

**REPORT TO: STAFFORDSHIRE AND STOKE ON TRENT PARTNERSHIP NHS TRUST
WORKFORCE MATTERS COMMITTEE MEETING**

TO BE HELD ON: 23rd May 2018

Enclosure:						
Subject:	Workforce Data Analysis 2017-2018					
Strategic Goal: (tick as applicable)	<input checked="" type="checkbox"/>	Improving quality				
	<input checked="" type="checkbox"/>	Improving efficiency				
Director Lead:	Julie Tanner - Director of Workforce and Development					
Subject Lead:	Balwinder Kaur – Equality & Inclusion Manager					
Recommendation:	For Approval & Assurance	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Information	<input type="checkbox"/>

PURPOSE OF THE REPORT:

To appraise and update the committee on the Equality data analysis of the Trust's workforce.

This report is in compliance with the Trust's Public Sector Equality Duty as stated within the Equality Act 2010.

The Committee is requested to approve, support and monitor actions for the implementation of the recommendations within this report.

KEY POINTS:

Workforce Analysis

- There is a low representation of BME staff particularly from the Pakistani community
- There has been an increase within the White ethnic diverse staff which reflects the recent demographics of the local population
- There is clear evidence that the Trust has an increased ageing workforce and decreasing younger workforce
- The Trust needs to reduce the number of undefined and unknown categories recorded for staff in ESR for religion, disability and sexual orientation categories
- The data indicates over representation of White successful applicants this needs further investigations

INTER DEPENDENCIES:

Legal and/or Risk	The Equality Data Analysis Report is required as part of the PSED and used as a mark to assess progress for the Trust across the equality agenda and legal compliance. Its findings and resulting actions will inform the CQC evidence portfolio and compliance to the NHS Standard Contract
Clinical	Support the delivery of the Trust's objectives and EDS2 goals regarding a representative workforce. It will inform the Trust's performance data and identify areas for improving the recording of equality data. This provides and supports the NHS Constitution and Trust's commitment for an empowered and competent workforce as well as a workforce representative of the local population we serve.
Financial	Non Compliance may lead to withdrawal of commissioned services and to a financial sanction/penalty.
HR	Support the delivery of the Trust's objectives resulting in an empowered and well supported workforce with a focus on supporting staff from the protected equality groups. Support and inform the Workforce Race Equality Standard which became a statutory obligation from April 2015. This supports the Workforce Strategy and the Workforce Disability Equality Standard.
Staff and Trade Union involvement actions undertaken/planned	The report will be presented at the WMC which includes Trade union representatives.
Social Care	Support the delivery of the Trust's objectives resulting in an empowered and well supported workforce with a focus on supporting staff from the protected equality groups. Support and inform the Workforce Race Equality Standard from April 2015. It will inform the Trust's performance data and also identify areas for improving the recording of equality data. This provides and supports the NHS Constitution and Trust's commitment for an empowered and competent workforce as well as a workforce representative of the local population we serve.
Patient & Public Involvement	Support the delivery of the Trust's aim and strategic objectives. This report is to be available in the Public Domain.
Equality Impact	This report supports the Trust's compliance to the Public Sector Equality Duty. This report highlights inequalities in data capture for some of the equality characteristics and the Trust is required to address these inequalities.
Information exempt from Disclosure	
Requirement for Further Review	Due to the current status of the Trust this report and contents will be shared with the Director of Workforce for the new Trust from 1 st June 2018 for further action and implementation of recommendations as required.

RECOMMENDATIONS / ACTION REQUIRED:

The Committee are asked to note the content of the report and provide assurance to Trust Board re: compliance with the PSED.

EQUALITY & INCLUSION WORKFORCE DATA EQUALITY ANALYSIS

April 2018.

Lead Director:

Julie Tanner – Director of Workforce & Development

Author:

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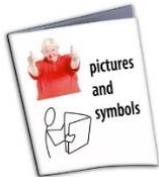
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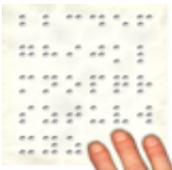
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STAFFORDSHIRE & STOKE-ON-TRENT PARTNERSHIP NHS TRUST

EQUALITY & INCLUSION REPORT 2016-2017.

1. CONTEXT

In line with the Equality Act 2010, there is a Duty for all public bodies to consider how their activities as employers affect people who share different 'protected characteristics' and publish this data at least annually. The protected characteristics covered by the Equality Duty are:

- Age
- Disability
- Gender Reassignment
- Marriage Civil Partnership
- Pregnancy & Maternity
- Race, including ethnic or national origins, colour or nationality
- Religion or Belief
- Sex / Gender
- Sexual Orientation

There is also a responsibility for public bodies to consider how the decisions they make affect people who share different protected characteristics. As an organisation, subject to the general equality duty (section 149 of the Act), we must in the exercise of our functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Fostering good relationships between people who share a protected characteristic and people who do not share it.

This report is Staffordshire and Stoke on Trent Partnership NHS Trust's response to the legal requirement to publish equality data of our workforce and service uptake on an annual basis, following on from last year's Workforce Equality Data Report 2017. This report includes the workforce data analysis undertaken for the period from April 2017 up to and including end March 2018.

The data in this document will support the foundation for the review of equality and wider Trust workforce development programmes in the new emerging Trust from 1st June 2018.

The Equality Data included within the report was extracted, analysed and true to record for 2017-2018. This formalised report was compiled for publication by May 2018. The Trust's equality data for service uptake is in a separate document and will be published end May 2018 onto the external and internal trust webpages.

This document supports and aligns with other key organisation documents and work programmes, for example: Corporate and Divisional Business Plans, Workforce Strategy, Transformation Programme and Strategy, Quality Framework, Social Work Reform Board Proposals and the Personalisation Agenda, Equality and Inclusion Strategy.

NB:

1. *The Partnership Trust's approach is to give people the opportunity to share information about protected characteristics. It is not compulsory for staff / patients to share this information.*

2. *Sometimes it might be possible to identify individuals directly from monitoring information. This may be particularly the case for information that relates to small numbers of people. Where the number of staff or services users with a particular protected characteristic is fewer than 10, and the information is 'sensitive personal information' that might lead to individuals being identified, we have as good practice to replace the number with an asterisk.*

2. Workforce Equality Data.

There is a great deal of evidence and data regarding the NHS workforce and its experiences within the NHS. Evidence suggests that positive employment practices and positive staff experiences promote better delivery of quality services enhancing better service user / patient experiences and outcomes.

The NHS Constitution (section 3a) states:

“All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients ... (staff) they must be treated with respect at work, have the tools, training and support to deliver care and opportunities to develop and progress”.

Yet there are groups of staff, due to belonging to a protected equality characteristic (age, disability, race, sexual orientation, gender etc.) are treated unfairly and often exposed to behaviours of bullying, harassment and discrimination.

More recent reports suggest that despite legislation and National directives there are still groups of staff that are experience inequality in the workplace due to belonging to a protected equality characteristic for example Race and Disability.

The Snowy White Peaks of the NHS (Roger Kline 2014) highlights that despite 48% of the population in London being from a BME background there is no BME CEO and small disproportionate numbers of BME staff at executive director and band 9 pay band level. The NHS employs 1.4 million people, nearly 19% are from a BME background yet only 1 substantive CEO is from a BME background in England. There is also lower representation of executive nurse directors and less than 3% of medical directors from BME background yet over 40% of hospital doctors are from a BME background.

Further evidence shows that BME people are less likely to be recruited to posts, more likely to be disciplined, more likely to be bullied and harassed, less likely to be promoted, less likely to be offered development opportunities and generally have a worse experience in the NHS than their White counterparts. This has a profound and lasting impact on people's self-esteem, motivation and health.

The Equality and Diversity Council have launched a Workforce Race Equality Standard (WRES) from April 2015 and Trusts and Clinical Commissioning Groups will be required to provide information regarding BME staff such as representation at Trust Board and senior level positions, development opportunities for BME staff , disciplinary rates etc. The Trust has submitted its WRES and is working on its associated actions plan.

The Equality Diversity Council considered the report published by Middlesex and Bedfordshire Universities on the Experience of Disabled Staff in the NHS, alongside findings from research carried out by Disability Rights UK and NHS Employers Different Choices, Different Voices which found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

The Key areas of concern and differential experience for disabled staff

- Concerns about staff with disabilities' representation at all levels of the NHS and covering different types of disability.
- A significant disparity between the proportion of staff who declare a disability on the Electronic Staff Record System and of those who declare a disability on the anonymous NHS staff survey.
- Differential perceptions about how well disabled staff feel they are supported by managers
- Differential experience of bullying and harassment by peers and managers with disabled staff reporting significantly higher rates than their non-disabled counterparts.
- Differential levels of confidence for staff with disabilities compared to non-disabled staff with regard to both the value of appraisals and how they feel valued by their organisations.
- Potential issues for disabled staff with differential levels of access to training and development as non-disabled staff.
- Variation in whether and how well NHS organisations make reasonable adjustments for staff with disabilities, from the recruitment process to the end of employment.
- Differential numbers of staff with disabilities who are the subject of employment processes and procedures, for example disciplinary and capability processes.

The Equality and Diversity Council will be launching the Workforce Disability Equality Standard (WDES) technical guidance for Autumn 2018; the Trust is part of the pioneers group for WDES and has submitted a status report against the current draft metrics. Trusts and Clinical Commissioning Groups will be required to provide information regarding Disabled staff such as representation at Trust Board and senior level positions, development opportunities, disciplinary rates etc. It is envisaged that the formal reporting on WDES will now be April 2019.

The EDS2, also mandatory for NHS Trusts has been graded and has informed the equality objectives, which have been consulted upon for 2016-2019. The Trust has a strategic goal in relation to an empowered workforce which reflects a representative and diverse workforce. The Trust's Equality Objective No.3 is to develop a representative workforce and uses the work for the WRES and WDES as the objective's implementation plan. These can be found in detail on the Trust's external and internal website: <https://www.staffordshireandstokeontrent.nhs.uk/About-Us/equality-and-inclusion.htm>

2.1 Workforce Equality Data

Workforce data is captured on the Electronic Staff Record (ESR) which includes the capture of data across the equality characteristics. Workforce information is reported on a regular basis across the Partnership Trust, region and nationally.

A quarterly report to the sub-committee of the Trust Board gives detail of actions that are being implemented to address areas of concern, patterns amongst equality groups, staff groups etc, such as the WRES updates. Reports are representative of the equality data analysis and will be inclusive of this year's equality data analysis. For a detailed view of the current workforce equality data analysis 2017-2018 please see the **Appendix A** (separate document).

The equality data analysis (in line with the Trust's obligation under the Equality Act 2010) was undertaken to help consider how our current employment activities and practices as an employer affect our workforce, where people share different protected equality characteristics.

Public Sector Equality Duty aims:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected equality characteristic and people who do not share it
- Fostering good relationships between people who share a protected characteristic and people who do not share it

2.2 Equality Data Analysis 2017-2018: Key Messages

The equality data analysis undertaken covers the time period from April 2017 to end March 2018. This report highlights key messages from the data and is used to undertake the comparison of workforce data with local population data (Census 2011). This report gives headline changes to the workforce over the last year. **Appendix A** provides a detailed analysis which will be looked at in detail within the Workforce Directorate and resulting actions and work programmes will be reported and monitored by the subcommittee of the Trust Board: Workforce Matters Committee.

Overall the Trust now employs in total 4807 staff. An increase in workforce has been visible over the years however there has been a significant decrease in the workforce this last 2 years, which is reflective of decommissioning some aspects of service areas and recent Mutually Agreed Resignation Scheme reflective of the Trust's financial status.

When looking at the data it is to be noted that consideration for both headcount and % rate is required to undertake an accurate comparison of previous year's data and that recorded within this report and within **Appendix A**.

Table 1: Headcount figures for the Trust workforce.

2012*	2013*	2014*	2015*	2016*	2017*	2018*
4031	6066	6293	6293	6242	5243	4807

*data is from the previous calendar year.

1. Ethnicity (Race)

Using the data from 2011 census it can be seen that approximately 8% of the population of Staffordshire and Stoke-on-Trent is from a BME (black and minority ethnic) community this includes White Mixed, Irish, Polish and White European community groups etc.

Within the Trust the percentage of staff from a BME background has fallen from 5.47% (2017) to 5.24% (2018).

There are high rates of "not stated" ethnicity overall at 11.63% with the male workforce having 13.29% and the female workforce having 11.47% recorded. The Trust needs to actively encourage the recording of ethnicity in order to support future analysis and initiatives to have a representative workforce.

Within the Trust Ethnic White Other group is representative of the local population: 1.73%.

The BME population of the workforce for the Trust in this 2018 report remains under-represented of the local BME population which is 8%. The White population of the workforce has decreased and although it remains representative of the 2011 Census for England (80%) it is under representative for Staffordshire and Stoke on Trent (92%). The analysis for the workforce does evidence more diversity and increase within the White Ethnic group reflecting the recent population demographics. The diversity change has noted a fall in Filipino, African and Pakistani ethnic groups.

Table 2: Ethnicity Overview

	White	BME	Undefined
2012	93.25%	3.67%	3.08%
2013	91.76%	4.05%	4.19%
2014	90.70%	4.50%	4.80%
2015	88.35%	4.69%	6.96%
2016	84.86%	5.09%	8.99%
2017	84.47%	5.47%	10.05%
2018	83.13%	5.24%	11.63%

The data highlights a small decrease of Pakistani employees: from 0.37% to 0.50%. In relation and proportion to the wider population, it is the second largest ethnic group making up 1.6% of the local population; therefore the Trust remains under-represented of its largest local BME group.

Table 3: Representation of local population

Category	Pakistani Ethnicity
SSOTP Workforce	0.48%
Staffordshire & Stoke-on-Trent Population	1.6%
(Stoke-on-Trent)	4.2%
(Staffordshire)	0.8%

The ethnic group White other (including White Irish, White European and Gypsy/Roma) represents 1.71% of the local population (Census 2011). Within the workforce this population has increased from 1.73% to 2.06% which indicates representation of the local population. The Black Ethnic Group has decreased from 1.32% to 1.27% of the workforce.

The ethnic group Asian British/Asian Indian is over represented within the workforce; 2.80% in comparison to the Census 2011 local population of 0.8%. The largest Black and minority ethnic group recorded is the Asian/ British Asian Indian group at 1.64% and the Asian/ Asian British Pakistani group which in accordance to the Census data is the largest group within the local population only represents 0.48% of the workforce.

There is indication of increase in the ethnic diversity of the workforce which is very encouraging however some target focus recruitment and engagement with the local BME communities is required to encourage an uptake particularly from the local Pakistani community and also to have a more representative diverse workforce.

NB: figures within the Trust’s Workforce Race Equality Standard (WRES) may differ somewhat due to the difference in time of extracting the data. WRES data is due for extraction in August 2017. This data is from the time period April 2016- end March 2017.

2. Age

Age demographics show the largest workforce remains within the 50-54 years group reflecting the trend of an ageing workforce. Diversity in age groups 16—35 years shows significant decrease in age group 16-19 years.

The data analysis highlights some key messages in regard to age:

- The reduction in staff across the age groups is representative of the whole workforce except within the 16-19 age groups. There has been an evident decrease in this age group for the last 5 years.
- Due to the overall reduction within the workforce figures over this last year it is difficult to state whether we are retaining staff through the age groups.
- Table 4 indicates that the workforce largely is within the age groups of 45-49 and 50-54 years. This is similar to the previous reports.
- The 70+ age group has decreased this year looking at the headcount however it appears proportionate to the 2017 representation at 0.48%.
- The 60- 69 age group has also shown a reduction in workforce headcount figures but remains proportionate to the overall workforce data of the 2018 report.

There are some clear messages from this data which will influence the Workforce and Organisational Development Strategy for the new Trust moving forward particularly looking at retention and talent management as well as recruitment of the younger age bands. As part of its retention strategy the Trust need to support the ageing workforce particularly in respect of the local health inequalities and patterns of health. The Trust will need to focus on supporting people to stay at work longer and support staff to maintain their health and well-being at work. The Leavers and Turnover section within this report provides further insight to inform future workforce programmes.

Table 4: Workforce – Age Group BW TO ADD UPDATE

Age Band	March 2016		March 2017		March 2018	
	HeadCount	(%)	HeadCount	(%)	HeadCount	%
16-19	31	0.50%	13	0.25%	5	0.10%
20-24	175	2.80%	147	2.80%	117	2.23%
25-29	421	6.74%	372	7.10%	328	6.26%
30-34	561	8.99%	477	9.10%	428	8.16%
35-39	663	10.62%	558	10.64%	522	9.96%
40-44	867	13.89%	681	12.99%	601	11.46%
45-49	1059	16.97%	870	16.59%	770	14.69%
50-54	1089	17.45%	927	17.68%	853	16.27%
55-59	872	13.97%	751	14.32%	730	13.92%
60-64	381	6.10%	338	6.45%	370	7.06%
65-69	89	1.43%	81	1.54%	58	1.11%
70+	34	0.54%	28	0.53%	25	0.48%
Grand Total	6242	100.00%	5243	100.00%	4807	91.68%

3. Gender

The workforce is made up of approximately 91% female and 9% male. The overall decrease of staff in the last 12 months indicates a fall in male staff. Historical evidence suggests the NHS to be predominantly female dominated with further evidence that males within the NHS are over represented in senior management roles. The proportion has stayed static over the last few years.

A detailed pay band analysis on gender and the other protected equality groups is discussed in section 10 of this report and raw data is within [Appendix A](#).

Table 5: Overview of Gender in the Workforce

Gender	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
Female	5665	90.76%	4744	90.48%	4378	91.08%
Male	577	9.24%	499	9.52%	429	8.92%
Grand Total	6242	100.00%	5243	100.00%	4807	100%

3.1 Ethnicity

Analysis of data against gender and ethnicity indicates that although the overall male gender workforce is smaller, there remains more ethnic diversity than within the female workforce.

There are high rates of “not stated” ethnicity in both groups: the male workforce has 13.29% and the female workforce has 11.47%. The Trust needs to actively encourage the recording of ethnicity in order to support future analysis and initiatives to have a representative workforce, since these figures have increased from 2017 reports.

3.2 Age

Data shows a large decrease within this age group 16-19years and also within age group 20-24 years age group, with little evidence of retaining the male and female workforce into the next age group- this is difficult to extract due to the decrease overall in the workforce and may require targeted investigation to establish any negative impact within the workforce and retention/exit.

The majority of the male workforce is within the age groups of 50-54 years. The majority of the female workforce is within the age groups of 50-54 years similar to last year’s report. The female workforce decreases appear proportionate however the male work force is over represented within the 55+ year age groups.

4. Religion and/or Belief

The analysis identified that Social Care data on religion and/or belief remains absent from the records held within the Trust. A key priority needs to address this gap in Social Care data. This needs to be addressed within the initiatives and actions of developing a representative workforce.

In the analysis Social Care staff data have been added as “undefined” category in order to have accurate % representation.

Data highlights that the “do not wish to disclose” accounts for nearly 865 staff members (18% of the current workforce). The Trust currently does not have data recorded for 40% (1933 staff) of the workforce who sit within the “undefined” category adding to this the 18% who do not wish to disclose the Trust does not have data for 58% of its workforce.

In summary we do not have data on approximately **58%** of the workforce. Census 2011 data highlights a significant increase in people not stating their religious/belief affiliation, this averaged at approximately 31% which is lower than the Trust's 58%.

The second largest religion recorded within Census 2011 was Islam (Muslim) after Christianity. Within workforce data Christianity is the largest recorded religion with second largest group recorded were 'Atheism' and 'Other'. This is similar to last year's report however looking at headcount figures the number recording against "Atheism" has increased.

The Trust Islamic population was recorded at 0.37%. This highlights a continued under-represented in comparison to the local population and against the Census 2011 figures.

Religious affiliation across the pay bands is discussed within section 10 of this report. Further detailed analysis can be found within [Appendix A](#).

Table 6: Overview of Religion/Belief in the Workforce

Religious Belief	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
Christianity	1873	30.01%	1679	32.02%	1628	33.87%
Undefined	2685	43.02%	2208	42.11%	1933	40.21%
I do not wish to disclose my religion/belief	1301	20.84%	956	18.23%	865	17.99%
Other	178	2.85%	175	3.34%	148	3.08%
Atheism	155	2.48%	163	3.11%	176	3.66%
Sikhism	15	0.24%	15	0.29%	14	0.29%
Hinduism	15	0.24%	17	0.32%	19	0.40%
Islam	11	0.18%	20	0.38%	18	0.37%
Buddhism	6	0.10%	8	0.15%	5	0.10%
Jainism	2	0.03%	2	0.04%	1	0.02%
Judaism	1	0.02%	-	-	-	-
Grand Total	6242	100.00%	5243	100.00%	4807	100.00%

5. Disability

The analysis identified that Social Care data on disability remains absent. A key priority needs to address this gap in Social Care data. A key priority needs to address this gap in Social Care data in relation to effective reporting for the WDES (workforce disability equality standard).

In the analysis Social Care staff data where absent has been added as the "undefined" category in order to have accurate % representation.

1.98% (headcount of 95) of staff have recorded a disability. This year showed a marked decrease in the workforce recording a disability. Work is required to encourage staff to disclose a disability to ensure support is available as required for them to fulfil their potential and Health and well-being within the workplace.

For 2018 55% (headcount 2644 staff) of the workforce do not have data recorded against Disability. This will be an identified gap for reporting against the WDES.

Table 7: Overview of Disability in the Workforce

Disabled	Jan-14		Mar-15		Mar-16		Mar-17		Mar-18	
	Total	%	Total	%	Total	%	Total	%	Total	%
No	3568	56.70%	3566	56.52%	3037	48.65%	2376	45.32%	2069	43.02%
Undefined	1961	31.16%	2067	32.76%	471	7.55%	2422	46.19%	2316	48.18%
Not Declared	624	9.92%	543	8.61%	2615	41.89%	338	6.45%	328	6.82%
Yes	140	2.22%	133	2.11%	119	1.91%	107	2.04%	95	1.98%
Grand Total	6293	100.00%	6309	100.00%	6242	100.00%	5243	100.0%	4807	100.00%

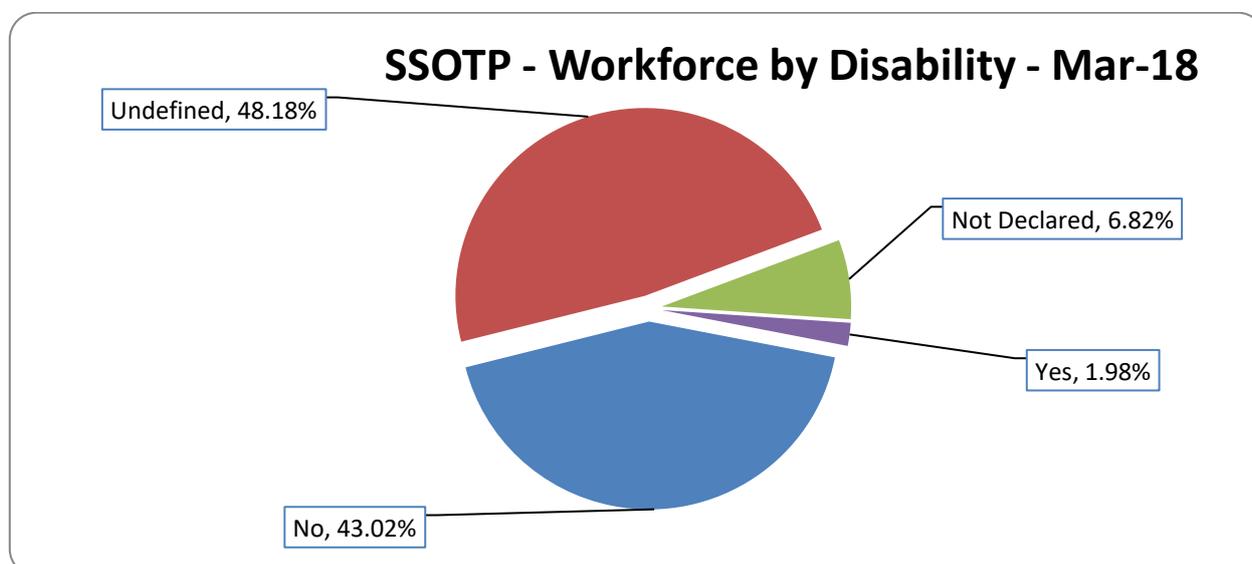
This year's data shows 55% of staff do not have data recorded against the disability category. The Disability Staff Support network will be supporting the Trust to look at encouraging/empowering staff to disclose and complete the data fields. The Trust has developed the ESR data update guide for staff in relation to the equality characteristics. This work needs to be further developed.

Anecdotal information would indicate that 1.98% of staff with a disability is not indicative of the number of staff who require work place reasonable/ access to work adjustments, or those who could define themselves as having a long term health condition which has a significant impact on their day to day lives. There has been an increase in staff requesting support for long term conditions (LTC)/ disabilities such as Stroke, Meniere's, hearing loss and Dyslexia.

Formal disclosure rates for disability amongst NHS staff across the NHS organisations is a longstanding challenge. The Trusts is looking at other metrics and methods to capture long term conditions and support for employees in the workplace regarding adjustments in order to have an accurate reflection of the workforce with disability (as defined within the Equality Act 2010). There is a small working group looking at the Reasonable adjustment pathway and policy- which will begin to capture a more accurate record moving forward. The Equality lead will work with the disability staff support network to build confidence within staff to seek support and register their disability.

The Trust is committed to the Deaf Charter Pledges, Mindful Employer Charter and the Two Ticks Charter (being superseded by the Confident about disability charter). The Trust's Health and wellbeing committee will include actions reflected by this data analysis and the above charter's to promote positive experience for staff across all the equality groups.

Table 8: Disability in the Workforce (March 2018)



The analysis cross referenced the equality groups against Disability recorded to capture the equality demographics of the disabled workforce.

5.1 Ethnicity

The headcount analysis shows a decrease over the last year of White, Black and Asian staff but an increase number recorded in the Ethnicity not stated group. The large decrease may be influenced due to the recent MARS opportunities and decommissioning/ redesign of services.

Table 9: Overview of Disability by Ethnicity within the Workforce

Disability - Ethnicity	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
White	112	94.12%	100	93.46%	86	90.53%
Not Stated	2	1.68%	2	1.87%	6	6.32%
Black	3	2.52%	3	2.80%	2	2.11%
Asian	2	1.68%	2	1.87%	1	1.05%
Grand Total	119	100.00%	107	100.00%	95	100.00%

5.2 Religion/ Belief

No significant findings due to large number of undefined- which was 26% of the workforce.

5.3 Sexual Orientation

This year highlighted 2.1% of disabled staff recorded their sexual orientation as Lesbian/Gay or Bisexual a fall from last year of 2.8%.

5.4 Age

The analysis and comparison to the 2017 data highlighted a headcount loss of 12 staff with disability over the last year. Currently 26.32% of disabled staff are within the age groups of 45-54 years- the highest recorded. There is little impact of retention into the older age groups however the MARS etc. may have an impact on this. The analysis highlighted from the disabled staff 4.21% are within the age group of 20-29 years, with 6.31% in the age groups of 60-69 years.

5.5 Gender

The disabled workforce is 92% female and 8% male.

Table 10: Overview of Disability by Gender within the Workforce

Disability - Gender	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
Female	109	91.60%	96	97.72%	87	91.58%
Male	10	8.40%	11	10.28%	8	8.42%
Grand Total	119	100.00%	107	100.00%	95	100.00%

More detail about disabled staff data analysis is found within **Appendix A** and within other sections of this report.

6. Sexual Orientation

From the total workforce 1.0% (headcount 48) defined their sexual orientation to be Gay, Lesbian or Bisexual- a decrease from 53 in the 2017 report. There is a decrease in recording “Do not wish to disclose” headcount data confirms this as a decrease from 952 to 860.

Census 2011 data shows 1.5% of the population to be from a gay, lesbian or bisexual sexual orientation. The Trust is currently not representative of this, however the huge gap in social care data and the ‘do not wish to disclose’ group requires a review of this data.

The Trust needs to continue to work actively to highlight an inclusive culture within the Trust whereby staff feel valued and safe to be open at work and disclose their sexual orientation. The recent internal staff survey led by the staff support networks will further inform this work.

Table 11: Sexual Orientation within the Workforce

Sexual Orientation	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
Heterosexual	2528	40.50%	2244	42.80%	2128	44.27%
Undefined	2360	37.81%	1994	38.03%	1771	36.84%
I do not wish to disclose my sexual orientation	1308	20.95%	952	18.16%	860	17.89%
Gay	17	0.27%	24	0.46%	18	0.37%
Bisexual	15	0.24%	16	0.31%	19	0.40%
Lesbian	14	0.22%	13	0.25%	11	0.23%
Grand Total	6242	100.00%	5243	100.00%	4807	100.00%

Age bands 45-59 years were less likely to complete the sexual orientation data set. Increased numbers recorded within age bands 45-49 years and 40-44 years.

Further analysis from the group of staff stating their sexual orientation, across the other equality groups is included in sections of this report. A detailed analysis can be found within **Appendix A**.

7. Gender Reassignment

As a Trust our policies are supportive for our staff who may wish or are undergoing gender reassignment. There are a small number of staff within the Trust that have completed gender reassignment and remain within their field of work which indicates a culture of support and good relations amongst our staff and management. Currently under development is a policy and guide for managers and teams to support colleagues who may wish to undergo/are undergoing a Transgender process. This guide will include support for parents since the last year has identified a need to support staff who are parents of children who are undergoing the transgender process or have gender dysphoria. This has already led to discussions with local voluntary sector and neighbouring NHS organisations to develop service user resource and information.

8. Marriage and Civil Partnership

The Trust has been acknowledged for its employment policies and practices that support their staff particularly same-sex couples. The Employers Network for Equality and Inclusion, in its 2013 and 2014 benchmarking exercise, ranked the Trust as a Gold standard top E-quality Employer regarding its workforce leadership and commitment to equality.

There have been no grievances raised by employees to indicate that the Trust’s policies are not ‘family friendly’. In 2017 the internal Family and Friends survey suggested that staff would

recommend the Trust as a place to work and staff would recommend the Trust as a place to receive care to family and friends.

Data analysis indicates that the Trust has 54% of staff that are married, a marked increase of staff in civil partnership. The number of staff not completing this data field has decreased in headcount figures from 839 to 758. A detailed analysis can be found within **Appendix A**.

9. Pregnancy and Maternity

The Trust has supported staff in same sex relationships to take appropriate maternity and other relevant leave. As an organisation the policies and practices are promoting equality and there have been no concerns raised regarding our practices for staff regarding pregnancy and maternity.

From the 99 staff who took maternity leave 84% are returned back into work. From those back at work at the time of analysis (March 2018) the data shows 78% have returned on Part-Time working patterns whilst 22% have returned to Full-Time working patterns. There is an increase by 2% from last year reporting staff returning to full time employment. This highlights current society impacts and also indicates that the Trust has family friendly policies and practices that promote staff to return back to full time work.

Table 12: Pregnancy & Maternity in the Workforce

	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
Total Staff on Maternity Leave	111		115		99	
Staff returned to work	105	95%	102	91%	83	84%
Part-Time	80	76%	82	80%	65	78%
Full-Time	25	24%	20	20%	18	22%

10. Pay Band Analysis: Pay Equality

The Equality Act 2010 gives women and men the right to equal pay for equal work. The Trust works under the terms and conditions of the NHS 'Agenda for Change (AFC)'. This was introduced in October 2004

“to ensure pay in the NHS was consistent with the requirement of equal pay law..... Agenda for Change and its national job evaluation scheme complies fully with anti-discrimination legislation...”

(NHS Employers 2011 – <https://www.nhsemployers.org>).

10.1 Gender

The mandatory Gender Pay Gap set by Parliament 31st March 2017 requires capturing of workforce data across gender and pay bands. A snap shot view of staff and pay is required for 5th April 2018 with plans to address any gaps or over/ under representation within 12 months of the snapshot. This can be accessed via the Trust website www.staffordshireandstokeontrent.nhs.uk

A pay band analysis undertaken across the equality characteristics is included within **Appendix A**.

In relation to pay bands and gender it can be seen that there is a differential and possible disproportionate representation of Males within the higher pay bands. This requires further data investigation. In comparison to the 2016 and 2017 data it is noted that there is a much lower rate of over representation of males within the VSM category, nevertheless males are still over represented at the VSM category of pay.

A fall in females at Band 8, 9 and VSM&A4Cis noted from last year’s report. Males are more likely to be in pay bands 6, 5 and 3 with equal proportion in VSM as Band 3

Looking at the top five pay bands for males against the top five for females there is evidence that males are more likely to be within the higher pay bands than females i.e. there is evidence of disproportionate representation of males in higher pay bands in comparison with the female workforce. This needs further analysis moving forward possibly utilising the NHS Employers Pay Equality Toolkit.

Males are likely to be within pay bands 6, 5, VSM,3 and 7 whereas the top five pay bands for Females appear to be 6,3, 5, 2 and 7. Further work is required to establish a clearer picture of the data and then address any gender pay gaps identified.

Table 13: Female Employees by Pay Band

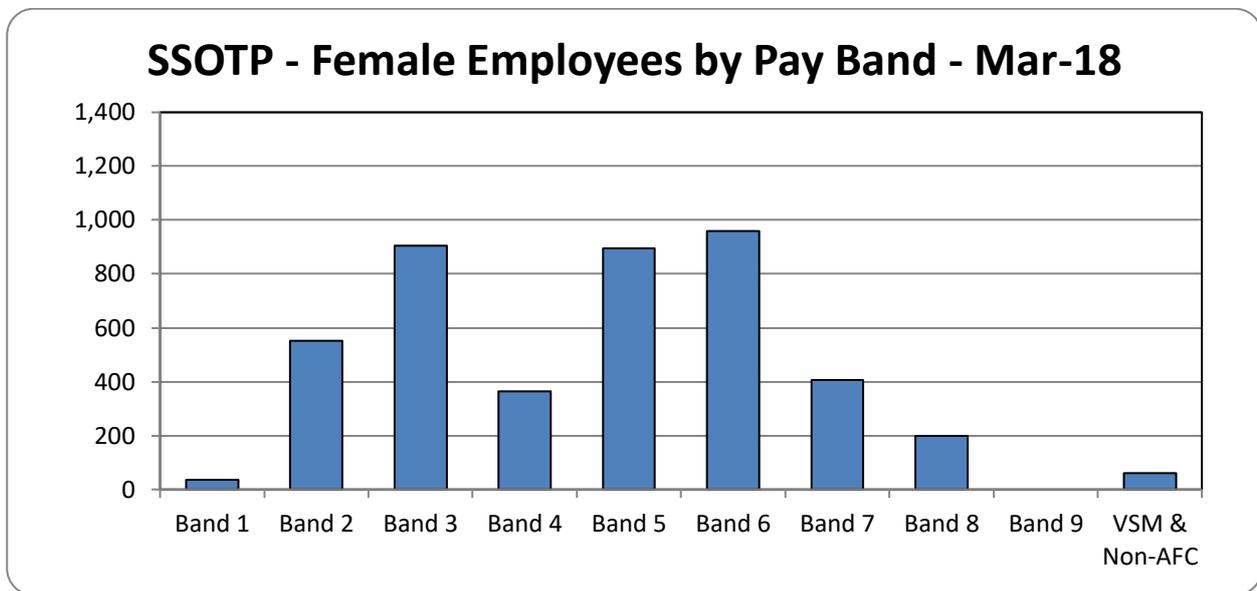
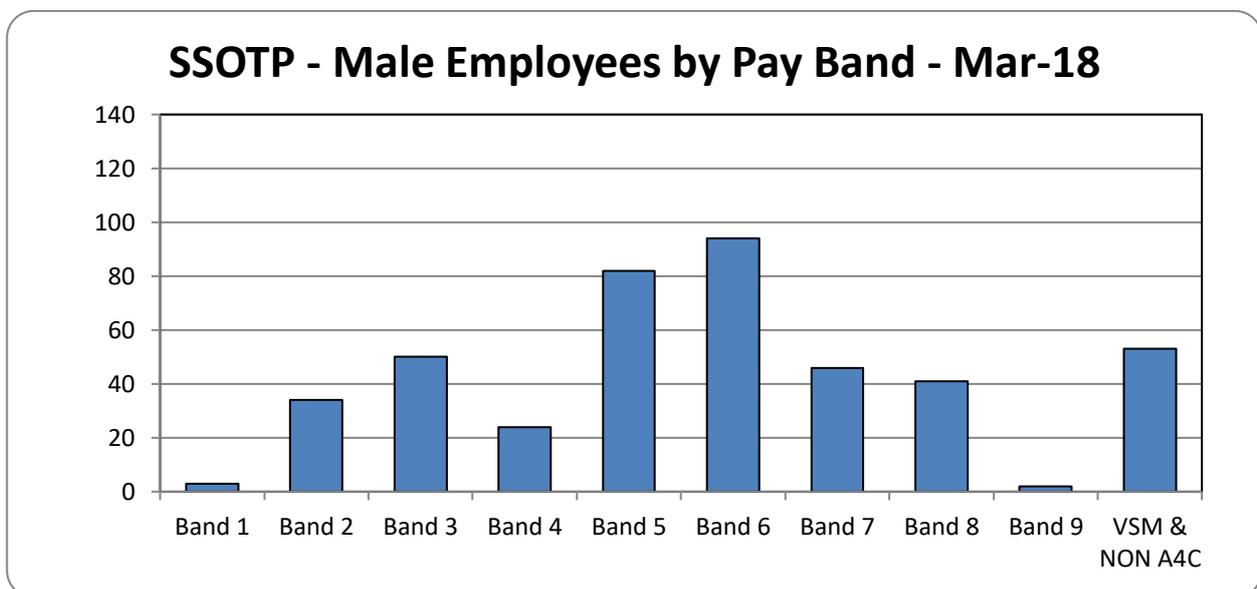


Table 14: Male Employees by Pay Band



10.2 Ethnicity

The data highlights that from the overall workforce Band 6 has the majority of ethnic diversity within its staff. VSM workforce remains at 2.37%: of which the White British group is 1.26%. There is over representation for ethnic groups Asian at 20.14% and mixed Other at 11.11%.

10.3 Disability

The data highlights proportionate decrease in all pay bands except within Band 6 and Band 8- this indicates promotion/retention of disabled staff within the Trust. Recent MARS may have an impact on the overall reduction of the disabled workforce.

10.4 Sexual Orientation

There is an increase recorded of Lesbian, Gay and Bisexual (LGB) staff within pay bands 5 and 6. There are no LGB staff recorded at band 9 and VSM this is static from last year's reporting.

11. Full-time and Part-time Analysis

The analysis was undertaken across each protected equality group **Appendix A**. The Trust reflects a working parent population. Full time staff make up 44.5% and part time staff make up 55.5% of the Trust's workforce.

11.1 Sexual Orientation

There is some indication that LGB staff are more likely to be in full time working pattern (headcount is 34 within full time and 19 within part time working patterns). There were no significant patterns observed within the analysis.

11.2 Age

The analysis shows the age groups 55-59 years onwards more likely to work part time patterns. The highest age group working full time is the 50-54 years group. This is indicative of the Trust supporting initiatives for an ageing population.

11.3 Gender

There is over representation of Females within the part time work patterns at 95% and an over representation of Males within the full time work patterns at 14%.

11.4 Disability

There is a small decrease in headcount data of disabled staff working full time work patterns in comparison to the 2017 data.

Within the part time working patterns there has been a decrease by headcount of 7 disabled staff from the 2017 data (14).

Table 15: Disability – Full-Time Workforce

Full-Time	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
No	1426	50.89%	970	42.03%	980	45.86%
Undefined	1123	40.08%	1129	48.92%	966	45.20%
Not Declared	200	7.14%	154	6.67%	141	6.60%
Yes	53	1.89%	55	2.38%	50	2.34%
Grand Total	2802	100.00%	2308	100.00%	2137	100.00%

Table 16: Disability – Part-Time Workforce

Part-Time	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
No	1611	46.83%	1452	49.47%	1336	50.04%
Undefined	1492	43.37%	1247	42.49%	1102	41.27%
Not Declared	271	7.88%	184	6.27%	187	7.00%
Yes	66	1.92%	52	1.77%	45	1.69%
Grand Total	3440	100.00%	2935	100.00%	2670	100.00%

12. Clinical and Non Clinical Staff

The analysis showed that the workforce was in the majority of clinical background representing the functions of the Trust. The key messages from the analysis show:

12.1 Ethnicity

There is greater ethnic diversity within the Clinical workforce at 5.9% (headcount 218) and 3.1% (headcount 34) within the non-clinical workforce.

12.2 Religion/Belief

In 2016 Sikh representation showed some disproportion within the non-clinical workforce, however this is now within the clinical workforce.

The Undefined category represented 41% of the non-clinical and 40% of the clinical staff. The analysis in detail is within **Appendix A**.

13. Recruitment and Selection

The analysis looked at new starters and applicants across each of the protected equality groups. This data was taken from the activity recorded via SBS (contractors for recruitment) and supported by the Electronic Staff Records (ESR). It is envisaged that the new arrangements will enable smarter and leaner recruitment and commencement of employment processes.

New starters included permanent, bank and employees returning after retirement. Applicants included those shortlisted as well as those who applied.

The Trust has had 412 new starters within the last year. The majority were recorded as White British 69% and 25% recorded within the Not Stated category. The Asian ethnicity group were the largest minority group to be recruited at just fewer than 4% of all new starters.

Further work is required to ensure a robust collection of equality data from all new starters since this will significantly affect future equality analysis and show non-compliance of collection of equality data. Recruitment and selection metrics are included within the WRES and WDES therefore the Trust will be looking at this piece of work and the findings below to inform its action plans for the WRES and WDES.

13.1 Applicants Data

Appendix A provides the detailed analysis. Overall at the time of data extraction 6532 applications were received of which 3501 were shortlisted and 558 were successfully recruited into the role applied.

13.1.1 Ethnicity

Data collected for the WRES 2017 submission highlights the Trust as over representative of White new starters in proportion to applicants received and that the likely hood of BME getting shortlisted or appointed is disproportionately lower than White applicants. The Trust will publish its data for the WRES 2018 on the proposed Unify2 template from NHS England for 1st August 2018. Thereafter an action plan and update on progress will be published using the NHS England template. From the 6532 applicants 8% (541) were Asian of which 6% (177) were short listed and 4 % (22) were appointed.

Table 17: Ethnicity & Applications

Ethnic group	Total Applicants (headcount)	Successful Applicants (headcount)
White British	80.47% (5,256)	88.79% (491)
White Irish/Other	3.35% (219)	1.26% (7)
British Asian Indian	4.58% (299)	2.35% (13)
British Asian Pakistani	2.05% (134)	1.27% (7)
British Black African	2.66% (174)	1.81% (10)

13.1.2 Age

Applications were in the majority received from age groups 25- 34 years. Successful applications were within the 30-34 years age group. It is evident that there is consistent recruitment across the 35- 54 year age group averaging at 13%.

13.1.3 Religion

The majority of applicants recorded as belonging to Christianity 57.12% (3,731 applicants). From the Islamic faith 3.84% (251 applicants) of applicants applied to join the Trust of which 1.81% (10 applicants) were successful. The second largest group were recorded from the Atheism category 12.72% (831) of which 13.47% (68) were successful.

13.1.4 Sexual Orientation

The Trust received 2.47% (161) of applications from the LGB community of which 1.80% (10) were successfully recruited.

13.2 Rehabilitation of Offenders

The Trust adheres to the directives and obligations set under the Rehabilitation of Offenders. The analysis supports and indicates fair recruitment processes for applicants who have disclosed court convictions etc. This gives indication to fair process and practices throughout the recruitment and selection process.

13.3 New Starters Data

From the internal Electronic Staff Records (ESR) analysis of new starters – data for 412 new employees was viewed.

Appendix A lists this data as New Starters and provides more detail.

This data showed that

1. The ethnicity of starters was not stated for 25% of the group.
2. 4% of new starters were from the Asian Ethnic group
3. There is evidence of better recording of the sexual orientation at the recruitment/selection process: 2.19% were from LGB community.
4. The majority were within the age groups 25-29 years and 55-59 years.
5. The majority were employed within Pay bands 3 and 5.
6. The majority of starters recorded Undefined for Disability (99%) with 0% stating a disability.
7. Slight majority started in part-time employment.
8. Referencing Ethnicity and Pay band it is noted that the group “White” were employed into Pay bands 3 & 4. From the “Asian” group the majority were employed in Band 7 and VSM. From the “Black” the majority were employed in band 6 and VSM. The “Not Stated” group had a great diversity of pay bands they were employed into with the majority being B3 and B5.
9. 91% of starters were Female.

14. Retention of Workforce

The Trust has many initiatives in place to support staff to fulfil their potential within the workplace. This section looks at the data analysis for promoted staff, appraisals, flexible working and Trust sickness rates. The trust is a Personal fair Diverse Ambassador trust and its employment policies have been recognised as promoting equality of opportunity for its entire staff through the recognition of the Employers Network for Equality and Inclusion (ENEI): gold standard Top e-Quality employer 2013. The NHS Staff Survey 2016 highlighted that 91% of staff believed the Trust provides equal opportunities for career progression or promotion (Source: 2016 National NHS staff survey Nationally Published Results)

The Trust over the last year has revised its Health and Well Being Strategy and put in place several initiatives across occupational health, health and safety and the MSK service for staff to better support staff at work and within the workplace. The Equality and Inclusion Manager and the Head of Employee Relations are currently working to develop a cross function reasonable adjustment policy and pathway.

Employment support policies are subject to an equality analysis before ratification such policies as re-deployment, flexible working, Special leave, Dignity in the workplace etc. The Trust has through its work within the in house programme for implementing change launched a retention tool looking at supporting staff to better support themselves and colleagues.

The retention strategy is currently being reviewed to reflect the results of Exit interviews and the retention project findings.

14.1 Promotion

A total 145 staff were promoted within the Trust which is lower in comparison to last year's 232 figure. The majority were promoted by one band.

Table 18: Promotion by Pay Band

Promoted by Number of Bands	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
1	262	90.03%	210	90.52%	133	91.72%
2	26	8.93%	21	9.05%	12	8.28%
3	3	1.03%	1	0.43%	0	0.00%
Grand Total	291	100.00%	232	100.00%	145	100.00%

The percentage of promoted staff from a BME background was proportionate to the workforce ethnicity.

Table 19: Promotion by Ethnicity

Promoted - Ethnicity	March 2016		March 2017		March 2018	
	Total	(%)	Total	(%)	Total	(%)
White	261	89.69%	195	84.05%	129	88.97%
Not Stated	17	5.84%	22	9.48%	9	6.21%
Asian	8	2.75%	10	4.31%	5	3.45%
Black	1	0.34%	2	0.86%	0	0.00%
White Mixed	3	1.03%	2	0.86%	1	0.69%
Chinese	1	0.34%	1	0.43%	0	0.00%
Grand Total	291	100.00%	232	100.00%	145	100.00%

Overall there appeared to be no disproportion amongst the religious/belief sexual orientation and or gender characteristics. Promotion amongst the Male workforce was 10% and for female it was 90%.

A positive observation was in relation to age: the majority of staff promoted was from the age bands 40-49 years and from 30-34 years. Last year's report highlighted only 40- 44 years. There was a steady trend of promotion within age groups 50-69 years. Promotion of disabled staff showed a steady trend. There was a majority promotion into pay bands 6 (30%) and 7 (21%).

There was a steady trend within the part time and full time employees.

14.2 Appraisal

During the last 12 month period the Trust has actively endorsed appraisals of all staff. The data is reported to Board on a regular basis as part of the workforce reports. Appraisals are also monitored via the relevant commissioning groups as part of the Trust's CQRM – quality schedule.

The Trust's Appraisal Compliance rate at the time of data extraction and analysis was 86%. A great deal of work and leadership support has been put into place to support staff to complete good quality appraisals. Appraisals are a metric within the WRES and WDES.

Appendix A provides detailed analysis of the appraisals across the equality groups. The recent staff support networks survey for LGBT+, BME and Disability networks explores staff experience of appraisals and the findings will inform the WRES and WDES moving forward. This will also be integrated with the Trust wide initiatives to improve the quality of appraisals.

14.2.1 Age

The lowest rate of compliance was within the age groups 16-19 year and 20-34 year groups. These were lower than the 86% of the Trust.

14.2.2 Disability

In 2016 the staff who declared a disability had a lower appraisal compliance rate 57.39% in comparison to the then Trust rate of 61.28%. The 2017 data analysis highlighted that staff who declared a disability had a higher appraisal compliance rate of 95% than the Trust rate of 92.74%. This trend has continued with a compliance rate of 92.55% in comparison to the Trust's 86%.

14.2.3 Ethnicity

It was noted that the Black ethnic group had a lower appraisal rate of 79.59% alongside the "not stated" group.

14.2.4 Gender

The Male group had a higher compliance rate of 88.42%.

14.2.4 Religion/Belief

It is noted that from the religious groups Islam (61.54%), Sikhism (75%) and Other (85.31%) recorded below the Trust compliance rate.

14.2.5 Sexual Orientation

It is noted that appraisal compliance was lower than the Trust rate within the Lesbian, bisexual and undefined groups.

14.3 Flexible Working Requests

The Trust provides support and guidance for staff to help balance the varying demands at times of urgent/unforeseen need. The promotion of a healthy work life balance through our policies and practices has been recognised through the ENEI Gold Standard: Top e-Quality Employer Award 2013.

Flexible Working Policy, Annual Leave, Compassionate Leave, Special Leave and Career Break guidance support staff throughout the organisation. The options for flexible working can vary dependant on staff and service needs, for example:

- Flexi Time
- Working Reduced Hours
- Annualised Hours
- Term-time Working
- Job Share

The Trust has a range of options available to support staff during times of ill health. These are discussed further under Sickness and Absence.

Further work is required to enable the Trust to analyse the equality characteristics of staff requesting flexible working – so that we can identify any patterns or indications for unfairness or discrimination. The Trust is currently working to develop a reasonable adjustments register as part of the reasonable adjustments pathway. This will include the flexible hours category and will inform more accurate data than currently where by information is held by local managers.

All Trust policies are subject to an Equality Analysis. To date there have been no case upheld regarding discrimination by the Trust for unfair working hours. However, more work is required to improve the level of information so that more accurate and useful analysis can be undertaken in the future.

14.4 Sickness Absence

Sickness Absence data is recorded across the organisation. The current sickness rate at time of analysis was 5.02%.

The Trust has reviewed its Sickness Absence Policy which has been developed with staff side representatives and has had an Equality Analysis undertaken. The policy positively supports staff with disabilities and long term conditions. The Trust this year has provided training to managers to support a fair and robust implementation of the policy and application of the trigger points ensuring reasonable adjustments and due regard is observed for staff who have disclosed a disability /LTC.

There are many initiatives within the Trust to support staff with long-term conditions and illness such as the Musculoskeletal Physiotherapy Service, Staff Support and Counselling, Staff Occupational Health and wider health and wellbeing initiatives. The Wellness Recovery Action Plan (WRAP) has been adopted from RETHINK and included within the Sickness Absence Policy to help support individuals and their managers to better manage recovery at work.

Appendix A gives a detailed breakdown. This information will be included into any resulting action plans and activities aimed at recording and reducing sickness absence. Monthly reports are sent to managers and divisional levels to report on local sickness, appraisal and statutory training compliance in order to inform and support at a local level robust compliance and adherence of Trust policy and strategy aims.

14.4.1 Age

It is noted that there were increased sickness rates for age groups 16-19 years at 9.95%. Age groups 20-49 years had the lowest sickness rate with 60-64 years age group rising above the Trust rate.

14.4.2 Disability

It is noted that the sickness rate for staff with a disclosed disability were higher than the Trust's rate. Sickness rates recorded were 7.94%.

14.4.3 Ethnicity

It is noted that for the ethnic group British Black the sickness levels had shown higher than the Trust rate. Lowest rates were recorded within the Chinese and any Other Ethnic Group.

14.4.4 Gender

It is noted that sickness levels were lower in both groups: 4.8% females and 2.89% for males.

14.4.5 Sexual Orientation

It is noted that there was higher sickness rates recorded within the Gay and bisexual groups. The Bisexual and Gay groups had seen a doubling of their sickness rates in comparison to 2017 and 2016 rates.

14.4.6 Religious/Belief

It is noted that there was higher sickness within the Sikhism group (8.75%) and the Do Not Wish to Disclose group at 5.22%.

15. Training and Development

The NHS Staff Survey 2016 highlighted that 91% of staff believed the Trust provides equal opportunities for career progression or promotion (Source: 2016 National NHS staff survey Nationally Published Results).

Training and development are metrics within the WDES and WRES and will be reported and monitored as part of their associated action plans. Full detailed analysis can be found within Appendix A.

15.1 Induction

As part of the Organisation Development plan all new staff must undertake an Induction process and attend a full day of Corporate Induction (The Welcome Day) which highlights key work within the Trust, Trust aims and values, Equality and the NHS Constitution behaviours and attitudes as well as employment practices, health and wellbeing initiatives. A Trust Handbook is provided to staff which details key services provision, support and policies for staff and staff side representative information.

Data recorded 231 staff attended Induction and analysis across the equality protected characteristics overall did not identify any patterns that were not proportionate to the new starters data other than that stated within the relevant sections above. This data reflected the New Starters data but can be seen in detail with [Appendix A](#).

15.2 Statutory and Mandatory Training

Compliance rates and figures are reported across the Trust on a monthly basis. Compliance reports are sent to team managers to raise awareness of team compliance with Director Responsibility to increase compliance across its directorate. The Trust's Statutory Training Compliance rate at the time of analysis was 92.18%.

The Training is now available on e-learning packages and face to face training is available for staff who require a reasonable adjustment to training or have little access to IT equipment. The Trust's Language and Communication Support Service provide staff the opportunity to book language and / or Communication support for internal training. Staff are encouraged to undertake an Access To Work assessment to support their learning and development as well as support them within their role at the Trust.

15.2.1 Age

It is noted that there were lower rates than Trust compliance rate across all age bands with 50-54years having the highest rate of 91.84% and 16-19 year age groups having a very low rate of 51.79%.

15.2.2 Disability

It is noted that staff with a disability recorded had higher compliance rates of 94.29%. The undefined group has a rate recorded of 87.3%

15.2.3 Ethnicity

It is noted that the highest compliance rates were recorded within the Chinese group and the lowest within the Asian at 84.34%

Table 20: Training Compliance by Ethnicity

Training Compliance	March 2016	March 2017	March 2018
	(%)	(%)	(%)
Any Other Ethnic Group	57.72%	85.23%	85.26%
Asian	78.44%	80.56%	84.34%
Black	79.14%	75.23%	85.69%
Chinese	96.67%	83.33%	100.00%
Not Stated	73.60%	78.42%	84.05%
White	86.17%	89.67%	90.94%
White Mixed	86.99%	91.83%	89.36%
Trust Compliance Rate	84.67%	92.54%	92.18%

15.2.4 Religion/Belief

It is noted that the Islam (58.16%) and Buddhism (77.19%) groups had lower than Trust compliance rates.

15.2.5 Sexual Orientation

It is noted that the Lesbian group recorded the lowest compliance rate at 86.82% alongside the Undefined Group at 88.44%.

15.3 Developmental Training

Developmental Training is recorded across the organisation at manager level. This last year has seen developments of recording this data within ESR and OLM systems.

Further work has been undertaken to capture the equality data for staff and undertake a meaningful and detailed analysis of the opportunity for staff to access further developmental training inclusive of learning beyond registration. This data is reported within the WRES and WDES reports and regular updates to the Workforce Matters Committee. A total of 317 staff were recorded to have received career developmental training over the 12 month period in comparison to 387 last year.

Further work across the Trust to capture the equality data across all characteristics is required to undertake a more effective analysis moving forward.

15.3.1 Ethnicity

It is noted that 85.17% (270 staff) were from the White group, 8.20% (26 staff) from the Not Stated group with 6.63% (21 staff) from the BME group. The majority were from the Asian ethnic group with an increase from last year for the Black ethnic group.

15.3.2 Religion/Belief

It is noted that 33.12% (105) of staff had Undefined as their religion/belief, 38.80% (123) were from the Christian faith and very small numbers collectively from the other faith groups.

15.3.3 Sexual Orientation

It is noted that 2.21% (7) were from the LGB group with 53.94% (171) from Heterosexual group and 28.08% (89) from undefined group.

15.3.3 Age

It is noted that there was an even spread across all the age bands with the largest group from age bands 45-49 years.

15.3.4 Gender

It is noted that 90% were from the gender group Female and 10% from Male- highlighting a 5% increase for the male groups from the 2017 report.

15.3.5 Disability

It is noted that 3% (10 staff) recorded for staff with a disability. The overall Trust workforce with a disability is 1.98%.

15.4 Widening Participation

The Trust delivers a widening participation programme looking at volunteers (across all ages) and work experience of pupils still in school.

The widening Participation team collect the equality data and report through annual and regular reports to WMC.

15.5 Organisational Development and Leadership

Mentor/coaching network is accessible to all staff groups and part of the development and learning catalogue for staff to access via the OLM system.

The Trust has many initiatives that support development of staff into leadership roles and ascertain leadership skills within their current roles. These can be at team or individual level.

OD support for teams includes:

- Team diagnostics followed by appropriate interventions, eg team coaching, team development, team improvement action plans
- Team leader development including access to the SSOTP Leadership programme of Gateway followed by masterclasses, individual coaching and Leadership Learn-bites.

The NHS staff survey was completed by 50.1% of staff in 2017. Levels of engagement of all staff groups is reviewed (RAG ratings) and considered by the Staff Reference Group to ensure that action plans are devised that aim to improve results and levels of staff engagement for all groups of staff. Membership includes representatives from Staff Side and from each business division as well as key others such as the equality Lead and the Freedom to speak up Guardian. The action plans are owned and monitored at a local level with feed back into the reference group and the WMC.

16. Disciplinary and Grievance

The Trust continues to improve its data collection across the disciplinary and Grievance processes. There have been no successful cases upheld against the Trust regarding discrimination.

There was a recognised gap of collecting the equality data for the staff members in 2016 and moving forward a database is now developed to capture this see **Appendix A**.

More work is required by the Trust to capture the WRES data likelihood of staff from a BME background entering a grievance or disciplinary as the Trust's raw data does indicate an over representation.

When looking at the Grievance data the total cases were of 22 staff: the majority of cases were within the age groups 36-40 years, and 51-60 years group.

From this data it was noted that over 60% were from the ethnic group White British. The next largest ethnic group recorded was the Not Stated group. There were no cases recorded for staff with a disability however over 50% had undefined category recorded for the disability protected group.

Gender breakdown was representative of the Trust population. The majority of staff affected were within pay-bands 5 and 7. The largest religious group/belief was the not stated group and Christianity group. Sexual orientation of staff was predominately heterosexual.

When looking at the disciplinary data the total cases were of 14 staff: the majority of cases were within the age groups 36-40 years and 56-60 years. The majority were Females- proportionate to the Trust population. The majority were recorded within the White British and Not Stated ethnic groups. Within religion/belief the majority were recorded within the undefined group. Within sexual orientation the Not Declared and the Undefined groups were the majority. There were no cases recorded for staff with disability declared, the undefined group were the majority.

Dismissal data did not highlight any differing patterns. In total 20 staff were dismissed.

17. Leavers from the Organisation

679 employees left the Trust over the last 12 month period. **Appendix A** details the analysis across the equality characteristics.

17.1 Ethnicity

It is noted that there appears to be a disproportionate number of leavers from the Black and Asian Ethnic group. Further investigation is required to identify any significant pattern/theme.

17.2 Sexual Orientation

It is noted that 45% of leavers were recorded as Undefined and therefore it is not possible to establish whether there is a higher rate of leavers from the LGB groups. Although headcount identifies an increased figure from last year further work is required to establish reasons for leaving the Trust.

17.3 Age

It is noted that the majority remain from the 55-59 year group. Smaller numbers reported within the 65-69 year group compared to last years report.

17.4 Disability

It is noted that 2.95% of leavers had recorded a disability. This is a headcount of 20 staff. The Trust needs to monitor the retention of staff with a disability in order to identify any patterns emerging.

17.5 Pay Bands

It is noted that there was an increase in leavers from the pay band 3 and 6. It was observed that Leavers are more likely to be part time employees of the Trust.

Moving forward we need to look at reasons for leaving across the equality groups, which will also be captured by our exit interview process. Exit interview data reports are sent to divisional committees to monitor retention and recruitment as well as identify any patterns amongst staff leaving.

18. Equality Analysis

The Trust has a robust process and register to recording Equality analysis of strategies and policies within its Procedural Document register. The Trust policy advocates an equality analysis is undertaken across all service redesign, commissioning and decommissioning of services. The policy ratification group will provide the confirm and challenge element for the equality analysis and implementation of policies and strategies.

The Business and Strategy team have the equality analysis as part of the Project Implementation Document. All staff have access to the equality analysis training available and Trust Board members have had training on the implementation and legal requirements to undertake an equality analysis

3. Recommendations

It is recommended that the findings from this report are looked at within the Workforce directorate and actions identified included within the revised Workforce Strategy, Health and Well-Being and Training and Organisational Development strategies, the wider Equality and Inclusion strategy and EDS2 implementation and action planning programme of the new Trust from June 1st 2018.

The Equality and Inclusion priorities for the new Trust highlight the need for robust and consistent equality data collection, WRES and WDEs reporting and positive action for recruitment and retention of staff from the protected equality groups in order to sustain a representative workforce.

This report will be shared with the Director of workforce and development and the directorate's senior management team. The equality and Inclusion Lead for the new Trust will support the workforce teams to develop and establish a diverse and sustainable workforce and implement fair and accessible policies and employment practices.