

Subject	Equality and Diversity Annual Workforce Report
Purpose	The purpose of this report is to update the Trust Board on work undertaken during the period 1 Jan to 31 Dec 10 on progressing the Trust's equality and diversity agenda and ensuring compliance with current legislation and NHS standards.
Responsible Executive	Mark Power, Director of Workforce and Human Resources
Author of attached Report	Hilary Jury, Head of Workforce Quality and Governance
Summary	The report details the work undertaken by the Trust during 2010 to improve equality and promote diversity. An analysis of the workforce and the 2010 recruitment cycle are included, together with monitoring results, at Appendices 1 and 2.
Paper Seen By	Diversity Forum
Strategic Impact	Actions undertaken in line with the Trust's Single Equality Scheme and in response to findings from equality and diversity monitoring have the potential to provide direct benefits for the workforce and improve access and quality of service for patients.
Risk Evaluation	Low, although breaches in duty could have an impact on the Trust's reputation and potential financial implications.
Impact on Care Quality (CQC) Commission Registration	Failure to meet CQC Registration requirements could lead to non-compliance.
Legal Implications	Legislation to help tackle discrimination and inequality is now enshrined in the Equality Act 2010. Whilst the legislation applies to all organisations, the Act gives public bodies very specific duties. In particular, The Trust has a duty to promote equality and diversity and is required to publish information on equality and to demonstrate how it is delivering improvement. Failure to comply with legislation could lead to fines being levied on the Trust.
Financial Implications	None identified at present, but breaches of legal duty have the potential for significant financial implications.
Recommendation	N/A
Action Required by the Trust Board	The Trust Board is asked to note the content of this report and to provide continued support in seeking to embed equality and diversity through the organisation.

1.0 Introduction

1.1 The purpose of this report is to update the Trust Board on work undertaken during the last 12 months on progressing the Trust's equality and diversity agenda and ensuring compliance with current legislation and NHS standards.

1.2 The report covers the period 1 Jan to 31 Dec 10, and is presented in three main sections, namely:

Section A - Equality and Diversity in Employment
Section B - Workforce, Recruitment and Selection Monitoring
Section C – Next Steps

1.3 The report will be made available to the public and staff via the Trust's web site and Intranet.

SECTION A: EQUALITY AND DIVERSITY IN EMPLOYMENT

2.0 Legislative Background

2.1 On 1 October 2010, the most recent piece of legislation, the Equality Act 2010 came into effect. The aim of the Act is to streamline and combine previous legislation to make it simpler for employers to comply with its provisions. Whilst no major material changes are introduced by the Act, there are some significant ones which impact on Trust policies and procedures.

2.2 Under the Act, the headings of age; disability (which includes mental health and people diagnosed as clinically obese); race; religion or belief; sex; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity become 'protected characteristics'. There are now seven different types of recognised discrimination associated with these characteristics, as follows:

- **Direct discrimination:** Occurs when someone is treated less favourably because of a protected characteristic.
- **Discrimination by association:** Direct discrimination against someone because they are associated with another person with a protected characteristic, for example, carers of disabled people and elderly relatives who can claim they have been treated unfairly because of duties that had to be performed at home relating to their care work.
- **Indirect discrimination:** A rule, policy or practice that applies to everyone but disadvantages a person with a protected characteristic.
- **Harassment:** Behaviour deemed offensive by the recipient. Employees can claim they find something offensive even when it is not directed at them.
- **Harassment by a third party:** The Trust is potentially liable for harassment to staff or patients by people not directly employed, such as a contractor.
- **Victimisation:** Discrimination against someone because they make or support a complaint under Equality Act legislation.
- **Discrimination by perception:** Direct discrimination against someone because others think they have protected characteristic (even if they do not).

2.3 In addition, the Act places a new Public Sector Equality Duty (PSED) on public bodies, which will come into effect during 2011.

3.0 Trust Equality Framework - Single Equality Scheme

3.1 The Trust's first Single Equality Scheme (SES) was published in Feb 08, following a review of the Trust's Race, Disability and Gender Equality Schemes. The outcomes of this review were reflected in the organisational objectives identified in the SES.

3.2 The SES was refreshed in May 10 in the light of changes in legislation and achievements already made by the Trust. Although the arrangements for equality schemes are changing, in the interim the SES remains in place and continues to provide a formal framework to support the way in which the Trust will meet its obligations under equality legislation.

3.3 The SES, and its associated action plan, are published on the Trust's website.

4.0 Diversity Forum

4.1 Throughout 2010, the Trust's Diversity Forum continued to meet regularly and to provide assurance to the Board via the Integrated Governance Committee.

4.2 Although attendance at Forum meetings has diminished in recent months it is anticipated that, with the changes to the organisational structure and new initiatives including Staff Health and Well-being and Staff Engagement (which will also have an impact on the equality and diversity agenda), the group will be revitalised. There is also a need to ensure that the agenda embraces not just employment matters, but also service issues and cross-agency working.

5.0 Progress in Equality and Diversity Promotion and Compliance

5.1 During 2010, the Trust made progress against the equality objectives identified in the SES for 2010, as follows:

Recruitment

5.2 Under the 2010 Equality Act, employers can no longer ask prospective employees about their health before offering them work, nor can questions related to health be asked at interview. The Trust's recruitment procedures have been updated to reflect this change and only when a successful candidate has been offered the job (whether this is conditional or unconditional), appropriate health related questions are asked. Where the responses indicate the Trust may be required to make reasonable adjustment, the candidate is assessed by the Occupational Health and Well-being Service.

5.3 Person Specifications may also have the potential to discriminate on the grounds of age. Therefore, a new checking process has been implemented by the Workforce Resourcing Department, prior to advertisement, to ensure this is not the case.

Equality Impact Assessments

5.4 The production of Equality Impact Assessments (EIAs), a means for identifying the impact of the Trust's policies, services and functions and their potential to discriminate, has now been completed for all Trust policies. These are published on the

Intranet and a rolling programme is in place to ensure they remain updated by line managers, in partnership with their respective Divisional Workforce Manager.

5.5 The EIA template has also been updated to include the new protected characteristics introduced by the 2010 Equality Act. However, on 6 Apr 2011, the specific requirement to carry out Equality Impact Assessments will be abolished. Instead there will be a requirement to publish information on how the Trust's policies and practices affect staff, patients and other members of the public who share a relevant protected characteristic.

Equality and Diversity Training

5.6 The Diversity Forum has been instrumental in ensuring the delivery of in-house equality and diversity training. Equality and diversity training is now included within the portfolio of Essential Skills, and is delivered as part of the core Trust Induction programme (subject to three-yearly updates). Update sessions for line managers and recruiting managers were delivered monthly throughout 2010 and further sessions are scheduled throughout 2011.

5.7 Employees who are unable to attend the pre-arranged training dates, are able to access equality and diversity training through group sessions delivered at ward/departmental meetings and on a one-to-one basis. Further training aimed at ensuring medical staff are captured is under development by the Medical Workforce Manager.

5.8 Work is also being undertaken to ensure that equality and diversity training is available to all staff, via e-learning. This has been delayed by the availability of SMART cards, but the process of issuing cards is now supported by the ICT department and a training programme is under development.

5.9 To date 31 Dec 2010, overall compliance with equality and diversity training stood at 33%. As a consequence of the renewed focus on the delivery and recording of Essential Skills Training, this performance will improve over the next twelve months.

'Two Ticks' Disability Symbol

5.10 In 2010, the Trust retained the 'Two Ticks' disability symbol. The symbol is awarded by Jobcentre Plus to employers who have made five key commitments to employ, retain and develop the abilities of disabled staff by:

- interviewing all applicants who declare a disability and meet the essential criteria contained in the role profile;
- ensuring disabled employees have equal access to training and development;
- taking positive measures to retain disabled employees;
- increasing disability awareness;
- reviewing the Trust's progress annually against the SES action plan and the 'Two Ticks' disability symbol criteria.

The Trust recently underwent a face-to-face assessment of its ability to continue to meet these commitments and has once again been successful in its application to use the disability symbol for 2011.

Harassment Support Officers

5.11 During the autumn of 2010, three Trust staff were appointed as Harassment Support Officers to complement the small team of staff already undertaking this role. This brings the total number of Harassment Support Officers to five. Training has been arranged for Feb 2011 and, subject to successful completion, they will then be ready to provide direct support to staff.

Translation Policy

5.12 A need for a Translation Policy has been identified and this is in first draft. Final approval for the content will be sought from the Diversity Forum in Feb 2011.

Strategic Health Authority Audit

5.13 The Strategic Health Authority (SHA) checks compliance annually against Care Quality Commission (CQC) Standards for all Trusts in the south west by carrying out a web audit. In 2010, the Trust was considered by the SHA to be compliant in all areas.

6.0 Equality Delivery System

6.1 In 2010, the Department of Health commissioned Tim Rideout, Chief Executive of NHS Leicester City to develop an Equality Delivery Scheme (EDS). The EDS is based on best practice, nationally, and is aimed at improving the quality performance of the NHS and embedding equality into mainstream business. The EDS will apply to all NHS organisations without exception and will ensure the requirements of the Equality Act and the registration requirements of the CQC are more easily met.

6.2 The Trust has registered for the regional roll-out of the EDS and a draft Implementation Plan for the Southwest region has been developed by the SHA, with the aim of having the Scheme in place by 2012.

SECTION B: WORKFORCE, RECRUITMENT AND SELECTION MONITORING

7.0 Monitoring Data

7.1 The Trust maintains comprehensive equality and diversity monitoring data relating to its workforce and recruitment activity. Data categories include age, disability, gender, gender reassignment, race/ethnicity, religion or belief and sexual orientation. All data is anonymised, held securely by the Workforce and Human Resources Directorate, and is used only for the purpose of equality monitoring.

Workforce Demographics

Gender

7.2 To date 31 Dec 10, of the Trust's total substantive headcount (2,616) 80% were female. This split is also reflected in the new starters and leavers figures for the year, with 88% of new starters being female. A comparison with staff data from the previous two years shows that there has been little change in the gender makeup of the workforce.

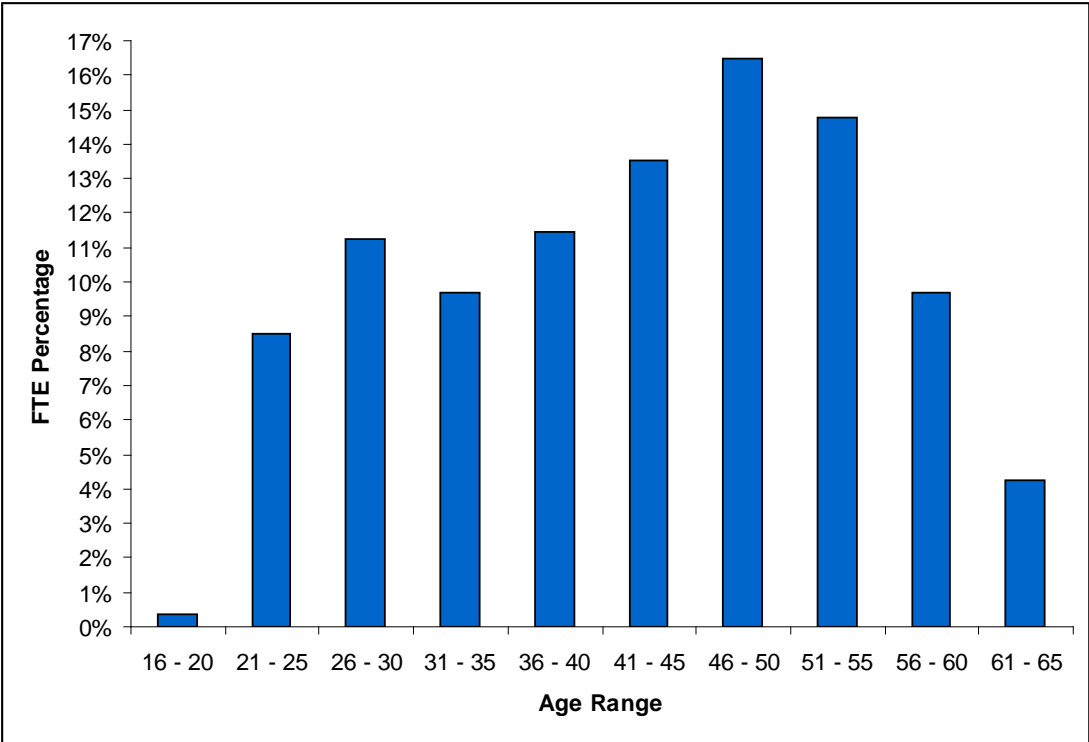
Gender Re-assignment

7.3 Although gender reassignment has been included in gender legislation and is part of the Trust’s monitoring system, the very limited number of individuals who have or will undergo gender reassignment is too small to support statistical analysis.

Age Profile

7.4 Table 1, below, shows the largest age cohort of Trust staff is between 46 and 50 years old, with 16 to 20 year olds and the 61 plus age group being least represented. The steadily aging workforce will be an important factor for consideration in future workforce planning.

Table 1: Trust Age Profile



Race/Ethnicity

7.5 The majority of the Trust’s workforce (87%) are white British compared with 95% of the population of west Dorset (2001 Census data). The next national Census is due to be undertaken in 2011.

7.6 Whilst the Trust’s workforce is more diverse than the local population, less than 10% of staff are from black and minority ethnic (BME) backgrounds. The majority of BME staff originate from Asian communities and are mainly associated with the medical workforce.

Disability

7.7 Just over 1% of staff identified themselves as being disabled, declaring a range of different types of impairments, whilst 43% of respondents stated they do not have a disability. Over half the workforce (56%) did not declare their status.

Religious Belief

7.8 Whilst the majority of staff have not disclosed their religious affiliation, 35% identified themselves as Christian. The Trust assumes that a variety of other religious backgrounds are represented amongst the workforce, albeit in small numbers. However, the high rate of non-disclosure makes it difficult to confirm this assumption.

Sexual Orientation

7.9 In 2010, 48% of staff declared they were heterosexual, whilst 0.7% stated they were bisexual, gay or lesbian. However, 51% either did not wish to disclose their sexual orientation or did not respond. Lesbian, gay and bisexual (LGB) groups generally advise organisations to interpret data with caution until the monitoring exercise has been completed several times. Improved communication and demonstration of the Trust's commitment to equality for LGB staff may improve the response rate.

Disciplinary Hearings/III Health Capability Hearings

7.10 During the period Jan to Dec 10, a total of 34 disciplinary hearings were conducted. These involved 22 white British female staff; 2 female Asian or Asian British/Indian; 1 female, ethnic origin unspecified, and 9 white British males.

7.11 Over the same period, the Trust received 5 grievances from members of staff. The gender/ethnic split for these employees was 3 female and two male employees, all white British.

7.12 The number of ill health capability hearings which led to the termination of contracts of employment, on the grounds of incapacity due to ill health, was 19 in total; 18 female and 1 male, all white British.

Workforce Resourcing

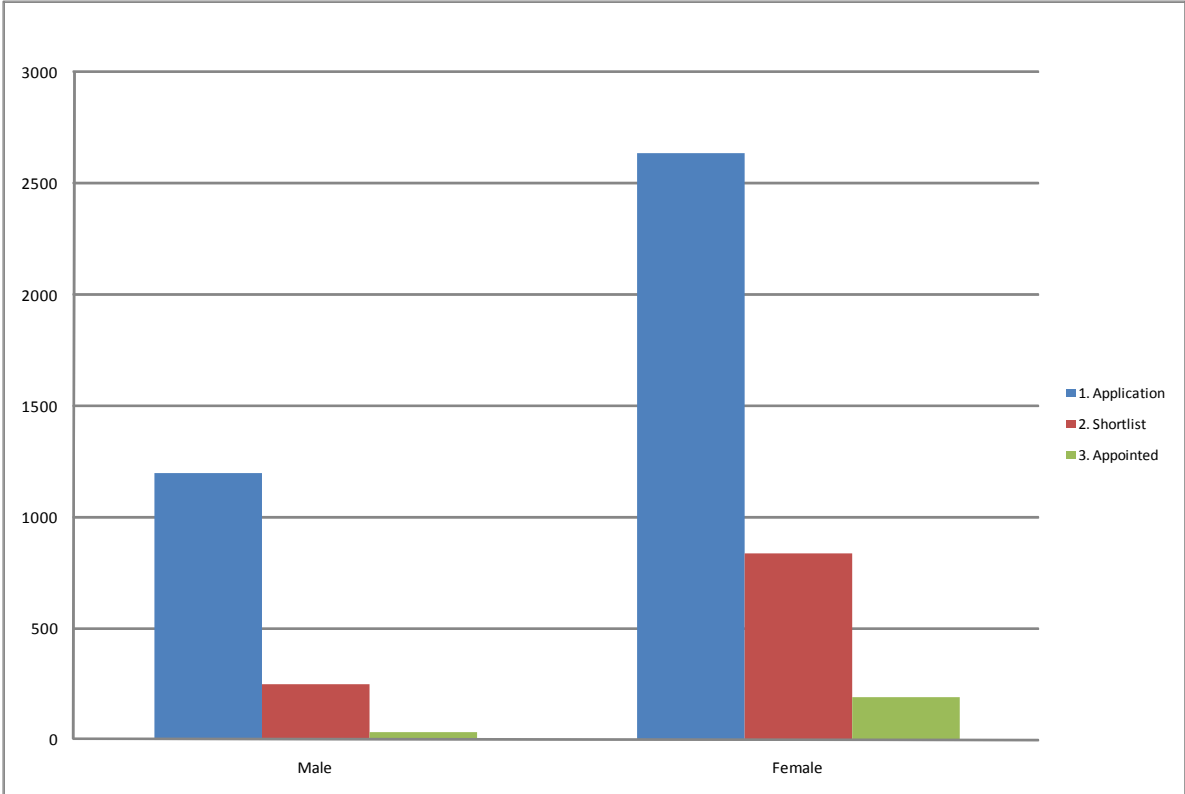
7.13 Outcomes from corporate workforce resourcing are regularly reviewed and reported to the Diversity Forum. Between Jan and Dec 10, the Trust recruited a total of 218 employees (substantive and bank), This number includes 13 senior medical and dental appointments. These figures do not include junior doctors recruited by the Wessex Deanery into training posts.

7.14 Although a number of vacancies were withdrawn part way through the process in Mar 10, due to vacancy control factors, key findings from the data analysis of completed vacancies are as follows:

Gender

7.15 Table 2, overleaf, shows that male applicant success ratios (application to short-list and interview to new starter) are generally poorer than female applicants. This is particularly, but not unexpectedly so, within administrative and clerical roles.

Table 2: Workforce Resourcing - Gender



Age

7.16 Tables 3 and 4, overleaf, show data relating to applications, shortlisting and appointments, by age category. The greatest number of appointments relate to staff within the 25 - 29 age group.

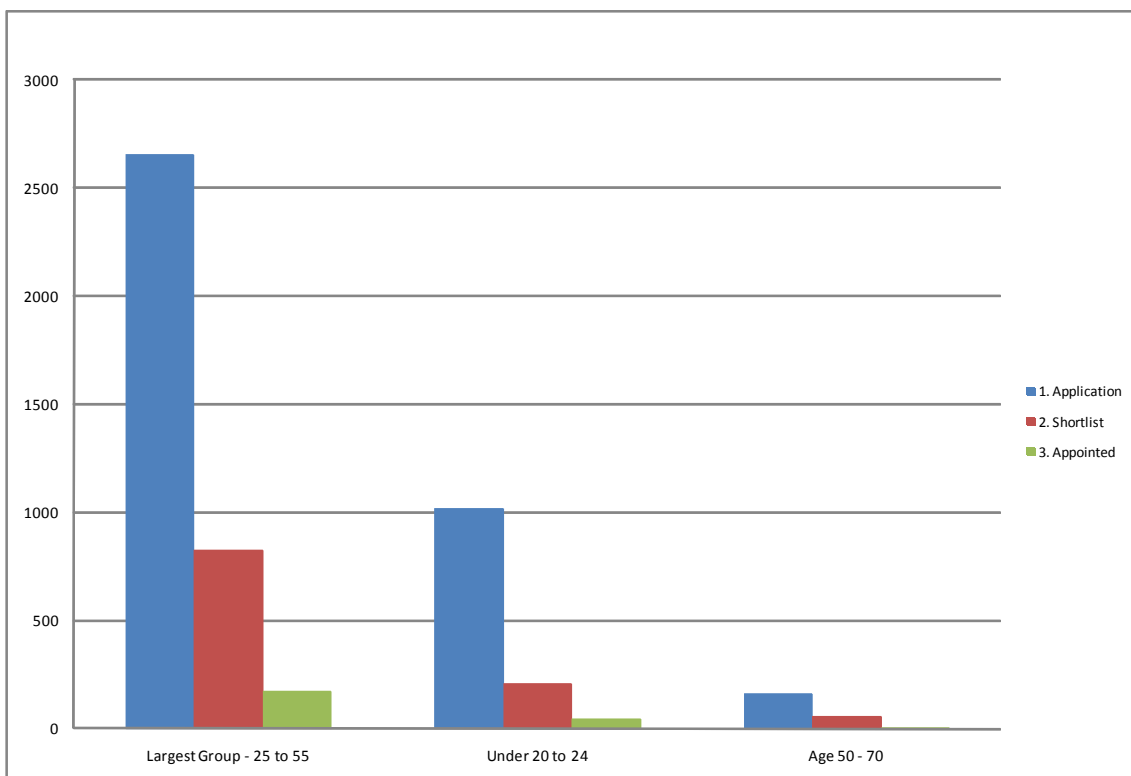
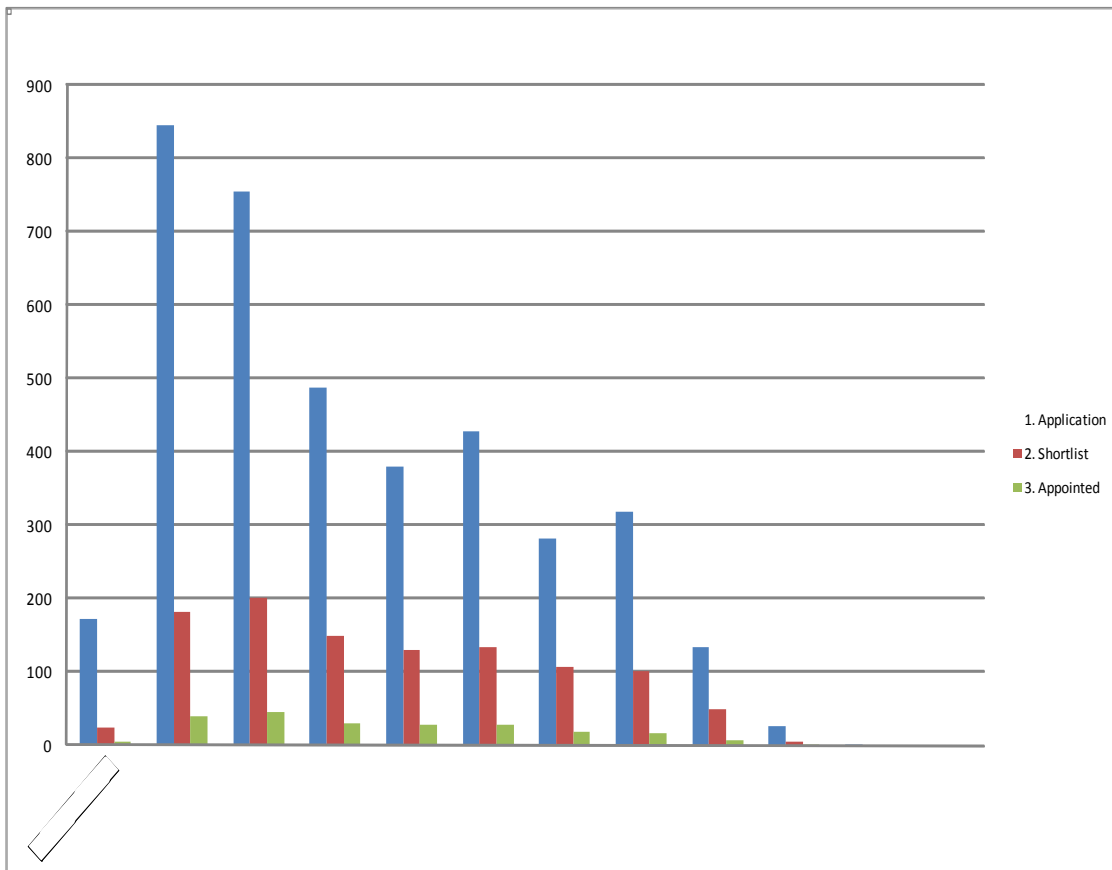
Race/Ethnicity

7.17 Across all professions, candidates from Indian and African backgrounds fair less well in the recruitment process. The majority of applicants in this category are attracted to medical and dental vacancies: A high percentage either withdraw prior to interview, having found jobs elsewhere, or are not appointed because of prevailing restrictions on immigration.

Disability

7.18 Although disabled applicants do apply for posts within the Trust, many do not progress past the shortlisting stage despite the fact that the Trust has achieved the 'Two Ticks' standard. An initial review of the data indicates that, in the main, applicants who declare a disability are not completing application forms in sufficient detail, leaving out information relevant to the person specification, leaving sections incomplete and are generally not in possession of the pre-requisite qualifications. The Workforce Resourcing team will seek to work with local organisations to provide greater support to people with disabilities, with respect to completion of application documentation and interview techniques.

Tables 3 and 4: Workforce Resourcing - Age



Religious Belief

7.19 The majority of all applications, and therefore appointments, are associated with white British candidates. Across all professions, Hindu and Islamic applicants fair less well than all other groups. At all stages of recruitment, the applicant base from these two groups is significantly smaller than the norm. However, statistically fewer are successful in being shortlisted and very few are appointed.

Sexual Orientation

7.20 For shortlisted candidates, 91% of applicants declared they were heterosexual, 8% did not want to declare their sexuality, leaving 1% disclosing their sexual orientation as lesbian, gay or bisexual. With respect to appointed candidates, 93% indicated they were heterosexual, 6% did not wish to disclose their sexual orientation, and 1% declared that they were lesbian, gay or bisexual.

SECTION C: NEXT STEPS

8.0 Conclusion

8.1 In the last twelve months improvements have been made and changes brought about within the Trust as part of its equality and diversity agenda. However, there is still much to do and there are challenges ahead if the Trust is to become a role model for equality and diversity practices.

8.2 In this respect, it is anticipated that the new EDS will be key in helping to reduce health inequalities and in ensuring that the principles of equality and diversity are embedded into all areas of the Trust's business. Key health drivers include:

- tobacco control;
- obesity;
- sexual health;
- alcohol-related harm;
- health of Gypsies and Travellers;
- access to maternity services for BME populations;
- urban versus rural health needs.

8.3 Increased representation in senior NHS positions (Agenda for Change Band 7 and above) for its BME communities remains a significant workforce driver.

8.4 Initial priority, however, is given to those drivers emphasising legal and regulatory duties and as a starting point the Trust will be expected to use its existing SES and Action Plan to review performance against the EDS objectives and outcomes. A simplified EIA on selected EDS outcomes and critical priorities will form part of the equality migration plans to the new system.

8.5 A number of organisations within the region will be encouraged to apply for national evaluation of the EDS, to be commissioned by the Department of Health. Notwithstanding, the Trust will be expected to participate in a cluster-level evaluation of the EDS commissioned by the South West EDS Governance Group.

8.6 A regional implementation plan for the System, which focuses on engagement with local stakeholders and on sub-regional clusters to provide support between organisations is currently under development. Implementation across the Trust will be widely publicised and will take place in accordance with the regional timetable.

8.7 The Diversity Forum, now under the chairmanship of the Principal Superintendent Radiographer, will continue to be responsible for assurance to the Board on all equality and diversity matters and for ensuring the successful migration from previous equality legislation to meeting the objectives of the Equality Act 2010. To this end, it is recognised by the membership that the Forum needs to become more inclusive of service areas. The support of the Board and senior management in adopting the EDS and its development and implementation will be fundamental to its success.

8.8 Whilst it is acknowledged that the Trust has much to learn from local communities and its public sector peers, it is the staff and patients that enhance and enrich it as a service provider. If environments continue to be created where lessons can be learnt, opportunities promoted and differences embraced, the Trust will be taking the right steps towards meeting the new requirements and becoming a model employer where the principles of equality and diversity are embedded within the organisation.