Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Annual Workforce Monitoring Report

2013/2014

Trust Annual Workforce Monitoring Report.

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1. Introduction

1.1 About this report

This report provides an overview of the Trust's workforce for the financial year 2013/14 whilst simultaneously addressing the equality and diversity workforce requirements of the Equality Act (2010) Specific Duties regulations. The report provides information to enable the Trust to meet it's statutory obligations under existing equality legislation terms of monitoring of the workforce and agreeing actions to address any issues of concern, and provides an overview of the key staff issues within the Trust.

The Trust established key HR targets for 2013/2014 and these targets are used to identify progress measurements for a number of the Trust's key indicators..e.g. turnover, vacancy and sickness rates analysed within the Annual report. The workforce composition is compiled by Divisions, pay and staff groups and provides the framework for the overall analysis.

The Trust employed a headcount of 3317 staff (3038.49 Whole Time Equivalents[1]) by the end of 2013/14.

For the purpose of the Equality Act 2010, public bodies including the NHS have a duty to publish particular workforce information related to staff who share protected characteristics and this information is available in this report. Full details of the Public Sector duty and the list of information we are required to publish can be found in Appendix 1.

1.2 Data Sources and General Reporting Principles

The data used in this report is sourced from

Electronic Staff Record (ESR)

NHS Jobs Records

OLM (Oracle Learning Management)

NHS Staff Survey

Within ESR certain protected characteristics may have data quality gaps, where staff have been given the option not to disclose. This is a common dynamic across most NHS organisations. With regard to formal procedures, particularly where the total number will be low, it may be imprudent to assess these as being statistically significant or a viable source for comparative analysis.

[1] These figures excludes host organisations like CLARHC, Regional Pharmacy and consequently their staff, small in number, do not form the cohort for analysis in this report.

The presentation of data within this report uses the ONS census 2011 and the Health and Social Care Information Centre (HSCIC) Oct 2013, monthly provisional statistics provided by NHS Employers in April, 2014. In rare instances where detailed information on protected groups is not available, alternative research may be cited e.g. Stonewall (UK lesbian, gay and bisexual charity).

1.3 Workforce Performance Metrics

The Trusts key Workforce Metric targets are outlined in the table below and are a referenced point for comparative purposes throughout this annual report.,

Table 1: Workforce Performance Metrics

Workforce Metric		2012/13 Out-turn	2013/14 Target	2013/14 Out-turn
Turnover rate		13.59/%	13.5%	**14.7%**
Vacancies	Total	8.34%	8%	**8.74%**
	Active	2.88%	3.25%	**3.02%**
Time to Recruit		74 days	70 days	**69 days**
Sickness rate		3.72%	3.5%◆	**3.44%**
Agency % of WTE		4.4%	3.15%	**4.0%**
Staff Engagement*		3.87*	>4.00	**4.10**
Non-Medical Appraisals		82%	90%	**85%**
Medical Appraisals**		-	-	**70%**
Mandatory training***		69%	85%	**77%**

Red – below/worse than both 2013/14 target and 2012/13 out-turn
Amber – below/worse than either 2013/14 target or 2012/13 out-turn
Green – above/better than both 2013/14 target and 2012/13 out-turn
NB Out- turn means average over year to date.
*Source 2012 & 2013 NHS Staff Surveys (weighted data)
**Medical appraisals were measured from October 2013 onwards. Targets were not set for 2013/14 whilst the new electronic appraisal system was being embedded at The Trust.
***Mandatory training represents % of completed relevant training within refresher period
◆2013/14 target was reduced from 3.7% to 3.5% in October 2013

2. Workforce Report 2013/14

2.1 Divisional

By the end of 2013/14 the Trust employed a headcount of 3317 staff (3038.49 Whole Time Equivalents) with the largest staff compliment in the Women, Childrens and Sexual Health Division with a headcount of 1226 (1,088.20 wte) representing 17% of the workforce, the smallest being the Management Executive and Corporate Service Division with a headcount of 311.

In January 2014, the Trust staff in post position stood at 3064.54 WTE (whole time equivalents) with the substantively employed workforce increasing by 110.61 WTE (3.74%) since January 2013. This is the highest substantive workforce since the Trust opened.

Further details of other Divisions for comparisons on number are provided below.

Table 2 Divisional Headcount

Division	2013/14		2012/13		Headcount		WTE	
	Headcount	WTE	Headcount	WTE	Difference	Difference %	Difference	Difference %
Clinical Support Services	960	880.37	828	759.25	132	15.94%	121.12	15.95%
Management Exec & Corporate Services	311	297.98	391	374.43	-80	-20.46%	-76.45	-20.42%
Medicine,Surgery & Private Patients	820	765.94	775	731.60	45	5.81%	34.34	4.69%
Womens, Childrens and Sexual Health	1226	1088.20	1198	1065.47	28	2.34%	22.73	2.13%
Total	**3317**	**3032.49**	**3192**	**2930.75**	**125**	**3.92%**	**101.73**	**3.47%**

Significant increases in Clinical Support and decreases in Management Executive and Corporate Services are partly due to the movement of Adult Outpatients (approx. 90 staff) from one Division to another.

2.2 Pay Bands/ Grades

The highest number of staff are employed at Band 5 with a headcount of 705, followed by staff in Band 6 with a headcount of 550. Staff at senior levels of the Trust at Band 8 levels and above in total account for a headcount of 236 staff being one of the smaller numbered groups.

Table 3: Pay Bands/Grades Headcount

Grade	2013/14 Headcount	2013/14 WTE	2012/13 Headcount	2012/13 WTE	Headcount Difference	Headcount Difference %	WTE Difference	WTE Difference %
Band 2	235	213.75	235	211.67	0	0.00%	2.08	0.98%
Band 3	260	239.78	237	217.82	23	9.70%	21.96	10.08%
Band 4	260	244.58	263	244.84	-3	-1.14%	-0.26	-0.10%
Band 5	705	668.76	673	639.42	32	4.75%	29.34	4.59%
Band 6	550	493.66	534	482.51	16	3.00%	11.15	2.31%
Band 7	369	328.12	370	333.33	-1	-0.27%	-5.21	-1.56%
Band 8A	148	131.20	144	130.98	4	2.78%	0.22	0.16%
Band 8B	54	51.47	48	45.25	6	12.50%	6.22	13.74%
Band 8C	26	24.18	27	25.38	-1	-3.70%	-1.20	-4.73%
Band 8D	7	7.00	6	6.00	1	16.67%	1.00	16.67%
Band 9	1	1.00	3	3.00	-2	-66.67%	-2.00	-66.67%
Local non-AfC	14	13.02	12	10.62	2	16.67%	2.40	22.60%
Assoc Spec	14	9.21	15	11.03	-1	-6.67%	-1.82	-16.48%
Clinical Assistant	5	1.06	6	1.18	-1	-16.67%	-0.12	-10.08%
Consultant	260	230.83	239	209.75	21	8.79%	21.08	10.05%
Jnr Doc	320	296.73	298	285.86	22	7.38%	10.87	3.80%
Specialty Doctor	30	21.11	28	19.98	2	7.14%	1.14	5.68%
Trust Grade	58	56.90	53	52.01	5	9.43%	4.89	9.40%
GMP	1	0.13	1	0.13	0	0.00%	0.00	0.00%
Total	**3317**	**3032.49**	**3192**	**2930.75**	**125**	**3.92%**	**101.73**	**3.47%**

Amongst the professional groups, nursing and midwifery account for the largest staff cohort at the Band 5 level with a headcount of 533 which represents 75% of all Band 5 level staff (includes Administrative and Clerical)and at the Band 6 level with a headcount of 366 representing 66% of all staff on this band.

Table 4: Nursing & Midwifery Headcount

N&M	2013/14 Headcount	2013/14 WTE	2012/13 Headcount	2012/13 WTE	Headcount Difference	Headcount Difference %	WTE Difference	WTE Difference %
Band 5	533	503.38	501.00	471.85	32.00	6.39%	31.53	6.68%
Band 6	366	324.34	354.00	313.62	12.00	3.39%	10.71	3.42%
Band 7	202	179.26	195.00	175.42	7.00	3.59%	3.84	2.19%
Band 8A	59	55.97	62.00	57.91	-3.00	-4.84%	-1.94	-3.36%
Band 8B	20	19.33	19.00	18.11	1.00	5.26%	1.22	6.73%
Band 8C	6	6.00	9.00	9.00	-3.00	-33.33%	-3.00	-33.33%
Band 8D	1	1.00	1.00	1.00	0.00	0.00%	0.00	0.00%
Total	**1187**	**1089.28**	**1141.00**	**1046.92**	**46.00**	**4.03%**	**42.36**	**4.05%**

2.3 Professional/Staff groups.

Amongst the Medical and Dental staff groups the majority of medical staff with a headcount of 290 are to be found in the Women, Children's and Sexual Health Division, followed by the Medicine, Surgery and Private Patients with a headcount of 279.

Table 5: Medical and Dental Headcount by Divisions

Division	Headcount	%
Clinical Support Services	113	16.42%
Management Exec & Corporate Services	6	0.87%
Medicine,Surgery & Private Patients	279	40.55%
Womens, Childrens and Sexual Health	290	42.15%
Total	**688**	

Medical staff in training form the last largest number at the junior doctors pay grade accounting for a headcount of 320 representing 46.51% of all medical staff whilst consultants have a headcount of 260 making it the second largest medical staff group at nearly 38% .

Table 6: Medical and Dental Headcount by Divisions and years

	2013/14		2012/13		Headcount		WTE	
M&D	Headcount	WTE	Headcount	WTE	Difference	Difference %	Difference	Difference %
Assoc Spec	14	9.21	15	11.03	-1	-6.67%	-1.82	-16.48%
Clinical Assistant	5	1.06	6	1.18	-1	-16.67%	-0.12	-10.08%
Consultant	260	230.83	239	209.75	21	8.79%	21.08	10.05%
Jnr Doc	320	296.73	298	285.86	22	7.38%	10.87	3.80%
Specialty Doctor	30	21.11	28	19.98	2	7.14%	1.14	5.68%
Trust Grade	58	56.90	53	52.01	5	9.43%	4.89	9.40%
GMP	1	0.13	1	0.13	0	0.00%	0.00	0.00%
Total	**688**	**615.98**	**640**	**579.95**	**48**	**7.50%**	**36.04**	**6.21%**

All other non-medical staff groups are listed and presented in the Table 7 below, illustrating that Nursing and Midwifery registered form the largest staff group with a headcount of 1187, this is followed by medical and dental staff at 688. Additional Clinical Service staff category group includes what are generally referred to as Healthcare Assistants and other nursing and midwifery support, dental nurses, phlebotomists, services technicians, neonatal hearing screeners and other technical /support staff. Healthcare Assistants account for a headcount of 253 employees in the Trust and are paid at Band 2 and 3 levels. Healthcare Assistants also include Doulas and Maternity Assistants.

Table 7: Professional/Staff Groups Headcount

Staff Group	2013/14 Headcount	2013/14 WTE	2012/13 Headcount	2012/13 WTE	Headcount Difference	Headcount Difference %	WTE Difference	WTE Difference %
Add Prof Scientific and Technic	166	151.54	176	163.84	-10	-5.68%	-12.30	-7.51%
Additional Clinical Services	382	347.57	341	309.53	41	12.02%	38.04	12.29%
Administrative and Clerical	649	614.00	634	597.11	15	2.37%	16.88	2.83%
Allied Health Professionals	228	198.52	214	189.18	14	6.54%	9.34	4.94%
Healthcare Scientists	17	15.60	46	44.23	-29	-63.04%	-28.63	-64.73%
Medical and Dental	688	615.98	640	579.95	48	7.50%	36.04	6.21%
Nursing and Midwifery Registered	1187	1089.28	1141	1046.92	46	4.03%	42.36	4.05%
Total	**3317**	**3032.49**	**3192**	**2930.75**	**125**	**3.92%**	**101.73**	**3.47%**

Commentary

During 2013/14, there were a number of organisational developments which led to an overall increase in whole time equivalents from 2930.75 wte (2012/13) to 3032.49 wte (2013/14). The overall increase in consultant staff increased from 209.75 (2012/13) to 230.83 (2013/14) were due to increases in consultant posts in radiology, theatres, and across paediatrics subspecialties such as Accident & Emergency, dentistry, urology, orthopaedics, ophthalmology and neurology.) In addition there were four newly appointed consultants in Acute Paediatrics and two new NICU consultants appointed to provide residential cover.

Nursing and admin numbers were increased as a result of increasing service needs: – seven additional beds were opened Medicine and Surgery Division, four were in A&E as a result of winter pressures, and the remainder were in MDU which were linked to ambulatory care.

The Opening of Dean Street Express in the financial year led to the employment of 11 new staff, chiefly nurses at Bands 5 and 6 and 1 additional Consultant.

The transfer of approximately 90 posts from Management Executive to Clinical Support Division, accounts for the significant increase and decrease in the Headcount and WTE establishments of both Divisions detailed in Table 2: Divisional Headcount.

2.3 Workforce Composition by Protected Characteristics

2.3.1 Ethnicity

44.14% of staff identified as White British (excluding other white categories) whilst 50.05% of staff are identified as BME (including non-British white). The total from any White background comprise 59.93% of the workforce.

Table 8: Ethnicity Headcount

Ethnicity	%	Headcount
A White - British	44.14%	1464
B White - Irish	4.25%	141
C White - Any other White background	11.37%	377
CQ White ex-USSR	0.03%	1
CW White Other Ex-Yugoslav	0.03%	1
CY White Other European	0.12%	4
D Mixed - White & Black Caribbean	0.78%	26
E Mixed - White & Black African	0.45%	15
F Mixed - White & Asian	0.75%	25
G Mixed - Any other mixed background	1.54%	51
H Asian or Asian British - Indian	5.76%	191
J Asian or Asian British - Pakistani	0.69%	23
K Asian or Asian British - Bangladeshi	0.81%	27
L Asian or Asian British - Any other Asian background	5.61%	186
M Black or Black British - Caribbean	4.70%	156
N Black or Black British - African	7.05%	234
P Black or Black British - Any other Black background	0.96%	32
R Chinese	1.36%	45
S Any Other Ethnic Group	3.74%	124
SC Filipino	0.03%	1
Undefined	3.41%	113
Z Not Stated	2.41%	80

Table 9: Ethnic Groups by Headcount

Ethnicity	%	Headcount
White	59.93%	1988
BME	34.25%	1136
Not stated/defined	5.82%	193

Apart from the majority, *White – British* (1,464), the highest numbered Ethnic group is *White – Any other white Background (377)* followed by *Black or Black British – African (234).* The highest combined BME groups amount to over a third of the workforce at 35.2%,are *Black or Black British* at 18.81%, and *Asian or Asian British* at 12.87% with *Mixed – White/Caribbean/Black African/Asian* accounting for 3.52%

The national picture provided by the Health and Social Care Information centre (HSCIC) published in Oct 2013, shows that the ethnic composition of the NHS is as follows: *White* 79%, *Black or Black British* 5%, *Asian or Asian British* – 8%, *Mixed* -1%, other 1% and 6%

unknown. The Trust workforce in comparison presents a more ethnically diverse workforce than is the case nationally.

ONS details of the Royal Borough of Kensington and Chelsea population are presented in Table 10 below

Table 10: Population of Royal Borough of Kensington and Chelsea

Royal Borough of Kensington and Chelsea (2011)	
Ethnicity	%
White British	39.30%
White Other	30.70%
Mixed	5.70%
Asian	10.00%
Black	6.60%
Other Ethnic Groups	7.20%

When comparing the Trust's staff composition against the population of the Royal Borough of Kensington and Chelsea, then the Trust's *White British* employees at 44.14% is higher than the local *White British* population of RKBC at 39.3%. The Borough's *White British* population has decreased from 50% in 2001 to 39.30% in 2011. The Trust *Black or Black British* employees are also higher at 12.71% which is twice the representation of the boroughs where the *Black* ethnic group presents at 6.6%. Employees from *White – other* (including Irish) account for 15.8% of the workforce and considerably lower than Boroughs *White Other* population presenting at 28.9%. The census notes that the White other group has increased from 25% at the time of the last census to nearly 30% in 2011. It also notes that 28% of all Borough residents arrived in the UK between 2001 and 2011. It also notes that North American born residents account for 6% of the Borough population, and is one of the highest proportion of North American groups within England and Wales. ONS census 2011 also finds that the *Arab* population is at 7%, noting that Arab residents are classified as within "*Other Ethnic Group*". The Trust's ethnic monitoring data does not have an *Arab* category and the *Any other Ethnic Group* is small presenting at 3.74% of the workforce.

Amongst the Trust's professional groups, nationally there are significantly higher percentages of BME staff in medical positions across the NHS with HSCIC reporting that the medical and dental staff composition is as follows; *White* 55%, *Asian or Asian British* at 26% and *Black or Black British* 3%. The Trust Medical workforce records total *White* at 63.08%, BME at 32.85% whilst within *BME* group the total *Asian* groups account for 18.89% of the medical workforce.

At the Consultant level, HSCIC reports nationally that consultants account for 63% *White* and 27% *BME* groups whilst the Trust consultant body is relatively similar at 70% white and 27.31% *BME*.

In non-medical categories, *White* represents over 50% of the workforce across all professional staff groups, with the exceptions Healthcare Scientists and Additional Clinical Services.

Table 11: Ethnicity by Professional/Staff Groups

Administrative and Clerical	%	Headcount
White	57.16%	371
BME	35.75%	232
Not stated/defined	7.09%	46
Allied Health Professionals	**%**	**Headcount**
White	81.14%	185
BME	11.40%	26
Not stated/defined	7.46%	17
Healthcare Scientists	**%**	**Headcount**
White	47.06%	8
BME	47.06%	8
Not stated/defined	5.88%	1
Additional Clinical Services	**%**	**Headcount**
White	43.72%	167
BME	48.95%	187
Not stated/defined	7.33%	28

Medical and Dental	%	Headcount
White	63.08%	434
BME	32.85%	226
Not stated/defined	4.07%	28
Nursing and Midwifery Registered	**%**	**Headcount**
White	61.16%	726
BME	33.19%	394
Not stated/defined	5.64%	67

Across the Bandings, BME groupings are highest at Band 2 (51.91%), Band 3 (53.08%), Band 4 (33.08%), Band 5 (36.88%) and Band 6 (31.09%). Again, HSCIC nationally records that the percentages for the NHS are at 84% White and at 10% for Black and Asian groups across Bands 1-4. The corresponding figures at the Trust are 46% *BME*, and 47% *White (all backgrounds)*.

Table 12: Ethnicity by Bands

Grade	White %	BME %	Not stated/ defined %
Band 2	42.13%	51.91%	5.96%
Band 3	37.31%	53.08%	9.62%
Band 4	60.00%	33.08%	6.92%
Band 5	53.48%	36.88%	9.65%
Band 6	65.09%	31.09%	3.82%
Band 7	69.65%	26.83%	3.52%
Band 8A	85.14%	12.16%	2.70%
Band 8B	81.48%	16.67%	1.85%
Band 8C	84.62%	15.38%	0.00%
Band 8D	71.43%	28.57%	0.00%
Band 9	100.00%	0.00%	0.00%
Local non-AfC	85.71%	7.14%	7.14%
Assoc Spec	50.00%	35.71%	14.29%
Clinical Assistant	80.00%	20.00%	0.00%
Consultant	70.00%	27.31%	2.69%
GMP	100.00%	0.00%	0.00%
Jnr Doc	59.06%	36.25%	4.69%
Specialty Doctor	53.33%	40.00%	6.67%
Trust Grade	60.34%	36.21%	3.45%

HSCIC nationally reports that at Bands 8A-9 *White* groupings are at 86% and *Black and Asian* at 6%. Analysis of Trust figures excluding host organisations e.g. Regional Pharmacy, CLARHC etc., shows a similar trend with a total of 235 staff on band 8, of which 197 (83%) are white and 33 (14%) from a BME group and 5 are not stated. There is only one Band 9 in the Trust, but there a few others on Band 9, employed by Regional Pharmacy, CLARHC and Imperial Healthcare.

2.3.2 Gender

74.16% of the workforce is female which is similar to the national picture with HSCIC reporting that female staffs comprise 77% of the NHS workforce. In the Trust, the percentage of females is at a higher percentage than males across all non-medical bandings with the exception of Band 9, of which there is only one post within the organisation (excluding CLARHC, Regional Pharmacy). HSCIC reports that between Bands 1 – 7 inclusive, male staff comprise less than 20% of the NHS Workforce

At Chelsea and Westminster, males present at a higher percentage at the consultant level, with 59% male and 41% female. It should be noted that may alter in future years as the current cohort of junior doctors, comprises of 66% female and 34% male. Women are also more represented at other medical pay bands and account for 80% of clinical assistant, 67% of Speciality doctors and 52% of Trust doctors.

Table 13: Bands by Gender

Non medical	Female	Male	Female %	Male %
Local non-AfC	8	6	57%	43%
Band 2	165	70	70%	30%
Band 3	189	71	73%	27%
Band 4	200	60	77%	23%
Band 5	606	99	86%	14%
Band 6	448	102	81%	19%
Band 7	297	72	80%	20%
Band 8A	114	34	77%	23%
Band 8B	32	22	59%	41%
Band 8C	20	6	77%	23%
Band 8D	6	1	86%	14%
Band 9	0	1	0%	100%

Table 14: Medical Grades by Gender

Medical Grade	Female	Male
Associate Specialist	4	10
Clinical Assistant	4	1
Consultant	107	153
GMP	0	1
Jnr Doc	210	110
Specialty Doctor	20	10
Trust Grade	30	28
Total	**375**	**313**

2.3.4 Disability Status

The percentage of staff who indicated that they are disabled is 1.81%, whilst the percentages that have declared that they do not have a disability is 51.31%, and those not declaring a disability is 46.88%.

Table 15: Disability Headcount

Disability	%	Headcount
No	51.31%	1702
Not disclosed	46.88%	1544
Yes	1.81%	60

It should be noted that disabled data is captured at the point of entry into the workforce, and data is not subsequently captured routinely during the postholder's tenure. According, to "Disability in the United Kingdom, Papworth, 2010" the majority of disabled people (83%)

acquired their disability during their working lives. A number of research studies indicate that disabled employees are not always clear on why they should share information on disability, nor do they see the need to do so, if working without the need for adjustments. The vast majority of disabled people were worried about repercussions either now or in the future, so therefore do not see the need to disclose if their work was unaffected by their disability.

As the Trust's workforce comprises 58% staff under the age of 40, with the highest percentage of new joiners amongst the 20-24 age group, a total of 26.68% of all new joiners, then they are consequently less likely to have had illness leading to a disability, such as cancer, depression etc. at the point of entry into Trust employment. Once in post, staff are not required to update their status, nor provide any other monitored information, and may only be willing to provide such information if there is a practical reason such as an adjustment need. In fact, the percentage of all new starters for the period analysed, shows that 89.05% declared they did not have a disability, with 7.95% not making any declaration, leaving 3% of new joiners declaring a disability. Studies commissioned by the Equality & Human Rights Commission and Disability organisations show that disabled people are more likely to face discrimination in society, so this may be a contributing factor for not advising on disability status at entry into employment. Therefore our existing workforce has probably a much higher % level of disability which they may not necessary feel the need to disclose for monitoring purposes. Government figures suggest that disabled people make up 12.9% of the public sector workforce and 11% of the private sector *(Labour Force Survey, Quarter 2, 2012).*

The analysis reinforces our continued commitment to our status as a Two Ticks employer.

2.3.5 AGE

Table 16: Age Headcount

Age Band	%	Headcount
Under 20	0.18%	6
20-24	7.08%	235
25-29	19.20%	637
30-34	17.24%	572
35-39	15.41%	511
40-44	12.15%	403
45-49	10.85%	360
50-54	8.65%	287
55-59	5.16%	171
60-64	2.68%	89
65+	1.39%	46

The average age of Trust employees is 38 ¾ years. The age group which forms the highest percentage (19%) of workforce is in the age band 25-29 years. The lowest percentage (0.18%) of the workforce is staff under 20 (Headcount = 6) followed by the over 65 age

group at 1.39%. The low numbers of under 20s would indicate that most new appointees are at the graduate level/ or work experienced level, as opposed to entries at school leaver trainee/cadet level. It should be noted that the number of applications received from the over 50 age group forms 8% of all applications (22,422) received within 2013/14 period and 32 new starters over the age of 50 were appointed, against a total of 566 new appointees for the period 2013/14 .

The majority of the workforce (58.95%) are under the age of 40, with those in their twenties comprising approximately quarter of the workforce (26.28%). The national picture according to the Health and Social Care Information Centre (HSCIC) presents 53% of the NHS workforce as under the age of 44, and according to the Trusts monitoring, Chelsea and Westminster presents at 71% of the workforce under the age of 44. According to HSCIC, 47% of the NHS workforce is over the age of 45, whilst it presents at approximately 20% at Chelsea and Westminster. 43 is the average of women working the NHS, which is the same as for men. The predominately youthful character of the Trust's workforce with the average age at just over 38, will require consideration of different approaches to retain them Different ways of working and greater use of social media to deliver services and innovation should be encouraged, as the majority of the workforce are now accustomed to it from an early age, – mobile phones were launched in 1985, just under 30 years ago. Similarly policies will need to be reviewed to ensure the needs of a younger age profile are appropriately supported and represented. According NHS research, the benefit packages most highly valued by 40 year olds, are housing/mortgages, career progression, work-life balance and school funding, the development of a reward packages will need to be more reflective of these needs, which could lead to improved retention and decreased turnover.

The highest number of applications (26%) came from applicants aged 25-29 and this group has a high "success rate and is evidenced the number of joiners (total 215) during 2013/14.This perhaps reflects that the advantageous position of Chelsea and Westminster, as teaching hospital and thus an attractive employer for those seeking their first professional position within the Health sector.

The age profile of leavers indicates that the highest rate of 44% is amongst those in the 25 to 34 age group (comprising of 24.32%, between age 25-29 and 20% for those between 30-34). The Trust main reasons for turnover are promotion and relocation and the high concentration of leavers within the age span 25-34 is considered as partly due to staff wishing to further their career breadth at different Trusts but also staff starting families and relocating to affordable accommodation outside Chelsea and inner London.

Staff aged 55 years and over only account for 9% of the total workforce, there has been a slight decrease of 1 % (10% -2012/13) on the previous year. The repeal of the default retirement age of 65 in 2011 should permit more staff to remain in employment for longer, and consequently, that coupled with the changes to state pension age and NHS pensions (plus ageing populations) should result in a gradual increase in the overall numbers of staff in age groups over 55 in future years.

2.3.6 Religious Belief

Table 17: Religion by Headcount

Religion	%	Headcount
Jainism	0.06%	2
Judaism	0.15%	5
Sikhism	0.36%	12
Buddhism	0.54%	18
Hinduism	1.69%	56
Islam	2.89%	96
Other	3.68%	122
I do not wish to disclose	5.37%	178
Atheism	5.70%	189
Christianity	27.25%	904
Undefined	52.31%	1735

Only 42.32% of staff have disclosed their belief, and of these 27.25% have defined this as Christianity, which is the largest declared faith group. The majority of staff 52.31% are categorised as *undefined* in terms of a belief system. 5.37% have chosen not to disclose their belief and 5.70% have identified themselves as atheists. Other faith groups represent significantly below 5%. The national census 2011 for the Royal Borough of Kensington and Chelsea local population indicates 54.2% Christian, 20.6% no religion and 10.00 % Islam. 2.69% of staff in the Trust identify their belief system as Islam. The majority of respondents state that they do wish to advice or do not indicate their belief system religious or otherwise.

2.3.7 Sexual Orientation

Table 18: Sexual Orientation by Headcount

Sexual Orientation	%	Headcount
Bisexual	0.12%	4
Gay	1.90%	63
Heterosexual	41.94%	1391
I do not wish to disclose my sexual orientation	3.50%	116
Lesbian	0.24%	8
Undefined	52.31%	1735

The records for sexual orientation indicate that the majority of staff at 52.31% are undefined. Heterosexuals accounts for 41.94%. Combined estimation for people identifying as LGB (Lesbian, Gay or Bisexual) is 2.02%, which we believe is under-reported and is lower for the national estimation by Stonewall for population identifying as LGB (Lesbian, Gay or Bisexual) is between 5-7%.There is no population census record comparator as the national 2011 ONS census did not ask for sexual orientation status.

As members of Stonewall's Diversity Champions Programme, the Trust participated in last year's Workplace Equality Index, which provides a definitive guide to Britain's most gay-

friendly employers across all sectors. The results indicated that we had moved up 31 places in the rankings (291 out of 369 members). Staff and patient engagement were the key areas we excelled in this year. Stonewall were impressed with how we engaged with our LGBT patients and community, evidenced in particular through work within the HIV/GUM Directorate. Our staff engagement scores amongst LGBT staff were consistently well above average across all respondents, with staff recommending that the Trust was a supportive place to work for LGB staff.

The Trust ran a number of activities during LGBT month in February 2014 and the aim of this campaign was to promote the importance of health, wellbeing as well as inclusion amongst staff during Lesbian, Gay, Bisexual and Transgender (LGBT) History Month. Presentations were held to raise staff awareness of LGBT issues for staff and patients.

We have developed and/or promoted a number of equality and diversity resources available to staff and managers e.g. guidance on Access to Work, Stonewall reports, and Transgender information from Terence Higgins Trust and also facilitated a number of events to encourage staff are comfortable with respect to disclosure.

3. Joiners

3.1. Divisions

The majority of appointments in 2013/2014 at a headcount of 216 were to the Women, Childrens and Sexual Health Division representing 38% of new appointees.

Table 19: Joiners by Division

Division	Joiners	Joiners (12/13)	Difference
Clinical Support Services	156	124	32
Management Exec & Corporate Services	60	61	-1
Medicine,Surgery & Private Patients	133	121	12
Womens, Childrens and Sexual Health	216	186	30
Total	**565**	**492**	**73**

3.2. Pay Bands/ Grades

During 2013/14 total headcount of 565 staff (excluding rotational training doctors and honorary staff) joined the Trust. The hospital appointed nearly 200 Band 5s (the majority were registered nurses and midwives) accounting for 35.22% of all appointments New joiners to other bands across the bandings were in general well below 15% with Band 2 representing 14.16% of all appointments.

Table 20: Joiners by Pay Band 1

Grade	Joiners	% of all Joiners
Band 2	80	14.16%
Band 3	57	10.09%
Band 4	26	4.60%
Band 5	199	35.22%
Band 6	55	9.73%
Band 7	31	5.49%
Band 8A	19	3.36%
Band 8B	7	1.24%
Band 8C	2	0.35%
Local Non-AfC	5	0.88%
Consultant	39	6.90%
Specialty Doctor	3	0.53%
Trust Grade	42	7.43%
Grand Total	**565**	

Table 21: Joiners by Pay Band 2

Grade	Joiners	Joiners (12/13)	Difference
Band 2	80	79	1
Band 3	57	42	15
Band 4	26	24	2
Band 5	199	139	60
Band 6	55	54	1
Band 7	31	42	-11
Band 8A	19	11	8
Band 8B	7	2	5
Band 8C	2	2	0
Band 9	0	1	-1
Local Non-AfC	5	2	3
Assoc Spec	0	1	-1
Consultant	39	27	12
Specialty Doctor	3	4	-1
Trust Grade	42	62	-20
Total	**565**	**492**	**73**

3.3. Professional/Staff groups.

Amongst the staff groups, nursing and midwifery registered constituted 40.53% of all new joiners, followed by Additional Clinical service at 18.76%. Additional Clinical staff group includes Healthcare Assistants, and other nursing and midwifery support staff generally at the Band 2 or 3 levels.

Table 22: Joiners by Professional/Staff Groups 1

Staff Group	Joiners	%
Add Prof Scientific and Technic	18	3.19%
Additional Clinical Services	106	18.76%
Administrative and Clerical	83	14.69%
Allied Health Professionals	41	7.26%
Healthcare Scientists	4	0.71%
Medical and Dental	84	14.87%
Nursing and Midwifery Registered	229	40.53%

Table 23: Joiners by Professional/Staff Groups 2

Staff Group	Joiners	Joiners (12/13)	Difference
Add Prof Scientific and Technic	18	35	-17
Additional Clinical Services	106	87	19
Administrative and Clerical	83	66	17
Allied Health Professionals	41	30	11
Healthcare Scientists	4	3	1
Medical and Dental	84	94	-10
Nursing and Midwifery Registered	229	177	52
Total	**565**	**492**	**73**

The majority of appointments in 2013/2014 at a headcount of 229 were to the Nursing and Midwifery registered group, an increase of a headcount of 52 from the previous year.

3.4 Joiners by Protected Characteristics

The ethnicity profile for new starters in 2014 is very similar to the record for the previous year, with generally an increase in application across the staff groups from the various ethnic groups, with the overall total number of applications increasing from 20,829 (2012/13) to 22,424 (2013/14).

The profile of ethnicity status for new starters in 2014 is very similar to the record for previous years.

Table 24: Joiners Ethnicity

Joiners Ethnicity	%	Headcount
White	55.65%	315
BME	31.80%	180
Undefined	12.54%	71

Joiners - Ethnicity	2013-14	2012-13
White	55.65%	67%
BME	31.80%	27%
Undefined	12.54%	5%

70% of new starters record that there are heterosexual, with 20% registering as “undefined” and approx. 6% stating they do not wish to disclose their sexual orientation.

Approximately 81% of new starters were under the age of 40, with age band 20-24 being the highest cohort at 26.68%. From age 55 upwards the number of appointees falls significantly with a total of 11 people appointed out of total of 566 appointments made in the period.

The percentage of new staff declaring that they do not have a disability amounts to almost 90% with almost 8 % choosing not to declare. 3% of new starters do declare a disability.

4. Leavers

4.1 Divisions

During 2013/14 the total number of leavers from the Trust was a headcount of 555 with Womens, Childrens and Sexual Health Division accounting for 40.27% of leavers.

Table 25: Leavers by Divisions 1

Division	Leavers	% of Leavers
Clinical Support Services	149	26.85%
Management Exec & Corporate Services	58	10.45%
Medicine, Surgery & Private Patients	122	21.98%
Womens, Childrens and Sexual Health	226	40.72%
Total	**555**	

Table 26 Leavers by Divisions 2

Division	Leavers	Leavers (12/13)	Difference
Clinical Support Services	149	136	13
Management Exec & Corporate Services	58	66	-8
Medicine,Surgery & Private Patients	122	127	-5
Womens, Childrens and Sexual Health	226	220	6
Total	**555**	**549**	**6**

4.2. Pay Bands / Grades

Leavers on pay Band 5 constituted the majority of the pay band group at 30.63% as presented in the table below:

Table 27: Leavers by Pay Bands 1

Grade	Leavers	% of all Leavers
Band 2	62	11.17%
Band 3	38	6.85%
Band 4	33	5.95%
Band 5	170	30.63%
Band 6	95	17.12%
Band 7	49	8.83%
Band 8A	20	3.60%
Band 8B	10	1.80%
Band 8C	4	0.72%
Band 8D	2	0.36%
Local Non-AfC	3	0.54%
Associate Specialist	1	0.18%
Clinical Assistant	3	0.54%
Consultant	23	4.14%
Specialty Doctor	3	0.54%
Trust Grade	39	7.03%
Grand Total	**555**	

Table 28: Leavers by Pay Bands 2

Grade	Leavers	Leavers (12/13)	Difference
Band 2	62	60	2
Band 3	38	43	-5
Band 4	33	34	-1
Band 5	170	145	25
Band 6	95	95	0
Band 7	49	50	-1
Band 8A	20	16	4
Band 8B	10	4	6
Band 8C	4	6	-2
Band 8D	2	1	1
Band 9	0	1	-1
Local Non-AfC	3	3	0
Assoc Spec	1	0	1
Clinical Assistant	3	0	-3
Consultant	23	19	4
Specialty Doctor	3	4	-1
Trust Grade	39	68	-29
Total	**555**	**549**	**6**

4.3. Professional/Staff Groups

The majority of leavers were in the nursing and midwifery staff group accounting for almost 40% of all leavers.

Table 29: Leavers by professional Groups 1

Staff Group	Leavers	% of Leavers
Add Prof Scientific and Technical	34	6.13%
Additional Clinical Services	85	15.32%
Administrative and Clerical	105	18.92%
Allied Health Professionals	39	7.03%
Healthcare Scientists	2	0.36%
Medical and Dental	69	12.43%
Nursing and Midwifery Registrered	221	39.82%
Total	**555**	

Table 30: Leavers by Professional Groups 2

Staff Group	Leavers	Leavers (12/13)	Difference
Add Prof Scientific and Technic	34	28	6
Additional Clinical Services	85	81	4
Administrative and Clerical	105	96	9
Allied Health Professionals	39	39	0
Healthcare Scientists	2	7	-5
Medical and Dental	69	91	-22
Nursing and Midwifery Registered	221	207	14
Total	**555**	**549**	**6**

Reasons for leaving are broadly attributed to natural turnover with Voluntary Resignation – other, promotion and relocation.

Table 31: Leavers and Reasons for Leaving

Reason for Leaving	%	Headcount
Voluntary Resignation	78.92%	438
End of Fixed Term Contract	10.81%	60
Retirement*	7.03%	39
Dismissal	2.52%	14
Employee Transfer	0.72%	4
Total		**555**

(*Includes of one death in service following ill health retirement)

4.2 Leavers by Protected Characteristics

The total number of leavers was 555 for 2012/13, with Voluntary Resignation accounting as the main reason for leaving at 79%.

The highest group of leavers were from the age range 20-40, representing 70% of the total leavers with the highest percentage at 24.32% coming from the 25-29 age group. More staff aged between 20-29 joined the Trust than any other age group. Analysis of the leavers Pay band percentages, shows that highest rates are in Band 5 (30.63%) and Band 6 (17.12%). In contrast the number of new starters for these combined age bands amounted to 79%.

Table 32: Age Bands and Headcounts

Age band	%	Headcount	
Under 20	0.90%	5	
20-24	12.43%	69	
25-29	24.32%	135	
30-34	20.00%	111	
35-39	13.51%	75	
40-44	8.83%	49	
45-49	5.23%	29	
50-54	5.77%	32	
55-59	4.32%	24	
60-64	3.06%	17	
65-69	1.26%	7	
70+	0.36%	2	
Total		555	

Further analysis of 104 exit questionnaires received over 2013/14 financial year showed that 'Promotion/Career Development' was the most common reason for leaving, with 79% of employees rating their experience of working at the Trust as either Good or Excellent and 80% stating that given the right opportunity would return to the Trust. More in-depth analysis continues to be conducted for Band 2 Healthcare Assistants and Band 5 Nurses whose turnover rates remain the areas of most concern. Human Resources working with senior Nurses recently carried out a series of listening events to understand these staff experience and identify ways in which we can improve retention. These events will continue throughout 2014 and help inform the retention strand of the People & OD strategy currently in development. An action plan on HCA recruitment is being worked on jointly by Nursing and HR colleagues

The majority of leavers indicate that their resignation is voluntary due to a variety of reasons including relocation, promotion but essentially the majority (35.50 %) do not provide a specific reason.

It should be noted that 30 staff retired on age grounds, with a further 9 staff retiring for other reasons. The total number of staff in the age range 55-64 is 260, and year on year analysis does not indicate an increase in numbers, despite the amendments to the Employment

Equality (Repeal of Retirement Age Provisions) Regulations (2011) to encourage staff remain in employment past 60.

Further analysis of leavers and joiners by sexual orientation, religion and disability cannot be gleaned due to the significant proportion of staff having not disclosed their protected characteristic.

5. Recruitment Analysis

The total number of applications received via NHS jobs for 2013/14 was 22,424, of these 5596 were shortlisted and 731 appointments were made.

In March 2014, the Trust staff in post position stood at 3038.25 wte (whole time equivalents) with the substantively employed workforce increasing by 89.23 WTE (3.02%) since March 2013. The greatest increase was seen in the Medicine & Surgery Division (31.03 WTE)

Recruitment analysis by protected characteristic has not changed significantly in the last few years. The highest number of applications in 2012/13 (4774) and 2013/14 (5493) continue to be received from the *Black or Black British – African* ethnic group. The group represents a quarter (25%) of all shortlisted applicants and comprise 10% of all appointments. *White – British* accounts for 18.33% of all applications and 44.87% of all appointments.

Table 33: Recruitment Analysis and Ethnicity

Ethnic origin	Applications	Shortlisted	Appointed
WHITE - British	4111	1342	328
WHITE - Irish	428	136	29
WHITE - Any other white background	3117	653	98
ASIAN or ASIAN BRITISH - Indian	2233	387	32
ASIAN or ASIAN BRITISH - Pakistani	765	123	6
ASIAN or ASIAN BRITISH - Bangladeshi	703	124	16
ASIAN or ASIAN BRITISH - Any other Asian background	1522	357	51
MIXED - White & Black Caribbean	209	61	10
MIXED - White & Black African	187	43	1
MIXED - White & Asian	116	34	6
MIXED - any other mixed background	266	71	15
BLACK or BLACK BRITISH - Caribbean	1214	353	30
BLACK or BLACK BRITISH - African	5493	1400	69
BLACK or BLACK BRITISH - Any other black background	348	99	4
OTHER ETHNIC GROUP - Chinese	190	49	6
OTHER ETHNIC GROUP - Any other ethnic group	1047	265	20
Undisclosed	475	99	10
Total	22424	5596	731

Across the professional staff groups, *Black or Black British African* comprises 12.83% of employees in Additional Clinical Services areas and 9.77% amongst the registered nursing and midwifery groups. Amongst other staff groups the percentages are less than 5%.

The data seems to suggest that the type of role a candidate applies for is attributed to different career choice for different ethnic groups and other factors such as education and training which affects choices. It is worth noting that the 'success rate' of applicants by ethnicity has varied over the last few years, which suggests that applicants are fairly appointed against the person specification of each post and not due to their ethnic background. We still continue to employ a diverse workforce which is positive, but it is difficult to draw conclusions from this analysis without looking at recruitment activity across London to gauge whether the minor changes are statistically significant.

A total of five applications were from individuals under 18, which would suggest that advertised posts are generally not aimed at a school leaver level. The majority of applications and appointments (29.49%) are made to the age group 25–29, and a significant percentage of appointments are also made to age groups 20-24 (20.44%) and age group 30-34 (18.52%).

24% of applicants under 40 + age range were shortlisted and 28% of applicants over 40 were shortlisted probably due to experience .There were very few applications received from the age range 60+ and there were two appointments made from this age range.

Applicants identifying as Atheist, Christian or Islam had the most likelihood of being shortlisted and appointed.

6.41% of applicants declared a disability impairment, and they accounted for 4.81% of appointees. Given that equality fields other than disability are not known by those shortlisting, there is no evidence of any form of discriminatory conduct with regard to recruitment in any of the protected groups but there is positive evidence in the area of meeting disability equality duty.

6. Turnover

6.1. Divisions

Voluntary turnover increased on last year to 14.70%, which is significantly above the target of 13.50%. This turnover is above a previous 3 year average of 14.42%. The rate was highest in the Womens, Childrens and Sexual Health Division at 16.69%.

Table 34: Turnover by Division

Division	Turnover	Turnover (12/13)	Difference
Clinical Support Services	14.13%	14.01%	0.12%
Management Exec & Corporate Serv	13.07%	9.02%	4.05%
Medicine,Surgery & Private Patients	16.14%	14.91%	1.23%
Womens, Childrens and Sexual Healt	16.96%	14.13%	2.83%
Trust	**14.70%**	**13.59%**	**1.11%**

6.2 Pay Bands / Grades

Turnover rates is highest amongst the Additional Clinical Services (healthcare assistant) staff group at 18.40% and for Band 2 (excluding local non – Afc which comprise a total of 14 staff) at 26.87%, closely followed by those staff at Band 8D at 26.67% as illustrated in the tables below, although it should be noted that numbers in Band 8D pay levels are a headcount total of 7 staff.

Table 35: Turnover by Pay Bands

Grade	Turnover
Band 2	26.87%
Band 3	10.60%
Band 4	9.09%
Band 5	24.16%
Band 6	14.50%
Band 7	10.34%
Band 8A	13.75%
Band 8B	13.59%
Band 8C	13.11%
Band 8D	26.67%
Band 9	0.00%
Local non-AfC	31.58%
Medical	11.36%

6.3 Professional /Staff Group

Table 36: Turnover by Professional/Staff Groups

Staff Group	Turnover	Turnover (12/13)	Difference
Add Prof Scientific and Technic	15.08%	16.23%	-1.14%
Additional Clinical Services	18.40%	16.63%	1.76%
Administrative and Clerical	11.50%	8.92%	2.58%
Allied Health Professionals	15.32%	15.51%	-0.19%
Healthcare Scientists	10.52%	12.45%	-1.93%
Medical and Dental	11.18%	13.36%	-2.18%
Nursing and Midwifery Registered	16.16%	13.87%	2.29%
Trust	**14.70%**	**13.59%**	**1.11%**

7. Vacancy

7.1. Divisions

Womens, Childrens and Sexual Health Division had the highest rate of vacancies at 12.39% while the tables below show that rates across the Divisions were highest for additional clinical staff group at 18.37% and for pay band 2 at 26.55%. In many cases, however, there has been a deliberate strategy not to recruit to vacancies in order to hold budgets for Cost Improvement Programme (CIP) purposes, where that is safe to do so.

Table 37: Vacancy by Divisions

Division	Vacancy rate	Vacancy rate (12/13)	Difference
Clinical Support	6.20%	6.84%	0.64%
Mgt Exec	7.50%	8.40%	0.90%
Medicine & Surgery	10.24%	7.80%	-2.44%
Womens, Childrens and Sexual Health	12.39%	7.83%	-4.56%
Trust	**9.64%**	**7.64%**	**-2.00%**

Average vacancy rates slightly increased in 2013/14 from 8.34 %(2012/13) to 8.74%, but still below a three average of (9.87%) and just above the Trust target of 8%. Increases are registered across the Divisions with the highest annual increase in Womens, Childrens and Sexual Health from 7.64% (2012/13) to 12.39% (2013/14).

7.2. Pay Bands /Grades

Table 38: Vacancies by Pay Bands 1

AfC Grade	Vacancy rate	Vacancy rate (12/13)	Difference
Band 2	26.55%	19.15%	7.40%
Band 3	17.42%	14.28%	3.13%
Band 4	11.77%	10.13%	1.64%
Band 5	9.10%	14.57%	-5.48%
Band 6	16.43%	10.75%	5.68%
Band 7	2.84%	1.38%	1.46%
Band 8A	1.36%	-4.17%	5.54%
Band 8B	8.13%	2.22%	5.90%
Band 8C	5.19%	-6.32%	11.52%
Band 8D	12.51%	-22.00%	34.51%
Band 9	0.00%	27.00%	-27.00%

7.3. Professional /Staff Groups

Table 39: Vacancies by Professiona/Staff Groups 2.

Staff Group	Vacancy rate	Vacancy rate (12/13)	Difference
Add Prof Scientific and Technic	5.54%	-1.38%	-6.92%
Additional Clinical Services	18.37%	12.66%	-5.71%
Administrative and Clerical	13.27%	9.86%	-3.41%
Allied Health Professionals	-2.24%	-0.65%	1.59%
Healthcare Scientists	17.15%	1.68%	-15.47%
Medical and Dental	-3.08%	-2.58%	0.50%
Nursing and Midwifery	12.90%	12.46%	-0.44%

Nursing and Midwifery vacancies increased over the previous year (12.46% for 2012/13) ending the year at 12.90%. The Trust continues to monitor “active “vacancies, which are posts that the organisation is actively trying to fill. Two working shortlife groups have been set up to develop retention strategies for Nursing and Midwifery Bands 5-8a.and also for Healthcare Assistants at the Band 2 and 3 levels.

8. Sickness

8.1 Divisions

The division with the highest sickness rate for 2013/14 is Clinical Support Services at 4.10%. All Divisions with the exception of Clinical Support registered a decrease on the same period last year. YTD sickness absence was below the target for the year which following a review was reduced to 3.5%. The QIPP project which begun in 2012, continued through 2013/4, supporting this reduction. HR is currently reviewing the issue of non-reporting and will be implementing changes to improve compliance.

Table 40: Sickness by Division

Division	Sickness %	Sickness % (12/13)	Difference
Clinical Support	4.10%	3.12%	0.98%
Mgt Exec	2.40%	3.75%	-1.35%
Medicine & Surgery	2.98%	3.63%	-0.65%
Womens, Childrens and Sexual Health	3.48%	4.18%	-0.70%
Trust	**3.44%**	**3.73%**	**-0.29%**

The Trust average sickness rates for the year decreased to 3.44% which is just below the Trust target for 2013/14 of 3.5% and is also below a four year average of 3.72 %. Health and Social Care Information Centre reports that the sickness rate is 2.92% for 2013/14. The continued downward trend demonstrates the continued success of a number of sickness

absence management initiatives which were launched in 2012/13, including the requirement that managers complete a 'Return to Work' interview after each absence. The returns from these are gathered centrally, allowing HR to monitor the process more effectively.

8.2. Pay Bands/Grades

Analysis by grade suggests that staff in Bands 2-6 have a significantly higher absence rate than the Trust average of 3.44%, with staff in Bands 2 having the highest rate at 6.67%, chiefly consisting of long term absence periods.

Table 41: Sickness by Pay Bands

Grade	Sickness	2012/13	Difference
Band 2	6.67%	6.90%	-0.23%
Band 3	5.71%	6.03%	-0.32%
Band 4	5.79%	6.05%	-0.25%
Band 5	4.86%	4.91%	-0.05%
Band 6	3.90%	3.78%	0.12%
Band 7	3.40%	3.10%	0.31%
Band 8A	2.52%	1.87%	0.65%
Band 8B	2.77%	2.02%	0.76%
Band 8C	0.68%	0.74%	-0.06%
Band 8D	0.07%	0.85%	-0.78%
Band 9	0.00%	0.00%	0.00%
Medical	0.38%	0.61%	-0.24%
Non AfC	0.38%	0.78%	-0.40%
Trust	**3.44%**	**3.73%**	**-0.29%**

8.3 Professional/Staff Groups

The sickness absence rate for all medical staff is at 0.37%, which is significantly low for a complement of staff (Headcount of 688) that is higher than for all *Administrative and Clerical staff* (Headcount of 649) where the majority of bands are reporting absences above 0.50% demonstrating that reporting absence for Medical staff remains an issue within the Trust.

Table 42: Sickness by Professional/Staff Group

Staff Group	Sickness	2012/13	Difference
Add Prof Scientific and Technic	4.78%	3.54%	1.24%
Additional Clinical Services	5.93%	6.10%	-0.18%
Administrative and Clerical	4.71%	4.78%	-0.07%
Allied Health Professionals	2.69%	2.17%	0.52%
Healthcare Scientists	2.26%	2.31%	-0.05%
Medical and Dental	0.37%	0.61%	-0.24%
Nursing and Midwifery	4.35%	4.56%	-0.21%
Trust	**3.44%**	**3.73%**	**-0.29%**

9. Length of Service

The average length of service for staff is 5.81 years which is lower than last year's average of 6.31 years, indicating an increase in staff turnover in year. However, excluding Junior doctors (average is 0.87 years) the average length of service increases to 6.31 years.

Staff aged between 55-59 have the longest average length of service at 12.02 years, with the length of service averages similar for both females and males (5.91 and 5.49 respectively) . *Black or Black British* ethnic groups have the longest years of service at 11.54 years.

Table 43: Length of service by ethnicity

Ethnic Code	Avg LoS
A White - British	6.14
B White - Irish	6.59
C White - Any other White background	5.28
CQ White ex-USSR	1.57
CW White Other Ex-Yugoslav	2.66
CY White Other European	0.63
D Mixed - White & Black Caribbean	5.81
E Mixed - White & Black African	6.03
F Mixed - White & Asian	5.15
G Mixed - Any other mixed background	4.40
H Asian or Asian British - Indian	4.07
J Asian or Asian British - Pakistani	3.98
K Asian or Asian British - Bangladeshi	1.69
L Asian or Asian British - Any other Asian background	6.13
M Black or Black British - Caribbean	9.24
N Black or Black British - African	5.72
P Black or Black British - Any other Black background	11.54
R Chinese	4.78
S Any Other Ethnic Group	6.02
SC Filipino	0.40
Undefined	0.81
Z Not Stated	5.99

Administrative and Clerical staff groups have the longest service period averaging at 7.84 years, followed closely by Healthcare Scientists at 7.07 years. Medical and dental have the shortest period (4.08 years) demonstrating the impact of fixed term short training junior doctors contracts (average LOS is 0.87 years) and junior doctors form a significant cohort (320 wte) of the medical and dental staffing establishment.

Amongst the Divisional staff Medicine, Surgery and Private Patients have the shortest average length of service at 5.26 years followed by a narrow margin by Women, Children's and Sexual Health Division at 5.72 years. The Division with the longest average service is Management Exec & Corporate Services Division at 6.53 years.

10. Professional Registration – delivering a safe workforce

2216 Trust staff are required to hold registration with a professional body eg. GMC (General Medical Council), NMC(Nursing Midwifery Council). The Trust monitors these registrations on a regular basis and engages with staff and managers to ensure that up to date registration is maintained in line with the Trust procedure for Checking Professional Registration. During 2013/14 there was a total of 25 lapses in registration and these were managed in accordance with the Procedure for Checking Professional Registrations.

During 2013/14, the procedure was reviewed to prevent those professional clinical staff who allow their registration to lapse from assuming any duties but be placed on unpaid leave to permit them the opportunity to register, and prevent them undertaking any duties whilst being unregistered. Line managers will advise employees who have lapsed their registration that they will be placed on unpaid leave for the period of non registration to enable them to arrange registration, and advise HR and Payroll accordingly.

11. Pay

The Trust average salary is £30,975 per annum (£30,839 excluding junior doctors) and if one excludes the few annual salary outliers in terms of a high payments then the median Trust salary is £27,901 which equates to the top of a Band 5 grade. The mean average salary for the country is lower at £26,500 (confirmed by the Office for National Statistics for year ending April 2012). A breakdown of the median basic salary of employees highlights that White Staff earn the highest average salary over BME staff. Although there are few men in the Trust they earn the highest average salary compared to women. Staff aged between 40-54 continue to maintain the highest average salary; in contrast staff aged below 20 earn the lowest. It is worth noting that junior doctors were included in this analysis.

12. Flexible Working

From the analysis of staff working flexibly 686 or 20.68% of staff reported working flexibly, it appears that part-time working is the most popular flexible working arrangement. Allied Health Professional staff (35%) and Nursing and Midwifery (21.99%) have the most flexible working arrangements in place. Staff in the age range 35-60 have more flexible work arrangements generally over 25% across all age groups, whilst staff in the age range 20 to 34 are most likely to be working full time. Females tend to more arrangements in place, possibly reflecting caring responsibilities outside the workplace.

No further conclusions can be drawn from other protected characteristic details such as religion or sexual orientation.

13. Promotion

There was a total of 170 promotions in the Trust, of which 25% BME staff were promoted. BME staff total 35% of the workforce. The majority of promotions were evidenced in the age range 30-40, collectively totalling 118 promotions. Gender analysis shows little statistical significance and is mainly proportionate to the current numbers in the with 26% of men achieving promotions, and 73% women.

Table 44: Promotion by Ethnicity

Ethnicity	Headcount	%	% of workforce
White	123	72.35%	59.93%
BME	40	23.53%	34.25%
Undisclosed	7	4.12%	5.82%
Total	**170**	**100%**	**100%**

The majority of promotions, illustrated in the table below took place onto the Band 6 grade, which is largely comprised of nursing posts.

Table 45: Promotion by Ethnicity

Promoted to	White	BME	n/a
Band 3	6	5	4
Band 4	9	2	1
Band 5	15	9	
Band 6	51	8	1
Band 7	21	9	
Band 8A	11	3	
Band 8B	2	1	
Band 8C	3	2	
Band 8D	2	1	
Consultant	1		1
Trust Grade	2		
Total	**123**	**40**	**7**

Disabled staff achieved 5.29% of promotions, which is slightly higher than their reported rates in the workforce at 2%. The percentage of those promoted and not disclosing a disability is at 31.76%.

No conclusions may be drawn from religious belief figures, with the numbers of those achieving promotion and not disclosing their beliefs (23) almost equating to those declaring Christianity (22).

14. Learning and Development

14.1 Appraisal

The Trust appraisal completion rate as measured by the NHS Staff Survey in 2013/14 was 84% against the annual target of 90%, this is a small increase of 2% from 82% in 2012/1.

Analysis of data by protected characteristics indicates that appraisal completion rates were slightly higher for men at 85% (whilst women were at 84%), older employees in the age range 30+ . In contrast, staff from *Nursing & Midwifery* (81%) and *Additional Clinical Services* (76%), and staff from Black ethnic groups (ranging from 76% to 84%) had slightly lower appraisal completion rates. This could be explained by the fact that there are proportionately more BME staff in lower bands or in clinical roles compared to White staff. Further investigation is needed to understand the reasons for the lower appraisal rate in order for recommendations to be made.

Appraisals for medical staff was at 89%, which is near the Trust target of 90%, this is a improvement to completion of the previous year, which is staff group which has improved its completion rate. This is probably due to the introduction of a new IT system in 2013/14 for capturing of medical staff appraisals.

During April, 2014 a new Trust Appraisal system was introduced to link with the implementation of annually earned increments reflecting changes to Agenda for Change terms and conditions introduced last year. Incremental progression is now conditional on not only demonstrating satisfactory performance in year, but also evidence of demonstrating the Trust values and behaviours of which respect is a key one.

14.2 Mandatory Training

Mandatory training figures for 2013/14 was at 70% which is 10% increase in compliance compared to last year, but is still 6% below the 85% target set for the year . Health and Safety training stands at 74% (compliance rate of staff trained within the two year refresher period across all staff groups)

Black ethnic categories have a lower attendance for mandatory and non mandatory training and further analysis will be undertaken to understand the reason for this.

Table 46: Mandatory Training by Ethncity

Ethnicity	Courses	%
White	12216	59.63%
BME	6958	33.96%
Undefined	1314	6.41%

86% of staff who accessed professional Development training came from a white background.

In addition, the Staff Survey Results (2013) Key finding 26 for "Percentage of staff having equality and diversity training shows that in the last 12 months a decrease from 49% (2012) to 47%(2013) in receipt of training. Consequently, the Learning Resource Centre are reviewing provision, along with the mandatory requirement for all staff to receive Equality and Diversity Training every 4 years. Equality and Diversity Hotspots have been identified and new arrangements for targeting these areas/department/ staff groups will be developed during the summer months of 2014.

15. Bank and Agency

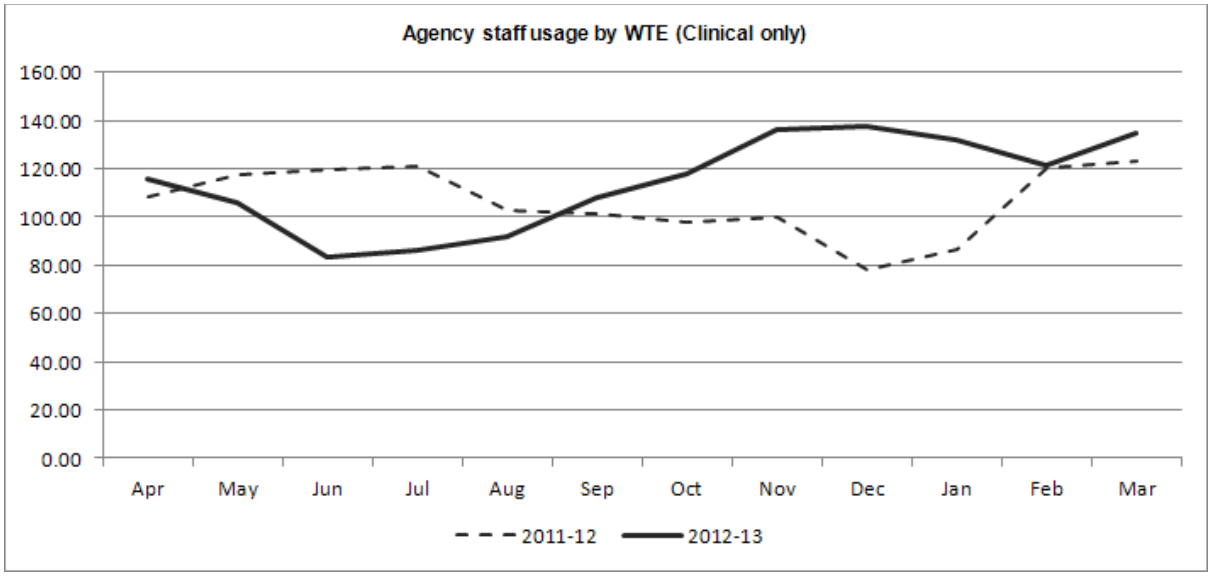
15.1 Bank and Agency Usage

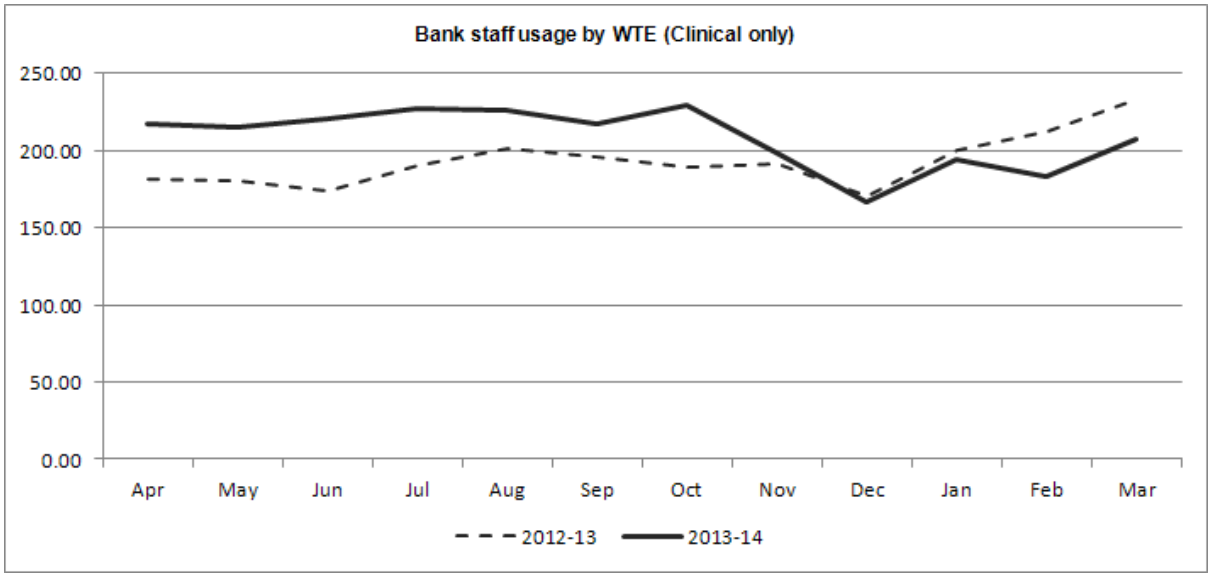
Table 47:Bank and Agency Usage by WTE

Year	Agency WTE
2011-12	1275.28
2012-13	1369.38
2013-14	1361.02

Year	Bank WTE
2011-12	2071.03
2012-13	2318.95
2013-14	2501.78

2013/14 has seen a continued increase in the usage of Bank and Agency staff, however usage this has been a decrease in the later months of the financial year following the institution of a Bank and Agency Nursing focus group which on monthly basis regularly monitors usage throughout the Divisions.





The highest usage of bank and agency staff remains with Nursing and Midwifery staff and in general the Bank and Agency usage is lower that the Trust vacancy rate.

15.1 Bank and Agency by Protected Characteristics

The majority of bank and agency staff were female at 69% and male at 31%, the age profile of the Bank staff are illustrated in the table below. Agency staff personal information is retained by their employer.

Table 48: Bank and Agency Usage by Ethnicity and age bands

Age group

Age Band	Bank	Substantive
Under 20	1.00%	0.18%
20-24	12.00%	7.08%
25-29	22.00%	19.20%
30-34	19.00%	17.24%
35-39	17.00%	15.41%
40-44	9.00%	12.15%
45-49	8.00%	10.85%
50-54	5.00%	8.65%
55-59	3.00%	5.16%
60-64	2.00%	2.68%
65+	3.00%	1.39%

Bank Staff Ethnicity

White – 33% (whilst Trust staff figures are at approx. 60%)
BME – 26% (Trust staff figures are at approx. 34%)
Undefined – 41% (Trust staff figures are at 6%)

16. Employee Relations and Protected Characteristics

The total number of formally completed employee relations cases in 2013/2014 was 71. 46 (63.38%) cases were the result of disciplinary action, 19 (26.76%) due to capability/ poor performance and 7 (9.86%) related to bullying and harassment, essentially grievances .

The chart and tables below indicates the percentages for ethnic groups involved in Employee Relations procedures set against the Trust staff profile for the same groups.

Table 49: Employee Relations by Ethnicity

Employee Relations - Ethnicity	% of ER cases	Trust profile
White	30%	60%
BME	65%	34%
Not Stated	6%	6%

Table 50:Employee Relations cases by Banding and Ethnicity

Grade	B&H	Capability	Disciplinary	% of Total Cases	Trust Profile
Band 2	14.29%	42.11%	22.22%	26.76%	7.08%
Band 3	0.00%	21.05%	15.56%	15.49%	7.84%
Band 4	28.57%	10.53%	8.89%	11.27%	7.84%
Band 5	28.57%	15.79%	20.00%	19.72%	21.25%
Band 6	14.29%	5.26%	8.89%	8.45%	16.58%
Band 7	0.00%	0.00%	13.33%	8.45%	11.12%
Band 8C	0.00%	5.26%	0.00%	1.41%	0.78%
Consultant	0.00%	0.00%	6.67%	4.23%	7.84%
Specialty Doctor	14.29%	0.00%	4.44%	4.23%	0.90%

Ethnic Code	B&H	Capability	Disciplinary	% of Total Cases	Trust Profile
A White - British	28.57%	10.53%	24.44%	21.13%	44.14%
B White - Irish	0.00%	10.53%	2.22%	4.23%	4.25%
C White - Any other White background	0.00%	0.00%	6.67%	4.23%	11.37%
D Mixed - White & Black Caribbean	14.29%	5.26%	0.00%	2.82%	0.78%
E Mixed - White & Black African	0.00%	0.00%	2.22%	1.41%	0.45%
G Mixed - Any other mixed background	0.00%	5.26%	0.00%	1.41%	1.54%
H Asian or Asian British - Indian	14.29%	10.53%	4.44%	7.04%	5.76%
M Black or Black British - Caribbean	0.00%	0.00%	13.33%	8.45%	4.70%
N Black or Black British - African	28.57%	26.32%	22.22%	23.94%	7.05%
P Black or Black British - Any other Black background	0.00%	0.00%	2.22%	1.41%	0.96%
S Any Other Ethnic Group	14.29%	15.79%	6.67%	9.86%	3.74%
Z Not Stated	0.00%	5.26%	6.67%		
L Asian or Asian British - Any other Asian background	0.00%	10.53%	6.67%	7.04%	5.61%
J Asian or Asian British - Pakistani	0.00%	0.00%	2.22%	1.41%	0.69%

16.1 Bullying and Harassment

Of the total number of formal cases, 6 involved women and 1 man. This is similar to the position of the 2012/13 period during which there were 8 cases (again 6 women and 2 men). No further considerations can be drawn from this other than women raised more bullying and harassment concerns compared to men over a two year period however proportionately correlates with the gender ratio employed 75:25.

The majority of the Bullying and Harassment cases occurred in the age groups 25-29 (28.57%) and similarly in age group 40-44 (28.57%). *White-British* made up 28.57% of cases, this ethnic group representing 44.14% of the Trust staff profile and *Black or Black British–African* made up 28.57% cases, with this ethnic group representing 7% of the Trust staff profile. The staff group with the highest percentage of cases are registered nurses and midwives at 42.86%. Band 5 forms the largest pay group with Bullying and Harassment cases at 28.57%. Band 5 nurses and midwives are the largest band/staff group in the Trust forming 16% of staff, and the second largest is Band 6 nurses and midwives at !!%.

Religion and sexual orientation were largely undisclosed for these two protected characteristics (with rates of over 70% undisclosed) therefore yielding no significant considerations. Similarly 57.14% cases did not disclose their disability status, so we are unable to draw any analysis from these rates.

16.2 Disciplinary

The number of disciplinary cases for the period 2012/13 were 45 and in 2013/14 were 46. This year 68.89% were from women and 31.11 % from men. The majority of cases were represented by *Black or Black British – African and Black Caribbean* comprising over 35% of all disciplinary cases, whilst *White British* comprised 24.44% of cases. Other ethnic groups

account for significantly less than 15% of disciplinary cases. The disciplinary rates across the age groups is generally below 15%, so no particular conclusions can be drawn as similar rates apply across age groups

Band 2 pay group had the highest number of cases at 22.22% followed by Band 5 at 20%.

No conclusions can be drawn for a number of protected characteristics as the **undisclosed** rates are high with 68.89% for disability, 71% for religion, 68.89% for sexual orientation.

16.3 Capability

The total number of cases is 19 of those 89.47% were female and 10.53% are male. Staff in the age group 55-59 accounted for 26.32% of cases. The majority of the cases at 26.32% were represented by *Black* or *Black British Caribbean*, followed by other ethnic groups at 15.79% and *White British* and *White Irish* groups each at 10.53%.

16.4 Employee Relations Conclusions

BME staff, particularly from *Black African and Black Caribbean* ethnic groups still continue to be disproportionately affected compared with White colleagues. When comparing this to the staff group profile of the Trust, staff in junior bands (Bands 2 = 18 cases, Band 3 =11 cases Band 4= 8 and Band 5 = 16 cases) or *Nursing and Midwifery staff* (23)and *Additional Clinical Services i.e.HCAs*(22) were disproportionately involved in ER cases. The total number of staff dismissed from the Trust were 9 of which 3 were *White* and 6 from *BME or other Backgrounds*

The Bullying and Harassment Staff survey Results 2013/14 have now been analysed, especially in relation to last year's figures and the identification of hotspots. Last year, a follow up action led the Equality and Diversity Lead, along with HR colleagues to run Staff Focus Groups in areas/departments deemed to have the worse scores in terms of Bullying/Harassment/Victimisation and Discrimination. Over 17 hotspot areas (approx 200 staff) were visited to discuss outcome and develop action plans. This year's results indicate that the local action plan from this exercise for many areas have been successful, with 10 areas/departments (out of 17) no longer featuring for these findings in 2013 survey.

Following the release of the Staff Survey results for 2013, NHS employers convened a roundtable to discuss the survey findings inviting representative for major hospitals in London (as London hospitals present the highest Bullying and Harassment rate nationally) and to further consider other research, along with survey findings and ways forward. A number of hospitals participated including St. Bartholomews and the Royal London, Imperial Healthcare, to discuss results and methods to address. Following on from this, Chelsea and Westminster has agreed to share information on Bulllying and Harassment, Disciplinary and sickness absence figures to assist in the development of initiatives, one of which includes the consideration of unconscious bias impact in the workplace leading to bullying and harassment claims.,

17. Next Steps

A People Strategy has now been developed for the Trust to support the Trust's Business Strategy and to address some of the issues raised in this report. Actions on equality and diversity issues specifically are in Appendix 2, and the following highlights some of the actions in more general terms:

Continuing to work towards meeting our key staffing metrics, thereby reducing our reliance on agency staff and manage our activity within staffing budgets.

Use this report's findings to help design solutions to address high turnover amongst Band 5 nurses and Healthcare Assistants, initially through shortlife working groups

Band 5 notice period, extended from 4 to 8 weeks, and it is hoped that this will help with retention and decrease turnover for this group, permitting the opportunity for the individual to reconsider and to explore more fully the reasons for leaving.

Exit interviews carried out via Survey monkey, now revised the timing of sending out of these surveys to coincide with the receipt of termination forms, to allow the opportunity to receive more responses prior to staff leaving and explore more fully leaving reasons.

"Spotlight surveys" conducted in recruitment and retention hotspot areas, now include a question regarding a member of staff's future intentions, asking them why they may be thinking of leaving. Findings are reported on, and these are sent to local managers, to assist them in making real time changes to take action and make improvements.

Saturday recruitment and selection days were introduced for Bank Band 5 Nurses and Healthcare Assistants, intended to help towards improving vacancy rates.

Attendance at External Recruitment Fairs are planned for, eg, RCN exhibitions in Manchester and London to help increase supply of nurses.

Incentives have been trialled in hotspot shortage areas of speciality nurse vacancies. e.g. NICU and Midwives. Incentive payments/vouchers are paid for extra shifts over peak periods. Higher rates of payments were made during pressurised periods e.g. winter.

Recruitment and selection practices being reviewed to ensure that the Trust values are fully embedded at every stage of the recruitment pathway and that we are recruiting staff who are supportive and demonstrate behaviour that is consistent with the Trust values.

Work will continue with improving data collection by protected characteristics that are not currently collected on a regular basis from staff and also patients. Attention will also be focused on collaboratively working with member of the Patient and Staff Experience Committee and Health watch to engage with more effectively with all our patients.

Continuing to consult with staff to understand this report's findings particularly around bullying and harassment, employee relations and the Staff Survey findings using a variety of methods such as 'pulse surveys' and focus groups.

Continuing to engage and build relationships with staff and newly formed external partners such as Healthwatch and Clinical Care Commissioning Groups to hear the views of patients and staff from different protected groups.

Continue to host speaking events to raise awareness of different equality issues across all protected characteristics and challenge current thinking.

Improvements to workforce information and metrics. A small group will review themes and trends relating to turnover or employee relations for example, and agree solutions for improvement in a timely manner, rather than waiting for the data to be provided annually through the Annual Workforce Monitoring Report.

Launch the first staff Friends and Family test survey presenting an opportunity to staff to feedback on what they think about the care the Trust provides and working here. The aim is to strengthen the voice of people working in the NHS and develop a positive listening and learning culture to support service improvement.

Developing a Staff Health and Wellbeing strategy that will support staff in balancing work and other responsibilities outside of work to generally improve physical and mental wellbeing. The Trust will follow up on similar previous initiatives such as the fast-track direct referral to physiotherapy service and our mini health MOTs for staff.

New Appraisal system introduced to link with the implementation of annually earned increments - now conditional on not only demonstrating satisfactory performance in year, but also evidence of demonstrating the Trust values and behaviours. Satisfactory appraisal also includes ensuring that all staff meet their mandatory training requirements, of which equality and diversity training is one.

18. Conclusion

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

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.

The Trust performance for a number of HR metrics shows continued improvement with regard to sickness at 3.44% (below target of 3.5%), appraisals at 84%, mandatory training 77%, Time to Recruit at 69 days. However, challenges are still faced in the area of turnover which is above the target at 14.70%. Staff engagement levels remain high, despite the challenging environment, and the development of the People Strategy should help to address some of the remaining issues.

Appendix 1: Overview of Equality Legislation

The Public Sector equality duty came into force in April 2011 (s149 of the Equality Act 2010) and as public authorities such as NHS organisations are required in carrying out their functions to have due regard to the need to achieve the objectives set under section 149 of the Equality Act to:

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

To ensure transparency and to assist in the performance of this duty, the Equality Act 2010 (Specific Duties) Regulations require public authorities, to publish information to demonstrate compliance with the general duty. This information must include, in particular, information relating to people who share a protected characteristic who are its employees and people affected by its policies and practices. This specific duty requires the Trust to publish relevant proportionate information showing compliance with the Equality Duty and also to prepare and publish one or more objectives that it thinks it needs to achieve to further any of the aims of the general equality duty and these are identified in section 17 of this report..

For the purposes of the Equality Act (Specific Duties) regulations the Annual workforce report 2013/14 provides an analysis of the equality and diversity monitoring information, the Trust collects on protected characteristics of its employees and integrate this information with the general workforce operational information. The headings in bold indicate the suggested information that the regulations propose are published annually, whilst the subheadings indicate that which the Trust legally holds via equality monitoring and also how the information will be presented in the 2013/2014 Annual Workforce Report.

Overall Workforce Composition by protected characteristics

By salary pay band, and professional group. Page 7, para: 2.2

Recruitment and Retention by protected characteristics

Recruitment analysis -applications, shortlisting. Page 26, para: 5

Starters and leavers. Pages 19 para: 3.4 and Page 22, para: 4.2.

Length of service. Page 32 , para: 9

Gender Pay gap and Pay Equality

Pay and Promotions. Page 34, para:11

Flexible Working and different protected characteristics.

Flexible working by bands and professional groups. Page 33, para 12

Learning and Development Opportunities and outcomes for protected characteristics

Appraisals. Page 35 para 14.1

Mandatory training and equality and diversity training. Page 35.para 14.2

Grievance and disciplinary issues for staff with different protected characteristics.

Grievance Policy usage: Page 39: para 16.1

Bullying and Harassment Policy usage. Page 39; para 16.1

Disciplinary Policy usage. Page 39 , para 16.2

Managing Capability (poor performance) Policy usage. Page 40, para. 16.3

Appendix 2: Equality Objectives, Progress and Next Steps

1 Objectives

The Equality Act 2010 (Specific Duties) Regulations which came into force on 10th September 2011, requires public bodies to prepare and publish one or more specific measurable equality objective at least every four years which will help them in the furtherance of the three aims of the Equality Duty (see Section 2: Overview of Equality Legislation) .

The following is a summary of the objectives set previously and which continues to be the framework for the work plan as set out in the recommendations/next step section.

Objective 1: Improve equality data collection and usage across all protected characteristics. The Trust continues to review its IT systems, identifying the gaps in information quality that need addressing in order to improve the patient experience e.g. improved recording of protected characteristics.

Objective 2: Continue to develop and promote an organisational culture that supports the principles of equality. Some of the developments that promote these principles are outlined in the recommendations below e.g. Staff survey feedback sessions, staff focus groups and the development of local action plans to address concerns.

Objective 3: Effectively communicate with, engage, and involve all of our stakeholders in equality. The Equality and Diversity continues to work alongside Senior colleagues on number of groups e.g. Stroke Forum, Learning Disability Steering Group to review and make recommendations on service improvements especially with respect of transfer of patients with protected characteristics to hospital.

Objective 4: Strengthen equality and diversity communications and resources across the Trust. A number of initiatives are outlined in recommendations, including participating in ENEI and Stonewall Benchmarking exercises, along with Stonewall's Health Champions programme.

2 Progress with Equality and Diversity

Trust representative participated in a Londonwide Equality and Diversity Roundtable event in April, 2014 along with diverse Equality and Diversity leads from NHS employers, Imperial college, Barts and the London, Royal Marsden, Heads of Engagement and Equality and Diversity Lead for London and ACAS Head of Equalities to network in identifying common Bullying and harassment themes and solutions. A number of recommendations and tools will be considered for adoption into our E&D Plan and to redesign solutions during 2014/15.

For the first time this year, the Trust participated in the ENEI (Employers Network for Equality and Inclusion) in March, 2014. This enabled us to benchmark ourselves with other companies and organisations. The benchmarking tool was completed and submitted on 4th April. The key areas for assessment being workforce, organizational commitment, organizational improvements, and integrating equality, diversity and inclusion, external

relations and suppliers .The results were released in May 2014 and the Trust achieved Bronze Standard, of the three which were Gold Silver and Bronze. The outcomes will further assist us in diagnosing areas for improvement and further developing the Equality and Diversity Plan.

The Patient and Staff experience committee(PSEC), formally assumed the work of the Equality and Diversity Steering group, as there are strong links to the Trust 'Respectful' value and as such Equality and Diversity work could be better integrated and evaluated as part of the work of the PSEC committee. The Patient and Staff experience Committee will amend their Terms of reference to incorporate this change, and it will be taken to the Patient and Staff Experience committee meeting for final sign off.

The Trust has recently been successful in an application to become a Stonewall Health Champion by May 2015. During this course of the programme,, Stonewall will provide a free one-year support package on Lesbian, gay and bisexual equality. As a champion, the Trust will receive stonewall consultancy support, a free needs assessment based on Stonewall health research, and access to NHS specific training on sexual orientation equality, and support with benchmarking exercise.

The Trust's Feel Good February campaign led included several presentations on LGBT matters, including health inequalities experienced by LGBT. The sessions were well attended and were reported on in the April edition of the Trust Newsletter to ensure continued awareness on these specific issues.

3 Next Steps with equality and diversity

Share this report's findings with the Senior Nursing and Midwifery Committee to develop staff group specific actions from this report and Staff Survey findings to address staff group trends.

Continue to review HR policies and procedures such as sickness, special leave to ensure fit for purpose and taking into consideration the principles of equality whilst at the same time addressing organisational costs and issues that arise due to staff absence.

Developing a series of local staff surveys to measure staff engagement and provide further analysis of the areas of concern identified in the annual national Staff Survey. The results of these surveys will be analysed in conjunction with patient surveys and areas of improvement identified.

Complete a comparative analysis of our results for bullying and harassment in 2013 Staff survey, against last year; to evaluate whether the focus group work helped to reduce the likelihood of staff feeling bullied and harassed. Share findings and work with NHS employers and other London NHS organisations where bullying and harassment are also of concern leading to the development of a toolkit of shared resources.

Finalise and roll out the diversity resource booklet to increase staff knowledge of different equality issues across all protected characteristics.

We will continue to identify strategies to improve compliance in Mandatory Training, and review Corporate Induction, to ensure comprehensive coverage and it is fit for purpose.

Participation in the Employer's Network for Equality and Inclusion benchmarking survey will not only allow us to learn from others but also assist in the development of a 2014/15 equality workplan across all the protected characteristics across all protected characteristics.