

Public Sector Equality Duty

Annual Workforce Equality Monitoring Report

Heart of England NHS Foundation Trust

2016

**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. It should be noted that any comparisons or data relating to the NHS Staff Survey are based on responses to the 2014 Survey as the 2015 information was not available at the time of writing this report.

The report is collated by the Trust’s Workforce Information and Analysis Team and presented to the appropriate Committee for review.

**Review of 2014/15 Actions**

**Action – Step In Work and Apprenticeships**

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

**Progress:**

For 2014/15 there were 3 cohorts for Step In Work, with a total of 19 learners completing the programme of learning. The predicted target of 45 recruits for 2014/15 was not achieved as the Trust had several recruitment drives for experienced HCAs.

The aim for 2015/16 is to develop Step In Work programmes to support training and development into non-clinical roles.

141 apprenticeships were planned for 2014/15, an increase from 60 planned in 2013/14 due to an increase in target from the LETB. As at March 2015 79 members of staff had commenced, or were due to commence an apprenticeship.

**Action – Equality and Diversity MOODLE Module**

**Progress**

A standalone Equality and Diversity module was created in MOODLE and Workbook format in 2014 and mandated for all staff groups.

This training was refreshed in Q2 2015, focusing on the Human Rights Act.

**Action – Development of Leadership and Succession Planning**

*Development of leadership programmes to address leadership gaps and the planning and embedding of processes to establish a cohort of emerging leaders.*

**Progress:**

A specific work-stream relating to leadership was established as part of the Trust’s Integrated Improvement Programme (IIP). It forms a key pillar of the Culture & Engagement programme, with an aim of systematically improving leadership capability across the Trust.

The main activities to date have been;

* An analysis of the current position versus desired position, and the development of a leadership plan based on findings
* Work started on the development of the HEFT Leadership Framework
* Work started on the development of the HEFT Leadership Development Programme (LDP)
* Implementation planning, including scheduling of initial LDP module delivery started

**Action – Disciplinary Cases**

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

**Progress**

Data validation was addressed through enhanced reporting of disciplinary cases by the HR Operations Team. The system for recording disciplinary action is currently under review with the aim to transfer reporting onto ESR in the future.

The role of Cultural Ambassador was introduced in 2014 as part of a pilot with the RCN. Formal employee relations processes, including the disciplinary process have been modified to reflect the inclusion of the Cultural Ambassador at hearings, where requested.

**Action – Recruitment and Selection**

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

**Progress**

Analysis of NHS Jobs vacancy data has highlighted that White applicants are more likely to be appointed than their BME counterparts.

The analysis conducted as part of the introduction of the Workforce Race Equality Standard has highlighted that the relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.54 times greater. Nationally white staff are 1.74 times more likely to be appointed once shortlisted than BME staff (Kline 2013).

**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 is monitored on an annual basis.

Specific action has taken place within Facilities Division, to address the ageing workforce (see section 5.1 of the main report).
**Action – Collaboration with Equality and Diversity Department**

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

**Progress**

A review of committee structures is taking place and for now Actions in relation to Equality and Diversity will be reported through to the Executive Team.

**Action – Protected Characteristics**

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

**Progress**

Improvement of data collection was agreed as part of the Trust’s EDS2 objectives in order to support the ability to undertake wider workforce analysis. A data collection exercise was agreed for 2015/16 with a view to arriving at an improved set of data for 2016/17.

**Recommendations for 2016/17**

The information contained within this report will be used to inform further discussion in relation to the equality and diversity agenda, alongside requirements relating to the Equality Delivery System 2 (EDS2) and Workforce Race Equality Standard (WRES).

Further work to take place on capturing more information relating to protected characteristics

Redefine Structure for delivering the Equality and Diversity agenda across the Trust

Analyse Grievances and Disciplinary Cases in relation to ethnicity in particular to determine whether any specific issues or patterns can be identified.

 Further awareness training for managers

**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 30th September 2015. The reference period for recruitment, employee relations and training data is October 2014 – September 2015. Staff survey information is based on the 2014 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 available in the accompanying workforce profiles.

In order to bring the 2016 Equality Report in line with the end of January publication requirement, it is feasible that some data will overlap with the 2015 report, e.g. National Staff Survey results. This will not be the case in future reporting years.

**2.0 Ethnicity Profile**

*Note regarding calculations:* Approximately 7% of staff did not provide 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 ‘15 | Staff in post Sep ‘15 |
| White | 71% | 73.7% | 72.7% |
| BME | 29% | 26.3% | 27.3% |

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| **Table 2 - Ethnicity Profile of Heartlands Hospital against the local population** |
|  | Local Population\* | Staff in post Jan ‘15 | Staff in post Sep ‘15 |
| White | 48% | 69.5% | 68.7% |
| BME | 52% | 30.5% | 31.3% |

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| **Table 3 - Ethnicity Profile of Solihull Hospital against the local population** |
|  | Local Population\* | Staff in post Jan ‘15 | Staff in post Sep ‘15 |
| White | 89% | 80.2% | 79.6% |
| BME | 11% | 19.8% | 20.4% |

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| **Table 4 - Ethnicity Profile of Good Hope Hospital against the local population** |
|  | Local Population\* | Staff in post Jan ‘15 | Staff in post Sep ‘15 |
| White | 82% | 79.7% | 78.2% |
| BME | 18% | 20.3% | 21.8% |

\*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 27.3%, a 1% increase from January 2015. However the BME workforce is a little under represented compared to the local population of 29%

Table 2 and Graph 1 demonstrates that the BME workforce percentage at Heartlands Hospital is considerably lower than that of the local population.

Table 3 and Graph 1 demonstrates that the BME workforce at Solihull Hospital is proportionately higher than that of the local population.

Table 4 and Graph 1 demonstrates that at Good Hope the BME workforce percentage exceeds that of the local population.

Graph 2 shows that there are still some groups in which BME representation is very high across the Trust such as Medics (Junior Medics 55%, Senior Medics 55%) and Pharmacists (51%), but there are also areas of relatively low representation such as Maintenance (11%) and Senior Managers (15%).

At site level the following observations are made:

* **Heartlands**
The proportion of administrative and clerical (22%), ancillary (5%), maintenance (11%), allied health professional (19%), scientists (19%) and senior managers (15%) remain low in comparison with the local population
* **Solihull and Community**
The overall profile of Community staff (11% BME, 89% White) reflects that of the local population.
The profile of staff at Solihull Hospital shows that the BME workforce is above that of the local population in 9 out of 11 staff groups. The overall profile is 25% BME and 75% White.
* **Good Hope**
The BME administrative and clerical (7%) and maintenance (5%) staff at Good Hope remain low in relation to the local population.

**2.2 Recruitment and Selection analysis by Ethnicity**

Graph 3 demonstrates recruitment and selection activity for the period October 2014 – September 2015. The proportion of BME applicants, shortlisted candidates and appointments remains similar to 2014.

Analysis conducted as part of the Workforce Race Equality Standard shows that the relative likelihood of white staff being appointed from shortlisting compared to BME staff was 1.54 times greater.

An agreed action was to further analyse vacancies by staff group. The analysis is presented below.

**Vacancy Analysis by Staff Group**

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| **Vacancy Analysis by Staff Group cont…** |  |
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Across all staff groups there is a disparity between BME applications and those shortlisted for interview or appointed.

A further action agreed as part of the WRES is that recruitment and selection training for panellists is reviewed and recommendations presented to Workforce Committee.

**2.3 Pay Band by Ethnicity**

Graph 12 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 BME staff. For all other pay bands BME staff are under–represented.

Reviewing promotions during the period April 2015 – September 2015, approximately 23% of promotions were to staff from BME groups, an increase from the last report where 17% of promotions were to staff from BME groups.

**2.4 Leavers**

Leavers for the period October 2014 – September 2015 were analysed. Graph 13 shows that 24% of all leavers were from BME groups. This is lower than the proportion of BME staff within the workforce. This represents a decrease of 12% from 2014, bringing the trend in line with prior years.

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**2.5 Appraisals**

The proportion of White and BME staff having an appraisal is more or less the same at 66.86% and 66.20% respectively.

**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 2015 some 41% of staff eligible for these awards were from a BME background and 56% of these awards were granted to BME staff, an increase on last year.

**2.6 Employee Relations Indicators**

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|   | **BME** | **White** | **Total** |
| Disciplinary | 41 | 84 | 125 |
| Grievance | 6 | 10 | 16 |

Graph 14 shows the proportion of disciplinary and grievance cases by ethnicity. Disciplinary cases are proportionately higher for BME staff when compared to the workforce profile.

**2.7 Staff Survey**

In response to the questions broken down by ethnicity in the 2014 Staff Survey, the most notable differences between White and BME colleagues were:

* 41% of BME staff responded that they had a well-structured appraisal in the last 12 months, compared to 31% of White staff.
* 32% of BME staff said they had suffered work related stress in the last 12 months compared to 42% of White staff.
* 68% of BME staff responded that they believed the Trust provides equal opportunities for career progression or promotion, compared to 86% 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.
* 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 15 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 4 years.

For Bands 8c – 9 the proportion of females has fallen by 2% to 62% during the year.

The picture for medical staff remains similar to last year. At Junior Medical level there has been a slight decrease in the proportion of females employed, at 52%. At Consultant level females continue to make up 30% of the workforce.

A brief analysis of Executive Directors shows that 33% of this group are female, a reduction from 2014.

**3.2 Recruitment**

Graph 16 shows recruitment activity by gender during the period September 2014 – October 2015.

During the period approximately 75% of applicants and 80% 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 shortlisted than female applicants.

**3.3 Promotions**

During the period March 2015 to September 2015 some 79% of promotions were to female staff, which reflects the proportion of females in post.

**3.4 Flexible Working**

The 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, the same proportion as 2014.

An analysis of staff groups shows that the staff group with the highest proportion of part-time staff is Ancillary at 64% and the lowest is Maintenance at 3%. 20% of the Senior Medical workforce is employed on a part-time basis, an increase of 6% from 2014. 45% of the Qualified Nursing and Midwifery workforce is employed on a part-time basis, a marginal increase over the year.

**3.5 Leavers**

81% of leavers during the period October 2014 – September 2015 were female. This is in line with the proportion of female 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 2015 29% of staff eligible for these awards were female and there was a further increase in the percentage of awards granted to female staff from 22% to 40%.

**3.7 Employee Relations Indicators**

Graph 17 shows the percentage of disciplinary and grievance cases by gender for the period October 2014 to September 2015. The most notable difference relates to what appears to be a disproportionate number of male staff being subject to disciplinary action (46 cases). The number of grievances are too low (19 cases) to draw any meaningful conclusion.

**3.7 Staff Survey**

The main differences between male and female responses within the 2014 staff survey included:

* 33% of males indicated they suffered work related stress in the last 12 months compared to 42% of females, which is broadly consistent with the 2013 survey.
* 22% of males felt pressure in the last 3 months to attend work when feeling unwell compared to 30% of females. Both figures have risen since the 2013 survey.

**3.8 Gender - Observations**

In Bands 8c – 9 the proportion of females has fallen by 2% to 62% during the year.

The proportion of women in Consultant and Senior Medical posts has decreased slightly to 30%.

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%.

**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 18 shows that just over 2% of staff (231) have stated that they have a disability. However there remains a high percentage of staff (23%) where disability status is unknown or not declared. Information from the 2014 Staff Survey shows that 18% of respondents indicated that they have a disability, suggesting that more staff have a disability than we have recorded.

Graph 19 shows the percentage of staff recorded as having a disability by grade. Disabled staff are least represented in the medical grades, where 5 people have declared a disability.

**4.2 Recruitment and Selection**

Graph 20 shows the passage of disabled candidates from application to appointment between September 2014 and October 2015. for the 6 months following August 2013 and between October 2014 and September 2015. Around 3.9% of applicants declared a disability compared to 4.2% last year. However despite disabled applicants representing 4.4% of those shortlisted, just 3.2% of appointments were made to applicants declaring a disability.

**4.3 Training and Appraisals**

Of those that had completed mandatory training as at September 2015, 2.3% were recorded as having a disability, the whole of disabled workforce.

Graph 21 shows there was a 5% difference between disabled and non-disabled staff recorded as having an appraisal as at September 2015.

**4.4 Staff Survey**

The 2014 staff survey highlights some differences between disabled and non-disabled staff in relation to personal development:

* 53% of disabled staff responded to suffering work-related stress in the last 12 months compared to 37% of non-disabled colleagues.
* 38% of disabled staff responded to having experienced harassment, bullying or abuse from patients or relatives or the public in the last 12 months, compared to 28% of non-disabled colleagues.
* 34% of disabled staff responded to having experienced harassment, bullying or abuse from staff in the last 12 months, compared to 23% of non-disabled colleagues.
* 42% of disabled staff felt pressure in the last 3 months to attend work when feeling unwell compared to 25% of non-disabled colleagues.
* 54% of disabled staff felt able to contribute to improvements at work compared to 66% of non-disabled colleagues.
* 74% of disabled staff believed that the trust provides equal opportunities for progression at work compared to 85% of non-disabled colleagues.

**4.5 Disability - Observations**

* The workforce comparison against the local population suggests under reporting of disabilities. It hoped that this will be addressed via the data collection exercise scheduled for Q3/Q4 2015/16.
* Further investigation is required into the relatively low proportion of disabled recruits.
* There are some notable differences within staff survey, warranting further investigation.

**5.0 Age**

**5.1 Age Profile**

Graph 22 shows the age distribution across the Trust as at September 2015. The overall profile for the Trust remains largely unchanged over the past two years with around two thirds of staff within the age range 26-50 and almost a third of staff over 50.

Graph 23 - around 22% of Qualified Nursing and Midwifery staff are over 50 with 10% over 55, which is a slight increase since last year and represents a rise over 6 of the last 7 years.

Around 37% of senior medics are over 50, with 20% over the age of 55.

Around 54% of maintenance staff are over 50 a decrease of 3% from January 2015. 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. A Modern Apprenticeship scheme is also being implemented.

**5.2 Recruitment**

Graph 24 shows the recruitment percentages by age. Initial analysis indicates that applicants aged between 35-59 were more likely to be appointed overall. This represents a continued variation from 2014 when 20-24 year olds were also more likely to be appointed.

**5.3 Leavers**

Graph 25 shows the percentage of leavers by age band. 26% of leavers were 30 or under during the period September 2014 - October 2015.

Analysis conducted recently has highlighted retention as an issue for Band 5 nurses under the age of 30.

**5.4 Training and Appraisals**

The mandatory training profile by age indicates that staff in the 16-20 and 61-65 age bands are the least likely to have completed mandatory training, however this is based against a high percentage uptake.

Graph 26 also indicates that staff between 16-20 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 2014 staff survey included:

* Responses to appraisals differed quite considerably between age bands with 41% of staff aged 16-30 agreeing they had had a well structured appraisal compared to staff aged 51+ at 32%.
* Responses to being able to contribute at work was broadly the same (between 63% and 65%) compared to 2013 when 76% of staff aged 31-40 agreed 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 appraisals for staff 20 and under, 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 27 shows the over workforce profile by religion and belief as at September 2015. As can be seen, the data held for this protected characteristic is poor with 37% of records being undefined.

Graph 28 shows the breakdown by staff group. 39% of Senior Medics and 88% of Junior Medics have chosen not to declare their religion or belief.

It hoped that this position will improve via the data collection exercise scheduled for Q3/Q4 2015/16.

**6.2: Religion and Belief – Observations**

Whilst further analysis has been conducted on religion and belief (see accompanying profiles), due to the current under-reporting of staff on declared religion and belief it is not possible to arrive at any firm conclusions.

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

**7.0 Sexual Orientation**

**7.1 Staff Profile**

Graph 29 shows the reporting of sexual orientation across the workforce. As can be seen, the data held for this protected characteristic is poor with 37% of records undefined and a further 19% not wishing to disclose their sexual orientation.

Graph 30 shows sexual orientation by staff group. 39% of Senior Medics and 85% of Junior Medics have chosen not to declare their religion or belief.

It hoped that this position will improve via the data collection exercise scheduled for Q3/Q4 2015/16.

**7.2 Sexual Orientation – Observations**

Whilst further analysis has been conducted based on sexual orientation (see accompanying profiles), due to the current under-reporting of staff on declared sexual orientation it is not possible to arrive at any firm conclusions.

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

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| **SEPTEMBER 2015 ASSESSMENT** |  |  |
| **CATEGORY** | **ITEM** | **TARGET** | **ACTUAL** | **CHANGE** | **NOTES** |
| **ETHNICITY** | Employees BME % | 29% | 27% |  | 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 27% which is slightly below the population and represents a small increase from 2014. |
|   | Last 12 mths Appointments BME % | 29% | 30% |  | Recent appointments from BME groups decreased 33% last year to 30%. |
|   | Last 6 months Promotions BME % | 27% | 23% |  | The proportion of promotions amongst BME staff has increase from 17% last year to 23%. |
|   | Leavers BME % | 27% | 24% |  | 24% of Leavers were from BME groups, a reduction of 12% since last year. |
|   | Grievance BME % | 27% | 38% |  | The percentage of grievance cases from BME staff in the reporting period increased to 38% an increase from 25% last year and nearer to 2014 levels of 31%. |
|   | Disciplinary BME % | 27% | 33% |  | The percentage of grievance cases from BME staff in the reporting period increased to 33%, an increase from 21% last year and nearer to 2014 levels of 29%. |
|   | Assessment (Doctors awards) BME % | 45% | 56% |  | 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 8a-9 the proportion of female staff in post has increased to 75%. |
|   | Consultants Female % |   | 30% |  | The proportion of female consultants has remained the same. |
|   | Last 12 mths Appointments female % |   | 80% |  | Recent appointments continue to reflect the high proportion of females who join the organisation. |
|   | Last 6 months Promotions female % | 80% | 79% |  | Recent promotions for female staff are a slightly lower than the proportions in post. |
|   | Leavers Female % | 80% | 81% |  | The proportion of female leavers has increased by 7% and is now slightly above the proportion in post (80%).  |
|   | Grievance Female % | 80% | 84% |  | Grievances from female staff have increased from 75% last year and are now slightly higher than the proportion in post. |
|   | Disciplinary Female % | 80% | 69% |  | Female disciplinary cases are proportionately lower than the levels in the workforce, and are broadly similar to last year. |
|   | Assessment (Doctors awards) BME % | 30% | 40% |  | Awards to female doctors have increased significantly and are now more than the proportions in post. |
| **DISABILTY** | Employees with a disability recorded No. |   | 231 |  | Slightly up from 230 last year. |
|   | Last 12 mths Appointments Staff with a disability No. |   | 3.20% |  | 3.20% of appointees declared a disability this year compared with 3.90% last year |
| **AGE** | Qual Nursing Staff aged 55+ % |   | 10% |  | The proportion of Qualified Nursing staff aged 55+ has slightly increased this year. |
|   | Consultants aged 55+ % |   | 19% |  | The proportion of Consultants aged 55+ has increased slightly from last year. |
| **RELIGION AND BELIEF** | % Staff with recorded religion or belief |   | 42.5% |  | 43% of staff have a recorded religion or belief (including no belief) as at January 2015, an increase of 5% from last year. |
| **SEXUAL ORIENTATION** | % Staff with recorded sexual orientation |   | 43.7% |  | 44% of staff have a recorded sexual orientation as at January 2015 an increase of 5% from last year. |