

Annual Equality & Human Rights Report

01st October 2011
to
30th September 2012

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Contents

1	Introduction.....	3
2	Demographics	4
3	Equality Delivery System Self-Assessment Document.....	4
4	EKHUFT Equality Objectives 2012 – 2013.....	5
5	Information Relating To Persons Who Share A Relevant Protected Characteristic Who Are Its Employees	7
6	Information Relating To Persons Who Share A Relevant Protected Characteristic Who Are Other Persons Affected By Its Policies And Practices.....	17
7	Conclusion.....	20
8	Recommendations.....	20

1 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:

eliminate discrimination,

advance equality of opportunity, and

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.

In addition the regulations require EKHUFT to prepare and publish one or more objectives it thinks it should achieve to do any of the things mentioned in paragraphs (a) to (c) of section 149 of the Act.

The objectives must be published at intervals of not greater than four years beginning with the date of last publication. (EKHUFT last published objectives 28th January 2012.) An objective must be specific and measurable.

This report is submitted to the board for information and decision

1.1 Protected Characteristics

1.1.1 Sex

A man or a woman.

1.1.2 Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

1.1.3 Race

Refers to a group of people defined by their race, colour, nationality (including citizenship) ethnic or national origins.

1.1.4 Sexual orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

1.1.5 Religion and belief

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

1.1.6 Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

1.1.7 Marriage and civil partnership

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

1.1.8 Gender reassignment

The process of transitioning from one gender to another.

1.1.9 Pregnancy and maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

1.2 Data Collection

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

1.2.1 Staff Data

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

1.2.2 Patient data

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

1.3 Exception report

This report is written in the style of an exception report to save long sections of text and data which are not significant. Those areas identified in this report are only those where there is and identified statistical significance to the data. Full data sheets are submitted for information to demonstrate the huge amount of data considered when producing this report and that the conclusions drawn are valid. (Appendices 1-3)

2 Demographics

Demographics for the EKHUFT Area can be found on this web page. The data used to produce this information has been estimated based on data obtained in the 2001 census and where available the 2011 census. As more 2011 data is released the document will be improved and updated. Comparisons have been made between trust data and demographics where available. This document is also published on the Equality & Human rights pages of the EKHUFT web site.

3 Equality Delivery System Self-Assessment Document.

Equality Delivery System Self-Assessment Document demonstrates considerable development during the last year and is an ideal foundation for future development.

The EDS is a tool kit designed help NHS organisations improve the services they provide for their local communities, consider health inequalities in their locality and provide better working environments, free of discrimination, for those who work in the NHS. The purpose of the EDS is to drive up equality performance and embed it into mainstream NHS business. It has been designed to help NHS organisations, in the current and emerging NHS structures to meet:

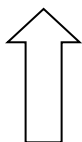
- the requirements of the public sector Equality Duty
- equality aspects of the NHS Constitution
- equality aspects of the NHS Outcomes Framework
- equality aspects of CQC's Essential Standards
- equality aspects of the Human Resources Transition Framework

The EKHUFT 2013 EDS Self-Assessment Document can be found at on this web page. The grades are based on Equality data and any other information appropriate for the outcome under review.

3.1 EDS Grading

For each EDS outcome, there are four grades, and a RAG “plus” rating, to choose from :

- **Excelling – Purple**
- **Achieving - Green**
- **Developing – Amber**
- **Undeveloped - Red**



In the grades descriptions, reference is made to “all”, “most”, “some” and “none/few” protected groups. As a rule of thumb :

- “All” means all nine protected groups
- “Most” means six to eight protected groups
- “Some” means three to five protected groups
- “Few” means one or two protected groups.
- “None” means no protected groups

4 EKHUFT Equality Objectives 2012 – 2013

The EKHUFT Equality Objectives 2012 – 2013. These objectives were published 1st April 2012.

Most of the 2012 Objectives have been completed and have led to the improvements demonstrated in the EDS assessment document. Those not completed by 31st March 2013 will be continued over into the 2013 Equality Objectives.

4.1 RAG Rating

Green, if on or better than target
Amber not started but within tolerance
Red, not started and outside milestones

Areas for investigation identified by this report will be considered by the Equality And Human Rights Steering Group for Equality Objectives at the next meeting in February 2013.

5 Information Relating To Persons Who Share A Relevant Protected Characteristic Who Are Its Employees

Workforce data on protected characteristics is used to identify whether there is any evidence of potential bias, discrimination or barriers in the employment practices of the Trust and then to provide evidence against the outcomes identified in the Equality Delivery System for workforce (Goal 3).

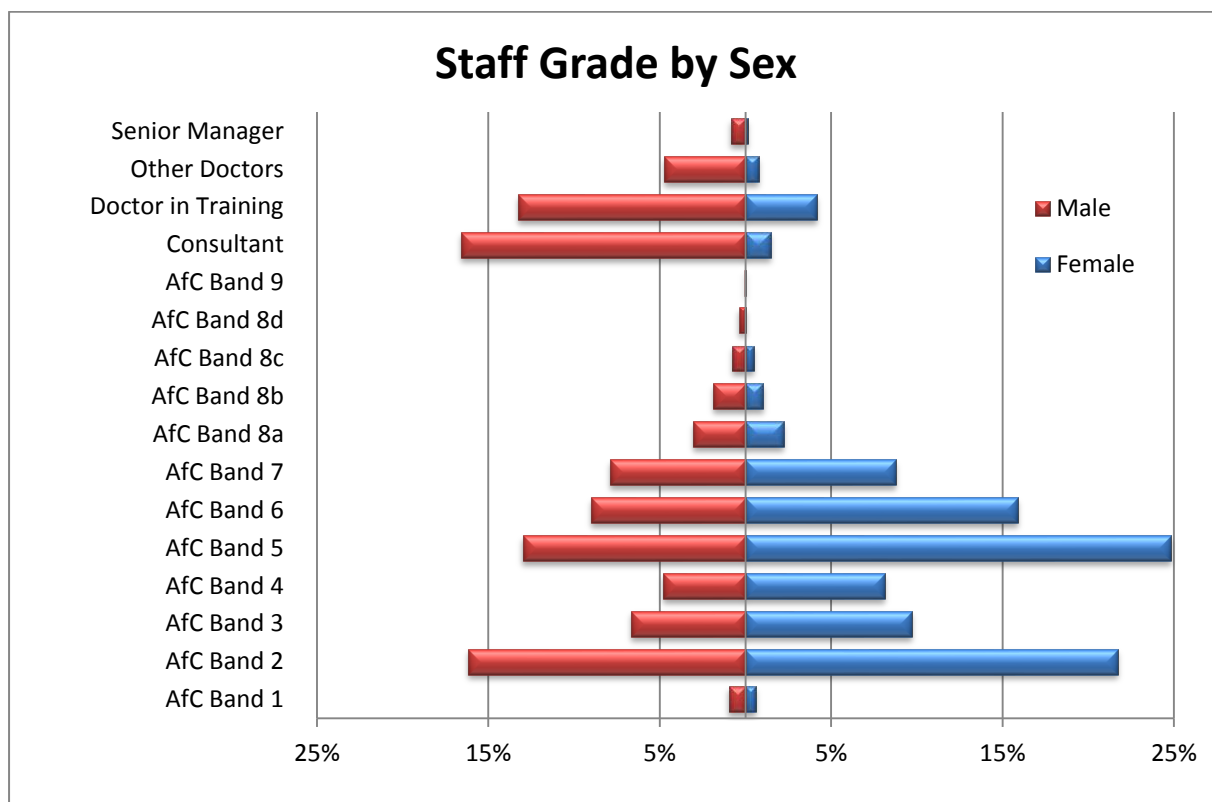
Data sources for this analysis include the Electronic Staff Record system (ESR), the Trust's Recruitment system (ATS) and Staff Survey 2011

5.1 Data relating to total staff numbers

5.1.1 Sex

The data shows that the workforce continues to be predominantly female. As at 30th September 2012 the Trust employed 5888 women equating to 78.59% of the workforce and there has been very little change to this percentage in the last 3 years. Women continue to be over-represented in the Agenda for Change grades Band 7 and below and under-represented at Band 8, senior manager and consultant medical and dental levels.

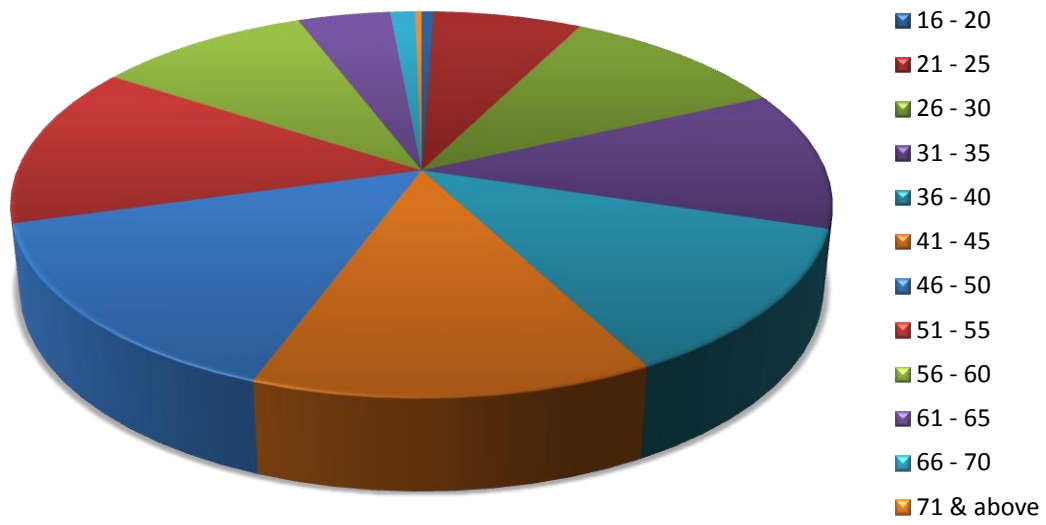
The chart below shows a comparison between the percentage of all men and all women in each grade.



5.1.2 Age

The chart below shows that the majority of the workforce is in the age range 25 to 59, this perhaps is unsurprising given the nature of the training requirements for the healthcare professional workforce.

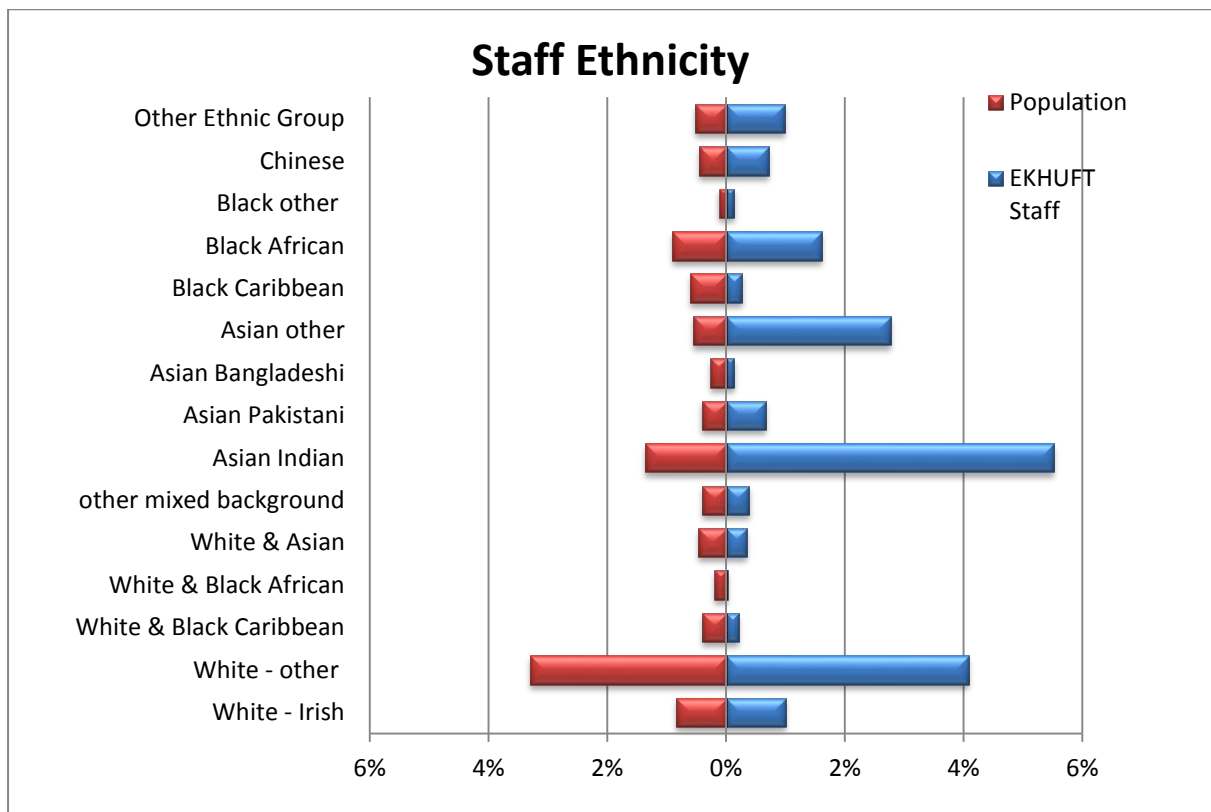
Staff by Age Range



5.1.3 Race

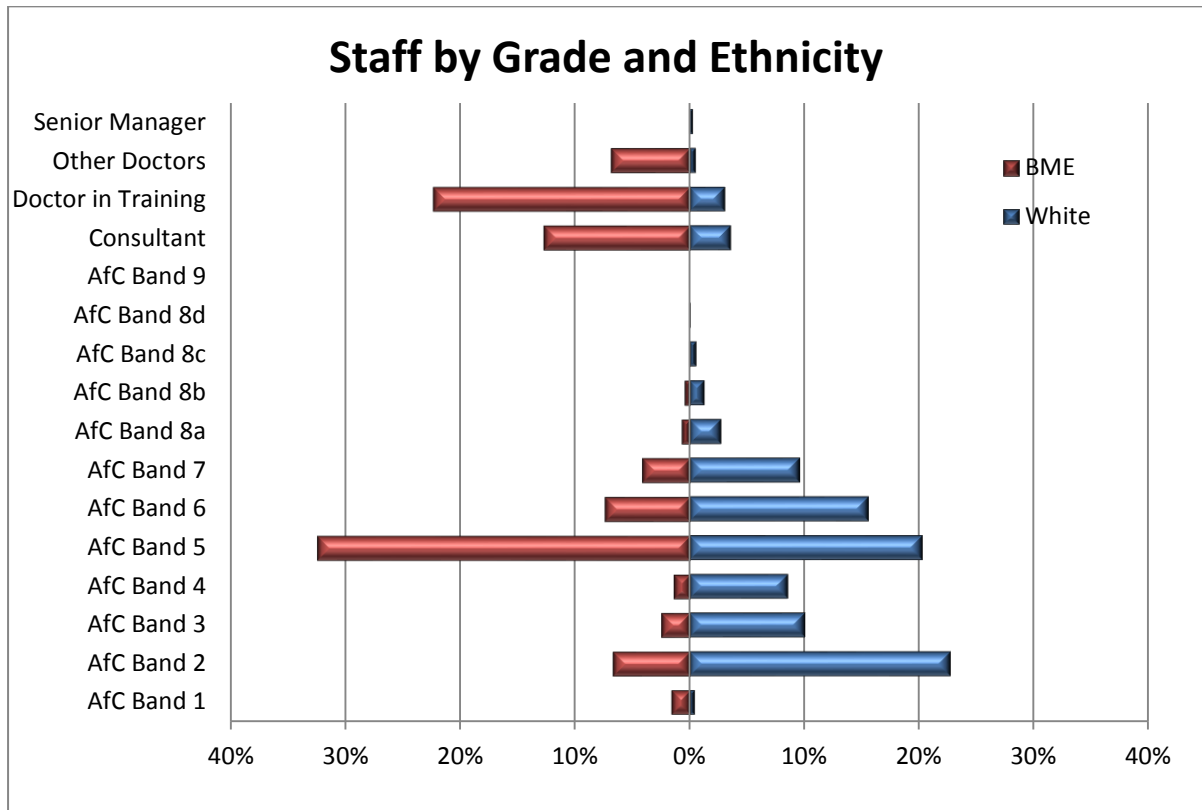
The percentage of BME staff in post sits at 14.47% the same figure as in 2011. The percentage of BME Individuals living in the EKHUFT area is 6.63%

The chart below shows the percentage of EKHUFT staff compared to the percentage in the population.



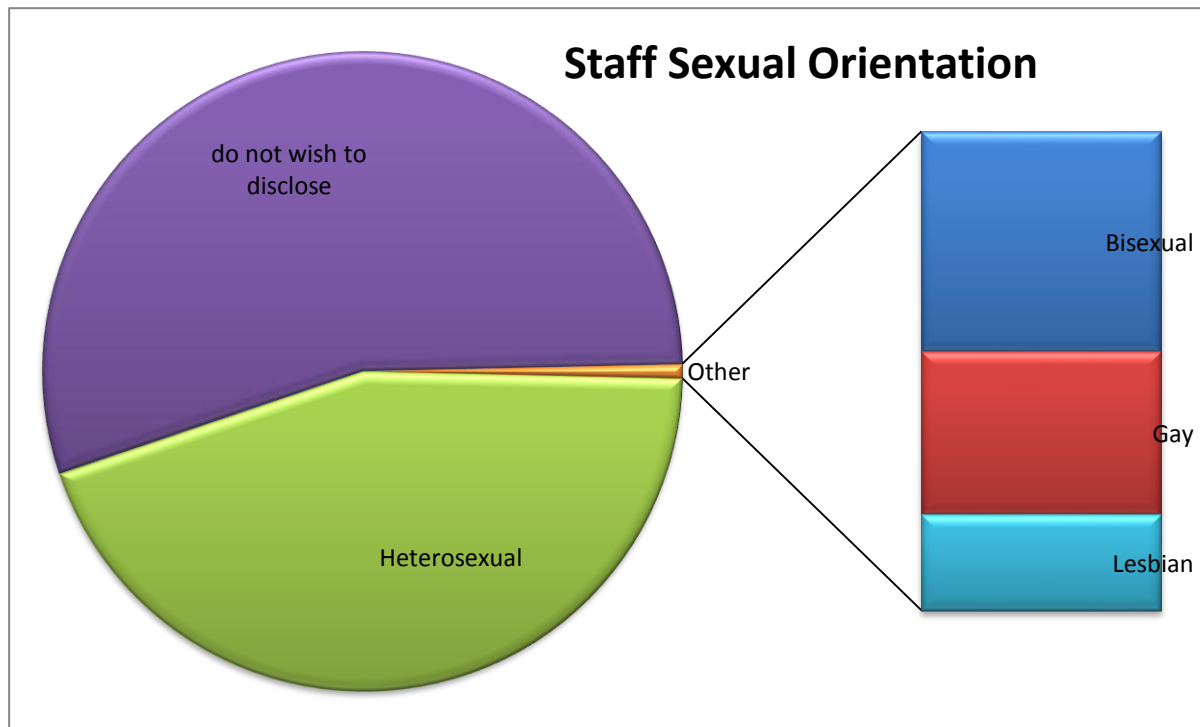
The BME workforce is predominantly medical and dental.

The chart below shows a comparison between the percentage of all BME staff and all white staff in each grade.



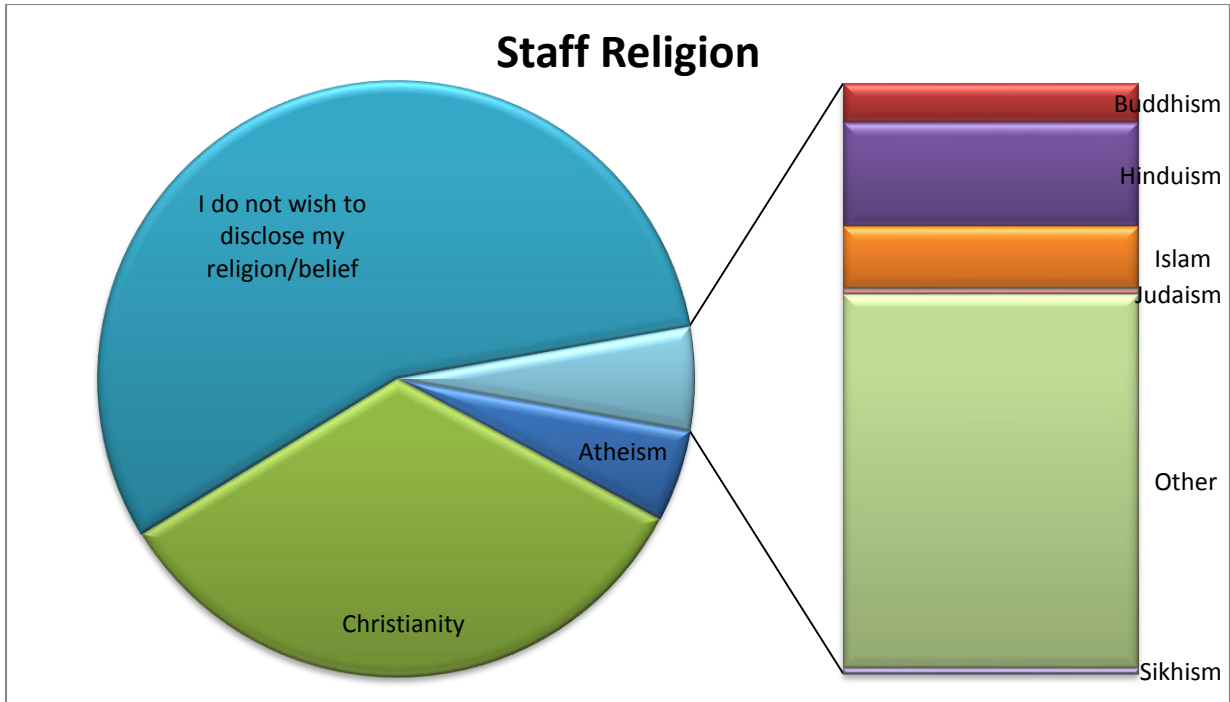
5.1.4 Sexual orientation

The chart below shows information on the breakdown of the workforce by sexual orientation. Further work is recommended to encourage employees to declare their sexual orientation and to reduce the high percentage, (54.8%) who have chosen not to disclose. Although it is good to report that this figure is a reduction on last year's 57.9%,



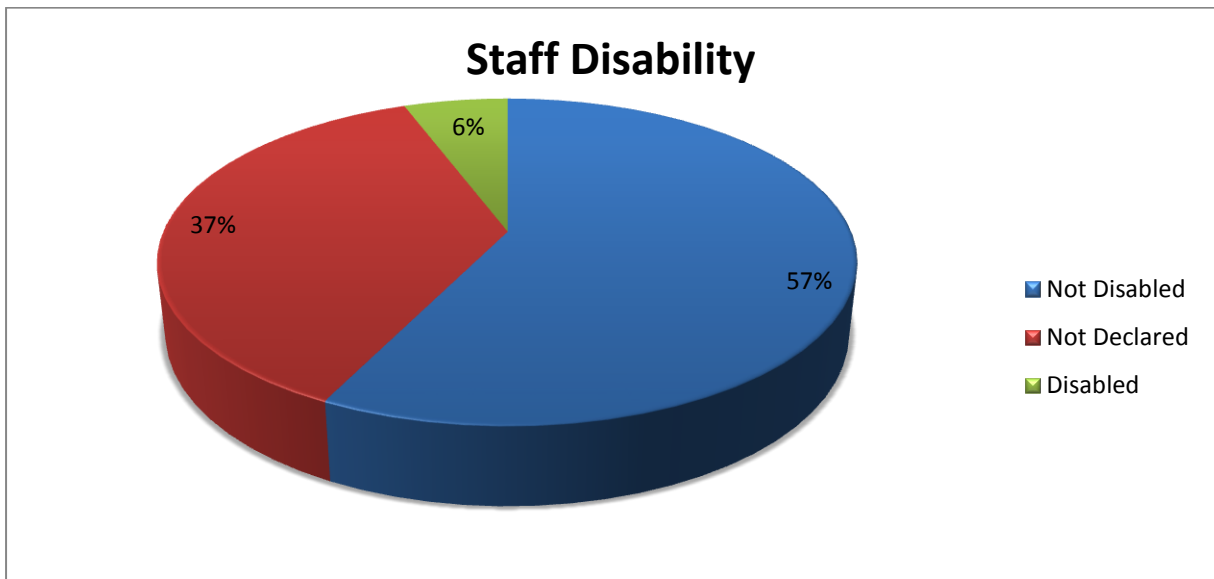
5.1.5 Religion and Belief

A similar chart is shown below on religious belief. This information was reported for the first time last year but in common with a number of the newly monitored protected characteristics there appears to be some work to do to reduce the high percentage of staff who chose not to disclose their religion or belief. However there is some improvement with a reduction from 58.5% to 55.9% this year



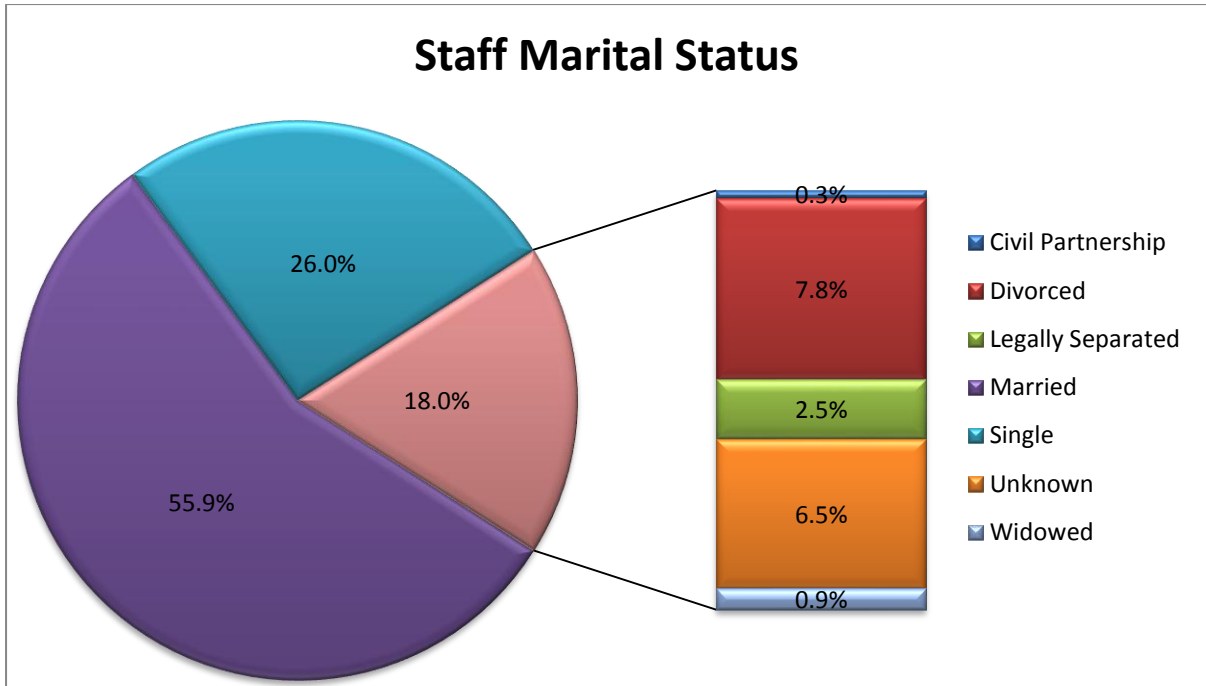
5.1.6 Disability

This information was reported for the first time last year again there appears to be some work to do to reduce the high percentage of staff who chose not to disclose a disability.



5.1.7 Marriage / Civil Partnership

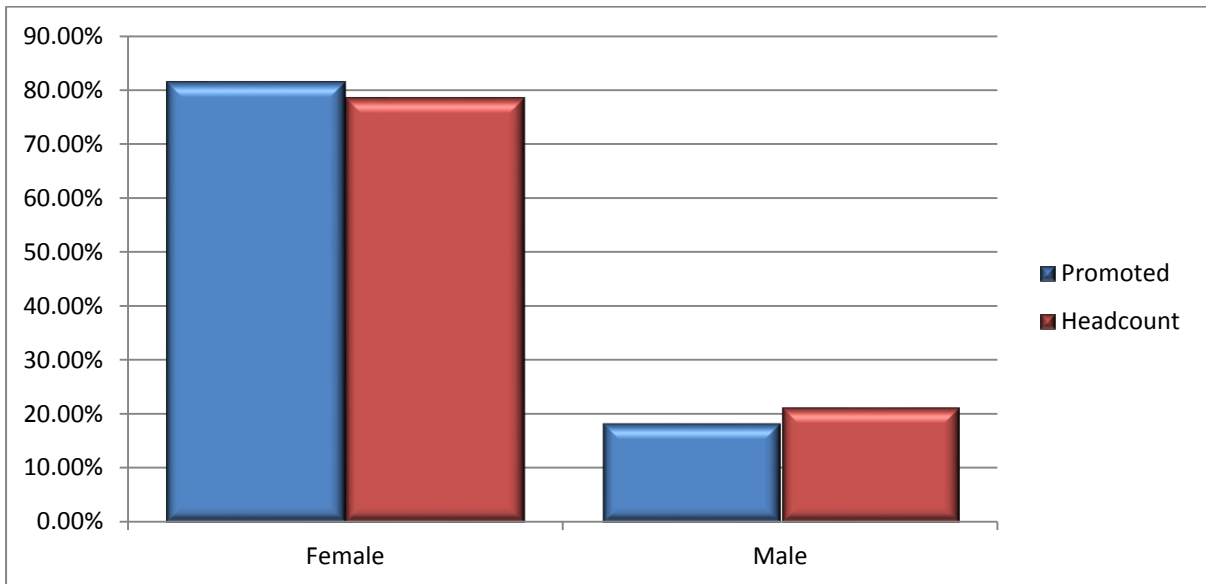
This information was reported for the first time last year. As might be expected there is a small increase in the percentage of those in a civil partnership. There is a promising improvement from 7.2% to 6.5% in the staff for whom no status is recorded.



5.2 Promotion Data

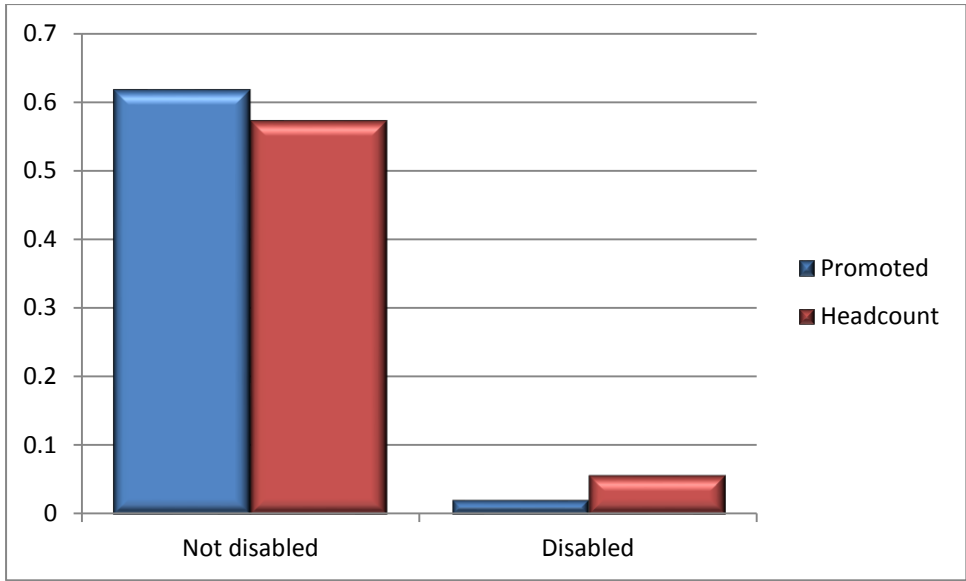
5.2.1 Sex

21.41% of all staff are men whilst only 18.48% of those promoted were men.



5.2.2 Disability

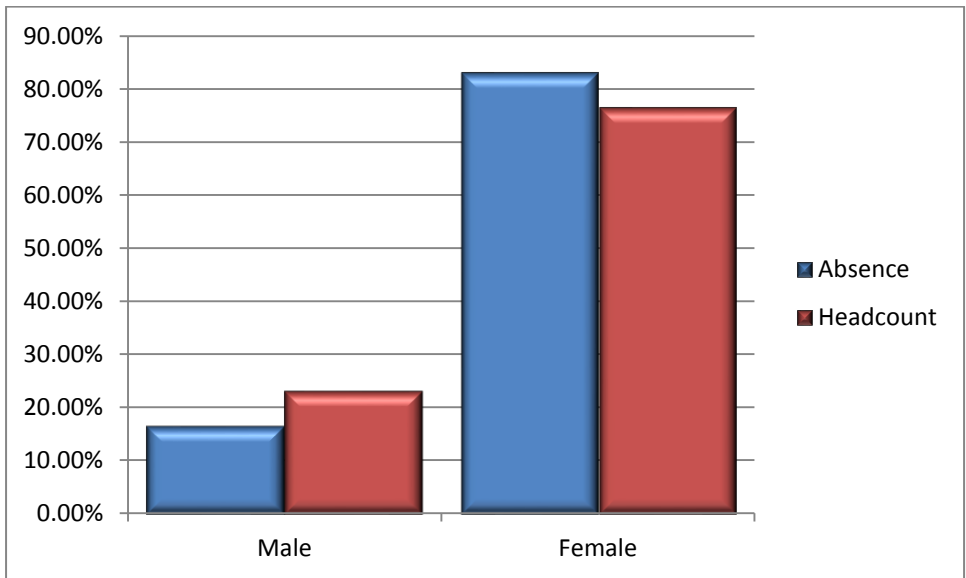
5.7% of all staff declared a disability whilst only 2.2% of those promoted were people with an impairment.



5.3 Sickness Absence Data

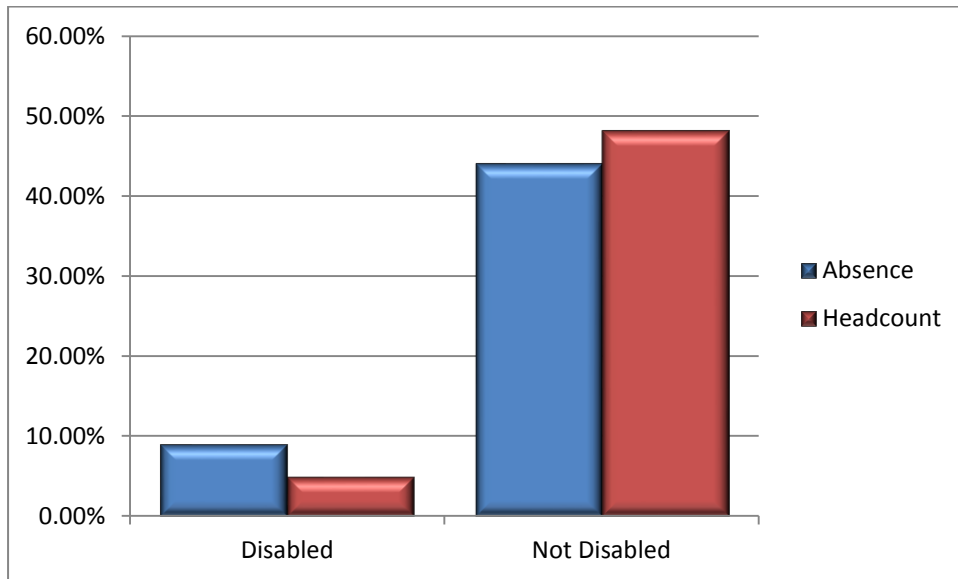
5.3.1 Sex

23.50% of all working time was completed by men whilst only 16.78% of sickness absence time was incurred by men.



5.3.2 Disability

5.00% of all working time was completed by people who declared a disability whilst 9.05% of sickness absence time was taken by people with an impairment.



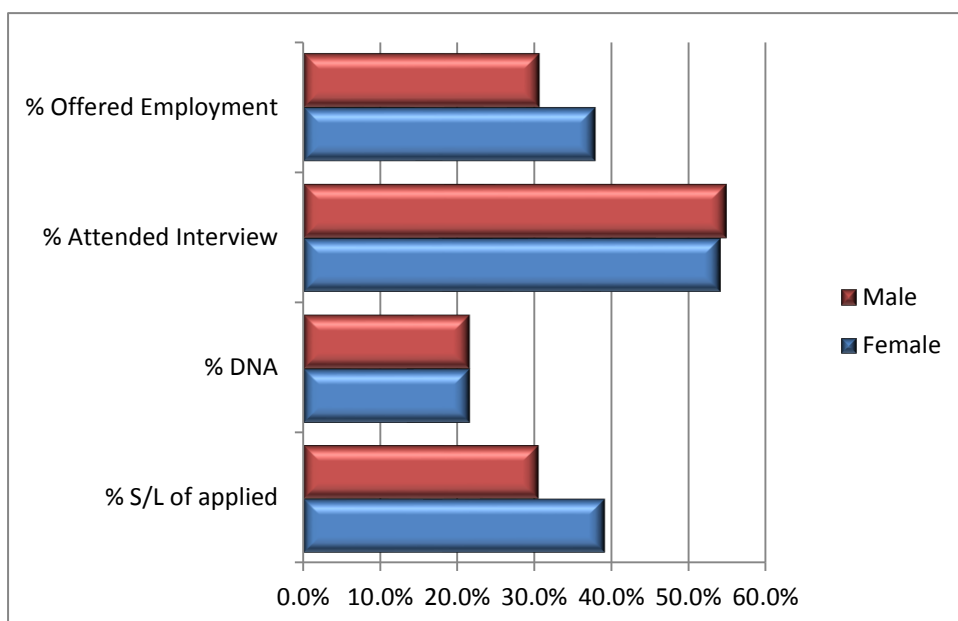
5.3.3 Appraisal and Equality and Diversity Training Data

There are no significant data in relation to appraisal or equality and diversity training.

5.4 Recruitment Data

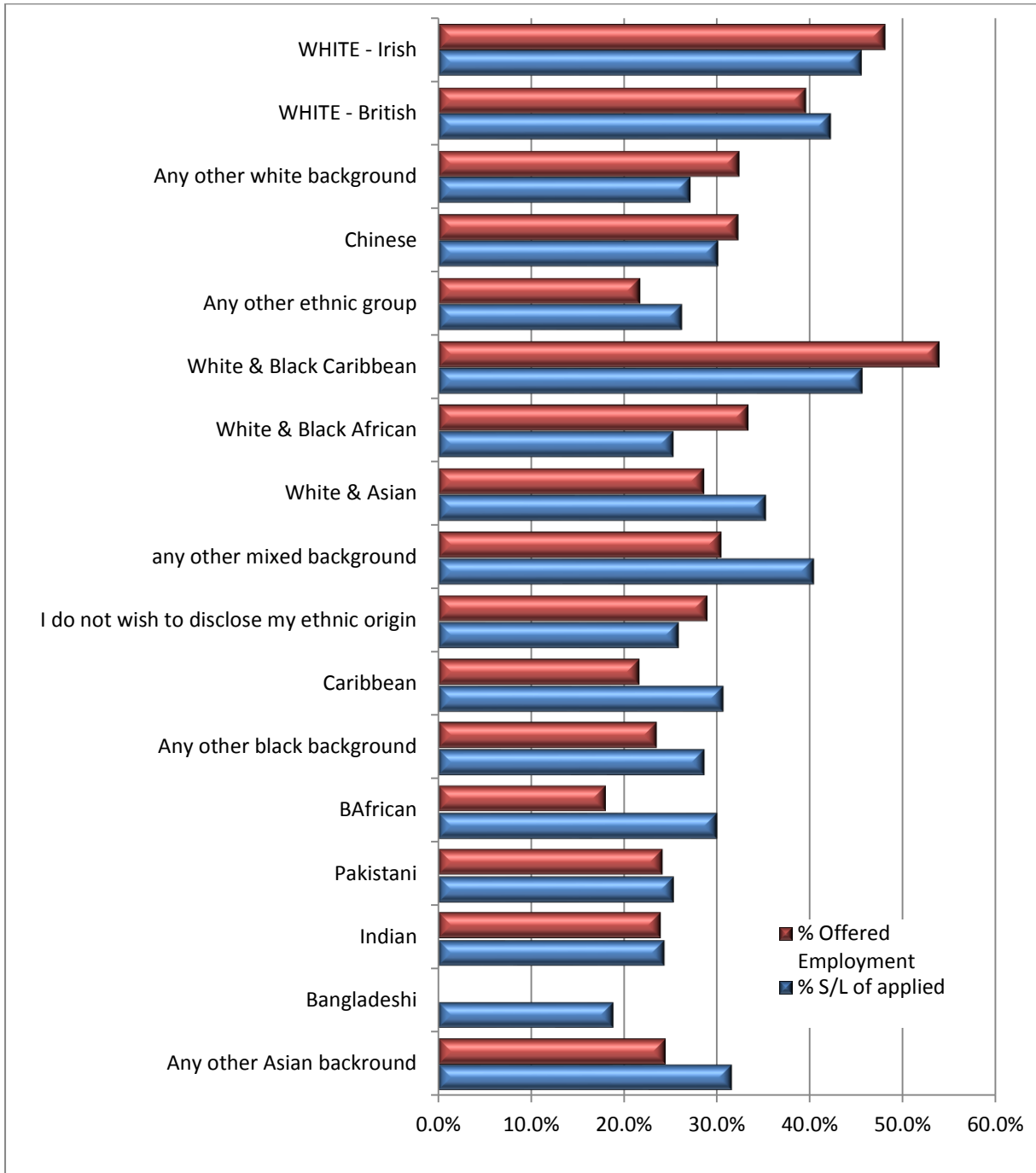
5.4.1 Sex

54.9% of those men shortlisted Attended Interview and 30.6% of them were Offered Employment 54.1% of those women shortlisted Attended Interview and 37.9% of them were Offered Employment



5.4.2 Race

There is no specific pattern displayed by the data in relation to Race except that there were no successful Bangladeshi interviewees.

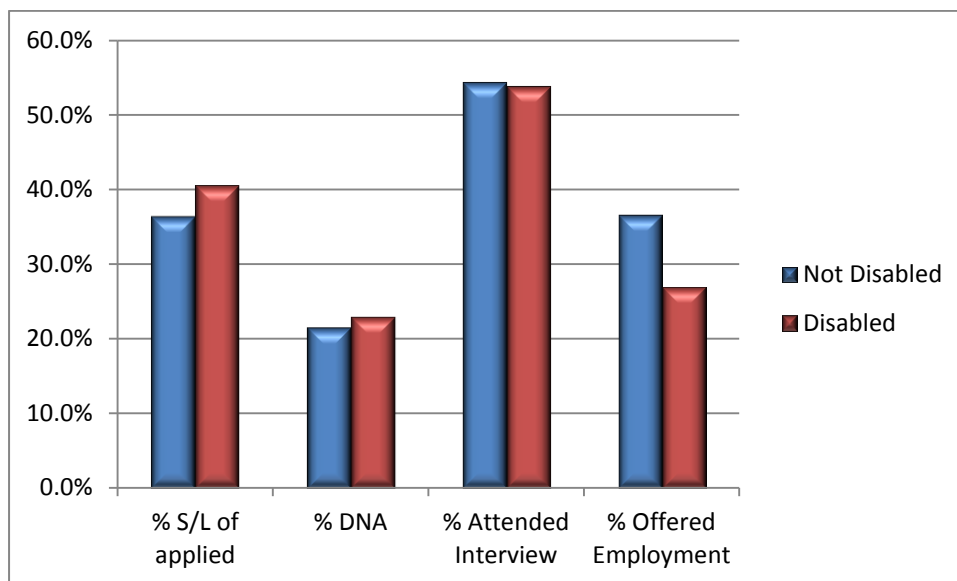


5.4.3 Disability

The Trust uses the “Two Ticks” symbol on all advertisements in line with equal opportunities for disabled applicants. This symbol promotes the Trust as being positive about employing and retaining employees with a disability, and advertises that the Trust is committed to offering a guaranteed interview to disabled applicants who meet the minimum essential criteria for a post.

This policy may result in candidates meeting the minimum essential criteria for a post but having lower qualifications or skills than all other shortlisted candidates

Therefore whilst the percentage of disabled people who were shortlisted after application was 4% higher than those who did not have an impairment, the percentage of those offered employment following interview was nearly 10% lower.



6 Information Relating To Persons Who Share A Relevant Protected Characteristic Who Are Other Persons Affected By Its Policies And Practices.

6.1 Statistical Significance

Data has been tested for significance using the Student T test at 95% confidence. Data has only been considered significant when numbers fall outside the range of plus (+) or minus (-) two standard deviations.

6.2 Trust wide data

6.2.1 Numbers of Patients (Trust Wide)

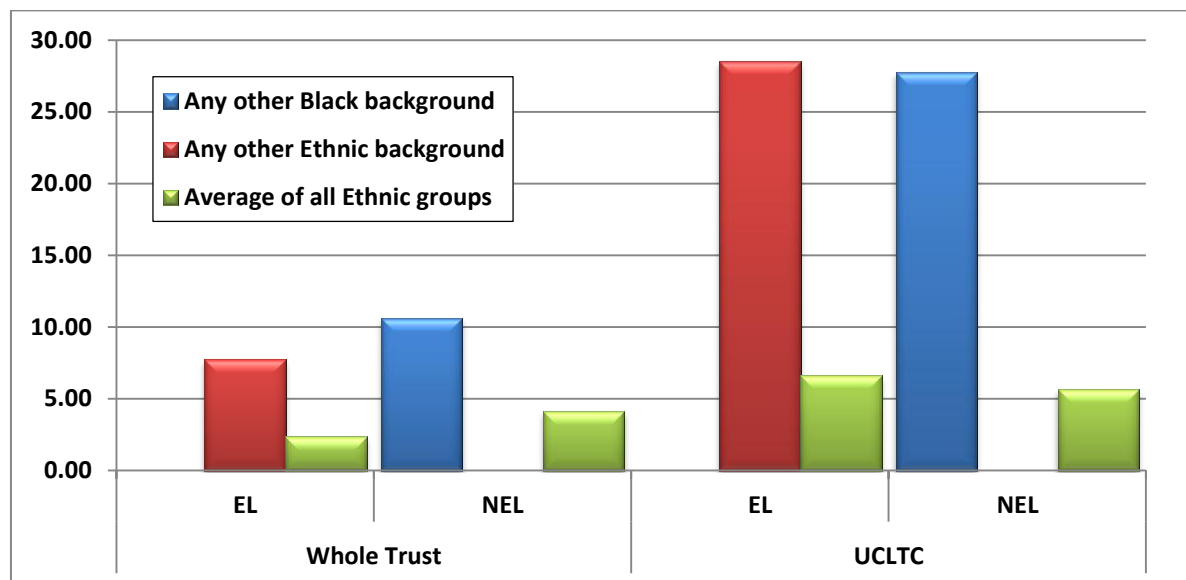
In the year 1/10/11 – 30/09/12 there were 600126 outpatient attendances, 49101 times when Patients Did Not Attend (DNA) booked outpatient appointments, 73432 Day Case admissions, 29192 Elective admissions and 105822 Non-elective admissions a total of 808572 patient interactions.

6.2.2 Length of Stay (Trust Wide)

Non Elective In patient data indicates that the average stay of 10.6 days for the 89 'Any other Black background' patients is approximately twice the trust average.

The 112 elective patients from the 'Any other ethnic background' group had an average length of stay of 7.73 days compared with the trust average of 2.33 days

There appears to be a direct correlation between these figure and the very high figures of 27.71 days for 38 patients and 28.50 days for 10 patients all from UCLTC for the same ethnic groups.



6.2.3 Outpatients DNA (Trust Wide)

As would be expected proportionally those highest ranked groups for Outpatient DNA are the 0-9 age group and those who declare their marital /civil partnership status to be Single.

6.2.4 Deaths (Trust Wide)

Again as would be expected those in the 80 years old and over age group are the highest ranked group of people who die in hospital.

6.3 Urgent Care and Long Term Conditions Data

6.3.1 Outpatients DNA (UCLTC)

The highest ranked group for outpatient DNAs is the 20-49 year age group.

6.3.2 Falls (UCLTC)

The highest ranked group for hospital falls is those with a Mental Health Condition.

6.4 Surgical Services Data

6.4.1 Outpatients DNA (Surgical Services)

Outpatient DNA data reveals that the following groups were over represented.

Ethnicity	Any other Multi-Ethnic background
Marital / Civil Partnership Status	Single
Age	0-9 and 20-29

6.4.2 Length of Stay (Surgical Services)

As might be expected the highest scores for length of stay were from the 80 & over Age group.

6.4.3 Deaths (Surgical Services)

Data reveals that the following groups were over represented in the people who die in hospital column

Age	80 years old and over age group
Marital Status	Widow or widower

6.5 Clinical Support Services Data

6.5.1 Outpatients DNA (Clinical Support Services)

Outpatient DNA data reveals that the following groups were over represented.

Marital / Civil Partnership Status	Single
Age	20-29

6.6 Specialist Services Data

6.6.1 Non-elective Length of Stay (Specialist services)

The following groups had a higher than average length of stay.

Ethnicity	Indian
Religion and Belief	Sikh

7 Conclusion

The majority of the 2012 Equality Objectives (Annex2) have been completed and have led to the improvements demonstrated in the EDS assessment document. Those not completed by 31st March 2013 will be continued over into the 2013 Equality Objectives.

Equality Delivery System Self-Assessment Document (Annex 1) demonstrates considerable development during the last year and is an ideal foundation for future development.

Most of the data falling within the significant criteria can be easily explained by the age or status of staff member of patient. It is for instance not unexpected that the age group for those most likely to die in hospital is 80 years old and over. It is also unsurprising that single people are the most likely group to DNA outpatient appointments.

7.1 Listed below are those areas where the explanation is less obvious and therefore **worthy of further investigation.**

7.1.1 Sex and Staff Grade

Women continue to be over-represented in the Agenda for Change grades Band 7 and below and under-represented at Band 8, senior manager and consultant medical and dental levels.

7.1.2 Sexual Orientation

Further work is recommended to encourage employees to declare their sexual orientation and to reduce the high percentage, (54.8%) who have chosen not to disclose.

7.1.3 Recruitment

There were no successful Bangladeshi interviewees during the twelve months 10/12 – 10/13.

7.1.4 Length of stay

Patients from the “any other ethnic background” experienced very high figures of 27.71 days for 38 patients and 28.50 days for 10 patients all from UCLTC.

7.1.5 Falls

The highest ranked group for hospital falls is those with a Mental Health Condition.

8 Recommendations

8.1 The board approves the EDS Self-Assessment Document (Annex 1) for publication and consultation.

8.2 The board instructs the Equality and Human Rights Steering Group to write Equality Objectives for publication by 1st April 2013 considering the listed areas for investigation.