WORKFORCE REPORT

1.0 Overview

1.0.1 The Trust employs over 3000 staff. With approximately 75% of these staff being female and 45% from Black Minority and Ethnic (BME) groups, the Trust employs a diverse workforce.

1.0.2 The Trust achieved all of its HR targets for 2010/11 and has set further targets for the coming year. 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 number are small).

2.0 HR Metrics

2.0.1 Significant progress has made towards ambitious targets that were set for HR targets at the beginning of 2010. Turnover is down 1.79% on 2009/10 and is within target. Stability rates over the year have increased to 96.6%. Vacancies at an average 12.15% for the year, are 2.77% lower than the average for the previous year, and have been below their 10% target for the last two months of 2010/11, while vacancies being actively recruited to were at an average of 3.21% for the year (down from 4.1% in 2009/10). Sickness rates, to February, average at 3.39% which is below target; however non-reporting remains an issue and in the next financial year will need to be further addressed. Although Bank and Agency usage has increased during the second half of the year, the overall Pay bill control remains in budget. Targets for the new financial year will be set as a trajectory towards year end targets in consultation with the Divisions.

2.0.2 In many categories including religion, sexual orientation and disability, too few people disclose 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 comparing are statistically insignificant.

3.0 Trust Workforce Profile

3.0.1 The Trust employs 3045 staff and Appendix 1 details the number of staff employed in whole-time equivalents by Band. Most Directorates have similar proportions of staff throughout the bands, the exceptions to this being Clinical Support, who employ more staff in the higher bands than any other Directorate due to the specialist nature of their roles. This ‘Christmas tree’ diagram is broadly comparable to other similar Trusts, although the Trust appears to employ more staff band 7 staff.

3.0.2 Appendix 2 outlines the Trust’s ethnic profile showing that BME staff are still broadly well represented in the Clinical Directorates. When comparing the Trust’s staff population against the profile of London, we employ a more diverse range of staff. The ethnic composition of our workforce has marginally changed since last year.

3.0.3 Approximately 75% of the Trust's workforce is female and only 1% of staff declared that they had a disability. Appendix 3 shows the age profile of the Trust, with 1112 employees occupying the 25-34 age brackets. Christianity appears to be the highest practising faith. However, it is worth noting that high non-disclosure rates by sexual orientation, religion and disability mean that it is generally difficult to draw conclusions from the data collected for these equality strands.

3.0.4 Analysis of flexible working, length of service and average salary is noted in Appendix 13. Under the specific duties of the Equality Act, this is new information organisations should report on.

3.1 Joiners and Leavers, Turnover and Vacancies

3.1.1 The graphs shown in Appendix 4a indicate the numbers of staff joining and leaving the Trust. Graph 4b indicates the number of joiners and leavers by ethnicity with reasons for leaving broadly attributed to natural turnover e.g. 'relocation' or 'voluntary resignation other'.

3.1.2 The annual turnover decreased from last year down to 12.81% in year, as shown in Appendix 5. The decrease in turnover is most probably due to the uncertain economic climate.

3.1.3 Vacancy rates, as shown in Appendix 6**,** were lower in 2010/11 than in the previous financial year, at 12.15%. The Trust also monitors "active" vacancies, which are posts that the organisation is actively trying to fill. The 2010/11 average rate decreased to 3.28% and provides a more realistic figure of the vacancy position.

3.2 Sickness

3.2.1 Appendix 7 details monthly sickness rates for the Trust throughout 2010/11. It shows the highest sickness levels during the winter period. The Trust's average sickness rate has continued to decrease over the last 4 years with last year's rate being 3.44%.

4.0 Recruitment

4.0.1 Appendix 8a compares the number of applicants against both local and central London Population. The ethnic breakdown of recruitment is shown in Appendix 8b. The "success" rate for applicants from a Black/ Black British-African background has slightly decreased since last year to 1%, as compared to 6.8% for White-British which has seen an increase of 0.9%.

4.0.2 Recruitment analysis by gender has not changed in the last 4 years shown in Appendix 8c. This is reflective across the wider NHS and not unique to this Trust. Appendix 8d shows applicants by declared religious belief. Consistent with the last three years' reports, the largest group of applicants came from candidates identifying as Christian.

4.0.3 Appendix 9 provides a breakdown of the promotions data by ethnicity and Band. 71.4% of the promotions were gained by White staff and 28% of the promotions were gained by BME staff. This shows a 1.1% decrease for BME staff on last year. 77.6% of the total promotions were gained by women,

although 50% of the Medical promotions were gained by men. Staff aged between 25-34 were most successful in obtaining promotions.

5.0 Employee Relations

5.0.1 All informal and formal closed employee relations cases have been reported in Appendix 10. 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 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'. The Equality and Diversity Manager is working with the BME Network to understand the reasons underlying this and agree any actions the Trust should take.

6.0 Training

6.0.1 The breakdown of access to training including mandatory and non-mandatory courses is illustrated in Appendix 11. The data broadly reflects the Trust ethnic profile of the Trust. The attendance per person is marginally higher for White staff as opposed to BME staff. Staff aged 21-35 attended the most non mandatory training than any other age group; and women generally benefitted from more training attendance than men.

7.0 Bank and Agency Staff/Usage

7.0.1 2010/11 has seen an increase in the usage of Agency staff, particularly in the last quarter, see Appendix 12, which was due to sickness and increased activity levels in the last quarter. Despite these increases, the Trust overall Pay budget remains in budget for the year. This highest usage of bank and agency staff remains with Nursing and Midwifery staff.

8.0 Equality and diversity

8.0.1 The Trust's Deputy CEO continues to be the Executive lead for equality and diversity and the Chair of the Equality and Diversity Steering Group. This group leads the Trust's work on addressing equality and diversity issues in the workforce and also in terms of service provision to patients. The Trust employs a dedicated Equality and Diversity manager.

8.0.2 The Equality and Diversity Manager has reviewed Trust policies to ensure they are compliant with the new Equality Act. The requirements of the Act are summarised in Appendix 13. In addition, work is underway to implement the Equality Delivery System tool shown in Appendix 14. The aim of this tool is to improve the equality performance of the Trust, making it part of mainstream business for the Board and all staff.

9.0 SES progress

9.0.1 The Trust continues to make progress towards meeting actions against key objectives from the Single Equality Scheme. Progress includes completing equality impact assessments, monitoring attendance to training, engaging with members of the BME community and introducing a 'Patient Passport' for

patients with learning disabilities. A more detailed account of progress is shown in Appendix 13.

10. Next steps

10.0.1 Key objectives for the HR function have been agreed which include addressing issues raised in this report; a more detailed list of actions can be found in Appendix 13. Specifically actions emanating from this report include:

- Introducing the Equality Delivery System tool later in 2011 to improve the equality performance of the Trust as well as providing a mechanism to gives us greater assurance.
- Developing Trust wide agreed equality objectives to replace the existing Single Equality Scheme from April 2012.
- Continuing to engage and build relationships with external partners to hear the views of patients from underrepresented groups such as the BME Forum.
- Continuing to consult with staff networks to understand this report's findings particularly around bullying and harassment, appraisals and the Staff Survey findings in conjunction with the NHS Employers report on BME staff.
- Continue to consult with staff, particularly BME staff, to establish why fewer of them believe that the Trust provided equal opportunities for career progression or promotion, and to take specific medium term action as a result of this consultation.

11. Conclusions

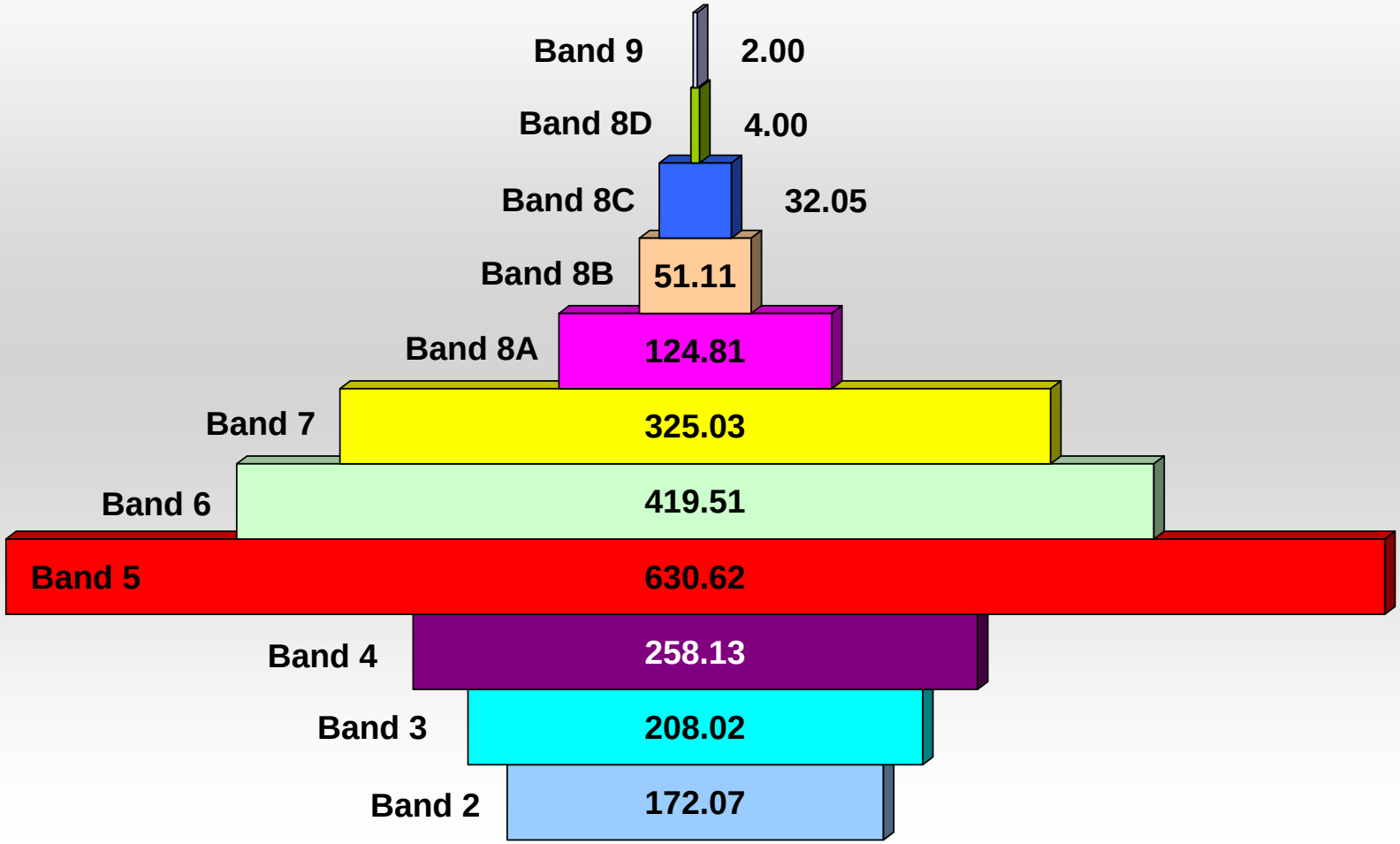
11.0.1 The Trust meets its statutory obligations to monitor and report on equality and diversity issues and provides assurance that action is being taken and planned to address issues of note.

11.0.2 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.

11.0.3 All the HR metrics were achieved during 2010/11, and further 'stretch' targets have been agreed for 2011/12 which include broadly the same targets for turnover (13%) and stability (97%). A vacancy rate of 9% has been set to reflect the trend of a reduction in vacant posts over the last year. The sickness rate has been set at 3.9% to take account of the introduction of "Positive Payroll Reporting" which may slightly increase absence rates as managers will be required to submit a return for each staff member (or they will not be paid at month end). The target for sickness absence remains below the London average.

Appendix 1

Trust AFC Staff (WTE)



Trust Ethnic Profile 31-Mar-2011

Appendix 2

Ethnic Code % Composition

Directorate	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z
Children & Young People	55.1%	3.8%	8.7%	0.8%	0.0%	0.0%	1.1%	4.5%	1.5%	0.4%	3.4%	3.8%	7.2%	1.1%	1.5%	4.2%	3.0%
Diagnostic Services	35.8%	3.2%	14.7%	0.0%	1.1%	1.6%	2.1%	5.8%	2.6%	1.6%	7.9%	3.2%	7.4%	2.1%	0.5%	5.8%	4.7%
HIV/GUM & Dermatology	57.8%	4.3%	10.3%	1.8%	0.0%	1.2%	0.0%	5.2%	1.2%	0.6%	3.0%	4.0%	4.3%	1.5%	0.6%	2.4%	1.8%
Intensive Care	36.2%	7.2%	13.0%	0.0%	1.4%	0.0%	0.0%	0.0%	1.4%	0.0%	15.9%	1.4%	10.1%	0.0%	2.9%	10.1%	0.0%
Management Exec	44.6%	4.9%	15.3%	1.6%	0.3%	1.0%	1.3%	3.9%	0.7%	0.3%	3.9%	5.5%	6.5%	1.0%	1.6%	3.9%	3.6%
Medicine	40.4%	6.5%	9.5%	1.3%	0.4%	0.4%	1.1%	4.8%	0.6%	0.6%	8.0%	4.8%	9.9%	0.2%	1.7%	5.8%	3.9%
Peri-Operative Services	39.6%	2.4%	18.4%	1.2%	0.0%	1.2%	1.2%	4.0%	0.4%	0.4%	10.0%	5.2%	5.6%	0.8%	2.8%	4.8%	2.0%
Pharmacy *	41.9%	6.5%	8.1%	0.0%	1.6%	0.0%	0.0%	15.3%	2.4%	1.6%	0.8%	2.4%	10.5%	0.8%	3.2%	3.2%	1.6%
Private Patients	23.1%	11.5%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.4%	19.2%	11.5%	0.0%	3.8%	7.7%	3.8%
Surgery	36.6%	3.6%	8.1%	0.6%	0.0%	0.6%	2.6%	7.4%	1.6%	0.3%	6.8%	8.1%	12.3%	0.3%	3.6%	4.2%	3.2%
Therapy Services	63.5%	5.1%	12.2%	0.6%	1.3%	1.3%	1.9%	1.9%	0.0%	0.0%	0.6%	5.8%	1.9%	0.0%	2.6%	0.6%	0.6%
Women & Neonatal	43.1%	3.1%	15.3%	0.5%	0.7%	0.2%	1.1%	4.7%	0.5%	0.4%	4.3%	7.7%	8.8%	1.3%	1.4%	3.9%	3.1%
Trust Summary	**44.7%**	**4.4%**	**12.2%**	**0.9%**	**0.5%**	**0.7%**	**1.2%**	**5.1%**	**1.0%**	**0.5%**	**5.6%**	**5.5%**	**7.9%**	**0.9%**	**1.9%**	**4.3%**	**2.9%**

Below Trust %

Above Trust %

* Excludes Regional Pharmacy

\+ Camden, Islington, Kensington and Chelsea, Lambeth, Southwark, Wandsworth, Westminster - 2001 census

~ Source for Greater London data - GLA Data Management and Analysis Group - Demography estimates update Oct 2008 (based on 2006 data)

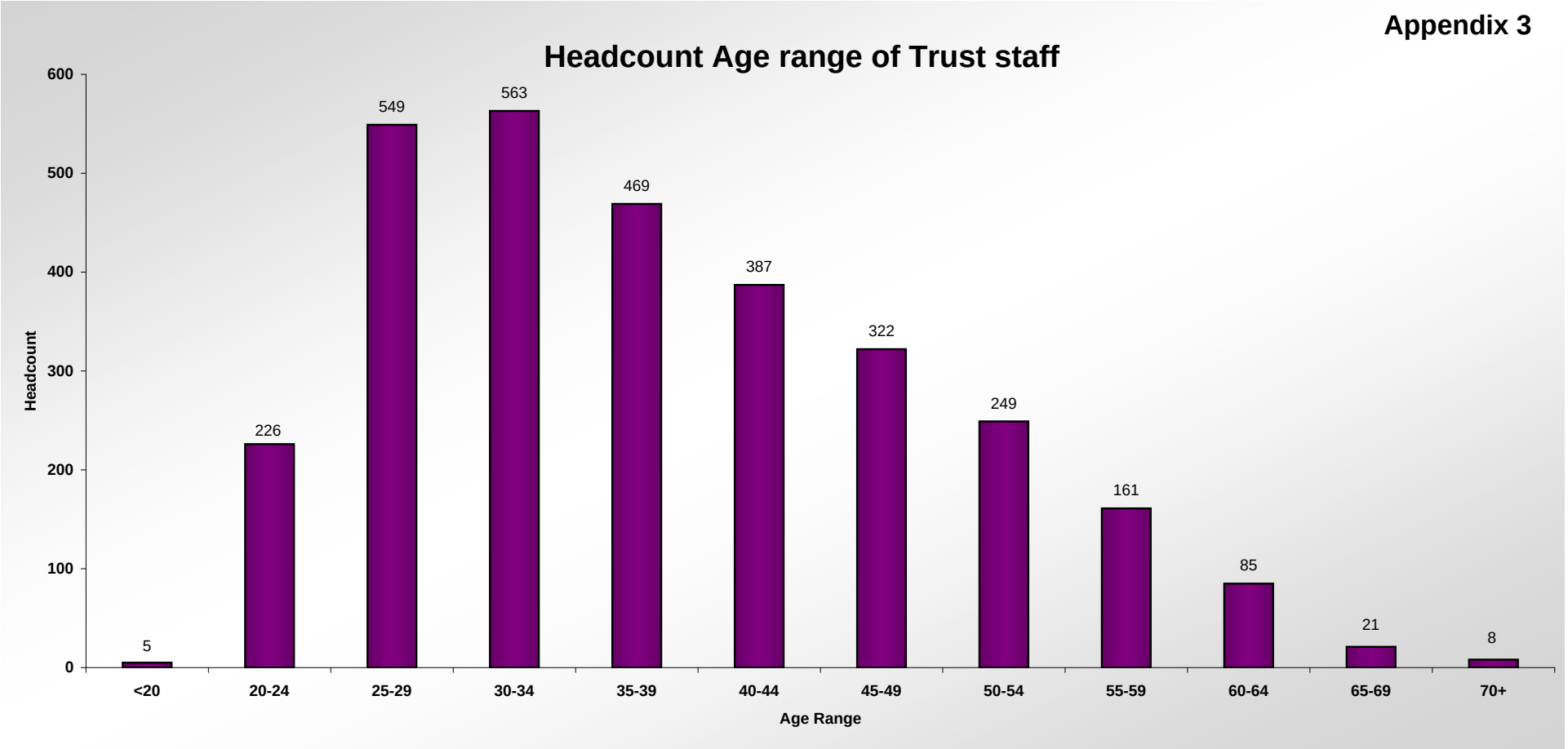
☐ 2.9% of employees do not have their ethnic ID information recorded. Only staff that ethnicity is held for has been used for this comparison

☐ Comparative Data	Greater London~	Central London+	C&W 2009	Variance	C&W 2010	Variance	C&W 2011
A. White British	58.0%	54.3%	44.0%	0.2%	44.2%	0.6%	44.7%
B. White Irish	2.5%	3.8%	4.3%	-0.4%	4.0%	0.4%	4.4%
C. White Other	8.9%	13.8%	11.9%	0.4%	12.4%	-0.2%	12.2%
D. White & Black Caribbean	1.0%	1.2%	0.9%	0.0%	0.9%	0.0%	0.9%
E. White & Black African	0.5%	0.7%	0.3%	0.1%	0.4%	0.1%	0.5%
F. White & Asian	1.0%	0.9%	0.8%	-0.2%	0.6%	0.1%	0.7%
G. Any other mixed background	1.0%	1.2%	1.3%	-0.1%	1.2%	0.0%	1.2%
H. Indian	6.5%	2.1%	5.3%	0.2%	5.6%	-0.5%	5.1%
J. Pakistani	2.3%	1.0%	1.1%	-0.3%	0.8%	0.2%	1.0%
K. Bangladeshi	2.3%	1.9%	0.3%	0.1%	0.4%	0.1%	0.5%
L. Any other Asian background	2.0%	1.1%	5.8%	-0.1%	5.7%	-0.1%	5.6%
M. Black Caribbean	4.3%	5.7%	6.3%	-0.4%	6.0%	-0.5%	5.5%
N. Black African	5.5%	7.5%	7.9%	0.4%	8.3%	-0.4%	7.9%
P. Any other Black background	0.8%	1.2%	1.0%	0.1%	1.1%	-0.2%	0.9%
R. Chinese	1.5%	1.5%	1.7%	0.1%	1.9%	0.0%	1.9%
S. Any other ethnic group	1.9%	2.1%	4.0%	0.0%	4.0%	0.3%	4.3%

Below Greater London %

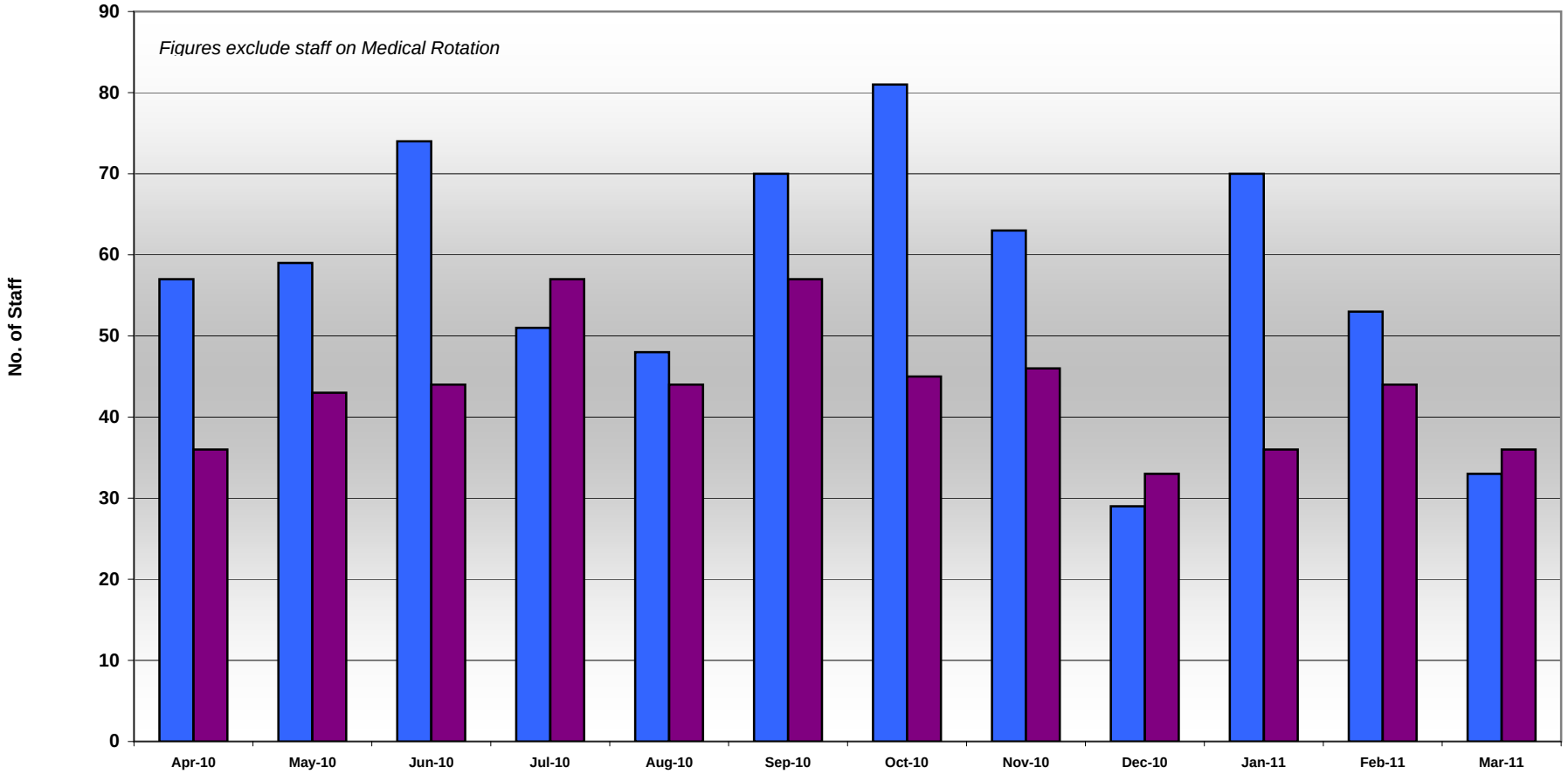
Above Greater London %

Appendix 3


Headcount Age range of Trust staff
Headcount
600
500
400
300
200
100
0
5
226
549
563
469
387
322
249
161
85
21
8
<20
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70+
Age Range

Appendix 4A

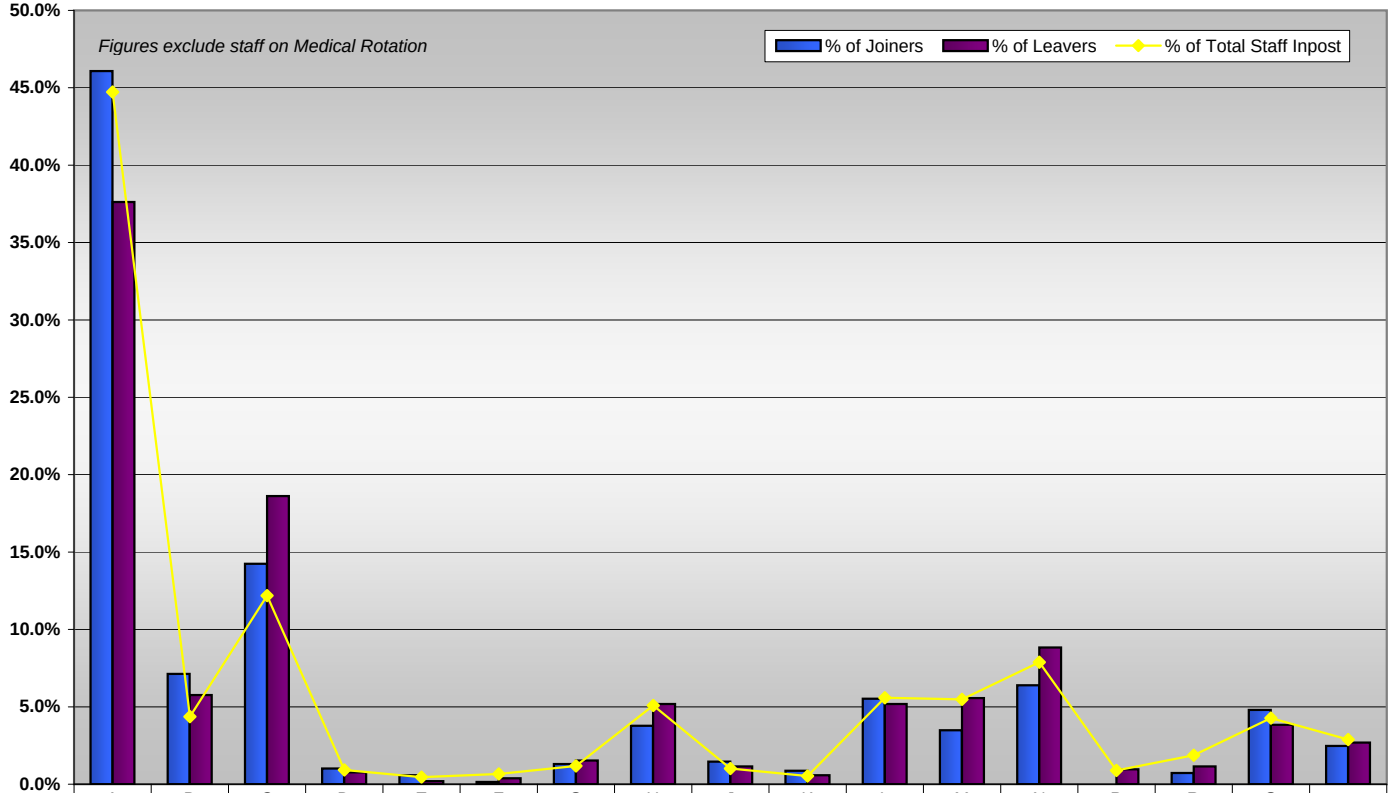
Trust Joiners & Leavers : April 2010 - March 2011



	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Joiners	57	59	74	51	48	70	81	63	29	70	53	33
Leavers	36	43	44	57	44	57	45	46	33	36	44	36

Appendix 4B

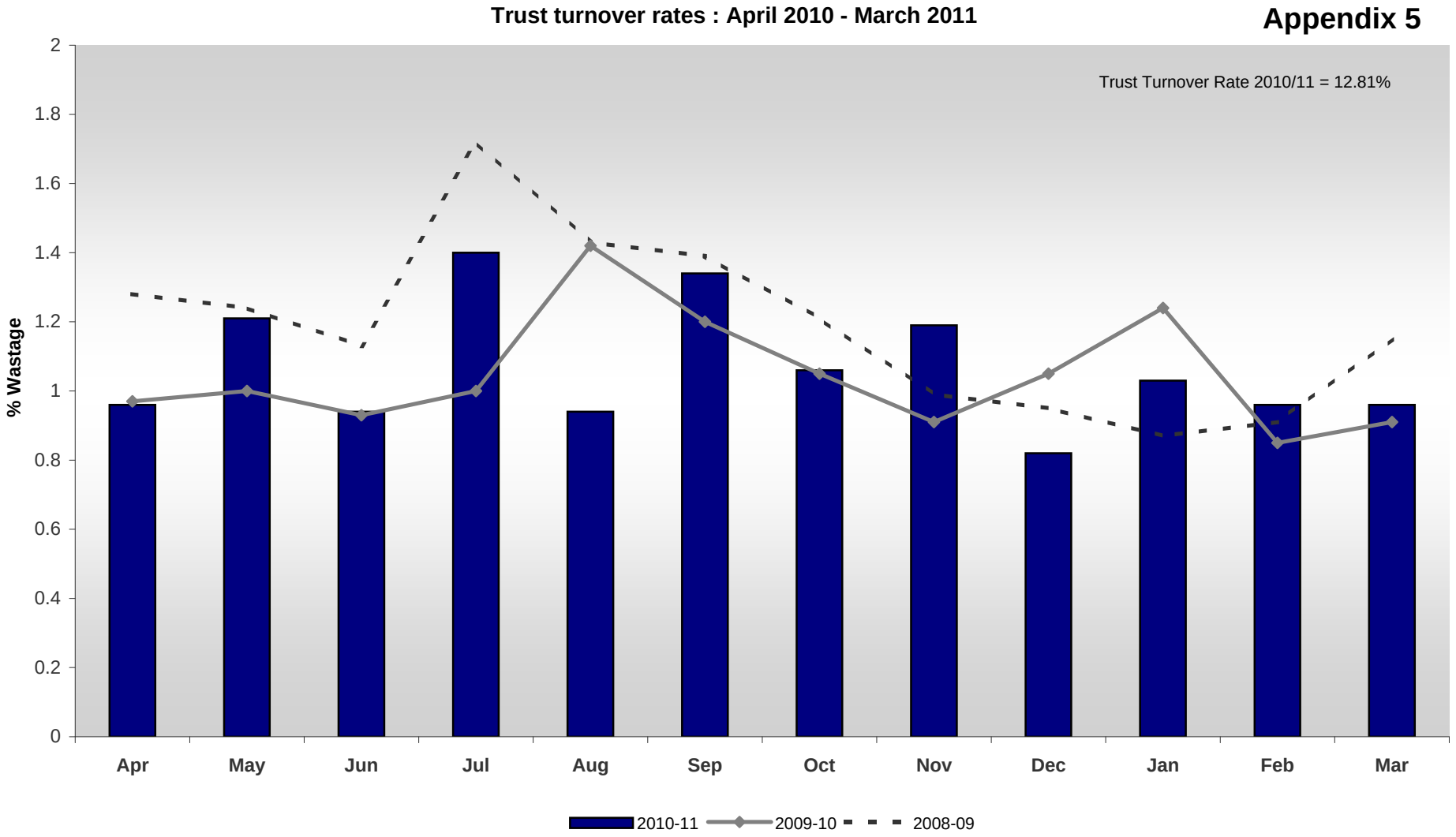
Joiners and Leavers by Ethnic Group : April 2010 - March 2011



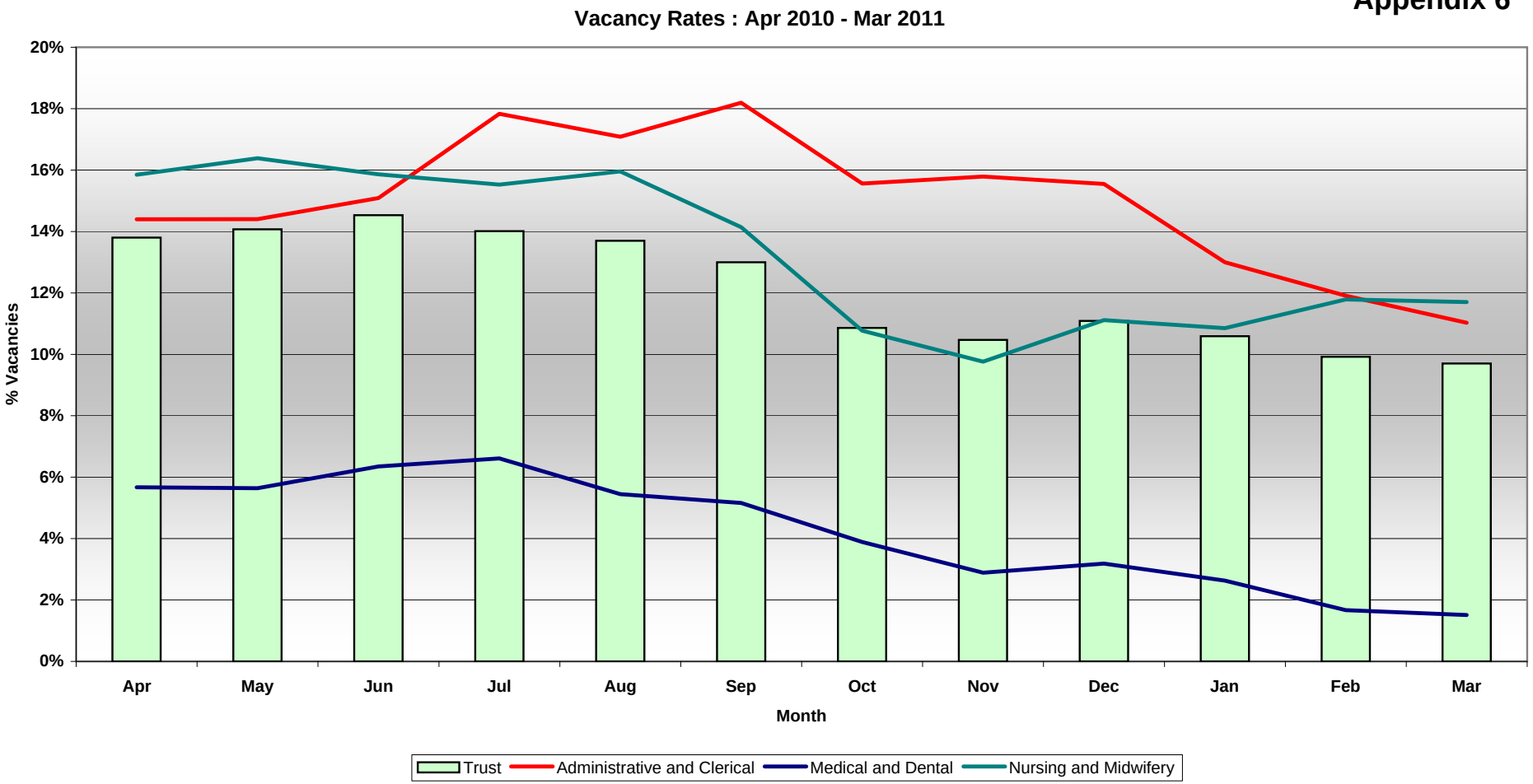
	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	z
% of Joiners	46.1%	7.1%	14.2%	1.0%	0.6%	0.1%	1.3%	3.8%	1.5%	0.9%	5.5%	3.5%	6.4%	0.0%	0.7%	4.8%	2.5%
% of Leavers	37.6%	5.8%	18.6%	0.8%	0.2%	0.4%	1.5%	5.2%	1.2%	0.6%	5.2%	5.6%	8.8%	1.0%	1.2%	3.8%	2.7%
% of Total Staff Inpost	44.7%	4.4%	12.2%	0.9%	0.5%	0.7%	1.2%	5.1%	1.0%	0.5%	5.6%	5.5%	7.9%	0.9%	1.9%	4.3%	2.9%

A - White British
B - White Irish
C - Any other White background
D - White & Black Caribbean
E - White & Black African
F - White & Asian
G - Any other mixed background
H - Indian
J - Pakistani
K - Bangladeshi
L - Any other Asian background
M - Black Caribbean
N - Black African
P - Any other Black background
R - Chinese
S - Any other ethnic group
Z - Undefined

Appendix 5

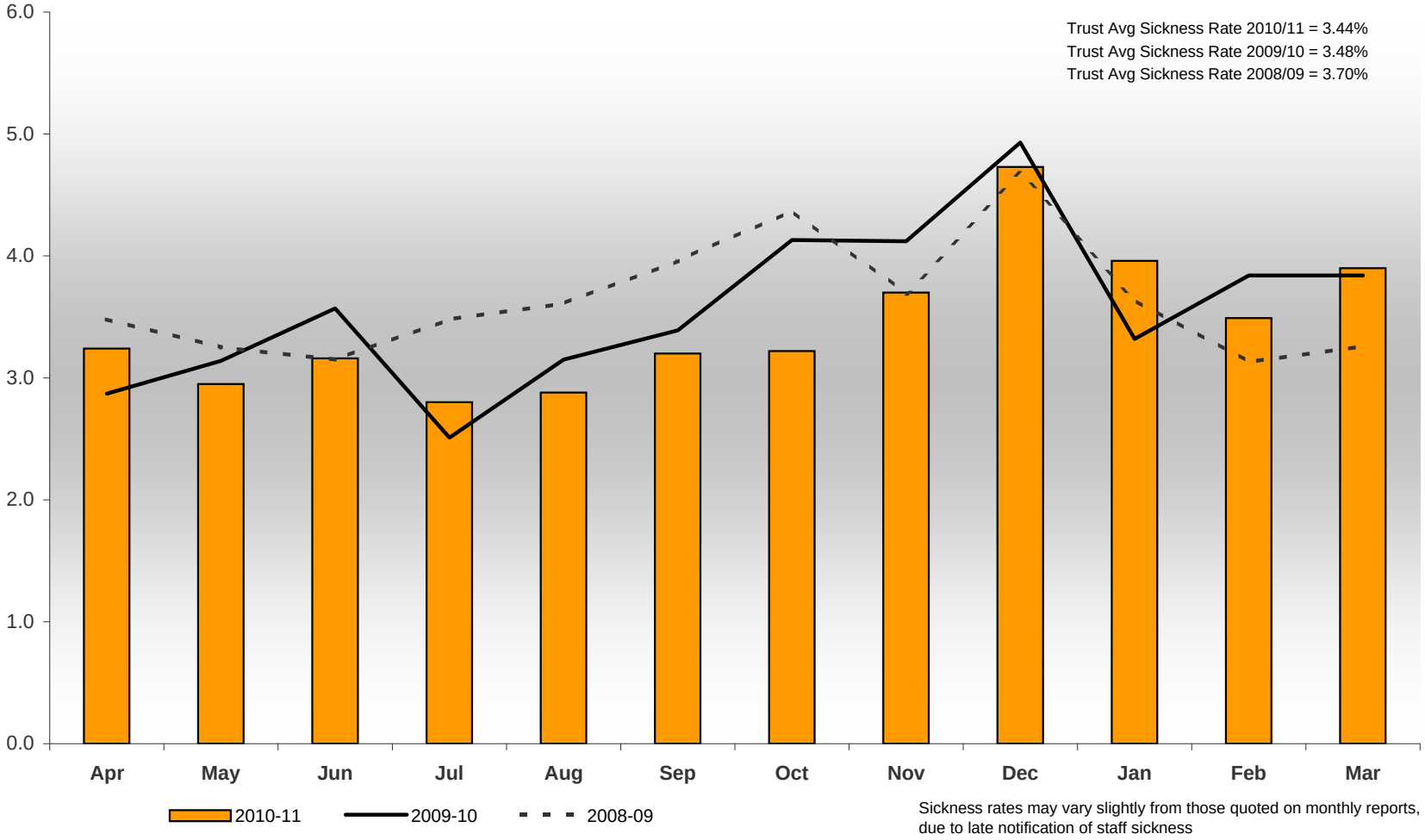

Trust turnover rates : April 2010 - March 2011
Trust Turnover Rate 2010/11 = 12.81%
% Wastage
2
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2010-11
2009-10
2008-09

Appendix 6


Vacancy Rates : Apr 2010 - Mar 2011
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
% Vacancies
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Month
Trust
Administrative and Clerical
Medical and Dental
Nursing and Midwifery

Appendix 7

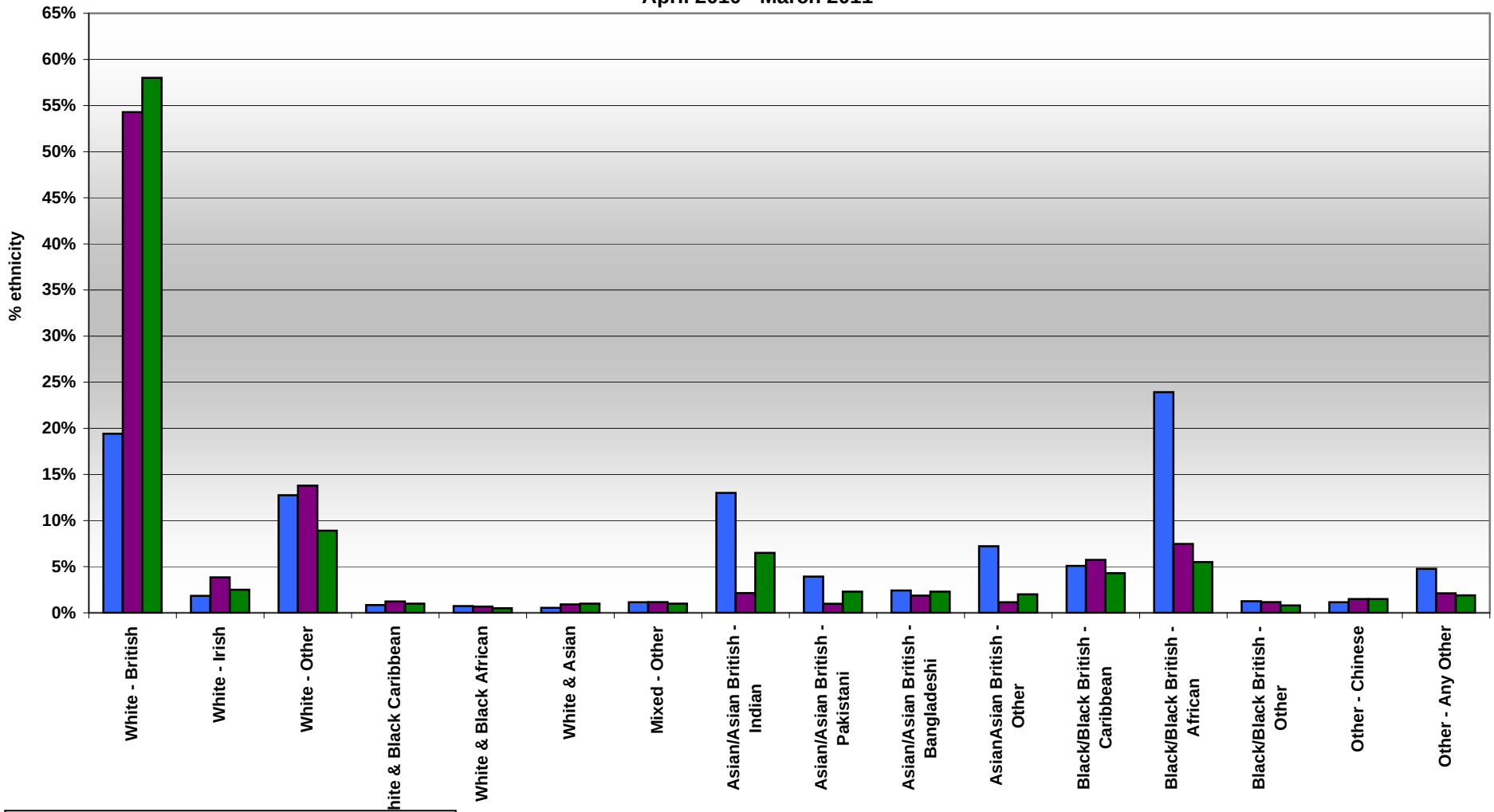
Trust sickness rates (%) : April 2010 - March 2011



Sickness rates may vary slightly from those quoted on monthly reports, due to late notification of staff sickness

Applicant Ethnicity v's Local Population
April 2010 - March 2011

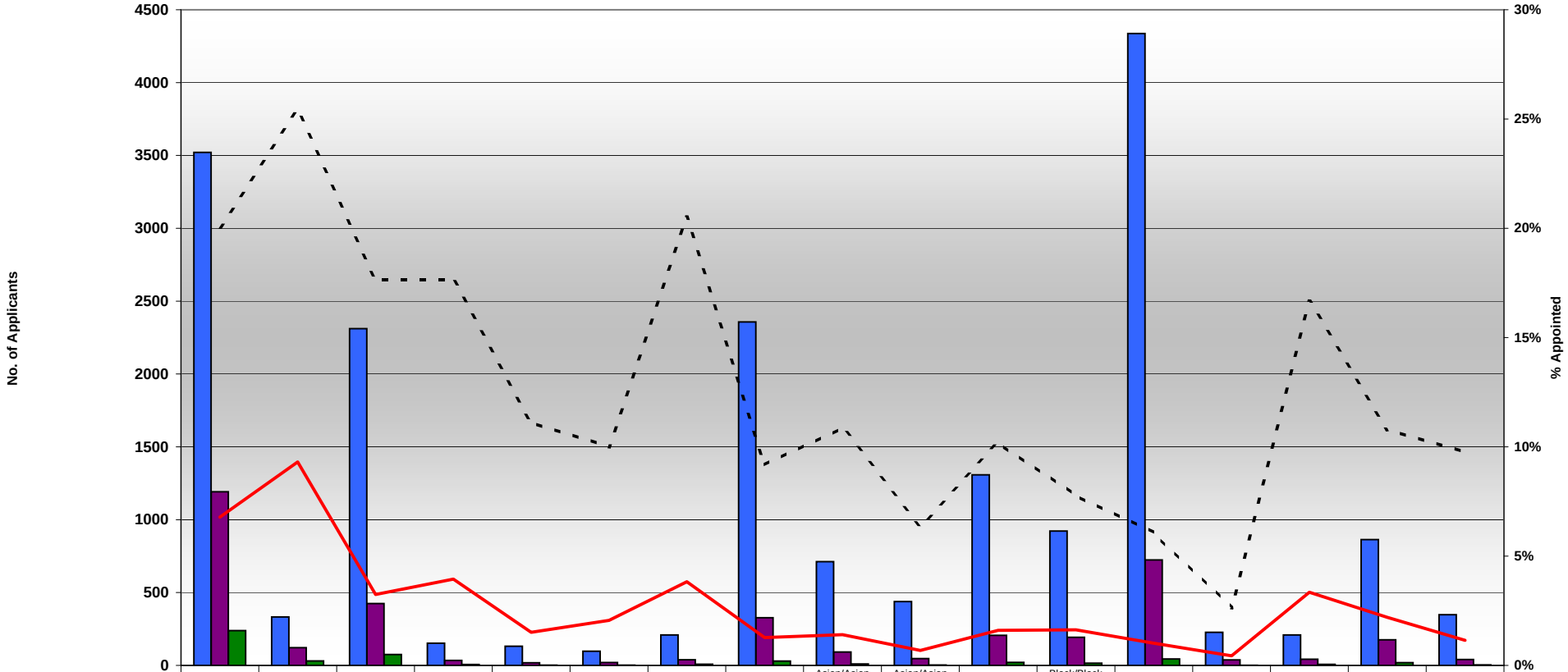
Appendix 8A



* 1.8% of the applicants didn't state their ethnic origin. Only data in which ethnicity was stated has been used for the above analysis

Appendix 8B

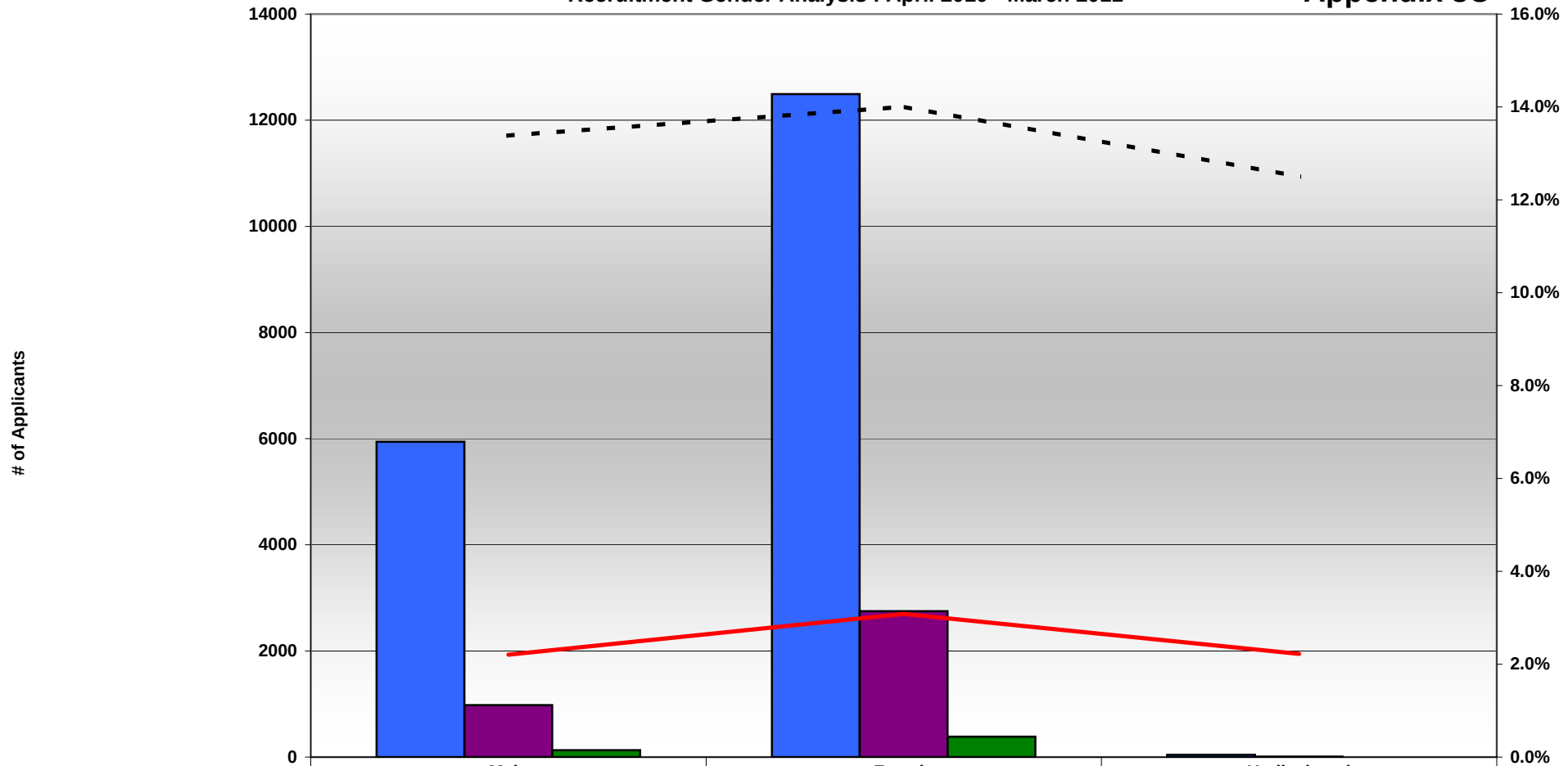
Recruitment Ethnicity Analysis : April 2010 - March 2011



	White - British	White - Irish	White - Other	White & Black Caribbean	White & Black African	White & Asian	Mixed - Other	Asian/Asian British - Indian	Asian/Asian British - Pakistani	Asian/Asian British - Bangladeshi	AsianAsian British - Other	Black/Black British - Caribbean	Black/Black British - African	Black/Black British - Other	Other - Chinese	Other - Any Other	Undisclosed
Applied	3521	333	2311	152	132	97	209	2357	712	438	1308	922	4337	227	209	864	348
Shortlisted	1192	122	425	34	18	20	39	327	92	47	206	193	724	38	42	176	41
Appointed	239	31	75	6	2	2	8	30	10	3	21	15	44	1	7	19	4
% of Applicants Appointed	6.8%	9.3%	3.2%	3.9%	1.5%	2.1%	3.8%	1.3%	1.4%	0.7%	1.6%	1.6%	1.0%	0.4%	3.3%	2.2%	1.1%
% of Shortlisted Appointed	20.1%	25.4%	17.6%	17.6%	11.1%	10.0%	20.5%	9.2%	10.9%	6.4%	10.2%	7.8%	6.1%	2.6%	16.7%	10.8%	9.8%

Recruitment Gender Analysis : April 2010 - March 2011

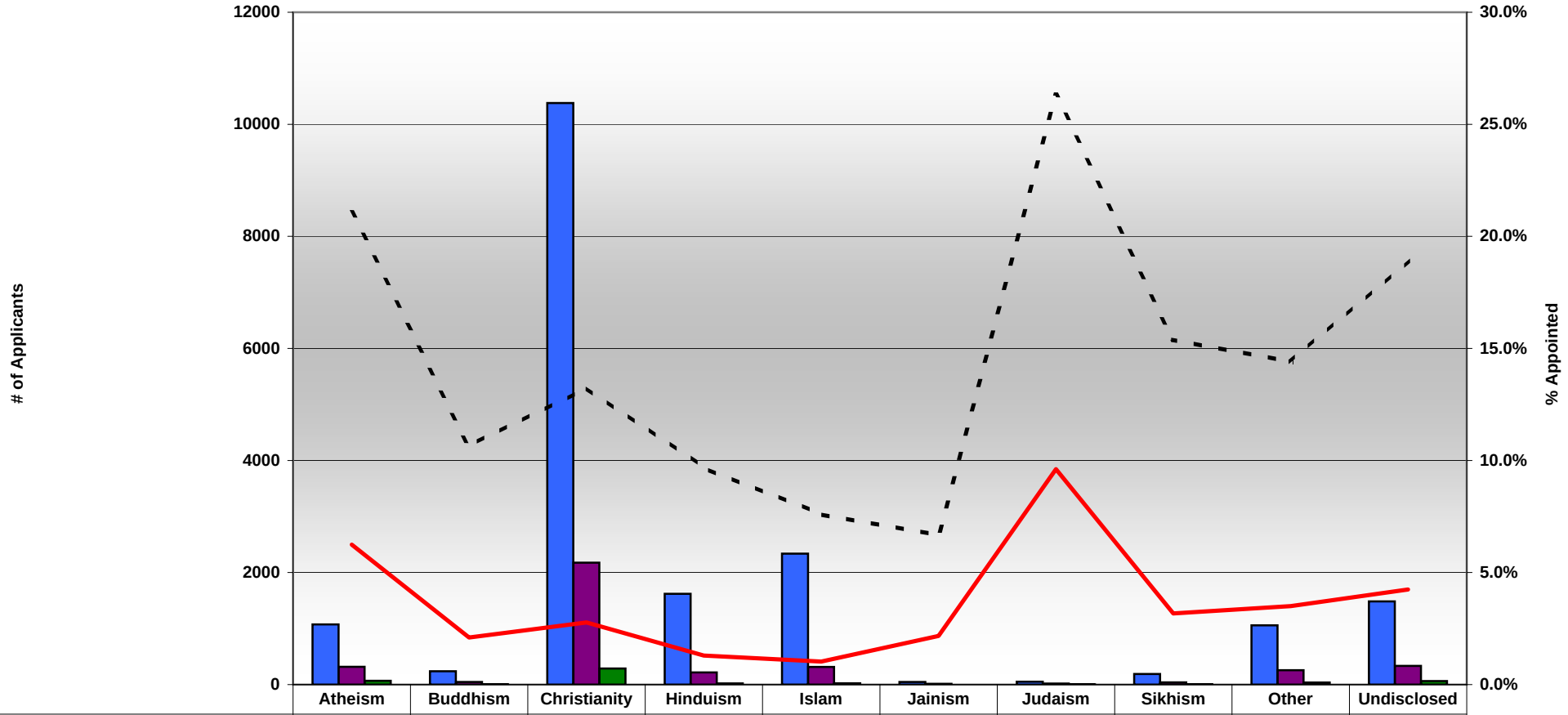
Appendix 8C



	Male	Female	Undisclosed
Applied	5941	12491	45
Shortlisted	979	2749	8
Appointed	131	385	1
% of Applicants Appointed	2.2%	3.1%	2.2%
% of Shortlisted Appointed	13.4%	14.0%	12.5%

Appendix 8D

Recruitment Religious Belief Analysis : April 2010 - March 2011



	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Undisclosed
Applied	1073	238	10380	1620	2337	46	52	189	1057	1485
Shortlisted	318	47	2175	217	316	15	19	39	257	333
Appointed	67	5	288	21	24	1	5	6	37	63
% of Applicants Appointed	6.2%	2.1%	2.8%	1.3%	1.0%	2.2%	9.6%	3.2%	3.5%	4.2%
% of Shortlisted Appointed	21.1%	10.6%	13.2%	9.7%	7.6%	6.7%	26.3%	15.4%	14.4%	18.9%

Promotion Analysis

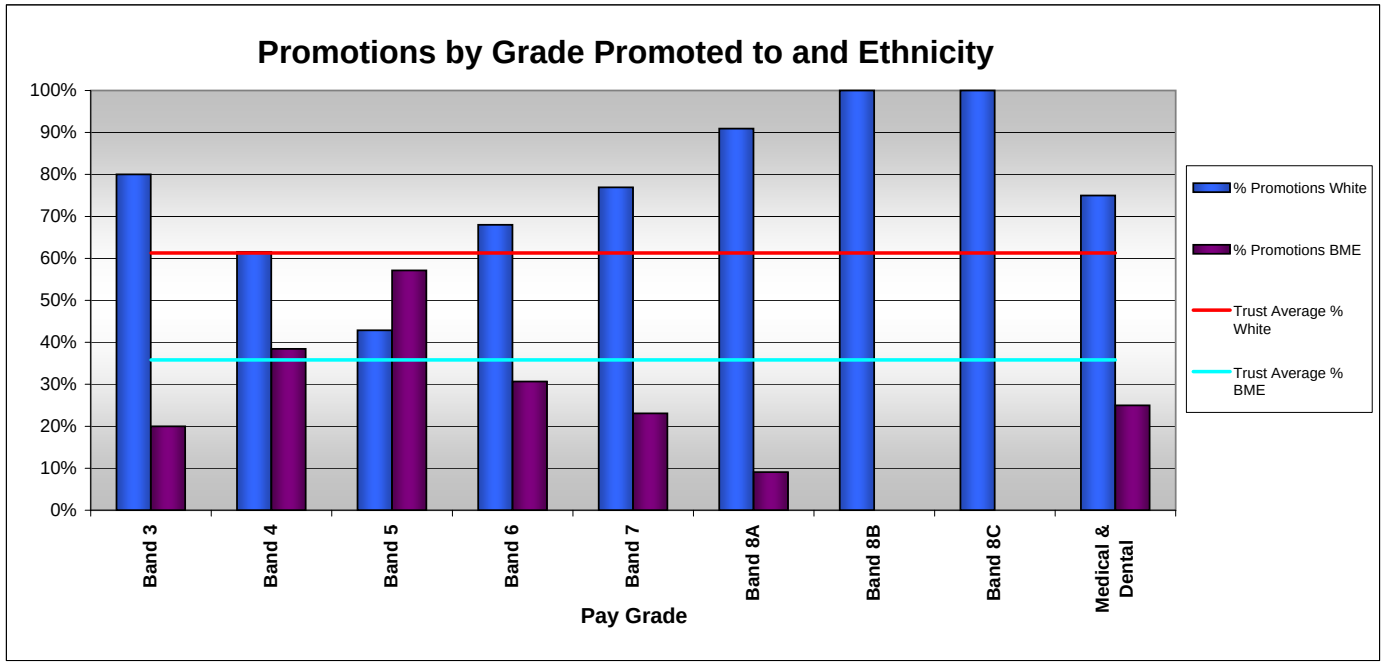
Key Greater than Trust Average Below Tust Average

Appendix 9

	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z (Undefined)	Total No. of Promotions
Band 3	60.0%	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%	20.0%	0.0%	**5**
Band 4	23.1%	0.0%	38.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.4%	7.7%	0.0%	0.0%	0.0%	15.4%	0.0%	**13**
Band 5	42.9%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	14.3%	0.0%	14.3%	0.0%	0.0%	**7**
Band 6	54.7%	1.3%	12.0%	0.0%	1.3%	2.7%	0.0%	4.0%	1.3%	0.0%	4.0%	2.7%	5.3%	2.7%	1.3%	5.3%	1.3%	**75**
Band 7	61.5%	5.1%	10.3%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	2.6%	7.7%	0.0%	2.6%	2.6%	0.0%	0.0%	0.0%	**39**
Band 8A	72.7%	0.0%	18.2%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**11**
Band 8B	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**
Band 8C	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**2**
Medical & Dental	50.0%	12.5%	12.5%	0.0%	0.0%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**8**
Total No. of Promotions	**88**	**5**	**22**	**1**	**1**	**2**	**0**	**8**	**2**	**1**	**9**	**3**	**6**	**3**	**2**	**7**	**1**	
% of Total Promotions	**54.7%**	**3.1%**	**13.7%**	**0.6%**	**0.6%**	**1.2%**	**0.0%**	**5.0%**	**1.2%**	**0.6%**	**5.6%**	**1.9%**	**3.7%**	**1.9%**	**1.2%**	**4.3%**	**0.6%**	
Trust Ethnic Profile	**44.7%**	**4.4%**	**12.2%**	**0.9%**	**0.5%**	**0.7%**	**1.2%**	**5.1%**	**1.0%**	**0.5%**	**5.6%**	**5.5%**	**7.9%**	**0.9%**	**1.9%**	**4.3%**	**2.9%**	

% Promotions White	% Promotions BME	% Promotions Z (Undefined)
80.0%	20.0%	0.0%
61.5%	38.5%	0.0%
42.9%	57.1%	0.0%
68.0%	30.7%	1.3%
76.9%	23.1%	0.0%
90.9%	9.1%	0.0%
100.0%	0.0%	0.0%
100.0%	0.0%	0.0%
75.0%	25.0%	0.0%
115	**45**	**1**
71.4%	**28.0%**	**0.6%**

Trust Average % White	Trust Average % BME	Trust Average % Undefined
61.3%	**35.8%**	**2.9%**



A. White British
B. White Irish
C. White Other
D. White & Black Caribbean
E. White & Black African
F. White & Asian
G. Any other mixed background
H. Indian
J. Pakistani
K. Bangladeshi
L. Any other Asian background
M. Black Caribbean
N. Black African
P. Any other Black background
R. Chinese
S. Any other ethnic group
Z. Undefined

*The figures quoted for the Trust profile may not always add up to 100% as groups that did not have an ER case have been ommitted so that comparisons are like for like.

Employee Relations

Key Greater than Trust Average Below Tust Average

Appendix 10

	Staffgroup							
Type	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Total No. of Cases
Dignity At Work	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	2
Disciplinary	0.0%	11.8%	52.9%	0.0%	11.8%	0.0%	23.5%	17
Employment Tribunals	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	2
Grievance	0.0%	0.0%	16.7%	0.0%	0.0%	16.7%	66.7%	6
Performance	0.0%	0.0%	80.0%	0.0%	0.0%	0.0%	20.0%	5
Sickness	3.3%	20.0%	33.3%	3.3%	0.0%	6.7%	33.3%	30
Sickness Warning	0.0%	36.4%	9.1%	0.0%	0.0%	0.0%	54.5%	11
Total No. of Cases	1	12	27	1	2	3	27	
% of Total Cases	1.4%	16.4%	37.0%	1.4%	2.7%	4.1%	37.0%	
Trust Profile	5.1%	9.2%	20.4%	6.4%	1.4%	20.3%	37.3%	

	Grade									
Type	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8B	Non-AFC	M&D	Total No. of Cases
Dignity At Work	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%	2
Disciplinary	0.0%	35.3%	29.4%	0.0%	11.8%	17.6%	0.0%	5.9%	0.0%	17
Employment Tribunals	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	2
Grievance	0.0%	16.7%	16.7%	16.7%	16.7%	16.7%	0.0%	0.0%	16.7%	6
Performance	0.0%	0.0%	80.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	5
Sickness	3.3%	23.3%	20.0%	26.7%	6.7%	10.0%	0.0%	3.3%	6.7%	30
Sickness Warning	36.4%	0.0%	0.0%	9.1%	0.0%	45.5%	0.0%	9.1%	0.0%	11
Total No. of Cases	5	14	17	10	6	14	1	3	3	
% of Total Cases	6.8%	19.2%	23.3%	13.7%	8.2%	19.2%	1.4%	4.1%	4.1%	
Trust Profile	6.1%	7.5%	9.0%	21.8%	15.3%	12.0%	1.7%	0.2%	20.2%	

	Ethnic ID												
Type	A. White British	B. White Irish	C. White Other	D. White & Black Caribbean	G. Any other mixed background	H. Indian	K. Bangladeshi	M. Black Caribbean	N. Black African	P. Any other Black background	S. Any other ethnic group	Z. Undefined	Total No. of Cases
Dignity At Work	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2
Disciplinary	23.5%	5.9%	0.0%	5.9%	5.9%	0.0%	5.9%	23.5%	11.8%	5.9%	5.9%	5.9%	17
Employment Tribunals	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	2
Grievance	16.7%	0.0%	16.7%	0.0%	0.0%	0.0%	33.3%	0.0%	16.7%	0.0%	0.0%	16.7%	6
Performance	60.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	5
Sickness	26.7%	10.0%	10.0%	0.0%	6.7%	6.7%	6.7%	20.0%	10.0%	0.0%	0.0%	3.3%	30
Sickness Warning	27.3%	9.1%	9.1%	0.0%	0.0%	0.0%	9.1%	18.2%	9.1%	0.0%	18.2%	0.0%	11
Total No. of Cases	20	5	7	1	3	3	6	13	7	1	4	3	
% of Total Cases	27.4%	6.8%	9.6%	1.4%	4.1%	4.1%	8.2%	17.8%	9.6%	1.4%	5.5%	4.1%	
Trust Profile	44.7%	4.4%	12.2%	0.9%	1.2%	5.1%	5.6%	5.5%	7.9%	0.9%	4.3%	2.9%	

Type	% White	% BME	% Z (Undefined)	Total No. of Cases
Dignity At Work	50.0%	50.0%	0.0%	2
Disciplinary	29.4%	64.7%	5.9%	17
Employment Tribunals	50.0%	50.0%	0.0%	2
Grievance	33.3%	50.0%	16.7%	6
Performance	80.0%	20.0%	0.0%	5
Sickness	46.7%	50.0%	3.3%	30
Sickness Warning	45.5%	54.5%	0.0%	11
Total No. of Cases	32	38	3	
% of Total Cases	43.8%	52.1%	4.1%	
Trust Profile	71.4%	28.0%	0.6%	

Appendix 11

Mandatory and Non-Mandatory Training Analysis

Key Above Trust Profile | Below Trust Profile

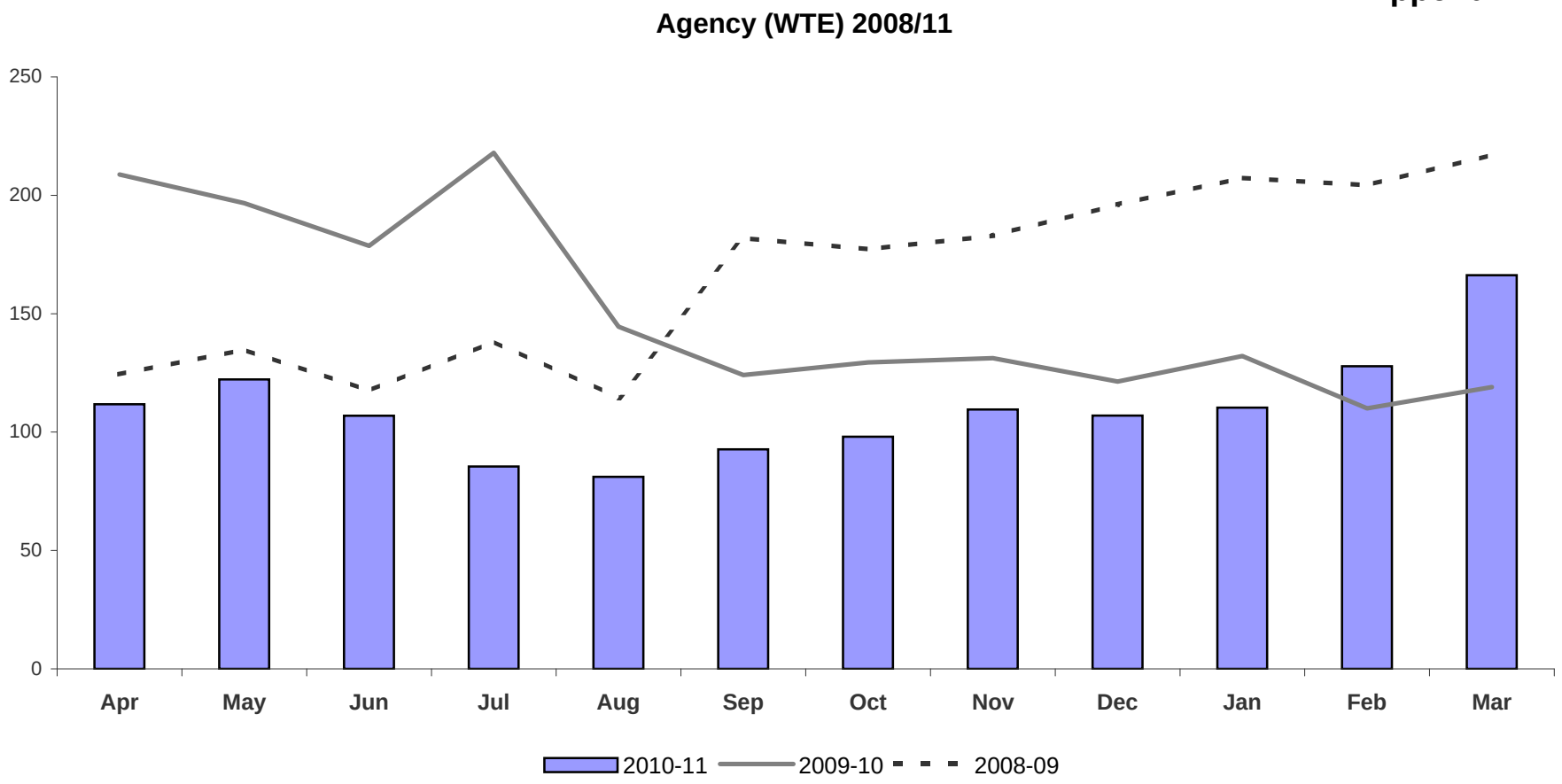
	No. of Delegates																	
	Ethnic Origin	**White - British**	**White - Irish**	**White - Other**	**White & Black Caribbean**	**White & Black African**	**White & Asian**	**Mixed - Other**	**Asian/Asian British - Indian**	**Asian/Asian British - Pakistani**	**Asian/Asian British - Bangladeshi**	**AsianAsian British - Other**	**Black/Black British - Caribbean**	**Black/Black British - African**	**Black/Black British - Other**	**Other - Chinese**	**Other - Any Other**	**Z Not Stated**	**Total**
Trust Profile	% of Trust staff	44.7%	4.4%	12.2%	0.9%	0.5%	0.7%	1.2%	5.1%	1.0%	0.5%	5.6%	5.5%	7.9%	0.9%	1.9%	4.3%	2.9%	**100%**
	Number of Trust Staff	1,362	133	371	28	14	20	36	155	31	16	170	167	240	27	57	130	88	**3,045**
Mandatory	Number of attendees	3325	315	977	61	40	62	100	373	76	42	377	387	580	69	170	273	222	**7449**
	% of total attendance	44.6%	4.2%	13.1%	0.8%	0.5%	0.8%	1.3%	5.0%	1.0%	0.6%	5.1%	5.2%	7.8%	0.9%	2.3%	3.7%	3.0%	
Non Mandatory	Number of attendees	623	75	195	13	14	23	10	107	5	10	44	72	92	9	24	52	41	**1409**
	% of total attendance	44.2%	5.3%	13.8%	0.9%	1.0%	1.6%	0.7%	7.6%	0.4%	0.7%	3.1%	5.1%	6.5%	0.6%	1.7%	3.7%	2.9%	

	No. of Delegates				
	Ethnic Origin Category	**White**	**BME Staff**	**Z Not Stated**	**Total**
Trust Profile	% of staff	61.3%	35.8%	2.9%	**100%**
	Number of Trust Staff	1866	1091	88	**3045**
Mandatory	Number of attendees	4617	2610	222	**7449**
	% of total attendance	62.0%	35.0%	3.0%	
Non Mandatory	Number of attendees	893	475	41	**1409**
	% of total attendance	63.4%	33.7%	2.9%	

	No. of Delegates													
	Age Band	**16 - 20**	**21 - 25**	**26 - 30**	**31 - 35**	**36 - 40**	**41 - 45**	**46 - 50**	**51 - 55**	**56 - 60**	**61 - 65**	**66 - 70**	**71 - 75**	**76 - 80**	**Total**
Trust Profile	% of staff	0.3%	10.5%	18.6%	17.9%	14.7%	12.7%	10%	7.6%	4.3%	2.6%	0.5%	0.2%	0.1%	**100%**
	Number of Trust Staff	9	320	567	545	449	387	305	230	131	79	16	5	2	**3045**
Mandatory	Number of attendees	35	1407	1487	1247	939	860	655	405	274	109	21	4	6	**7449**
	% of total attendance	0.5%	18.9%	20.0%	16.7%	12.6%	11.5%	8.8%	5.4%	3.7%	1.5%	0.3%	0.1%	0.1%	
Non Mandatory	Number of attendees	2	165	298	262	195	169	155	86	51	24	1	1	0	**1409**
	% of total attendance	0.1%	11.7%	21.1%	18.6%	13.8%	12.0%	11.0%	6.1%	3.6%	1.7%	0.1%	0.1%	0.0%	

	No. of Delegates			
	Gender	**Female**	**Male**	**Total**
Trust Profile	% of staff	74.6%	25.4%	**100%**
	Number of Trust Staff	2273	772	**3045**
Mandatory	Number of attendees	5708	1741	**7449**
	% of total attendance	76.6%	23.4%	
Non Mandatory	Number of attendees	1053	356	**1409**
	% of total attendance	74.7%	25.3%	

Appendix 12


Agency (WTE) 2008/11
250
200
150
100
50
0
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2010-11
2009-10
2008-09

Appendix 13 – Narrative supplementary paper

1. Context

1.1 The Trust had statutory duties under the Race Relations (amendments) Act 2000, Disability Discrimination Act 2005 and the Equality Act 2006 to monitor workforce information. The Equality Act 2010 which came into force in October 2010 now supersedes these three Acts. Organisations are still required to annually publish, as a minimum, the outcomes of such monitoring duties.

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 other staffing metrics over the previous year.

2.0. Trust Workforce Profile

2.0.1 Appendix 2 outlines the Trust's ethnic profile against Central and Greater London. BME staff are still broadly well represented in the Clinical Directorates. When comparing the Trust's staff population against the profile of London, we employ more staff from White Irish, White Other, Black African, Black Caribbean, Chinese and "any other" ethnic or "mixed" backgrounds. In contrast, we employ fewer staff from White British, Indian, Bangladeshi, Pakistani and "any other" Black backgrounds. The ethnic composition of our workforce has marginally changed since last year.

2.0.2 Approximately 75% of the Trust's workforce is female. This has marginally changed since last year and continues to reflect the gender split across the NHS. 1% of staff declared that they had a disability. 70% of employees had an 'undefined' status for sexual orientation. The age profile of the Trust remains the same as last year with 36.5% (1112) of employees occupying the 25-34 age brackets. Of the employees that had declared their religion Christianity remained the highest practising faith.

2.0.3 The low disclosure rates for religion, sexual orientation and disability continues to suggest a reluctance to share such information because it is perceived as being intrusive, despite the legal statutory requirements of doing so. It is important for the Trust to understand its workforce composition across all equality strands; and the Trust will therefore be exploring how this information can be collected in future.

2.1 Flexible Working

2.1.1 From the analysis of staff working flexibly (671 or 22%), it appears that staff aged between 35-39 have the most flexible working arrangements in place as well as White British staff. No further conclusions can be drawn from this but we do need to encourage a higher response rate from employees working a variety of flexible working patterns so that we can accurately report on this in future.

2.2 Length of Service

2.2.1 The average length of service of staff broken down by protected characteristics shows that women hold the longest length of service compared to men of just over 5 years. Employees aged 55-59 and from Any Other Black ethnic group have over 11 years service. 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.

2.3 Agenda for Change

2.3.1 A breakdown of average salary of employees highlights that Pakistani employees earn the highest average salary whereas Bangladeshi employees earn the lowest. Although there are fewer men in the Trust they earn the highest average salary compared to women. Staff following Judaism had the highest average salary in contrast to staff following Jainism with the lowest average salary. Staff aged between 45-49 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.

2.3.2 Appendix 1 details the 'Christmas tree' graph showing the Trust workforce by grade. The Trust employs more staff in Band 5 than any other grade which pays an annual salary within the range £25k - £33.5k per annum. This is comparable to other NHS organisations, although the Trust appears to employ a slightly higher proportion of Band 7 staff.

2.4 Joiners, Leavers, Turnover and Staff In-Post

2.4.1 **Joiner and Leavers:** The graphs shown in Appendix 4a indicate the numbers of staff joining and leaving the Trust, and the number of joiners and leavers by ethnic group against the total number of staff in post. Graph 4b indicates that more White British, White Irish and people from the Other Ethnic Group category joined the Trust. In contrast more Indian, White Other and Black African and Black Caribbean staff left the Trust last year, which is in contrast to 2009/10. There are no specific concerns/reasons for these turnover trends other than natural turnover. The Trust introduced an electronic exit questionnaire in 2010/11, and as more staff complete the questionnaire the results will be analysed.

2.4.2 11 out of the 21 senior management appointments made during the year with joiners new to the Trust were from a white ethnic background, with White Irish candidates being the most successful. The remaining appointments were for candidates coming from a mix of BME ethnic groups. Whilst the number of BME senior managers recruited to the Trust has improved on previous years in general terms, it is still disproportionate to the staff as a whole. Existing positive action programmes such as "Breaking Through" will continue to be promoted in the meantime.

3. Recruitment and Retention

3.0.1 This section of the report compares the number of applicants in the period April 2010 – March 2011, and compares this against applicant ethnicity and our local population as well as the central London population.

3.0.2 The report also looks at comparing number of applicants who applied against those short-listed and appointed to jobs in the Trust by ethnicity, gender, disability, religious beliefs and sexual orientation.

3.1 Applicant Ethnicity Compared To Local Population

3.1.1 The Trust workforce continues to be predominately from the local and central London population. Appendix 8a compares the number of applicants against both local and central London Population.

3.1.2 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.

3.1.3 For the last five years, we consistently receive more applications from Black/Black British African background than any other ethnic group. This year just under 25% of applicants were from this ethnic group, showing a slight decrease on last year. This group applied for mainly nursing support or administrative roles. The second largest group of applicants are from a White British background, at 19% which shows a marginal increase on last year. This group applied mainly for administrative & clerical and therapy roles. A high number of applications for medical posts were received from people in the Asian or Asian British categories.

3.1.4 The "success" rate for applicants was 1.0% for Black/ Black British-African (i.e. 4337 applied for posts and 44 were successful); which has slightly decreased since last year, as compared to 6.8% for White-British (3521 applied and 239 appointed.) which has seen an increase of 0.9%. The data seems to suggest that the type of role a candidate applies for is connected to their ethnicity. This could be attributed to the importance placed on different career choices by different ethnic groups and other factors such as education and training which limits choices.

3.2 Ethnicity

3.2.1 Appendix 8b provides the full ethnic breakdown of recruitment activity during 2008-2009. As last year's report demonstrates, there are differences in success levels of applicants from different ethnic groups. Differences are noted in Asian/Asian British Indian applications with fewer candidates applying for jobs this year, whereas there has been an increase in the number of applications received from Mixed-Other. In addition, we have seen a further decrease in the 'success rate' of White Irish candidates from 5.2% in 2009/10 to 3.3% this year, and a decrease in the 'success rate' for candidates in Asian/Asian British – Bangladeshi group from 5.0% in 2009/10 to 0.7% this year. 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.

3.3 Gender

3.3.1 Recruitment analysis by gender has not changed in the last 4 years. The largest group of candidates are female; a total of 12,491 applications out of a total of 18,477. 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 confirm their disability status (undisclosed) had the highest success rate at 4.4% whereas candidates that declared a disability had a success rate of 2.6%. This reported success rate may improve if candidates declaring themselves as undisclosed answered yes or no to this question.

3.4.2 The Trust continues to promote equality of opportunity for disabled applicants through the Two Ticks symbol and its associations with organisations including Remploy and Access to Work. This requires the Trust to demonstrate its commitment in principle and practice to supporting disability in the workplace including guaranteeing an interview for disabled applicants who meet the essential person specification criteria for a role. This increase is a positive signal towards reaffirming our status as a Two Ticks employer.

3.5 Religious Belief

3.5.1 Appendix 8d shows applicants by declared religious belief. Consistent with the last three years reports, the largest group of applicants came from candidates identifying as Christian, followed by Muslim and then Hindu.

3.5.2 1485 applicants did not disclose their religious belief. This may be that they simply do not wish to declare this information as it is a matter of personal choice and private to them or they do not feel comfortable in doing so.

3.5.3 The lowest percentage of applicants appointed followed Islam, where 24 of the 2337 applicants were appointed. Applicants following Judaism had the highest success rate with 5 applicants appointed out of a pool of 54 applications.

3.5.4 It should be noted that religious belief, in addition to any of the equal opportunities data, is not available to managers when short listing candidates.

3.6 Promotions

3.6.1 Breakdown of the promotions data by ethnicity and band shows that 71.4% of the promotions were gained by White staff and 28% of the promotions were gained by BME staff. This shows a 1.1% decrease for BME staff on last year. The percentage of promotions is greatest for BME staff in Band 5; although a sizeable proportion of BME staff have also been promoted to Bands 3-8a. The percentage of promotions is greatest for White Staff in Bands 6-8d. BME staff gained 25% of Medical staff promotions.

3.6.2 To encourage more BME staff to apply for senior posts, the Trust continues to support national BME developmental programmes such as “Strategies for Success” (for bands 7 and above). A more focused strategy will need to be developed with the help of the Trust’s BME Network to firstly understand why fewer BME staff apply for promotions, and then implemented to encourage more BME staff to apply.

3.6.3 77.6% of the total promotions were gained by women, although 50% of the Medical promotions were gained by men. 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 informal and formal closed employee relations have been reported in Appendix 10.

3.8 Harassment and Bullying

3.8.1 A total of 2 formal cases were raised; 1 White British female employee and 1 male British Indian employee.

3.8.2 2 referrals for mediation were made last year and successfully resolved. The first referral involved 2 BME men. The second referral involved 2 women; one with a White Irish background and the other from a Black African background.

3.9 Sickness

3.9.1 The Trust had a total of 67 cases of sickness absence requiring informal (10 cases) and formal action including termination. 62 cases involved women and 5 cases involved men. 8 cases were for White British staff, followed by 6 cases for employees that have not disclosed their ethnicity as well Black Caribbean staff. The remaining cases were for staff of British Irish, Mixed or Any Other Asian backgrounds.

3.10 Grievance

3.10.1 6 grievance cases were raised in 2010/11 by 4 female staff and 2 male employees; 2 of the cases were from Black Caribbean employees, and the remaining cases were from staff with any other Asian backgrounds, White Other, Black African and undefined.

3.11 Disciplinary

3.11.1 A total of 16 formal and 1 informal disciplinary cases were managed in 2010/11. 9 of the cases were for female staff and 8 were for male staff. A higher percentage of these cases were brought against 'Black Caribbean' and 'White British' staff (both made up 47% of all cases), followed by 11.8% of cases being brought against Black African staff. Comparing these percentages against the ethnic composition of the workforce suggests that 'Black Caribbean' staff were more disproportionately represented in disciplinary cases than White British staff.

3.12 Capability

3.12.1 5 capability cases were managed. 2 of the cases were for men from White Other and Any Other Ethnic Groups. The remaining 3 cases involved White British female staff.

3.13 Overall observations/statement of findings

3.13.1 Appendix 10 shows that when comparing the Trust ethnic profile against the ethnicity of all employees involved in employee relations procedures, BME staff still continue to be disproportionately affected compared with White colleagues i.e. 52% of the ER cases involved BME staff when this group makes up 28% of the Trust workforce. It should be noted that a greater number (20) of White British staff (as a proportion of this element of the workforce) were involved in ER cases. The same number (27) of cases involved Nursing & Midwifery and Administrative & Clerical staff. When comparing this to the staff group profile of the Trust, Administrative & Clerical and Additional Clinical Services staff were disproportionately involved in ER cases. Staff in bands 3-4 and 7 were also disproportionately involved in ER cases.

3.13.2 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. A

number of 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.

3.13.3 Analysis by gender suggests that men are disproportionately represented in disciplinary, harassment and bullying, grievance and performance cases; in contrast women are disproportionately represented in sickness cases and employment tribunal cases. A disproportionate number of cases involve staff aged between 45-49. The number of employees that invoked harassment and bullying claims seems inconsistent with Staff Survey findings.

4.0 Training

4.0.1 The mandatory training data shows the percentage attendance per ethnic group for permanent staff, with the highest record for staff from White Other ethnic group at 13.1%; and the lowest record for staff from the White & Black Caribbean ethnic group at 0.8%.

4.0.2 The data broadly reflects the ethnic profile of the Trust, although there is some marginal over and under representation. In total 7449 mandatory attendances were recorded, this is higher than last year. The attendance per person is marginally higher for White staff as opposed to BME staff. No further conclusions can be drawn from this data.

4.0.3 In 2010/11 staff aged 21-35 attended the most non mandatory training than any other age group; and women generally benefit from more training than men.

4.1 Appraisals

4.1.1 Analysis of appraisal data suggests we are promptly completing appraisals for men and younger staff in the 20-34 age brackets. In contrast, staff overdue an appraisal come from Bangladeshi, Black African, Black Caribbean or Other Ethnic groups. Further comparative analysis is required against the Staff Survey results to identify the specific reasons for this finding.

5.0 Bank and Agency Staff Usage

5.0.1 2010/11 has seen an increase in the usage of Agency staff, particularly in the last quarter, see Appendix 12. The Trust showed an increase in Bank and Agency usage for March, up by 82.83 WTE on the previous month. Agency usage increased by 38.4 WTE, mainly due to an increase in Nursing and Midwifery usage, while Bank increased by 44.4 WTE on February. In both categories, the Medicine and Surgery Division registered the biggest increases, with Nursing and Midwifery being the most increased staff group. However, it should be noted that the Trust remained within its overall pay budget.

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 25 working through the bank than substantively employed. The probable reason for people under the age of 25 choosing to work through the Bank is to gain experience of working in different departments/wards, or working flexibly in addition to studying.

6. Equality and diversity

6.0.1 The Trust's Deputy CEO continues to be the Executive lead for equality and diversity and the Chair of the Equality and Diversity Steering Group. This group leads the Trust's work on addressing equality and diversity issues in the workforce and also in terms of service provision to patients. The Trust employs a full time E&D manager.

6.0.2 In 2009, the Trust developed a Single Equality Scheme approach to monitoring equality issues in anticipation of the multi equality strand approach that was likely to be introduced through the Equality Act. The next couple of points summarise the requirements of the Equality Act 2010.

6.1 Equality Act 2010

6.1.1 The Equality Act was formally introduced in October 2010 with the main aim of simplifying the law by bringing together several pieces of anti-discrimination legislation. It replaces employment legislation introduced over the last 30 years such as the:

- Equal Pay Act 1970;
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Age) Regulations 2006
- Equality Act 2006, Part 2
- Equality Act (Sexual Orientation) Regulations 2007

6.1.2 The general equality duty of the Act requires public authorities to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a characteristic and those who do not.
- Foster good relations between people who share a characteristic and those who do not.

6.1.3 This is very similar to the previous 'general duties' for race, disability and gender equality. The term 'protected characteristic' is now used to describe equality strands e.g. disability or religion.

6.1.4 The specific duties of the Equality Act require us to publish sufficient information by the end of July 2011 to demonstrate we have complied with the general duty. The information we are expected to publish is more explicit than the requirements of previous duties and includes:

- The race, disability, gender and age distribution of your workforce

- An indication of likely representation on sexual orientation and religion and belief, provided that no-one can be identified as a result
- An indication of any issues for transsexual staff, based on engagement with transsexual staff or voluntary groups
- Gender pay gap information
- Grievance and dismissal
  Return to work rates after maternity leave
- Success rates of job applicants
- Take-up of training opportunities
- Applications for promotion and success rates
- Applications for flexible working and success rates
- Other reasons for termination like redundancy and retirement
- Length of service/time on pay grade
- Pay gap for other protected groups.

6.1.5 In relation to services, the information we publish may include performance information relating to functions relevant to furthering the aims of the duty, access to services, and satisfaction with service levels or complaints data.

6.1.6 In addition, we should continue to publish:
- Analysis to establish whether your policies and practices further the aims of the equality duty
- Any information you considered when undertaking that analysis
- Details of engagement with interested parties concerning fulfilling the equality duty
- Our equality objectives by April 2012 along with the results of any engagement undertaken in developing them.

6.1.7 The E&D Manager has been working with colleagues around the Trust to identify suitable sources of information in relation to services. Workforce data has been produced where possible to form part of this annual workforce report.

6.2 SES progress

6.2.1 This section provides a brief account of how the Trust is progressing against key objectives from the SES action plan during 2010-11.

6.2.2 Leadership, Corporate Commitment and Governance

6.2.2.1 The Equality Delivery System (EDS) is a framework tool that has been designed by the NHS Equality and Diversity Council which is chaired by Sir David Nicholson. The aim of this tool is to improve the equality performance of the Trust, making it part of mainstream business for the Board and all staff; and it will also help us to meet the evidential requirements of the Equality Act (2010) and the statutory duty to consult and involve patients, communities and other local interests (NHS Act 2006 and Equality Act). The Trust's Equality and Diversity Manager has been working closely with the London Equalities Lead to ensure the EDS tool can be used by this Trust by 1st April 2012 with the support of the Executive Lead. The following points summarise what the EDS is and it's purpose.

6.2.2.2 The Equality Delivery System which can be seen at Appendix 14 has 18 outcomes in total, grouped under 4 key objectives. A RAGG ranking system will be used to assess our Trust against each outcome.

6.2.2.3 The EDS should form part of the organisation's strategic and annual business cycle and help guide future planning and resource allocation with regards to equality and diversity. The EDS does not replace legislative requirements for equality; rather it is designed as performance and quality assurance mechanism for local NHS Boards.

6.2.3 Equality Impact Assessments

6.2.3.1 Under the Equality Act 2010, the term equality impact assessments is now called equality analysis. The expectation 'equality check' our policies, functions or processes still remains. The Equality and Diversity Manager has been working with the London Equalities Lead to develop a new and simpler Pan London tool to assist managers to complete this assessment process.

6.2.3.2 In 2010/11 a different approach to completing equality impact assessments was taken; managers were asked to confirm which policies or processes they would complete assessments fohow many assessments they would complete. A total of 31 assessments have been completed this year with a number of assessments completed in Maternity, HR, and Pharmacy. Equality impact assessments were also completed on the HIEC function and Pre-operative services. A number of change management proposals also had assessments completed to ensure there was no adverse impact on employees.

6.2.4 Partnership Working, Consultation and Involvement

6.2.4.1 The Trust has purchased a community mobile health clinic. This was set up with the aim of membership development and engagement in the community. The services from the mobile health clinic aim to target 'hard to reach' groups in the community. The Mobile Health Clinic is visiting Shepherds Bush market area every month and focuses on health screening/outreach work with Black, Minority and Ethnic groups.

6.2.4.2 It is recognised that membership recruitment should focus on increasing its numbers and engagement with Black, Ethnic and Minority groups. The Membership and Engagement Manager has been working with the Equality and Diversity Manager to develop an action plan to address this.

6.2.4.3 Over the last year, the Equality and Diversity Manager has developed working relationship with the BME Health Forum; a collection of voluntary groups situated across Westminster.

6.2.5 Accessibility and Communications

6.2.5.1 The Trust's Interpreting and Translation policy was refreshed and managers have been encouraged to consider telephone interpreting instead of face to face interpreting as a more cost effective intervention, whilst not jeopardising the impact of delivering information clinical information to patients.

6.2.5.2 All patient leaflets also include the top 10 interpreting and translation languages requested by patients. In addition the Trust has installed Google Translate to its website which allows users to translate the Trust's website into their own language or chosen language. The Trust has also installed the Browse Aloud function to its website to allow users with visual impairments to access the Trust website.

6.2.5.3 A ‘Patient Passport’ has been produced with the aim of supporting people with learning disabilities who come to use of our services. It gives staff important information about this group of patients and it also includes useful contacts for community learning disability teams.

6.2.5.4 The new Outpatients development has kiosks in place for patients to self-check in for their outpatient appointment. To increase accessibility the information on the screens will be made available in the top 6 languages used by the Trust. The Trust is considering which key documents could be translated into an Easy Read version.

6.2.6 Workforce and Training

6.2.6.1 The Trust continues to monitor equality and diversity training attendance. The internal measure was for all departments to send 33% of their staff on mandatory equality and diversity training. Attendance rates are monitored by the Equality and Diversity Steering Group. Last year 34.1% of staff received the training which equates to 70.3% of this pool (729 staff) having attended Corporate Induction and 29.7% (308 staff) attended the Making a Difference course. From 2011/12, the internal measure will be reduced to 25% of staff to make this target even more achievable.

6.2.6.2 Some staff networks have not attracted as much staff interest as anticipated and others networks have found that attendance has waned over time. The Equality and Diversity Manager will continue to work with Network Leads to complete outstanding pieces of work such as formulating an equalities questionnaire and gathering recommendations from the BME Network in response to this report’s findings.

6.2.6.3 Training material and HR policies have been refreshed to take account of the wider legislative requirements of the Equality Act 2010. The Trust’s Appraisal documentation has also been reviewed to simplify the process and include a specific prompt around equality and diversity.

6.3 Staff Survey

6.3.1 The recent staff survey results indicated 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. The Trust will need to consider if it wishes to collect information on religion and sexual orientation. The recommendation to include this as a standard question was not approved by Capita and CQC last year.

6.3.2 Other results from the 2010 Staff Survey continues to suggest that BME, or staff with a disability, are marginally more likely to experience harassment and bullying or discrimination from colleagues. In contrast, ‘White’ male and non-disabled employees are marginally more likely to experience bullying or harassment from patients or relatives. The Trust will continue to work with departments that scored highly on having experienced harassment and bullying in the workplace.

6.3.3 Staff satisfaction levels seem to be lower for staff with disabilities and more work will need to be done to understand these issues. Men feel more pressured to come into work if they are feeling unwell.

6.4 Addressing Bullying and Harassment

6.4.1 The Harassment Advisory Service continues to provide a confidential support service to staff and this is also highlighted to new staff at induction. A new cohort of volunteers were recruited and trained by the Equality and Diversity Manager.

6.4.2 The Trust's 'policy against harassment and bullying in the workplace", clearly highlights acceptable standards of behaviour that all staff should expect and adopt. The policy also empowers staff to resolve their issues. A further leaflet was created by the Equality and Diversity Manager and HR colleagues to empower staff and managers to deal effectively with initial concerns. Regular reports are received from the Employee Assistance Programme via Occupational Health which helps us identify themes around harassment and bullying.

6.4.3 The Trust will continue to actively pursue new and innovative ways of addressing bullying and harassment. As an example, the Maternity department have arranged for the Andrea Adams Trust to come in and explore joint working options.

7. Next steps

7.1 Key objectives for the HR function have been agreed which include addressing issues raised in this report. Specifically actions emanating from this report include:

- Introducing the Equality Delivery System tool later in 2011 to improve the equality performance of the Trust as well as providing a mechanism to gives us greater assurance.
- Developing Trust wide agreed equality objectives to replace the existing Single Equality Scheme from April 2012.
- Rolling out the new equality analysis tool (formerly called equality impact assessments) across the Trust, to help managers focus on assessing services or policies that have high patient impact.
- Continuing to engage and build relationships with external partners to hear the views of patients from underrepresented groups such as the BME Forum.
- Continuing to consult with staff networks to understand this report's findings particularly around bullying and harassment, appraisals and the Staff Survey findings in conjunction with the NHS Employers report on BME staff.
- Continue to consult with staff, particularly BME staff, to establish why fewer of them believe that the Trust provided equal opportunities for career progression or promotion, and to take specific medium term action as a result of this consultation. For example, implementing a coaching and mentoring model across the Trust to encourage more BME and disabled staff to apply for senior positions.
- Undertaking an equality impact assessment across the Recruitment function and the Trust's disciplinary policy and procedure to understand why disproportionate numbers of BME staff are not appointed at interview stage, or involved in disciplinary investigations.
- Continuing to meet our key staffing metrics, thereby reducing our reliance on agency staff and manage our activity within staffing budgets.
- Updating the Trust's equality and diversity website to meet the new requirements under the Equality Act.
- Consider developing and adopting a Trust set of values/code of conduct for staff with the aim of reducing employee relations cases.
- Engage with our contractors to seek assurance that they are clear of their responsibilities under the new Equality Act.

8. Conclusions

8.0.1 The Trust meets 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.

8.0.2 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.

8.0.3 The Trust continues to make progress towards meeting the actions set out in the Single Equality Scheme, although it should be recognised that the Scheme is a working document. However there is clear action which the Trust needs to take and the issues and next steps noted in this report have formed the basis for objectives which the HR team and Equality and Diversity Steering Group will be addressing this year which is mainly about consolidating and continuing with objectives set from last year. Work will also start soon to develop the Trust's equality objectives (in order to comply with the requirements of the Equality Act) that will replace the existing Single Equality Scheme.

Appendix 14: EDS OBJECTIVES AND OUTCOMES

The analysis of the outcomes must cover each protected group, and be based on comprehensive engagement, using reliable evidence

Objective	Narrative	Outcome
1. Better health outcomes for all	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities
		1.2 Patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
		1.3 Changes across services are discussed with patients, and transitions are made smoothly
		1.4 The safety of patients is prioritised and assured
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds
		2.2 Patients are informed and supported so that they can understand their diagnoses, consent to their treatments, and choose their places of treatment
		2.3 Patients and carers report positive experiences of the NHS, where they are listened to and respected and their privacy and dignity is prioritised
		2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently
3. Empowered, engaged and well-supported staff	The NHS should Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades
		3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing the same work in the same job being remunerated equally
		3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately

		3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all
		3.5 Flexible working options are made available to all staff, consistent with the needs of patients, and the way that people lead their lives
		3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population
4. Inclusive leadership at all levels	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond
		4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination
		4.3 The organisation uses the NHS Equality & Diversity Competency Framework to recruit, develop and support strategic leaders to advance equality outcomes

Additional Workforce Related Equality Information

This report should be read in conjunction with the Trust's Annual Workforce Report 2010-11 which already details the analysis of success rates of job applicants, take up of training opportunities, length of service and pay gap information for other protected groups in order to meet our legal duty under the Equality Act 2010.

The main focus of this report is to provide an overview of additional workforce equality information, identify gaps and areas of further development. Caution should also be used when viewing the data, given that there is a high non-disclosure rate for some of the protected characteristics which mean it is difficult to draw conclusions from the data.

1. Workforce Profile

- Appendix 1 shows the race, disability, gender and age distribution of your workforce at different grades and whether they are full time or part time, and supplements the analysis already noted in the Annual Workforce Report.

- In addition, further general observations should be noted. BME staff appear to be overrepresented at Bands 2-6 (with the exception of Medical and Dental staff for some ethnic groups); in contrast White staff occupy more roles from bands 6 and above. This is a trend seen in other NHS organisations and we will continue to promote development programmes to support BME staff. Women are well represented between Bands 4-8, whereas a higher proportion of men are in Bands 2-3 and then Bands 8 and above.

- Younger staff, aged up to 24 hold more posts between bands 2-3. Staff aged between 25-39 tend to occupy more posts from Band 5 and above, including Medical and Dental posts. Staff over 40 occupy a broader range of grades, which may reflect the different career pathways for most of the professional groups post qualification i.e. Nurses and Physiotherapists or Medical staff

- Appendix 2 provides a breakdown of staff based on religion and sexual orientation with the Trust. However, due to the high non-disclosure rates (73% and above) for both protected characteristics, it is difficult to draw reliable conclusions from this data. If we exclude the non-disclosure category, we find that the highest disclosure for religion was Christianity at 66.4% and 94.4% declared their sexual orientation as heterosexual.

- Feedback to suggest whether there are any issues for transsexual staff is not quantifiable. However, it is worth noting that an equality engagement survey is currently seeking staff views on how the organisation can engage with staff on all protected characteristics. Results from this will be used to develop work plans for all protected characteristics.

2. Gender Pay Gap

- Appendix 3 shows the gender pay gap information by staff group. It suggests that the largest pay gap is in the Medical and Dental staff group. This could be attributed to the fact that although men only make up 25% of the workforce,

proportionately more men are Medical Consultants compared to women. The Nursing & Midwifery and Administrative & Clerical staff groups have no pay gap.

3. Occupational Segregation

- Appendix 4 shows occupational segregation broken down by age, disability, ethnicity and gender. As only 1% of the workforce has a declared disability, no analysis has been provided as it would not been meaningful.

- Women are over represented in Nursing & Midwifery (45.1%), followed by Allied Health Professions staff groups; whereas men occupy more roles in Medical and Dental (39.8%), and Administrative and Clerical staff groups.

- The data suggests that more staff with a White ethnic background occupy the Allied Health Profession staff group, whereas Nursing and Midwifery staff groups have a diverse mix of staff from White Irish, Other Asian and Black African ethnic backgrounds.

- More staff under 20 and above 40 are represented in Administrative and Clerical roles. The Medical and Dental staff group also has a younger age profile which can probably be explained by the intake of junior training doctors we receive each year directly from Medical School.

- The ESR database does record maternity leave on an employee's record and can be updated to reflect when an employee returns to work. Future reports will contain this analysis.

4. Employee Relations

- Appendix 5 shows the further breakdown of the employee relations cases for 2010-11 by age, disability, gender, religion and sexual orientation to support the analysis already noted in the Annual Workforce Report.

5. Recruitment

- Recruitment analysis, shown in appendix 6, of applicants by sexual orientation and disability needs to be viewed with caution as 19.1% of applicants did not disclose their sexual orientation. However, of the pool of applicants that declared their sexuality, gay and lesbian applicants were more likely to be shortlisted and appointed (combined figure of 15% appointed) than heterosexual (2.8% appointed) applicants. Applicants that did not disclose their disability were most likely to be shortlisted and appointed, although disabled applicants were more likely to be shortlisted compared to non disabled applicants.

6. Promotions

- Appendix 7 provides the breakdown of promotions by age, gender, religion and sexual orientation and should be read in conjunction with the narrative on promotions in the Annual Workforce Report.

7. Areas for further development

Below Trust Profile (Grade)

Above Trust Profile (Grade)

Ethnic Code

Grade	A			B			C			D			E			F			G			H			J			K			L			M			N		
	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total
Band 2	94.8%	5.2%	**4.3%**	100.0%	0.0%	**4.5%**	85.0%	15.0%	**5.4%**	100.0%	0.0%	**10.7%**	-	-	**0.0%**	100.0%	0.0%	**5.0%**	100.0%	0.0%	**8.3%**	100.0%	0.0%	**5.8%**	66.7%	33.3%	**9.7%**	50.0%	50.0%	**25.0%**	85.7%	14.3%	**4.1%**	77.3%	22.7%	**13.2%**	82.4%	17.6%	**7.1%**
Band 3	91.7%	8.3%	**4.4%**	100.0%	0.0%	**7.6%**	90.9%	9.1%	**5.9%**	100.0%	0.0%	**14.3%**	100.0%	0.0%	**7.1%**	100.0%	0.0%	**5.0%**	50.0%	50.0%	**11.1%**	100.0%	0.0%	**1.3%**	100.0%	0.0%	**1.2%**	100.0%	0.0%	**12.5%**	75.0%	25.0%	**11.8%**	81.1%	18.9%	**22.2%**	78.9%	21.2%	**13.8%**
Band 4	85.5%	14.5%	**8.6%**	100.0%	0.0%	**1.5%**	89.8%	10.2%	**13.2%**	66.7%	33.3%	**10.7%**	-	-	**0.0%**	100.0%	0.0%	**10.0%**	100.0%	0.0%	**11.1%**	100.0%	0.0%	**5.2%**	100.0%	0.0%	**9.7%**	66.7%	33.3%	**18.8%**	92.3%	7.7%	**7.6%**	77.4%	22.6%	**18.6%**	94.1%	5.9%	**7.1%**
Band 5	90.1%	9.9%	**18.6%**	94.3%	5.7%	**26.5%**	88.0%	12.0%	**20.2%**	100.0%	0.0%	**42.9%**	100.0%	0.0%	**21.4%**	-	-	**0.0%**	87.5%	12.5%	**22.2%**	95.2%	4.8%	**13.5%**	50.0%	50.0%	**6.5%**	100.0%	0.0%	**12.5%**	94.6%	5.4%	**32.9%**	78.8%	21.2%	**19.8%**	91.3%	8.7%	**38.3%**
Band 6	78.2%	21.8%	**15.9%**	95.7%	4.3%	**17.4%**	66.7%	33.3%	**14.6%**	50.0%	50.0%	**7.1%**	75.0%	25.0%	**28.6%**	75.0%	25.0%	**20.0%**	80.0%	20.0%	**13.9%**	89.5%	10.5%	**12.3%**	100.0%	0.0%	**16.1%**	-	-	**0.0%**	96.7%	3.3%	**17.6%**	77.8%	22.2%	**10.8%**	92.7%	7.3%	**17.1%**
Band 7	74.4%	25.6%	**14.3%**	87.0%	13.0%	**17.4%**	92.3%	7.7%	**10.9%**	100.0%	0.0%	**3.6%**	100.0%	0.0%	**21.4%**	100.0%	0.0%	**5.0%**	0.0%	100.0%	**2.8%**	100.0%	0.0%	**10.3%**	-	-	**0.0%**	100.0%	0.0%	**12.5%**	88.9%	11.1%	**10.6%**	95.0%	5.0%	**12.0%**	81.0%	19.0%	**8.8%**
Band 8A	84.8%	15.2%	**7.3%**	100.0%	0.0%	**6.1%**	85.7%	14.3%	**3.8%**	-	-	**0.0%**	100.0%	0.0%	**7.1%**	100.0%	0.0%	**5.0%**	100.0%	0.0%	**2.8%**	100.0%	0.0%	**1.9%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.6%**	100.0%	0.0%	**1.8%**	100.0%	0.0%	**0.4%**
Band 8B	91.7%	8.3%	**2.6%**	100.0%	0.0%	**5.3%**	100.0%	0.0%	**0.5%**	100.0%	0.0%	**3.6%**	100.0%	0.0%	**7.1%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**1.9%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**
Band 8C	91.7%	8.3%	**1.8%**	100.0%	0.0%	**0.8%**	100.0%	0.0%	**1.3%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**5.0%**	-	-	**0.0%**	100.0%	0.0%	**0.6%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.4%**			
Band 8D	100.0%	0.0%	**0.2%**	100.0%	0.0%	**0.8%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**
Band 9	100.0%	0.0%	**0.1%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**			
Director Level	83.3%	16.7%	**0.4%**	-	-	**0.0%**	100.0%	0.0%	**0.5%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.6%**	-	-	**0.0%**
M&D	80.4%	19.6%	**21.4%**	100.0%	0.0%	**11.4%**	86.4%	13.6%	**23.7%**	100.0%	0.0%	**7.1%**	100.0%	0.0%	**7.1%**	100.0%	0.0%	**45.0%**	90.0%	10.0%	**27.8%**	90.4%	9.6%	**47.1%**	88.2%	11.8%	**54.8%**	100.0%	0.0%	**18.8%**	80.0%	20.0%	**14.7%**	50.0%	50.0%	**1.2%**	94.1%	5.9%	**7.1%**
Non-AFC	100.0%	0.0%	**0.1%**	0.0%	100.0%	**0.8%**	0.0%	100.0%	**0.3%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**
Trust Profile (Ethnicity)			**44.7%**			**4.4%**			**12.2%**			**0.9%**			**0.5%**			**0.7%**			**1.2%**			**5.1%**			**1.0%**			**0.5%**			**5.6%**			**5.5%**			**7.9%**	

BAME?

Grade	No			Yes			Undisclosed			Trust Profile (Grade)
	FT	PT	Total	FT	PT	Total	FT	PT	Total	
Band 2	92.9%	7.1%	**4.5%**	78.4%	21.6%	**8.1%**	85.7%	14.3%	**15.9%**	**6.1%**
Band 3	92.4%	7.6%	**4.9%**	80.6%	19.4%	**11.4%**	63.6%	36.4%	**12.5%**	**7.5%**
Band 4	86.9%	13.1%	**9.0%**	88.1%	11.9%	**9.3%**	100.0%	0.0%	**6.8%**	**9.0%**
Band 5	90.1%	9.9%	**19.5%**	90.2%	9.8%	**26.1%**	88.2%	11.8%	**19.3%**	**21.8%**
Band 6	77.5%	22.5%	**15.7%**	86.9%	13.1%	**15.4%**	83.3%	16.7%	**6.8%**	**15.3%**
Band 7	78.2%	21.8%	**13.8%**	89.6%	10.4%	**8.8%**	75.0%	25.0%	**13.6%**	**12.0%**
Band 8A	86.0%	14.0%	**6.5%**	100.0%	0.0%	**1.3%**	100.0%	0.0%	**1.1%**	**4.5%**
Band 8B	93.3%	6.7%	**2.4%**	100.0%	0.0%	**0.6%**	100.0%	0.0%	**1.1%**	**1.7%**
Band 8C	93.3%	6.7%	**1.6%**	100.0%	0.0%	**0.4%**	-	-	**0.0%**	**1.1%**
Band 8D	100.0%	0.0%	**0.2%**	-	-	**0.0%**	-	-	**0.0%**	**0.1%**
Band 9	100.0%	0.0%	**0.1%**	-	-	**0.0%**	-	-	**0.0%**	**0.1%**
Director Level	87.5%	12.5%	**0.4%**	100.0%	0.0%	**0.1%**	-	-	**0.0%**	**0.3%**
M&D	82.7%	17.3%	**21.1%**	88.2%	11.8%	**18.6%**	80.0%	20.0%	**22.7%**	**20.2%**
Non-AFC	40.0%	60.0%	**0.3%**	-	-	**0.0%**	-	-	**0.0%**	**0.2%**
Trust Profile (BAME)			**61.3%**			**35.8%**			**2.9%**	

Disability

Grade	No			Yes			Undisclosed			Trust Profile (Grade)
	FT	PT	Total	FT	PT	Total	FT	PT	Total	
Band 2	87.0%	13.0%	**7.5%**	100.0%	0.0%	**17.2%**	83.7%	16.3%	**5.2%**	**6.1%**
Band 3	82.0%	18.0%	**6.0%**	100.0%	0.0%	**10.3%**	85.3%	14.7%	**8.2%**	**7.5%**
Band 4	92.1%	7.9%	**7.4%**	100.0%	0.0%	**3.4%**	85.9%	14.1%	**9.8%**	**9.0%**
Band 5	95.1%	4.9%	**30.0%**	100.0%	0.0%	**27.6%**	85.5%	14.5%	**17.6%**	**21.8%**
Band 6	95.1%	4.9%	**14.0%**	100.0%	0.0%	**20.7%**	74.2%	25.8%	**15.9%**	**15.3%**
Band 7	88.6%	11.4%	**7.7%**	100.0%	0.0%	**6.9%**	78.9%	21.1%	**14.2%**	**12.0%**
Band 8A	100.0%	0.0%	**2.5%**	-	-	**0.0%**	84.5%	15.5%	**5.5%**	**4.5%**
Band 8B	100.0%	0.0%	**0.4%**	-	-	**0.0%**	93.9%	6.1%	**2.5%**	**1.7%**
Band 8C	100.0%	0.0%	**1.0%**	-	-	**0.0%**	91.7%	8.3%	**1.2%**	**1.1%**
Band 8D	100.0%	0.0%	**0.1%**	-	-	**0.0%**	100.0%	0.0%	**0.2%**	**0.1%**
Band 9	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.1%**	**0.1%**
Director Level	66.7%	33.3%	**0.3%**	-	-	**0.0%**	100.0%	0.0%	**0.3%**	**0.3%**
M&D	89.4%	10.6%	**23.0%**	75.0%	25.0%	**13.8%**	81.4%	18.6%	**18.9%**	**20.2%**
Non-AFC	-	-	**0.0%**	-	-	**0.0%**	40.0%	60.0%	**0.3%**	**0.2%**
Trust Profile (Disability)			**33.5%**			**1.0%**			**65.5%**	

Gender

Grade	Female			Male			Trust Profile (Grade)
	FT	PT	Total	FT	PT	Total	
Band 2	83.6%	16.4%	**5.6%**	89.7%	10.3%	**7.5%**	**6.1%**
Band 3	79.9%	20.1%	**7.2%**	96.8%	3.2%	**8.2%**	**7.5%**
Band 4	85.3%	14.7%	**9.6%**	96.6%	3.4%	**7.5%**	**9.0%**
Band 5	88.9%	11.1%	**25.7%**	98.8%	1.3%	**10.4%**	**21.8%**
Band 6	78.6%	21.4%	**17.3%**	93.3%	6.7%	**9.7%**	**15.3%**
Band 7	77.6%	22.4%	**12.9%**	95.8%	4.2%	**9.2%**	**12.0%**
Band 8A	86.0%	14.0%	**4.7%**	93.1%	6.9%	**3.8%**	**4.5%**
Band 8B	90.9%	9.1%	**1.5%**	100.0%	0.0%	**2.6%**	**1.7%**
Band 8C	92.6%	7.4%	**1.2%**	100.0%	0.0%	**0.9%**	**1.1%**
Band 8D	100.0%	0.0%	**0.2%**	-	-	**0.0%**	**0.1%**
Band 9	100.0%	0.0%	**0.0%**	100.0%	0.0%	**0.1%**	**0.1%**
Director Level	100.0%	0.0%	**0.3%**	66.7%	33.3%	**0.4%**	**0.3%**
M&D	83.2%	16.8%	**13.6%**	85.6%	14.4%	**39.6%**	**20.2%**
Non-AFC	50.0%	50.0%	**0.2%**	0.0%	100.0%	**0.1%**	**0.2%**
Trust Profile (Gender)			**74.6%**			**25.4%**	

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+			Trust Profile (Grade)
	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	
Band 2	100.0%	0.0%	**100.0%**	97.3%	2.7%	**16.4%**	92.9%	7.1%	**5.1%**	75.0%	25.0%	**4.3%**	73.7%	26.3%	**4.1%**	76.5%	23.5%	**4.4%**	90.5%	9.5%	**6.5%**	100.0%	0.0%	**4.8%**	92.3%	7.7%	**8.1%**	40.0%	60.0%	**5.9%**	40.0%	60.0%	**23.8%**	-	-	**0.0%**	**6.1%**
Band 3	-	-	**0.0%**	78.9%	21.1%	**8.4%**	80.6%	19.4%	**5.6%**	86.7%	13.3%	**5.3%**	88.0%	12.0%	**5.3%**	86.2%	13.8%	**7.5%**	85.7%	14.3%	**8.7%**	84.6%	15.4%	**10.4%**	100.0%	0.0%	**13.0%**	91.7%	8.3%	**14.1%**	25.0%	75.0%	**19.0%**	0.0%	100.0%	**25.0%**	**7.5%**
Band 4	-	-	**0.0%**	91.7%	8.3%	**5.3%**	92.3%	7.7%	**7.1%**	91.2%	8.8%	**6.0%**	81.8%	18.2%	**7.0%**	84.2%	15.8%	**9.8%**	91.1%	8.9%	**14.0%**	85.3%	14.7%	**13.7%**	95.8%	4.2%	**14.9%**	72.7%	27.3%	**12.9%**	33.3%	66.7%	**14.3%**	100.0%	0.0%	**25.0%**	**9.0%**
Band 5	-	-	**0.0%**	97.4%	2.6%	**50.9%**	92.7%	7.3%	**27.3%**	87.0%	13.0%	**20.4%**	89.5%	10.5%	**18.3%**	88.0%	12.0%	**19.4%**	88.2%	11.8%	**10.6%**	86.7%	13.3%	**18.1%**	87.5%	12.5%	**14.9%**	72.2%	27.8%	**21.2%**	100.0%	0.0%	**9.5%**	0.0%	100.0%	**12.5%**	**21.8%**
Band 6	-	-	**0.0%**	96.3%	3.7%	**11.9%**	93.1%	6.9%	**21.1%**	78.4%	21.6%	**18.1%**	69.6%	30.4%	**16.8%**	68.4%	31.6%	**14.7%**	79.4%	20.6%	**10.6%**	92.6%	7.4%	**10.8%**	93.8%	6.3%	**9.9%**	25.0%	75.0%	**4.7%**	40.0%	60.0%	**23.8%**	-	-	**0.0%**	**15.3%**
Band 7	-	-	**0.0%**	50.0%	50.0%	**0.9%**	93.3%	6.7%	**8.2%**	82.9%	17.1%	**14.6%**	80.6%	19.4%	**15.4%**	84.1%	15.9%	**11.4%**	69.4%	30.6%	**15.3%**	85.3%	14.7%	**13.7%**	86.4%	13.6%	**13.7%**	57.1%	42.9%	**16.5%**	0.0%	100.0%	**4.8%**	-	-	**0.0%**	**12.0%**
Band 8A	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**1.3%**	96.4%	3.6%	**5.0%**	75.8%	24.2%	**7.0%**	92.9%	7.1%	**7.2%**	83.3%	16.7%	**5.6%**	91.7%	8.3%	**4.8%**	85.7%	14.3%	**4.3%**	66.7%	33.3%	**3.5%**	-	-	**0.0%**	-	-	**0.0%**	**4.5%**
Band 8B	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**1.2%**	91.7%	8.3%	**2.6%**	100.0%	0.0%	**3.1%**	84.6%	15.4%	**4.0%**	100.0%	0.0%	**2.4%**	100.0%	0.0%	**1.9%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	**1.7%**
Band 8C	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.4%**	87.5%	12.5%	**1.4%**	100.0%	0.0%	**0.9%**	83.3%	16.7%	**1.6%**	100.0%	0.0%	**1.6%**	100.0%	0.0%	**2.0%**	100.0%	0.0%	**1.9%**	100.0%	0.0%	**1.2%**	-	-	**0.0%**	-	-	**0.0%**	**1.1%**
Band 8D	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.2%**	100.0%	0.0%	**0.5%**	100.0%	0.0%	**0.3%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	**0.1%**
Band 9	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.3%**	-	-	**0.0%**	100.0%	0.0%	**0.4%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	**0.1%**
Director Level	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.2%**	100.0%	0.0%	**0.2%**	100.0%	0.0%	**0.3%**	66.7%	33.3%	**0.9%**	100.0%	0.0%	**0.8%**	-	-	**0.0%**	100.0%	0.0%	**1.2%**	-	-	**0.0%**	-	-	**0.0%**	**0.3%**
M&D	-	-	**0.0%**	100.0%	0.0%	**6.2%**	100.0%	0.0%	**23.9%**	86.4%	13.6%	**23.4%**	85.3%	14.7%	**21.7%**	85.7%	14.3%	**19.9%**	70.0%	30.0%	**21.8%**	70.5%	29.5%	**17.7%**	77.8%	22.2%	**16.8%**	43.8%	56.3%	**18.8%**	0.0%	100.0%	**4.8%**	0.0%	100.0%	**25.0%**	**20.2%**
Non-AFC	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	0.0%	100.0%	**0.4%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.4%**	0.0%	100.0%	**0.6%**	-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**12.5%**	**0.2%**
Trust Profile (Age Range)			**0.2%**			**7.4%**			**18.0%**			**18.5%**			**15.4%**			**12.7%**			**10.5%**			**8.2%**			**5.3%**			**2.8%**			**0.7%**			**0.3%**		

P			R			S			Z			Trust Profile (Grade)
FT	PT	Total	FT	PT	Total	FT	PT	Total	FT	PT	Total	
33.3%	66.7%	**11.1%**	100.0%	0.0%	**3.5%**	64.3%	35.7%	**10.8%**	85.7%	14.3%	**15.9%**	**6.1%**
100.0%	0.0%	**11.1%**	75.0%	25.0%	**7.0%**	83.3%	16.7%	**9.2%**	63.6%	36.4%	**12.5%**	**7.5%**
100.0%	0.0%	**25.9%**	100.0%	0.0%	**3.5%**	87.5%	12.5%	**6.2%**	100.0%	0.0%	**6.8%**	**9.0%**
71.4%	28.6%	**25.9%**	77.8%	22.2%	**15.8%**	92.5%	7.5%	**30.8%**	88.2%	11.8%	**19.3%**	**21.8%**
40.0%	60.0%	**18.5%**	75.0%	25.0%	**21.1%**	91.3%	8.7%	**17.7%**	83.3%	16.7%	**6.8%**	**15.3%**
100.0%	0.0%	**3.7%**	100.0%	0.0%	**14.0%**	50.0%	50.0%	**3.1%**	75.0%	25.0%	**13.6%**	**12.0%**
100.0%	0.0%	**3.7%**	100.0%	0.0%	**1.8%**	100.0%	0.0%	**0.8%**	100.0%	0.0%	**1.1%**	**4.5%**
-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**1.5%**	100.0%	0.0%	**1.1%**	**1.7%**
-	-	**0.0%**	-	-	**0.0%**	100.0%	0.0%	**0.8%**	-	-	**0.0%**	**1.1%**
-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	**0.1%**
-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	**0.1%**
-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	**0.3%**
-	-	**0.0%**	89.5%	10.5%	**33.3%**	80.0%	20.0%	**19.2%**	80.0%	20.0%	**22.7%**	**20.2%**
-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	-	-	**0.0%**	**0.2%**
	0.9%			**1.9%**			**4.3%**			**2.9%**		

	Religious Belief	
	Trust Profile	% Excl. Undisclosed
Atheism	3.2%	12.0%
Buddhism	0.4%	1.6%
Christianity	17.5%	66.4%
Hinduism	1.1%	4.0%
Islam	1.2%	4.5%
Jainism	0.0%	0.1%
Judaism	0.1%	0.4%
Other	2.8%	10.5%
Sikhism	0.1%	0.5%
Undisclosed	73.7%	

	Sexual Orientation	
	Trust Profile	% Excl. Undisclosed
Bisexual	0.0%	0.1%
Gay	1.3%	4.7%
Heterosexual	25.5%	94.4%
Lesbian	0.2%	0.7%
Undisclosed	73.0%	

The Trust does not collect data on all of the protected characteristics related to staff, specifically gender reassignment, disability, religion and sexual orientation. The gaps in data will be addressed in future annual workforce reports as follows:

- Varying non-disclosure rates for each protected characteristic makes it difficult to analyse the data in a meaningful way. The Workforce Information team will need to explain the purpose of collecting this information, and sensitively encourage staff to declare their protected characteristics via a confidential anonymous survey, to minimise non reporting rates, supported by the Equality and Diversity Manager. This will enable us to report and analyse the different requirements for future reports in a more meaningful way.

- The E&D Manager will develop partnerships with expert organisations on gender reassignment issues such as GIRES (Gender Identity Research and Education Society) or The Gender Trust. These organisations will help to us to identity how we can sensitively engage with staff (and patients) on this subject to drive improvement.

- Further analysis on the gender pay gap information will need to be carried out in line with best practice guidance.

- Analysing time on pay grade for our workforce is a complex task, the Workforce Information team will need to explore how best to present this data in a meaningful way.

- Reasons for leaving have been analysed by ethnicity in past. However, future reports will contain more detailed analysis, broken down by all protected characteristics where possible, for other reasons for termination such as redundancy and retirement.

- Working with the Trust's Employee Benefits Manager we will seek to improve recording of flexible working on ESR for future reports as well as return to work rates after maternity leave.

Below Trust Profile %

Above Trust Profile %

Ethnic Code

Staff Group	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z	Trust Profile
Add Prof Scientific and Technic	5.1%	6.8%	4.3%	3.6%	21.4%	0.0%	0.0%	11.6%	6.5%	12.5%	1.8%	3.6%	5.4%	3.7%	7.0%	3.1%	2.3%	**5.1%**
Additional Clinical Services	7.0%	9.1%	7.3%	14.3%	0.0%	10.0%	5.6%	3.2%	6.5%	37.5%	10.6%	23.4%	12.1%	7.4%	8.8%	13.1%	15.9%	**9.2%**
Administrative and Clerical	20.4%	13.6%	22.4%	28.6%	7.1%	25.0%	30.6%	13.5%	16.1%	31.3%	11.8%	36.5%	15.4%	48.1%	12.3%	20.0%	25.0%	**20.4%**
Allied Health Professionals	9.6%	8.3%	7.0%	0.0%	14.3%	10.0%	5.6%	5.8%	3.2%	0.0%	0.6%	0.6%	0.8%	0.0%	5.3%	0.8%	3.4%	**6.4%**
Healthcare Scientists	0.4%	0.0%	2.4%	0.0%	0.0%	5.0%	2.8%	2.6%	0.0%	0.0%	5.9%	0.0%	2.5%	0.0%	0.0%	1.5%	3.4%	**1.4%**
Medical and Dental	21.4%	11.4%	23.7%	7.1%	7.1%	45.0%	27.8%	47.1%	54.8%	18.8%	14.7%	1.2%	7.1%	0.0%	33.3%	19.2%	22.7%	**20.3%**
Nursing and Midwifery Registered	36.0%	50.8%	32.9%	46.4%	50.0%	5.0%	27.8%	16.1%	12.9%	0.0%	54.7%	34.7%	56.7%	40.7%	33.3%	42.3%	27.3%	**37.3%**

BAME?

Staff Group	No	Yes	Undisclosed	Trust Profile
Add Prof Scientific and Technic	5.1%	5.2%	2.3%	**5.1%**
Additional Clinical Services	7.2%	12.0%	15.9%	**9.2%**
Administrative and Clerical	20.3%	20.2%	25.0%	**20.4%**
Allied Health Professionals	9.0%	2.2%	3.4%	**6.4%**
Healthcare Scientists	0.8%	2.2%	3.4%	**1.4%**
Medical and Dental	21.1%	18.6%	22.7%	**20.3%**
Nursing and Midwifery Registered	36.4%	39.6%	27.3%	**37.3%**

Gender

Staff Group	Female	Male	Trust Profile
Add Prof Scientific and Technic	4.7%	6.2%	**5.1%**
Additional Clinical Services	9.4%	8.5%	**9.2%**
Administrative and Clerical	19.3%	23.6%	**20.4%**
Allied Health Professionals	7.1%	4.4%	**6.4%**
Healthcare Scientists	0.8%	3.1%	**1.4%**
Medical and Dental	13.6%	39.8%	**20.3%**
Nursing and Midwifery Registered	45.1%	14.4%	**37.3%**

Disability

Staff Group	No	Yes	Undisclosed	Trust Profile
Add Prof Scientific and Technic	6.4%	6.9%	4.4%	**5.1%**
Additional Clinical Services	9.4%	20.7%	8.9%	**9.2%**
Administrative and Clerical	16.6%	24.1%	22.3%	**20.4%**
Allied Health Professionals	7.4%	3.4%	5.9%	**6.4%**
Healthcare Scientists	0.9%	0.0%	1.7%	**1.4%**
Medical and Dental	23.0%	13.8%	19.0%	**20.3%**
Nursing and Midwifery Registered	36.3%	31.0%	37.9%	**37.3%**

Age Range

Staff Group	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Trust Profile
Add Prof Scientific and Technic	0.0%	4.0%	8.2%	6.9%	4.3%	3.4%	4.0%	3.2%	3.1%	1.2%	4.8%	0.0%	**5.1%**
Additional Clinical Services	60.0%	19.9%	6.4%	5.7%	6.8%	8.3%	11.2%	11.2%	14.9%	7.1%	23.8%	25.0%	**9.2%**
Administrative and Clerical	40.0%	11.1%	15.3%	17.4%	17.3%	22.0%	28.7%	27.7%	29.2%	32.9%	33.3%	37.5%	**20.4%**
Allied Health Professionals	0.0%	10.6%	10.4%	9.6%	5.3%	3.1%	3.4%	3.2%	1.2%	2.4%	0.0%	0.0%	**6.4%**
Healthcare Scientists	0.0%	0.9%	1.3%	1.1%	0.6%	1.6%	1.9%	2.8%	0.6%	3.5%	4.8%	0.0%	**1.4%**
Medical and Dental	0.0%	6.2%	23.9%	23.4%	21.7%	19.9%	21.8%	17.7%	17.4%	18.8%	4.8%	25.0%	**20.3%**
Nursing and Midwifery Registered	0.0%	47.3%	34.6%	35.9%	43.9%	41.9%	29.0%	34.1%	33.5%	34.1%	28.6%	12.5%	**37.3%**

Below Median Salary (Staffgroup

Above Median Salary (Staffgroup

Staff Group	Female	Pay Gap	Male	Median Salary (Staffgroup)
Add Prof Scientific and Technic	£30,460	-£2,458	£28,002	**£28,967**
Additional Clinical Services	£17,118	-£183	£16,936	**£17,118**
Administrative and Clerical	£21,798	£0	£21,798	**£21,798**
Allied Health Professionals	£31,454	£2,735	£34,189	**£31,454**
Healthcare Scientists	£19,877	-£963	£18,914	**£18,914**
Medical and Dental	£39,300	£11,366	£50,666	**£44,856**
Nursing and Midwifery Registered	£27,534	£0	£27,534	**£27,534**
Median Basic Salary (Gender)	**£27,534**	**£5,039**	**£32,573**	**£27,534**

*The figures quoted for the Trust profile may not always add up to 100% as groups that did not have an ER case have been ommitted so that comparisons are like for like.

Employee Relations

Below Trust Profile % Above Trust Profile %

Age Range

Type	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Dignity At Work	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%
Disciplinary	0.0%	0.0%	23.5%	17.6%	17.6%	5.9%	23.5%	5.9%	5.9%	0.0%	0.0%
Employment Tribunals	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grievance	0.0%	0.0%	0.0%	0.0%	50.0%	16.7%	16.7%	0.0%	0.0%	0.0%	16.7%
Performance	0.0%	0.0%	20.0%	20.0%	0.0%	20.0%	40.0%	0.0%	0.0%	0.0%	0.0%
Sickness	3.3%	3.3%	10.0%	13.3%	10.0%	13.3%	13.3%	16.7%	6.7%	10.0%	0.0%
Sickness Warning	0.0%	9.1%	9.1%	9.1%	36.4%	9.1%	18.2%	9.1%	0.0%	0.0%	0.0%
% of Total Cases	**1.4%**	**2.7%**	**13.7%**	**15.1%**	**17.8%**	**11.0%**	**19.2%**	**9.6%**	**4.1%**	**4.1%**	**1.4%**
Trust Profile	**0.2%**	**7.4%**	**18.0%**	**18.5%**	**15.4%**	**12.7%**	**10.6%**	**8.2%**	**5.3%**	**2.8%**	**0.7%**

*The figures quoted for the Trust profile may not always add up to 100% as groups that did not have an ER case have been ommitted so that comparisons are like for like.

Employee Relations

Gender

Type	Female	Male
Dignity At Work	50.0%	50.0%
Disciplinary	52.9%	47.1%
Employment Tribunals	100.0%	0.0%
Grievance	66.7%	33.3%
Performance	60.0%	40.0%
Sickness	83.3%	16.7%
Sickness Warning	100.0%	0.0%
% of Total Cases	**75.3%**	**24.7%**
Trust Profile	**74.6%**	**25.4%**

Disability

Type	Yes	No	Undisclosed
Dignity At Work	0.0%	50.0%	50.0%
Disciplinary	0.0%	29.4%	70.6%
Employment Tribunals	0.0%	0.0%	100.0%
Grievance	0.0%	0.0%	100.0%
Performance	0.0%	0.0%	100.0%
Sickness	6.7%	16.7%	76.7%
Sickness Warning	0.0%	9.1%	90.9%
% of Total Cases	**2.7%**	**16.4%**	**80.8%**
Trust Profile	**1.0%**	**33.6%**	**65.5%**

Religious Belief

Type	Atheism	Christianity	Hinduism	Other	Sikhism	Undisclosed
Dignity At Work	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%
Disciplinary	5.9%	29.4%	0.0%	0.0%	0.0%	64.7%
Employment Tribunals	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Grievance	0.0%	0.0%	16.7%	0.0%	0.0%	83.3%
Performance	0.0%	20.0%	0.0%	0.0%	0.0%	80.0%
Sickness	0.0%	16.7%	3.3%	6.7%	0.0%	73.3%
Sickness Warning	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
% of Total Cases	**1.4%**	**15.1%**	**2.7%**	**2.7%**	**1.4%**	**76.7%**
Trust Profile	**3.2%**	**17.5%**	**1.1%**	**2.8%**	**0.1%**	**73.7%**

Sexual Orientation

Type	Gay	Heterosexual	Undisclosed
Dignity At Work	0.0%	50.0%	50.0%
Disciplinary	0.0%	35.3%	64.7%
Employment Tribunals	0.0%	0.0%	100.0%
Grievance	0.0%	16.7%	83.3%
Performance	0.0%	20.0%	80.0%
Sickness	6.7%	23.3%	70.0%
Sickness Warning	0.0%	0.0%	100.0%
% of Total Cases	**2.7%**	**21.9%**	**75.3%**
Trust Profile	**1.3%**	**25.5%**	**73.0%**

Below Trust Profile

Above Trust Profile

Ethnic ID

	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z
% of Total Promotions	54.7%	3.1%	13.7%	0.6%	0.6%	1.2%	0.0%	5.0%	1.2%	0.6%	5.6%	1.9%	3.7%	1.9%	1.2%	4.3%	0.6%
Trust Profile	**44.7%**	**4.4%**	**12.2%**	**0.9%**	**0.5%**	**0.7%**	**1.2%**	**5.1%**	**1.0%**	**0.5%**	**5.6%**	**5.5%**	**7.9%**	**0.9%**	**1.9%**	**4.3%**	**2.9%**

Gender

	Female	Male
% of Total Promotions	77.6%	22.4%
Trust Profile	**74.6%**	**25.4%**

Age Range

	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-55	55-59	60-64	65-69	70+
% of Total Promotions	0.0%	11.8%	27.3%	21.1%	20.5%	11.2%	2.5%	3.1%	1.9%	0.6%	0.0%	0.0%
Trust Profile	**0.2%**	**7.4%**	**18.0%**	**18.5%**	**15.4%**	**12.7%**	**10.5%**	**8.2%**	**5.3%**	**2.8%**	**0.7%**	**0.3%**

Sexual Orientation

	Bisexual	Gay	Heterosexual	Lesbian	Undisclosed
% of Total Promotions	0.6%	2.5%	42.2%	0.6%	54.0%
Trust Profile	**0.0%**	**1.3%**	**25.5%**	**0.2%**	**73.0%**

Below Average

Above Average

Sexual Orientation

Type	Lesbian	Gay	Bisexual	Heterosexual	Undisclosed	Average
% Shortlisted	39.5%	34.5%	14.0%	20.1%	19.1%	**20.2%**
% Appointed	9.3%	6.7%	0.8%	2.8%	2.1%	**2.8%**

Disability

Type	No	Yes	Undisclosed	Average
% Shortlisted	20.0%	26.1%	27.9%	**20.2%**
% Appointed	2.8%	2.6%	4.4%	**2.8%**