

Annual Equality Report

01st July 2013
to
30th June 2014

Bruce Champion-Smith
Head of Equality & Engagement
October 2014

Table of Contents

1	Summary	5
2	Introduction	6
2.1	Protected Characteristics	6
3	Data Collection	6
3.1	Staff Data	7
3.2	Patient data	7
4	Report Style.....	7
4.1	Statistical Significance.....	7
5	Demographics	7
6	Equality Delivery System.....	7
7	Information Relating To Persons Who Share A Relevant Protected Characteristic Who Are Other Persons Affected By Its Policies And Practices. (Service delivery)	8
7.1	Trust Wide Data	8
7.2	Urgent and Long Term Conditions Division	10
7.3	Surgical Services Division Data.....	11
7.4	Specialist Services Division Data	12
7.5	Adult Inpatient Survey 1/4/13 – 30/9/13	13
7.6	Adult Outpatient Survey 1/10/12 – 30/9/13.....	13
7.7	Complaints	13
8	Information relating to persons who share a relevant protected characteristic who are employees.	14
8.1	Headcount.....	14
8.2	Grade	15
8.3	Sickness Absence	17
8.4	Promotion.....	20
8.5	Consultants	24
8.6	Clinical leads	24
8.7	Appraisal	24
8.8	Flexible working.....	25
8.9	Gender Pay Gap	25
8.10	Learning development.....	25
8.11	Recruitment.....	25
8.12	Staff Survey.....	30
9	Formal Disciplinary Action and Formal Grievance Meetings	30
10	Other Equality and Diversity activity.	30
11	Diversity Awards and Memberships.	31

List of Tables

Table 1	Outpatient DNA against Age	9
Table 2	Deaths Against admissions.....	10
Table 3	Death and Marital Status.....	11
Table 4	Deaths Falls and Pressure Ulcers.....	11
Table 5	Readmissions against age	12
Table 6	Staff Sex data	14
Table 7	Staff Race data	14
Table 8	Grade and sex	15
Table 9	Race against Grade	17
Table 10	Sickness Absence against Sex	18
Table 11	Sickness Absence against Race.....	19
Table 12	Sickness Absence against Working Pattern.....	20
Table 13	Promotion against Sex.....	20
Table 14	Promotion against Race.....	21
Table 15	Promotion against Age.....	23
Table 16	Recruitment and sex	25
Table 17	Appointments and Sex.....	27
Table 18	Applications and Sexual Orientation	27
Table 19	Applications by Disability.....	28

List of Charts

Chart 1	Outpatient DNA against Age	9
Chart 2	Deaths against Admissions.....	10
Chart 3	Deaths and Marital Status.....	11
Chart 4	Deaths Falls and Pressure Ulcers.....	12
Chart 5	Readmissions against age	13
Chart 6	% Change in numbers (Race).....	15
Chart 7	Grade and Sex.....	16
Chart 8	Race against Grade.....	17
Chart 9	Sickness Absence against Sex.....	18
Chart 10	Sickness Absence against Race showing difference levels.....	19
Chart 11	Sickness Absence against Working Pattern.....	20
Chart 12	Promotion against Race - Difference Levels.....	22
Chart 13	Age – Difference between % of all Staff and % of promotions.....	23
Chart 14	Race and Clinical Leads/Clinical Excellence Awards.....	24
Chart 15	Applications and sex.....	26
Chart 16	Appointments and Sex.....	27
Chart 17	Candidates by Sexual orientation	28
Chart 18	Appointments by Sexual Orientation.....	28
Chart 19	Applications by Disability.....	29
Chart 20	Shortlisting and Appointments by disability	30

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])

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 generally EKHUFT is performing well on equality and fairness.

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

- The highest outpatient DNA rate is for the 20 – 29 age group. Of all referrals to outpatients 10% are from the 20 – 29 year age group but over 17% of Outpatient Did Not Attend (DNA) instances are also from that age group. It is not until the age of 50 that outpatient DNA rates fall below referral rates. The trust has continued to reduce levels of DNA by providing text and telephone appointment reminders. The Trust conducted a consultation in early 2014 about Outpatient Service provision. The Trust will deliver outpatient services from 6 venues, including refurbishment of Clinic D at K&C opening early November 2014, new provision at Estuary View, Whitstable in December 2014, The New Dover Hospital in March 2015 facilitating one stop clinics and bringing most patients within 20 minutes travelling of their clinic which should result in a reduction of DNAs.
- Of the 7469 staff 78.9% are female this is in stark contrast to the local population where 51.22% are female. This situation is reflected across the NHS at large. The number of female employees increased by eight times the increase in the number of men during the last year.
- 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 73.38%.
- 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. There has been little change since last year. This data indicates that the average pay of women may be considerably below that of men. 90% of female employees are employed at Band 7 and below. 60% of men are in the same grades. NHS Employers believes that whilst it is not a stated legal requirement under the Equality Act 2010, NHS organisations would find it very difficult to fully comply with their responsibilities under the Act without undertaking equal pay audits.

Recommendation: That the Trust analyses high level pay data to identify whether there may be a pay gap based on the nine protected characteristics.

- In general the Trust employs a higher proportion of Black and Minority Ethnic (BME) staff than can be found in the local population. Nearly 16% of the Trusts employees are from BME groups compared to 5% found in the East Kent population. There is a reduced proportion of BME staff in Bands 3,4, 8a, 8b, and 8c. There is a much higher proportion of BME Clinical grades and Bands 1 and 5.
- Women who are contracted to work for 77.0% of the total work time account for 84.3% of sickness absence. Men are contracted to work for 23.0% but are

responsible for 14.4% of absence. Is this discrepancy as the result of women usually still considered the most likely partner to be responsible for childcare needing to be at home more frequently than men? Does this issue also account for the fact that part-time workers also take more sickness absence than full time workers, are part-time workers more likely to be responsible for childcare?

72.95% of all time spent at work is completed by staff who describe themselves as White/British. The same group has taken 81.87% of all sickness absence.

25.3% of total work time is taken by staff who work a part time working pattern while 31.4% of sickness time is used by people who work in the same way.

- Women were marginally more successful than men in promotion. In 2013-14 the promotion of women compared to men was higher than in 2012-13.
- 72.95% of staff describe themselves as White-British while 83.1% of those promoted were White-British. Is this because higher levels of White-British people applied for promotion or because they were more successful?
- 33% of interviewees who were not disabled were successful while 27% of disabled interviewees were successful. This relative small difference in the level of success may be as a result of the Trust following the guidance laid down by Jobcentre Plus for use of the Two Ticks symbol to encourage applications from disabled people to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities. Do candidates who are interviewed based on achieving the minimum criteria stand less chance of appointment alongside candidates who may have exceeded the minimum criteria?

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.

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. These systems do not currently record all protected characteristic data but it is anticipated that the adoption of a new PAS will improve the range of data available.

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.

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

4.1 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.

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.ekhufnhs.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 has begun to implement EDS2 and will report progress June 2015.

7 Equality Objectives 2013/14

1. Review the under-representation of women at Band 8 and above.
Not yet addressed, will be dealt with in part by the analysis high level pay data to identify whether there may be a pay gap based on the nine protected characteristics.
2. Encourage more employees to declare their sexual orientation.
Will be addressed by the Self Service aspect of the Electronic Staff Record. To date the percentage of staff choosing not to declare their Sexual orientation has reduced from 52.1% 49.8%
3. Review the selection process for Bangladeshi interviewees during the twelve months 10/12 – 10/13.
Selection process reviewed with no evidence of discrimination. Data this year indicates no disproportionality for this group.
4. Investigate the high numbers of persons from the “any other ethnic background” group who experienced unusually long hospital stays.
Found to be a data collection error now resolved.
5. Investigate hospital falls for those with a Mental Health Condition.
Found to be as a result of the inappropriate use of this category now resolved by the introduction of additional options covering confusion and dementia.
6. Engage with patients, carers and communities from all protected groups, and key disadvantaged groups about accessing services. Record and report all engagement activity.
Voluntary Community organisations have been involved in numerous trust activities.
7. Engage with staff from all protected groups and staff-side organisations.
Still to be delivered.

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

8.1 Trust Wide Data

8.1.1 Outpatient DNA against Age

10.04% of those referred to outpatients are from the 20 – 29 year age group. However, 17.32% 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 continued to reduce levels of DNA by providing text and telephone appointment reminders.

The number of referrals has increased by 12% over last year whilst the number of DNAs has only increased by 5%. Referrals for the 20 – 29 age group have increased by 28% while the number of DNAs has only increased by 16% a relative improvement of 12%.

The Trust conducted a consultation in early 2014 about Outpatient Service provision. The Trust will deliver outpatient services from 6 venues, including refurbishment of

Clinic D at K&C opening early November 2014, new provision at Estuary View, Whitstable in December 2014, The New Dover Hospital in March 2015 facilitating one stop clinics and bringing most patients within 20 minutes travelling of their clinic which should result in a reduction of DNAs.

AGE	Referrals	DNA	% Referrals	% DNA
0 – 9	96700	7542	7.41%	11.41%
10 – 19	76793	5679	5.89%	8.59%
20 – 29	131038	11450	10.04%	17.32%
30 – 39	132445	9185	10.15%	13.90%
40 – 49	135843	8537	10.41%	12.92%
50 – 59	161521	7268	12.38%	11.00%
60 – 69	222305	6305	17.04%	9.54%
70 – 79	204430	5226	15.67%	7.91%
80 & over	143504	4898	11.00%	7.41%

Table 1 Outpatient DNA against Age

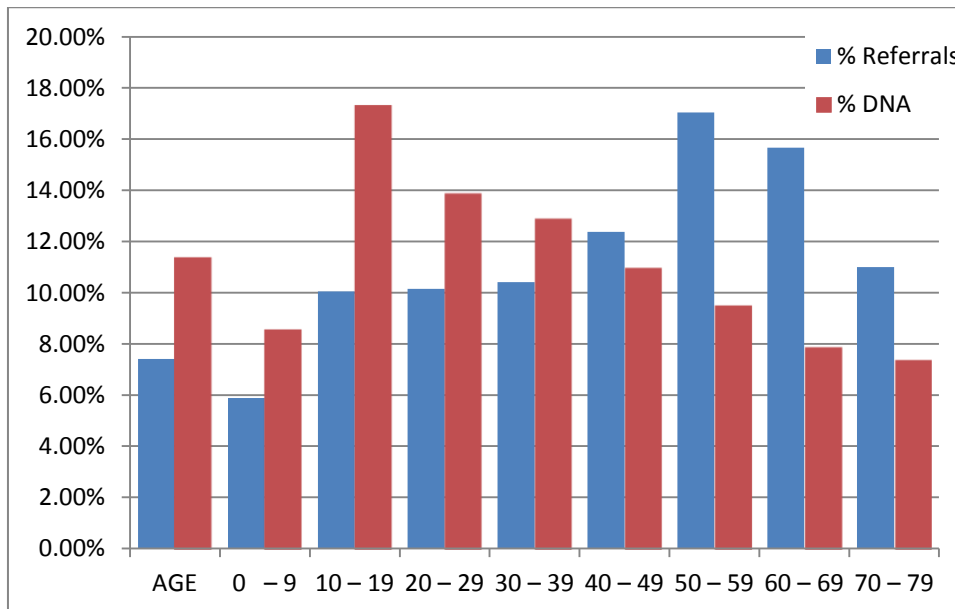


Chart 1 Outpatient DNA against Age

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.

8.1.2 Outpatient DNA against Marital Status

People who are married or in a civil partnership are more likely to attend an outpatient appointment. 40.62% of all referrals to outpatient appointments were for people who are married or in a civil partnership, whilst 27.84% of all DNAs were from the same group.

8.1.3 Deaths and Protected Characteristics

Data confirms the fact that age is the major factor in the number of deaths of patients recorded. As would be expected older people are more likely to die in hospital. 90.83%

of people who died in hospital were over 60. There is a direct link also in that widows and widowers are also over represented in this data.

AGE	Admissions	Deaths
0 – 9	6.99%	0.45%
10 – 19	2.98%	0.03%
20 – 29	7.09%	0.05%
30 – 39	6.98%	0.61%
40 – 49	9.00%	1.55%
50 – 59	11.50%	6.47%
60 – 69	17.81%	12.08%
70 – 79	18.75%	24.05%
80 & over	18.90%	54.70%

Table 2 Deaths Against admissions

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

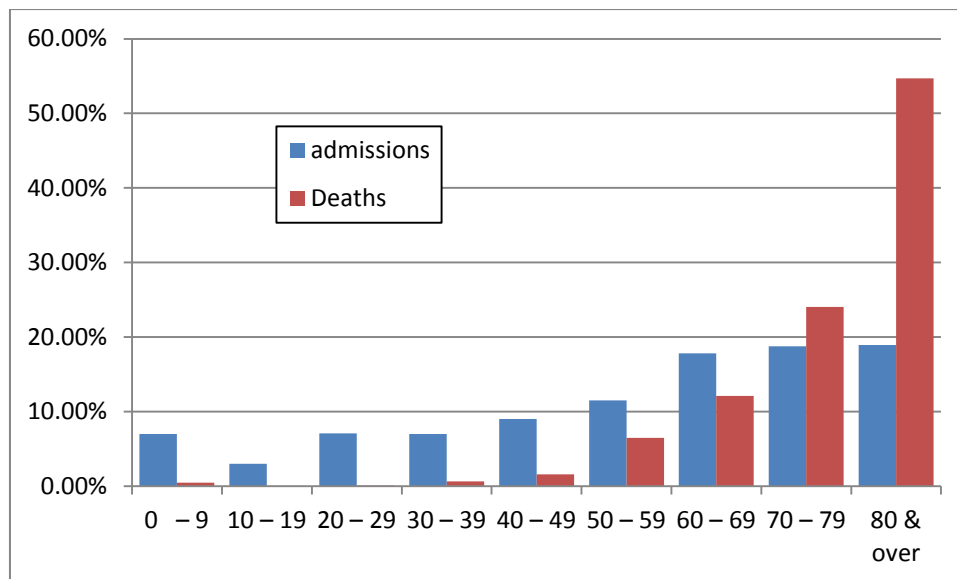


Chart 2 Deaths against Admissions

8.2 Urgent and Long Term Conditions Division

8.2.1 Death and Marital Status.

Widows and widowers were over represented in the figures for death in hospital. Of UCLTC Patients admitted to hospital 9.06% were from this group but 15,76% of those who died in hospital were also widows or widowers.

MARITAL / CIVIL PARTNERSHIP STATUS	Admissions	Deaths
Married	43.03%	39.68%
Divorced	5.02%	5.14%
Separated		
Widow or widower	9.06%	15.76%
Single	17.29%	7.34%
Not Recorded	25.60%	32.08%

Table 3 Death and Marital Status

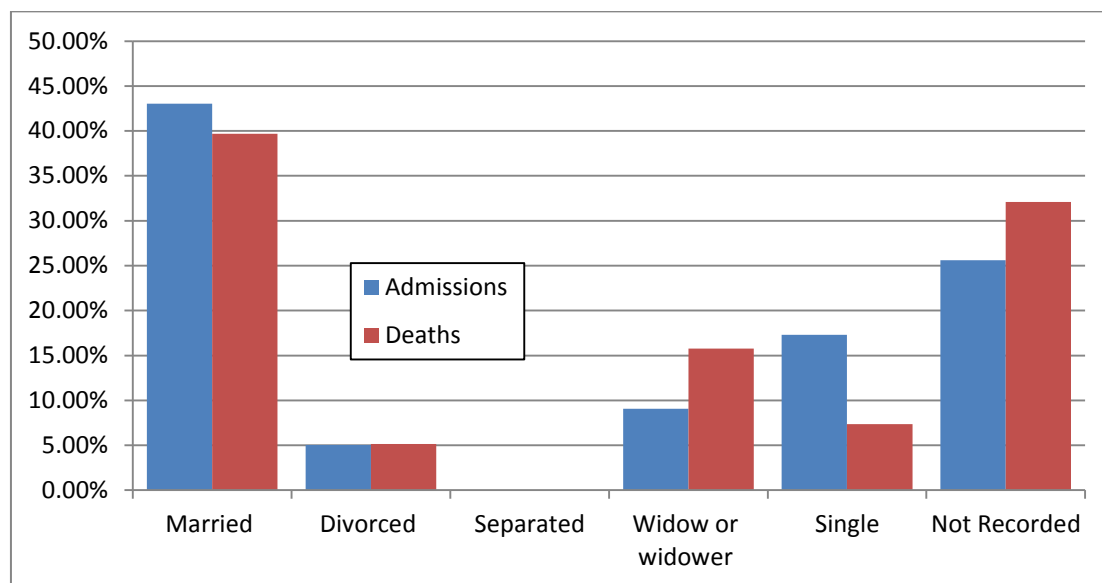


Chart 3 Deaths and Marital Status

8.3 Surgical Services Division Data

8.3.1 Deaths, Fall and Pressure Ulcers and Age

86.19% of patients who died whilst in the care of Surgical Services division were aged 70 and over and as would be expected age is a major factor in the number of falls and pressure ulcers.

Age	Deaths	Falls	Pressure Ulcers
0 – 9		1.04%	0.23%
10 – 19			
20 – 29	0.20%	1.56%	
30 – 39	0.20%	0.78%	1.60%
40 – 49	0.59%	4.17%	2.29%
50 – 59	4.14%	5.73%	7.32%
60 – 69	8.68%	11.46%	12.36%
70 – 79	24.65%	20.31%	23.11%
80 & over	61.54%	54.95%	53.09%

Table 4 Deaths Falls and Pressure Ulcers

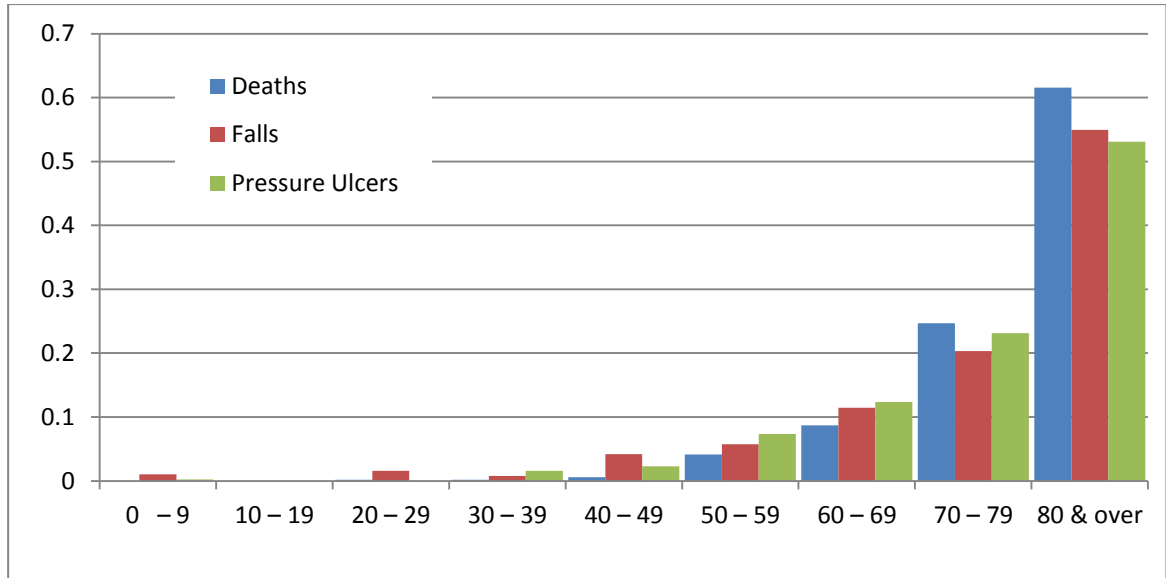


Chart 4 Deaths Falls and Pressure Ulcers

8.4 Specialist Services Division Data

8.4.1 Readmissions Age

Children were over represented in readmissions data for this division. These data are most probably accounted for by the provision of “Open Access Services” for Children with complex or long-term conditions who can get their on-going care and treatment as required and provision of chemotherapy services for children which necessitate readmission.

	7 Days	28 Days
0 - 9	392	951
10 - 19	80	213
20 - 29	71	153
30 - 39	85	245
40 - 49	42	103
50 - 59	30	92
60 - 69	49	170
70 - 79	33	141
80 & over	12	30

Table 5 Readmissions against age

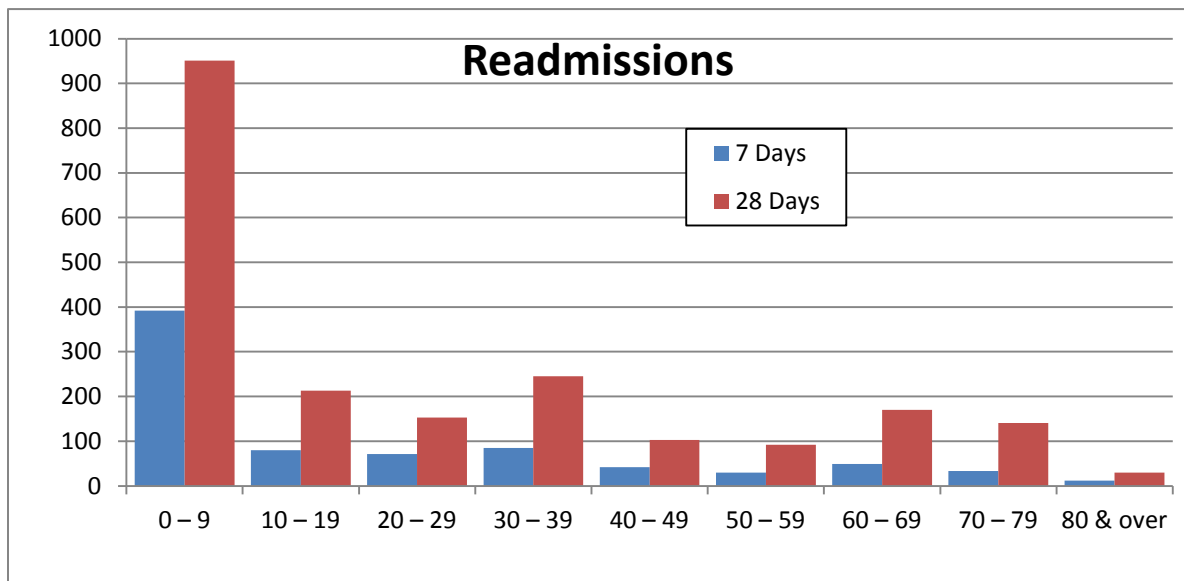


Chart 5 Readmissions against age

8.5 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.

8.6 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.

8.7 Complaints

All complaints received during the period 01/07/13 – 30/06/14 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. As might be expected the level of complaints from women and children were higher for Specialist Services Division.

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

9.1 Headcount

9.1.1 Sex

Of the 7469 staff 78.9% are female this is in stark contrast to the local population where 51.22% are female. This situation is reflected across the NHS at large.

The number of female employees increased by more than the number of men during the last year.

Sex	2012-13	2013-14	% 2012-13	% 2013-14	Population	Change
Female	5834	5895	78.84%	78.90%	51.22%	+61
Male	1566	1574	21.16%	21.10%	48.78%	+8
Grand Total	7400	7469	100.00%	100.00%	100.00%	+69

Table 6 Staff Sex data

9.1.2 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 73.38%.

	2012-13	2013-14	2013-14	Population	Change	% Change
White British	5521	5481	73.38%	90.92%	-40	-0.72%
White Irish	89	91	1.22%	0.68%	2	2.25%
Any other White background	314	337	4.51%	3.47%	23	7.32%
White & Black Caribbean	15	15	0.20%	0.42%	0	0.00%
White & Black African	2	2	0.03%	0.18%	0	0.00%
White & Asian	24	23	0.31%	0.43%	-1	-4.17%
Any other mixed background	31	33	0.44%	0.34%	2	6.45%
Indian	409	407	5.45%	0.60%	-2	-0.49%
Pakistani	39	51	0.68%	0.12%	12	30.77%
Bangladeshi	9	9	0.12%	0.16%	0	0.00%
Any other Asian background	217	217	2.91%	1.21%	0	0.00%
Caribbean	25	24	0.32%	0.20%	-1	-4.00%
African	109	105	1.41%	0.58%	-4	-3.67%
Any other Black background	10	12	0.16%	0.07%	2	20.00%
Chinese	54	53	0.71%	0.41%	-1	-1.85%
Any Other Ethnic Group	71	72	0.96%	0.23%	1	1.41%
Not Stated	461	537	7.19%	0.00%	76	16.49%

Table 7 Staff Race data

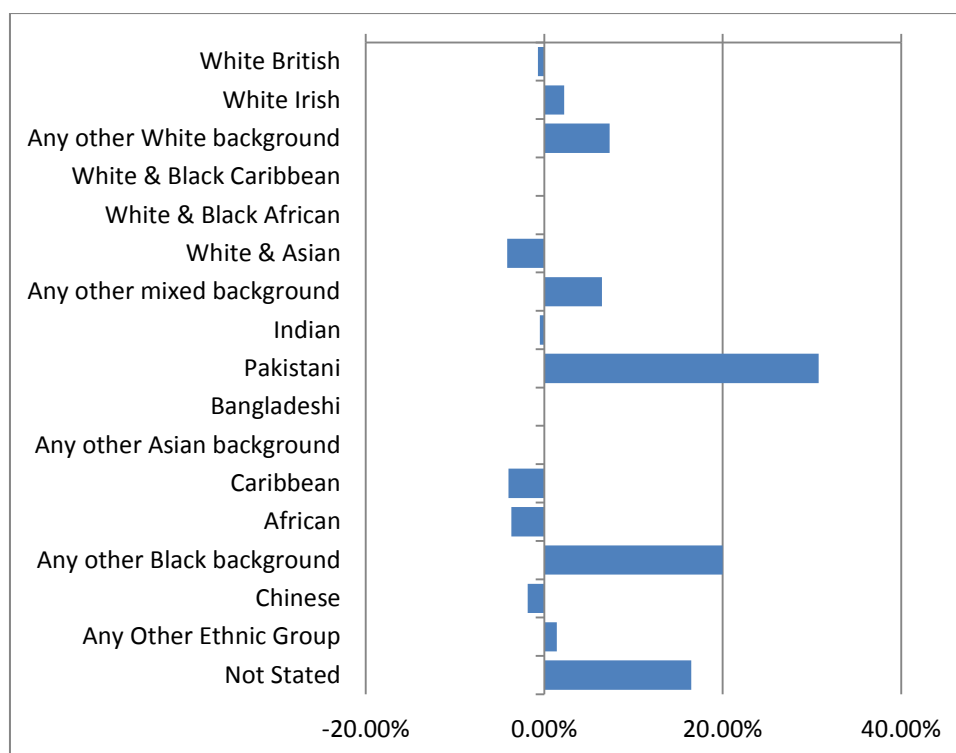


Chart 6 % Change in numbers (Race)

9.2 Grade

9.2.1 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. There has been little change since last year.

	13-14 Female	12-13 Female	13-14 Male	12-13 Male
AfC Band 1	43.43	42.22	24.47	25.47
AfC Band 2	1115.67	1,117.71	244.61	238.07
AfC Band 3	502.30	481.49	67.97	72.61
AfC Band 4	346.93	365.18	80.11	73.51
AfC Band 5	1260.42	1,229.69	189.38	203.21
AfC Band 6	852.65	840.16	146.29	142.53
AfC Band 7	450.31	426.01	127.85	125.20
AfC Band 8a	118.96	112.95	48.50	51.69
AfC Band 8b	50.07	54.85	30.00	28.00
AfC Band 8c	21.49	24.79	11.40	9.40
AfC Band 8d	5.56	4.00	2.00	3.80
AfC Band 9	0.50	1.00	1.00	2.00
Senior Manager	7.00	6.00	14.00	12.00
Doctor in Training	200.90	206.90	189.84	185.70
Other doctor	38.11	39.68	74.28	77.36
Consultant	89.88	83.10	259.54	258.43

Table 8 Grade and sex

This data indicates that the average pay of women may be considerably below that of men. 90% of female employees are employed at Band 7 and below. 60% of men are in the same grades.

NHS Employers believes that whilst it is not a stated legal requirement under the Equality Act 2010, NHS organisations would find it very difficult to fully comply with their responsibilities under the Act without undertaking equal pay audits.

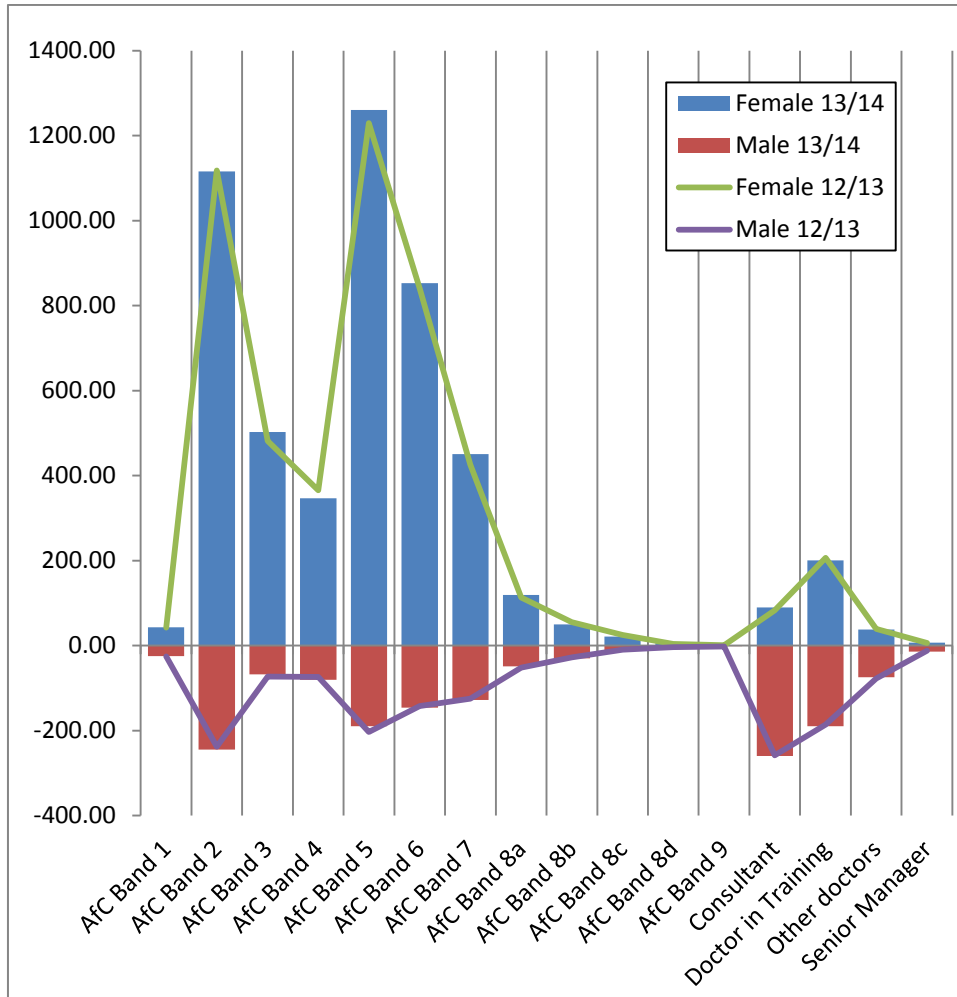


Chart 7 Grade and Sex

9.2.2 Race

In general the Trust employs a higher proportion of Black and Minority Ethnic (BME) staff than can be found in the local population. Nearly 16% of the Trusts employees are from BME groups compared to 5% found in the East Kent population. There is a reduced proportion of BME staff in Bands 3,4, 8a, 8b, and 8c. There is a much higher proportion of BME Clinical grades and Bands 1 and 5.

	Black or Minority Ethnic	White
AfC Band 1	31.72%	68.28%
AfC Band 2	6.37%	93.63%
AfC Band 3	4.26%	95.74%
AfC Band 4	4.64%	95.36%
AfC Band 5	22.16%	77.84%
AfC Band 6	9.74%	90.26%
AfC Band 7	7.62%	92.38%
AfC Band 8a	3.08%	96.92%
AfC Band 8b	4.18%	95.82%
AfC Band 8c	3.46%	96.54%
AfC Band 8d	13.23%	86.77%
AfC Band 9	0.00%	100.00%
Senior Manager	5.26%	94.74%
Doctor in Training	56.61%	43.39%
Other doctor	61.97%	38.03%
Consultant	40.13%	59.87%
Total	15.92%	84.08%
Population	5.00%	95.00%

Table 9 Race against Grade

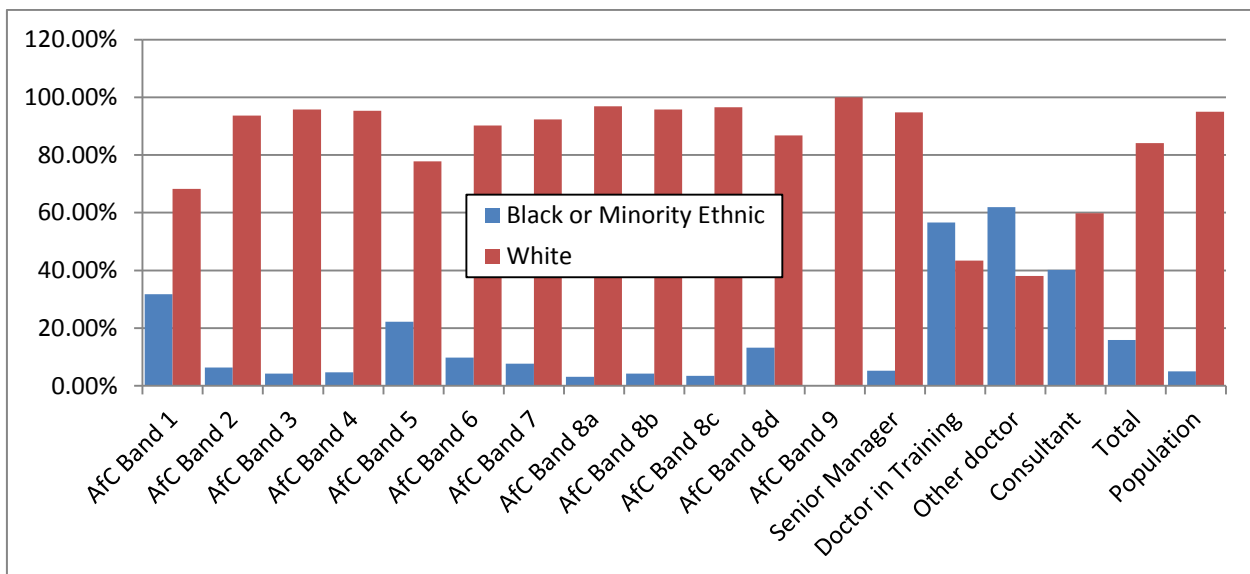


Chart 8 Race against Grade.

9.3 Sickness Absence

9.3.1 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 77.0% when the headcount is 78.9%. This difference is accounted for by the number of female staff working a flexible pattern

Women who are contracted to work for 77.0% of the total work time account for 84.3% of sickness absence. Men are contracted to work for 23.0% but are responsible for 14.4% of absence.

Is this discrepancy as the result of women usually still considered to be the most likely partner to be responsible for childcare needing to be at home more frequently than men. Does this issue also account for the fact that part-time workers also take more sickness absence than full time workers, are part-time workers more likely to be responsible for childcare?

Sex	Total Hours	% Absence Hours	% of Total Hours
Female	79339.42	85.6%	77.0%
Male	13306.52	14.4%	23.0%
Grand Total	92645.95	100.0%	100.0%

Table 10 Sickness Absence against Sex

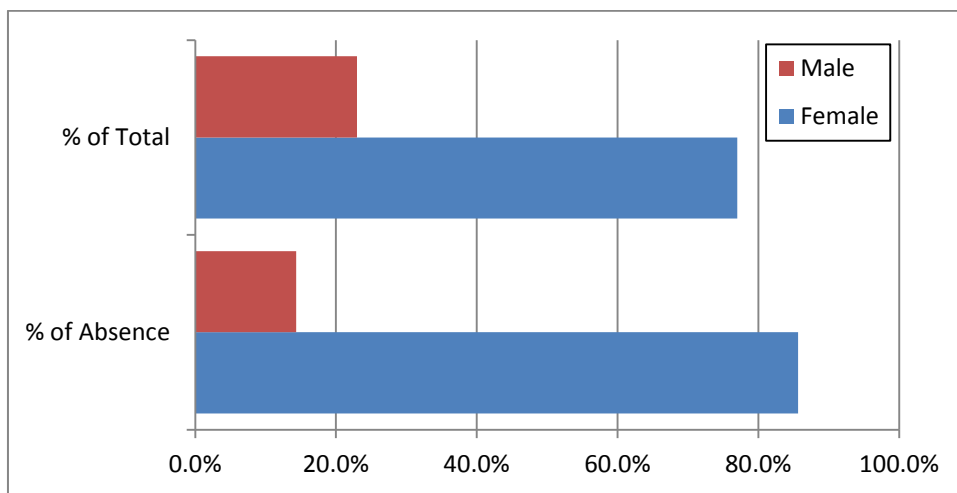


Chart 9 Sickness Absence against Sex

9.3.2 Race

A similar situation exists in relation to race. 72.95% of total work time is taken by staff who describe themselves as White-British while 81.87% of sickness time is used by people who describe themselves in the same way.

Ethnic Origin	% Absence	% of Total
A White - British	81.87%	72.95%
B White - Irish	0.88%	1.20%
C White - Any other White background	2.93%	4.66%
D Mixed - White & Black Caribbean	0.15%	0.21%
E Mixed - White & Black African	0.03%	0.02%
F Mixed - White & Asian	0.64%	0.34%
G Mixed - Any other mixed background	0.23%	0.45%
H Asian or Asian British - Indian	3.59%	6.01%
J Asian or Asian British - Pakistani	0.10%	0.66%
K Asian or Asian British - Bangladeshi	0.03%	0.14%
L Asian or Asian British - Any other Asian background	1.20%	3.13%
M Black or Black British - Caribbean	0.32%	0.32%
N Black or Black British - African	0.88%	1.52%
P Black or Black British - Any other Black background	0.04%	0.16%
R Chinese	0.29%	0.82%
S Any Other Ethnic Group	0.46%	1.07%
Z Not Stated	6.35%	6.34%
Grand Total	100.00%	100.00%

Table 11 Sickness Absence against Race

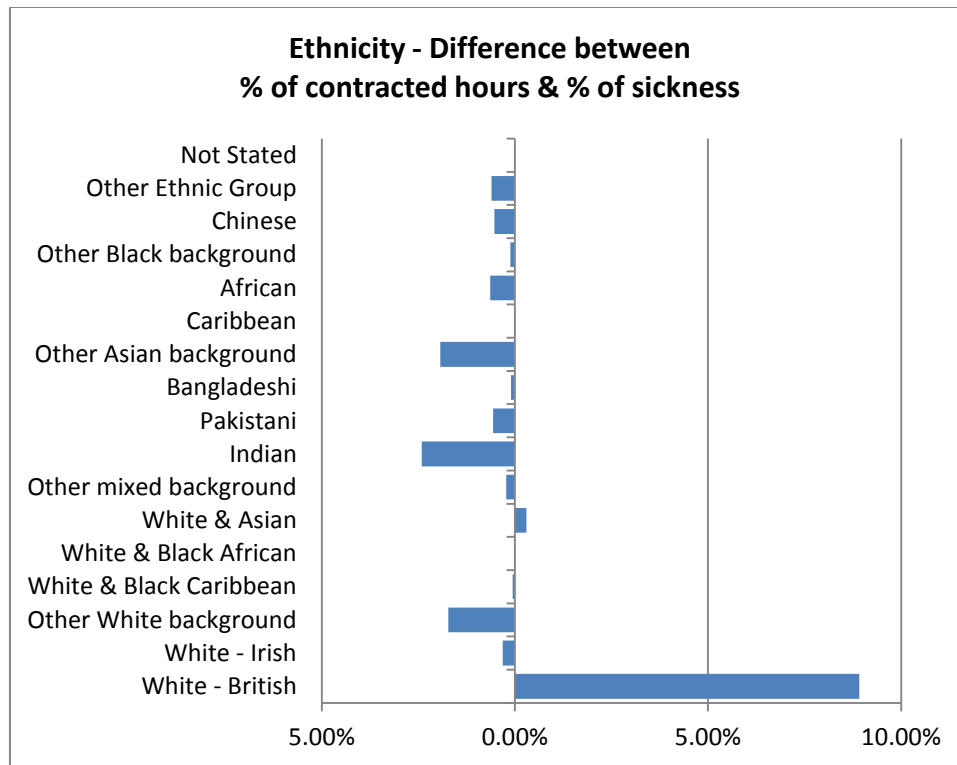


Chart 10 Sickness Absence against Race showing difference levels

9.3.3 Working Pattern

25.3% of total work time is taken by staff who work a part time working pattern while 31.4% of sickness time is used by people who work in the same way.

Working Pattern	% of Absence	% of Total
Annualised Hours	0.20%	0.21%
Full Time	68.39%	74.46%
Part Time	31.40%	25.26%
Term Time	0.02%	0.07%
Grand Total	100.00%	100.00%

Table 12 Sickness Absence against Working Pattern

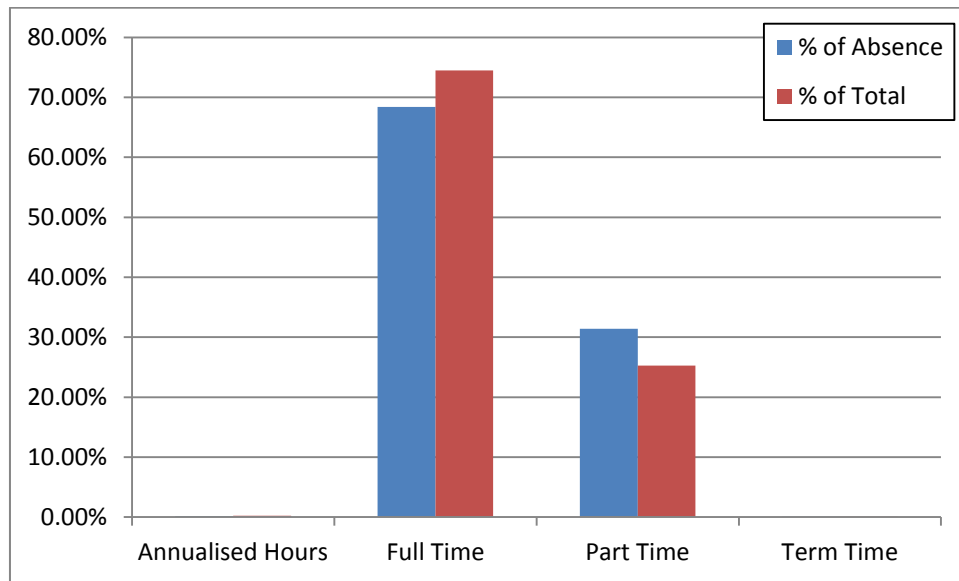


Chart 11 Sickness Absence against Working Pattern

9.4 Promotion

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

9.4.1 Sex

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

Sex	2012-13			2013-14		
	% Promotion	% of Total	Difference	% Promotion	% of Total	Difference
Female	81.80%	78.80%	3.00%	81.7%	77.00%	4.69%
Male	18.20%	21.20%	-3.00%	18.3%	23.00%	-4.69%

Table 13 Promotion against Sex

In 2013-14 the promotion of women compared to men was higher than in 2012-13.

9.4.2 Race

A similar situation exists in relation to promotion and race. 72.95% of staff describe themselves as White-British while 83.1% 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 issue is worthy of further investigation.

Ethnic Origin	Total	% Promotion	Total	% of Total	% Difference
White British	245	83.05%	5481	72.95%	10.10%
White Irish	2	0.68%	91	1.20%	0.52%
Any other White background	11	3.73%	337	4.66%	0.93%
White & Black Caribbean		0.00%	15	0.21%	0.21%
White & Black African		0.00%	2	0.02%	0.02%
White & Asian		0.00%	23	0.34%	0.34%
Any other mixed background	2	0.68%	33	0.45%	-0.23%
Asian or Asian British Indian	9	3.05%	407	6.01%	2.96%
Pakistani		0.00%	51	0.66%	0.66%
Bangladeshi		0.00%	9	0.14%	0.14%
Any other Asian background	3	1.02%	217	3.13%	2.12%
Caribbean	2	0.68%	24	0.32%	-0.36%
African	3	1.02%	105	1.52%	0.51%
Any other Black background	1	0.34%	12	0.16%	-0.18%
Chinese		0.00%	53	0.82%	0.82%
Any Other Ethnic Group	6	2.03%	72	1.07%	-0.97%
Not Stated	11	3.73%	537	6.34%	2.61%
Grand Total	295	100.00%	7469	100.00%	

Table 14 Promotion against Race

In 2013-14 the difference between the percentage of promotions and the percentage of staff increased for White British staff.

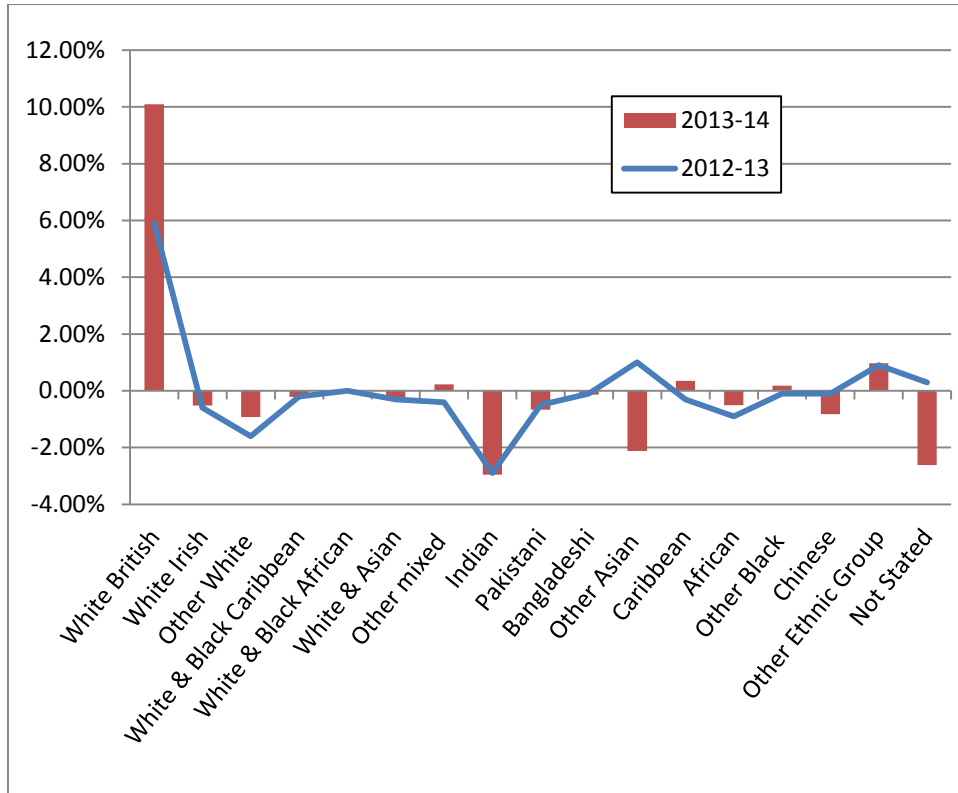


Chart 12 Promotion against Race - Difference Levels

9.4.3 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	Difference
16 - 20	2	0.68%	48	0.66%	0.02%
21 - 25	28	9.49%	503	6.75%	2.75%
26 - 30	67	22.71%	830	10.67%	12.04%
31 - 35	46	15.59%	829	10.44%	5.16%
36 - 40	37	12.54%	920	12.18%	0.36%
41 - 45	37	12.54%	975	13.28%	-0.74%
46 - 50	42	14.24%	1092	14.92%	-0.69%
51 - 55	24	8.14%	1049	14.39%	-6.25%
55 - 60	9	3.05%	770	10.53%	-7.48%
61 - 65	3	1.02%	323	4.39%	-3.37%
66 - 70		0.00%	97	1.34%	-1.34%
71 & above		0.00%	33	0.45%	-0.45%
Grand Total	295	100.0%	7469	100.00%	-0.02%

Table 15 Promotion against Age

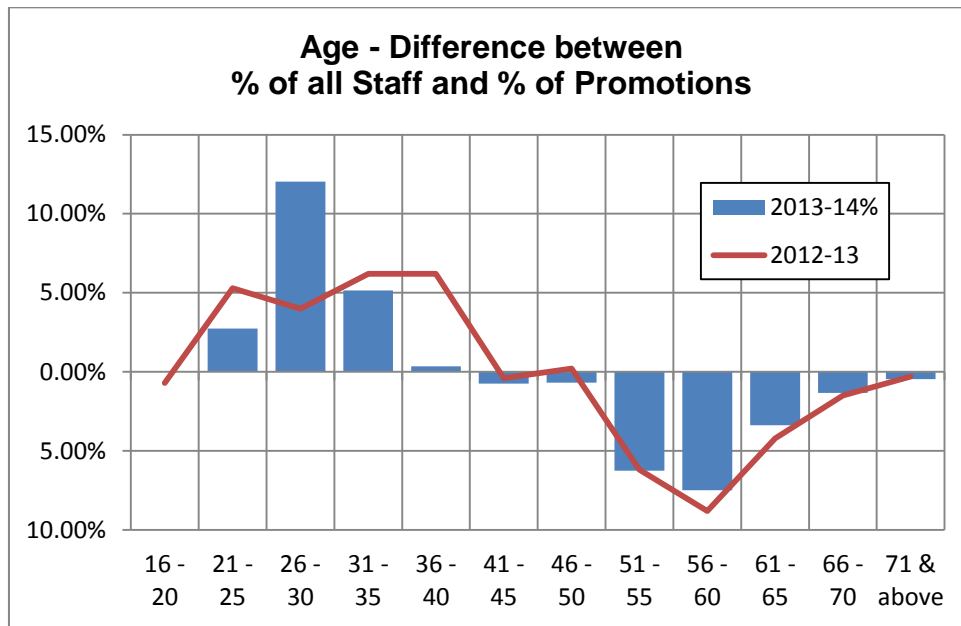


Chart 13 Age – Difference between % of all Staff and % of promotions

9.5 Consultants

There is an indication that there is a higher proportion of White Consultants than Black and Minority Ethnic Consultants who are Clinical Leads and who receive Clinical Excellence Awards. The trust is currently conducting a review of the selection process for Clinical Leads.

The trust employs 349 consultants

196 (56%) are white.

259 (74%) consultants are male

9.6 Clinical leads

There are 74 clinical leads

49 (66%) are white.

54 (73%) clinical leads are men

9.6.1 Clinical Excellence awards

51 consultants received Clinical Excellence Awards

31 (61%) are white,

40 (78%) are male.

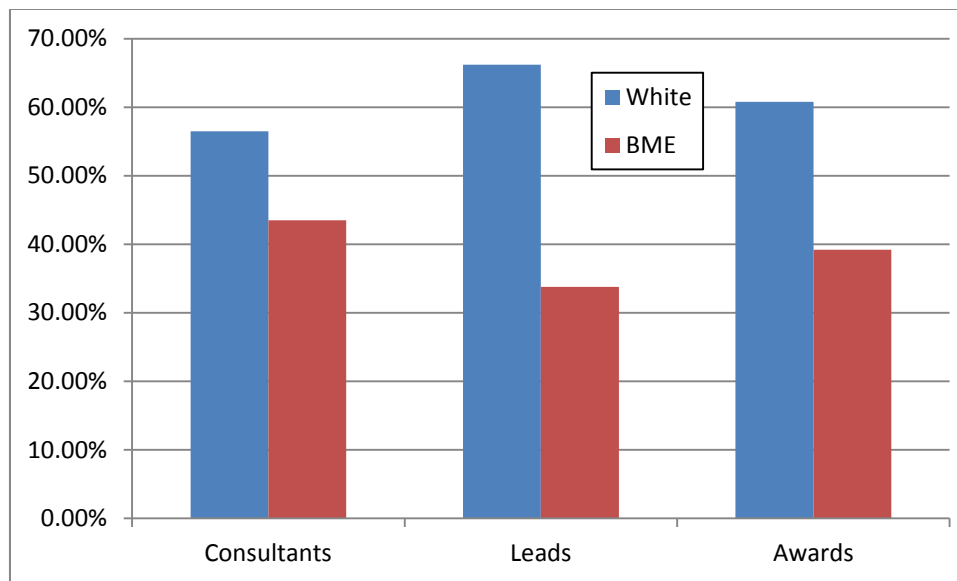


Chart 14 Race and Clinical Leads/Clinical Excellence Awards

9.7 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.

9.8 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.

9.9 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. The author has been unable to find any record of an equal pay audit being completed in EKHUFT and recommends that this is undertaken and published before April 2015.

9.10 Learning development

9.10.1 Statutory Training

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

9.10.2 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.

9.10.3 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.

9.11 Recruitment

9.11.1 Sex

71% of all applications were from women.

Female	5510	71.39%
I do not wish to disclose my gender	5	0.06%
Male	2165	28.05%
(blank)	38	0.49%
Grand Total	7718	100.00%

Table 16 Recruitment and sex

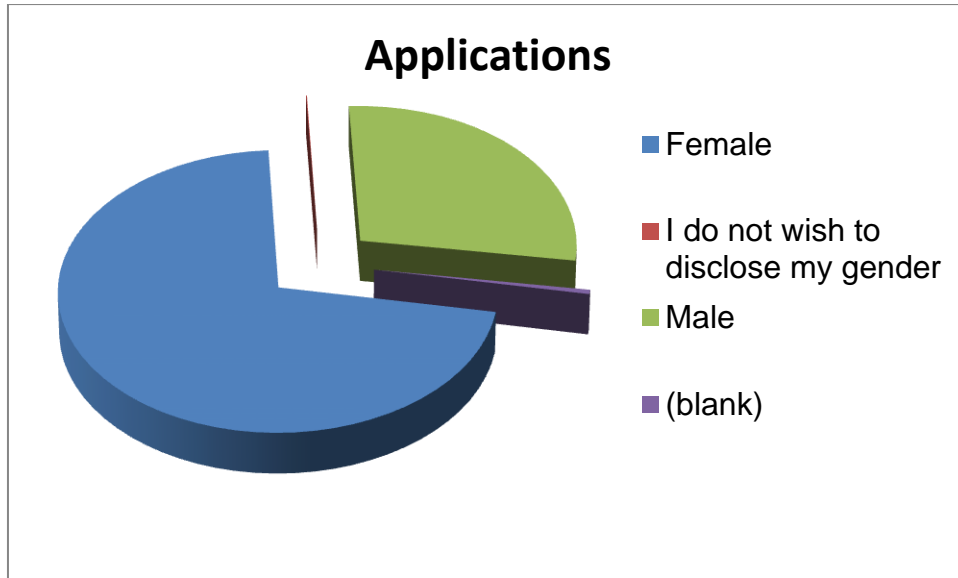


Chart 15 Applications and sex

40.85% of female applicants were shortlisted for interview compared to 33.67% of men. Of all the women interviewed 58.84% were appointed compared to 57.33% of men. The only significant difference therefore is around shortlisting. Given that the process of shortlisting is completed without the selector knowing the personal details of the applicant it is reasonable to assume that the standard of application might be different between the sexes. This is an area that could be explored further. The figures for people not disclosing their sex are so small so as to be statistically insignificant.

	% shortlisted	% Appointed
Female	40.85%	58.84%
do not wish to disclose	60.00%	50.00%
Male	33.67%	57.33%
(blank)	100.00%	100.00%

Table 17 Appointments and Sex

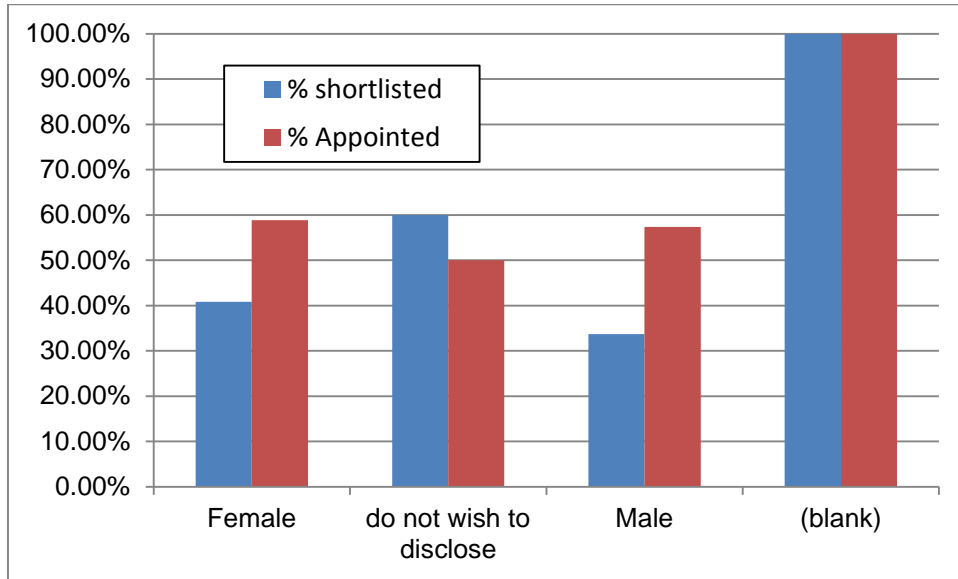


Chart 16 Appointments and Sex

9.11.2 Sexual Orientation

There are no significant differences in the shortlisting or appointment of staff based on their sexual orientation.

Sexual orientation	Applications	Shortlisted	Appointed	% shortlisted	% Appointed
Bisexual	89	27	7	30%	26%
Gay	72	19	9	26%	47%
Heterosexual	7035	2756	899	39%	33%
do not wish to disclose	454	168	52	37%	31%
Lesbian	30	13	9	43%	69%
(blank)	38	38	26	100%	68%

Table 18 Applications and Sexual Orientation

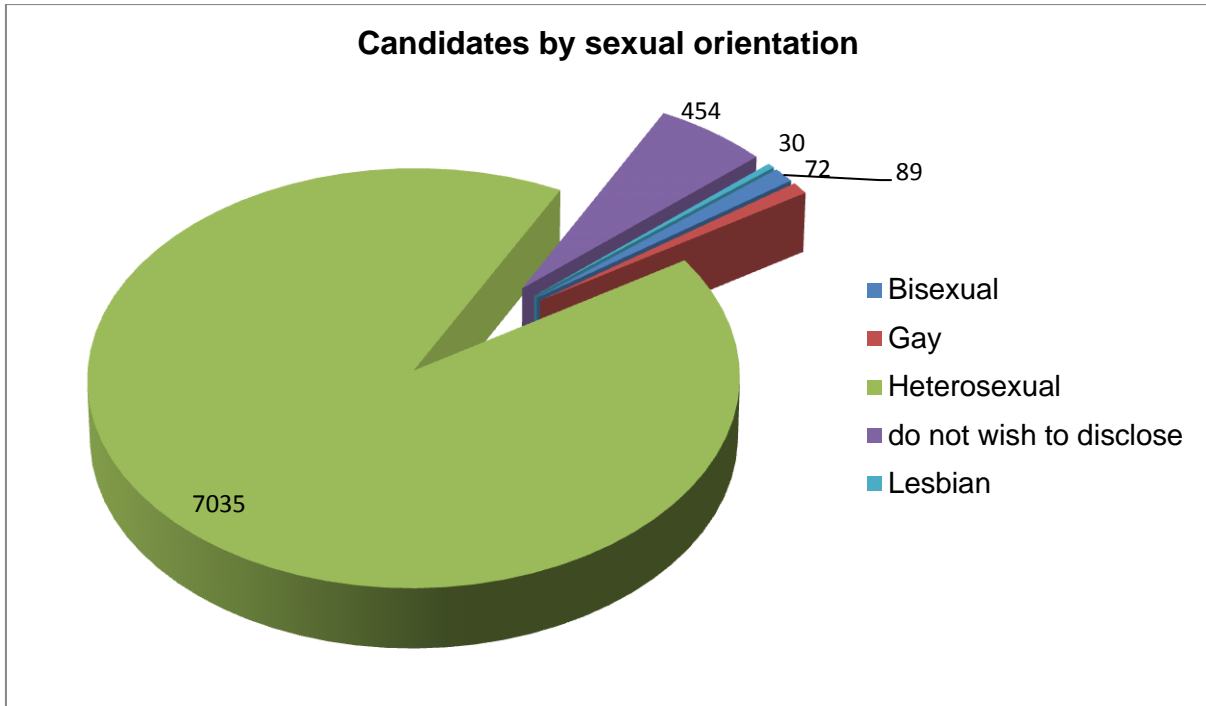


Chart 17 Candidates by Sexual orientation

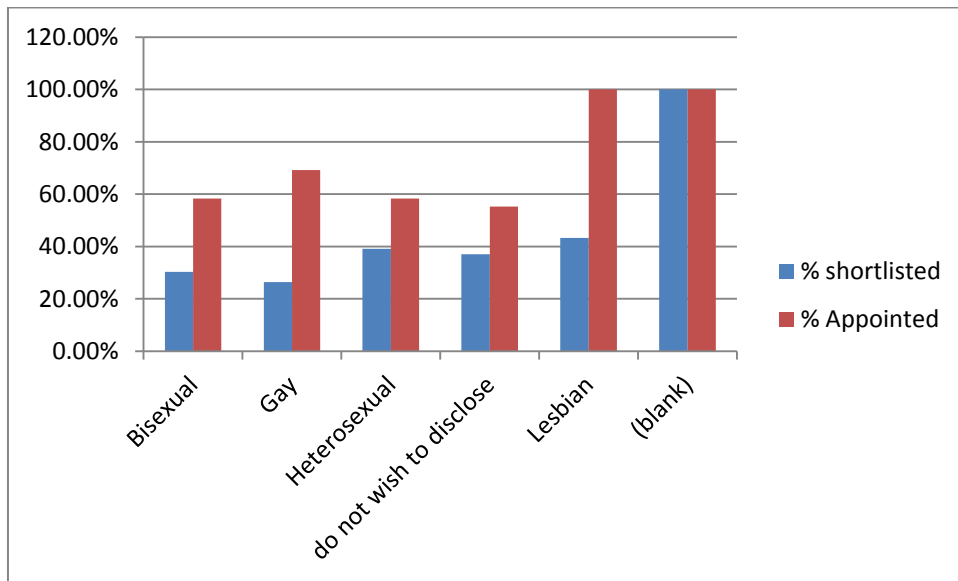


Chart 18 Appointments by Sexual Orientation

9.11.3 Disability

Disability indicator	Applications	Shortlisted	Appointed	% Shortlisted	% Appointed
I do not wish to disclose	62	33	10	16%	30%
No	7279	2838	936	13%	33%
Yes	339	112	30	9%	27%
(blank)	38	38	26	68%	68%

Table 19 Applications by Disability

33% of interviewees who were not disabled were successful while 27% of disabled interviewees were successful. This relative small difference in the level of success

may be as a result of the Trust following the guidance laid down by Jobcentre Plus for use of the Two Ticks symbol to encourage applications from disabled people to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities.

Do candidates who are interviewed based on achieving the minimum criteria stand less chance of appointment alongside candidates who may have exceeded the minimum criteria?

The author recommends that the following commitments to Two Ticks are reviewed and published:

- to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities
- to discuss with disabled employees, at any time but at least once a year, what you can both do to make sure they can develop and use their abilities
- to make every effort when employees become disabled to make sure they stay in employment
- to take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work
- to review these commitments every year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans

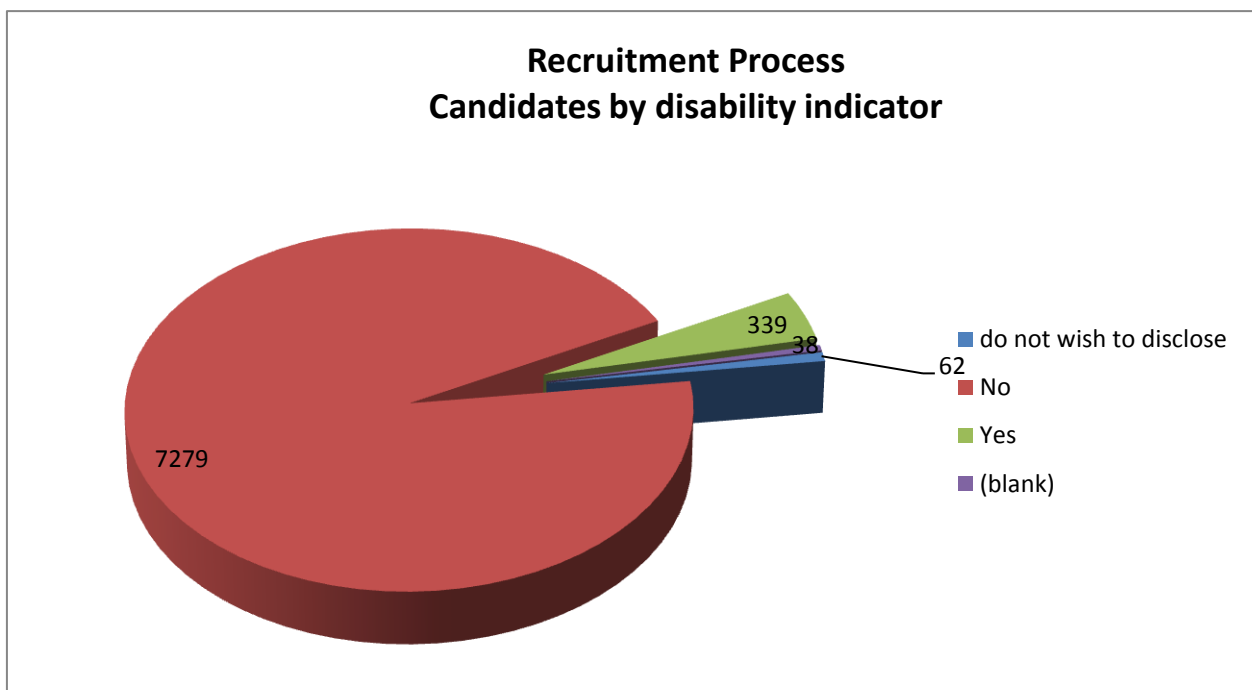


Chart 19 Applications by Disability

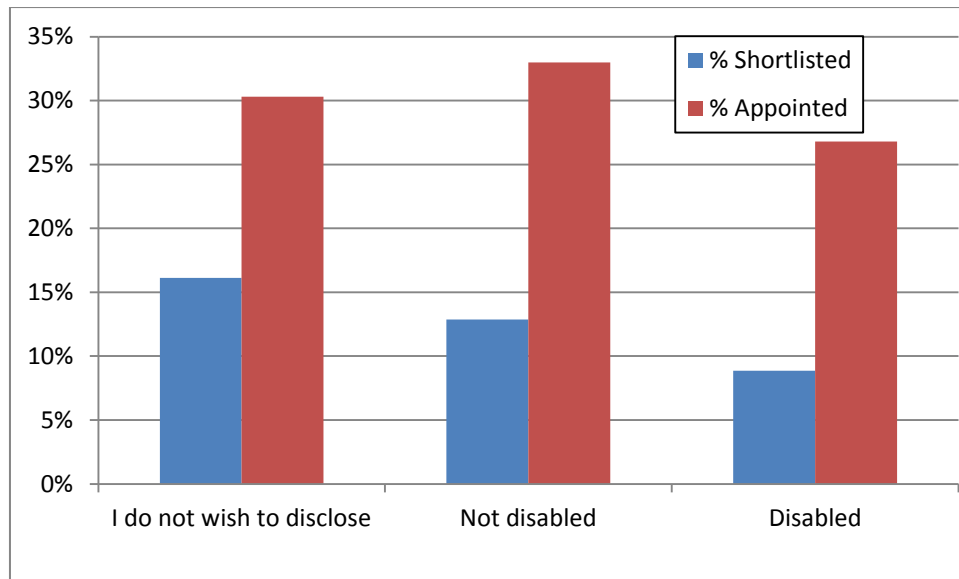


Chart 20 Shortlisting and Appointments by disability

9.11.4 Religious Belief

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

9.12 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

10 Formal Disciplinary Action and Formal Grievance Meetings

The total number of formal disciplinary actions during the relevant period was 48. and the total number of formal grievance meetings during the same period was 32. The low numbers make it impossible to draw any definite conclusions as to bias.

11 Other Equality and Diversity activity.

The Trust celebrated LGBT History Month by flying the Rainbow flag at Trust Headquarters, Kent and Canterbury Hospital. The trust also held an LGBT History month event at Canterbury and invited guests to join a discussion panel and listen to the ‘Nine Bob Notes’ a local LGBT choir.

The Trust worked with MENCAP and Kent Association for the Blind(KAB) on our ‘Finding Your Way’ project to consider appropriate signage on our hospital sites.

Our Board of Directors received a Patient Story presentation with video describing the experiences of a profoundly deaf, partially sighted patient. Following the Board of Directors meeting, the film was made available online for staff. An article in Team Brief encouraged managers to show the film and discuss with their teams how to support patients with impairments and how this relates to the We Care behaviours and learning and objectives set at appraisal.

12 Diversity Awards and Memberships.

Diversiton Diversity Champion



EKHUFT were winners of the diversity champion public sector award 2015 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 has made an iPad PFD app available for staff

NHS Kent Surrey & Sussex Leadership Recognition Awards

The Head of Equality and Engagement is a finalist in the NHS Leader of Inclusivity of the Year.

The Excellence in Diversity Awards 2015!



The head of equality and engagement has been nominated for The Head of Diversity & Inclusion Award at The Excellence in Diversity Awards 2015!