

## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

### BOARD OF DIRECTORS WORKFORCE DATA REPORT ON EQUALITY ISSUES- 2010

#### Introduction

A key value of East Kent Hospitals University NHS Foundation Trust is to “Act with integrity by speaking well of each other and celebrating diversity”. The Trust is therefore fully committed to creating a supportive working environment based on mutual respect and trust to assist staff in reaching their full potential, regardless of race, nationality, ethnic or national origins, marital status, sexual orientation, disability, gender, age, religion or belief. This commitment is reflected in the establishment of our Equality and Diversity and Human Rights Steering Group, the Staff Disability Forum and the Equality Impact Assessments for all new policies.

This annual report focuses on the Trust’s internal agenda for diversity and provides an overview of the achievements and progress made in 2010, plus current and future actions we are working towards. This report will provide a basis to ensure we comply with the requirements (pre-October 2010) of the Race Relations Amendment Act for the monitoring of equal opportunities, the standards set out under the requirements of the Disability Discrimination Act and those within the Equality Act.

The new Equality Act 2010 came into force in October 2010 and is a major simplification of discrimination legislation that will make the law easier to understand and comply with. The Equality Act 2010 replaces existing anti-discrimination laws within a single Act and strengthens the law to help tackle discrimination and inequality. Previously protection from discrimination because of association and perception applied only to race, religion or belief and sexual orientation. Now it applies to sex, disability and gender reassignment as well. The new Act protects people from discrimination on the basis of the following ‘protected characteristics’:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race including ethnic or national origins, colour and nationality
- Religion or belief
- Sex (gender)
- Sexual orientation

The Equality Act 2010 requires public sector employers to lead by example, in promoting equality in their workplaces. By 31<sup>st</sup> July 2011 all public sector organisations will be under a single equality duty to publish sufficient information to demonstrate that they are achieving equality in their workforce across all the protected characteristics, across all functions. Further information on what this must include can be found under the Equality and Human Rights Commission publication, “The essential guide to the public sector equality duty” [http://www.equalityhumanrights.com/uploaded\\_files/EqualityAct/PSED/essential\\_guide\\_guidance.pdf](http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/essential_guide_guidance.pdf) . Additionally, public sector organisations will be subject to specific guidance issued by ministers to drive equality in their workplaces.

## **Equality, Diversity and Human Rights Steering Group**

The Steering Group on Equality, Diversity and Human Rights has been established to monitor progress against the actions in our Race Equality Scheme; Disability Equality Scheme and Gender Equality Scheme action plans, and to support and advise the organisation as we develop our Single Equality Scheme. The group meets bi-monthly and its purpose is to:

- ensure that the Trust maximises its contribution to reducing inequalities in people's health and promoting equality of, and access to, experience and outcomes of healthcare
- ensure that the Trust becomes a model employer in respect of equality in employment
- ensure that the Trust meets its statutory duties and complies fully with all current and future legislation on equality and human rights

The group has developed and agreed an annual work-plan which incorporates actions resulting from the review of workforce data.

## **Monitoring of data**

The workforce composition data in this report is based on the headcount of staff at the Trust, which was 7597 on December 31st 2010. Headcount figures include permanent and fixed term contract staff, including staff working elsewhere on secondment. The figures exclude staff working at the Trust on secondment from another organisation, contractors and temporary staff provided by agencies and NHS Professionals.

## **Results of the Staff Survey**

377 people responded to the Trust's staff survey in 2010, from a randomly selected core sample of 850 staff sent a survey. This meant that not all ethnic groups were necessarily represented. In regard to equality and diversity 7% of staff said that they had experienced discrimination in the last 12 months; down from 8% who claimed experience of discrimination in 2009. Of the 7% in 2010: 2% stated it was on grounds of age; 3% on gender; 0% on disability; 5% on ethnicity and 0% on grounds of religion, or sexual orientation.

When asked if learning, training and development was available to suit staff with disabilities or other special needs, 25% of staff responded that it was.

59% of staff in 2010 responded that they had undertaken training in the last 12 months in Equality and Diversity, versus 61% in 2009. This compared favourably with the median of 41% for Acute Trusts in 2010 and placed EKHUFT's results amongst the top 20% of Acute Trusts nationally. Further results from the 2010 Staff Survey are detailed in the main body of the report

## **Equality Impact Assessments**

The purpose of the Equality Impact Assessment (EIA) system in any organisation is to maximise the contribution to race, disability, gender, sexual orientation and religious equality, by improving the way organisations develop future projects/policies, methodologies and functions. It is imperative that as an organisation we incorporate considerations of equality into the heart of everything we do. Equality impact Assessments completed on policies during this reporting period relevant to the employment of staff are as follows:

- Capability Policy
- Disability and Employment
- Licence to Operate
- Managing Change Policy
- Study Leave Policy
- Sickness Absence Policy
- Probationary Period Policy
- Raising Concerns Policy

## **Equality and Diversity Training**

Equality and Diversity Training is provided via an e-learning module that is mandatory for all staff to complete every 5 years. Building on improved percentages of staff completing the Equality training during 2009 (from 65% in January 2009 to 77% in December 2009), 2010 percentages show a majority of staff undertaking the training in 2010, with 77% in January 2010, rising to 78% in December 2010. The 2010 Staff Survey rate of 60% of staff declaring equality and diversity training in the last 12 months compares favourably with the national self declared average across all Acute Trusts of 41% staff declaring such training.

A review of mandatory training and the e-learning provider used by the Trust was undertaken by the Education and Training Steering Group (ETDSG) in 2010 (see ETDSG minutes for 15<sup>th</sup> April). The decision to move to the nationwide, free National Learning Management System (NLMS) e-learning system with effect from April 2011 was taken (see ETDSG minutes for 5<sup>th</sup> January 2011), with expected benefits to include: automatic update of subject matter, nationally approved e-learning content and reduction of double-keying (with real-time data into ESR).

## **Corporate Induction**

The ETDSG have also carried out a full evaluation of the staff induction process to ensure that it is up-to-date and relevant. Building on the changes made in 2009 to ensure Induction and Mandatory Training compliance with NHSLA Level 3 within the organisation, Corporate Induction was reviewed again in summer 2010 with changes due to be piloted starting 1<sup>st</sup> January 2011. All new starters at the Trust are invited to attend induction within their first 4 weeks, regardless of their level within the organisation. The revised Staff Handbook handed out at Corporate Induction includes a list of mandatory training, as well as the Trust's position with regard to equality and diversity.

## **Race Equality**

The race equality section of the report is the Trust's response to the Race Relations (Amendment) Act 2000, to monitor and publish data on our workforce in the following areas:

- workforce composition
- applicants for employment
- applicants for training
- those receiving training
- applicants for promotion
- performance assessment process
- grievance process
- disciplinary process
- leavers

As an employer we have a duty to collect ethnic monitoring data and to analyse and identify any patterns of inequality. The publication of this annual review provides an opportunity to demonstrate the commitment to equality in employment by the Trust, and identifies progress made over the past 12 months.

The term ethnic minority is used in this report to refer to the following ethnic groups: Asian Bangladeshi, Asian Indian, Asian Pakistani, Asian Other, Black African, Black Caribbean, Black other, Chinese, mixed White and Asian, mixed White and Black, mixed other.

The term White is used to refer to the following ethnic groups: White British, White Irish, White other.

We collect ethnic origin data from the information that staff themselves give us. Therefore, figures shown in the following charts represent those employees who have categorised themselves as an ethnic minority.

### **Diversity Equality**

This report provides further information on gender and disability for 2010. Reporting requirements under the Equality Act 2010 will change 2011 reporting, as identified in the Introduction section of this report.

Please note for all tables and graphs below –

- a) Agenda for change staff comprises all non-medical staff
- b) The figures in the tables below have been rounded to two decimal places
- c) The data reported here is taken from information provided to EKHUFT by employees on the basis of confidential self-declaration
- d) Employment monitoring data is collected using the same categories as the National Census in 2001. For the purposes of this report, the data has been reported in six groups except for the national NHS 2010 Staff Survey which is reported differently by our survey provider, Quality Health.

## 1. STAFF IN POST (as at 31<sup>st</sup> DECEMBER 2010)

### Agenda for Change (AfC) Staff

Total Agenda for Change staff employed as at 31<sup>st</sup> December = 6,700

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No	%	No.	%
<b>Asian/Asian British</b>	87	8.13	289	5.13	13	2.65	376	5.61
<b>Black/Black British</b>	15	1.40	84	1.49	6	1.22	99	1.48
<b>Mixed Ethnic Origin</b>	15	1.40	36	0.64	9	1.83	51	0.76
<b>Other (incl. Chinese)</b>	13	1.21	57	1.01	4	0.81	70	1.04
<b>Unspecified</b>	37	3.46	141	2.50	12	2.44	178	2.66
<b>White</b>	903	84.39	5023	89.22	447	91.04	5926	88.45
<b>Total</b>	<b>1070</b>	<b>15.97</b>	<b>5630</b>	<b>84.03</b>	<b>491</b>	<b>7.33</b>	<b>6700</b>	<b>100.00</b>
<b>BME</b>	130	21.81	466	78.19	32	5.37	596	100.00

### Medical and Dental Staff

Total Medical and Dental staff employed as at 31st December = 897

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No	%	No.	%
<b>Asian/Asian British</b>	215	37.13	97	30.50	7	29.17	312	34.78
<b>Black/Black British</b>	33	5.70	23	7.23	0	0.00	56	6.24
<b>Mixed Ethnic Origin</b>	14	2.42	4	1.26	0	0.00	18	2.01
<b>Other (incl. Chinese)</b>	35	6.04	19	5.97	0	0.00	54	6.02
<b>Unspecified</b>	34	5.87	15	4.72	0	0.00	49	5.46
<b>White</b>	248	42.83	160	50.31	17	0.00	408	45.48
<b>Total</b>	<b>579</b>	<b>64.55</b>	<b>318</b>	<b>35.45</b>	<b>24</b>	<b>2.68</b>	<b>897</b>	<b>100.00</b>
<b>BME</b>	297	67.50	143	32.50	7	1.59	440	100.00

Total Trust BME staff in post has fallen slightly from 13.72% in 2009, to 13.63% in 2010. There has been a 1.76% increase in 2010 to 42.78% of all medical and dental staff who declared

themselves disabled. At the same time there has been an increase in medical and dental staff with unspecified ethnicity, showing 5.46% in 2009 versus 4.93% in 2009.

Women represent 78.29% of the total workforce, a fall of 0.11% since 2009. The numbers of female medical staff remains relatively stable, showing 35.45% in 2010 versus 36.24% in 2009. The Agenda for Change staff group is similarly unchanged, with 15.97% male staff in 2010, versus 15.94% in 2009.

The percentage of Trust staff who declare a disability has risen to 6.78% overall in December 2010, from 2.14% declaring a disability on the staff database in December 2009. This compares with 16% of staff declaring a disability or long term illness or condition confidentially in the 2010 Staff Survey and 68% declaring (if adjustments were felt necessary) that the Trust had made adequate adjustment(s) to enable them to carry out their work. A Disability Survey of all staff was issued in March 2010 by Workforce Information, to continue the improvement in the Trust's declaration rates. Similar issues regarding confidentiality are expected in persuading staff to self-declare their sexuality, gender reassignment or religion, under the new Equality Act guidelines. A new Staff Protected Characteristics Form was created in line with the requirements of the new Equality Act and has been issued with all new starter forms since November 2010. Equality data is also collected within NHS jobs for all job applicants.

The 2001 national census shows that 2.5% of our local population is from black and minority ethnic groups. Therefore the employee population is over-representative of the local population in both Agenda for Change and Medical and Dental staff groups.

## 2. GRADING OF STAFF (as at 31<sup>st</sup> DECEMBER 2010)

### Agenda for Change (AfC) Staff by Grade and Ethnicity

<b>Ethnic Group</b>	<b>Band 1-4</b>	<b>%</b>	<b>Band 5-7</b>	<b>%</b>	<b>Band 8 &amp; above</b>	<b>%</b>	<b>Total by ethnic Group</b>	<b>%</b>
<b>Asian/Asian British</b>	73	2.47	297	8.72	6	1.78	376	5.61
<b>Black/Black British</b>	21	0.71	73	2.14	5	1.48	99	1.48
<b>Mixed Ethnic Origin</b>	12	0.41	34	1.00	5	1.48	51	0.76
<b>Other (incl. Chinese)</b>	17	0.58	53	1.56	0	0.00	70	1.04
<b>Unspecified</b>	83	2.81	88	2.58	7	2.07	178	2.66
<b>White</b>	2750	93.03	2861	84.00	315	93.20	5926	88.45
<b>Total</b>	<b>2956</b>	<b>44.12</b>	<b>3406</b>	<b>50.84</b>	<b>338</b>	<b>5.04</b>	<b>6700</b>	<b>100.00</b>

A review of promotion practices in Nursing and Midwifery was undertaken in 2009 to identify any potential barriers in place for BME staff; since the highest percentages of BME workers exist at Band 5 to 7. The report produced in May 2009 could find no evidence to support the "glass ceiling" hypothesis, but actions were identified and have been acted upon.

South East Coast SHA offered focus group, 1-2-1 interview and diary card opportunities for BME staff groups in 2010 to identify effective leadership qualities for the NHS. Take up was quite low in East Kent, which is why the BME group were targeted after the initial open invitation to all Trust staff in July 2010.

### Agenda for Change (AfC) Staff by Grade, Gender and Disability

Grade	Men		Women		Disabled Staff		Total
	No.	%	No.	%	No.	%	
<b>Band 1-4</b>	482	45.05	2474	43.94	240	3.58	2956
<b>Band 5-7</b>	475	44.39	2931	52.06	230	3.43	3406
<b>Band 8 and above</b>	113	10.56	225	4.00	21	0.31	338
<b>Total</b>	<b>1070</b>	<b>15.97</b>	<b>5630</b>	<b>84.03</b>	<b>491</b>	<b>7.33</b>	<b>6700</b>

From this data it can be seen that as with 2009 there is a very significant difference at Band 8 and above in regard to gender breakdown. Women make up 84.03% of the Agenda for Change workforce, but only 4% of staff at Band 8 and above are women. This compares with 10.56% of male staff at bands 8 and above. In 2011 a formal Gender Equal Pay Review will be undertaken by Corporate HR as part of the monitoring process.

### Medical & Dental Staff by Grade and Ethnicity

Ethnic Group	Consultant (%)	Hospital Practitioner (%)	Clinical Assistant (%)	SAS Grade (%)	Drs in Training (%)	Total by Ethnic Group (%)
<b>Asian/ Asian British</b>	25.37	33.33	8.33	50.41	38.57	34.78
<b>Black/ Black British</b>	4.72	0.00	0	4.88	8.10	6.24
<b>Mixed Ethnic Origin</b>	0.88	33.33	8.33	0.81	2.86	2.01
<b>Other (incl. Chinese)</b>	4.72	0.00	0.00	6.50	7.14	6.02
<b>Unspecified</b>	3.24	0.00	16.67	10.57	5.48	5.46
<b>White</b>	61.06	33.33	66.67	26.83	37.86	45.58
<b>Total</b>	<b>37.79</b>	<b>0.33</b>	<b>1.34</b>	<b>13.71</b>	<b>46.82</b>	<b>100.00</b>
<b>BME</b>	35.69	66.67	16.67	62.60	56.67	49.05

## Medical & Dental Staff by Grade, Gender and Disability

Grade	Men		Women		Disabled Staff		Total
	No.	%	No.	%	No.	%	
<b>Consultant</b>	261	45.08	78	24.53	17	1.90	339
<b>Hospital Practitioner</b>	3	0.52	0	0.00	0	0.00	3
<b>Clinical Assistant</b>	7	1.21	5	1.57	0	0.00	12
<b>SAS Grade</b>	82	14.16	41	12.89	7	0.78	123
<b>Drs in Training</b>	226	39.03	194	61.01	0	0.00	420
<b>Total</b>	<b>579</b>	<b>64.55</b>	<b>318</b>	<b>35.45</b>	<b>24</b>	<b>2.68</b>	<b>897</b>

There continues to be an improvement in the representation of women at consultant level with a rise to 24.53% in 2010, up from 23.75% in 2009. There is also a continuing improvement in the numbers of female doctors in training, with a large rise to 61.01% in 2010 versus 48.25% in 2009.

The percentage representation of BME consultants has risen from 33.13% in 2009 to 35.69% in 2010. The percentage of BME staff working as Hospital Practitioners and Drs in Training have also seen a significant rise in 2010, over the previous year. There continue to be difficulties with reasonably high numbers of staff not specifying their ethnicity.

### 3. APPLICANTS FOR EMPLOYMENT (as at 31<sup>st</sup> DECEMBER 2010)

In Summer 2009, South Coast Audit (SCA) audited the application evidence available to undertake analysis of why managers had made particular selection decisions and if there was any evidence of recruitment bias against BME candidates. SCA carried out a Phase 2 BME Resourcing Review in March 2010, to follow up on having at least one manager trained to undertake interviews, as part of any interview panel. SCA were provided with evidence of those appointing staff who undertook the Recruitment Refresher course in 2010, which included equality and diversity training and guidelines on how to avoid bias in the selection process.

As a result of the original 2009 audit, actions taken to ensure a successful re-audit included:

- Interview record forms were revised to ensure clear evidence of the rationale for selection and rejection of candidates at interview
- Development of standardised selection tests for areas such as Outpatients
- Revised Recruitment policy and training for managers, including update training (with another review due in May 2011 of the policy and recruitment refresher training)
- Monthly spot-check audits of recruitment files by the Deputy Resourcing officer (and quarterly by the Resourcing Manager)
- Interview panels to include at least one manager who has undertaken the Trust's Recruitment Refresher training.



## Analysis of Recruitment by Ethnicity

### Agenda for Change

Ethnic Group	Shortlisted		Invited to Interview		Do not attend / withdraw		Hired	
	No.	%	No.	%	No.	%	No.	%
<b>Asian/Asian British</b>	2,344	16.19	555	23.68	363	65.41	51	26.56
<b>Black/Black British</b>	1,358	9.38	341	25.11	234	68.62	17	4.19
<b>Mixed Ethnic Origin</b>	178	1.24	44	24.72	22	50.00	7	12.50
<b>Other (incl. Chinese)</b>	348	2.40	105	43.75	54	51.43	11	13.04
<b>Unspecified</b>	157	1.08	33	21.02	23	69.70	2	15.89
<b>White</b>	10,088	69.70	3,519	34.88	1,673	47.54	847	6.06
<b>Total</b>	<b>14,473</b>	<b>100</b>	<b>4,597</b>	<b>31.76</b>	<b>2,369</b>	<b>51.53</b>	<b>935</b>	<b>41.97</b>
<b>BME total</b>	4,228	29.21	1,045	22.72	673	55.17	86	9.21

*N.B. This information has been taken from the Trust's Applicant Tracking System (ATS) and Medical Staff were not recruited via ATS in 2010*

From the above information it appears that EKHUFT receives a significant number of applications from BME staff in comparison to those appointed, but the data includes both internal applicants within the Trust and external applicants from abroad, who the Trust are unable to consider because they have no right to work in the UK. The data also does not include Medical recruitment.

Medical recruitment information is due to be added to ATS in April 2011 and the recording of ethnicity data for Medical and Dental is handled separately. The major benefit of Medical Resourcing joining ATS will be the ability to report on the monitoring information of applicants throughout the recruitment process, which will allow the Trust to relate applicant information to the number of candidates who fail to attend interviews and to the applicants who are successfully appointed. Following a pilot of e-CRB forms to reduce "time to recruit", the Trust will move to e-CRB for all new appointments in early 2011. There is no equality monitoring information available as part of e-CRB.

The tables in Section 1 above for Medical and Dental "Staff in Post" and in Section 4 below "New Starters" show higher proportions of BME staff appointed overall. As per 2009, the 2010 "Analysis of Recruitment by Ethnicity" table above reveal that a higher percentage of BME candidates do not attend interview than White candidates (55.17% BME non-attendance or withdrawn versus 47.54% White).

The tables in Section 4 below show that the percentage of new starters to the workplace declaring White ethnicity have remained similar to the previous year, with 85.68% in 2010 compared to 85.25% of new starters in 2009. Resourcing include training on potential ethnic bias in interview in the Recruitment Refresher training for experienced Recruiting Managers, in addition to the racial discrimination guidance provided as part of the Trust's Recruitment Selection training for new managers.

The tables in Section 4 below show that as in 2009 women appear to be favoured in the application process, comprising 69.24% of applicants resulting in 82.82% of new AfC starters. The number of AfC applications in 2010 from those declaring a disability rose slightly from 4.2% in 2009 to 4.77% in 2010. This compares with 0.95% of AfC new starters who declared a disability in 2010, versus 1.75% who declared in 2009.

Looking at Medical recruitment specifically, there appears to be some bias in favour of white applicants with 19.87% of white applicants in 2010 converting to 48.28% of new starters (compared to 22.75% of applicants converting to 50% of starters in 2009). However the data needs further analysis in that the Medical and Dental starters information in section 4 below does not include Doctors in Training, since they are supplied to the Trust by the Deanery. As at 31st December 2010, an analysis of Drs in Training figures in the table below showed higher numbers of BME employees than White and more equitable figures for female versus male employment.

#### Drs in Training by Gender and Ethnicity

	Male	%	Female	%	Total	%
<b>Asian/Asian British</b>	90	39.82	72	37.11	162	38.57
<b>Black/Black British</b>	15	6.64	19	9.79	34	8.10
<b>Mixed Ethnic Origin</b>	8	3.54	4	2.06	12	2.86
<b>Other (incl. Chinese)</b>	17	7.52	13	6.70	30	7.14
<b>Unspecified</b>	14	6.19	9	4.64	23	5.48
<b>White</b>	82	36.28	77	39.69	159	37.86
<b>Total</b>	<b>226</b>	<b>53.81</b>	<b>194</b>	<b>46.19</b>	<b>420</b>	<b>100.00</b>
<b>BME</b>	130	54.62	108	45.38	238	100.00

*N.B. The Trust do not include Drs in Training figures in turnover/ leaver numbers because they are only here for a year's rotation (or less) and skew the data. If they were included in the starters but not the leavers data it would inflate Trust recruitment and make staff turnover figures incorrect.*

#### 4. NUMBER OF NEW STARTERS (as at 31<sup>st</sup> DECEMBER 2010)

##### Agenda for Change (AfC) Staff

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No	%	No.	%
<b>Asian/Asian British</b>	19	13.19	39	5.62	0	0.00	58	6.92
<b>Black/Black British</b>	5	3.47	16	2.31	0	0.00	21	2.51
<b>Mixed Ethnic Origin</b>	1	0.69	4	0.58	0	0.00	5	0.60
<b>Other (incl. Chinese)</b>	2	1.39	9	1.30	0	0.00	11	1.31
<b>Unspecified</b>	7	4.86	18	2.59	1	12.50	25	2.98
<b>White</b>	110	76.39	608	87.61	7	87.50	718	85.68
<b>Total</b>	<b>144</b>	<b>17.18</b>	<b>694</b>	<b>82.82</b>	<b>8</b>	<b>0.95</b>	<b>838</b>	<b>100.00</b>

<b>BME</b>	27	28.42	68	71.58	0	0.00	95	100.00
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### Medical & Dental Staff

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	No%	No	%	No.	%
<b>Asian/Asian British</b>	18	42.86	3	18.75	0	0.00	21	36.21
<b>Black/Black British</b>	1	2.38	1	6.25	0	0.00	2	3.45
<b>Mixed Ethnic Origin</b>	0	0.00	0	0.00	0	0.00	0	0.00
<b>Other (incl. Chinese)</b>	1	2.38	0	0.00	0	0.00	1	1.72
<b>Unspecified</b>	4	9.52	2	12.50	0	0.00	6	10.34
<b>White</b>	18	42.86	10	62.50	0	0.00	28	48.28
<b>Total</b>	<b>42</b>	<b>72.41</b>	<b>16</b>	<b>27.59</b>	<b>0</b>	<b>0.00</b>	<b>58</b>	<b>100.00</b>
<b>BME</b>	20	83.33	4	16.67	0	0.00	24	100.00

*N.B. Starters information does not include Doctors in Training, since those figures are supplied to the Trust by the Deanery.*

## 5. APPLICANTS FOR TRAINING (as at 31<sup>st</sup> DECEMBER 2010)

### People Development Access to Training

Training and development needs are identified as part of the Appraisal process, so an accurate understanding of development needs for each individual are established. Training information is available on the intranet for staff to access and updates are emailed out across the Trust on a regular basis. A range of courses and development opportunities are available to people across all directorates and at all levels. Management training and leadership interventions are targeted specifically at managers and leaders respectively, with three/ four pilots run in 2010 focused at Band 8 staff. These were stopped with the Trust's decision to restructure the organisation into clinical divisions focused around patient care pathways, effective 1<sup>st</sup> April 2011.

EKHUFT works with South East Coast Strategic Health Authority (SHA) in promoting and supporting a number of positive action development programmes available in particular for BME staff, specifically the:

- “English for Health Service Employees”, courses run periodically Jan – Nov 2010
- “Work Based Skills Builder – English”, course ran May – July 2010
- “Work Based Skills Builder – Numeracy”, courses run periodically Jan – Nov 2010

Information on training is provided via self-declared feedback from the Staff Survey. The Oracle Learning Module (OLM) of the Electronic Staff Record is used to record all Trust administered training. As additional (previously unknown) training has been identified through the ETDSG in 2010, the Learning and Development team administer centrally via OLM which also allows reporting. As a result of the time saved by the introduction of NLMS in April 2011, the Trust's Workforce Information team will be undertaking a project in 2011 to identify the specific competencies against each job role. Reporting via NLMS will allow the Trust to ascertain staff's

current qualifications and mandatory training (including Equality and Diversity training) and assist the ETDSG in focusing future spend.

In the 2010 Staff Survey, 85% of employees reported having agreed a Personal Development Plan in the last 12 months, down from 90% reported in 2009. As with the 2009 Staff Survey results, there is a gender difference in the 2010 data, 83% of female staff responded positively to this question versus 73% of male staff. When asked in the 2010 Survey if staff have received the training identified in the plan, 53% of staff overall responded that they have, with 40% responding it is too early to tell. Females are however less likely to respond that they have had the training identified in their PDP (51% of females versus 61% of males). This gender difference is also reflected in staff responses to the 2010 Survey, when asked whether their manager has supported them in accessing this training:-

<b>Survey gender/ ethnicity</b>	<b>Yes</b>	<b>%</b>	<b>No</b>	<b>%</b>	<b>Too early to tell</b>	<b>%</b>	<b>Not stated</b>
<b>Male</b>	25	74	3	9	6	18	32
<b>Female</b>	106	58	36	20	41	22	39
<b>British</b>	96	55	35	20	45	26	131
<b>Indian</b>	4	40	2	20	4	40	2
<b>Other White background</b>	4	40	1	10	50		6
<b>Disabled</b>	21	66	7	22	4	12	26
<b>Not disabled</b>	108	60	31	17	42	23	129

The Trust's Study Leave policy was revised in May and August 2010 and will be presented to RMGG for approval in Jan/ Feb 2011. The new policy puts in place processes to track the requests for training and the reasons why these were either granted or refused. This will contribute to the analysis of the reasons for differences in access to training and quality of personal development planning.

## **6. THOSE RECEIVING TRAINING IN 2010 (as at 31<sup>st</sup> DECEMBER 2010)**

The data shown below is for mandatory and other training booked through OLM, as it is the only information currently held centrally. External training interventions undertaken may not be recorded.

### **Agenda for Change (AfC) Staff**

As at December 2010, 97.96% of AfC staff had undertaken some form of training that year

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No	%	No.	%
<b>Asian/Asian British</b>	85	8.12	286	5.18	13	2.67	371	5.65
<b>Black/Black British</b>	15	1.43	83	1.50	6	1.23	98	1.49
<b>Mixed Ethnic Origin</b>	15	1.43	34	0.62	9	1.85	49	0.75
<b>Other (incl. Chinese)</b>	13	1.24	57	1.03	4	0.82	70	1.07
<b>Unspecified</b>	36	3.44	135	2.45	12	2.47	171	2.61
<b>White</b>	883	84.34	4921	89.21	442	90.95	5804	88.44
<b>Total trained</b>	<b>1047</b>	<b>15.95</b>	<b>5516</b>	<b>84.05</b>	<b>486</b>	<b>7.41</b>	<b>6563</b>	<b>100.00</b>
<b>BME</b>	128	21.77	460	78.23	32	5.44	588	100.00
<b>Total Afc Staff</b>	1070	15.97	5630	84.03	491	7.33	6700	100.00

### Medical & Dental Staff

As at December 2010, 89.86% of the 897 total Medical employees (including Doctors in Training) completed mandatory training in one or more events.

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No	%	No.	%
<b>Asian/Asian British</b>	191	36.87	84	29.17	7	29.17	275	34.12
<b>Black/Black British</b>	29	5.60	22	7.64	0	0.00	51	6.33
<b>Mixed Ethnic Origin</b>	12	2.32	4	1.39	0	0.00	16	1.99
<b>Other (incl. Chinese)</b>	29	5.60	19	6.60	0	0.00	48	5.96
<b>Unspecified</b>	29	5.60	14	4.86	0	0.00	43	5.33
<b>White</b>	228	44.02	145	50.35	17	70.83	373	46.28
<b>Total trained</b>	<b>518</b>	<b>64.27</b>	<b>288</b>	<b>35.73</b>	<b>24</b>	<b>2.98</b>	<b>806</b>	<b>100.00</b>
<b>BME</b>	261	66.92	129	33.08	7	1.79	390	100.00
<b>Total Med staff</b>	579	64.5	318	35.45	24	2.68	897	100.00

The table shows that a much higher percentage of Medical and Dental men completing mandatory training than women, whilst the opposite was true for Afc staff training. Those declaring themselves as White showed the highest mandatory training completion rates across both Medical and Dental and Afc staff, with those of Mixed Ethnic origin showing the lowest completion rates.

Information from the 2010 Staff Survey shows some statistical difference across ethnicity or disability groups in responding to the question "My employer is committed to my learning, training and development", with 65% of those claiming disability agreeing, 67% of those identifying themselves as "Indian" and 70% of "British" agreeing, versus 94% of those in the category "Other White". The 2010 results under gender were similar to 2009, with 61% of male respondents agreeing, versus 74% female respondents. As shown below, there are some differences in the perception staff have across gender, ethnic and disability groups about the learning and development that they have done improving their chances of promotion:-

Survey gender/ ethnicity %	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Male	2	9	49	23	17
Female	7	11	41	26	15
British	6	11	43	26	15
Other White	12	12	19	25	31
Indian	0	0	75	17	8
Disabled	6	9	39	26	20
Not disabled	6	12	43	25	14

Respondents to the Staff Survey reported that they had accessed training, learning or development in 2010 in the following ways. The most significant difference is in only 4% of those claiming disability having a mentor, versus 19% of respondents who did not claim disability.

Survey gender/ ethnicity %	Taught course	On the job training	Have a mentor	Shadowing someone	e-learning	Reading or attending seminars/ workshops
Male	59	33	10	17	94	77
Female	66	38	19	20	96	68
British	63	32	15	16	95	66
Other White	62	57	36	14	100	73
Indian	89	56	43	44	100	100
Disabled	67	32	4	23	95	71
Not disabled	64	37	19	19	96	69

## 7. APPRAISAL PROCESS

Every employee who has a permanent or fixed term contract has a formal appraisal. Level of appraisal within the organisation is measured via reporting to the workforce information team and through reporting in the annual Staff Survey. The Staff Survey in 2010 showed that 75% of staff reported having had an appraisal or Knowledge and Skills Framework (KSF) development review in the last 12 months, compared to 82% in 2009. Across the ethnic groups reported, British reported at 75%, Indian at 100% and Other White at 68%. In 2010, 74% of women reported having had an appraisal, versus 71% of men. 68% of those with a disability reported having had an appraisal in the last 12 months, versus 77% of those without a declared disability.

Respondents were more likely to say that the appraisal had helped them improve how they did their job if they were in the Indian ethnic group (73%) and less likely to say this if they had claimed disability (50%). Although 59% of those claiming disability responded that the appraisal had left the individual feeling valued by the Trust.

## 8. PROMOTION

Promotion within EKHUFT is managed through the recruitment process, with internal applicants assessed via the same formal process as external applicants. Since November 2008 the Trust has monitored the impact of incremental advancement requests and re-banding requests under Agenda for Change (this information is reported below).

### Agenda for Change re-banding

Agenda for Change re-banding applications were permitted up until April 2010, at which point the Executive Team directed that they should cease. Data for Jan – April 10 shows 16 requests for re-banding: of which 88% were female; 0% from Asian staff and 1 from an individual declaring themselves as a disabled employee. These figures were reflected in approval rates.

### Agenda for Change Incremental advancement

2010 data includes information on those Incremental Advancement requests that were rejected. Data for Jan – Dec 10 shows 70 requests of which 32% were male (a small increase from 30% in 2009), 11% from Asian and Other Ethnic origin staff (a significant increase from the 4% BME staff requests in 2009) and 1% from those declaring themselves as disabled employees. Again, these percentages were reflected in approval rates.

### Clinical Excellence Awards (CEA) for Consultants 2010/11

The allocation of CEA for medical and dental staff is reported below, for the period 1<sup>st</sup> April 2010 until the 31<sup>st</sup> March 2011. The Consultants who were eligible to apply for CEAs would have been in a substantive post for a year before the application submission date, which was the 14<sup>th</sup> January 2011. Due to the number of SAS doctors transferring over the year, not enough numbers were provided to be broken down meaningfully by gender and BME.

For Consultants there were a total of 88 applicants, 16% of whom were female and 47% Asian, Black or Other backgrounds (compared to 40% BME applicants in 2009). Information on those declaring a disability is not collected. The report to the Board identified that there was no evidence of bias in the allocation of the awards.

CEA Awards	Applied		Received Award	
	No.	%	No.	%
<b>Female</b>	14	16	9	13
<b>Male</b>	74	84	59	87
<b>Total</b>	<b>88</b>	<b>100</b>	<b>68</b>	<b>100</b>
<b>White</b>	47	53	43	63
<b>Asian</b>	23	26	15	22
<b>Black</b>	3	4	2	3
<b>Other</b>	15	17	8	12
<b>Total</b>	<b>88</b>	<b>100</b>	<b>68</b>	<b>100</b>
<b>BME</b>	41	47	25	37

When responding to the Staff Survey 2010 question “Does your Trust act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?” 92% of staff said yes against a national average response rate for Acute Trusts of 90%. As the result of the 2009 response, the Equality and Diversity Steering Group considered how it promoted and communicated the information it receives for monitoring purposes. The results from the 2010 Staff Survey showed significant improvement in all of the Equality indicators in both absolute and relative terms. Monitoring data is published on the Trust

internet, provided to the Trust Board and is also used for information in the staff "Hospital Life" magazine.

## 9. THOSE INVOLVED IN GRIEVANCE PROCEDURES (as at 31<sup>st</sup> DECEMBER 2010)

For 2010, there were 16 individual grievances and 2 collective grievances involving 27 staff in total. There was one collective grievance from 7 medical staff, the other collective grievance involved 4 Agenda for Change staff. Of the 27 grievances (including individual and collective), 70% were from Female staff, 15% from Asian or Other Ethnic Origin staff and 11% from disabled staff.

### Agenda for Change and Medical Staff

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No	%	No.	%
<b>Asian/Asian British</b>	2	25	2	11	0	0	4	15
<b>Black/Black British</b>	0	0	0	0	0	0	0	0
<b>Mixed Ethnic Origin</b>	0	0	0	0	0	0	0	0
<b>Other (incl. Chinese)</b>	0	0	0	0	0	0	0	0
<b>Unspecified</b>	0	0	0	0	0	0	0	0
<b>White</b>	6	75	17	89	3	100	23	85
<b>Total</b>	8	100	19	100	3	100	27	100

## 10. THOSE INVOLVED IN DISCIPLINARY PROCEDURES

The figures in the table below indicate a general increase in the numbers of staff involved in disciplinary procedures for 2010. The number of BME staff subject to disciplinary procedures has remained the same as in 2009 at 12.5%. In each case where disciplinary action was taken the policy would appear to have been applied fairly and consistently, though this measure will need to continue to be monitored in future years. In 2010 there was one disciplinary for a Medical staff member from a BME background.

### Agenda for Change Staff and Medical Staff

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No	%	No.	%
<b>Asian/Asian British</b>	2	14	2	8	0	0	4	10
<b>Black/Black British</b>	1	7	0	0	0	0	1	2.5
<b>Mixed Ethnic Origin</b>	0	0	0	0	0	0	0	0
<b>Other (incl. Chinese)</b>	0	0	0	0	0	0	1	0
<b>Unspecified</b>	0	0	0	0	0	0	0	0
<b>White</b>	11	79	24	92	0	0	35	92.5
<b>Total</b>	14	100	26	100	0	0	40	100

## 11. NUMBER OF LEAVERS (as at 31<sup>st</sup> DECEMBER 2010)



The number of staff leavers have been monitored regularly on an annual basis to ensure there is no significant difference in representation across the groups. There is a higher percentage of male leavers across Asian and Other (incl. Chinese) ethnic groups, with a higher percentage of female leavers across all other ethnic groups and overall. The number of Asian leavers across both genders is higher than for any BME group. The percentage of White disabled leavers is higher than other ethnic groups.

#### Agenda for Change (AfC) Staff

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No.	%	No.	%
<b>Asian/Asian British</b>	8	6.90	17	3.17	0	0.00	25	3.83
<b>Black/Black British</b>	2	1.72	10	1.87	0	0.00	12	1.84
<b>Mixed Ethnic Origin</b>	0	0.00	5	0.93	1	2.78	5	0.77
<b>Other (incl. Chinese)</b>	3	2.59	8	1.49	1	2.78	11	1.69
<b>Unspecified</b>	2	1.72	9	1.68	0	0.00	11	1.69
<b>White</b>	101	87.07	487	90.86	34	94.44	588	90.18
<b>Total</b>	<b>116</b>	<b>17.79</b>	<b>536</b>	<b>82.21</b>	<b>36</b>	<b>5.52</b>	<b>652</b>	<b>100.00</b>
<b>BME</b>	13	24.53	40	75.47	2	3.77	53	100.00

#### Medical & Dental Staff

	Men		Women		Disabled Staff		Ethnic total	
	No.	%	No.	%	No.	%	No.	%
<b>Asian/Asian British</b>	13	36.11	8	38.10	1	33.33	21	36.84
<b>Black/Black British</b>	2	5.56	0	0.00	0	0.00	2	3.51
<b>Mixed Ethnic Origin</b>	1	2.78	1	4.76	0	0.00	2	3.51
<b>Other (incl. Chinese)</b>	1	2.78	0	0.00	0	0.00	1	1.75
<b>Unspecified</b>	3	8.33	3	14.29	0	0.00	6	10.53
<b>White</b>	16	44.44	9	42.86	2	66.67	25	43.86
<b>Total</b>	<b>36</b>	<b>63.16</b>	<b>21</b>	<b>36.84</b>	<b>3</b>	<b>5.26</b>	<b>57</b>	<b>100.00</b>
<b>BME</b>	17	65.38	9	34.62	1	3.85	26	100.00

*Information on medical and dental leavers excludes Doctors in Training as they are employed of fixed term contracts and represent nearly 50% of the medical and dental workforce.*

The percentage of Asian ethnic group and disabled leavers appears higher than other BME groups across both genders

## **FOR INFORMATION**

### **Current activities to address changes in legislation**

The Trust has revised all of its relevant employment policies, including the Policy for Equality and Diversity, to take account of the new Equality Act 2010 passed by Parliament. The Act brings together for the first time, the six strands of equality and place a public duty on the organisation to publish a Single Equality Scheme. The provisions of the Equality Act are being brought into force at different times to allow time for the people and organisations affected by the new laws to prepare for them. The majority of the Act's provisions came into force on 1st October 2010. Those following provisions are yet to come into force and the Trust's employment policies will need to be reviewed in future as each become law:

- combined (or dual) discrimination – The Act makes provision for an individual to make a claim where they feel they have been discriminated against as the result of a combination of 'protected characteristics'
- imposing gender pay gap reporting on larger organisations
- positive action in recruitment and promotion.

### **Flexible working**

At the start of 2011, the Trust revised its Flexible Working Policy which now includes a flexible working monitoring form to record the application and reason for approval or rejection. Building on the Pacesetters Programme of activity undertaken in 2009 to review the take up of flexible leave and flexible working options by Trust staff, various communications and publicity campaigns have been conducted throughout 2010 to promote the Trust's flexible working options.

Under the Trust's Flexible Working policy, employees can request to buy or sell up to 10 days of their annual leave, with their manager's approval (at the beginning of the annual leave year). Requests are not monitored on an equality basis, but the flexibility can obviously be helpful to those staff with carer responsibilities.

### **ESR (HR database)**

An upgrade for the HR database was implemented in December 2010, to allow better auditing provisions and include additional fields to meet new requirements e.g. sexual orientation. The upgrade provided will allow greater automation of administration, but there is still a significant amount of manual data input. Training was provided for HR staff to ensure consistency with data entry and reporting. More benefits will be obtained when the Trust's Recruitment Tracking System (ATS) is interfaced with ESR in 2011. Additional benefits identified under the earlier "Equality and Diversity Training" section of this report, will be gained once NLMS is used by the Trust starting 1<sup>st</sup> April 2010.

As a subsequent phase of the ESR project the intention is to roll out self-service to the Trust, building on an HR pilot in January 2010. Self-service provides for some basic day-to-day administration activities to be performed by individuals directly on their desktops, rather than by manual processes currently managed through the HR team. It will also allow for improved line manager accessibility and control. Allowing employees to view their own information should enhance data quality and confidence for people in the data held on them. Self-service will allow for a more formal and robust absence management system. Trust manager's ability to enter their employees' sickness and absence will ensure that our data capture is more accurate and complete and will help us identify absence trends and discuss with the employee whether adjustments could be made to enable them to work more comfortably. The introduction of NLMS in April 2011 will allow employees to book e-learning online, which will enhance the data capture in the system for monitoring and reporting purposes. Once introduced, employee self-service will enhance staff

development by allowing staff to book classroom-based training sessions direct, rather than via an OLM booker as now.

### **Project Search Interns**

Starting September 2010, the Trust launched a Project Search programme working with partners from Thanet College and Kent Supported Employment. The aim of Project Search is to deliver *competitive marketable skills* to interns with moderate to severe learning difficulties, through placements at the QEQM site of East Kent Hospitals University NHS Foundation Trust in line with the academic year. In addition to the workplace experience, interns have a shortened working day that includes classroom time at the beginning and end of the day.

The Trust is one of the few employers nationally to run Project Search, which puts in place the job-based support needed to ensure that managers and interns have what they need for successful placements. As part of the QEQM-based placement process, managers and interns receive help from a dedicated HR person in setting up and recruiting to the placement; support from an expert Job Coach in how to teach the job and mentor interns; and on-site tutors to ensure the interns learn the tasks involved in the placement. Ten new places will be offered for the academic year 2011/12.

A Research and Development study is planned for the end of the 2010/11 academic year, to look at the impact Project Search has had on those managers and teams who provide a placement and the impact on the way those staff then care for patients with a declared disability.