

Board of Directors Meeting, 25 July 2013 (PUBLIC)

AGENDA ITEM NO.	3.13/Jul/13
PAPER	Annual Workforce Report 2012/13
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LEAD	Mark Gammage, Director of Human Resources
PURPOSE	This report provides an overview of the Trust's workforce for the financial year 2012/13, and an outline of equality and diversity work for the same period.
LINK TO OBJECTIVES	Improve the Patient Experience
RISK ISSUES	N/A
FINANCIAL ISSUES	N/A
OTHER ISSUES	N/A
LEGAL REVIEW REQUIRED?	N/A
EXECUTIVE SUMMARY	This report provides an overview of the Trust's workforce for the financial year 2012/13, and an outline of equality and diversity work for the same period. The report provides information to enable the Trust to meet its statutory obligations under existing equality legislation in terms of monitoring of the workforce and agreeing actions to address any issues of concern, and provides an overview of the key staffing issues that the Trust is facing. The Trust has achieved most of its HR targets for 2012/13 including managing sickness absence, vacancies and stability and new targets for 2013/14 have been set. The Trust has also met its legal obligations under the Equality Act 2010 through publishing equality information and developing objectives. Work will continue to implement the Equality Delivery System tool and develop patient focused objectives, which will be overseen by the Equality and Diversity Steering Group. As a result of this workforce analyses, the Trust can be satisfied

	that there are no significant areas of concern which are unique to this organisation, although there are a number of issues such as such as BME staff being disproportionately represented in disciplinary cases and fewer BME staff being represented at senior levels in the organisation, which require further understanding and investigation and/ or specific action to address with external partners.
DECISION/ ACTION	For information and approval.

WORKFORCE REPORT

1.0 Overview

- 1.1 The Trust made progress towards achieving its HR targets as well as embedding the values that underpin our patient experience offering in 2012/13. Further targets have been set for the coming year as we continue to strive to be an employer of choice, offering world class patient care. As a result of the workforce analyses, the Trust can be satisfied that there are no significant areas of concern which are unique to the organisation. BME staff still continue to be disproportionately affected by the employee relations procedures, a phenomenon seen across the NHS, and marginally fewer are promoted into more senior roles (although the overall numbers are small).
- 1.2 The Trust continues to employ a diverse workforce with just under 3200 staff. Approximately 75% of our staff are female and 35% are from Black Minority and Ethnic (BME) groups. 1.5% of staff have a declared disability.

2.0 Trust Values

- 2.1 The Trust aims to ensure the highest quality care for patients being treated at Chelsea and Westminster and the highest quality environment for all staff working here. Research tells us that there is a positive relationship between staff motivation and wellbeing and patient experience. We understand the importance of all staff understanding the role they have in ensuring the highest quality of care for patients. To enable this we have focused on the four Trust values—safe, kind, excellent and respectful— and in 2012/13 we defined the behaviours that underpin everything we do. This will continue to be a priority in 2013/14.
- 2.2 We have reviewed all aspects of staffing policy including recruitment, appraisal and training in light of these values and amended practice accordingly. All new staff now receive a copy of the values in the information pack for new starters and these values are included in all job adverts, interview questions, job descriptions and person specifications as well as the Staff Handbook, which is published annually. The appraisal form was redesigned to include evidence of behaviours based on these values and the October issue of Trust News carried a pull-out poster that teams used to develop their own priorities related to these values and behaviours. The values and behaviours have also been included in the Corporate Induction Programme, the Excellence in Care Programme for healthcare assistants and the development programme for staff nurses.
- 2.3 Local teams and departments have been developing their own priorities related to the Trust values and behaviours. These have been reported at the Patient and Staff Experience committee, Senior Operations group, and through the Trust daily noticeboard communications.
- 2.4 Our Friends and Family Test surveys now include a section of the Trust values so that patients can feedback about their care and this is reported to wards and departments on a monthly basis.
- 2.5 During 2013/4 the Trust will continue to look at how to ensure the Values are delivered on a daily basis, and the learning is extracted from the Francis report on how care is delivered.

3.0 HR Metrics

3.1

Metric	2012/3 Target	2012/3 Year end	2012/3 Average	2013/14 Target
Vacancy %	8.38%	7.64%	8.34%	8%
Sickness %	3.83%	3.31%	3.73%	3.6%
Turnover %	13.5%	14.60%	13.59%	13.5%
Agency (% of WTE)	3.15%	5.2%	4.40%	3.15%
Stability %	83%	N/A	85.1%	83%
Appraisals %	87%	N/A	82%	90%
Mandatory training %	80%	73%	N/A	85%
Staff Survey response rate	N/A	66%	N/A	N/A
Staff Survey: Staff Engagement	N/A	3.87	N/A	N/A
Staff Survey: 'Friends & Family'	N/A	80%	N/A	N/A

3.2 Significant progress was made towards ambitious targets that were set for HR at the beginning of 2012. These targets are based on previous performance and comparison of similar organisations in London such as Imperial College Healthcare, Royal Free and Kings College Hospitals (an explanation of how these measures are calculated can be seen in Appendix 13). Voluntary Turnover increased slightly on the previous year to 13.59% for the year, missing the target set for the year of 13.5%. This was primarily due to increased resignations in the final quarter of the year with the most common stated reason for resignation over the year (18%) being relocation, with a further 16% giving promotion as the reason for leaving. The Trust continues to review reasons for leaving and identify any themes that arise. Vacancies at an average 8.34% for the year, are 0.76% lower than the average rate for last year, and finished the year at 7.64% well within their 8.38% target, while vacancies being actively recruited to were at an average of 2.88% for the year (down from 2.89% in 2011/12). Sickness rates, at an average at 3.72% which is better than our target; non-reporting continues to be addressed but remains an issue in some areas, and in the next financial year will need to be further addressed. Stability remained within target at 85.1% for the year. 82% of staff agreed in the 2012 NHS Staff Survey that they had an appraisal within the last 12 months. Although this was the highest rate since the Survey began, the Trust did not meet its target of 87% of staff. 45% of staff agreed they had received a well-structured appraisal, which placed the trust in the top 20% of acute trusts nationally for this measure. Although Bank and Agency usage has increased during the second half of the year, the overall pay bill control for the organisation remained within budget. Targets for the new financial year have been set as a trajectory towards year-end targets in consultation with the Divisions.

4.0 Trust Workforce Profile

- 4.1 The Trust employs 3197 staff, (2927 Whole Time Equivalent) which is comparable to other medium sized acute NHS trusts such as the Homerton Hospital, although the Trust appears to employ a slightly lower proportion of Band 7 staff and more staff between Bands 2-5. This is mainly due to a number of restructures that have occurred in recent years at directorate level to ensure that nursing and administrative staff roles are increased to support the clinical care of patients. Appendix 1 shows the Trust Agenda for Change profile by band.
- 4.2 34.7% of staff identified as BME, with the majority in Bands 2-7, with White staff well represented from Bands 6 and above. When comparing the Trust's staff composition against the population of London, we employ a more diverse range of staff, although other central London Trusts employ more BME staff than us. The ethnic composition of our workforce has only marginally changed since last year. Appendix 2 highlights the Trust's ethnic profile by Band.
- 4.3 In common with most NHS organisations, approximately 75% of the Trust's workforce is female and 1.5% of staff declared that they had a disability. The Trust has a younger age profile compared to other Trusts, with 52% of employees occupying the 25-39 age brackets. Christianity appears to be the highest practising faith. However, it is worth noting that high non-disclosure rates of sexual orientation, religion and disability mean that it is generally difficult to draw conclusions from the data collected for these equality strands.
- 4.4 For other protected characteristics, including religion, sexual orientation and disability, too few people disclosed information to allow meaningful analysis. Also when looking at the range of ethnic groups employed by the Trust over 17 in total some groups have such a small representation that comparative group results are statistically insignificant. We have no record of employees having undergone or currently undergoing gender reassignment, therefore no analysis or conclusions can be made for this protected characteristic.
- 4.5 Further analysis of length of service, average salary and flexible working is noted in Appendix 12. Under the specific duties of the Equality Act, this is new information organisations are requested to report on.

5.0 Joiners and Leavers, Turnover and Vacancies

- 5.1 A total of 492 staff (excluding rotational training doctors and honorary staff) joined the Trust last year. The number of joiners peaked in September and October 2012; this was mainly due to newly qualified nursing and midwifery joiners. Reasons for leaving are broadly attributed to natural turnover e.g. 'voluntary resignation other', 'end of fixed term contract' or 'retirement' and there are no areas of concern to note. The total numbers of staff joining and leaving the Trust, as well as by protected characteristic can be found in Appendix 3a-q.
- 5.2 Voluntary turnover increased marginally on last year to an average of 13.59% as shown in Appendix 4, particularly in the last quarter of the year. The Trust has revisited its Exit Interview process for the coming year to help understand leaving reasons better and identify improvements to reduce turnover. It should be noted however that turnover remains lower than the 3 year average of 14.42%; this may be partly due to the uncertain economic climate.
- 5.3 Average vacancy rates were lower in 2012/13 than in the previous financial year, at 8.34%, compared to a 3 year average of 9.87%, however, the Clinical Support and Women's and Children, and HIV/GUM Divisions registered an increase on the previous year. Nursing and Midwifery vacancies increased

over the previous year, ending the year at 12.46%. The Trust also monitors "active" vacancies, which are posts that the organisation is actively trying to fill. The 2012/13 average rate decreased to 2.88% and provides a more realistic figure of the vacancy position, as shown in Appendix 5.

6.0 Sickness

- 6.1 Average sickness rates for the year reduced to 3.73%, which is within target for the year, and broadly comparable to the 3 year average of 3.71% Sickness absence for the first three quarters of the year tracked below the NHS average of 4.2%. The highest sickness levels were seen during the autumn and winter periods in 2012-13 which is to be expected due to the weather and the peak of cold and flu related illnesses. Analysis by grade suggests that staff in Bands 2-5 had a significantly higher absence rate than the Trust average. Further investigation will be undertaken to understand the reasons for absence, and ensure that this group of staff are appropriately supported by management and HR if it is required. Appendix 6 details monthly sickness rates for the Trust throughout 2012/13, as well as sickness by protected characteristic and grade.
- 6.2 Reporting of absence for Medical staff remains an issue and further work will be undertaken to address this long standing issue in 2013/14. A QIPP project looking at reducing sickness absence across the Trust in 2012/13 will continue in 2013/14 with input from senior managers and Nurses as well as Divisional HR representatives.
- As part of the QIPP project, a number of sickness absence management initiatives were launched in 2012/13, including a requirement that managers complete a 'Return to Work' interview after each absence. The returns for these are gathered centrally, allowing HR to monitor the process more effectively. Further work will continue in 2013/4 to embed this project across the Trust.

7.0 Recruitment

7.1 Recruitment analysis by protected characteristic has not changed significantly in the last few years. The data seems to suggest that the type of role a candidate applies for is connected to their ethnicity or gender. This could be attributed to the importance placed on different career choices by men, women or different ethnic groups and other factors such as education and training which limits choices. It is worth noting that the 'success rate' of applicants by ethnicity has varied over the last few years, which suggests that applicants are fairly appointed against the person specification of each post and not due to their ethnic background. We still continue to employ a diverse workforce which is positive, but it is difficult to draw conclusions from this analysis without looking at recruitment activity across London to gauge whether the minor changes are statistically significant. Further detailed analysis is provided in Appendix 7 and section 3 of Appendix 12.

8.0 Employee Relations

8.1 All ER cases have been reviewed and indicate that action has been taken for valid reasons and the outcomes taken appear to be proportionate. However BME staff still continue to be disproportionately affected compared with White colleagues. This is not unique to this organisation as this trend has been evidenced across the NHS in a report commissioned by NHS Employers, titled 'The Involvement of Black and Minority Ethnic Staff in NHS Disciplinary Proceedings'. Following the publication of a similar report by the RCM earlier this year, a meeting was held with Maternity managers and union

- representatives to understand the report's findings and develop solutions to address this trend. All formal closed disciplinary and grievances, including bullying and harassment cases, have been reported in Appendix 9.
- 8.2 The Trust continued to work with staff side representatives to manage the impact on patient care from the on-going dispute between some professional organisations and the Government on proposed changes to the NHS pension scheme.
- 8.2.1 With modest levels of membership at the Trust, the impact of the Unite industrial action of the 10th May 2012 on patient care, was minimal. Some services provided by external organisations were affected, but overall there was no major impact on service delivery.
- 8.2.2 The British Medical Association which represents the majority of Trust medical staff took industrial action on the 21st June 2012. On the day non urgent and emergency care was limited and some 250 patients had their appointments rescheduled in advance as a result of the action. 38 medical staff took action on this day, although all attended work on the day to ensure urgent care was not compromised.
- 8.2.3 The Trust will continue to engage with staff-side representatives to minimise the impact of industrial disputes on patient care while recognising the right of staff to participate in official industrial action.

9.0 Training

- 9.1 The Trust made progress on reaching the NHSLA target of 95% mandatory training delivered within the required period, ending the year at 73% compliance, against 58% for March 2012, and a reported London average of 65%. Trust staff completed almost 18,000 training episodes in 2012/3, which is broadly comparable with the previous year. 53% of all training activity was delivered via 'Learn Online' and other e-learning platforms. The attendance per person is marginally higher for White staff as opposed to BME staff. Younger staff, aged under 20-35 attended the most mandatory training than any other age group, and women generally benefitted from more training attendance than men. This is likely to be due to the increase in the number of newly appointed nurses and midwives to the Trust.
- 9.2 As has been the case for several years, White staff were more likely to attend professional development training than BME staff. The Trust will continue to do further work to understand the reasons for this, although it may relate to white staff being more to occupy more senior grades within the organisation where this kind of training is more regularly accessed, The breakdown of access to training including mandatory and non-mandatory courses is illustrated in Appendix 10.
- 9.3 The Trust ran a series of leadership development programmes accredited by the Institute of Leadership and Management and will launch a multiprofessional leadership programme in September 2013, running through to May 2014. Its aim is to prepare people who want to take up clinical leadership posts in the future by equipping them with the necessary skills and knowledge but also to build networks of support among other clinical specialties and general managers.

10.0 Bank and Agency Staff/Usage

10.1 2012/13 has seen an increase in the usage of Agency staff, with an average of 4.4% of Trust WTE being supplied by Agencies, against 4.2% for the

previous year, and a 3-year average of 4.1%. Despite this increase the overall pay bill of £176.7 million was within the budgeted limit, with Agency spend as a proportion of this spend reduced from the previous year.

10.2 As part of the QIPP project focusing on the reduction of Sickness and Agency, the Trust continues to work on an Agency reduction strategy and the Staffbank has increased recruitment activity through 2012 to increase the numbers of active Bank staff available to the Trust. The highest usage of bank and agency staff remained with Nursing and Midwifery staff as shown Appendix 11.

11.0 Delivering a Safe Workforce

- 11.1 In order to ensure the safest possible patient care, the Trust maintains a regular process for the checking of employee professional registrations. Human Resources liaise with staff and managers to ensure these are updated in a timely manner. New staff are subject to a number of checks to confirm identity and suitability for the post they have been recruited to. Further information on the Professional Registration of staff and Recruitment checks are shown in Appendix 12.
- 11.2 The Trust undertakes regular skill mix and grading reviews ensuring staffing levels, particularly in clinical areas, remain safe and appropriate.

12.0 Equality and diversity

12.1 The Trust's Chief Operating Officer handed over responsibility for the Executive lead for Equality and Diversity to the Director of Human Resources. The group continues to lead the Trust's work on addressing equality and diversity issues in the workforce and also in terms of service provision to patients. During 2013-14 we will review how equality and diversity is delivered across the organisation, in light of the creation of Clinical Commissioning Groups and the Trust's patient and staff experience work.

13.0 Equality objectives progress

13.1 The Trust continued to make progress towards meeting actions in accordance with the Equality Act 2010 and against key objectives. Progress includes organising a seminar for staff to raise awareness of sexual orientation considerations of staff and patients; creating a dementia friendly environment on David Erskine Ward, and providing specialist training on learning disabilities to staff in clinical areas. A more detailed account of progress is shown in section 6 of Appendix 12

14.0 Next steps

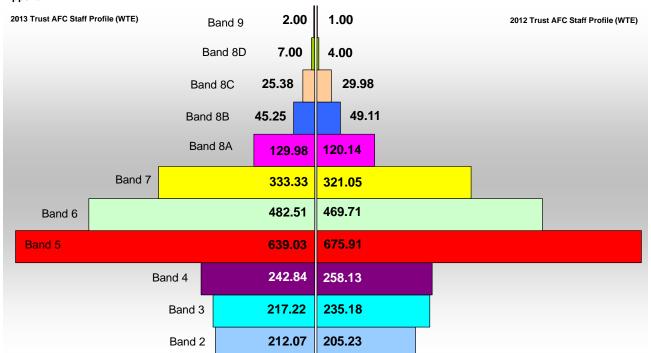
- 14.1 Key objectives for the HR function have been agreed which include addressing issues raised in this report. Specifically actions emanating from this report include:
 - Continuing to work towards meeting our key staffing metrics, thereby reducing our reliance on agency staff and managing our activity within staffing budgets.
 - During the first quarter of 2013/4, we will introduce a Trust Values based assessment process for use in the recruitment of Healthcare Assistants.

- We will continue to identify strategies to improve compliance in Mandatory Training, including the release of a DVD to support the training of nonclinical staff.
- The Clinical Leadership programme will continue to support the delivery of service excellence in the Trust.
- Sharing the findings from this report, and the Staff Survey with the Senior Nursing and Midwifery Committee and the Divisional Boards to develop staff group specific actions to address the employee relations, bullying and harassment and promotion trends.
- Similarly, set up a series of focus groups with staff to understand this
 report's findings particularly around bullying and harassment, promotions
 and employee relations, with the aim of developing solutions to address
 these trends.
- Finalise and roll out the diversity resource booklet to increase staff knowledge of different equality issues across all protected characteristics.
- Continue to host speaking events through the Leadership Forum to raise awareness of different equality issues across all protected characteristics and challenge current thinking, as well as looking at innovative ways to promote and celebrate diversity with the support of Communications team.
- Developing a series of local staff surveys to measure staff engagement and provide further analysis of the areas of concern identified in the annual national Staff Survey. The results of these surveys will be analysed in conjunction with patient surveys and areas of improvement identified.

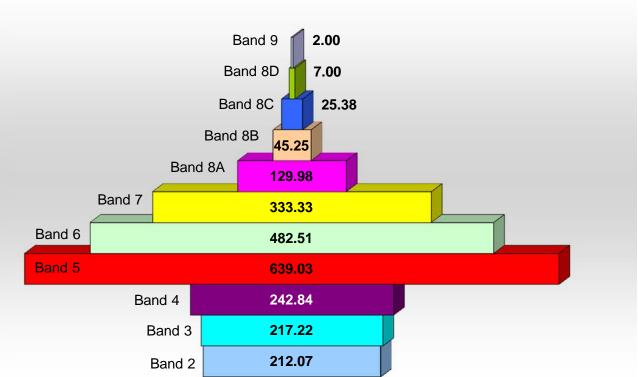
15.0 Conclusions

- 15.1 The Trust met its statutory obligations to monitor and report on equality and diversity issues and provides assurance that action is being taken and planned to address issues of note.
- 15.2 As a result of this workforce analyses, the Trust can be satisfied that there are no significant areas of concern which are unique to this organisation, although there are a number of issues which continue to be raised which require further understanding and investigation and/ or specific action to address with external partners.
- 15.3 Many of the HR metrics were achieved during 2012/13, and new targets have been agreed for 2013/14. HR will continue to work with the Divisions to ensure areas of concern are addressed and the targets set for 2013/14 are achieved or exceeded. More information on those targets can be seen in Appendix 13.

Appendix 1



2013 Trust AFC Staff (WTE)



Below Trust Profile
Above Trust Profile Appendix 2
Trust Ethnic Profile 31-Mar-2013

	Ethnic Code																	
Grade	A	В	С	D	E	F	G	н	J	к	L	м	N	P	R	S	z	Trust Profile
Band 2	27.7%	3.0%	10.2%	0.0%	0.0%	1.3%	2.6%	5.5%	3.0%	1.3%	5.5%	11.9%	12.8%	0.9%	0.9%	6.0%	7.7%	7.4%
Band 3	28.4%	3.0%	13.1%	1.7%	0.0%	0.4%	2.1%	1.3%	0.4%	2.1%	8.5%	14.4%	11.9%	1.3%	0.8%	5.5%	5.1%	7.4%
Band 4	41.0%	1.1%	19.5%	1.1%	0.0%	0.8%	1.1%	3.4%	0.4%	1.9%	4.2%	11.9%	3.8%	3.4%	0.8%	2.7%	2.7%	8.2%
Band 5	42.6%	4.5%	11.0%	1.0%	0.4%	0.4%	0.6%	3.6%	0.4%	0.1%	8.0%	4.5%	12.9%	1.0%	0.6%	5.2%	3.0%	21.1%
Band 6	47.9%	4.1%	11.2%	0.6%	0.6%	0.4%	1.7%	3.9%	0.6%	0.2%	6.5%	3.2%	8.6%	1.5%	1.7%	5.4%	2.1%	16.7%
Band 7	54.9%	8.1%	10.3%	0.3%	0.8%	0.3%	0.3%	4.9%	0.5%	0.5%	4.3%	5.1%	3.8%	0.0%	1.6%	1.4%	3.0%	11.6%
Band 8A	69.2%	7.0%	11.9%	0.0%	0.7%	0.0%	0.7%	2.1%	0.7%	0.0%	0.7%	0.7%	0.7%	0.7%	2.1%	1.4%	1.4%	4.5%
Band 8B	66.7%	12.5%	4.2%	0.0%	2.1%	2.1%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	2.1%	0.0%	0.0%	2.1%	2.1%	1.5%
Band 8C	77.8%	3.7%	7.4%	0.0%	0.0%	0.0%	0.0%	3.7%	0.0%	0.0%	0.0%	0.0%	3.7%	0.0%	0.0%	3.7%	0.0%	0.8%
Band 8D	71.4%	14.3%	0.0%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
Band 9	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Exec	80.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
Medical	47.8%	2.2%	14.4%	0.2%	0.2%	1.4%	2.0%	12.4%	2.2%	0.5%	4.2%	0.2%	2.8%	0.0%	2.2%	4.8%	2.8%	20.2%
Non-AFC	50.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Trust Profile	45.8%	4.1%	12.4%	0.6%	0.4%	0.7%	1.3%	5.5%	1.0%	0.6%	5.5%	5.1%	7.4%	0.9%	1.3%	4.3%	3.1%	

- The 2011 census includes ethnic categories that are not reflected on the NHS HR system. The %s for 'Gypsy or Irish Traveller' has been added to 'B - White Irish' and 'Arab has been added to 'C - Any other White background * Employees we do not hold ethnic ID Data for have been excluded from this data

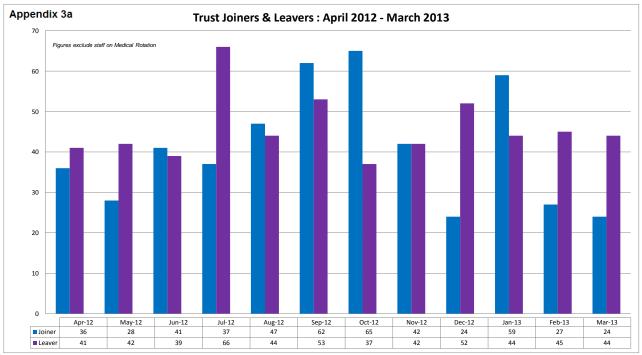
	~2011 Census	*Trust Profile		*Trust Profile		*Trust Profile	Total Variano
Ethnicity	(London)	2011	Variance	2012	Variance	2013	2011-13
A - White British	44.9%	46.1%	0.92%	47.0%	0.26%	47.2%	1.18%
B - White Irish	2.3%	4.5%	-0.54%	4.0%	0.27%	4.2%	-0.27%
C - Any other White background	13.9%	12.5%	-0.04%	12.5%	0.25%	12.8%	0.21%
D - White & Black Caribbean	1.5%	0.9%	-0.18%	0.8%	-0.16%	0.6%	-0.33%
E - White & Black African	0.8%	0.5%	-0.09%	0.4%	0.00%	0.4%	-0.09%
F - White & Asian	1.2%	0.7%	0.06%	0.7%	0.00%	0.7%	0.07%
G - Any other mixed background	1.5%	1.2%	0.17%	1.4%	-0.03%	1.4%	0.14%
H - Indian	6.6%	5.2%	0.03%	5.3%	0.38%	5.7%	0.41%
J - Pakistani	2.7%	1.0%	-0.05%	1.0%	0.04%	1.0%	-0.02%
K - Bangladeshi	2.7%	0.5%	-0.03%	0.5%	0.13%	0.6%	0.10%
L - Any other Asian background	4.9%	5.7%	0.23%	6.0%	-0.27%	5.7%	-0.03%
M - Black Caribbean	4.2%	5.6%	-0.25%	5.4%	-0.17%	5.2%	-0.42%
N - Black African	7.0%	8.1%	-0.05%	8.1%	-0.45%	7.6%	-0.50%
P - Any other Black background	2.1%	0.9%	0.05%	1.0%	0.00%	1.0%	0.06%
R - Chinese	1.5%	1.9%	-0.19%	1.7%	-0.38%	1.4%	-0.57%
S - Any other ethnic group	2.1%	4.4%	-0.06%	4.3%	0.12%	4.5%	0.06%

Non-Medical

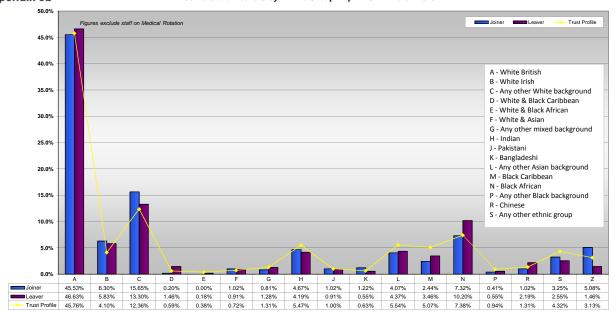
NOII-MEUICAI														
														Non Med
Ethnicity	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Exec	Non-AFC	Trust Profile
A - White British	5.6%	5.8%	9.3%	24.9%	22.2%	17.6%	8.6%	2.8%	1.8%	0.4%	0.2%	0.7%	0.2%	45.2%
B - White Irish	6.0%	6.0%	2.6%	25.6%	18.8%	25.6%	8.5%	5.1%	0.9%	0.9%	0.0%	0.0%	0.0%	4.6%
C - Any other White background	7.9%	10.3%	16.9%	24.5%	19.9%	12.6%	5.6%	0.7%	0.7%	0.0%	0.0%	0.7%	0.3%	11.8%
D - White & Black Caribbean	0.0%	22.2%	16.7%	38.9%	16.7%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%
E - White & Black African	0.0%	0.0%	0.0%	27.3%	27.3%	27.3%	9.1%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
F - White & Asian	21.4%	7.1%	14.3%	21.4%	14.3%	7.1%	0.0%	7.1%	0.0%	7.1%	0.0%	0.0%	0.0%	0.5%
G - Any other mixed background	20.7%	17.2%	10.3%	13.8%	31.0%	3.4%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%
H - Indian	13.7%	3.2%	9.5%	25.3%	22.1%	18.9%	3.2%	3.2%	1.1%	0.0%	0.0%	0.0%	0.0%	3.7%
J - Pakistani	38.9%	5.6%	5.6%	16.7%	16.7%	11.1%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%
K - Bangladeshi	17.6%	29.4%	29.4%	5.9%	5.9%	11.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%
L - Any other Asian background	8.7%	13.3%	7.3%	36.0%	23.3%	10.7%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%
M - Black Caribbean	17.4%	21.1%	19.3%	18.6%	10.6%	11.8%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	6.3%
N - Black African	13.8%	12.8%	4.6%	39.9%	21.1%	6.4%	0.5%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	8.5%
P - Any other Black background	6.7%	10.0%	30.0%	23.3%	26.7%	0.0%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%
R - Chinese	7.1%	7.1%	7.1%	14.3%	32.1%	21.4%	10.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%
S - Any other ethnic group	13.1%	12.1%	6.5%	32.7%	27.1%	4.7%	1.9%	0.9%	0.9%	0.0%	0.0%	0.0%	0.0%	4.2%
Z - Undefined	22.0%	14.6%	8.5%	24.4%	13.4%	13.4%	2.4%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%
Trust Profile	9.2%	9.3%	10.2%	26.4%	21.0%	14.5%	5.6%	1.9%	1.1%	0.3%	0.1%	0.4%	0.2%	

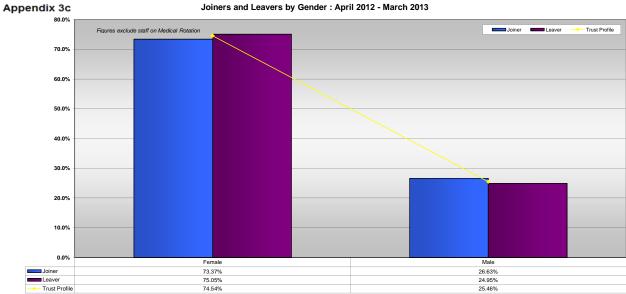
M	ec	lic	ca	ı

- Induition									Med Trust
Ethnicity	FY1	FY2	СТ	ST	Assoc. Spec.	Clin. Asst.	Spec. Dr	Consultant	Profile
A - White British	4.2%	7.4%	5.8%	30.4%	1.9%	1.6%	3.2%	45.3%	47.8%
B - White Irish	21.4%	7.1%	0.0%	7.1%	0.0%	0.0%	0.0%	64.3%	2.2%
C - Any other White background	4.3%	3.2%	5.4%	41.9%	2.2%	0.0%	6.5%	36.6%	14.4%
D - White & Black Caribbean	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.2%
E - White & Black African	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.2%
F - White & Asian	0.0%	11.1%	22.2%	22.2%	0.0%	0.0%	0.0%	44.4%	1.4%
G - Any other mixed background	0.0%	7.7%	0.0%	53.8%	7.7%	0.0%	15.4%	15.4%	2.0%
H - Indian	10.0%	8.8%	6.3%	46.3%	0.0%	1.3%	3.8%	23.8%	12.4%
J - Pakistani	14.3%	7.1%	0.0%	21.4%	7.1%	0.0%	7.1%	42.9%	2.2%
K - Bangladeshi	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	0.5%
L - Any other Asian background	14.8%	3.7%	7.4%	44.4%	0.0%	0.0%	11.1%	18.5%	4.2%
M - Black Caribbean	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.2%
N - Black African	5.6%	0.0%	11.1%	38.9%	5.6%	0.0%	0.0%	38.9%	2.8%
P - Any other Black background	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
R - Chinese	21.4%	14.3%	7.1%	35.7%	0.0%	0.0%	7.1%	14.3%	2.2%
S - Any other ethnic group	3.2%	12.9%	3.2%	51.6%	3.2%	0.0%	3.2%	22.6%	4.8%
Z - Undefined	5.6%	0.0%	5.6%	44.4%	11.1%	0.0%	11.1%	22.2%	2.8%
Trust Profile	6.5%	6.8%	5.7%	36.2%	2 2%	0.9%	4 5%	37 2%	



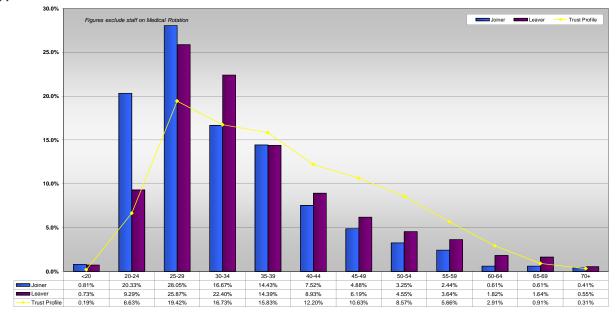






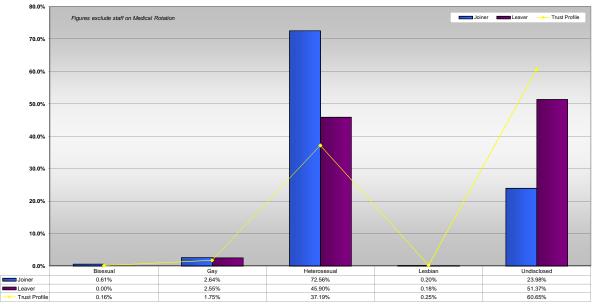
Appendix 3d

Joiners and Leavers by Age Range: April 2012 - March 2013



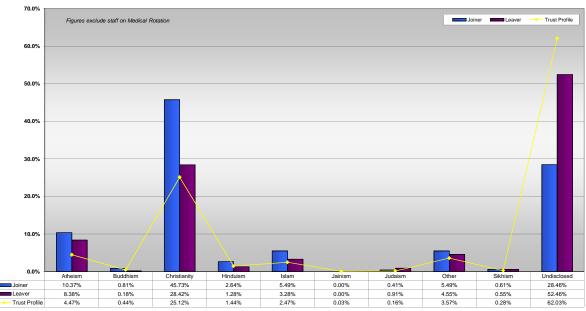
Appendix 3e

Joiners and Leavers by Sexual Orientation: April 2012 - March 2013



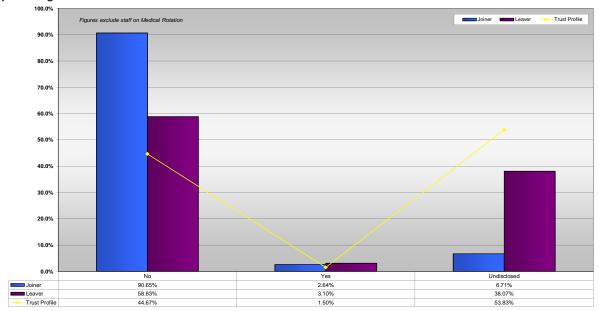
Appendix 3f

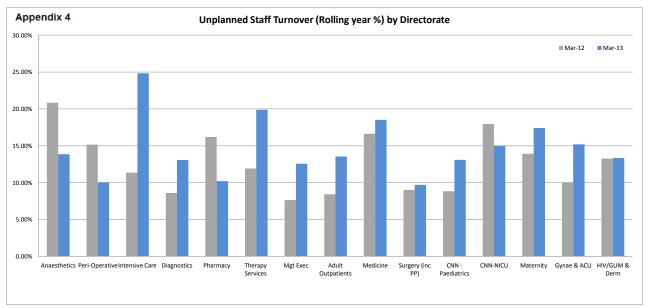
Joiners and Leavers by Religious Belief : April 2012 - March 2013

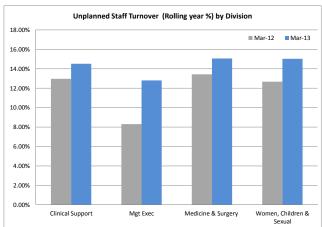


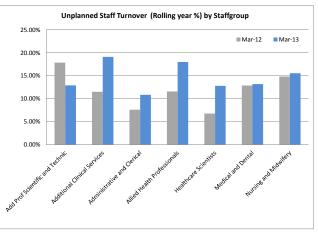
Appendix 3g

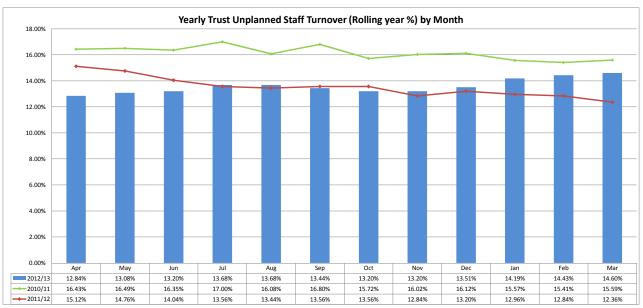
Joiners and Leavers by Disability : April 2012 - March 2013



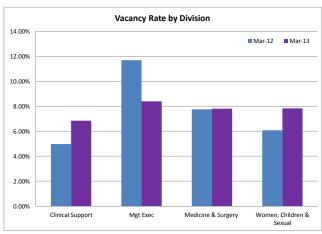




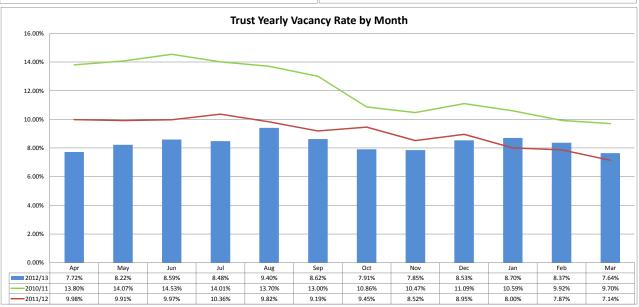


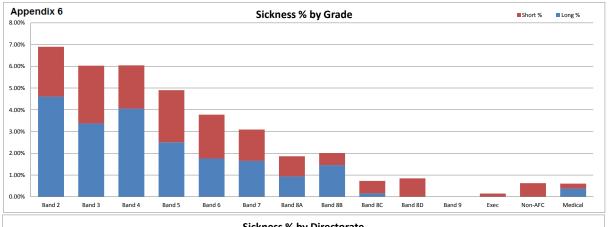


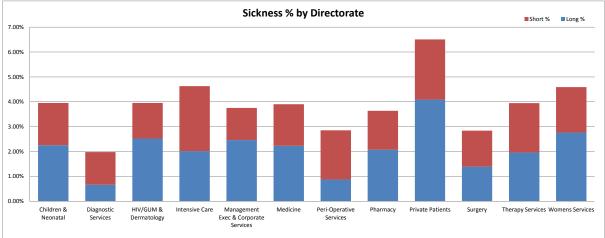


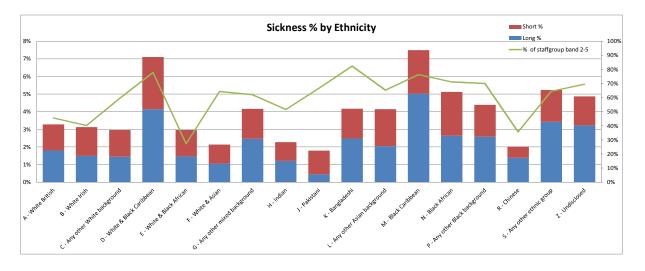


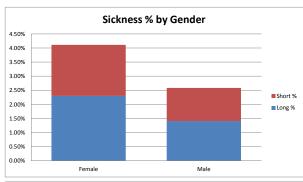


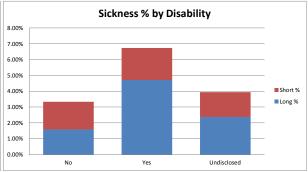


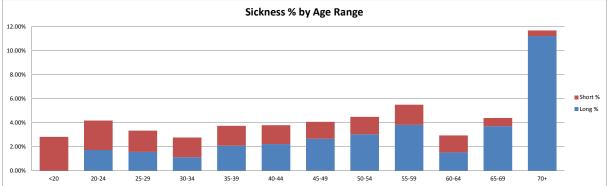


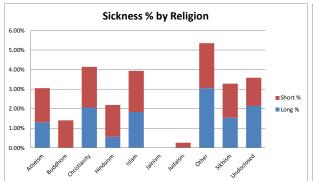


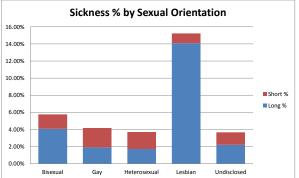


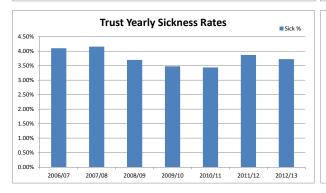


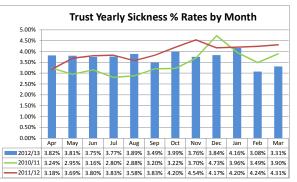




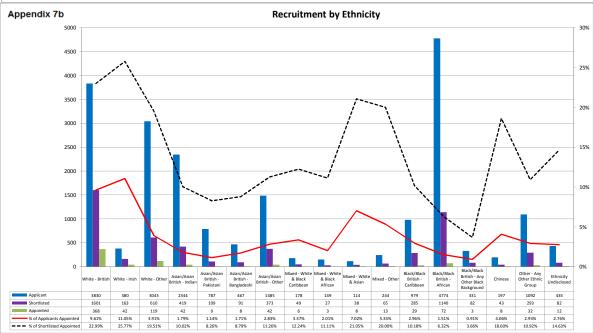




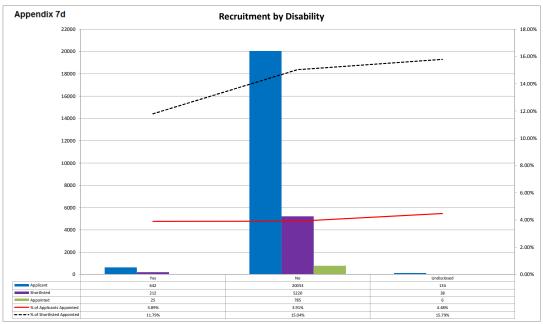


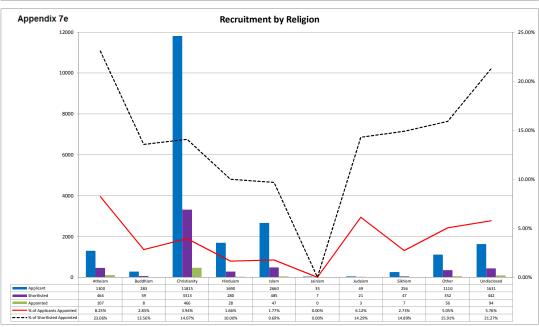


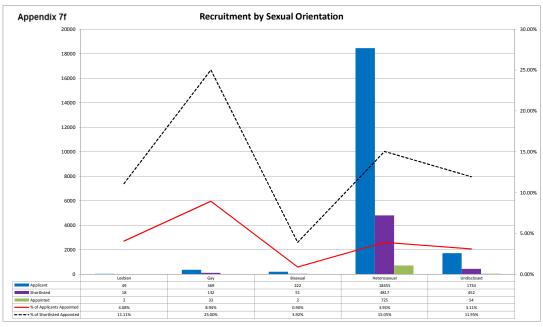


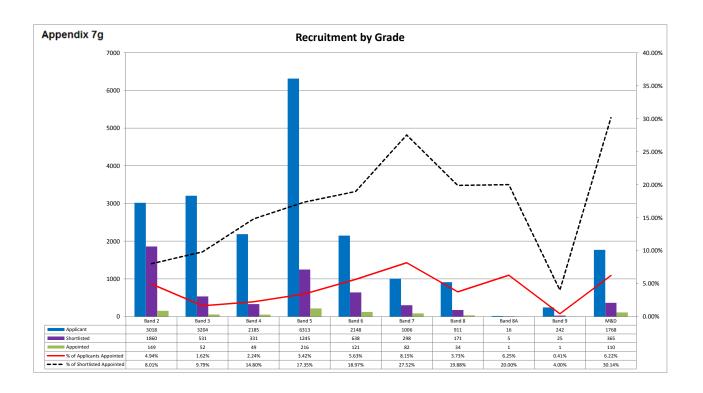












Appendix 8 Promotions

	Ethnic Code																	
Band Promoted to	Α	В	c	D	E	F	G	н	J	K	L	M	N	P	R	s	Z	Promotions
Band 3	25.0%	12.5%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	12.5%	12.5%	4.0%
Band 4	35.7%	0.0%	21.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	21.4%	0.0%	14.3%	0.0%	7.1%	0.0%	7.0%
Band 5	27.8%	0.0%	22.2%	0.0%	5.6%	0.0%	5.6%	5.6%	5.6%	0.0%	5.6%	0.0%	16.7%	5.6%	0.0%	0.0%	0.0%	9.0%
Band 6	58.2%	5.1%	7.6%	2.5%	0.0%	0.0%	2.5%	2.5%	0.0%	0.0%	5.1%	1.3%	6.3%	0.0%	1.3%	6.3%	1.3%	39.7%
Band 7	63.6%	9.1%	9.1%	0.0%	0.0%	0.0%	0.0%	4.5%	4.5%	0.0%	4.5%	2.3%	2.3%	0.0%	0.0%	0.0%	0.0%	22.1%
Band 8A	68.2%	4.5%	4.5%	0.0%	0.0%	0.0%	4.5%	9.1%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%	11.1%
Band 8B	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.5%
Band 8C	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Band 8D	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Band 9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical	22.2%	0.0%	22.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	11.1%	33.3%	4.5%
Total Promotions	53.3%	5.0%	10.6%	1.0%	0.5%	0.5%	2.0%	3.5%	2.0%	0.0%	4.0%	3.0%	5.5%	1.5%	1.0%	4.0%	2.5%	
Trust Profile	45.8%	4.1%	12.4%	0.6%	0.4%	0.7%	1.3%	5.5%	1.0%	0.6%	5.5%	5.1%	7.4%	0.9%	1.3%	4.3%	3.1%	

	% of Ethnic Cod	e Promoted																
																		Total %
	A	В	С	D	E	F	G	н	J	K	L	M	N	P	R	s	z	Promoted
% Promoted	7.2%	7.6%	5.3%	10.5%	8.3%	4.3%	9.5%	4.0%	12.5%	0.0%	4.5%	3.7%	4.7%	10.0%	4.8%	5.8%	5.0%	6.2%

	Age Range												
Grade	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Promotions
Band 3	0.0%	0.0%	25.0%	0.0%	0.0%	25.0%	12.5%	25.0%	12.5%	0.0%	0.0%	0.0%	4.0%
Band 4	0.0%	28.6%	21.4%	14.3%	0.0%	0.0%	14.3%	14.3%	7.1%	0.0%	0.0%	0.0%	7.0%
Band 5	0.0%	11.1%	44.4%	11.1%	11.1%	5.6%	5.6%	5.6%	5.6%	0.0%	0.0%	0.0%	9.0%
Band 6	0.0%	10.1%	46.8%	13.9%	16.5%	6.3%	1.3%	3.8%	1.3%	0.0%	0.0%	0.0%	39.7%
Band 7	0.0%	4.5%	27.3%	34.1%	15.9%	9.1%	4.5%	2.3%	2.3%	0.0%	0.0%	0.0%	22.1%
Band 8A	0.0%	0.0%	18.2%	36.4%	31.8%	4.5%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%
Band 8B	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%
Band 8C	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Band 8D	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%
Band 9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical	0.0%	0.0%	22.2%	11.1%	44.4%	0.0%	11.1%	11.1%	0.0%	0.0%	0.0%	0.0%	4.5%
Total Promotions	0.0%	8.0%	34.7%	19.6%	17.1%	6.5%	6.5%	5.0%	2.5%	0.0%	0.0%	0.0%	
Trust Profile	0.2%	6.6%	19.4%	16.7%	15.8%	12.2%	10.6%	8.6%	5.7%	2.9%	0.9%	0.3%	

D.	White & Black Caribbean
E.	White & Black African
F-	White & Asian
G.	 Any other mixed background
H-	Indian
J-	Pakistani
ĸ.	Bangladeshi
L-	Any other Asian background
M	- Black Caribbean
N-	Black African
Ρ.	Any other Black background
R.	Chinese
s.	Any other ethnic group
Z -	Undefined

	Gender		
Grade	Female	Male	Promotions
Band 3	62.5%	37.5%	4.0%
Band 4	35.7%	64.3%	7.0%
Band 5	72.2%	27.8%	9.0%
Band 6	89.9%	10.1%	39.7%
Band 7	72.7%	27.3%	22.1%
Band 8A	81.8%	18.2%	11.1%
Band 8B	0.0%	100.0%	0.5%
Band 8C	50.0%	50.0%	1.0%
Band 8D	100.0%	0.0%	1.0%
Band 9	0.0%	0.0%	0.0%
Medical	55.6%	44.4%	4.5%
Total Promotions	76.4%	23.6%	
Trust Profile	76.9%	23.1%	

	Sexual Orientati	on				
Grade	Bisexual	Gay	Heterosexual	Lesbian	Undisclosed	Promotions
Band 3	0.0%	0.0%	25.0%	0.0%	75.0%	4.0%
Band 4	7.1%	7.1%	35.7%	0.0%	50.0%	7.0%
Band 5	0.0%	11.1%	72.2%	0.0%	16.7%	9.0%
Band 6	0.0%	2.5%	69.6%	1.3%	26.6%	39.7%
Band 7	0.0%	6.8%	63.6%	2.3%	27.3%	22.1%
Band 8A	0.0%	9.1%	45.5%	0.0%	45.5%	11.1%
Band 8B	0.0%	0.0%	0.0%	0.0%	100.0%	0.5%
Band 8C	0.0%	0.0%	50.0%	0.0%	50.0%	1.0%
Band 8D	0.0%	0.0%	0.0%	0.0%	100.0%	1.0%
Band 9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical	0.0%	11.1%	33.3%	0.0%	55.6%	4.5%
Total Promotions	0.5%	5.5%	58.8%	1.0%	34.2%	
Trust Profile	0.2%	1.8%	37.2%	0.3%	60.7%	Ī

	Religious Belief										
Grade	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Other	Sikhism	Undisclosed	Promotions
Band 3	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	12.5%	0.0%	75.0%	4.0%
Band 4	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	7.0%
Band 5	11.1%	0.0%	55.6%	0.0%	5.6%	0.0%	0.0%	5.6%	0.0%	22.2%	9.0%
Band 6	6.3%	0.0%	54.4%	1.3%	1.3%	0.0%	1.3%	10.1%	1.3%	24.1%	39.7%
Band 7	4.5%	0.0%	47.7%	0.0%	4.5%	0.0%	0.0%	6.8%	0.0%	36.4%	22.1%
Band 8A	0.0%	0.0%	36.4%	4.5%	0.0%	0.0%	0.0%	4.5%	0.0%	54.5%	11.1%
Band 8B	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.5%
Band 8C	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	1.0%
Band 8D	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	1.0%
Band 9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical	0.0%	0.0%	11.1%	0.0%	22.2%	0.0%	0.0%	0.0%	0.0%	66.7%	4.5%
Total Promotions	5.0%	0.0%	45.2%	1.0%	3.5%	0.0%	0.5%	7.0%	0.5%	37.2%	
Trust Profile	4.5%	0.4%	25.1%	1.4%	2.5%	0.0%	0.2%	3.6%	0.3%	62.0%	

	Disabled			
Grade	No	Yes	Undisclosed	Promotions
Band 3	25.0%	0.0%	75.0%	4.0%
Band 4	50.0%	0.0%	50.0%	7.0%
Band 5	44.4%	5.6%	50.0%	9.0%
Band 6	68.4%	2.5%	29.1%	39.7%
Band 7	38.6%	2.3%	59.1%	22.1%
Band 8A	13.6%	4.5%	81.8%	11.1%
Band 8B	100.0%	0.0%	0.0%	0.5%
Band 8C	50.0%	0.0%	50.0%	1.0%
Band 8D	50.0%	0.0%	50.0%	1.0%
Band 9	0.0%	0.0%	0.0%	0.0%
Medical	44.4%	11.1%	44.4%	4.5%
Total Promotions	49.2%	3.0%	47.7%	
Trust Profile	44.7%	1.5%	53.8%	Ī

Appendix 9

Employee Relations

				% of Total	
taffgroup	B&H	Disciplinary	Grievance	Cases	Trust Profile
dd Prof Scientific and Technic	0.00%	4.55%	0.00%	3.70%	5.47%
dditional Clinical Services	25.00%	11.36%	0.00%	12.96%	10.67%
dministrative and Clerical	25.00%	38.64%	50.00%	37.04%	19.83%

Below Trust Profile Above Trust Profile

Age Range	B&H	Disciplinary	Grievance	% of Total Cases	Trust Profile
20-24	0.00%	9.09%	0.00%	7.41%	6.63%
25-29	12.50%	18.18%	0.00%	16.67%	19.42%
30-34	25.00%	6.82%	0.00%	9.26%	16.73%
35-39	0.00%	11.36%	100.00%	12.96%	15.83%
40-44	25.00%	18.18%	0.00%	18.52%	12.20%
45-49	37.50%	13.64%	0.00%	16.67%	10.63%
50-54	0.00%	11.36%	0.00%	9.26%	8.57%
55-59	0.00%	6.82%	0.00%	5.56%	5.66%
60-64	0.00%	4.55%	0.00%	3.70%	2.91%
4 (*	4.4.0.404	04 4004	0.000/		,

				% of Total	
Gender	B&H	Disciplinary	Grievance	Cases	Trust Profile
Female	75.00%	63.64%	100.00%	66.67%	74.54%
Male	25.00%	36.36%	0.00%	33.33%	25.46%
% of Total Cases	14.81%	81.48%	3.70%		

				% of Total	
Religion	B&H	Disciplinary	Grievance	Cases	Trust Profile
Atheism	0.00%	6.82%	0.00%	5.56%	0.10%
Christianity	12.50%	11.36%	50.00%	12.96%	25.12%
Other	12.50%	6.82%	50.00%	9.26%	3.57%
Undisclosed	75.00%	75.00%	0.00%	72.22%	62.03%
% of Total Cases	14.81%	81.48%	3.70%		

Disciplinaries

			Final	
Ethnicity	Investigation	First Warning	Warning	Dismissed
A - White British	55.56%	11.11%	11.11%	22.22%
B - White Irish	0.00%	50.00%	0.00%	50.00%
C - Any other White background	20.00%	20.00%	20.00%	40.00%
D - White & Black Caribbean	0.00%	0.00%	0.00%	100.00%
G - Any other mixed background	100.00%	0.00%	0.00%	0.00%
L - Any other Asian background	0.00%	0.00%	100.00%	0.00%
M - Black Caribbean	55.56%	11.11%	33.33%	0.00%
N - Black African	28.57%	14.29%	14.29%	42.86%
S - Any other ethnic group	25.00%	25.00%	25.00%	25.00%
Z - Undisclosed	33.33%	33.33%	33.33%	0.00%
% of Disciplinaries	40.91%	15.91%	20.45%	22.73%

	Disciplinary %					
Ethnic ID	2012/13	2011/12	2010/11			
A - White British	20.45%	25.00%	28.57%			
B - White Irish	4.55%	0.00%	7.94%			
C - Any other White background	11.36%	0.00%	7.94%			
D - White & Black Caribbean	2.27%	7.14%	1.59%			
E - White & Black African	0.00%	0.00%	0.00%			
F - White & Asian	0.00%	0.00%	0.00%			
G - Any other mixed background	6.82%	0.00%	4.76%			
H - Indian	0.00%	0.00%	3.17%			
J - Pakistani	0.00%	0.00%	0.00%			
K - Bangladeshi	0.00%	0.00%	0.00%			
L - Any other Asian background	2.27%	10.71%	6.35%			
M - Black Caribbean	20.45%	21.43%	19.05%			
N - Black African	15.91%	17.86%	9.52%			
P - Any other Black background	0.00%	3.57%	1.59%			
R - Chinese	0.00%	0.00%	0.00%			
S - Any other ethnic group	9.09%	3.57%	6.35%			
Z - Undisclosed	6.82%	10.71%	3.17%			

				% of Total	
Grade	B&H	Disciplinary	Grievance	Cases	Trust Profile
Band 2	37.50%	22.73%	0.00%	24.07%	7.35%
Band 3	0.00%	11.36%	0.00%	9.26%	7.38%
Band 4	0.00%	11.36%	0.00%	9.26%	8.16%
Band 5	12.50%	29.55%	100.00%	29.63%	21.05%
Band 6	25.00%	13.64%	0.00%	14.81%	16.73%
Band 7	12.50%	6.82%	0.00%	7.41%	11.57%
Band 8C	0.00%	2.27%	0.00%	1.85%	0.84%
Consultant	0.00%	2.27%	0.00%	1.85%	7.51%
FY1	12.50%	0.00%	0.00%	1.85%	1.31%
% of Total Cases	14.81%	81.48%	3.70%		

				% of Total	
Ethnicity	B&H	Disciplinary	Grievance	Cases	Trust Profile
A - White British	12.50%	20.45%	0.00%	18.52%	45.76%
B - White Irish	0.00%	4.55%	0.00%	3.70%	4.10%
C - Any other White background	12.50%	11.36%	0.00%	11.11%	12.36%
D - White & Black Caribbean	0.00%	2.27%	0.00%	1.85%	0.59%
G - Any other mixed background	0.00%	6.82%	0.00%	5.56%	1.31%
H - Indian	25.00%	0.00%	0.00%	3.70%	5.47%
L - Any other Asian background	0.00%	2.27%	0.00%	1.85%	5.54%
M - Black Caribbean	0.00%	20.45%	100.00%	20.37%	5.07%
N - Black African	37.50%	15.91%	0.00%	18.52%	7.38%
S - Any other ethnic group	0.00%	9.09%	0.00%	7.41%	4.32%
Z - Undisclosed	12.50%	6.82%	0.00%	7.41%	3.13%
% of Total Cases	14.81%	81.48%	3,70%		•

				% of Total	
Disability	B&H	Disciplinary	Grievance	Cases	Trust Profile
No	62.50%	31.82%	50.00%	37.04%	44.67%
Undisclosed	37.50%	68.18%	50.00%	62.96%	53.83%
% of Total Cases	14.81%	81.48%	3.70%		

				% of Total	
Sexual Orientation	B&H	Disciplinary	Grievance	Cases	Trust Profile
Gay	0.00%	2.27%	0.00%	1.85%	1.75%
Heterosexual	37.50%	25.00%	100.00%	29.63%	37.19%
Undisclosed	62.50%	72.73%	0.00%	68.52%	60.65%
% of Total Cases	14.81%	81.48%	3.70%		

Ethnicity	Investigation	First Warning	Final Warning	Dismissed	% of Total Cases	Trust Profile
A - White British	27.78%	14.29%	11.11%	20.00%	20.45%	45.76%
B - White Irish	0.00%	14.29%	0.00%	10.00%	4.55%	4.10%
C - Any other White background	5.56%	14.29%	11.11%	20.00%	11.36%	12.36%
D - White & Black Caribbean	0.00%	0.00%	0.00%	10.00%	2.27%	0.59%
G - Any other mixed background	16.67%	0.00%	0.00%	0.00%	6.82%	1.31%
L - Any other Asian background	0.00%	0.00%	11.11%	0.00%	2.27%	5.54%
M - Black Caribbean	27.78%	14.29%	33.33%	0.00%	20.45%	5.07%
N - Black African	11.11%	14.29%	11.11%	30.00%	15.91%	7.38%
S - Any other ethnic group	5.56%	14.29%	11.11%	10.00%	9.09%	4.32%
Z - Undisclosed	5.56%	14.29%	11.11%	0.00%	6.82%	3.13%

	Trus	t Profile	
Ethnic ID	2012/13	2011/12	2010/11
A - White British	45.76%	45.86%	44.73%
B - White Irish	4.10%	3.86%	4.37%
C - Any other White background	12.36%	12.21%	12.18%
D - White & Black Caribbean	0.59%	0.75%	0.92%
E - White & Black African	0.38%	0.38%	0.46%
F - White & Asian	0.72%	0.72%	0.66%
G - Any other mixed background	1.31%	1.35%	1.18%
H - Indian	5.47%	5.15%	5.09%
J - Pakistani	1.00%	0.97%	1.02%
K - Bangladeshi	0.63%	0.50%	0.53%
L - Any other Asian background	5.54%	5.84%	5.58%
M - Black Caribbean	5.07%	5.27%	5.48%
N - Black African	7.38%	7.88%	7.88%
P - Any other Black background	0.94%	0.94%	0.89%
R - Chinese	1.31%	1.69%	1.87%
S - Any other ethnic group	4.32%	4.24%	4.27%
Z - Undisclosed	3.13%	2.39%	2.89%

No of		

Appendiz Below Trust	x 10 Average Training Episodes	Above Trus	-	ning Episodes	i														
		A	В		D	E		G	Н		K		М	N			S	Z	
	Ethnic Origin	White - British	White - Irish	White - Other	Mixed - White & Black Caribbean	Mixed - White & Black African	Mixed - White & Asian	Mixed - Other	Asian/Asian British - Indian	British -	Asian/Asian British - Bangladeshi	British -	Black/Black British - Caribbean	British - African	Black/Black British - Any Other Black Background		Other - Any Other Ethnic Group	Ethnicity Undisclose d	Total
	% of Trust staff	46%	4%	12%	1%	0.4%	1%	1%	5%	1%	1%	6%	5%	7%	1%	1%	4%	3%	100%
	Number of Trust Staff	1,463	131	395	19	12	23	42	175	32	20	177	162	236	30	42	138	100	3,197
Mandatory	Number of training episodes	7487	494	2218	73	78	156	254	1072	203	124	700	692	1041	111	292	606	726	16327
atory	Attendance per employee	5.12	3.77	5.62	3.84	6.50	6.78	6.05	6.13	6.34	6.20	3.95	4.27	4.41	3.70	6.95	4.39	7.26	5.11
Non Mandatory	Number of attendees	733	34	239	4	10	21	54	169	20	14	72	40	100	6	40	51	60	1667
Non manuatory	Attendance per employee	0.50	0.26	0.61	0.21	0.83	0.91	1.29	0.97	0.63	0.70	0.41	0.25	0.42	0.20	0.95	0.37	0.60	0.52

		Ethnic Origin Category	White	BME Staff	Z Not Stated	Total
		% of staff	62%	35%	3%	100%
		Number of Trust Staff	1,989	1108	100	3197
	ndatory	Number of training episodes	10199	5402	726	16327
mar	idatory	Attendance per employee	5.13	4.88	7.26	5.11
Non M	landatory	Number of training episodes	1006	601	60	1667
NOITH	ianuator y	Attendance per employee	0.51	0.54	0.60	0.52

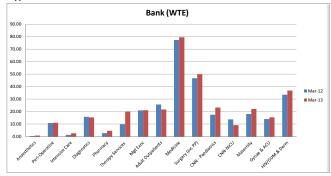
	Gender	Female	Male	Total
	% of staff	74%	25%	100%
	Number of Trust Staff	2378	814	3197
Mandatory	Number of training episodes	12203	4124	16327
mandatory	Attendance per employee	5.13	5.07	5.11
Non Mandatory	Number of training episodes	1201	466	1667
Non mandatory	Attendance per employee	0.51	0.57	0.52

	Age Band	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
	% of staff	0.2%	7.0%	20.4%	17.6%	16.6%	12.8%	11%	9.0%	5.9%	3.1%	1.0%	0.3%	100%
	Number of Trust Staff	6	212	621	535	506	390	340	274	181	93	29	10	3197
Mandatory	Number of training episodes	28	1112	3411	3261	2432	1553	1212	1083	687	291	109	3	16327
mandatory	Attendance per employee	4.67	5.25	5.49	6.10	4.81	3.98	3.56	3.95	3.80	3.13	3.76	0.30	5.11
Non Mandatory	Number of training episodes	5	61	514	531	261	157	118	66	44	24	5	1	1667
Non mandatory	Attendance per employee	0.83	0.29	0.83	0.99	0.52	0.40	0.35	0.24	0.24	0.26	0.17	0.10	0.52

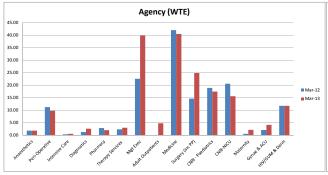
No. of Delegates

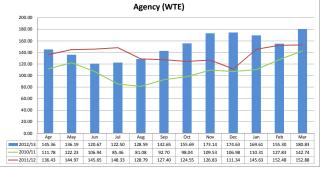
		Staff Group	Add Prof Scientific	Additional Clinical Services	Admin & Clerical	Allied Health Professional	Healthcare Scientist	Medical & Dental	Nursing & Midwifery Reg	Total
		% of staff	5.6%	11.1%	20.9%	7.1%	1.5%	21.3%	38%	100%
		Number of Trust Staff	169	339	636	215	47	650	1172	3197
_	landatory	Number of training episodes	597	1448	1726	805	185	4724	6842	16327
"	ianuatory	Attendance per employee	3.53	4.27	2.71	3.74	3.94	7.27	5.84	5.11
	Mandatory	Number of training episodes	92	105	171	27	5	976	294	1667
NOI	mandatory	Attendance per employee	0.54	0.31	0.27	0.13	0.11	1.50	0.25	0.52

Appendix 11









Appendix 12 – Narrative supplementary paper

1. Context

- 1.1 Under the Equality Act 2010 the Trust is required to annually publish, as a minimum, any progress made in meeting equality objectives and analysis of equality information.
- 1.2 An annual report highlighting the outcome of this statutory monitoring duty and recommended actions is prepared by the Director of HR in April of each year as part of an annual 'Workforce Report'. The report also includes analyses of additional staffing metrics over the previous year.

2.0 Flexible Working

2.0.1 From the analysis of staff working flexibly (704 or 22% of staff reported working flexibly), it appears that part-time working is the most popular flexible working arrangement. Nursing and Midwifery and Allied Health Professional staff have the most flexible working arrangements in place. It is worth noting that staff survey results indicate a higher proportion of staff have flexible working arrangements in place. No further conclusions can be drawn from this although we will continue to encourage more staff to declare their working arrangements so that we can accurately report on this in future.

2.1 Length of Service

2.1.1 The average length of service for staff is 6.31 years (excluding junior doctors). Analysis by protected characteristic shows that women hold the longest length of service, however there is no significant statistical difference when compared to men to cause concern. Employees aged 60-64 average over 12 years' service and white staff have marginally longer length of service than BME staff. Staff that have not disclosed their disability, religion or sexual orientation status tend to have greater length of service. No other conclusions can be made from this data; this is to be expected as data gathering for these characteristics only began in recent years.

2.2 Pay

2.2.1 The median Trust salary is £27,901 which equates to the top of a Band 5 grade. The mean average salary for the country is lower at £26,500 (confirmed by the Office of National Statistics for year ending April 2012). A breakdown of the median basic salary of employees highlights that White staff earn the highest average salary over BME staff. Although there are fewer men in the Trust they earn the highest average salary compared to women. Staff aged between 40-54 continue to maintain the highest average salary; in contrast staff aged below 20 earn the lowest. It is worth noting that junior doctors were included in this analysis.

2.3 Joiners, Leavers, Turnover and Staff In-Post

- 2.3.1 Joiner and Leavers: The graphs shown in Appendix 3a indicate the numbers of staff joining and leaving the Trust by month, with the number of joiners and leavers by ethnic group against the total number of staff in post shown in Appendix 3b. Graph 3b indicates that more White Irish, White Other, Indian, Bangladeshi and White & Asian (Mixed) and Black African people joined the Trust. Across most of the ethnic categories more staff left than joined the Trust. There are no specific concerns/reasons for these turnover trends other than natural turnover
- 2.3.2 As shown in Appendix 3d more staff aged between 20-29 joined the Trust that any other age group. In contrast, marginally more women and staff aged 40 and over left which can be mainly attributed to natural turnover. Further

analysis of leaver and joiners by sexual orientation, religion and disability can not be gleaned due to the significant proportion of staff having not disclosed their protected characteristics.

3.0 Recruitment and Retention

- 3.0.1 This section of the report looks at comparing number of applicants who applied against those short-listed and appointed to jobs in the Trust by age, ethnicity, gender, disability, religious belief and sexual orientation.
- 3.0.2 The Trust workforce continues to be predominately from the local and central London population.
- 3.0.3 The central London population comprises those living in the boroughs of Camden, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth and Westminster, with the majority of applicants coming from the local and/or central London catchments area.

3.1 Age

3.1.1 The highest number of applications came from applicants aged 25-29 and this group also had a high "success rate" and is evidenced in the number of joiners during 2012/13, as shown in Appendix 7a. No further statistically significant analysis can be drawn.

3.2 Ethnicity

- 3.2.1 For the last seven years, we consistently receive more applications from Black/Black British African background than any other ethnic group. 23% of applicants were from this ethnic group, showing a slight decrease on last year. The second largest group of applicants are from a White British background, at 18.4% which also shows a marginal decrease as shown in Appendix 7b. This is may be due to applicants wanting job security in the current uncertain economic climate.
- 3.2.2 The "success" rate for applicants that were shortlisted and appointed was highest for White Irish applicants at 11.05% (i.e. 380 applied for posts and 42 were successful) whereas Asian Pakistani applicants have the lowest success rate at 1.14% (787 applied and 9 appointed.)

3.3 Gender

3.3.1 Recruitment analysis by gender has not changed in the last 5 years. The largest group of candidates are female; a total of 14,379 applications out of a total of 20,829 as seen in Appendix 7c. The NHS has traditionally employed a greater proportion of females in nursing and midwifery roles and this is the largest group of employed staff. This also translates into the largest group short-listed and appointed to posts in the Trust. This is reflective across the wider NHS and not specific to the workforce here at Chelsea and Westminster Hospital NHS Foundation Trust.

3.4 Disability

3.4.1 Applicants that chose not to disclose their disability status had the highest success rate at 4.48%a shown in Appendix 7d, although the number of applicants in this pool was smaller compared to applicants with no disability. The analysis reinforces our commitment to our status as a Two Ticks employer.

3.5 Religious Belief

3.5.1 Appendix 7e shows applicants by declared religious belief. Consistent with the last five years reports, the largest group of applicants came from

candidates identifying as Christian, followed by Muslim and then Hindu. 1631 applicants did not disclose their religious belief, which is fewer than last year. A possible explanation for this is likely to be that applicants are becoming more accepting of declaring their religion. Applicants who declared themselves as following Atheism were the most successful this year, whereas Jain applicants were the least successful. No further analysis can be drawn from this data.

3.6 Promotions

- 3.6.1 Breakdown of the promotions data by ethnicity and band in Appendix 8 shows that over half the promotions were gained by White staff at Band 2-8A and 8C-D. BME staff were promoted into Bands 3-4 with some exceptions in Bands 6-7 and Medical posts. 69% of the promotions were gained by White staff and 28% of the promotions were gained by BME staff which is the same as last year. It is recognised that fewer BME staff hold senior posts across the Trust and more work be will done to encourage BME staff to apply for internal promotions where applicable.
- 3.6.2 76% of the total promotions were gained by women, although 44.4% of the medical promotions were gained by men which is less than last year (60%). Staff aged between 25-34 gained the most promotions and staff who did not wish to disclose their religion gained the most number of promotions. There was insufficient data for promotions by sexual orientation to draw any meaningful conclusions.

3.7 Employee Relations

3.7.1 All formal closed disciplinary and grievances cases have been reported in Appendix 9.

3.8 Harassment and Bullying

3.8.1 A total of 8 formal cases were raised, all of which were resolved through investigation or referred for mediation; 6 of the cases involved women and 2 involved men. No further conclusions can be drawn from this other than women raised more bullying and harassment concerns compared to men in 2012-13.

3.9 Grievance

3.9.1 2 grievance cases were raised in 2012/13 by 2 BME female staff. No further conclusions can be drawn.

3.10 Disciplinary

3.10.1 A total of 28 disciplinary cases were managed in 2012/13 for women and 17 cases were for male staff. A higher percentage of these cases were brought against 'Black Caribbean' and 'Black African' staff (both made up 36.4% of all cases). Comparing this data against the ethnic composition of the workforce suggests that 'Black Caribbean' and 'Black African' staff were more disproportionately represented in disciplinary cases than White British staff, although the same number of cases were reported against both groups.

3.11 Overall observations/statement of findings

3.11.1 Appendix 9 shows that when comparing the Trust ethnic profile against the ethnicity of all employees involved in employee relations procedures, BME staff, particularly staff from Black African and Black Caribbean ethnic groups still continue to be disproportionately affected compared with White colleagues. When comparing this to the staff group profile of the Trust, staff in junior bands or Administrative & Clerical and Nursing and Midwifery staff were disproportionately involved in ER cases. Further analysis of disciplinary cases

showed that a greater number of BME were invited to investigations and issued with final warnings compared to White staff. However, of the total number of staff dismissed from the Trust 50% were White staff and 50% were BME staff.

- 3.11.3 Analysis by gender and age suggests that men and staff under 20-24 are disproportionately represented in disciplinary cases; in contrast women and staff aged 30-49 are disproportionately represented in grievance and harassment and bullying cases. Due to high numbers of staff that have not their disability, religion or sexual orientation it is not possible to drawn valid conclusions from these datasets.
- 3.11.2 As last year, all ER cases have been reviewed and indicate that the action has been taken for valid reasons and the outcomes taken appear to be proportionate. HR will continue to work with managers to ensure that staff are managed fairly and equitably, the data provided in this report will be shared with managers so that they are aware of these issues. HR periodically undertakes local briefing sessions to remind managers of key processes within employee relations policies. In summary, further analysis and on-going involvement with BME staff is needed to fully understand why BME staff continue to be disproportionately represented in employee relations cases.

4.0 Training

- 4.0.1 Appendix 10 shows staff from White Irish, Black African, Black Caribbean and other Black ethnic categories have a lower attendance for mandatory and non mandatory training and further analysis will be undertaken to understand the reasons for this.
- 4.0.2 Attendance for mandatory training for Medical & Dental and Nursing & Midwifery staff was above average and probably reflects staff attendance at the new update days.
- 4.0.3 86% of staff who accessed Professional Development training came from a white background.

4.1 Appraisals

- 4.1.1 The Trust appraisal completion rate as measured by the NHS Staff Survey in 2012/13 was 82% against a target of 87%
- 4.1.2 Analysis of data by protected characteristic indicates that appraisal completion rates were higher for men, younger staff in the 20-34 age brackets and staff in senior bands. In contrast, staff from Nursing & Midwifery (78%) and Additional Clinical Services (77%) staff groups and staff from Black ethnic groups (ranging from 72-77%) had slightly lower appraisal completion rates. This could be explained by the fact that there are proportionately more BME staff in lower bands or clinical roles compared to White staff. Further investigation is needed to understand the reasons for the lower appraisal rate in order for recommendations to be made.
- 4.1.3 The Trust has invested in a new IT system for the capturing of medical staff appraisals to support the introduction of medical Revalidation. Appraisals for medical staff matched the overall Trust rate in 2012/13 according to the NHS Staff Survey.
- 4.1.4 Due to changes to Agenda for Change terms and conditions introduced in 2013, as well as the embedding of Consultant Appraisals, the Trust has set an ambitious target of 90% having had an appraisal in the last 12 months, as measured by the NHS Staff Survey.

5.0 Bank and Agency Staff Usage

- 5.0.1 2012/13 has seen an increase in the usage of Agency staff, particularly in the last quarter; see Appendix 11. An average of 4.4% of Trust WTE was supplied through Agencies or Contracted staff. This is an increase on previous year, however overall spend on this type of staff was lower than the previous year and the Trust remained within its overall pay budget for the year. Agency staff as well as being more generally more expensive than other staff, do not provide the Trust the same level of confidence that the workforce is delivering the excellent patient care we expect our staff to deliver. The Trust will continue to monitor the use of Agency staff and as part of the on-going QIPP project has set a target for 2013/14 that will see a reduction in Agency use to no more than 3.15%
- 5.0.2 This highest usage of bank and agency staff remains with Nursing and Midwifery staff and in general the Bank and Agency usage is lower than the Trusts vacancy rate.
- 5.0.3 The Trust retains ethnicity and gender information for Bank staff. Analysis of the composition of Bank members of staff against the Trust indicates that slightly more men and BME staff hold bank positions. Disability, sexual orientation and religion can also be recorded but the majority of Bank staff prefer not to disclose these details.
- 5.0.4 The age profile of bank staff is younger than the Trust age profile. There continues to be a higher proportion of people under the age of 34 (last year people aged under 25 made up the highest proportion) working through the bank than substantively employed. The probable reason for people under the age of 34 choosing to work through the Bank is to gain experience of working in different departments/wards given the current economic climate, or working flexibly in addition to studying.

6.0 Delivering a Safe Workforce

- 6.0.1 Nearly 2300 of the Trust staff are registered with a professional body. The Trust monitors these registrations on a regular basis and engages with staff and managers to ensure that up to date registration is maintained in line with the Trust Procedure for Checking Professional Registration.
- 6.0.2 Staff and their line managers receive notification of any expired registration and HR take appropriate action as outlined in the Procedure for Checking Professional Registrations. In 2012/3, 13 staff were paid as non-qualified staff and required to work non-clinically whilst issues with their expired registrations were resolved.
- 6.0.3 During 2012, the Trust reviewed its communication methods with staff regarding their registration to ensure that all staff and their managers receive adequate notification of expiring registrations.
- 6.0.4 Following a review of the monitoring and compliance section of the Procedure for checking professional registrations, the HR department has reviewed the distribution of the quarterly monitoring report for registrations, and from Quarter 1 2013/14, these reports will be tabled at Divisional Boards, to provide the Divisions with assurance that their staffs registration is monitored and where appropriate, action has been taken to resolve any lapses.
- 6.0.5 As well as professional Registration checks, the Trust carries out a number of pre-employment checks on staff commencing with the Trust, in line with the six NHS Employment Check Standards for new starters. The audits highlighted no significant issues, although a number of issues were addressed, with some additional safeguards introduced in the checking process.
- 6.0.6 The Trust Staffbank Office verifies the professional registration of non-medical staff employed via an agency on a quarterly basis. During 2012/13 the

agency verification reports did not highlight any issues with professional registration. The Trust can therefore assure that the agencies used have commensurate registrations compliance procedures in place.

- 6.0.7 Where locum medical staff are booked through an agency, the agency must provide evidence of the doctors registration and license to practice. This evidence is then provided to the requesting Consultant/General Manager for review and approval.
- 6.0.8 A series of audits were undertaken by the Recruitment team in 2012/13 to review these pre-employment processes and a number of recommendations have been implemented as a result. The Trust continues to monitor and improve all of the processes involved in ensuring a safe workforce.

7.0 Equality and diversity

7.1 Implementation of Equality Delivery System

- 7.1.1. In 2011-12, the Trust Board agreed to support the implementation of the Equality Delivery System (EDS, is an NHS tool to help organisations performance managing equality across the Trust) to replace the Single Equality Scheme.
- 7.1.2 The EDS was partly implemented in 2011-12 and further work was needed to engage relevant interest groups and other external stakeholders such as LINks to ensure that the EDS was implemented effectively. A successful engagement event was held in July 2012 where feedback was collected on areas of improvement e.g. communication, way finding and the appointments process which are all areas the Trust is currently working on.
- 7.1.3 A follow up workshop was organised in November 2012 to grade the Trust's achievements against the EDS framework. Unfortunately this workshop was not was well attended by external stakeholders. It was agreed that more work needed to be done on strengthening collaborative working relationships with external community groups before the EDS could be successfully implemented.

7.2 Equality Objectives progress

7.2.1 A new set of equality objectives replaced the Single Equality Scheme in April 2012, following the passage into law of the Equality Act 2010. This section provides a brief account of progress made in year against each objective.

7.3 Objective 1: Improve equality data collection and usage across all protected characteristics

- 7.3.1 A national review of the patient IT systems was scheduled to take place but progress has been delayed due to reorganisation of primary care organisations and strategic health authorities. In 2013-14 will undertake a local review of the IT systems to identify the gaps and decide how they can be plugged.
- 7.3.2 Development of a disability category on the current Trust audit process for complaints now enables complaints involving LD issues to be reported on.

7.4 Objective 2: Continue to develop and promote an organisational culture that supports the principles of equality

7.4.1 Equality Analysis

7.4.1.1 Under the Equality Act 2010, the term equality impact assessments is now called equality analysis. The expectation to 'equality check' our policies,

- functions or a process still remains. It has been noted that not as much progress has been made in 2012/13 compared to previous years.
- 7.4.2 In 2012/13, the assessment documentation was simplified to make it easier for managers to complete the assessments and implement changes. The new template will be rolled out to managers in 2013-14 and managers will also be asked to confirm which policies they intend to assess. Completion rates will be performance managed by the Equality and Diversity Steering Group

7.5 Workforce and Training

7.5.2 The Trust continues to monitor equality and diversity training attendance. The internal measure was for all departments to send 25% of their staff on mandatory equality and diversity training. Attendance rates are monitored by the Equality and Diversity Steering Group and it has been noted that attendance has been lower than last year but increased towards the end of the year. Feedback from staff that have attended this training has been positive; therefore we will continue to promote the importance of completing this mandatory course across the Trust. Last year 372 (14.8% of non-medical staff) attended the Making a Difference course, and 80% of new joiners attended Corporate Induction. Overall 80% of the Trust workforce have had some form of Equality & Diversity training within the required four year period.

7.6 Staff Survey

- 7.6.1 The NHS Staff Survey conducted in 2012 achieved a 66% response rate, one of the highest acute trust responses in the country, and the highest of any London acute trust. The results identified several areas of strength, such as the highest percentage nationally, of staff reporting good communication between staff and management, for the second year running. The Trust remained in the Top 20% of acute trusts for Overall staff engagement, staff feeling their roles makes a difference to patients and % of staff satisfied with the quality of patient care they are able to deliver. Areas of concern included % of staff experiencing discrimination or bullying and harassment. These will be investigated further during 2013/14.
- 7.6.2 The demographic profile of the recent staff survey respondents continues to show that we employ a higher percentage of staff with a declared disability than that noted on the ESR database. This is encouraging and shows that the Staff Survey has become a particularly useful tool in engaging with all our staff, regardless of gender, ethnicity or disability.
- 7.6.3 Results from the Staff Survey showed an increase in the number of staff who had experienced harassment and bullying or discrimination from colleagues or patients than staff, this increase was reflected across the NHS in 2012, however the Trust will continue to work with departments that scored highly on having experienced harassment and bullying in the workplace.
- 7.6.4 The percentage of staff believing that the Trust provides equal opportunities for career progression and promotion is higher for men and lower for BME staff. Staff satisfaction levels seem to be lower for staff with disabilities and more work will need to be done to understand these issues.

7.7 Addressing Bullying and Harassment

- 7.7.1 The Harassment Advisory Service continues to provide a confidential support service to staff and this is also highlighted to new staff at induction. In 2013-14, the service will be promoted more widely across the organisation to remind staff of this vital resource.
- 7.7.2 In 2012-3 'Respectful' focus groups were held with staff from Maternity at which staff were asked to define what 'respectful' behaviour meant to them to develop ward philosophy that provides an excellent patient experience.

- 7.7.3 This year's Staff Survey results showed a significant increase in the number of staff stating they had experienced bullying and harassment or discrimination in some departments. The Trust takes the issue of bullying and harassment very seriously and a Trust-wide action plan has been developed to address this issue.
- 7.7.4 3 mediation referrals were made and resolution was reached for all cases. 9 referrals to the harassment advisory service were made and all queries were resolved satisfactorily. The Employee Assistance Programme received 5 referrals from employees. No other trends or analysis can be drawn from this data.

7.8 OBJECTIVE 3: Effectively communicate with, engage, and involve all of our stakeholders in equality

- 7.8.1 The newly reformed Stroke Forum held a meeting in January 2013. Valuable insight was gained into how the service could be improved in relation to the referral process from the GP and the transfer process between hospitals. The patients also identified where the service demonstrated examples of good practice and areas for improvement in relation to the Trust values. The feedback has been developed into an action plan and progress will be reviewed at the next meeting.
- 7.8.2 David Erskine Ward has been refurbished to become a 'Dementia Friendly' environment and there is a similar planned refurbishment of Edgar Horne Ward.
- 7.8.3 A patient engagement guidance pack is also being developed to support managers to set up new patient groups, or provide a range of methods for engaging with patients.

7.9 OBJECTIVE 4: Strengthen equality and diversity communications and resources across the Trust

- 7.9.1 Staff from across the Trust attended an equality seminar in September 2012. The purpose of this was to raise awareness of issues relating to sexual orientation in the workplace. In 2013-14, we will continue to organise equality seminars to raise awareness of other equality issues like disability and corporate social responsibility.
- 7.9.2 The Trust has a staff training plan that includes learning disability awareness, deprivation of liberty and mental capacity for all staff on induction and clinical updates. Focused training has now taken place in a number of patient critical areas such as A and E and Out Patients. Further training will be delivered to other areas in due course.
- 7.9.3 We have started to develop a diversity handbook which will be rolled out in 2013-14. The handbook will provide staff with a quick reference guide on how best to support staff or patients with diverse needs.

Appendix 13 – HR Key Performance Indicators.

1. Summary

1.1 Human Resources reports on a monthly basis to both Divisional and Trust performance Boards, performance against a range of HR KPIs with areas of concern flagged up. During 2012/3, the measures were extended to include appraisals, mandatory training and time to recruit, to ensure that the Trust and Divisional boards was kept informed of areas of concern for these measures. During 2013-14, HR will work with Finance and Performance, continuing to ensure that the delivery of patient care in line with the Trust values is maintained and improved. A brief summary of each measures performance and how the measure is calculated is listed below.

2.0 Vacancies

Measure (Average rate)	Performance
2012/13 Performance	8.34%
2012/13 Target	8.38%
3 Year Performance	9.87%
2013/14 Target	8.00%
How measured?	Monthly KPIs

- 2.1 The total vacancy rate is calculated as the proportion of budgeted posts that remain unfilled. Finance and HR reconcile their establishments on a monthly basis to ensure that the measure is as accurate as possible. Posts that have been frozen or are being filled by long term Bank employees are excluded from the calculation.
- 2.2 Additionally HR reports on a monthly basis an active vacancy rate. This is the proportion of the establishment that is being advertised during the period. This recognises the need to provide some workforce flexibility to meet service requirements, as well as recognition of delays that can arise in commencement of the recruitment process. In 2012/3, the average active rate was 2.88% which is broadly comparable to the previous year.
- 2.3 The average total vacancy rate for the year was 8.34% against a target of 8.38% and ended the year at 7.64%. The average rate for the year was significantly lower than the historical 3 year average of 9.87%, this reflects improvements to the recruitment process as well as establishment management.
- 2.4 Areas with a high concentration of vacant posts are highlighted at a Trust and Divisional level, with the recruitment team and HR Business Partners providing support to managers to resolve issues.
- 2.5 The 2013/4 vacancy target has been set at 8% (average monthly rate).

3.0 Turnover

Measure (Average rate)	Performance
2012/13 Performance	13.59%
2012/13 Target	13.50%
3 Year Performance	14.42%
2013/14 Target	13.50%
How measured?	Monthly KPIs

- 3.1 Voluntary turnover is calculated as the percentage of staff resigning from the Trust during a period (rolling year) as a percentage of the average headcount during the period. The stability rate is calculated as the percentage of employees with more than one years' service.
- 3.2 While some turnover is beneficial to the organisation, creating opportunities for staff advancement, for instance, the Trust recognises that the impact of too high a turnover rate can also have negative consequences such as the impact on recruitment of staff, increased use of temporary staffing and damaging staff morale.
- 3.3 The average turnover rate for 2012/13 was 13.59%, which was slightly above the target set at the beginning of the year of 13.5%, due to an increase in the numbers of resignations received in the final quarter of the year. Although above target, the turnover rate remains low by historical standards for the Trust.
- 3.4. Allied Health Professionals and Healthcare Assistants saw the biggest increase in turnover in 2012/3 compared to the previous year. The HR department plans to fully revisit it's exit interview process and explore reasons for leaving more fully in 2013/4.
- 3.5 The turnover target has been set at 13.5% for 2013/14.

4.0 Sickness

Measure (Average rate)	Performance	
2012/13 Performance	3.73%	
2012/13 Target	3.83%	
3 Year Performance	3.71%	
2013/14 Target	3.60%	
How measured?	Monthly KPIs	

- 4.1 The sickness rate is a calculation of working days lost as a proportion of total working days available. This is shown as either long term (15 working days absent or more), or short term absences.
- 4.2 Additionally HR monitors individual absences and provides support to managers in ensuring the policy for managing sickness absence is applied.
- 4.3 The average monthly sickness rate was 3.73%, which was lower than the target set for the year of 3.83%. This reduction was primarily due to a larger than anticipated reduction of long term absence through the year. Although the absence rate remains slightly higher than the historical average, it should be noted that data collection methods have improved significantly in that period, allowing more confidence in the validity of the data. Further work will be undertaken during 2013/4 to address pockets of under-reporting.
- 4.4 Analysis of sickness trends over the year show that absence rates for each band between 2 and 8 are higher than the next band directly above, with

band 2 absence almost double the Trust average. As part of the continuing QIPP project on absence, more investigation of the causes for this will be undertaken in 2013/4.

4.5 The absence target for 2013/4 has been set at 3.6% (2% long term, and 1.6% short term absence)

5.0 Agency usage

Measure (Average % of monthly workforce)	Performance	
2012/13 Performance	4.40%	
2012/13 Target	3.15%	
3 Year Performance	4.20%	
2013/14 Target	3.15%	
How measured?	Monthly KPIs	

- 5.1 Agency usage is a calculation of those staff employed via an agency as a percentage of the total workforce (including Staffbank and substantively employed staff).
- 5.2 The use of temporary staff to meet short term service needs and ensure staffing is adequate and safe for service delivery will mean that some agency usage is to be expected. We recognise however that increased costs and reliance on external agencies where the Trust is less able to guarantee the quality of the staff supplied means that agency usage should be limited in favour of the Trust's internal Staffbank.
- 5.3 Agency usage increased to an average of 4.4% in 2012/3. This was due to increased usage in the latter half of the year.
- 5.4 It should be noted however that despite this increase, the percentage of paybill used for agency staff was lower than the previous year at 6.57% (6.66% in 2011).
- 5.5 The QIPP project to reduce sickness absence and agency usage in the Trust will continue in 2013/14. The Trust spent £300,000 less on agency nursing staff than it did in 2011/12.
- 5.6 A joint Finance/HR target for Agency will be developed for 2013/4 to ensure that the Trust remains focussed on reduction of spend as well as usage of agency staff.

6.0 Appraisals

Measure (Staff Survey)	Performance	
2012/13 Performance	82%	
2012/13 Target	87%	
3 Year Performance	79%	
2013/14 Target	90%	
How measured?	Annual Staff Survey/Monthly KPIs	

- 6.1 The Appraisal rate is measured by the staff agreeing in the annual staff survey that they have had an appraisal within the last 12 months.
- 6.2 Additionally HR monitor and report to the Trust on a monthly basis progress of appraisal completions, highlighting any overdue ones.
- 6.3 The Trust achieved its highest ever appraisal rate of 82% in the 2012 Staff

Survey, however it did not meet its target of 87% and being in the top 20% of acute trusts nationally for this measure. The Trust remained in the top 20% of trusts for % of staff agreeing the appraisal was well structured (objectives had been set, the review helped them in doing their job better, and left them feeling valued)

6.4. The target for appraisal completions for 2013/4 has been set at 90%, as measured by the Staff Survey. An additional target of at least 50% of staff reporting the appraisal had been well structured has been set.

7.0 Staff Survey

Measure	2012	National average
Response rate	66%	50%
Overall Staff Engagement (on a scale of 1-5, 5 being higher)	3.87	3.81
Staff Recommendation: Treatment	80%	60%
Staff Recommendation: Working here	76%	73%

- 7.1 The 10th Annual NHS Staff Survey was completed, with a response rate of 66%, which places the Trust in the top 20% of acute trusts.
- 7.2 The Trust was in the top 20% of acute trusts for 14 of the 28 Key Findings (KF), including achieving the highest score nationally for % of staff reporting good communication between staff and senior management for the second year running.
- 7.3 The staff remained in the top 20% of acute trusts nationally for overall staff engagement, which measures staff willingness to recommend the trust, suggest improvements at work, and motivation.
- 7.4 Areas of concern, where the Trust scored lower than the national average, or registered significant deterioration on the previous year have been addressed in the Trust staff survey action plan. Action plans have been prepared to address areas of local concern.
- 7.5 The Trust in 2013/4 has rolled out new local 'pulse' surveys to deliver more immediate feedback and explore in greater depth, issues raised by the national survey.

Appendix 13 – HR Key Performance Indicators.

1. Summary

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