

Annual Equality Report

01st October 2012
to
30th September 2013

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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.ekhufth.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

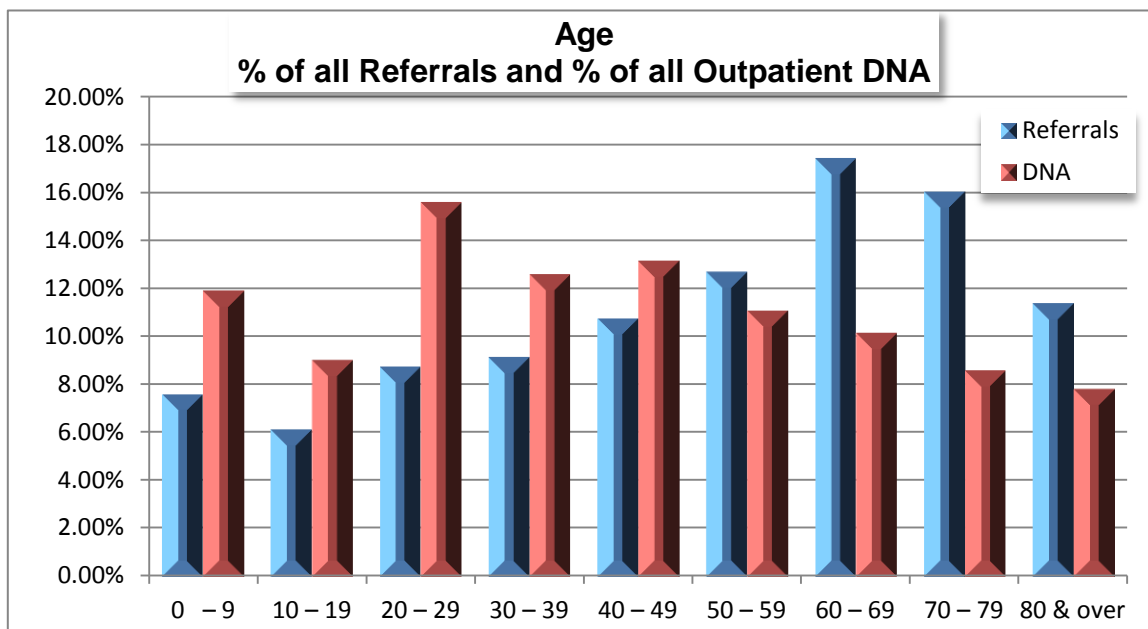
7.1.1 Outpatient DNA against Age

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%



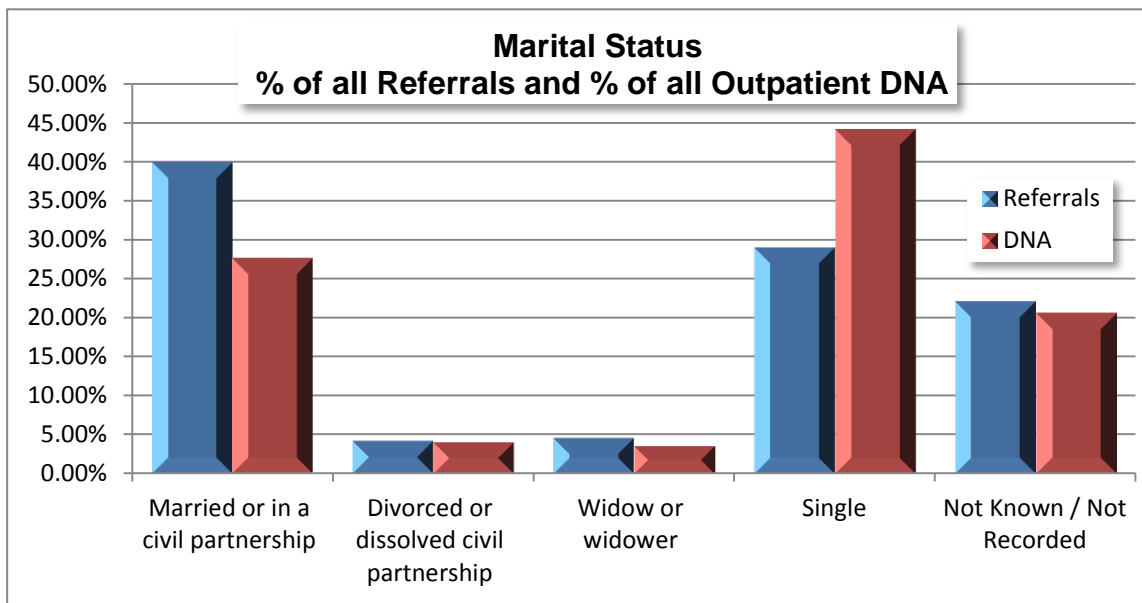
This chart shows referrals and DNA. It is clear that in the younger age groups the levels of DNA exceed the levels of referral where later in life the reverse is true.

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.

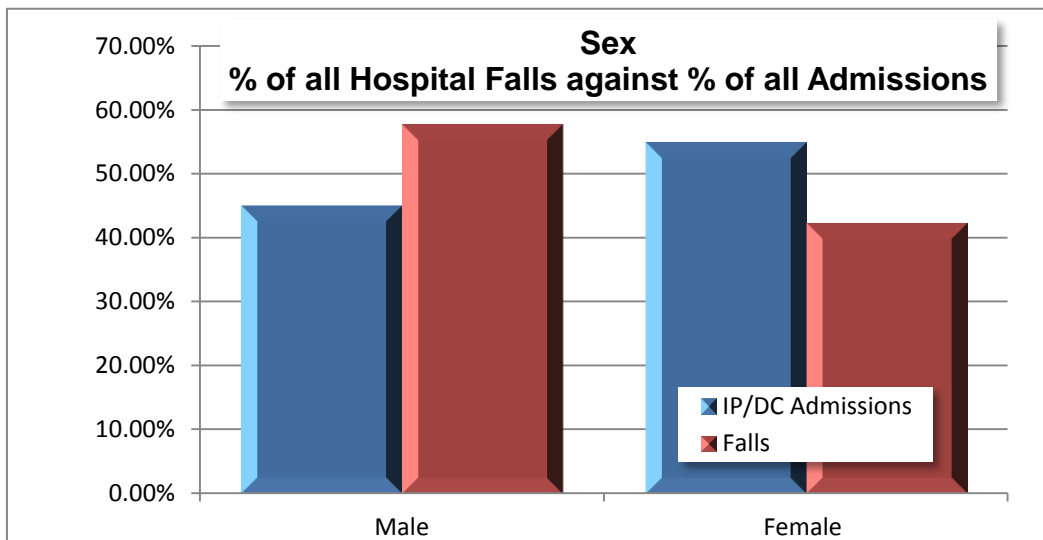


This chart clearly shows how the percentage of DNAs for single people exceeds the percentage of referrals.

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%



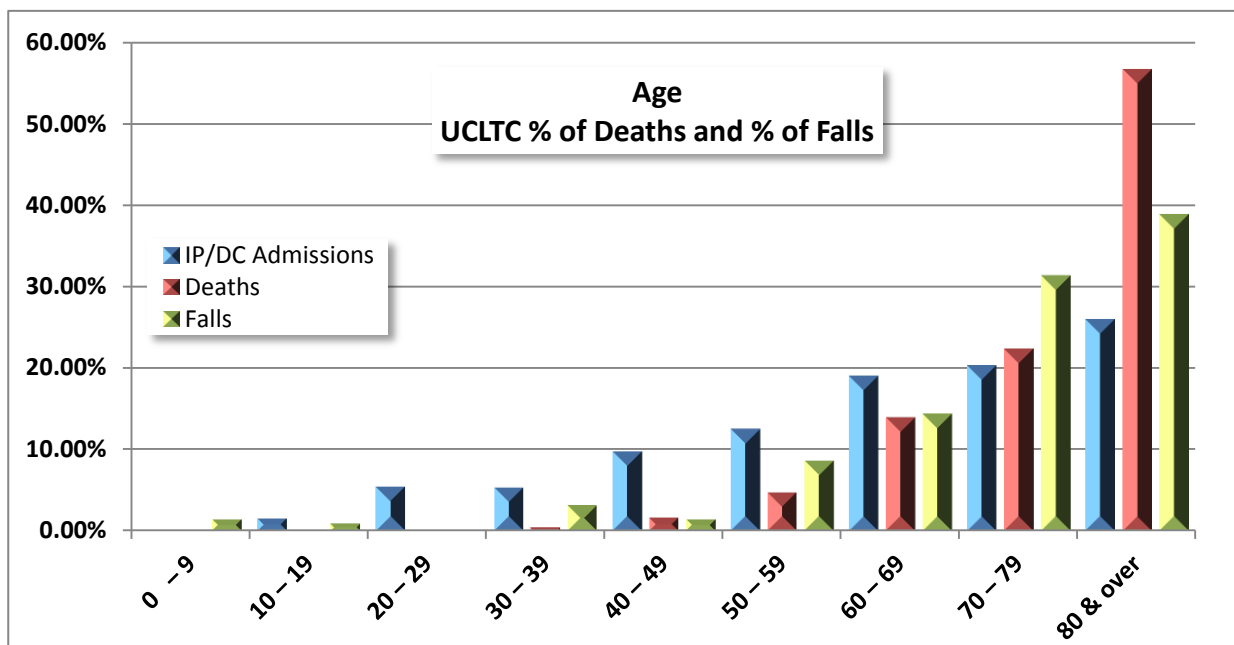
At EKHUFT 10 men in every 1000 and 6 women in every 1000 fall whilst an inpatient

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%



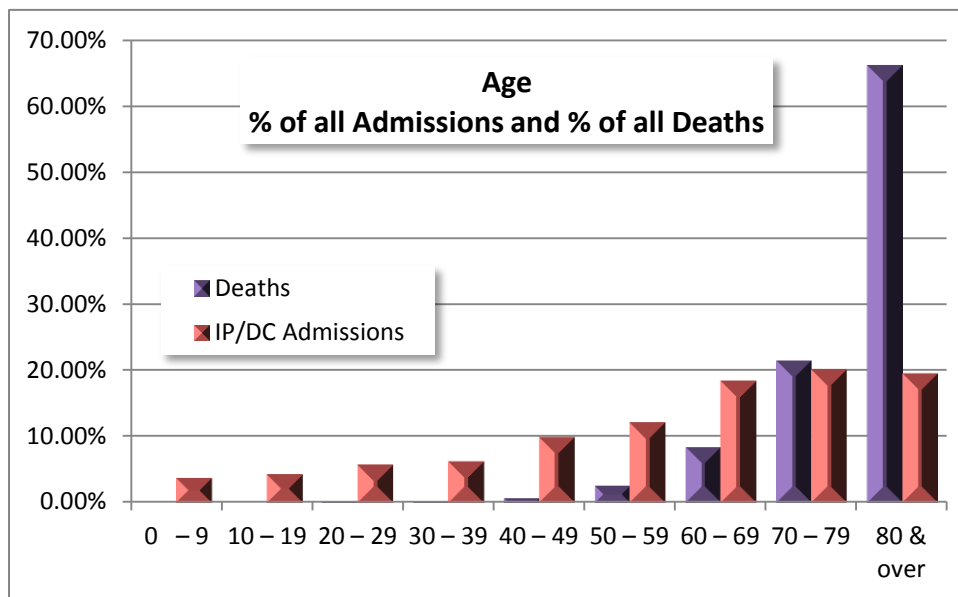
This chart demonstrates that above 70 the proportion of deaths and falls exceeds the proportion of admissions.

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.

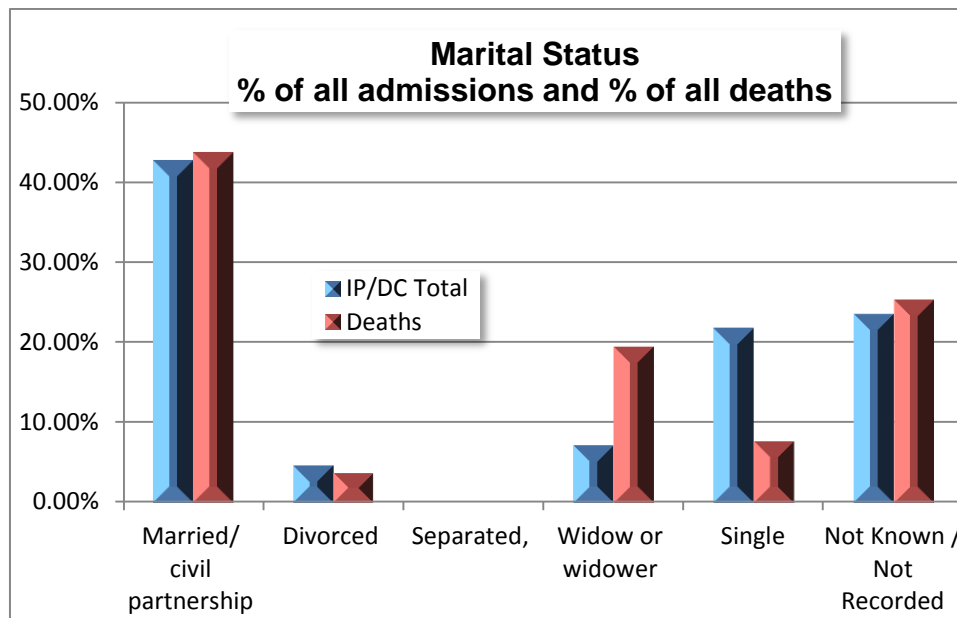
AGE	IP/DC Admissions	Deaths	% of all IP/DC Admissions	% of all Deaths
0 – 9	2529		3.75%	
10 – 19	2879		4.27%	
20 – 29	3853	1	5.72%	0.19%
30 – 39	4211	1	6.25%	0.19%
40 – 49	6673	4	9.91%	0.75%
50 – 59	8164	14	12.12%	2.63%
60 – 69	12387	45	18.39%	8.44%
70 – 79	13553	115	20.12%	21.58%
80 & over	13116	353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



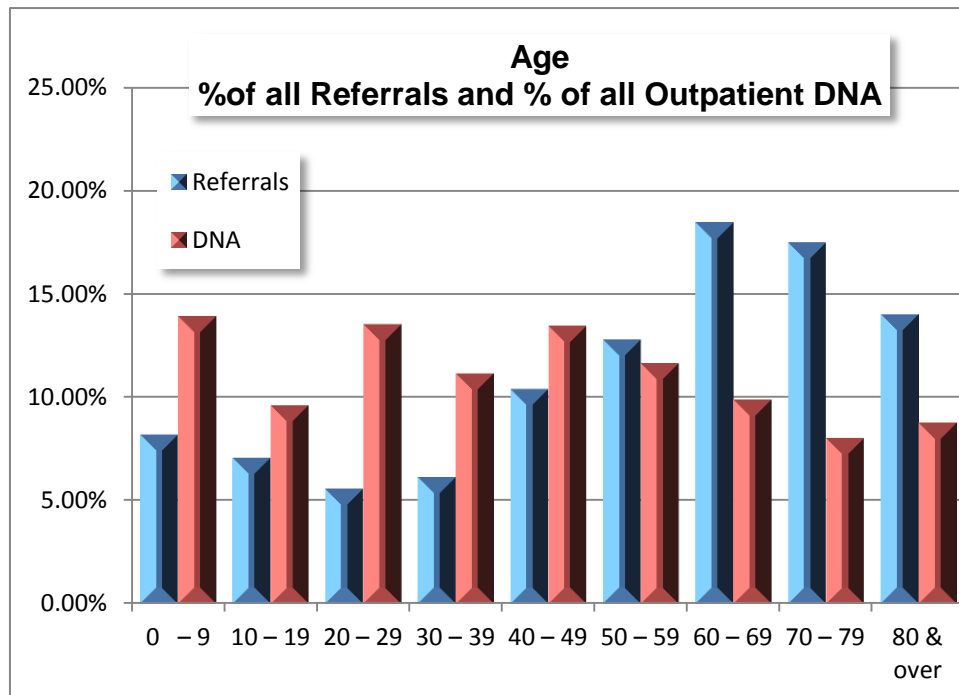
The chart demonstrates the degree by which the proportion of death exceeds the proportion of admissions.

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

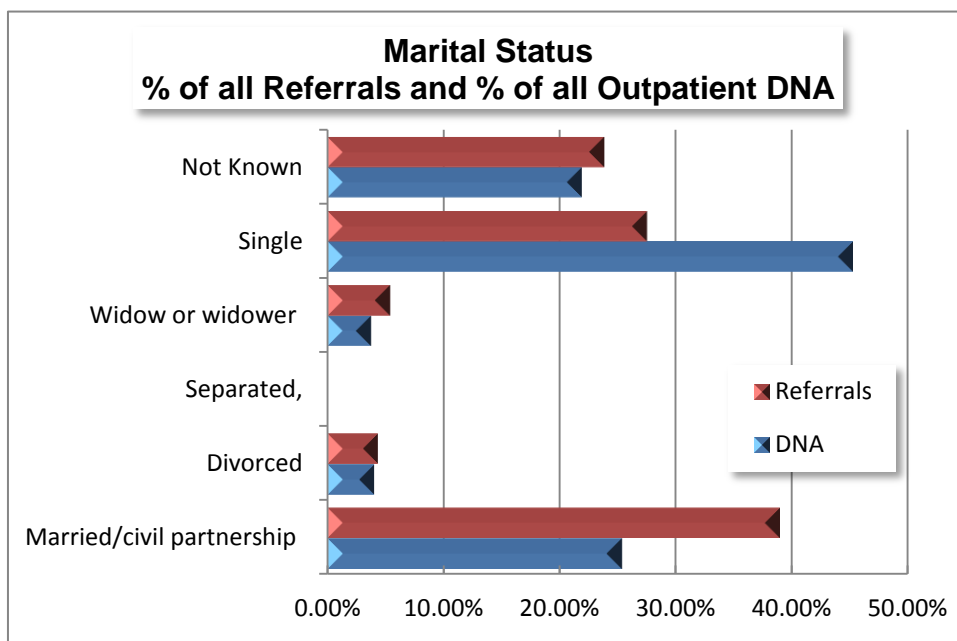
AGE	Referrals	DNA	% of all Referrals	% of all DNAs
0 – 9	37462.00	3276.00	8.20%	13.92%
10 – 19	32236.00	2264.00	7.05%	9.62%
20 – 29	25445.00	3185.00	5.57%	13.53%
30 – 39	28017.00	2624.00	6.13%	11.15%
40 – 49	47482.00	3165.00	10.39%	13.45%
50 – 59	58393.00	2744.00	12.77%	11.66%
60 – 69	84264.00	2326.00	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%

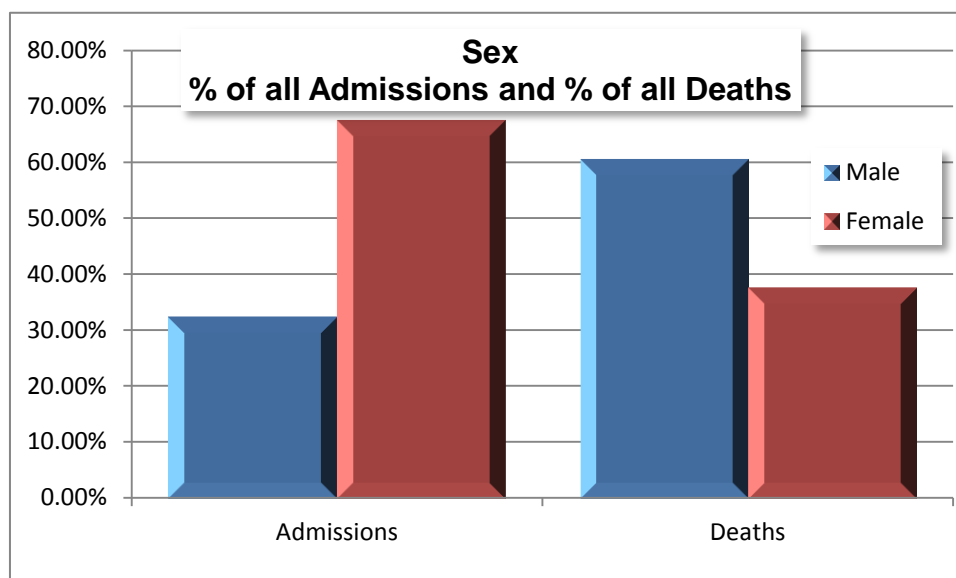


7.4 Specialist Services Division Data

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?

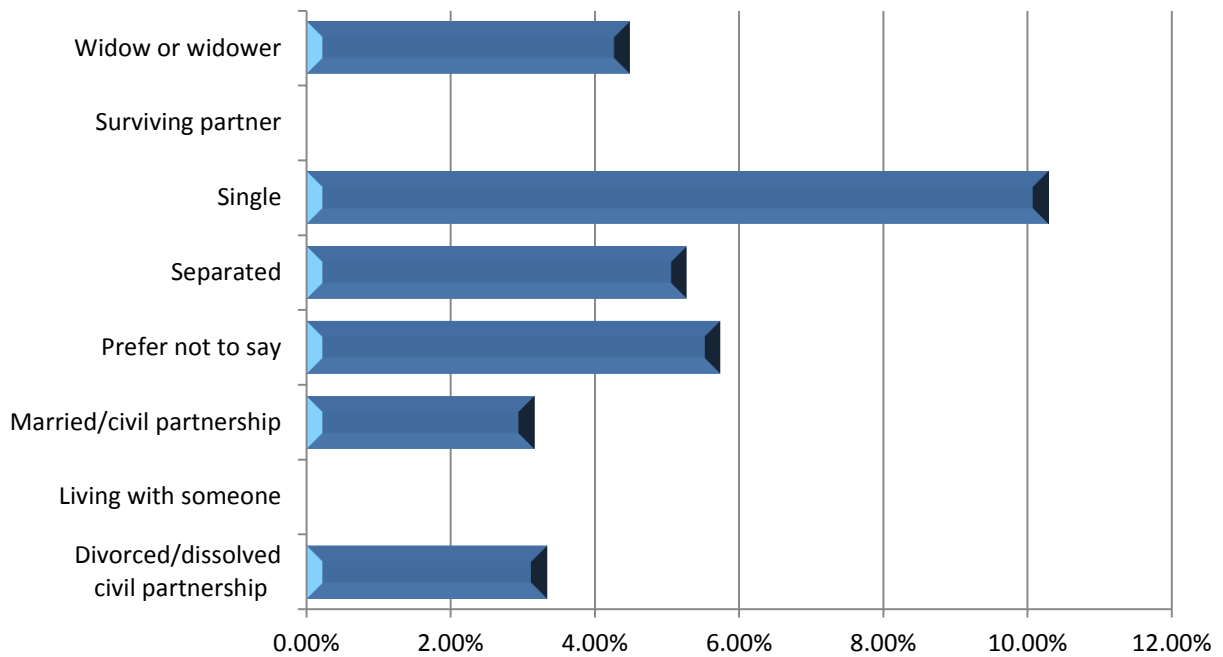
Once again there were no statistically relevant indications that members of specific protected characteristic groups responded differently in relation to these questions except that 10.28% of single people and 16% of people in the 10-19 age group answered No to the question: "Overall, did you feel you 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.

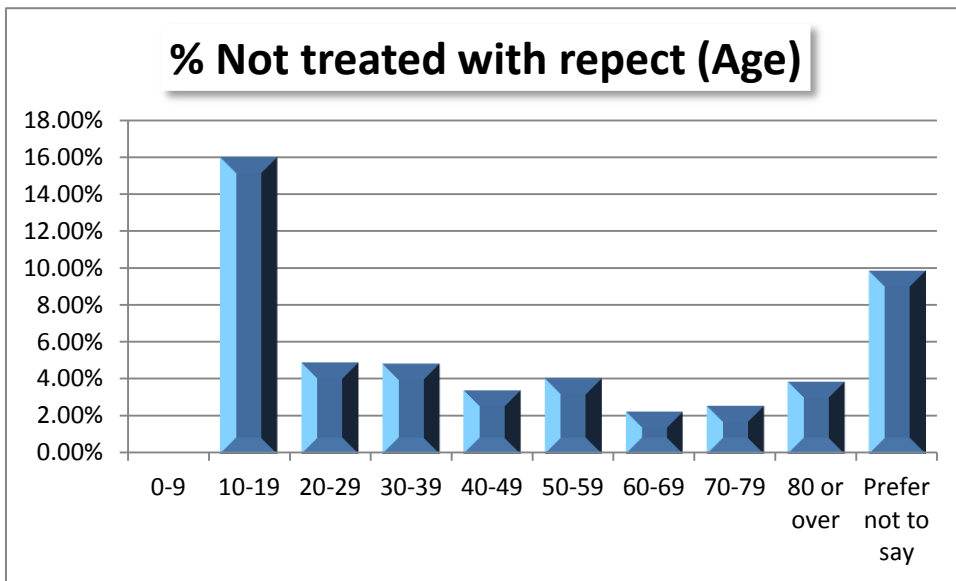
	No	Grand Total	% saying No.
Divorced/dissolved civil partnership	2	60	3.33%
Living with someone		62	0.00%
Married/civil partnership	20	634	3.15%
Prefer not to say	11	192	5.73%
Separated	1	19	5.26%
Single	11	107	10.28%
Surviving partner		1	0.00%
Widow or widower	3	67	4.48%
Grand Total	48	1142	4.20%

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%

% Not treated with respect (Marital Status)



% Not treated with respect (Age)



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.

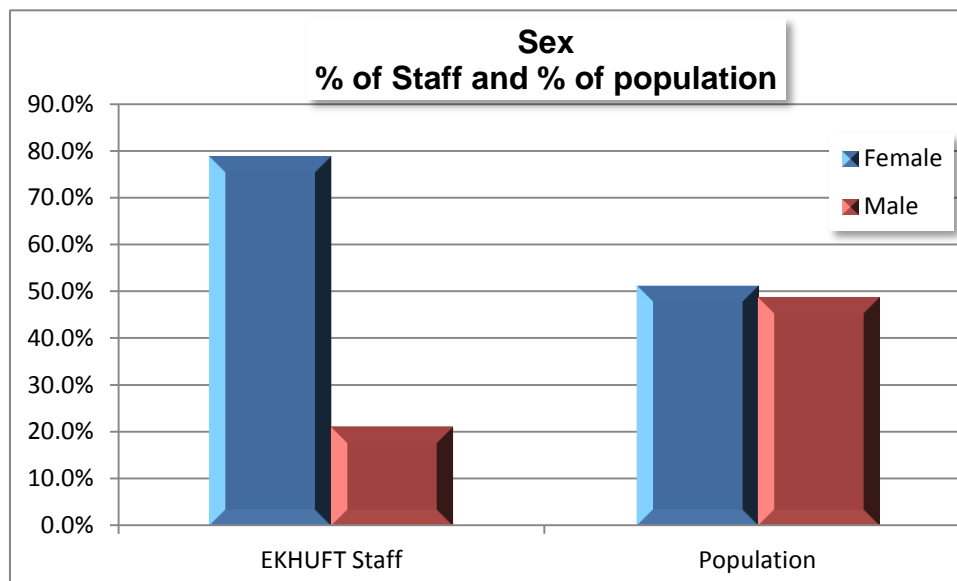
8 Information relating to persons who share a relevant protected characteristic who are employees.

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.

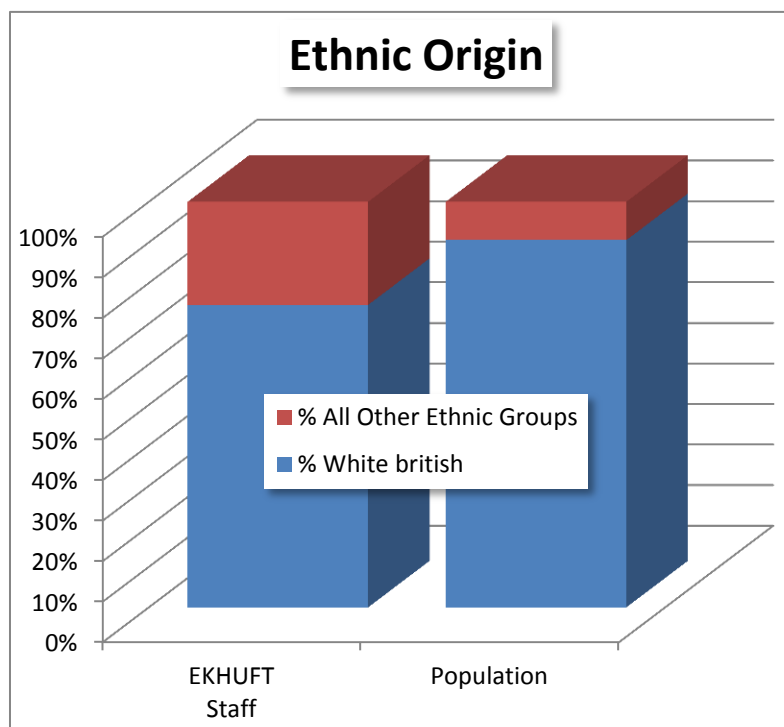
Sex	Total Staff	% Staff	% Population
Female	5834	78.8%	51.22%
Male	1566	21.2%	48.78%
Grand Total	7400	100.0%	

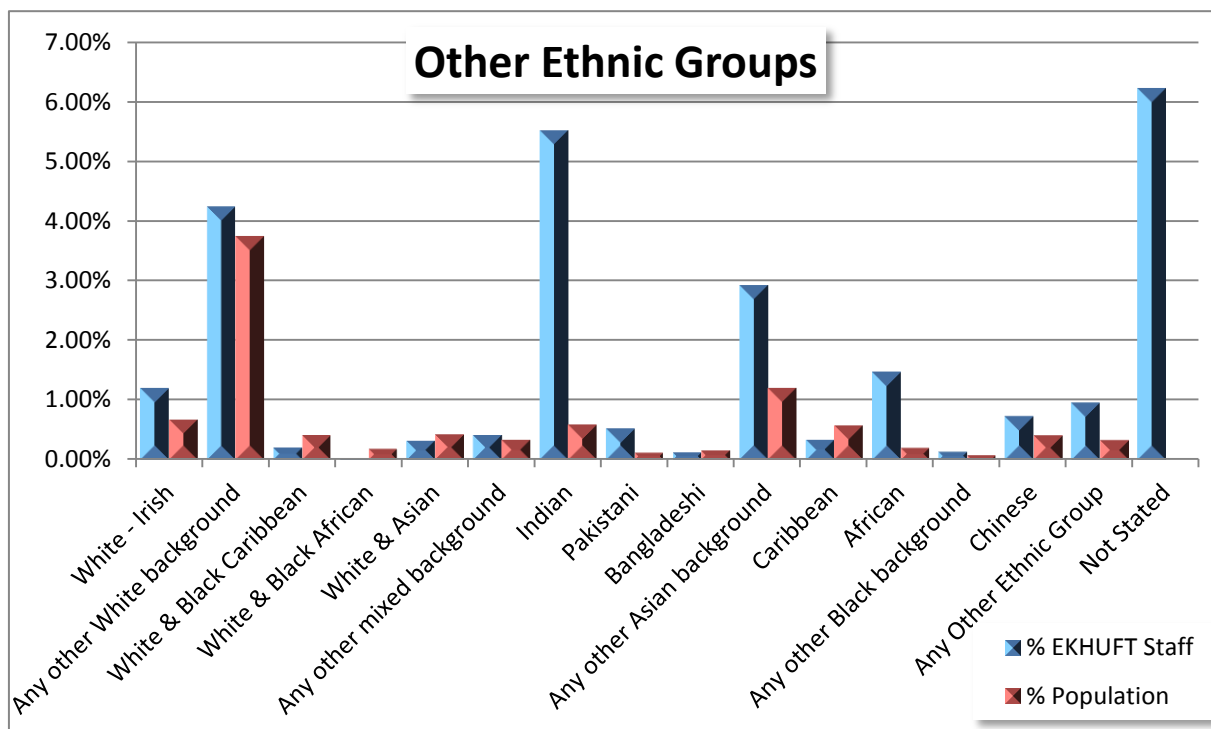


8.1.2 Race

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%



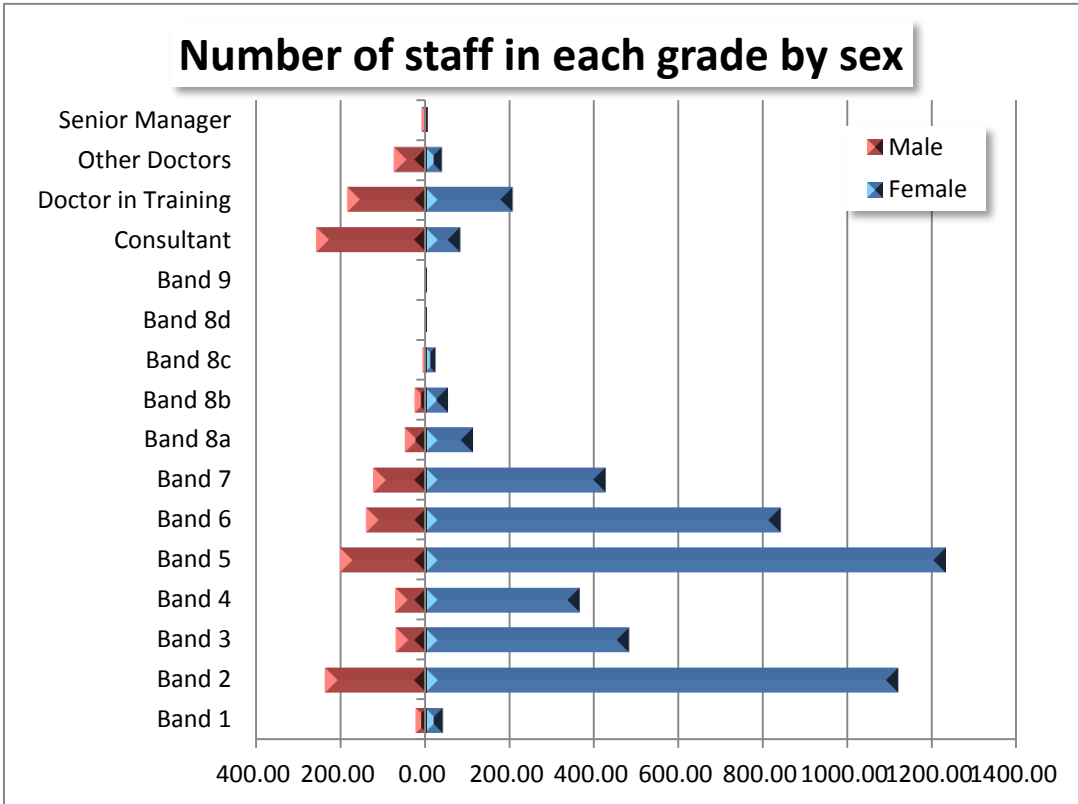
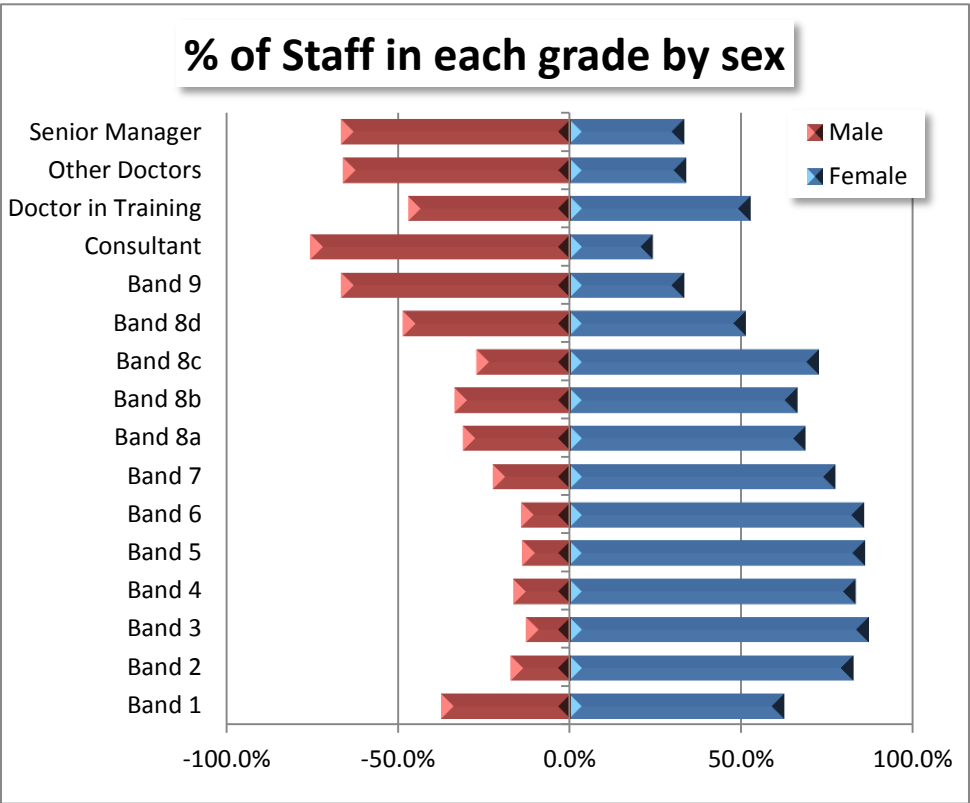


8.2 Grade

8.2.1 Sex

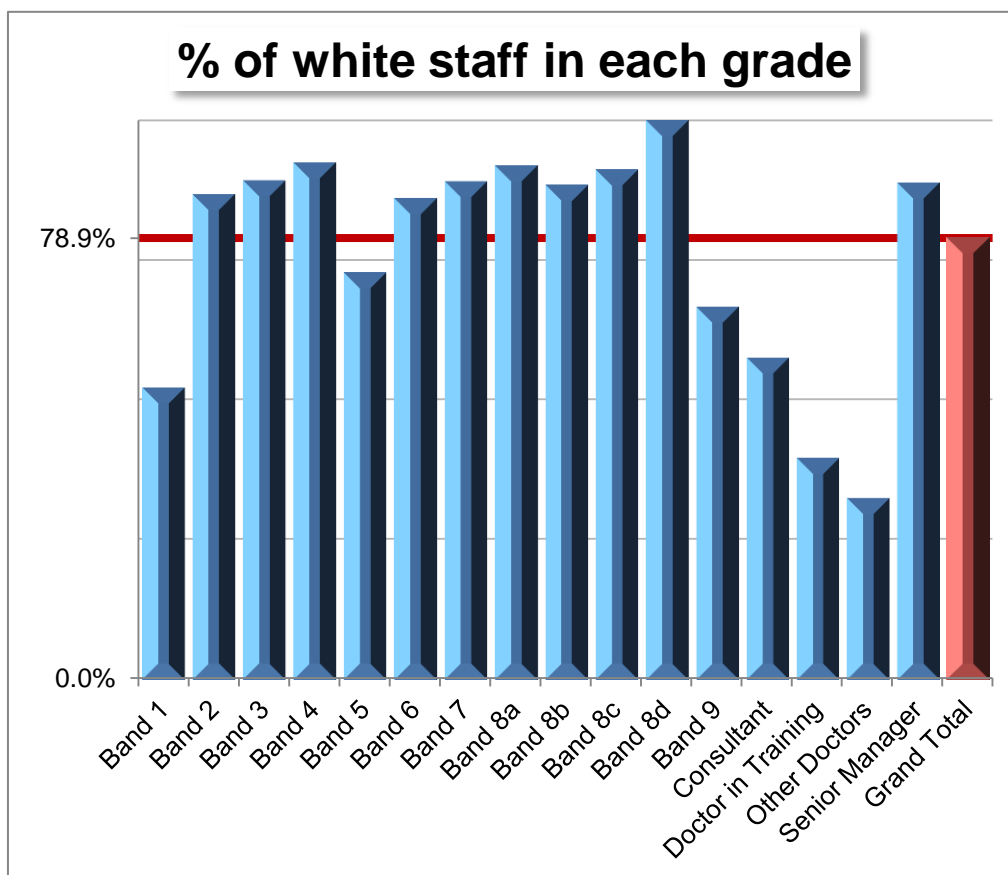
Women continue to be over represented in grades 8 and lower and underrepresented above grade 8. The levels for doctors in training are fairly evenly balanced.

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%



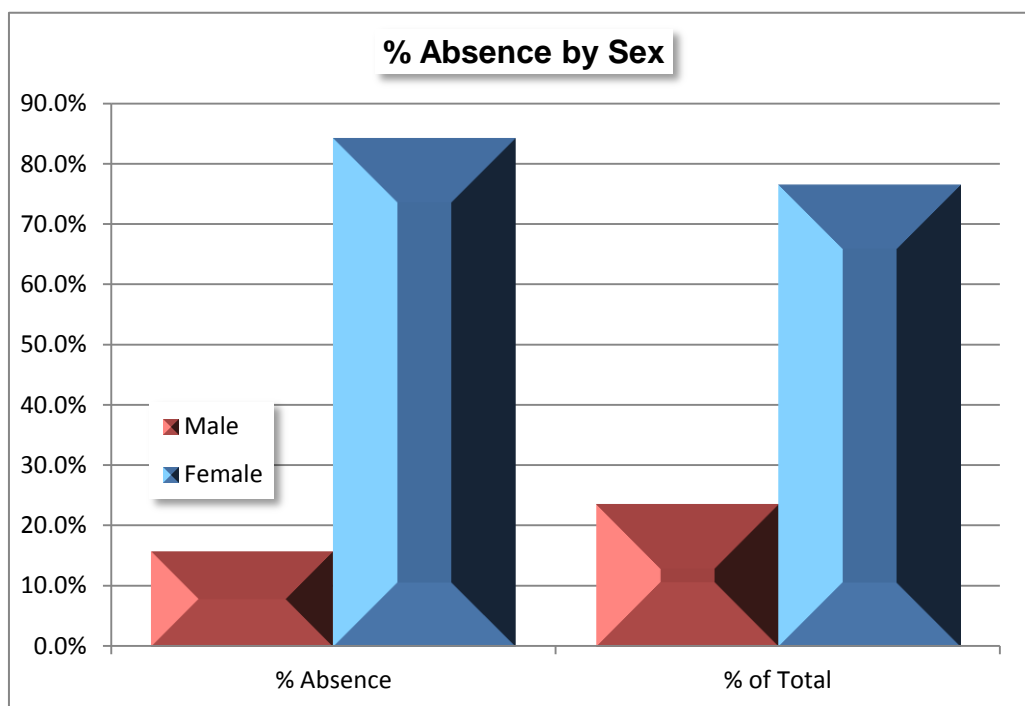
Those levels above the red line indicate those bands where white staff in that grade exceed the level for the whole trust. It should be noted that there are for instance only 8 people in the band 8d all of whom describe themselves as white.

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%

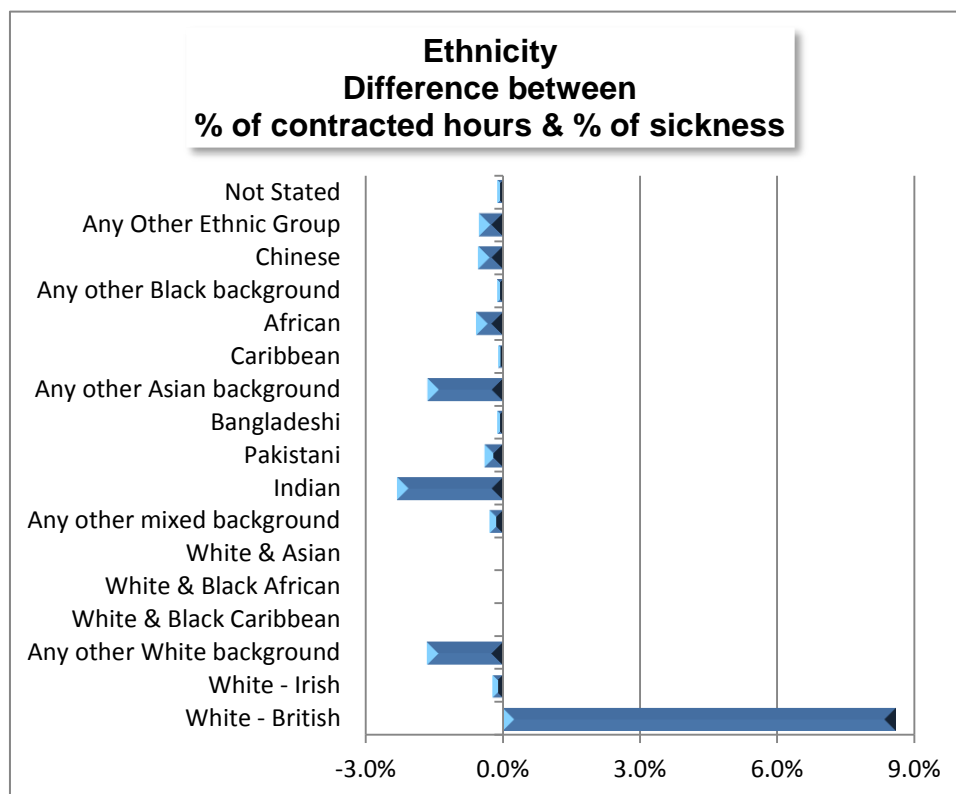


The interesting issue from this from this section is that women who are contracted to work for 76.6% of the total work time account for 84.3% of sickness time.

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%



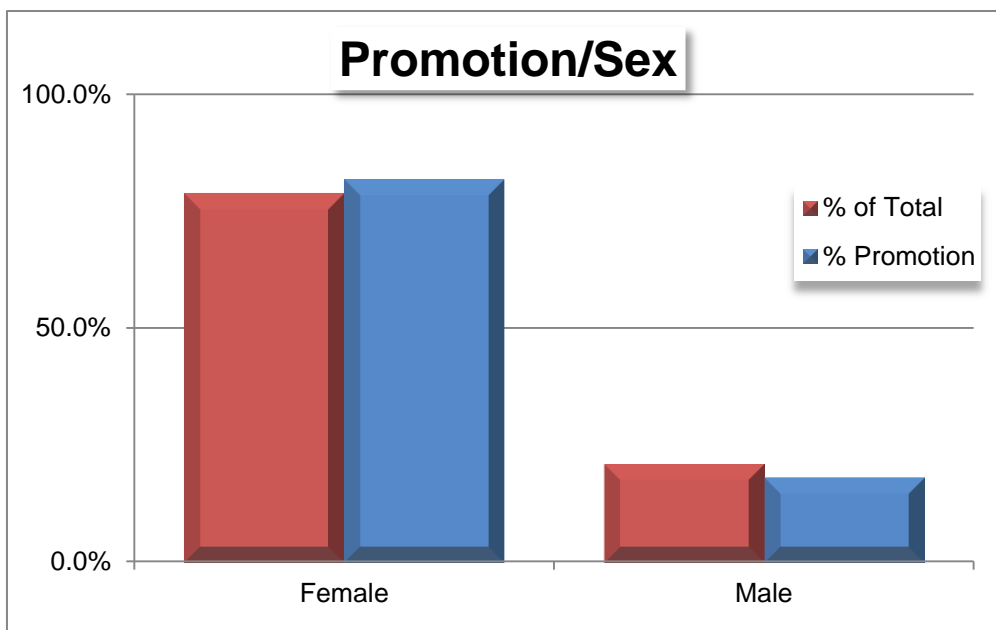
8.4 Promotion

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%



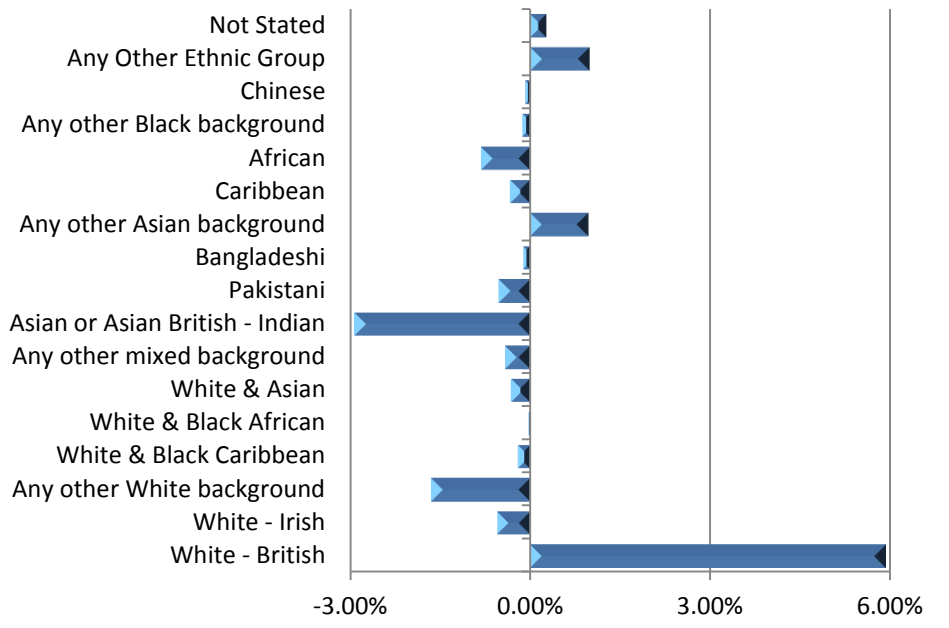
8.4.2 Race

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%

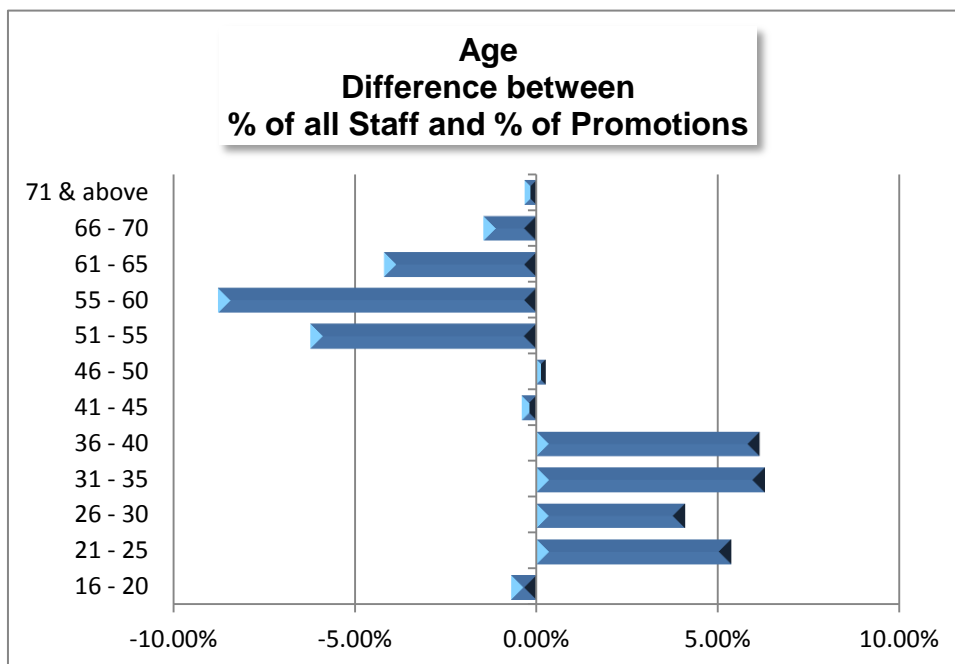
Ethnicity
Difference between
% of Total Staff and % of Staff Promoted



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

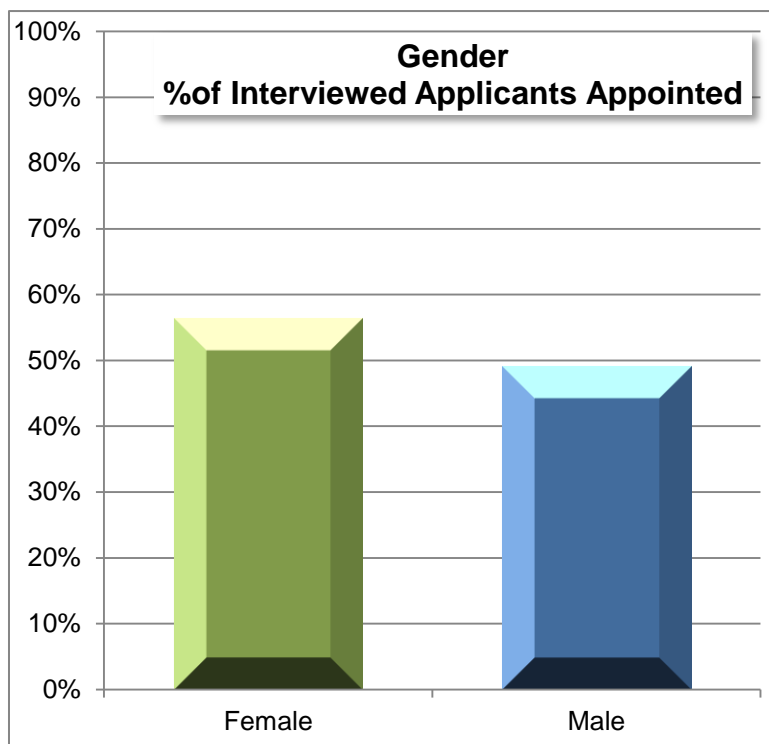
The data provided in this report is for mandatory and other training booked through NLMS as it is the only information currently held centrally. External training interventions undertaken are not recorded centrally.

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.

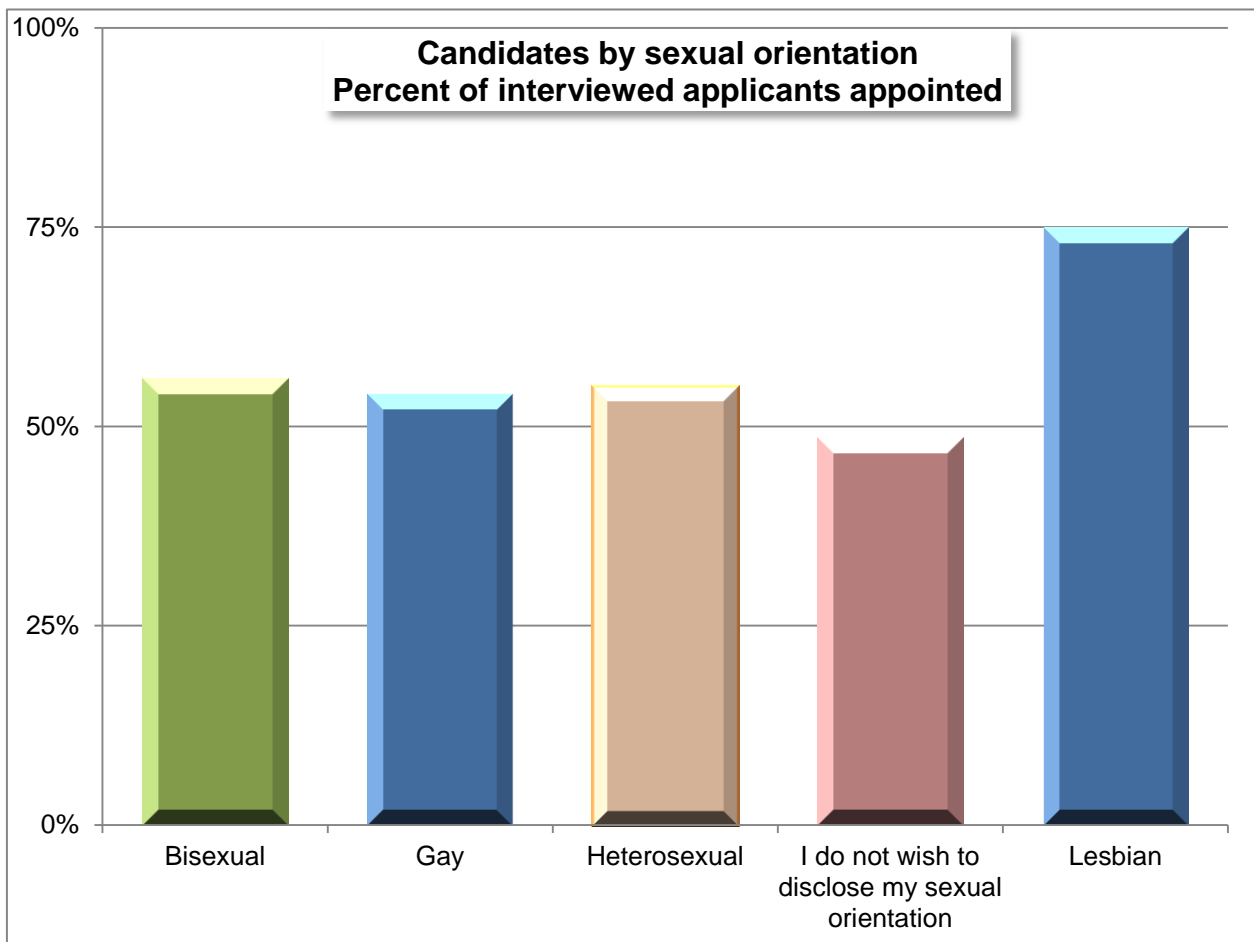
	Applications	Appointed	% appointed	% of interviewed applicants appointed
Female	11072	1818	16%	56%
Male	4376	444	10%	49%
Grand Total	15458	2264	15%	55%



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.

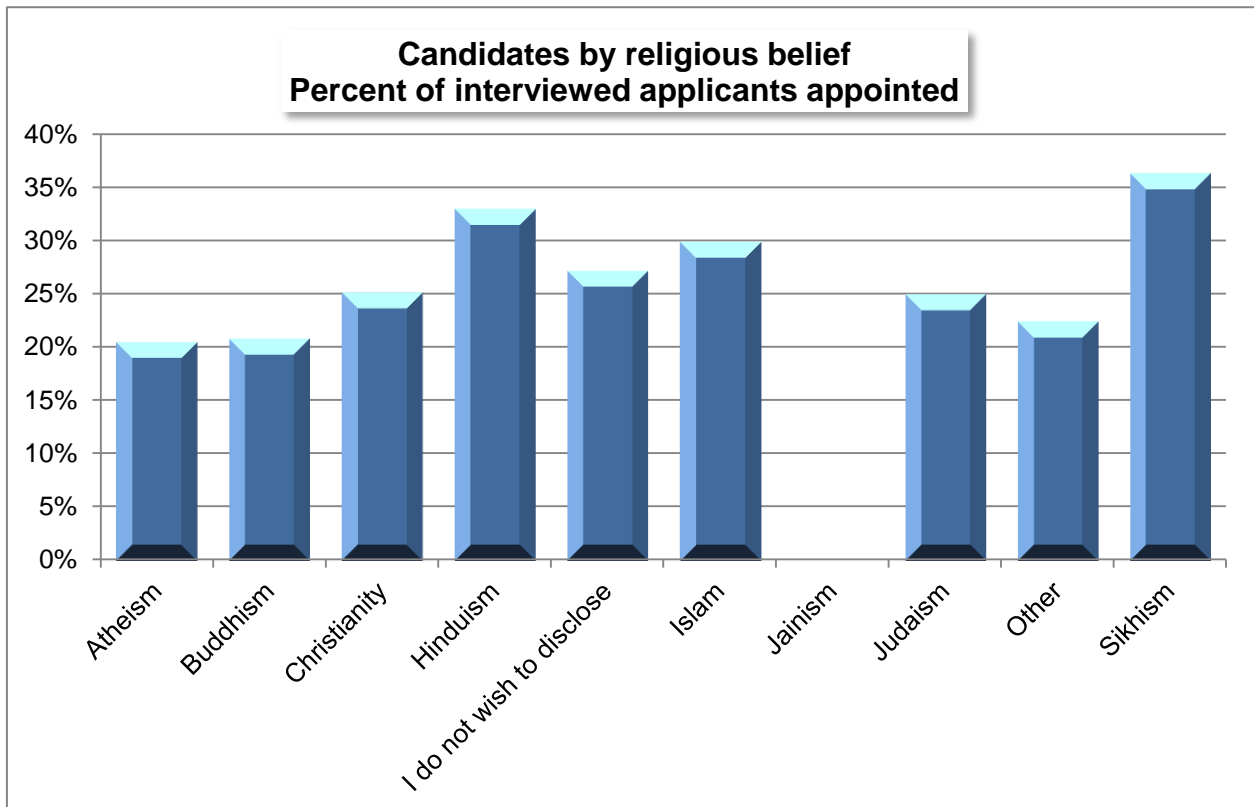
	Applications	Appointed	% appointed	% of interviewed applicants appointed
Bisexual	163	14	9%	56%
Gay	142	13	9%	54%
Heterosexual	14045	2100	15%	55%
I do not wish to disclose my sexual orientation	1045	119	11%	49%
Lesbian	63	18	29%	75%
Grand Total	15458	2264	15%	55%



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