

**Public Sector Equality Duty**

**Annual Workforce Equality Monitoring Report**

**Heart of England NHS Foundation Trust**

**April 2014**

**Executive Summary**

Each public sector body is required by the specific requirements of the Public Sector Equality Duty to publish data annually to show it is compliant with the general aims of the duty. To ensure we are compliant with the duty equality reports are produced in relation to both workforce and service users.

**Aims of the Report**

This report covers the main aspects of workforce data including workforce demographics, recruitment and selection, NHS Staff Survey, employee relations (disciplinary and grievance), mandatory training and development (appraisals) across the protected groups, where this data is available. The report helps us to identify potential disadvantages for any protected groups and to support the development of further actions.

The report is collated by the Trust’s Workforce Information and Analysis Team and presented to the Equality and Diversity Steering Group and HR Committee for review. The report will also be scrutinised at Trust Board with a view to agreeing an updated set of workforce equality objectives.

Review of 2013/14 Actions

**Action – Step into Work and Apprenticeships**

Continuation of the Step into Work and Apprenticeship programmes through the Faculty of Education.

**Progress:**

For 2013/14 there were 4 planned cohorts for Step into Work, with anticipated recruitment of 45 trainees. As at March 2014 4 cohorts had commenced and 43 trainees recruited. Projected recruitment for 2014/15 is a further 45 trainees.

60 apprenticeships were planned for 2013/14, a reduction from 157 in 2013/13 due to changes to funding streams. As at March 2014 124 members of staff had commenced, or were due to commence an apprenticeship.

Projected apprenticeships for 2014/15 are 100 (subject to final confirmation of funding).

**Action – Inclusion of equality and diversity in VITAL**

Further development of an on line module to support equality and diversity capability.

**Progress**

Completed in October 2013.

A standalone Equality and Diversity module was created on the MOODLE platform and mandated for all staff groups. As at April 2014 2480 staff had completed this training.

**Action – Development of Succession Planning**

Development of succession planning and embedding of processes to establish a cohort of emerging leaders.

**Progress:**

Following the re-alignment of Organisational Development, this action was deferred until 2014.

**Action – Development of Leadership Programmes**

Development of leadership programmes to address leadership gaps.

**Progress**

Following the re-alignment of Organisational Development, this action was deferred until 2014.

The Nursing Directorate and Faculty of Education developed a specific programme “Leading from the Front” in conjunction with Keele University. It was designed to support the introduction of supervisory Senior Sisters in the organisation, recognising that people management and leadership would form the major part of their role and be subject to key performance indicators. . As at March 2014 77 Senior Sisters had commenced the programme and 31 had completed, with a further 23 due to complete in April 2014. Evaluation of the introduction of this role is on going.

Further development opportunities have been made available across Nursing including funding from Birmingham University for a Masters in Research and Scholarships through the Florence Nightingale Foundation.

The Faculty of Education also delivered 2 cohorts of the ILM level 5 and 7 Leadership and Management programme through an external provider for Clinical Scientists and other non-clinical staff.

**Action – Disciplinary Cases**

Understanding the reasons for the high proportion of disciplinary cases relating to BME staff.

**Progress**

The initial review of information highlighted some data validation queries. This has been addressed by the development of a Case Management Tracker that will improve the management information relating to all case management within the HR Operations Team.

**Action – Recruitment and Selection**

Identifying reasons for the variation between the proportion of Applicants and Appointments from different ethnic groups.

**Progress**

An analysis of NHS Jobs vacancy data between April 2012 and March 2013 has highlighted across all staff groups (with the exception of Medics) that White applicants are more likely to be appointed than their BME counterparts (see Graphs 3-6).

**Action - Ageing Workforce**

Keep under review the impact of retaining an ageing workforce.

**Progress**

An initial report was presented to the Live Well Work Well group in July 2012. Whilst no further action was considered necessary in view of current policies, the age profile of our workforce will be monitored on an annual basis.

**Action – Collaboration with Equality and Diversity Department**

To explore opportunities for working in partnership with the Equality and Diversity department.

**Progress**

Regular meetings took place during 2013, working towards the achievement of CCG requirements. The Head of Equality and Diversity retired in February 2014 and working arrangements are currently being agreed with the new Head of Equality and Diversity and Head Nurse Patient Experience/Clinical Dean for Nursing

**Action – Protected Characteristics**

To discuss the remaining protected characteristics under the equality duty and agree appropriate actions

**Progress**

A further review of data has taken place so that information concerning Religion or Belief and Sexual Orientation are included within this report.

**NHS Employers Equality and Diversity Audit Tool**

In addition to the above actions the Head of Equality and Diversity completed the NHS Employers Equality and Diversity Audit Tool in December 2013. The survey results are included in Appendix A.

**Recommendations for 2014/15**

The information contained within this report will be used to inform further discussion and agreement of an updated set of workforce related equality objectives at Trust Board in May 2014.

Whilst recognising the efforts internally in respect of equality and diversity, the Trust Board are keen to obtain an external objective view in relation to our internal performance, taking into account emerging information and external research relating to NHS workforce equality such as “Discrimination by Appointment – How Black and Minority Ethnic Applicants are Disadvantaged in NHS Staff Recruitment” (R Kline, 2013).

Based on an initial analysis of the data it is suggested that the proposed Trust Diversity Group considers the following areas:

* Consideration of an external review of workforce equality and diversity.
* Consideration of the current internal resources allocated to equality and diversity.
* Participation in the RCN programme to support BME Nurses through formal employment processes including disciplinary and grievance.
* How best to meet CCG contractual information requirements regarding:
-training applications submitted and approved
-flexible working requests submitted and approved
* Further analysis of the recruitment and selection process in relation to ethnicity and disability.
-reference to Discrimination by Employment – How Black and Minority Ethnic applicants are disadvantaged in NHS Staff Recruitment
* Further analysis of employee relations data, particularly for BME staff.
-To include analysis of referrals to professional bodies
* Improving the number of BME staff and women in senior leadership positions – leadership and mentoring.
* Improvement of recorded data for protected characteristics, particularly disability, religion and belief and sexual orientation.
-Also to scope ways of better engaging and understanding the needs of these groups.
* Decide which aspects of the staff survey will be reviewed in detail, based on the differences highlighted for different protected characteristics, particularly disabled staff.

**Review of other information sources such as the Exit Questionnaire.**

**1 Equality Duty and Public Sector Equality Duty**

**1.1 Background**

The Equality Act 2010 came into force on the 1st October 2010, replacing the previous anti-discrimination legislation in the UK.

Public sector organisations have specific responsibilities under the Act, namely the Public Sector Equality Duty (PSED) that came into force on the 6th April 2011. It consists of a general duty comprising 3 main aims, and specific duties.

The purpose of the Equality Duty is to embed equality considerations into the day-to-day work of public bodies.

**The Equality Duty covers the following protected characteristics:**

* Age
* Disability
* Gender Reassignment
* Pregnancy and maternity
* Race (includes ethnic or national origins, colour or nationality)
* Religion or belief (includes no belief)
* Sex
* Sexual orientation
* Marriage and civil partnerships are protected characteristics under the Act however under the Duty organisations only have to have due regard to the need to eliminate discrimination.

**The General Duty**

Under the General Duty public bodies are required to have due regard to the need to:

* Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
* Advance equality of opportunity between people from different groups
* Foster good relations between people from different groups
* Public sector organisations have a duty to meet the needs of people with protected characteristics and reduce or eliminate the disadvantage that such groups may suffer.

**The Specific Duties**

These duties require public bodies to set specific, measurable equality objectives and to publish information regarding their performance on equality. The information that needs to be published is as follows:

* Equality objectives, at least every four years
* Information to demonstrate compliance with the equality duty, at least annually

**1.2: Workforce Monitoring and Information:**

The Equality Act requires employers with 150 plus employees to produce and monitor data on their workforce to demonstrate that they can show compliance with the Public Sector Equality Duty. Workforce equality monitoring data is collected when an individual commences employment at HEFT, although staff can opt out of this. The workforce profile is based on The Trust’s staff in post data as at January 2014. The reference period for recruitment, employee relations and training data is July 2013 – December 2013. Staff survey information is based on the 2013 NHS Staff Survey analysis. Population data is based on the 2011 Census. Where available, data is compared to that produced for the previous year. Selected data has been included within this report to illustrate each protected characteristic. Further data is in the accompanying workforce profiles (Age, Disability, Ethnicity, Gender, Sexual Orientation and Religious Belief).

**2.0 Ethnicity Profile**

*Note regarding calculations:* Approximately 8% of staff did not provided details of ethnicity. Therefore the internal percentage figures have been recalculated to exclude them and enable direct comparisons with the local population.

**2.1 Ethnicity Profile against the local population**

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| **Table 1 - Ethnicity Profile of HEFT against the local population** |
|  | Local Population\* | Staff in post Jan ‘13 | Staff in post Jan ‘14 |
| White | 71% | 74.7% | 74.2% |
| BME | 29% | 25.3% | 25.8% |

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| **Table 2 – Ethnicity Profile of Heartlands Hospital against the local population.** |
| Heartlands | Local Population\* | Staff in Post Jan '14 |
| BME | 52% | 30% |
| White | 48% | 70% |

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| **Table 3 – Ethnicity Profile of Solihull Hospital against the local population** |
| Solihull | Local Population\* | Staff in Post Jan '14 |
| BME | 11% | 18% |
| White | 89% | 82% |

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| **Table 4 – Ethnicity Profile of Good Hope Hospital against the local population** |
| Good Hope | Local Population\* | Staff in Post Jan '14 |
| BME | 18% | 20% |
| White | 82% | 80% |

\*Source 2011 Census. Approximately 11% of the local population surrounding Solihull Hospital and 18% surrounding Good Hope Hospital is from black and minority ethnic backgrounds (BME). For the Heartlands area the local BME population is around 52%. When combined proportionately for the Trust, the overall BME population is calculated as 29%.

Table 1 demonstrates that the percentage of staff from BME groups is 25.8%, a 0.5% increase from January 2013.However the BME workforce is under represented compared to the local population of 29%

Table 2 demonstrates that the BME workforce % at Heartlands Hospital is considerably lower than for the local population.

Table 3 demonstrates that the BME workforce at Solihull Hospital is proportionately higher than that of the local population

Table 4 demonstrates that at Good Hope the BME workforce % exceeds that of the local population.

Graph 1 shows that there are still some groups in which BME representation is very high across the Trust such as Medics (Junior Medics 60%, Senior Medics 52%) and Pharmacists (43%), but there are also areas of relatively low representation such as Maintenance (10%).

In addition the BME Administrative and Clerical staff (6%) and Managers (6%) at Good Hope, and the proportion of Pakistani staff at Heartlands (4%) remain low in comparison with the local population. This reflects a similar position to 2013.

**2.2 Recruitment and Selection analysis by Ethnicity**

Graph 2 demonstrates a comparison of recruitment and selection activity for the period August – December 2012 and 2013. During 2013 there was an increase in BME applications to 51% (was 49%), shortlisted candidates 43% (was 38%) and appointed staff 32% (was 25%). Whilst this represents an overall improvement, the disparity between applications from BME candidates and appointments remains.

A further analysis of recruitment and selection data between April 2012 and March 2013 by vacancy type indicated that white applicants were more likely to be appointed than their BME counterparts (no data for medical staff was available). Graphs 3 – 6 highlight this information for a selection of vacancies.

It is recognised that the analysis of recruitment data is complex with different variations impacting on the outcome of the recruitment process; further investigation will be required to arrive at firm conclusions.

**2.3 Pay Band by Ethnicity**

Graph 7 shows the percentage of BME staff by pay band. BME staff are over represented at Band 5 and throughout the Medical grades when compared to the average employment rate of that ethnic group. For all other pay bands BME staff are under–represented. Reviewing promotions during the period August 2013 to January 2014, approximately 22% of promotions were to staff from BME groups, an increase from the last report where 16% of promotions were to staff from BME groups.

**2.4 Leavers**

24% of all leavers during the period August 2013 to January 2014 were from BME groups. Whilst this is slightly lower than the BME workforce, it represents an increase of 3% from the last report.

**2.5 Appraisals**

Graph 9 shows the percentage of staff appraised by ethnicity during 2013. No clear inference can be drawn from the data.

**Clinical Excellence Awards**

At present, only doctors receive an element of pay based on assessed performance and this relates to Clinical Excellence Awards, Optional Points and Discretionary Points. For 2014 some 46% of staff eligible for these awards were from a BME background and 48% of these awards were granted to BME staff, a slight increase on last year.

**2.6 Employee Relations Indicators**

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| **Table 4 - Number of Disciplinary and Grievance Cases by Ethnicity July – Dec 2013** |
| Ethnicity | Disciplinary | Grievance | Grand Total | Workforce |
| BME | 55 | 5 | 60 | 2447 |
| Ethnicity not Stated | 21 | 1 | 22 | 854 |
| White | 116 | 10 | 126 | 7035 |
| Grand Total | 192 | 16 | 208 | 10336 |

Graph 10 and Table 4 shows the proportion of disciplinary and grievance cases by ethnicity. Both disciplinary and grievance case numbers are higher than would be expected based on BME representation in the workforce.

It is expected that data quality in relation to employee relations data will improve during the course of 2014, following the introduction of a case management tracker within the Workforce Directorate.

**2.7 Staff Survey**

In response to the questions broken down by ethnicity in the 2013 Staff Survey, the most notable differences between White and BME colleagues were:

* 90% of BME staff responded that they had received job-relevant training, learning or development in the last 12 months, compared to 78% of White staff.
* 51% of BME staff responded that they had a well-structured appraisal in the last 12 months, compared to 37% of White staff.
* 24% of BME staff said they had suffered work related stress in the last 12 months compared to 40% of White staff.
* 20% of BME staff responded to feeling pressure in the last 3 months to attend work when unwell, compared to 37% of White staff.
* 56% of BME staff responded that they believed the Trust provides equal opportunities for career progression or promotion, compared to 87% of White staff.

**2.8 Ethnicity Observations**

Overall the picture on ethnicity gives some mixed outcomes:

* The overall level of BME staff in post is below expectations when compared to the local population. This position has not changed significantly since the last report.
* BME staff are under-represented in most pay bands, apart from Band 5 and Medical grades. This is reflected across staff groups with the exception of Medical, Qualified Nursing and Midwifery and Pharmacists.
* The number of BME doctors receiving awards is in line with the proportion of BME doctors in post.
* The proportion of disciplinary and grievance cases relating to BME staff is quite high in relation to the overall number of BME staff in post.
* BME staff responded more positively to several staff survey questions, however responded less positively to whether the Trust provides equal opportunities for career progression.

**3.0 GENDER PROFILE**

**3.1 Staff in post**

Graph 11 shows an updated gender analysis by grade. Overall there are 80% female staff and 20% male staff within the Trust, which represents no change over the last 2 years.

For Bands 8c – 9 the proportion of females has remained at 64% during the year.

The picture for medical staff remains similar to last year. At Junior Medical level there is almost an equal proportion of females employed, at 49%. Whilst at Consultant level females make up 29% of the workforce.

A brief analysis of Executive Directors shows that 50% of this group are female.

**3.2 Recruitment**

Graph 12 shows recruitment activity by gender during the period August to December 2013.

During the period approximately 72% of applicants and 85% of appointments were female, thus maintaining the high proportion of female staff within the Trust. During the period the data suggests that male applicants overall were less likely to be appointed than female applicants; however this would require further investigation.

**3.3 Promotions**

During the period August 2013 to December 2013 some 83% of promotions were to female staff, which is a little higher than last year and slightly higher than the proportions in post.

**3.4 Flexible Working**

An analysis of male and female staff working flexibly on a part-time basis shows that 47% of female and 15% of male staff work part-time. An analysis of staff groups shows that the staff group with the highest proportion of part-time staff is Ancillary and with the lowest is Maintenance. 21% of the Senior Medical workforce is employed on a part-time basis and 43% of the Qualified Nursing and Midwifery workforce is employed on a part-time basis.

**3.5 Leavers**

83% of leavers during the period August 2013 – December 2013 were female. This is slightly higher than in the previous year but more or less matches the proportion of staff in post.

**3.6 Assessment**

As with ethnicity, this section relates only to doctors who are eligible to receive Clinical Excellence Awards, Optional Points and Discretionary Points. For 201329% of staff eligible for these awards were female and there was a further increase in the percentage of awards granted to female staff from 19% to 22%.

**3.7 Employee Relations Indicators**

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Graphs 13 and 14 show the percentage of disciplinary and grievance cases by gender for the period August 2013 to December 2013. The most notable difference relates to what appears to be a disproportionate number of male staff raising a grievance, however the numbers are so low (16 cases) that it is difficult to say whether this is statistically significant.

**3.7 Staff Survey**

The main differences between male and female responses within the 2013 staff survey included:

* 28% of males indicated they suffered work related stress in the last 12 months compared to 40% of females, which is broadly consistent with the 2012 survey.
* 19% of males felt pressure in the last 3 months to attend work when feeling unwell compared to 36% of females. Both figures have risen since the 2012 survey.
* Compared to 2012, 67% (was 56%) of males said they were able to contribute towards improvements at work compared to 63% (was 72%) of females.
* 76% of males said they believed the trust provides equal opportunities for career progression or promotion compared to 81% of females, which is broadly consistent with the 2012 report.

**3.8 Gender - Observations**

A reduced representation of women in senior management posts above Band 8a and in senior medic grades. Whilst the NHS has a predominantly female workforce, the male workforce remains at or around 20%, compared to our nearest Acute Trust UHB with a male workforce of 28%. To discuss what action may be required to address the differences between male and female responses within the staff survey, particularly around stress.

**4.0 Disability**

**4.1 Staff Profile**

The Office for National Statistics has produced data showing that in the West Midlands 19.4% of 16-64 year olds have disabilities. Graph 15 shows that just over 2% of staff (223) have stated that they have a disability. However there remains a high percentage of staff (29%) where disability status is unknown or not declared. Information from the 2013 Staff Survey shows that 20% of respondents indicated that they have a disability, suggesting that more staff have a disability that we have recorded.

Graph 16 shows the percentage of staff recorded as having a disability by grade. Excluding Band 9 and Executives, where overall staff numbers are low, disabled staff are least represented in the medical grades.

**4.2 Recruitment and Selection**

Graph 17 shows the passage of disabled candidates from application to appointment for the 6 months following August 2012 and August 2013. Around 3.4% of applicants declared a disability compared to 3.2% last year. However despite disabled applicants representing 4.2% of those shortlisted, just 2.73% of appointments were made to applicants declaring a disability.

**4.3 Training and Appraisals**

Of those that completed mandatory training in 2013/14, 2.16% were recorded as having a disability. This is in line with the recorded disabled workforce.

The 2013 staff survey highlights some differences between disabled and non-disabled staff in relation to personal development:

* 65% of disabled staff responded to receiving job-relevant training, learning or development in the last 12 months compared to 83% of non-disabled colleagues.
* 25% of disabled staff responded to having a well-structured appraisal in the last 12 months compared to 42% of non-disabled colleagues.
* There are no notable differences between the percentage of disabled and non-disabled staff recorded as having an appraisal in 2013/14, based against their respective workforce profiles.

**4.4 Staff Survey**

Some notable differences between disabled staff and their non-disabled colleagues within the 2013 staff survey:

* 53% of disabled staff indicated they had suffered work related stress during the past 12 months compared to 35% of their non-disabled colleagues. This represents an increase on the 2012 survey.
* Disabled staff were the most likely amongst any demographic group to say they had experienced harassment, bullying or abuse from patients, relatives, the public or staff in the last 12 months. This is consistent with the 2012 survey.
* 22% of disabled staff compared to 9% of non-disabled staff said that they had experienced discrimination at work in the last 12 months, the same response as 2012.
* 53% of disabled staff reported feeling pressure to attend work when feeling unwell compared to their non-disabled colleagues at 28%.

**4.5 Disability - Observations**

Workforce comparison against local population suggests under reporting of disabilities.

Further investigation is required into the relatively low proportion of disabled recruits.

There are some notable differences within the 2012 and 2013 staff survey, warranting further investigation.

**5.0 Age**

**5.1 Age Profile**

Graph 18 shows a comparison of age profiles across the Trust between January 2013 and January 2014.The overall profile for the Trust remains largely unchanged from last year with more than two thirds of staff within the age range 26-50.

Graph 19 - around 20% of Qualified Nursing and Midwifery staff are over 50 with 9.1% over 55. This is a slight increase for the fifth successive year and does suggest a trend. Given the changing social position with regard to retirement this may be expected.

Graph 20 - around 18% of Consultants are over 55 (no change from the previous two years). Again this may be expected as mentioned above for Nurses.

Graph 21 shows that 50% of maintenance staff are over 50. Whilst there are no current issues recruiting into these roles, pro-active management within this area, supporting development opportunities for current staff to acquire new skills means that staff are better placed to apply for future roles when they become available. Consideration is also being given to a Modern Apprenticeship scheme.

**5.2 Recruitment**

Graph 21 shows the recruitment percentages by age. Initial analysis indicates that applicants aged between 20-24 and 35-39 were more likely to be appointed overall. More detailed analysis would be necessary to arrive at any firm conclusions.

**5.3 Leavers**

Graph 22 shows the percentage of leavers by age band. 27% of leavers were under 30 during the period January to December 2013.

**5.4 Training and Appraisals**

The mandatory training profile by age indicates that staff in the 21-30-age band are the least likely to have completed their mandatory training.

Graph 23 also indicates that staff under the age of 30 appear less likely to have completed an appraisal. It is unclear why this variation exists and further investigation would be required.

**5.2 Staff Survey**

Some notable differences based on age within the 2013 staff survey included:

* Responses to appraisals differed quite considerably between age bands with 56% of staff aged 16-30 agreeing they had had a well structured appraisal compared to staff aged 31-40 at 31%.
* Responses to being able to contribute at work differed quite considerably between age bands with 76% of staff aged 31-40 agreeing they were able to contribute to improvements at work compared to 56% of staff aged over 51.

**5.3 Age – Observations**

With the change in the law relating to age in employment it may be that more staff will choose to work longer. The Trust needs to be aware of this and to plan accordingly.

To better understand the apparent variation in completion of mandatory training and appraisals for staff under 30, and to take account of the responses to the staff survey and to understand what action may be necessary as a result of these.

**6.0 Religion and Belief**

**6.1 Staff Profile**

Graph 24 shows the profile of the workforce by religion and belief as at January 2014. As can be seen, the data held for this protected characteristic is poor with 67% of staff not stating their religion or belief. Improvements in reporting will be required to gain a better understanding of this group. In 2014 – the Telegraph reported that 176,632 identified themselves as Jedi Knights- making it the most popular faith in Other religions on the census and the 7th most popular faith overall.

**6.2:Religion and Belief – Observations**

Due to the current under-reporting of staff on declared religion and belief it is not possible at present to undertake a further analysis of key workforce data.

Currently the NHS Staff Survey does not present analysis on Religion and Belief.

**7.0 Sexual Orientation**

7.1 Staff Profile

Graph 25 shows the reporting of sexual orientation across the workforce. As can be seen, the data held for this protected characteristic is poor with 62% of staff not stating their sexual orientation. Improvements in reporting will be required in order to gain a better understanding of this group.

**7.2 Sexual Orientation – Observations**

Due to the current under-reporting of staff on sexual orientation it is not possible at present to undertake a further analysis of key workforce data.

Currently the NHS Staff Survey does not present analysis on Sexual Orientation.

Appendix A

**NHS EMPLOYERS EQUALITY AND DIVERSITY AUDIT TOOL RESULTS – DECEMBER 2013**

Survey Results for: **Embedding equality and diversity**

**the business case:**
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There seems to be a well-established ethos within your organisation which recognises the business benefits of diversity. This is however an area which is still developing, and there is ongoing research which you might be interested in to help you further fine tune your approach. See:
[CIPD](http://www.cipd.co.uk/Bookstore/_catalogue/DiversityAndEquality/9781843982234.htm?IsSrchRes=1), [Work Foundation](http://www.theworkfoundation.com/research/publications/publicationdetail.aspx?oItemId=178&parentPageID=102&PubType=) and [NHS Employers E&D Partners](http://www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/EqualityandDiversityPartners/Pages/Equality-and-diversity-lead-sites.aspx)

**Engagement:**
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You seem to be doing some good things – but there is room for improvement.

See our [staff engagement pages](http://www.nhsemployers.org/EmploymentPolicyAndPractice/staff-engagement/Pages/Staff-Engagement-And-Involvement.aspx) for the latest research and information on staff engagement, making the most of the staff survey and case studies that show what other trusts are doing in this area.

The [Improving Working Lives Framework](http://www.nhsemployers.org/HealthyWorkplaces/Pages/Improvingworkinglives.aspx) will help you to address the needs of your staff and put their suggestions into action.

**Organisational commitment:**
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You seem to have the basics in place to build on but you need to continue to keep your board and senior managers engaged and involved in your agenda, if you are going to progress. Regular reports and updates on developments in the equality and diversity field are critical in this respect. You therefore should make sure that you are signed up to the [NHS Employers Workforce Bulletin](http://www.nhsemployers.org/Aboutus/Publications/workforce-bulletin/Pages/Workforce-bulletin.aspx) which contains regular articles and legal updates.

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| **JANUARY 2014 ASSESSMENT** |  |  |
| **CATEGORY** | **ITEM** | **TARGET** | **ACTUAL** | **CHANGE** | **NOTES** |
| **ETHNICITY** | Employees BME % | 29% | 25% |  | The local BME population surrounding Heartlands is 52%, Solihull 11% and Good Hope 18%. Proportionately this gives us an overall expected population of 29%. Actual staff in post are currently 25.8% which is slightly below the population and represents minimal change from 2013. |
|   | Last 6 mths Appointments BME % | 29% | 32% |  | Recent appointments from BME groups improved from 25% last year to 32%. |
|   | Last 6 months Promotions BME % | 25% | 22% |  | The proportion of promotions amongst BME staff has improved from 16% last year to 22%. |
|   | Leavers BME % | 25% | 24% |  | % Of Leavers from BME groups is a little lower than the proportion of staff in post, however has increased since last year |
|   | Grievance BME % | 25% | 31% |  | There were 5 grievance cases from BME staff in the reporting period, representing a reduction from 16-reported last year. |
|   | Disciplinary BME % | 25% | 29% |  | There were 55 disciplinary cases from BME staff in the reporting period, slightly less than the 61 cases reported last year. |
|   | Assessment (Doctors awards) BME % | 45% | 48% |  | The proportion of awards to doctors from BME groups remains higher than the comparative numbers in post and has increased slightly from last year. |
| **GENDER** | Employees Female % |   | 80% |  | The proportion of female staff in post remains at 80%. At band 8c-9 the proportion of female staff in post remains at 64%. |
|   | Consultants Female % |   | 29% |  | The proportion of female consultants has increased slightly to 29% from 28% last year. |
|   | Last 6 mths Appointments female % |   | 85% |  | Recent appointments continue to reflect the high proportion of females who join the organisation. |
|   | Last 6 months Promotions female % | 80% | 83% |  | Recent promotions for female staff are a slightly higher than the proportions in post. |
|   | Leavers Female % | 80% | 83% |  | The proportion of female leavers is slightly above the % in post.  |
|   | Grievance Female % | 80% | 56% |  | Grievances from female staff have decreased from last year and are well below the proportionate levels in the workforce. |
|   | Disciplinary Female % | 80% | 72% |  | Female disciplinary cases are proportionately lower than the levels in the workforce, although have increased proportionately in the last year. |
|   | Assessment (Doctors awards) BME % | 29% | 22% |  | Awards to female doctors are less than the proportions in post, however have increased again from 19% to 22%. |
| **DISABILTY** | Employees with a disability recorded No. |   | 223 |  | Slightly up from 218 last year. |
|   | Last 6 mths Appointments Staff with a disability No. |   | 26 |  | 26 appointees (3%) declared a disability this year compared with 9 for the same period last year |
| **AGE** | Qual Nursing Staff aged 55+ % |   | 9% |  | The proportion of Qualified Nursing staff aged 55+ remains the same as last year. |
|   | Consultants aged 55+ % |   | 18% |  | The proportion of Consultants aged 55+ remains the same as last year. |
| **RELIGION AND BELIEF** | % Staff with recorded religion or belief |   | 33% | N/A | 33% of staff have a recorded religion or belief (including no belief) as at January 2014 |
| **SEXUAL ORIENTATION** | % Staff with recorded sexual orientation |   | 38% | N/A | 38% of staff have a recorded sexual orientation as at January 2014 |