

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS – 28th February 2014

SUBJECT: Annual Equality Report

REPORT FROM: Director Human Resources

PURPOSE: Information / Decision / Discussion

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT:

This document is the East Kent Hospitals University NHS Foundation Trust (EKHUFT) response to The Equality Act 2010 (Specific Duties) Regulations 2011 which require each public authority to publish information to demonstrate its compliance with the duty imposed by section 149(1) of the Act (The Public Sector Equality Duty [PSED])

The Board of Directors receives this report annually in compliance with its Public Sector Equality Duty. This report has been shortened into an exception report style but original data sheets are provided online for reference.

SUMMARY:

To dramatically reduce the length and complexity of the document only those issues which have been identified as statistically significant are mentioned. It is therefore important to note that the issues identified in this report represent a tiny proportion of all the data assessed. It is true to say that in almost all respects there is no difference in the delivery of services, patient outcomes and the treatment of staff based on protected characteristic status.

The data indicates that EKHUFT is performing well on equality and fairness.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:**The Trust's performance in this area supports the following objectives:**

SO1: Deliver excellence in the quality of care and experience of every person, every time they access our services

SO2: Ensure comprehensive communication and engagement with our workforce, patients, carers, members, GPs and the public in the planning and delivery of healthcare

FINANCIAL IMPLICATIONS:

None identified at present.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

Failure to comply with Equality Act 2010 could result in sanctions from Care Quality Commission and/or Equality and Human Rights Commission.

The aims of the Public Sector Equality Duty are relevant to the report which demonstrates compliance.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

BOARD ACTION REQUIRED:

(a) to note the report

CONSEQUENCES OF NOT TAKING ACTION:

None

Annual Equality Report

**01st October 2012
to
30th September 2013**

Bruce Campion-Smith
Head of Equality & Engagement
January 2014

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1 Summary

This document is the East Kent Hospitals University NHS Foundation Trust (EKHUFT) response to The Equality Act 2010 (Specific Duties) Regulations 2011 which require each public authority to publish information to demonstrate its compliance with the duty imposed by section 149(1) of the Act (The Public Sector Equality Duty [PSED])

The report is a summary of 16 different spread sheet documents totalling 25 MB of data. To dramatically reduce the length and complexity of the document only those issues which have been identified as statistically significant are mentioned. It is therefore important to note that the issues identified in this report represent a tiny proportion of all the data assessed. It is true to say that in almost all respects there is no difference in the delivery of services, patient outcomes and the treatment of staff based on protected characteristic status. The data indicates that EKHUFT is performing well on equality and fairness.

The list below highlights those areas of significance which are particularly worthy of note:

Service Delivery

- Whilst falls data indicates men are still disproportionately represented, the number of men falling in hospital has fallen by 61.07% since last year.
- The Adult Outpatient Survey indicates that more young single people than expected do not feel they were treated with dignity and respect while they were at the Outpatient Department.

Employees

- Women continue to be over represented in grades 8 and lower and under-represented above grade 8.
- Female employees take more sickness absence than their male counterparts.
- In the same way White-British employees make up 74% of the staff total and are responsible for 83% of sickness leave.
- There is some evidence that White-British employees are more successful in promotion than would be statistically expected.
- Female job applicants are more likely to be successful at interview than men.

2 Introduction

The public sector Equality Duty, at section 149 of the Equality Act 2010, requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to:

- a. eliminate discrimination,
- b. advance equality of opportunity, and
- c. foster good relations between different people when carrying out their activities.

This document is the East Kent Hospitals University NHS Foundation Trust (EKHUFT) response to The Equality Act 2010 (Specific Duties) Regulations 2011 which require each public authority to publish information to demonstrate its compliance with the duty imposed by section 149(1) of the Act (The Public Sector Equality Duty [PSED])

The information must include, in particular, information relating to persons who share a relevant protected characteristic who are its employees and other persons affected by its policies and practices.

2.1 Protected Characteristics

| | |
|--------------------------------|---------------------|
| Age | Race |
| Disability | Religion and belief |
| Gender reassignment | Sex |
| Marriage and civil partnership | Sexual orientation |
| Pregnancy and maternity | |

3 Data Collection

This report is based on data collected from the following sources.

3.1 Staff Data

The staff section of this report is based on data collected from the Electronic Staff Register (ESR), Applicant Tracking System (ATS), Staff Survey 2013 and the National Learning Management System (NLMS).

3.2 Patient data

The patient section of this report is based on data collected from Patient Administration System (PAS), the DATIX incident reporting and management system and Meridian Patient Surveys

3.3 Statistical Significance

Data has only been considered significant when numbers fall outside the range of plus (+) or minus (–) two standard deviations. The standard deviation is commonly used to measure confidence in statistical conclusions. The reported margin of error is typically about twice the standard deviation, the half-width of a 95 per cent confidence interval. In science, researchers commonly report the standard deviation of experimental data, and only effects that fall much farther than one standard deviation away from what would have been expected are considered statistically significant – normal random error or variation in the measurements is in this way distinguished from causal variation.

4 Report Style

This report is based on the assessment of large amounts of data. To dramatically reduce the length and complexity of the document only those issues which have been identified as statistically significant are mentioned. It is therefore important to mention that the issues identified in this report represent a tiny proportion of all the data assessed. It is true to say that in almost all respects there is no difference in the delivery of services and the treatment of staff based on protected characteristic status.

Full data sheets are available and will be published on the Trust Website at <http://www.ekhuft.nhs.uk/patients-and-visitors/about-us/boards-and-committees/equality-and-human-rights/>

5 Demographics

The demographic data used to produce this report has been based on data obtained in the 2011 census. Comparisons have been made between trust data and population where appropriate. A more detailed summary of the East Kent population is published on the Equality pages of the EKHUFT web site

<http://www.ekhuft.nhs.uk/patients-and-visitors/about-us/boards-and-committees/equality-and-human-rights/>

6 Equality Delivery System

The Equality Delivery System (EDS) for the NHS was made available to the NHS in June 2011. It was formally launched on 11 November 2011. Following an evaluation of the implementation of the EDS in 2012, and subsequent consultation with a spread of NHS organisations, a refreshed EDS known as EDS2 became available in November 2013. EKHUFT will implement EDS2 in 2014 and report in July 2014.

7 Information Relating To Persons Who Share A Relevant Protected Characteristic Who Are Other Persons Affected By Its Policies And Practices. (Service delivery)

7.1 Trust Data

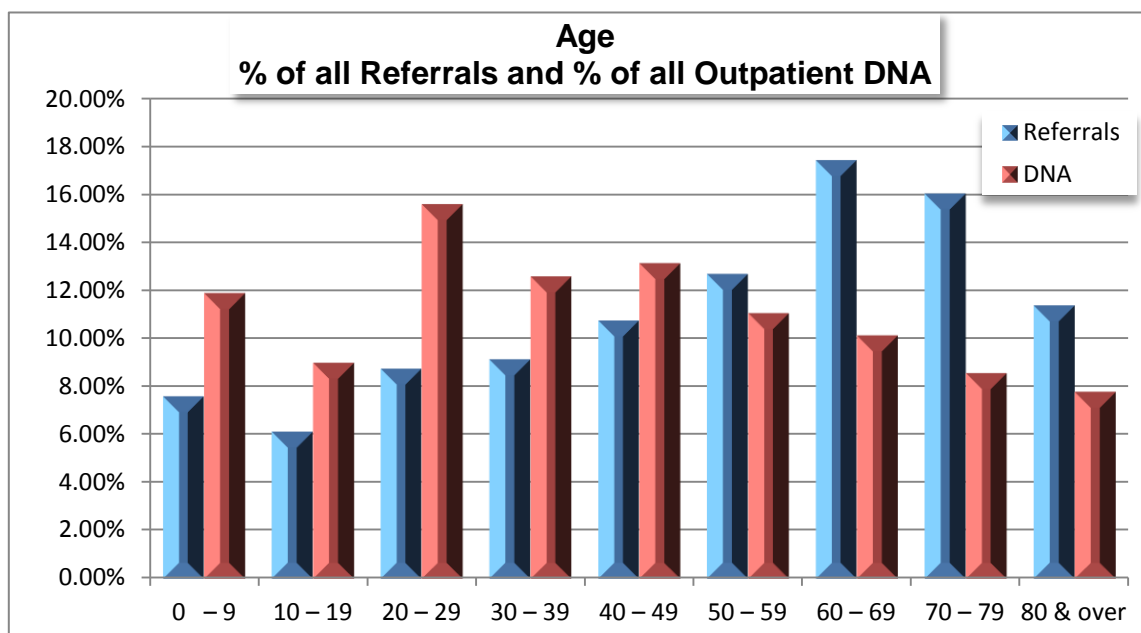
7.1.1 Outpatient DNA against Age

8.77% of those referred to outpatients are from the 20 – 29 year age group. However, 15.6% of Outpatient Did Not Attend (DNA) instances are from the same age group.

It is not until the age of 50 that outpatient DNA rates fall below referral rates. The highest outpatient DNA rate is for the 20 – 29 age group.

The trust has plans to reduce levels of DNA by providing text and telephone appointment reminders.

| AGE | Referrals | DNA | % of all Referrals | % of all DNAs |
|-----------|-----------|------|--------------------|---------------|
| 0 – 9 | 88310 | 7486 | 7.61% | 11.92% |
| 10 – 19 | 71254 | 5667 | 6.14% | 9.02% |
| 20 – 29 | 101791 | 9802 | 8.77% | 15.61% |
| 30 – 39 | 106198 | 7919 | 9.15% | 12.61% |
| 40 – 49 | 125015 | 8264 | 10.77% | 13.16% |
| 50 – 59 | 147489 | 6960 | 12.70% | 11.08% |
| 60 – 69 | 202476 | 6386 | 17.44% | 10.17% |
| 70 – 79 | 186304 | 5404 | 16.04% | 8.60% |
| 80 & over | 132366 | 4915 | 11.40% | 7.83% |



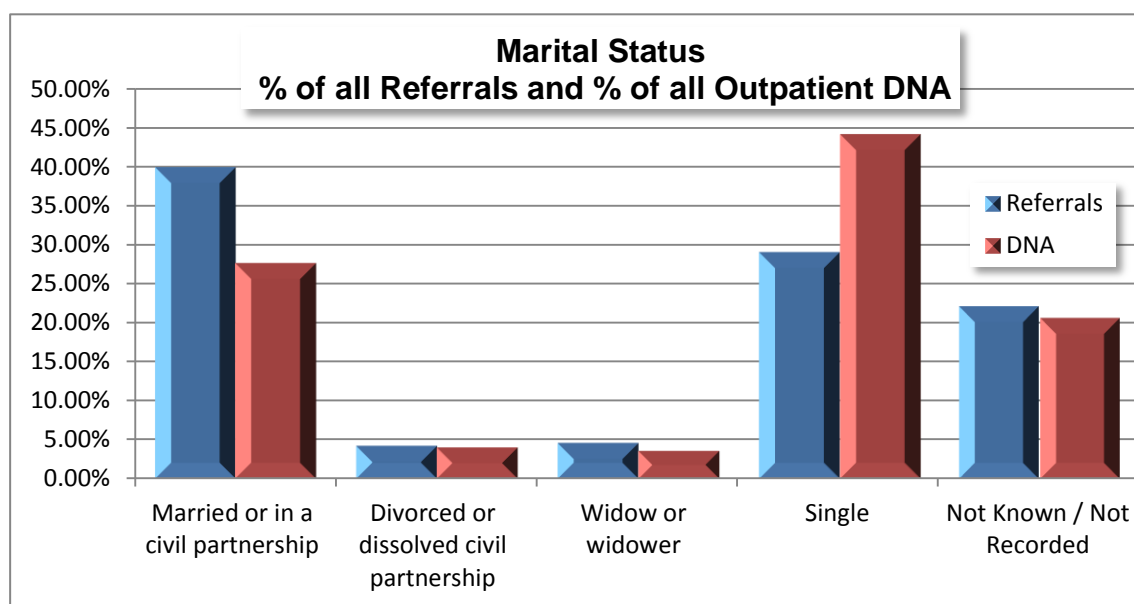
This chart shows referrals and DNA. It is clear that in the younger age groups the levels of DNA exceed the levels of referral where later in life the reverse is true.

7.1.2 Outpatient DNA against Marital Status

29.06% of those referred to outpatients are from the Single Marital Status group however, 44.14% of those failing to attend appointments are from the same group.

| MARITAL / CIVIL PARTNERSHIP STATUS | Referrals | DNA | % of all Referrals | % of all DNAs |
|---|-----------|-------|--------------------|---------------|
| Married or in a civil partnership | 464282 | 17363 | 39.98% | 27.65% |
| Divorced or dissolved civil partnership | 48966 | 2530 | 4.22% | 4.03% |
| Widow or widower | 53426 | 2246 | 4.60% | 3.58% |
| Single | 337442 | 27721 | 29.06% | 44.14% |
| Not Known / Not Recorded | 257087 | 12943 | 22.14% | 20.61% |

Single people are more likely not to attend Outpatient appointments than any other marital status group. Once again it is intended that appointment reminders will reduce the high levels of this issue.

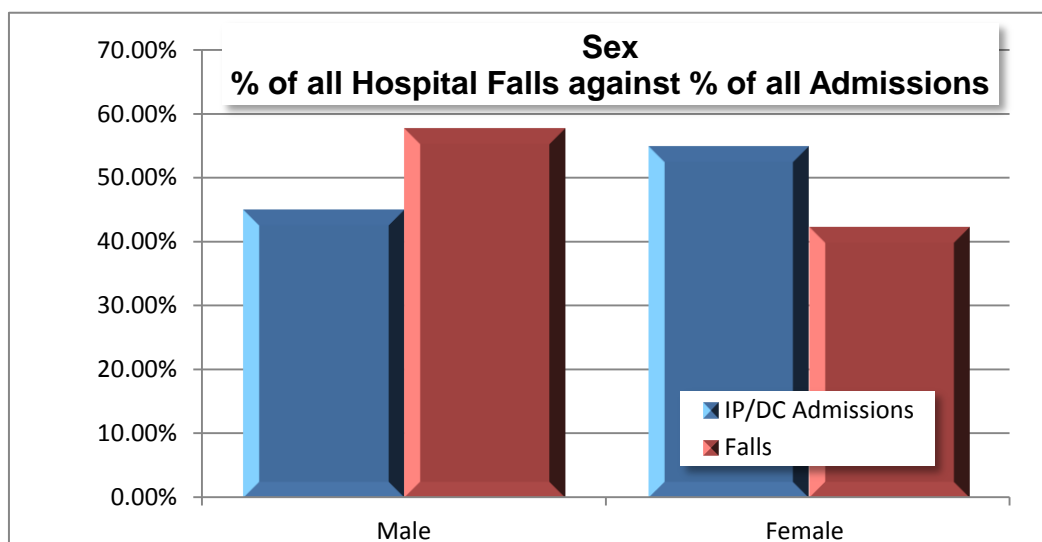


This chart clearly shows how the percentage of DNAs for single people exceeds the percentage of referrals.

7.1.3 Hospital Falls against Sex

National research indicates that men are more at risk of falling whilst in hospital than women. This is borne out by data from our own trust. Last year's Annual Equality Report identified that men were more likely to fall in our hospitals. The falls team implemented a programme to address falls. The figures for this year are; 45.05% of Inpatient and Day Case admissions are Male whereas 57.69% of hospital falls happen to men. The EKHUFT falls team programme to reduce falls in hospital has seen the number of men falling reduced from 2476 last year to 964 this year a reduction of 61.07%. Whilst men continue to be over represented the drop in numbers is an extraordinarily good outcome for the trust.

| SEX | IP/DC Admissions | Falls | % of all IP/DC Admissions | % of all Falls |
|--------|------------------|-------|---------------------------|----------------|
| Male | 96377 | 964 | 45.05% | 57.69% |
| Female | 117575 | 707 | 54.95% | 42.31% |



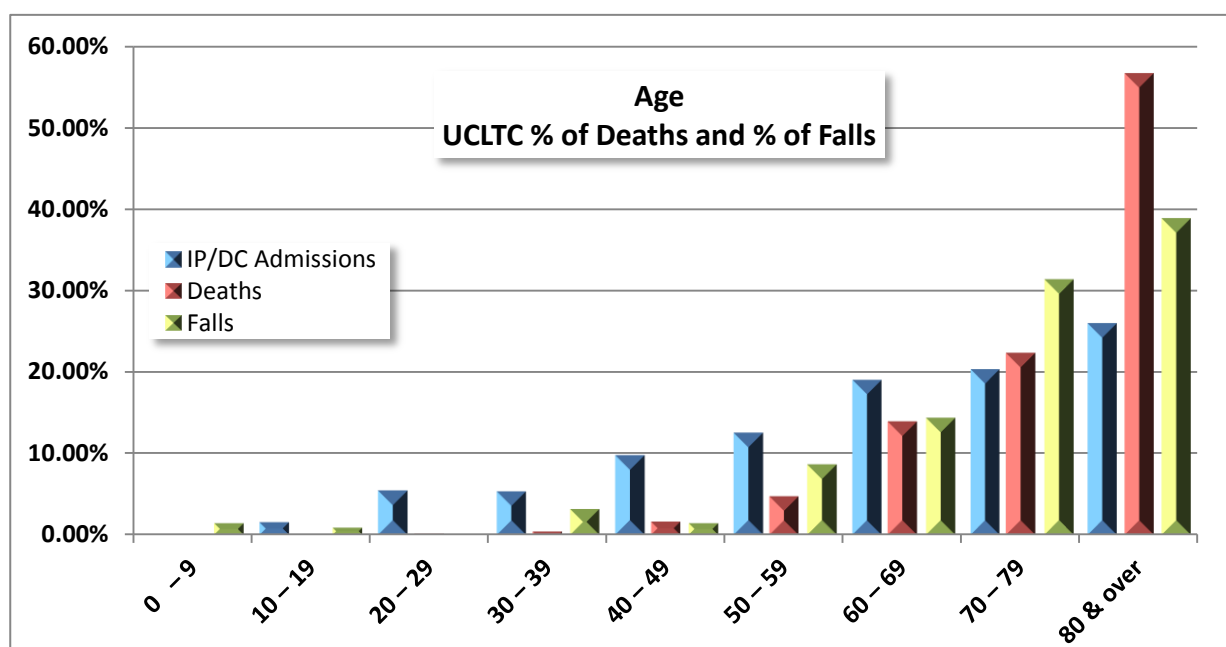
At EKHUFT 10 men in every 1000 and 6 women in every 1000 fall whilst an inpatient

7.2 Urgent Care and Long Term Conditions (UCLTC) Division Data

7.2.1 Deaths and Falls against Age

It is a sad fact that older people in hospital are more likely to die or fall. This is reflected in the data for UCLTC. People over 70 years of age account for 79% of deaths and the same age group account for 70% of falls.

| AGE | IP/DC Admissions | Deaths | Falls | % of all IP/DC Admissions | % of all Deaths | % of all Falls |
|-----------|------------------|--------|-------|---------------------------|-----------------|----------------|
| 0 – 9 | 8 | | 5 | 0.01% | 0.00% | 1.44% |
| 10 – 19 | 1421 | 1 | 3 | 1.54% | 0.03% | 0.86% |
| 20 – 29 | 5048 | 4 | | 5.46% | 0.13% | |
| 30 – 39 | 4910 | 13 | 11 | 5.31% | 0.42% | 3.16% |
| 40 – 49 | 9028 | 50 | 5. | 9.76% | 1.62% | 1.44% |
| 50 – 59 | 11594 | 146 | 30 | 12.54% | 4.73% | 8.62% |
| 60 – 69 | 17598 | 431 | 50 | 19.03% | 13.97% | 14.37% |
| 70 – 79 | 18808 | 691 | 109 | 20.34% | 22.40% | 31.32% |
| 80 & over | 24044 | 1749 | 135 | 26.01% | 56.69% | 38.79% |



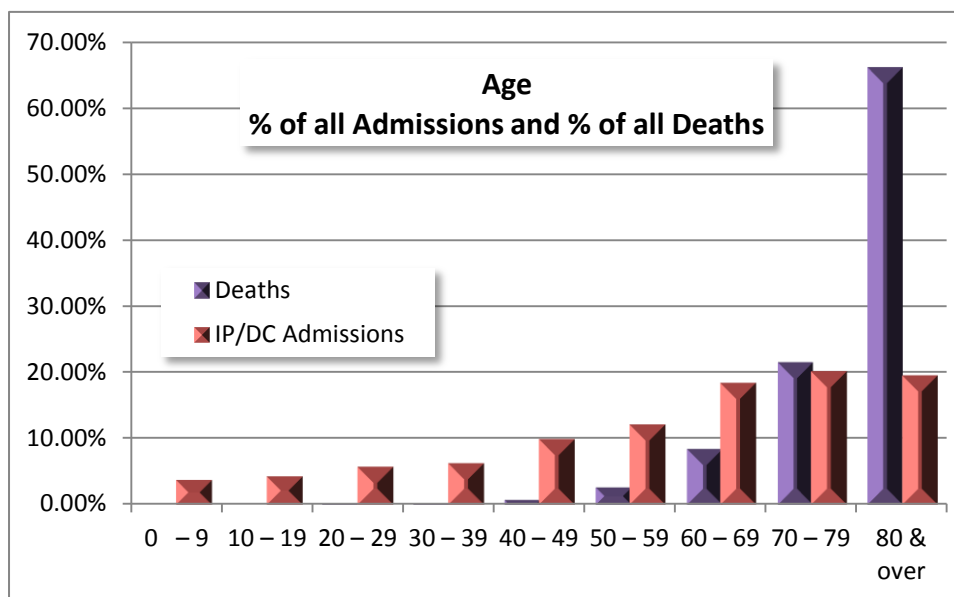
This chart demonstrates that above 70 the proportion of deaths and falls exceeds the proportion of admissions.

7.3 Surgical Services Division Data

7.3.1 Deaths and Age

Once again the data confirms the fact that age is the major factor in the number of deaths of patients recorded.

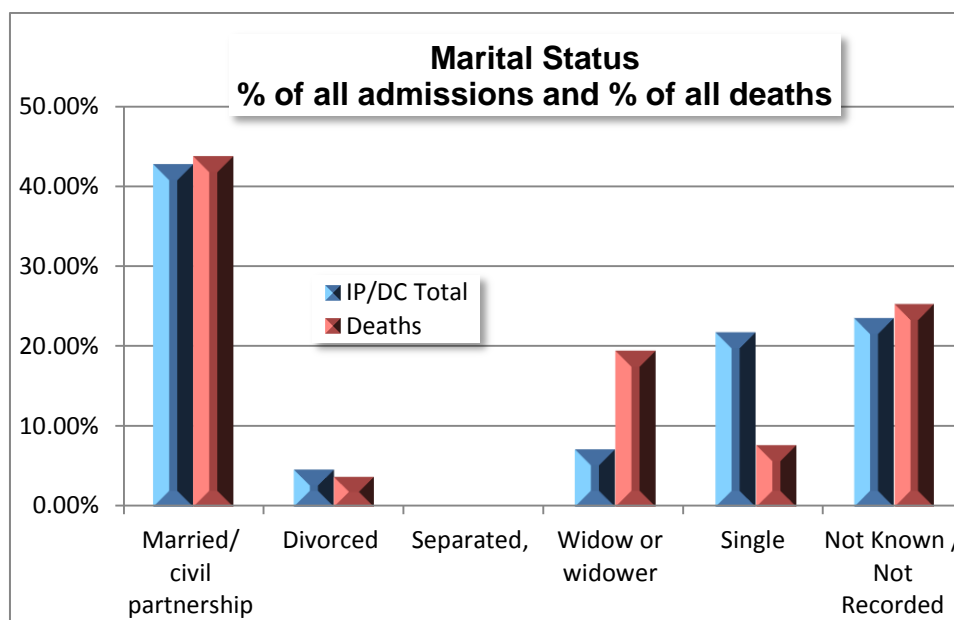
| AGE | IP/DC Admissions | Deaths | % of all IP/DC Admissions | % of all Deaths |
|-----------|------------------|--------|---------------------------|-----------------|
| 0 – 9 | 2529 | | 3.75% | |
| 10 – 19 | 2879 | | 4.27% | |
| 20 – 29 | 3853 | 1 | 5.72% | 0.19% |
| 30 – 39 | 4211 | 1 | 6.25% | 0.19% |
| 40 – 49 | 6673 | 4 | 9.91% | 0.75% |
| 50 – 59 | 8164 | 14 | 12.12% | 2.63% |
| 60 – 69 | 12387 | 45 | 18.39% | 8.44% |
| 70 – 79 | 13553 | 115 | 20.12% | 21.58% |
| 80 & over | 13116 | 353 | 19.47% | 66.23% |



7.3.2 Marital Status and Death

There is an obvious link in this category with the age data in the previous paragraph not surprisingly widows and widowers are the people most likely to die in hospital.

| MARITAL / CIVIL PARTNERSHIP STATUS | IP/DC Admissions | Deaths | % of all IP/DC Admissions | % of all Deaths |
|------------------------------------|------------------|--------|---------------------------|-----------------|
| Married/ civil partnership | 28802 | 233 | 42.76% | 43.71% |
| Divorced | 3142 | 20 | 4.66% | 3.75% |
| Separated, | | | | |
| Widow or widower | 4832 | 104 | 7.17% | 19.51% |
| Single | 14694 | 41 | 21.81% | 7.69% |
| Not Known / Not Recorded | 15895 | 135 | 23.60% | 25.33% |



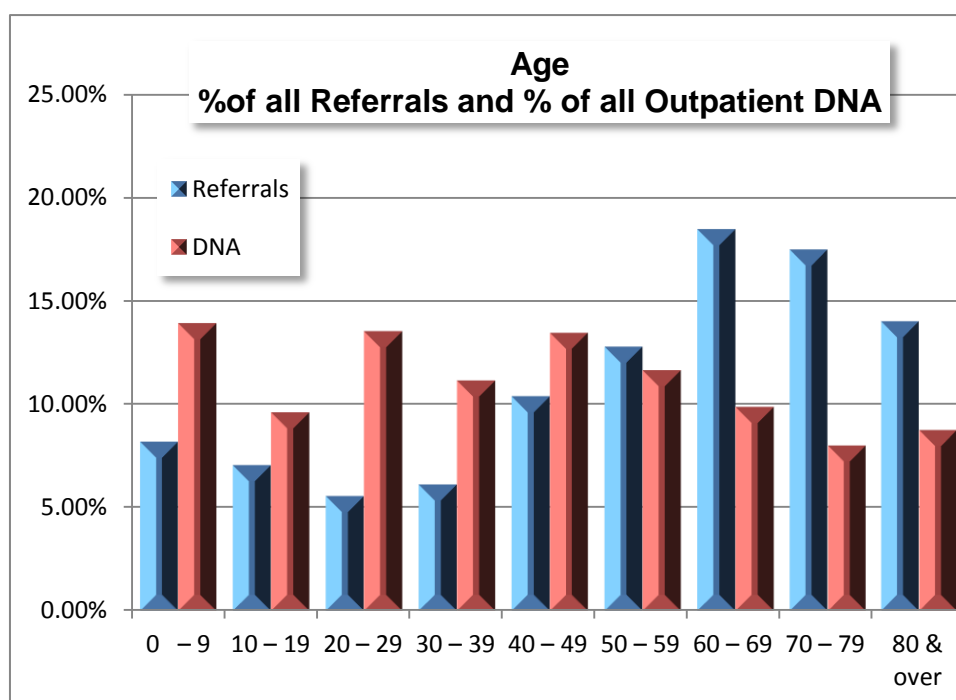
The chart demonstrates the degree by which the proportion of death exceeds the proportion of admissions.

7.3.3 Age and Outpatient DNA

The greatest proportion of failures to attend outpatient appointments fall on those patients under fifty. With the 20-29 age group providing the highest level of DNA.

This situation is reflected in the trust-wide data at 7.1.1

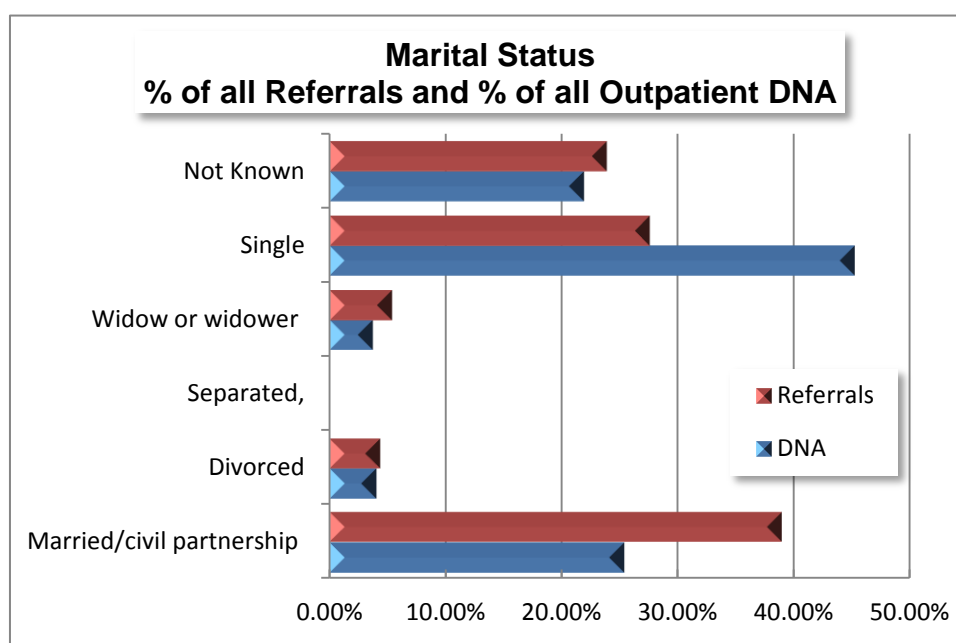
| AGE | Referrals | DNA | % of all Referrals | % of all DNAs |
|-----------|-----------|---------|--------------------|---------------|
| 0 – 9 | 37462.00 | 3276.00 | 8.20% | 13.92% |
| 10 – 19 | 32236.00 | 2264.00 | 7.05% | 9.62% |
| 20 – 29 | 25445.00 | 3185.00 | 5.57% | 13.53% |
| 30 – 39 | 28017.00 | 2624.00 | 6.13% | 11.15% |
| 40 – 49 | 47482.00 | 3165.00 | 10.39% | 13.45% |
| 50 – 59 | 58393.00 | 2744.00 | 12.77% | 11.66% |
| 60 – 69 | 84264.00 | 2326.00 | 18.43% | 9.88% |
| 70 – 79 | 79783.00 | 1887.00 | 17.45% | 8.02% |
| 80 & over | 64023.00 | 2062.00 | 14.01% | 8.76% |



7.3.4 Marital Status and Outpatient DNA

The data for marital status and DNA follows the pattern showing single people being the group with the highest level of DNA. There are obvious links between these figures and those from the age group data.

| Marital Status | Referrals | DNA | % of all Referrals | % of all DNAs |
|---------------------------|-----------|-------|--------------------|---------------|
| Married/civil partnership | 177965 | 5950 | 38.93% | 25.28% |
| Divorced | 19895 | 944 | 4.35% | 4.01% |
| Separated, | | | | |
| Widow or widower | 24595 | 877 | 5.38% | 3.73% |
| Single | 125767 | 10628 | 27.51% | 45.16% |
| Not Known | 108883 | 5134 | 23.82% | 21.82% |

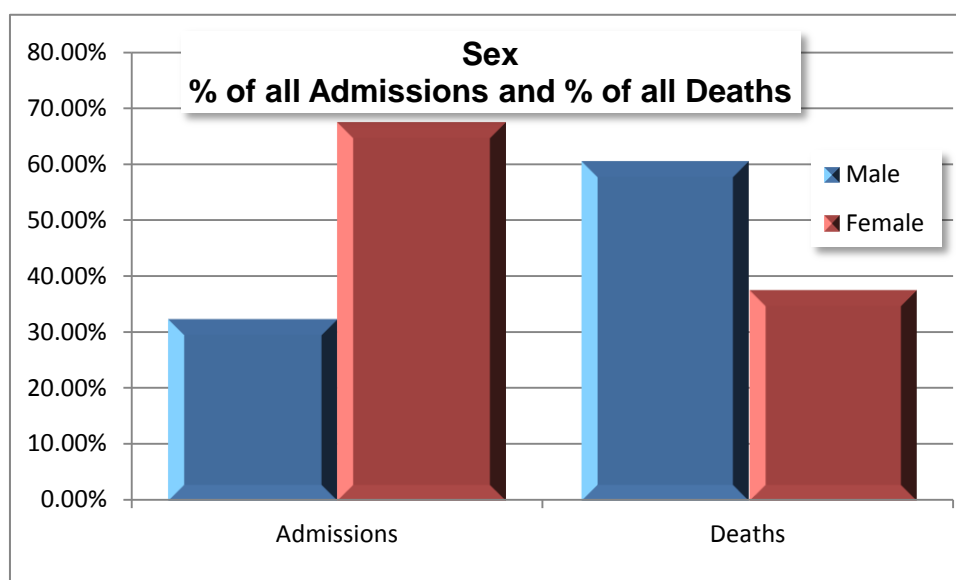


7.4 Specialist Services Division Data

7.4.1 Sex and Death

These figures show a surprising difference between the proportion of men admitted through the division and the proportion of men dying. This data has been analysed in greater depth. The figures shown here are episodes of care and reflect that the male patients had a higher level of co-morbidity and were therefore at a higher risk of death. The actual mortality rate was within expectations.

| SEX | Admissions | Deaths | % of all Admissions | % of all Deaths |
|---------|------------|--------|---------------------|-----------------|
| Male | 17538 | 103 | 32.42% | 60.59% |
| Female | 36549 | 64 | 67.57% | 37.65% |
| Unknown | 4 | 3 | 0.01% | 1.76% |



The following table is Doctor foster data for renal spells. It shows that whilst the overall male deaths are higher, the relative risk is 102. The average relative risk is benchmarked at 100; both male and female deaths are very close to that – indicating that the males in question were generally sicker and therefore had a higher risk of death.

According to Dr Foster, there was an expectation that 14.5 female patients would die based on diagnosis and comorbidities and 14 died. There was an expectation that 25.3 men would die and 26 died.

| Relative Risk for Renal - Dr Foster Data | | | | | | | | | |
|--|--------|----------|--------|-------|----------|-------|-------|------|-------|
| Sex | Spells | % of all | Deaths | % | Expected | % | RR | Low | High |
| ALL | 1550 | 100.00% | 40 | 2.60% | 39.7 | 2.60% | 100.6 | 71.9 | 137 |
| Female | 701 | 45.00% | 14 | 2.00% | 14.5 | 2.10% | 96.9 | 52.9 | 162.5 |
| Male | 849 | 55.00% | 26 | 3.10% | 25.3 | 3.00% | 102.8 | 67.1 | 150.6 |

7.5 Adult Inpatient Survey 1/4/13 – 30/9/13

The analysis of data assessed responses to three specific questions which it was felt were those most likely to highlight any disparity based on the respondent's protected characteristics.

The questions were:

- Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- Were you given enough privacy when discussing your condition or treatment?
- Were you involved as much as you wanted to be in decisions about your care and treatment?

There were no statistically relevant indications that members of specific protected characteristic groups responded differently in relation to these questions. It is fair therefore to say that there is no evidence of people from minority groups reporting being disadvantaged as patients of EKHUFT.

7.6 Adult Outpatient Survey 1/10/12 – 30/9/13

These three similar questions were analysed from the Outpatient survey.

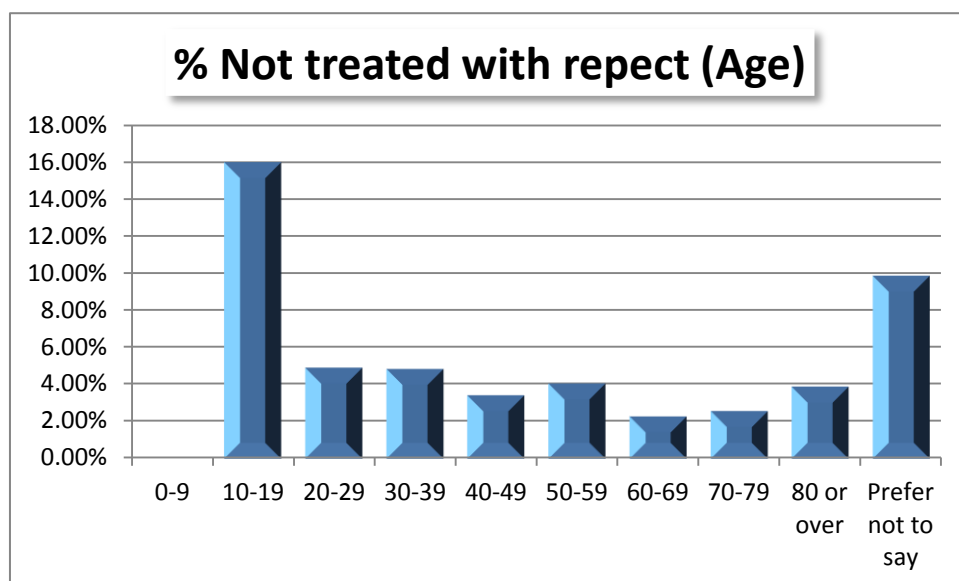
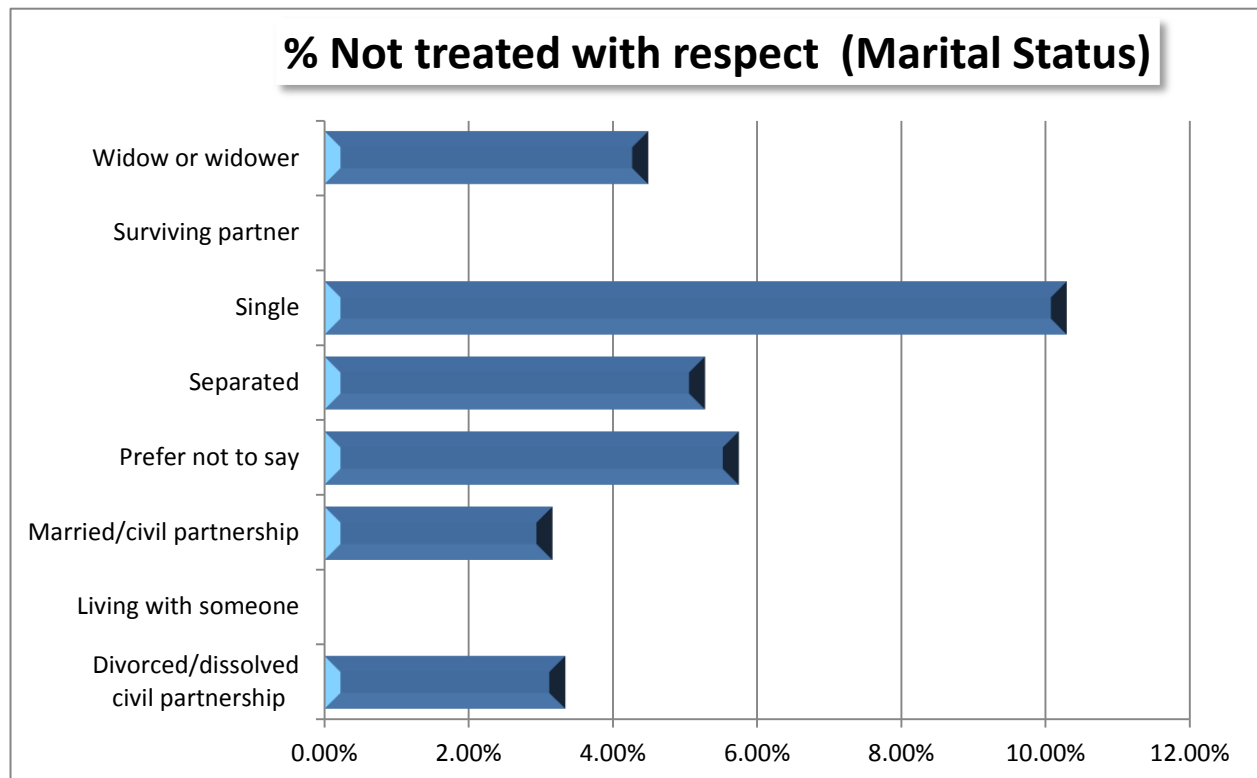
- Overall, did you feel you were treated with respect and dignity while you were at the Outpatient Department?
- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did the health professional listen to what you had to say?

Once again there were no statistically relevant indications that members of specific protected characteristic groups responded differently in relation to these questions except that 10.28% of single people and 16% of people in the 10-19 age group answered No to the question: "Overall, did you feel you were treated with respect and dignity while you were at the Outpatient Department?". The actual numbers here are relatively low and not statistically significant but may indicate a trend.

From 31st January 2014 one of the new Trust values is "We care so that people feel cared for as individuals." One of the standards of this value is "Respect people and their dignity." This may be an appropriate route to address this issue.

| | No | Grand Total | % saying No. |
|--------------------------------------|----|-------------|--------------|
| Divorced/dissolved civil partnership | 2 | 60 | 3.33% |
| Living with someone | | 62 | 0.00% |
| Married/civil partnership | 20 | 634 | 3.15% |
| Prefer not to say | 11 | 192 | 5.73% |
| Separated | 1 | 19 | 5.26% |
| Single | 11 | 107 | 10.28% |
| Surviving partner | | 1 | 0.00% |
| Widow or widower | 3 | 67 | 4.48% |
| Grand Total | 48 | 1142 | 4.20% |

| 0-9 | | 3 | 0.00% |
|-------------------|----|------|--------|
| 10-19 | 4 | 25 | 16.00% |
| 20-29 | 3 | 61 | 4.92% |
| 30-39 | 5 | 103 | 4.85% |
| 40-49 | 6 | 175 | 3.43% |
| 50-59 | 8 | 196 | 4.08% |
| 60-69 | 5 | 218 | 2.29% |
| 70-79 | 5 | 193 | 2.59% |
| 80 or over | 3 | 77 | 3.90% |
| Prefer not to say | 9 | 91 | 9.89% |
| Grand Total | 48 | 1142 | 4.20% |



7.7 Complaints

All complaints received during the period 1/10/12 – 30/09/13 were analysed against Race, Disability, Sex and Age. There is no indication that the Trust received statistically higher levels of complaints from any group within each of these protected characteristics.

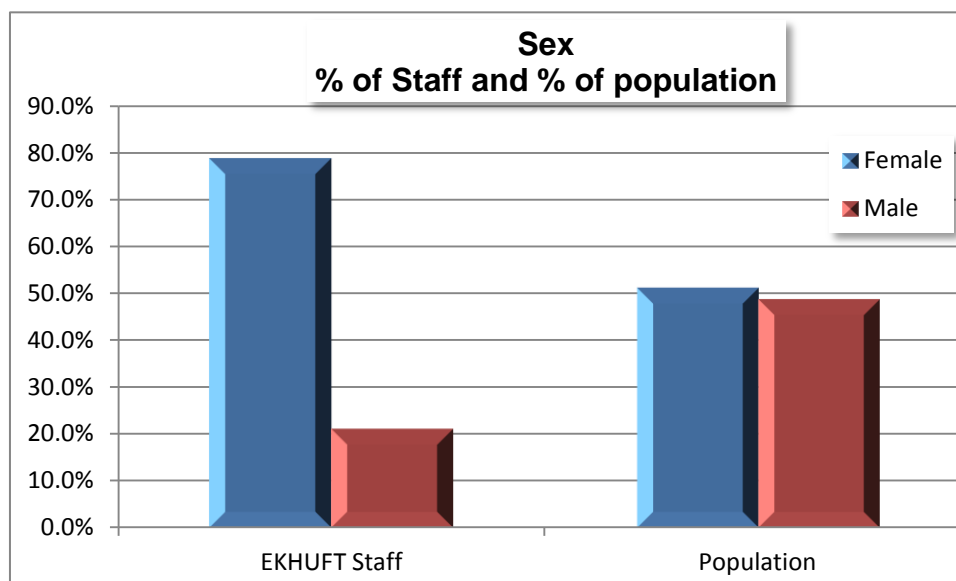
8 Information relating to persons who share a relevant protected characteristic who are employees.

8.1 Headcount

8.1.1 Sex

Of the 7400 staff 78.8% are female this is in stark contrast to the local population where 52.22% are female. This situation is reflected across the NHS at large.

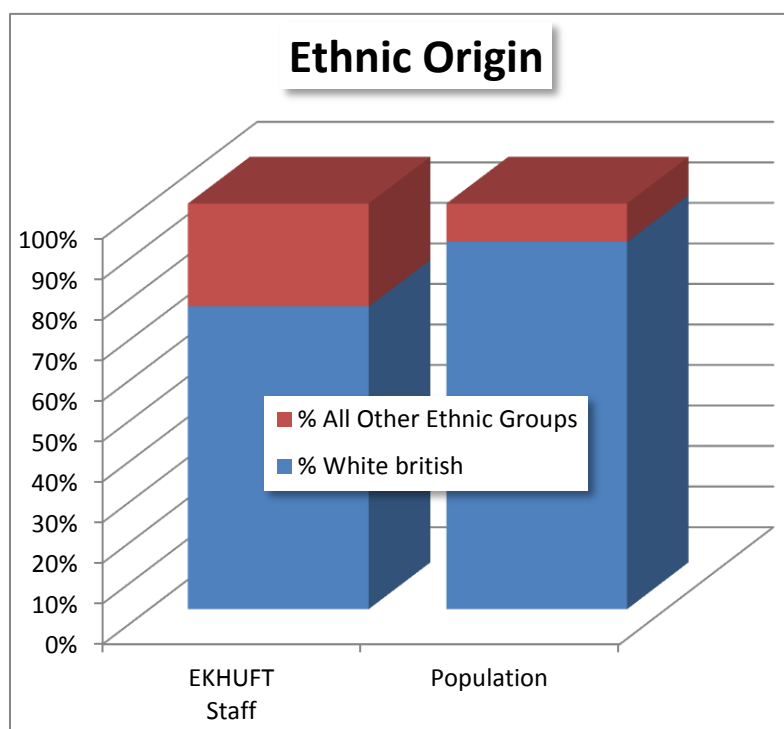
| Sex | Total Staff | % Staff | % Population |
|-------------|-------------|---------|--------------|
| Female | 5834 | 78.8% | 51.22% |
| Male | 1566 | 21.2% | 48.78% |
| Grand Total | 7400 | 100.0% | |

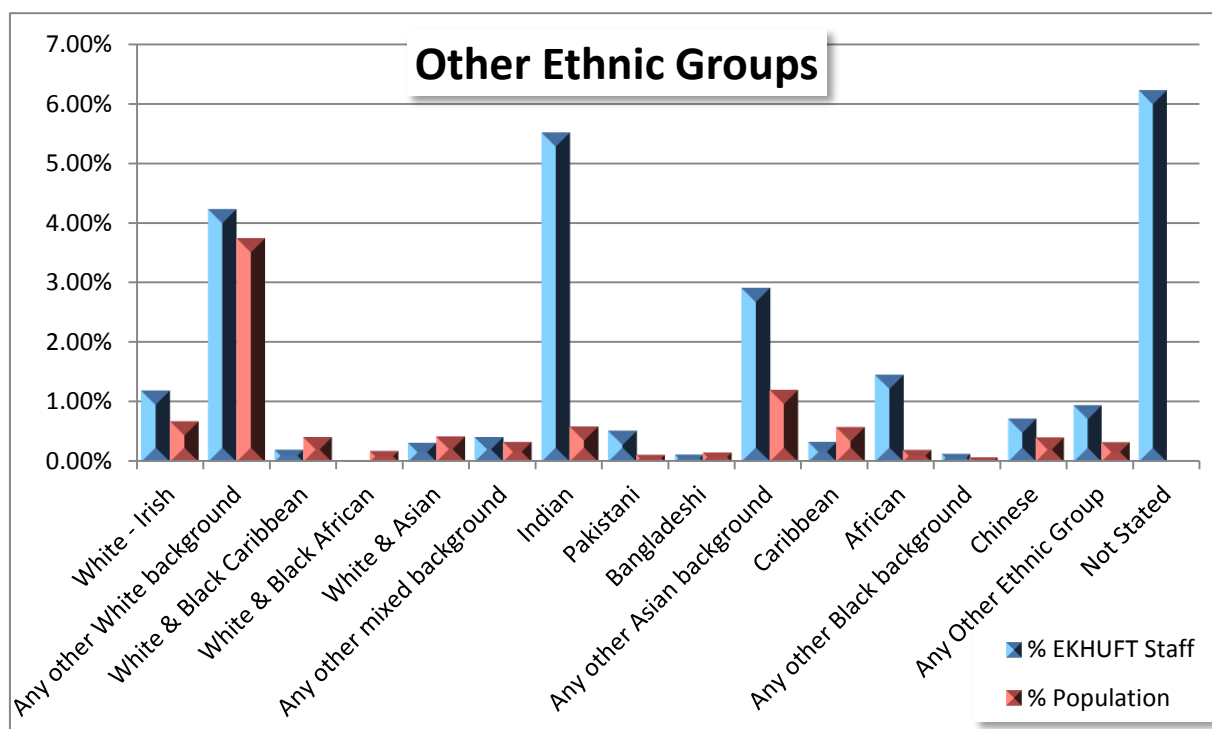


8.1.2 Race

In the 2011 national census 90% of the local population described themselves as White-British. The level of EKHUFT staff who describe themselves as White-British is noticeably less at 74.6%

| Ethnic Origin | Total Staff | % Staff | % Population |
|----------------------------|-------------|---------|--------------|
| White - British | 5521 | 74.6% | 90.6% |
| White - Irish | 89 | 1.2% | 0.7% |
| Any other White background | 314 | 4.2% | 3.7% |
| White & Black Caribbean | 15 | 0.2% | 0.4% |
| White & Black African | 2 | 0.0% | 0.2% |
| White & Asian | 24 | 0.3% | 0.4% |
| Any other mixed background | 31 | 0.4% | 0.3% |
| Indian | 409 | 5.5% | 0.6% |
| Pakistani | 39 | 0.5% | 0.1% |
| Bangladeshi | 9 | 0.1% | 0.2% |
| Any other Asian background | 217 | 2.9% | 1.2% |
| Caribbean | 25 | 0.3% | 0.6% |
| African | 109 | 1.5% | 0.2% |
| Any other Black background | 10 | 0.1% | 0.1% |
| Chinese | 54 | 0.7% | 0.4% |
| Any Other Ethnic Group | 71 | 1.0% | 0.3% |
| Not Stated | 461 | 6.2% | 0.0% |
| Grand Total | 7400 | 100.0% | 100.0% |



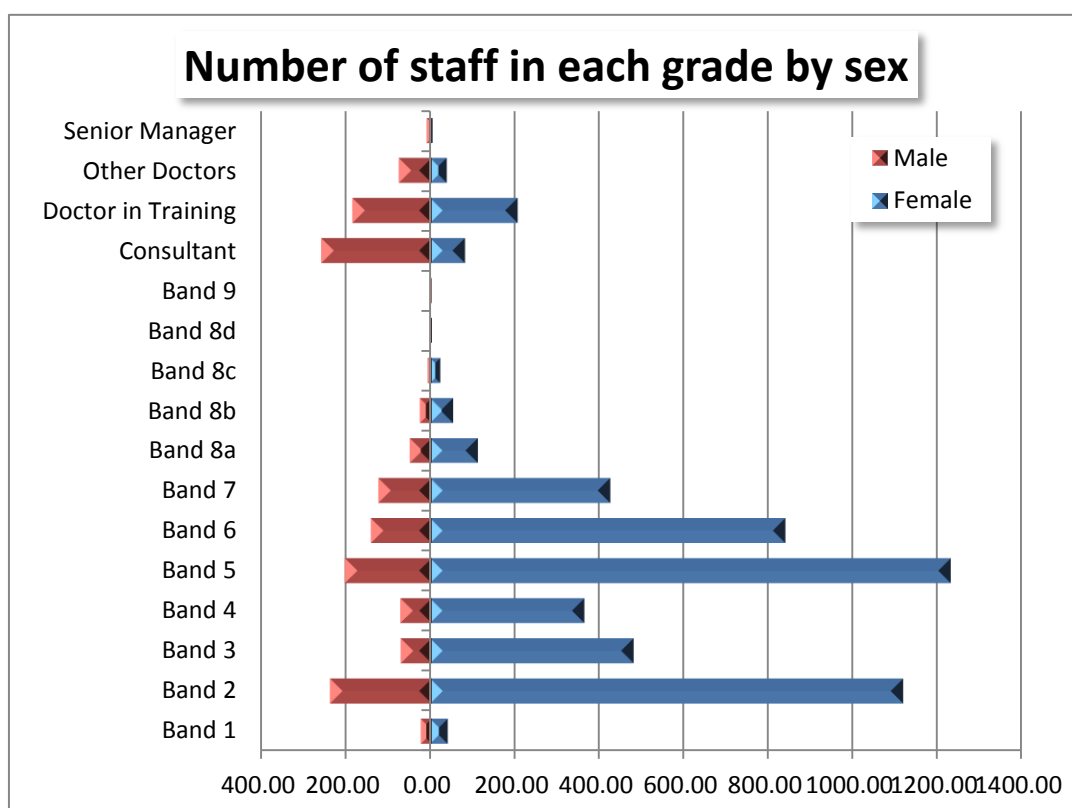
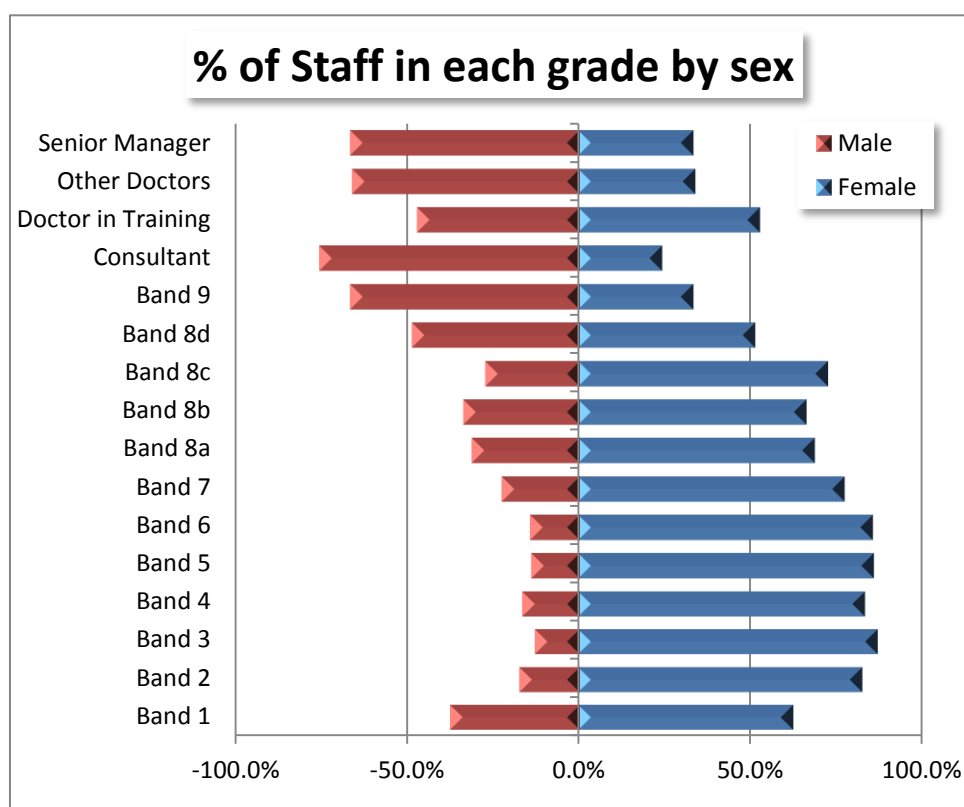


8.2 Grade

8.2.1 Sex

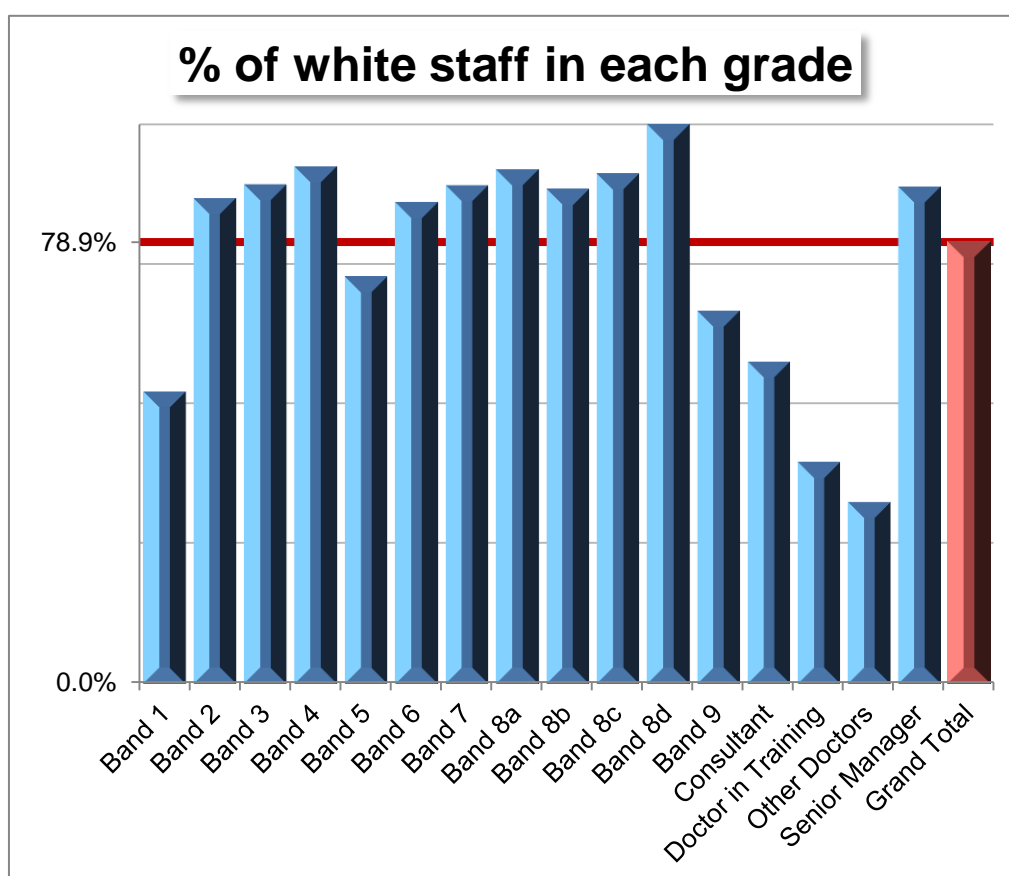
Women continue to be over represented in grades 8 and lower and underrepresented above grade 8. The levels for doctors in training are fairly evenly balanced.

| Sex | Female | Male |
|--------------------|--------|-------|
| Band 1 | 62.4% | 37.6% |
| Band 2 | 82.4% | 17.6% |
| Band 3 | 86.9% | 13.1% |
| Band 4 | 83.2% | 16.8% |
| Band 5 | 85.8% | 14.2% |
| Band 6 | 85.5% | 14.5% |
| Band 7 | 77.3% | 22.7% |
| Band 8a | 68.6% | 31.4% |
| Band 8b | 66.2% | 33.8% |
| Band 8c | 72.5% | 27.5% |
| Band 8d | 51.3% | 48.7% |
| Band 9 | 33.3% | 66.7% |
| Consultant | 24.3% | 75.7% |
| Doctor in Training | 52.7% | 47.3% |
| Other Doctors | 33.9% | 66.1% |
| Senior Manager | 33.3% | 66.7% |



8.2.2 Race

| Race | White |
|--------------------|--------|
| Band 1 | 52.2% |
| Band 2 | 86.8% |
| Band 3 | 89.3% |
| Band 4 | 92.5% |
| Band 5 | 72.8% |
| Band 6 | 86.0% |
| Band 7 | 89.1% |
| Band 8a | 91.9% |
| Band 8b | 88.5% |
| Band 8c | 91.2% |
| Band 8d | 100.0% |
| Band 9 | 66.7% |
| Consultant | 57.6% |
| Doctor in Training | 39.6% |
| Other Doctors | 32.5% |
| Senior Manager | 88.9% |
| Grand Total | 78.9% |



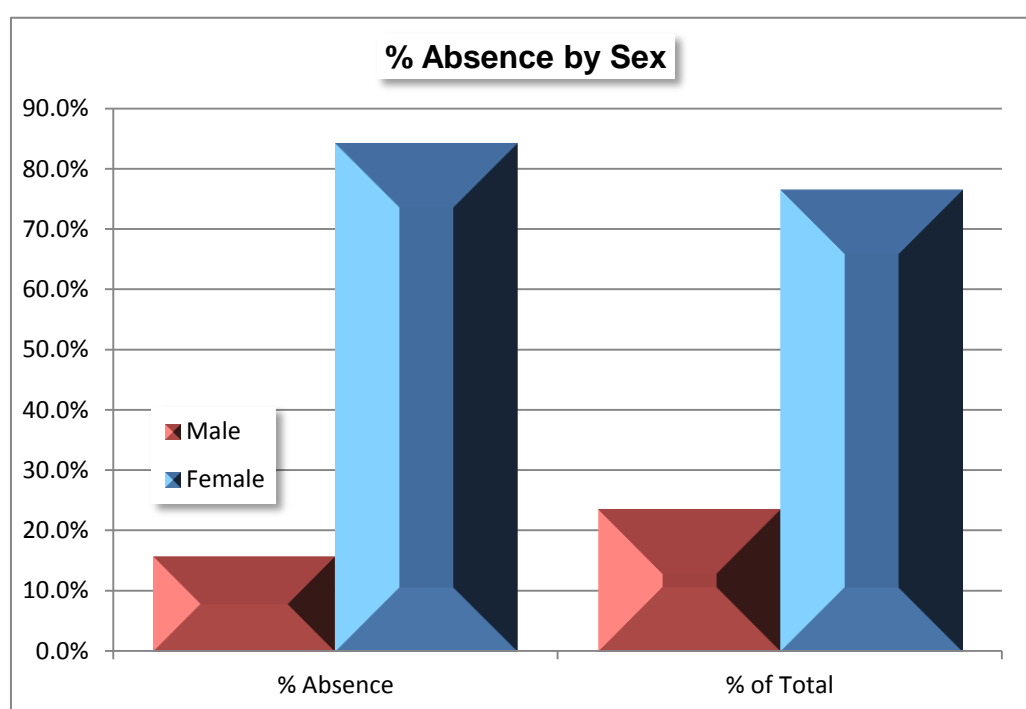
Those levels above the red line indicate those bands where white staff in that grade exceed the level for the whole trust. It should be noted that there are for instance only 8 people in the band 8d all of whom describe themselves as white.

8.3 Sickness Absence

8.3.1 Sex

The figures in this table and chart relate to the numbers of hours worked. It should be noted that the total for women is 76.6% when the headcount is 78.8%. This difference is accounted for by the number of female staff working a flexible pattern

| Sex | Total Hours | % Absence Hours | % of Total Hours |
|-------------|-------------|-----------------|------------------|
| Female | 73672.76 | 84.3% | 76.6% |
| Male | 13750.91 | 15.7% | 23.4% |
| Grand Total | 87423.67 | 100.0% | 100.0% |

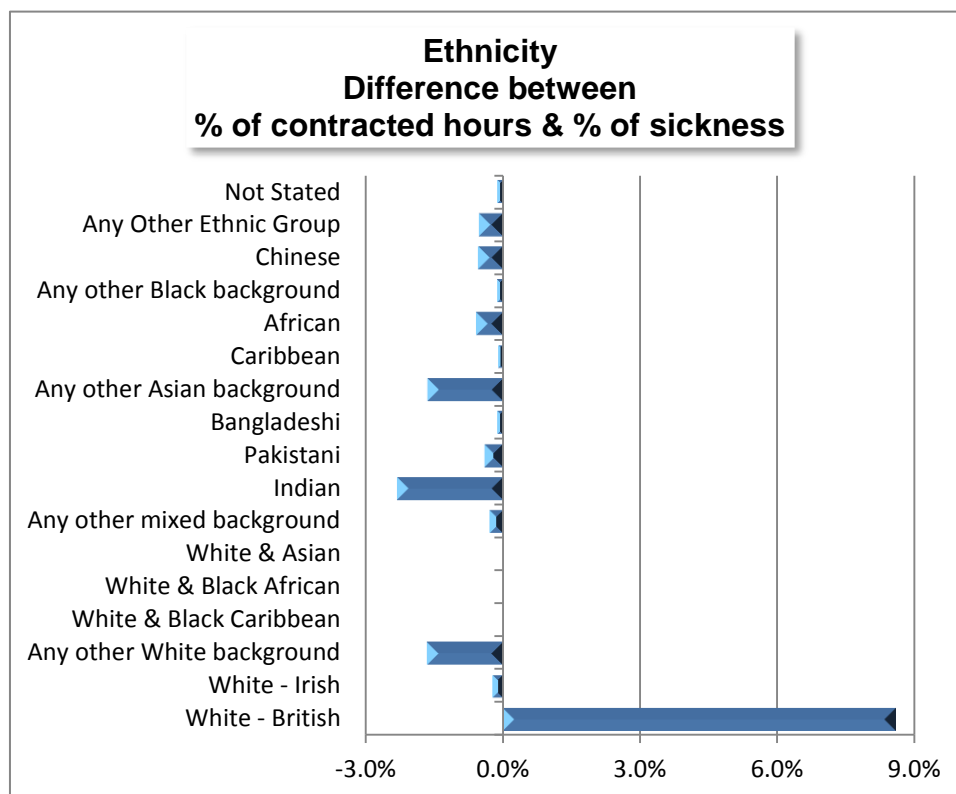


The interesting issue from this from this section is that women who are contracted to work for 76.6% of the total work time account for 84.3% of sickness time.

8.3.2 Race

A similar situation exists in relation to race. 74.1% of total work time is taken by staff who describe themselves as White-British while 82.7% of sickness time is used by people who describe themselves in the same way.

| Ethnic Origin | Total | % Absence | % of Total |
|----------------------------|----------|-----------|------------|
| White - British | 72308.95 | 82.7% | 74.1% |
| White - Irish | 778.96 | 0.9% | 1.1% |
| Any other White background | 2458.19 | 2.8% | 4.5% |
| White & Black Caribbean | 190.29 | 0.2% | 0.2% |
| White & Black African | 15.63 | | |
| White & Asian | 308.43 | 0.4% | 0.3% |
| Any other mixed background | 145.61 | 0.2% | 0.5% |
| Indian | 3296.16 | 3.8% | 6.1% |
| Pakistani | 203.06 | 0.2% | 0.6% |
| Bangladeshi | 17.20 | | 0.1% |
| Any other Asian background | 1172.81 | 1.3% | 3.0% |
| Caribbean | 155.21 | 0.2% | 0.3% |
| African | 942.39 | 1.1% | 1.7% |
| Any other Black background | 16.20 | | 0.1% |
| Chinese | 216.19 | 0.2% | 0.8% |
| Any Other Ethnic Group | 443.50 | 0.5% | 1.0% |
| Not Stated | 4754.89 | 5.4% | 5.6% |
| Grand Total | 87423.67 | 100.0% | 100.0% |



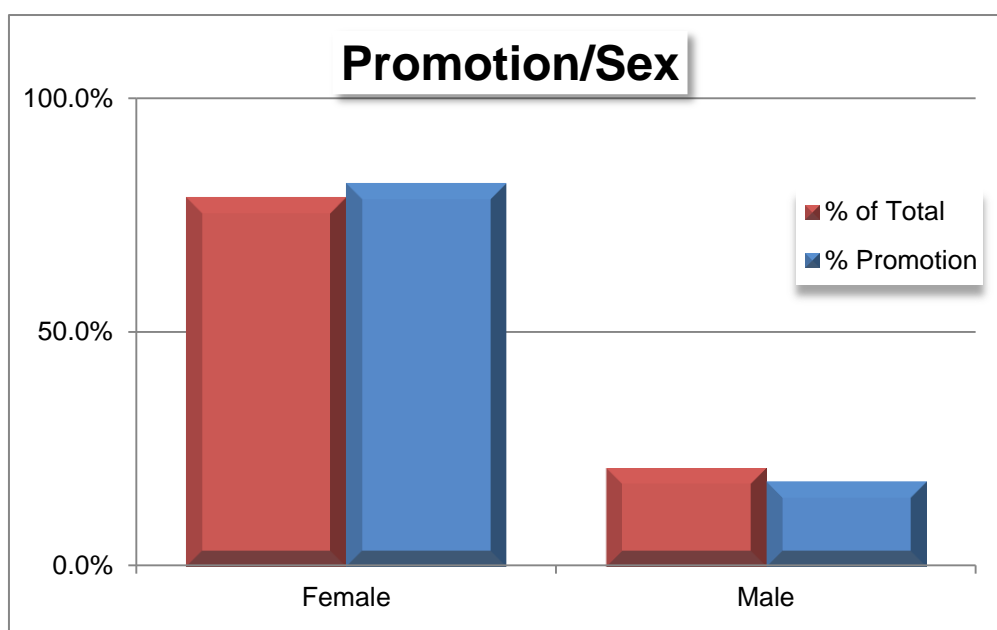
8.4 Promotion

Promotion is defined as, when a member of staff moves to a higher band.

8.4.1 Sex

Women are marginally more successful than men in promotion. This data does not include the numbers applying for promotion just those who achieved promotion during the relevant period.

| Gender | Total | % Promotion | Total | % of Total |
|-------------|-------|-------------|-------|------------|
| Female | 126 | 81.8% | 5834 | 78.8% |
| Male | 28 | 18.2% | 1566 | 21.2% |
| Grand Total | 154 | 100.0% | 7400 | 100.0% |

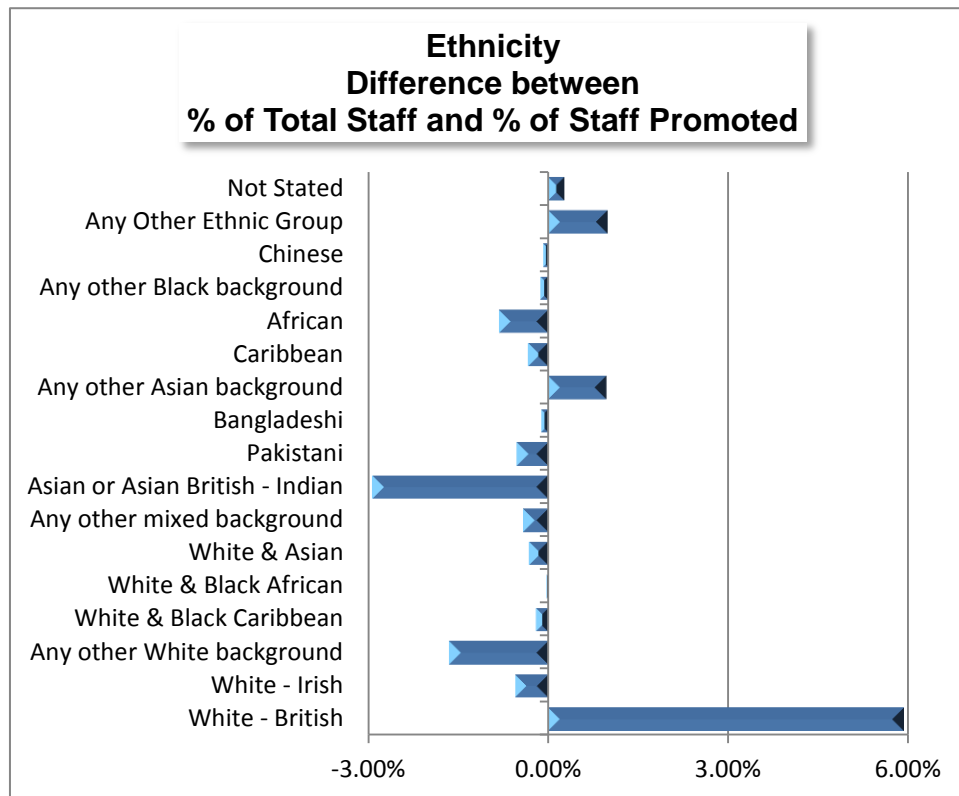


8.4.2 Race

A similar situation exists in relation to promotion and race. 74.6% of staff describe themselves as White-British while 80.5% of those promoted were White-British.

Is this because higher levels of White-British people applied for promotion or because they are more successful? Either way this is a statistic worthy of further investigation

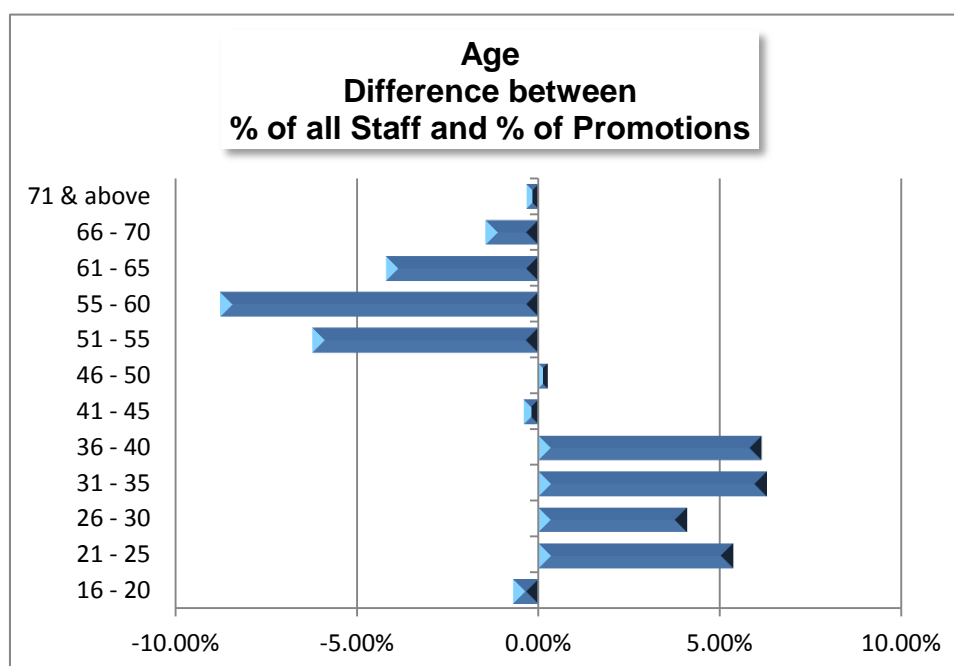
| Ethnic Origin | Total | % Promotion | Total | % of Total |
|--|--------------|--------------------|--------------|-------------------|
| White - British | 124 | 80.5% | 5521 | 74.6% |
| White - Irish | 1 | 0.6% | 89 | 1.2% |
| Any other White background | 4 | 2.6% | 314 | 4.2% |
| White & Black Caribbean | | | 15 | 0.2% |
| White & Black African | | | 2 | |
| White & Asian | | | 24 | 0.3% |
| Any other mixed background | | | 31 | 0.4% |
| Asian or Asian British - Indian | 4 | 2.6% | 409 | 5.5% |
| Pakistani | | | 39 | 0.5% |
| Bangladeshi | | | 9 | 0.1% |
| Any other Asian background | 6 | 3.9% | 217 | 2.9% |
| Caribbean | | | 25 | 0.3% |
| African | 1 | 0.6% | 109 | 1.5% |
| Any other Black background | | | 10 | 0.1% |
| Chinese | 1 | 0.6% | 54 | 0.7% |
| Any Other Ethnic Group | 3 | 1.9% | 71 | 1.0% |
| Not Stated | 10 | 6.5% | 461 | 6.2% |
| Grand Total | 154 | 100.0% | 7400 | 100.0% |



8.4.3 Age

The actual numbers of staff from each age group do not vary to a high degree for staff members between 21 and 50 years. However the chart demonstrates that the proportion of promotions in relation to the numbers of staff does vary considerably. The distribution of rates of promotion between age groups is much as would be expected with the 21 – 40 years age group enjoying greater rates of promotion than those between 51 and 70 years.

| Age Band | Total Promotion | % of Promotion | Total Staff | % of Staff |
|--------------------|-----------------|----------------|-------------|---------------|
| 16 - 20 | | | 52 | 0.7% |
| 21 - 25 | 19 | 12.3% | 517 | 7.0% |
| 26 - 30 | 23 | 14.9% | 803 | 10.9% |
| 31 - 35 | 27 | 17.5% | 833 | 11.3% |
| 36 - 40 | 28 | 18.2% | 891 | 12.0% |
| 41 - 45 | 20 | 13.0% | 991 | 13.4% |
| 46 - 50 | 23 | 14.9% | 1087 | 14.7% |
| 51 - 55 | 12 | 7.8% | 1037 | 14.0% |
| 55 - 60 | 2 | 1.3% | 745 | 10.1% |
| 61 - 65 | | | 311 | 4.2% |
| 66 - 70 | | | 108 | 1.5% |
| 71 & above | | | 25 | 0.3% |
| Grand Total | 154 | 100.0% | 7400 | 100.0% |



8.5 Appraisal

There were no statistically significant results for appraisal. It is safe to say that a staff member's protected characteristic status has no impact on whether or not they receive an appraisal.

8.6 Flexible working

Flexible Working Requests are not monitored on an equality basis, but the flexibility can obviously be helpful to those staff with carer responsibilities.

8.7 Gender Pay Gap

Levels of pay and related terms and conditions are fairly determined for all posts with staff doing equal work and work rated as of equal value being entitled to equal pay. The Trust pays staff in accordance with nationally agreed terms and conditions. Roles are evaluated, for those staff covered by Agenda for Change terms, under the national agreed Job evaluation system. This provides an effective methodology for ensuring that staff doing work of equal value are provided with equal pay. Job matching and evaluation is undertaken in partnership with staff side colleagues. Staff engaged under medical & dental terms and conditions are paid in accordance with the national agreements in place and job descriptions are subject to the scrutiny and approval of the Royal Colleges and relevant Faculties. Para 8.2.1 deals with gender and staff grade.

8.8 Learning development

8.8.1 Statutory Training

There is no statistically significant difference in the levels of completion of statutory training based on the individuals protected characteristics.

8.8.2 Lifelong learning

Nobody who has applied has been refused access to EKHUFT's lifelong learning programme which includes Skills Plus English, English for Health Service Employees and Skills-Plus maths.

8.8.3 External training

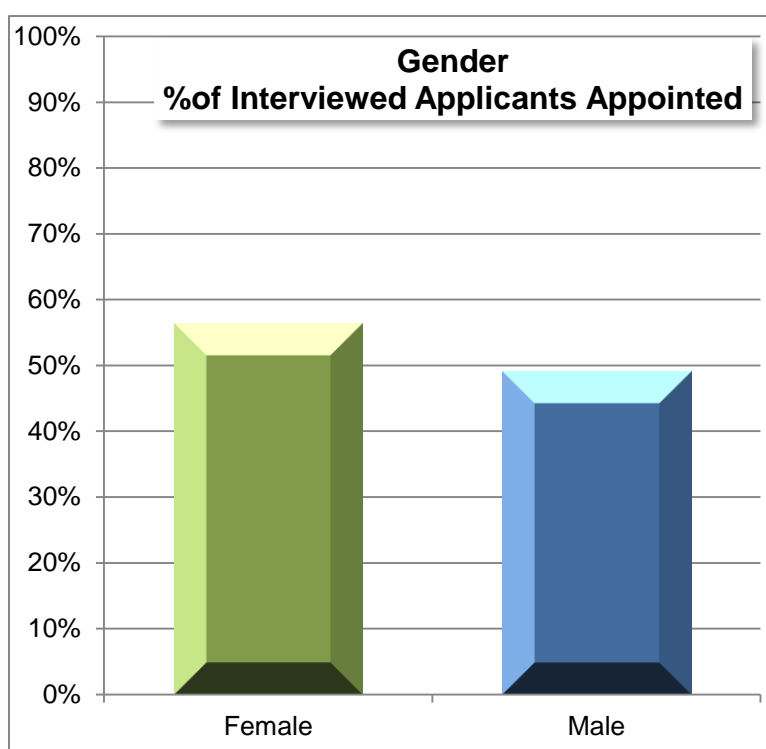
The data provided in this report is for mandatory and other training booked through NLMS as it is the only information currently held centrally. External training interventions undertaken are not recorded centrally.

8.9 Recruitment

8.9.1 Sex

The figure of 2 persons who chose not to disclose their sex is too small to be statistically significant. However, there is more reliable data to suggest that female interviewees are more successful than men.

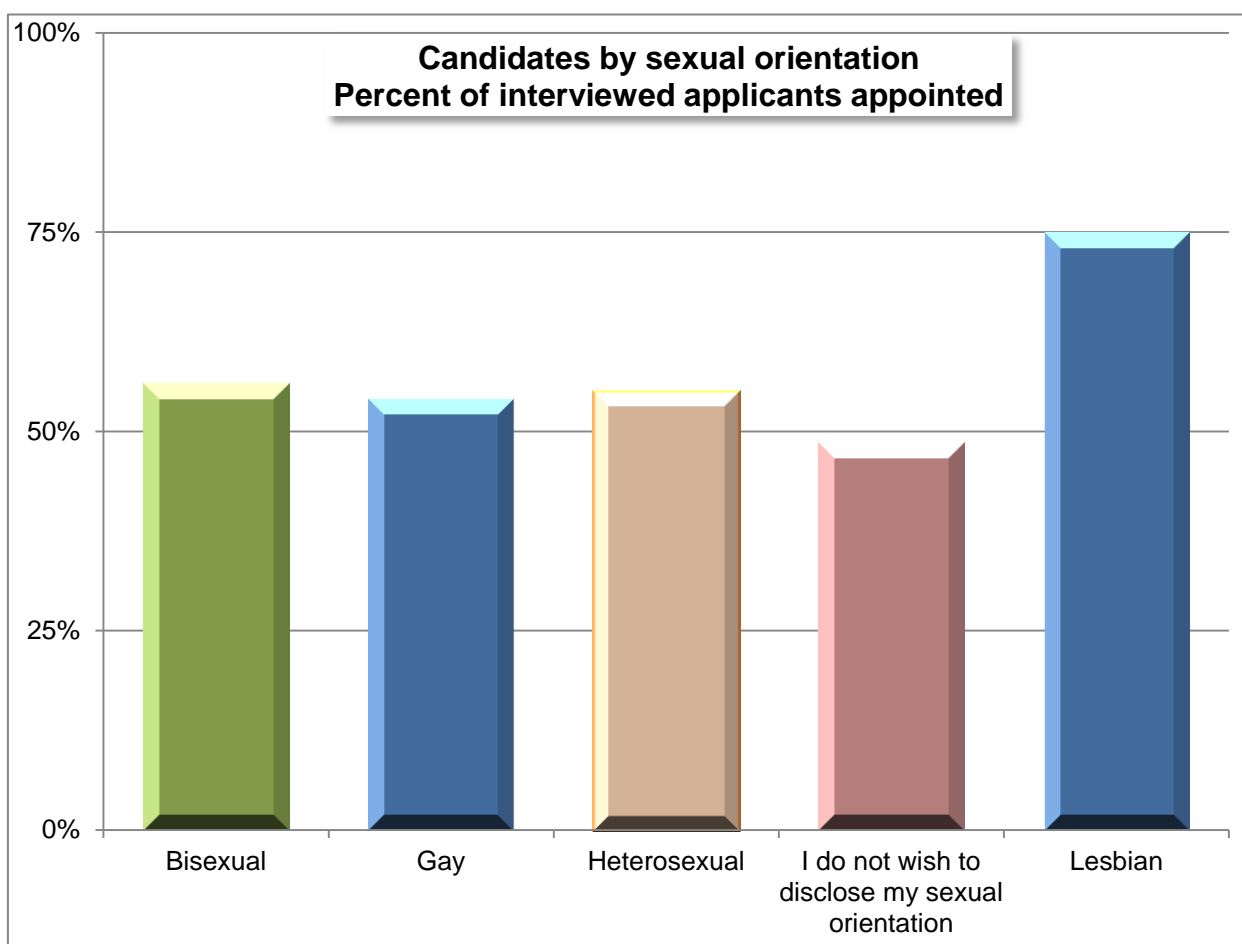
| | Applications | Appointed | % appointed | % of interviewed applicants appointed |
|--------------------|--------------|-----------|-------------|---------------------------------------|
| Female | 11072 | 1818 | 16% | 56% |
| Male | 4376 | 444 | 10% | 49% |
| Grand Total | 15458 | 2264 | 15% | 55% |



8.9.2 Sexual Orientation

The low number of applications from lesbian women is again not statistically significant. There is no other significant difference in the levels of successful interviewees.

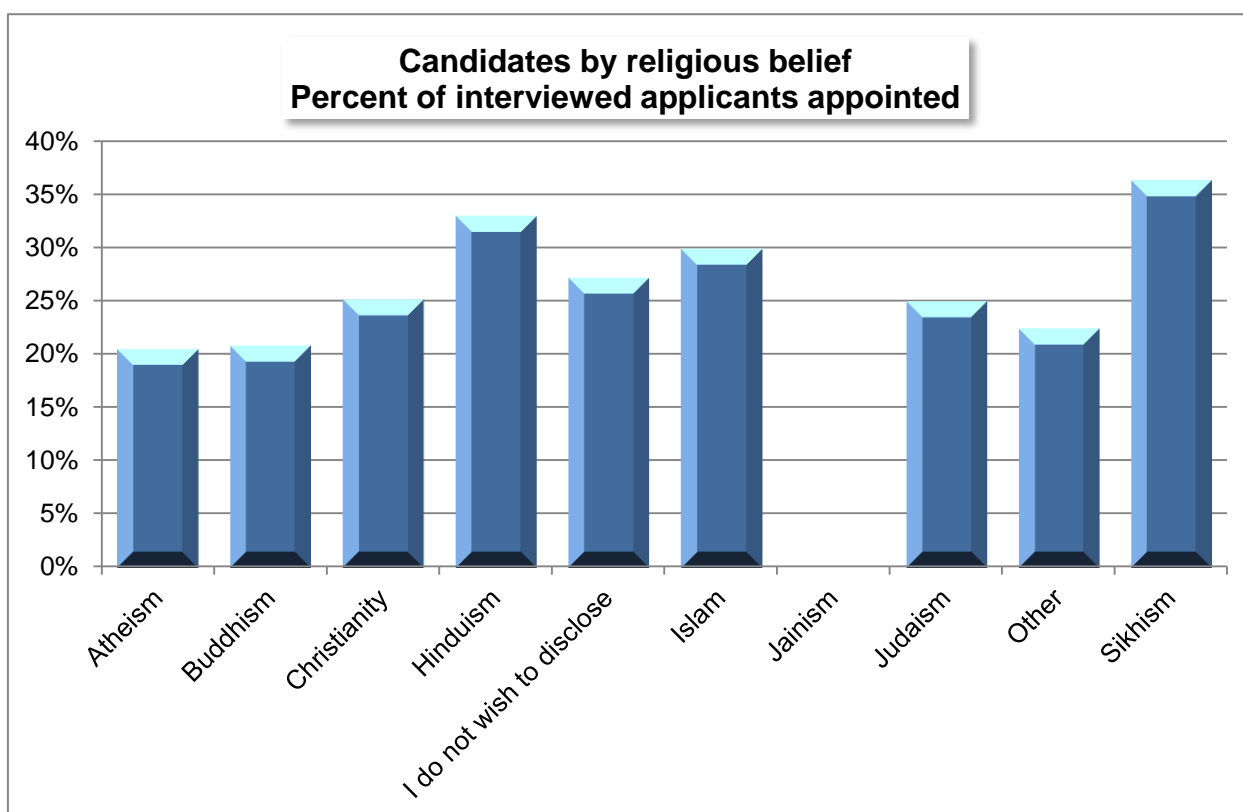
| | Applications | Appointed | % appointed | % of interviewed applicants appointed |
|--|--------------|-----------|-------------|---------------------------------------|
| Bisexual | 163 | 14 | 9% | 56% |
| Gay | 142 | 13 | 9% | 54% |
| Heterosexual | 14045 | 2100 | 15% | 55% |
| I do not wish to disclose my sexual orientation | 1045 | 119 | 11% | 49% |
| Lesbian | 63 | 18 | 29% | 75% |
| Grand Total | 15458 | 2264 | 15% | 55% |



8.9.3 Religious Belief

There is no indication that an individual's religion has any impact on the recruitment process.

| Religious belief | Applications | Appointed | % appointed | % of interviewed applicants appointed |
|---------------------------|--------------|-----------|-------------|---------------------------------------|
| Atheism | 1744 | 82 | 5% | 21% |
| Buddhism | 143 | 5 | 3% | 21% |
| Christianity | 8997 | 448 | 5% | 25% |
| Hinduism | 763 | 34 | 4% | 33% |
| I do not wish to disclose | 1484 | 77 | 5% | 27% |
| Islam | 764 | 32 | 4% | 30% |
| Jainism | 19 | | | |
| Judaism | 11 | 1 | 9% | 25% |
| Other | 1465 | 68 | 5% | 22% |
| Sikhism | 68 | 4 | 6% | 36% |
| Grand Total | 15458 | 751 | 5% | 25% |



8.10 Staff Survey

All staff survey questions have been analysed against protected characteristic status and no statistically significant issues have been identified,

This would appear to indicate that a staff members protected characteristic status has no impact on levels of satisfaction or dissatisfaction with the trust

9 Formal disciplinary action

The total number of formal disciplinary actions during the relevant period was 45 (0.61% of all staff). The low numbers make it impossible to draw any definite conclusions as to bias.

| Formal disciplinary action | | | | | | | | | |
|----------------------------|-----|---------|-------|---------|----------------|---------|--------------|---------|-----------|
| Ethnic Origin | Men | | Women | | Disabled Staff | | Ethnic Total | | Staff |
| | No. | % | No. | % | No. | % | No. | % | Headcount |
| Asian/Asian British | | | 4 | 11.76% | | | 4 | 8.89% | 9.11% |
| Black/Black British | | | 3 | 8.82% | | | 3 | 6.67% | 1.95% |
| Mixed Ethnic Origin | | | | | | | | | 0.97% |
| Other (inc. Chinese) | | | | | | | | | 1.69% |
| Not Stated | 2 | 18.18% | 6 | 17.65% | | | 8 | 17.78% | 6.23% |
| White | 9 | 81.82% | 21 | 61.76% | 1 | 100% | 30 | 66.67% | 80.05% |
| Total | 11 | 100.00% | 34 | 100.00% | 1 | 100.00% | 45 | 100.00% | 100.00% |
| Total % | | 24.44% | | 75.56% | | 2.22% | | | |
| Staff Headcount % | | 21.16% | | 78.84% | | 5.28% | | | |

10 Formal grievance meetings

The total number of formal grievance meetings during the relevant period was 32 (0.43% of all staff). The low numbers make it impossible to draw any definite conclusions as to bias.

| Formal grievance meetings | | | | | | | | | |
|---------------------------|-----|---------|-------|---------|----------------|---------|--------------|---------|-----------|
| Ethnic Origin | Men | | Women | | Disabled Staff | | Ethnic Total | | Staff |
| | No. | % | No. | % | No. | % | No. | % | Headcount |
| Asian/Asian British | 1 | 11.11% | | | | | 1 | 3.13% | 9.11% |
| Black/Black British | | | | | | | | | 1.95% |
| Mixed Ethnic Origin | | | | | | | | | 0.97% |
| Other (inc. Chinese) | | | | | | | | | 1.69% |
| Not stated | | | 2 | 8.70% | | | 2 | 6.25% | 6.23% |
| White | 8 | 88.89% | 21 | 91.30% | 4 | 100% | 29 | 90.63% | 80.05% |
| Total | 9 | 100.00% | 23 | 100.00% | 4 | 100.00% | 32 | 100.00% | 100.00% |
| Total % | | 28.13% | | 71.88% | | 12.50% | | | |
| Staff Headcount % | | 21.16% | | 78.84% | | 5.28% | | | |

11 Diversity Awards and Memberships.

Diversiton Diversity Champion



EKHUFT were winners of the diversity champion public sector award 2014 and are entitled to display the Diversity Champion Logo

Stonewall Diversity Champion



EKHUFT is a Stonewall Diversity champion and as such is able to offer Lesbian Gay and Bisexual LGB staff access to development opportunities.

Starting Out



In addition the trust advertises in the Stonewall Starting Out, Careers Guide

Two Ticks and Age Positive



The trust displays the two ticks positive about disabled people and Age Positive logos on all job adverts.

Personal Fair and Diverse



EKHUFT encourages all staff to become Personal Fair and Diverse Champions and will be making an iPad PFD app available for staff