outcome.
- There is a higher than expected representation of staff aged 51 -60yrs involved in disciplinary cases where the outcome found there was insufficient evidence.
- There is a higher than expected representation of staff in all represented age groups 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 was determined\*\*.

\*\*NB numbers in these categories are small.

## Grievances

	Total cases	<30 yrs	31-40yrs	41-50yrs	51-60yrs	>60yrs
Total %	12	1   8%	2   17%	4   33%	4   33%	1   8%

Of the twelve grievance cases, ten were not upheld and two were upheld in part. Of those upheld in part one was brought by a member of staff <30yrs and one aged 51-60yrs.

## 4.8 Age and Access to Training

Training	Age groups				
	<20yrs	20-31yrs	32-40yrs	40-51 yrs	>52yrs
Leadership (EMLA)	Age data recorded differently data demonstrated: <44yrs =16 (22%); 45-64yrs =23 (32%); undisclosed = 33 (46%)				
Leadership	*Age is not recorded				

(UHL)										
Short Courses	*Age is not recorded									
QCF learners	-	-	34	39%	26	30%	19	21%	9	10%
Apprentices	13	28%	31	67%	1	2%	1	2%	-	-

#### 4.9 The 5 Year Plan and the Aging Workforce

This is an additional area for this year's workforce report. Our data shows that 22% of staff are aged between 51-65yrs with many eligible for retirement over the next five years. We know that there is a particular problem in relation to Midwives that has previously been reported and detailed in the Women's and Children's work plan. The 5 year workforce plan acknowledges that there may be other staff groups for example Healthcare Scientists and Consultants that may be affected by a larger numbers of retirements than previously seen. It is important that as a Trust we have robust retirement plans in place. To this end a task and finish group will be established in the New Year to ensure that adequate plans are in or can be put into place.

#### 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 distinct peaks in some staff groups.
- Within the recruitment process applicants under the age of 29yrs are most prominent. Those most successful from shortlisting to application are <39yrs.
- 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 flexible working seen across all age groups with a higher percentage of staff aged <30yrs working full time and the highest percentage of staff >60 yrs working part time.
- A higher percentage of staff <30yrs have taken a period of sickness.
- All age groups are represented in the disciplinary process. Each category outcome however demonstrates an over representation of a different age bracket.
- The data demonstrates that 22% of staff is aged between 51-65yrs with many eligible for retirement over the next five years.

#### Key Actions – Points to consider

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Aging workforce link into 5 year workforce and midwifery plans.</li> </ul> |
|---|

#### Section 5 – Sexual Orientation

In a 2010 national integrated household survey conducted by the Office of National Statistics, 94% of those questioned identified themselves as heterosexual, 1%



identified as Gay or Lesbian, 0.5% as Bisexual and the remaining 0.5% as other. This would suggest that individuals who identify nationally as LGB is 1.5%.

### 5.1 Sexual Orientation Profile of Staff in Post.

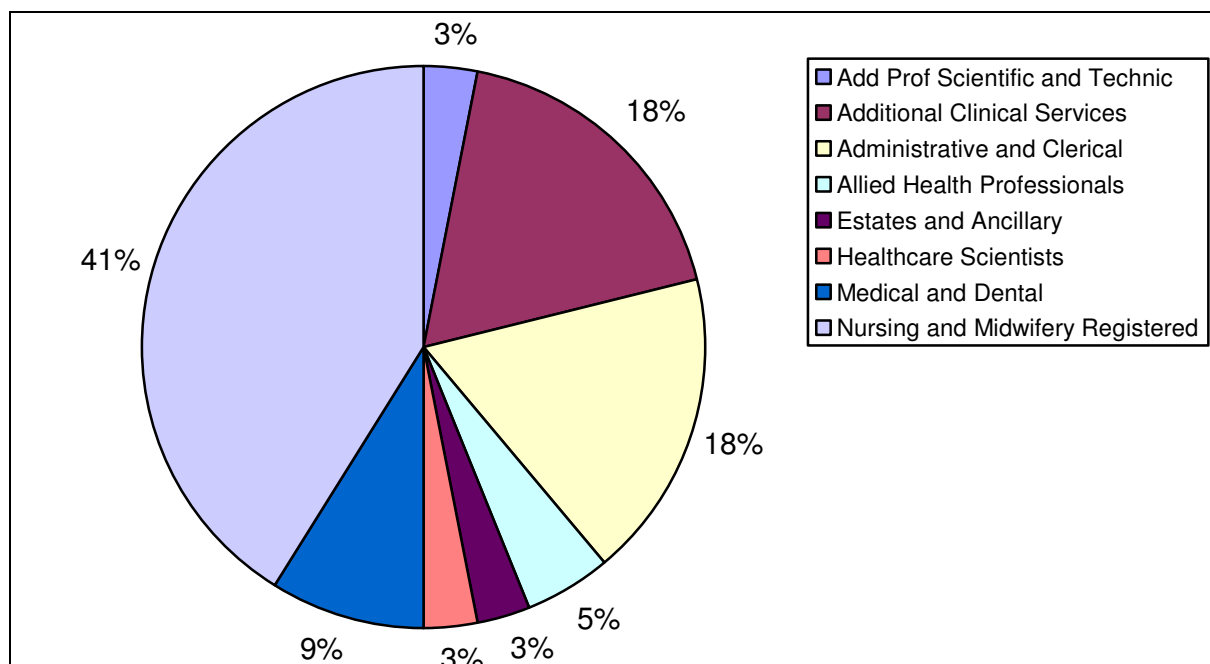
Year ending	March 2014	March 2013	% of change
Bisexual	0.52%	0.49%	+0.03
Gay	0.47%	0.37%	+0.1
Heterosexual	61.34%	53.19%	+8.15
Lesbian	0.27%	0.23%	+0.04
Do not wish to declare	12.04%	13.2%	-1.16
Unknown	25.36%	32.6%	-7.24

\*148 staff declared as Lesbian, Gay, Bisexual (LGB) = 1.25% staff population

The data shows that this year we have seen a further percentage decrease in staff with an undefined sexual orientation status. Alongside this we have also seen a percentage reduction in those who 'do not wish to disclose' their sexual orientation.

The representation of individuals identifying as LGB in our staff population is reflective of that seen in the population as a whole.

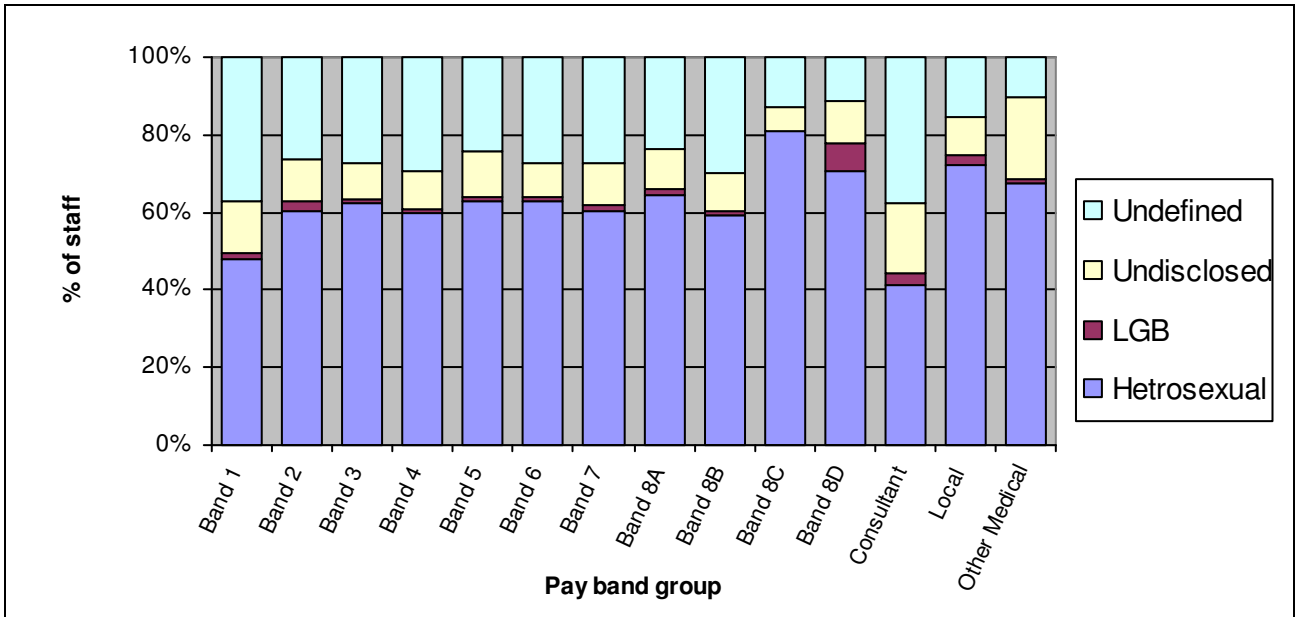
### Comparison of the Percentage of staff declaring as LGB in each staff group.



The data indicates that there is LGB representation in all staff groups. When considered alongside workforce representation of staff groups.

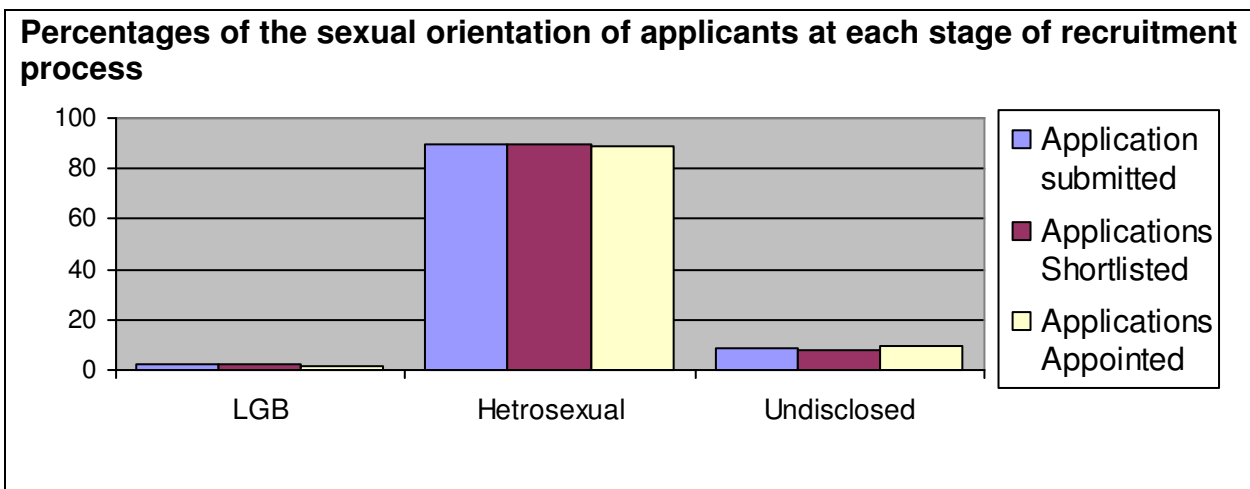
- Nursing and midwifery are over represented
- Medical and dental are under represented
- All other staff group are broadly representative

## 5.2 Sexual Orientation and Pay



There is representation of staff that identify themselves as LBG across all pay bands with the exception of bands 8C and 9. This year's data shows an increase in Consultant representation and bands 8D.

## 5.3 Sexual Orientation Profile at Recruitment

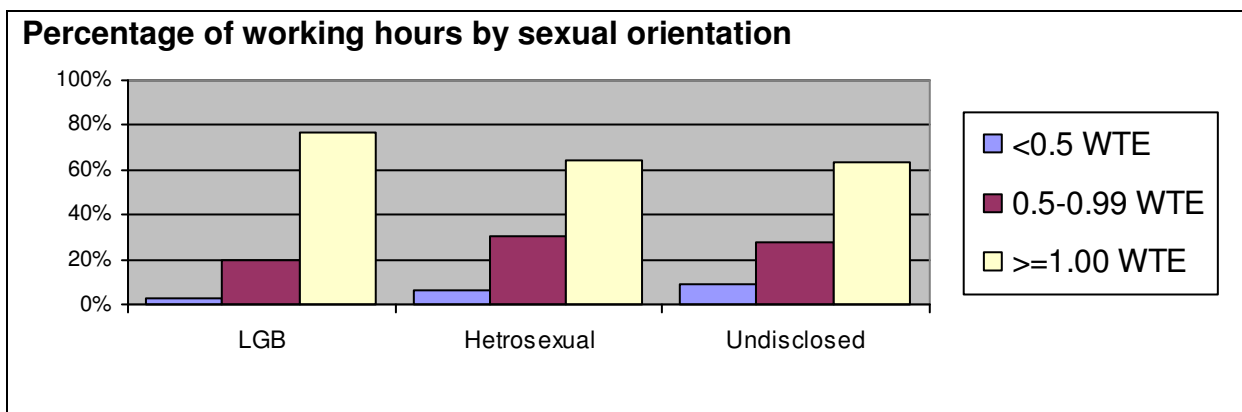


The data indicates that applicants who declare the sexual orientation are equally successful through each stage of the recruitment process. There remains just under 10% that do not disclose their sexual orientation.

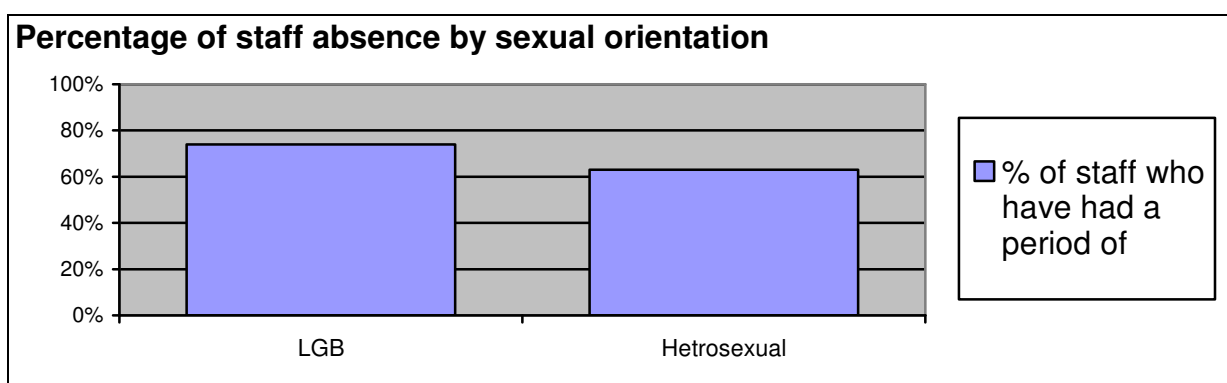
## 5.4 Sexual Orientation of staff leaving

Of staff that have left the Trust 1.14% (19 staff members) identified themselves as LGB. This figure is consistent with last year's representation. The reasons for leaving were varied with no evident pattern.

## 5.5 Working patterns



## 5.6 Sickness and Absence



The data indicates the percentage of staff who has taken a period of sickness is higher in staff who identify as LGB. Further analysis of the data reveals that above workforce representation as a whole is only evident in staff identifying as Lesbian or Bisexual.

## 5.7 Disciplinary and Grievance

A total number of 179 disciplinary processes and 12 grievance cases were concluded during 2013-2014.

### Disciplinary Data by Sexual Orientation.

	LGB		Heterosexual		Unknown	
<b>Total %</b>	2	1.12%	94	52.51%	83	46.37%

Due to the percentage of staff involved in the disciplinary process who's sexual orientation is unknown it is difficult to draw any firm conclusion from his data. The disciplinary processes involving staff identifying as LGB were both concluded informally.

### Grievances

Of the twelve grievance cases, ten were not upheld and two were upheld in part. Of those upheld in part, one was raised by a member of staff identifying as LGB.

## 5.8 Sexual Orientation and Access to Training

Training	Sexual Orientation					
	LGB		Heterosexual		Undefined/ Undisclosed	
Leadership (EMLA)	-		35	49%	37	51%
Leadership (UHL)	-		51	82%	11	18%
Day Courses	2	0.2%	534	59%	371	41%
QCF's	Data unavailable					
Apprentices	2	4%	42	91%	2	4%

### Summary

The data indicates a representation within the workforce as a whole, with percentages reflecting that of the population

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 and band 9.
- There is no discrimination within the recruitment process with 2% of new starters identifying as LGB.
- Staff identifying as LGB are less likely to work part time than those identifying as heterosexual.
- A higher percentage of staff identifying as Lesbian or Bisexual have taken a period of sickness.

### Key Action – Points to consider

- |  |
|--|
| <ul style="list-style-type: none"> <li>• To look at the access to training for LGB staff.</li> </ul> |
|--|

## Section 6 – Religion or Belief

The Equality Act states it is unlawful to discriminate against workers because of their religion or belief or against a person for not holding a particular (or any) religious or philosophical belief.

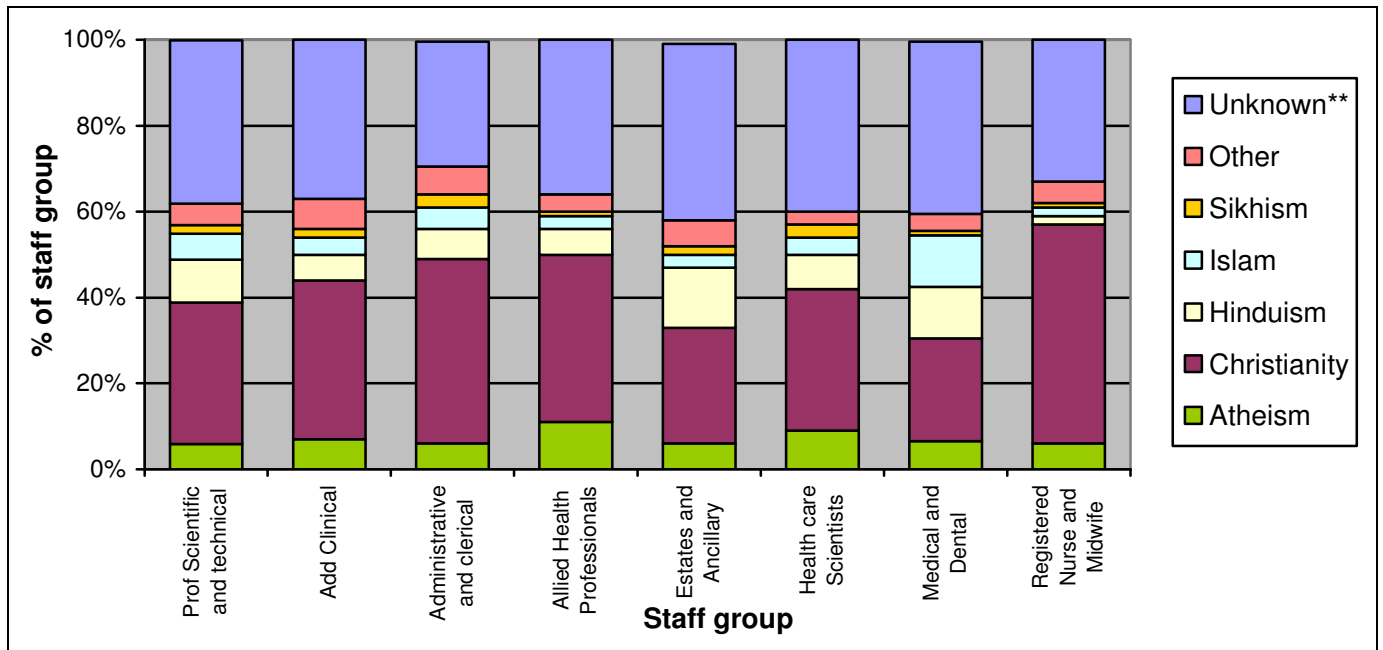
### **6.1 Religion or Belief Profile of Staff in Post.**

	March 2014	March 2013	% of change
Atheism	6.7%	5.4%	+1.3%
Buddhism	0.4%	0.3%	+0.1%
Christianity	40.5%	38%	+2.5%
Hinduism	6.1%	5.4%	+0.7%
Islam	4.6%	3.3%	+1.3%
Jainism	0.1%	0.1%	-
Judaism	0.1%	0.1%	-
Sikhism	1.6%	1.3%	+0.3%
Other	4.8%	4%	+0.8%
Undefined	23.6%	31%	-7.4%

Not wish to disclose	11.5%	12%	-0.5%
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There is a broad range of beliefs amongst staff. The data shows that we continue to increase the number of staff declarations for Religious and Belief. Profiles are undefined, this corresponds with most groups demonstrating a percentage increase this year.

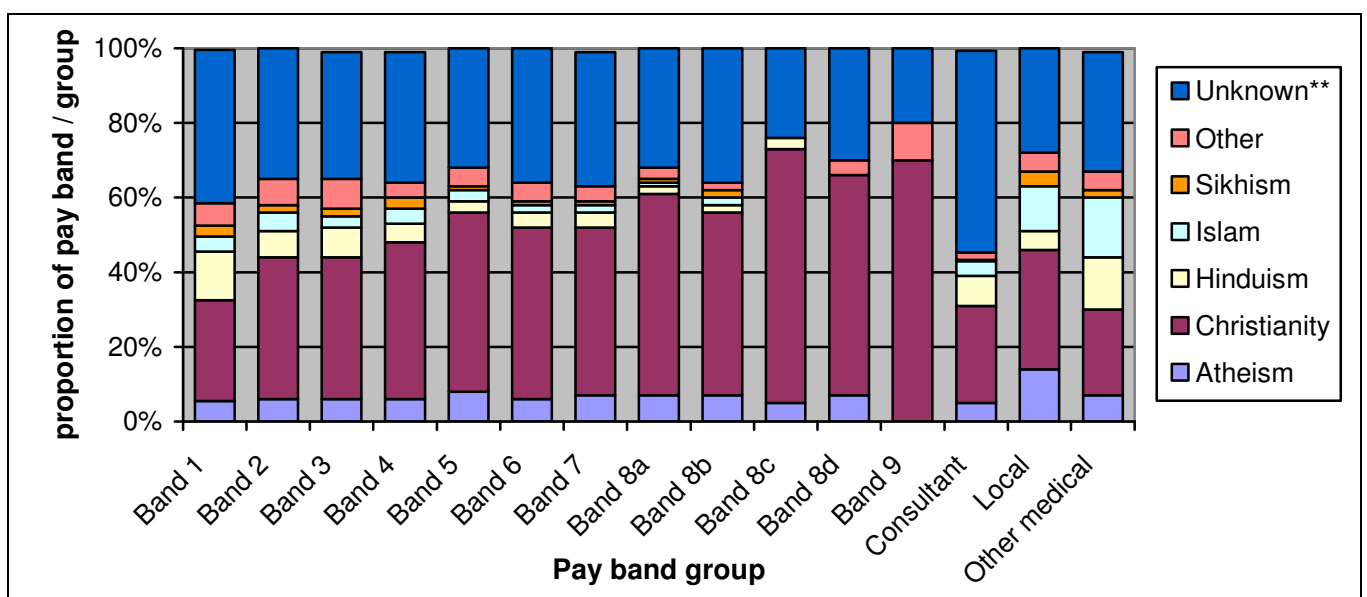
### Religion or Belief profile of staff groups.



\*\* 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. Although the overall unknown status is falling it remains above a third in all groups making comparisons with the local population more difficult.

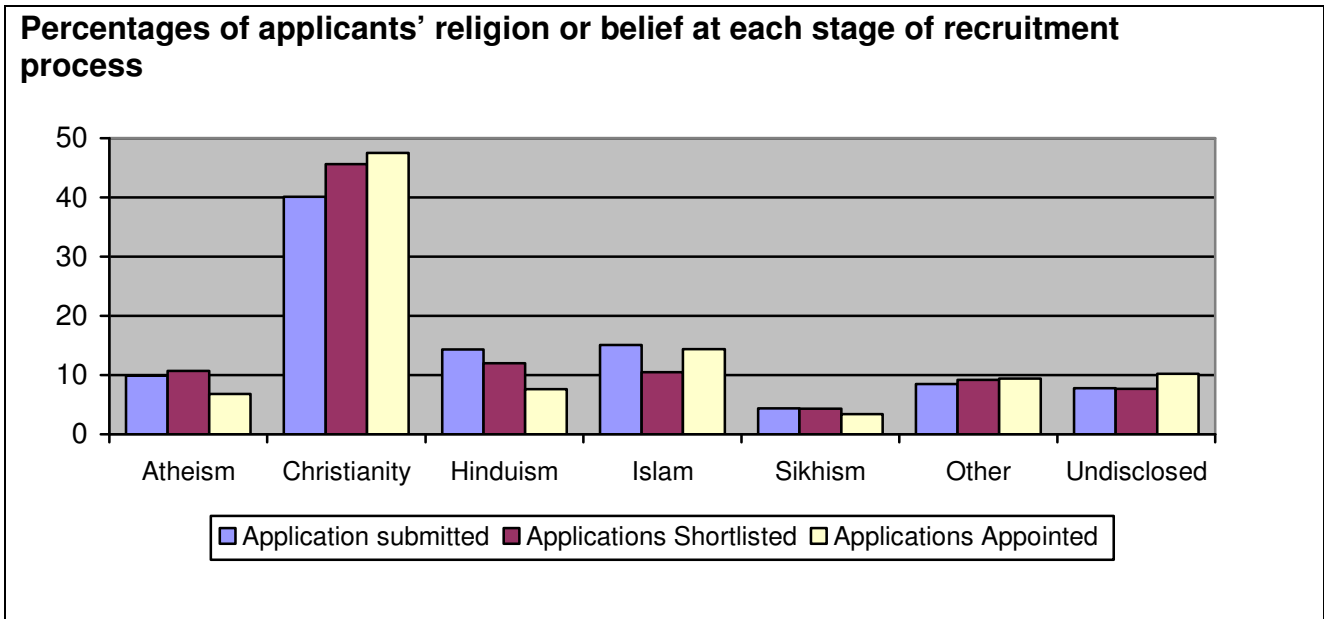
### 6.2 Religion or Belief and pay



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

The profile demonstrates that representation changes as pay bands increase, with Christianity becoming more dominant, especially in Bands 8C and above. There appears to be good representation amongst medical staff although over half of consultant data is unknown.

### 6.3 Religion or Belief Profile at Recruitment

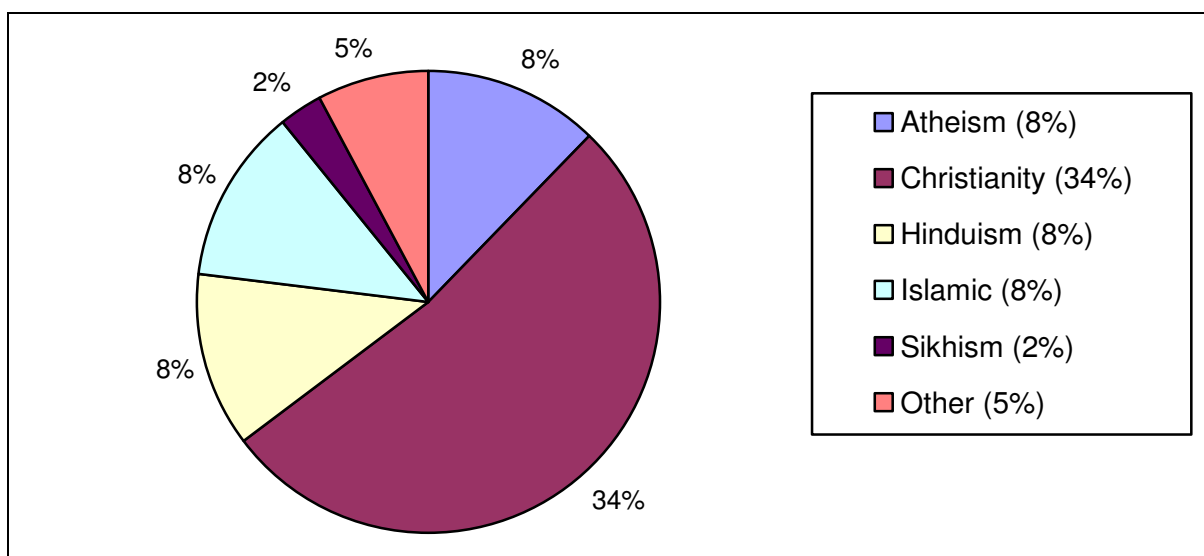


The data shows a different trend for some groups in this year's data. In a reversal from last year which maybe a reflection of the reduction of undisclosed appointees:

- Applicants from a Christian or Islamic faith do better from shortlisting to appointment.
- Applicants who are Atheist fair less well from shortlisting to appointment.

Data from other religious groups remain largely unchanged.

### 6.4 Religion or belief of staff leaving

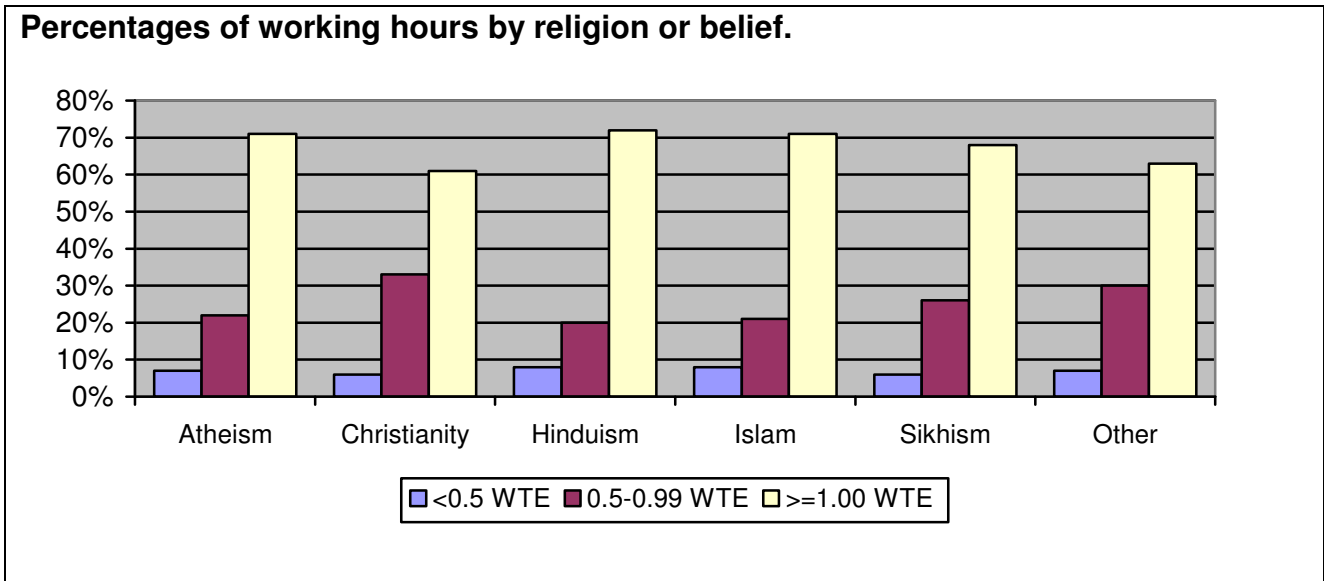


\*\* In this instance unknown included both staff who does not wish to declare their religion/belief (17%) and those who have an undefined status (18%).

Due to the decrease in the unknown status of staff we have seen an increase in all groups with the exception of Sikhism. On further investigation of the data a higher

percentage of Atheists, Christians, Sikhs and those in the 'other' groups leave due to a voluntary resignation reason. For those of a Hindu or Islamic faith the highest percentages are seen in the 'end of fixed term contracts' categories.

## 6.6 Working patterns



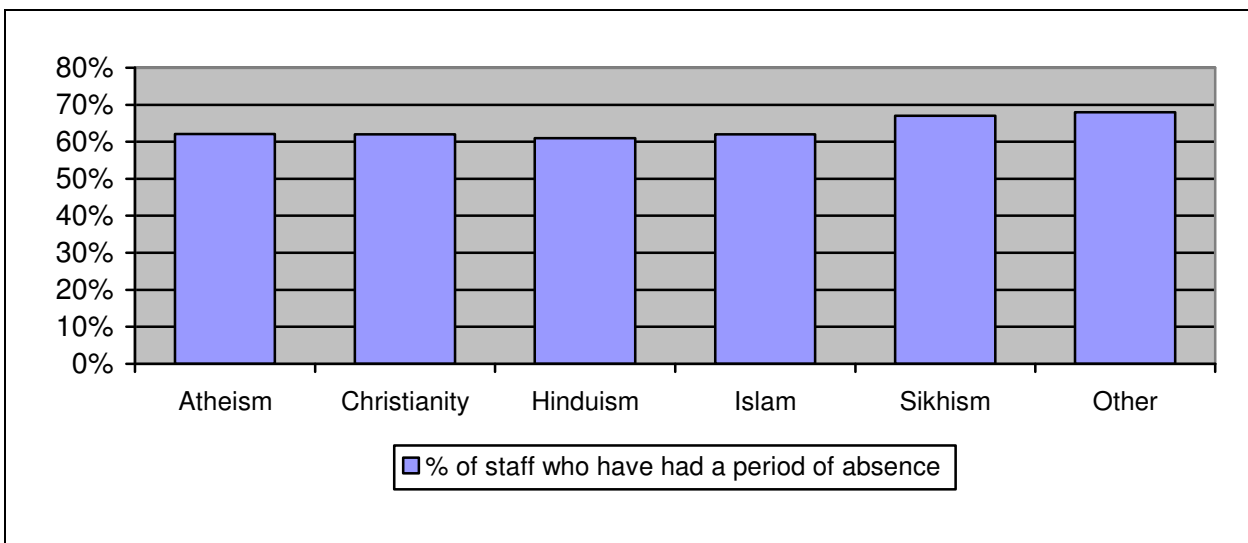
\*\* Unknown included both staff who does not wish to declare their religion/belief and those who have an undefined status.

The data demonstrates that flexible hours are worked by all religion or belief groups.

- >70% of staff who are Atheist or those following a Hindu or Islamic faith work full time.
- A higher percentage of staff from a Christian background work between 0.5-0.99WTE.
- In all groups <10% of staff work less that half time.

## 6.7 Sickness and Absence

### Percentages of Absence by Religion or Belief.



The percentages of staff sickness across the religious and belief groups are between 61% - 68%. The lowest is seen amongst staff with a Hindu faith and the highest in those who fall within the 'other' group. There is, however, very little overall difference.

## 6.8 Disciplinary and Grievance

A total number of 179 disciplinary cases and 12 grievances were concluded during 2013-2014.

Religion or Belief	Total / %	
Atheism	9	5%
Christianity	62	35%
Hinduism	7	4%
Islam	6	3%
Sikhism	2	1%
Other	12	7%
Unknown **	81	45%

From the total data reported on Disciplinary outcomes no religious/ belief group appears to be disproportionately represented. It should be noted however that we only know staff's religion or belief in 45% of cases.

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

## 6.9 Religion or Belief and Access to Training

Religion or Belief	Training					
	Leadership (ELMA)		Leadership (UHL)		Day Courses	
Atheism	4	6%	7	11%	54	6%
Christianity	21	29%	29	47%	333	37%
Hinduism	-	-	2	3%	37	4%
Islam	-	-	2	3%	26	3%
Sikhism	-	-	-	-	5	0.5%
Other	3	4%	7	11%	2	0.2%
Unknown **	44	61%	15	24%	450	50%

\*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 an increase known status amongst staff which has resulted in a rise in our representation across most 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, however, there remains unknown status for at least 30% in all.
- Through the recruitment process applicants who are atheist or follow the Hindu, Sikh religion appear to fair less well particularly from shortlisting to appointment.



- There is an over representation of staff from who are atheist or follow the Hindu or Islamic religion leaving the Trust. For the latter groups much maybe explained due to rotation of Medical staff.
- During the disciplinary process no religious/ belief group appears to be disproportionately represented

## **Key Actions – Points to consider**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• No specific action required.</li> </ul> |
|--|

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 2014	March 2013
Civil Partnership	0.4%	0.3%
Divorced	5.4%	5.5%
Legally Separated	1.2%	1.3%
Married	57%	58%
Single	31.3%	30%
Widowed	0.7%	0.7%
Unknown	4%	4.3%

## **Section 8 – Pregnancy & Maternity**

### **8.1 Maternity Leave of Staff in Post.**

	Number of staff	Total of days taken
Maternity leave	654	102,425
Paternity leave	89	1,345
Adoption leave	8	1,018

In last years report only maternity figures we reported. The data indicates that 27 less staff took maternity leave this year.

## **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**

- |   |
|---|
| <ul style="list-style-type: none"> <li>• To decide what information around these three areas needs to be reported.</li> <li>• To establish appropriate data sets and methods for collection.</li> </ul> |
|---|

## **Top Priorities for 2015- 2016**

- To establish the Ageing workforce task and finish Group.
- To work with the Learning and Organisational Development Team look at access routes for leadership, mentoring and management courses for females, BME and staff with disabilities.
- To review the disciplinary cases involving disabled staff to ensure equity in respect of the process.
- To examine career progression within Consultant and Allied Health Care Professionals

## **Conclusion**

The total head count of staff remains comparatively stable with minimal changes in the equality profile across the organisation. We have continued to see an improvement in staff monitoring data, resulting in an increase in the number of areas we can report on.

Comparing the data to previous years it is evident that each year we see slightly different interesting anomalies between groups in different areas, however there are also key areas we are seeing year on year. This includes the challenge of representation at senior level. This in turn maybe linked to the under representation of some groups within our leadership programmes. As this is a National focus further guidance as to additional work streams may be identified as the year progresses.

The challenge for any organisation wanting to ensure it is fair will be to produce a best fit for the majority of staff while at the same time still meeting individual needs. In order to achieve this continuing to identify areas that would benefit from further analysis thereby providing a deeper understanding is essential.

Workforce Equality programme for 2015- 2016

Equality Delivery System Objective	Action	Lead	By When	Progress Update	RAG status*
<b>To ensure a fair and representative workforce at all levels of the Trust</b> :	To include unconscious bias training in the Recruitment and Selection and Corporate Equality training.	<b>Equality and Recruitment</b>	<b>April 2015</b>	Meeting to be arranged with Recruitment Services Manager by end of January	<b>1</b>
	To implement the national Workforce Equality Standard	<b>Equality Lead</b>	<b>April 2015</b>	Awaiting confirmation of standard from Department of Health	<b>1</b>
	To undertake an annual review of the Disciplinary and Grievance access to ensure that where a group is disproportionately represented the process has been applied fairly.	<b>Equality Lead</b>	<b>May 2015</b>	Case Review to be undertaken with HR Team	<b>1</b>
	To ensure that there is no adverse equality impact following the implementation of the Pay Progression Policy.	<b>Human Resources Policy Lead</b>	<b>July 2015</b>	An initial Due Regard analysis has been completed that recommends ongoing monitoring by protected group to ensure equitable application.	<b>4</b>
	To ensure training and development opportunities are accessed fairly across the Trust.	<b>Learning and organisational Development Team</b>	<b>March 2015</b>	Access to training is reported in the annual workforce report. Further analysis to be undertaken to look at increasing access for BME staff and to be reported to the Training & Education in March 2015.	<b>4</b>
	To analyse, report and action the results of the Friends and Family test by all of the protected groups. Staff from Protected Groups report positive experiences of their membership of the workforce.	<b>Equality and Listening into Action Lead</b>	<b>April 2015</b>	Q1 and 2 have been analysed by Protected Group and will be presented to The Executive Workforce Board in March 2015 with Q3's results included.	<b>4</b>

\* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

<b>RAG Status Key:</b>	<b>5</b> Complete	<b>4</b> On Track	<b>3</b> Some Delay – expected to be completed as planned	<b>2</b> Significant Delay – unlikely to be completed as planned	<b>1</b> Not yet commenced
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Equality Delivery System Objective	Action	Lead	By When	Progress Update	RAG status*
	To ensure that the next National Staff Survey is reported by protected group to ensure the level of satisfaction is broadly similar across all Protected Groups.	<b>Workforce Development Manager</b>	<b>November 2015</b>	To discuss with survey provider at commissioning stage.	<b>1</b>
	To see a further increase in the number of BME staff at band 7 appointments.	<b>Equality Lead</b>	<b>December 2015</b>	Currently stands at 18%.To support through related actions including access to mentoring, leadership courses.	<b>1</b>
	To see a further increase in the number of female Consultant appointments.	<b>Medical Director</b>	<b>December 2015</b>	Currently stands at 29.4% .To support through related actions including access to mentoring, leadership courses.	<b>1</b>
	Report the findings of the UHL Equality Survey conducted in November 2014.	<b>Equality Lead</b>	<b>January 2014</b>	To present the findings and recommendations to the Executive Workforce Board March 2015. To include any identified actions in the work programme for this year	<b>4</b>
	To increase by 10% the employee equality information held across all of the protected characteristics of by undertaking a revalidation of all employee personal details.	<b>Payroll Team</b>	<b>March 2015</b>	Revalidation with robust communication/messaging to be undertaken.	<b>1</b>
	Re apply for the Mental Health Pledge , Public Health Responsibility Deal.	<b>Occupational Health Lead</b>	<b>April 2015</b>	Application to be completed.	<b>4</b>
<b>Inclusive leadership</b>	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	<b>Trust Board</b>	<b>Ongoing</b>	All equality impacts are recorded on the Board paper cover sheet. Any adverse impacts are documented and discussed.	<b>5</b>
	Line managers support their staff to work in culturally competent ways within a work environment free from discrimination	<b>Clinical Management Patient Experience and Equality Leads</b>	<b>Ongoing</b>	A new training programme has been developed entitled "nipping it in the bud" to deliver a pilot session March 2015.	<b>4</b>

\* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

<b>RAG Status Key:</b>	<b>5</b>	<b>Complete</b>	<b>4</b>	<b>On Track</b>	<b>3</b>	<b>Some Delay – expected to be completed as planned</b>	<b>2</b>	<b>Significant Delay – unlikely to be completed as planned</b>	<b>1</b>	<b>Not yet commenced</b>
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Equality Delivery System Objective	Action	Lead	By When	Progress Update	RAG status*
	To implement a more robust mentoring system taking particular account of our female and BME talent pipeline.	Learning and Organisational Development Team	July 2015	A task and finish group is due to meet in January.	4
	Ensure our workforce related policies and procedures continue to promote equality and diversity	Equality Team	Ongoing	The Equality Manager reviews all Policies as part of attendance at the Policy and Guidelines Committee	4
	Aim to increase the number of job outcomes for our Leicester Works Students by 10%	Equality Team		New cohort of students started at UHL in September 2014 and support being provided for selection processes	4
	To ensure that proactive planning is in place for areas where there is an ageing workforce	Equality Team/CMG HR Lead	June 2015	A task and finish group to meet early February 2015.	4

\* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that the original date is still visible.

<b>RAG Status Key:</b>	<b>5</b>	<b>Complete</b>	<b>4</b>	<b>On Track</b>	<b>3</b>	<b>Some Delay – expected to be completed as planned</b>	<b>2</b>	<b>Significant Delay – unlikely to be completed as planned</b>	<b>1</b>	<b>Not yet commenced</b>
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