



Rotherham

Diversity Report October 2008 to March 2009

Human Resources Department
May 2009

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INTRODUCTION

This is the tenth report specifically on diversity produced by the Human Resources Department of NHS Rotherham. It covers the period from October 2008 to March 2009 and looks at the diversity of staff in post, applicants to posts in NHSR, leavers, promotions, learning & development, bullying and harassment and disciplinary events.

To aid clarity, we have attempted to produce the maximum amount of useful information from a minimum number of tabulated data, although more detailed data is available on request.

The information contained in this report is regularly used within the HR Department to identify and monitor progress and efficacy of HR-related actions to address areas of need. The statistics on staff in post by ethnic origin is incorporated into the Professional Executive and Board quarterly Key Data reports and PCT Annual Report. The content of periodic Equality and Diversity in Employment Strategic Progress reports, produced for PCT Directors, the Professional Executive and Trust Board is heavily based on quantitative data and analysis and trends contained in the Diversity Reports. If a significant issue is identified from the Diversity report monitoring process, this would be discussed with the HR department and brought to the attention of the PCT Diversity Steering Group and PCT Directors to discuss and consult on a way forward to address the issue(s).

NOTES ON DATA COLLECTION

Whilst information systems are in place to enable us to monitor key elements in line with our legislative duty under the Race Relations Amendment Act 2000, the following should be noted:

1. Movements in numbers of staff in post between reporting periods, reconciled to leavers and new starters
 - a. Leaver data does not include employees employed on flexible contracts, nor does it include employees TUPE transferring to another NHS organisation or internal promotions across staff group. Promotions are monitored separately in their own right within this report.
 - b. Leaver information contained in the Diversity database is dependent upon managers informing HR at a timely point and as close to the leaving date as possible. This will enable leaver information to be reported within the appropriate period and also be reflected in the staff-in-post statistics for the same period.
 - c. New Starters may not commence employment until the next monitoring period yet actually be successfully offered a post in the current monitoring period. This will mean that whilst they are included in the applicants offered posts data in one Diversity Report, they will not necessarily be included in the staff in post figures in the same Report.
 - d. Until ESR Self-Service is fully rolled out, some new starter diversity information and in-post status is collated from new starter forms. There is the possibility of different personal diversity information being submitted from new starters to that submitted on application forms by job applicants. As a result there can be inconsistencies in diversity data (e.g. ethnic origin may differ for the same individual) contained in a diversity report for applicants offered post and for those same individuals contained within the staff-in-post data in the same or subsequent reports.
 - e. The staff in post data represents what employees themselves identify for their own diversity details (i.e. ethnic origin, date of birth, gender and disability) on their new starter form.

Other data is determined from

1. Diversity data provided by job applicants on the NHS Jobs application forms
2. Outcomes data provided by managers via:
 - new starter forms (for staff in post)
 - leavers forms (for leavers)
 - learning activity agreements (for learning and development)

- contractual change forms (for part-time workers or flexible working or internal promotions/job changes)
- recruitment and selection outcomes forms (for successful and unsuccessful applicants)
- Disciplinary events log forms
- Grievance events log forms
- Bullying & Harassment log forms (can be completed by line manager or contact officer)
- Direct input by ESR manager/administrator self-service

All of the above is subject to the risk of human error in terms of accuracy and completeness of information submitted to HR and HR inputting errors when the information is put on to the monitoring database, which may occur from time to time.

With the above limitations in mind, issues and recommendations identified and arising from the data will be highlighted in the supporting text alongside the tables.

1.1 Table 1 - NHSR Staff in post by function analysed by Ethnic Group at 31st March 2009 (Not including recharged staff not directly employed by NHSR)

Staff Group	White British	White Irish	White Other	Mixed white/black caribb	Mixed white/black African	Mixed white/Asian	Other mixed	Indian	Paki-stani	Bangla-deshi	Other Asian	Black caribb	Black African	Other black	Chinese	Other ethnic group	Not stated	Total
Other NHSR Managers ¹ % by ethnic group	70 94.59	1 1.35	1 1.35	0 0.00	0 0.00	1 1.35	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	1 1.35	74 100.00
Qualified Nurses % by ethnic group	493 97.24	1 0.20	1 0.20	0 0.00	0 0.00	0 0.00	1 0.20	2 0.40	2 0.40	0 0.00	0 0.00	3 0.59	2 0.40	0 0.00	0 0.00	2 0.40	0 0.00	507 100.00
Healthcare Support % by ethnic group	472 97.93	0 0.00	2 0.44	1 0.21	0 0.00	0 0.00	0 0.00	1 0.21	3 0.62	0 0.00	0 0.00	0 0.00	1 0.21	0 0.00	0 0.00	2 0.44	0 0.00	482 100.00
Qualified ST&T staff % by ethnic group	253 94.76	1 0.37	2 0.75	0 0.00	0 0.00	2 0.75	0 0.00	2 0.75	2 0.75	0 0.00	1 0.37	0 0.00	1 0.37	1 0.37	0 0.00	2 0.75	0 0.00	267 100.00
Medical & Dental % by ethnic group	42 62.69	1 1.49	2 2.99	0 0.00	0 0.00	0 0.00	0 0.00	11 16.42	2 2.99	2 2.99	4 5.97	0 0.00	2 2.99	0 0.00	0 0.00	0 0.00	1 1.59	67 100.00
Admin & Clerical % by ethnic group	418 94.57	0 0.00	3 0.68	0 0.00	0 0.00	0 0.00	2 0.45	2 0.45	9 2.04	0 0.00	2 0.45	1 0.23	2 0.45	1 0.23	1 0.23	1 0.23	0 0.26	442 100.00
Nursing Learners % by ethnic group	7 100.0	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 12.50	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	7 100.00
Total no. staff % of total staff	1755 95.07	4 0.22	11 0.60	1 0.05	0 0.00	3 0.16	3 0.16	18 0.98	18 0.98	2 0.12	7 0.38	4 0.22	8 0.43	2 0.12	1 0.05	7 0.38	2 0.12	1846 100.00
% Rotherham pop²	95.94	0.43	0.53	0.14	0.04	0.20	0.11	0.20	1.90	0.01	0.12	0.07	0.07	0.01	0.12	0.11	-	100.00

¹ All Managers in NHSR who do not belong to one of the other functional groups represented.

² Based on 2001 Census statistics published by Office National Statistics.

1.1 Table 2 NHSR Staff in post by Pay Band analysed by Ethnic Group at 31st March 2009

Staff Group	White British	White Irish	White Other	Mixed white/black caribb	Mixed white/black african	Mixed white/Asian	Other mixed	Indian	Paki-stani	Bangla-deshi	Other Asian	Black caribb	Black African	Other black	Chinese	Other ethnic group	Not stated	Total
On non-A4C scales % by ethnic group	64 70.33	1 1.10	2 2.20	0 0.00	0 0.00	0 0.00	1 1.10	11 12.09	3 3.30	2 2.20	4 4.40	0 0.00	2 2.20	0 0.00	0 0.00	0 0.00	1 1.10	91 100.00
Band 7-9 % by ethnic group	338 94.41	2 0.56	5 1.40	0 0.00	0 0.00	3 0.84	0 0.00	3 0.84	1 0.30	0 0.00	0 0.00	0 0.00	1 0.30	1 0.30	0 0.00	3 0.84	1 0.93	358 100.00
Band 5-6 % by ethnic group	570 96.28	1 0.17	1 0.17	0 0.00	0 0.00	0 0.00	1 0.17	1 0.17	9 1.52	0 0.00	2 0.34	4 0.68	2 0.34	0 0.00	0 0.00	1 0.17	0 0.18	592 100.00
Band 3-4 % by ethnic group	521 97.02	0 0.00	2 0.37	0 0.00	0 0.00	0 0.00	1 0.19	2 0.37	4 0.74	0 0.00	1 0.19	0 0.00	2 0.37	1 0.19	1 0.19	2 0.37	0 0.00	537 100.00
Band 1-2 % by ethnic group	262 97.76	0 0.00	1 0.37	1 0.00	0 0.00	0 0.00	0 0.00	1 0.37	1 0.37	0 0.00	0 0.00	0 0.00	1 0.37	0 0.00	0 0.00	1 0.37	0 0.00	268 100.00
% Rotherham pop	95.94	0.43	0.53	0.14	0.04	0.20	0.11	0.20	1.90	0.01	0.12	0.07	0.07	0.01	0.12	0.11	-	100.00

PLEASE NOTE: Medical and dental staff and senior executives remain outside the Agenda for Change process.

The most under-represented group across functions and each Agenda for Change pay band is of Pakistani origin. Within the Band 7-9 range there would need to be around 5 more people at that level to be reflective of their presence in the local population.

In Band 5-6 the PCT would require 2 more employees of Pakistani origin to be representative.

In Band 3-4 the PCT would require 6 more employees of Pakistani origin to be representative.

In Band 1-2 the PCT would require around 4 more employees of Pakistani origin to be representative.

The second most under-represented group is of White Irish Origin, requiring around 1 employee to reflect representation in Rotherham.

The second most under-represented group is of White Irish Origin, requiring around 4 more employees to reflect representation in the Rotherham population.

1.1 Table 3

NHSR Employee representation compared to local population by Ethnic Group – Summary of Changes

Staff Group	Total Asian	Total Black	Chinese	White Other	White Irish	Other	Total Ethnic Minority Groups	Total British White	Total not stated
% Total Staff	2.46	0.77	0.05	0.60	0.22	0.75	4.85	95.07	0.12
% Rotherham Population	2.23	0.15	0.12	0.53	0.43	0.60	4.06	95.94	0.00
Variance	+0.23	+0.62	-0.07	+0.07	-0.21	+0.15	+0.79	-0.87	+0.12
% Total Staff 12 months earlier: 31 March 2008	2.51	0.51	0.11	0.68	0.17	0.74	4.72	94.92	0.35
%Variance between 31 March 2009 and position 12 months previously	-0.05	+0.26	-0.06	-0.08	+0.05	+0.01	+0.11	+0.15	-0.21

The percentage of Asian employees of the PCT has decreased since the previous report, however rises in the percentage of black employees has resulted in an overall increase in the proportion of ethnic minority staff compared to white British staff.

1.1 Table 4

Staff Group	White British	White Irish	White Other	Mixed white/ black caribb	Mixed white/ black african	Mixed white/ Asian	Other mixed	Indian	Pakistani	Bangla - desh	Other Asian	Black caribb	Black African	Other black	Chinese	Other ethnic group	Not stated	Total
% Rotherham pop	95.94	0.43	0.53	0.14	0.04	0.20	0.11	0.20	1.90	0.01	0.12	0.07	0.07	0.01	0.12	0.11	-	100
Actual in post	1755	4	11	1	0	3	3	18	18	2	7	4	8	2	1	7	2	1846
"Ideal" proportion	1771	8	10	3	1	4	2	4	35	0	2	1	1	0	2	2	0	1846

This table demonstrates the number of employees that ideally should be in post if the workforce as a whole was to be representative of the local population origin in order to be in line with representation within Rotherham's population.

1.1 Commentary

There has been little change in the proportionate representations of ethnic groups employed over the past 12 months, and the ethnic minority representation within the PCT workforce slightly outstrips that of the local population.

Pakistani representation remains the highest under-represented group of 18 employees, 17 less than would be required to be locally proportionate. Representation remains low across all levels and functional groups.

By contrast, Indian representation remains above that of the local population overall and across all levels and the majority of functional groups. However, the spread across pay levels and functional groups is variable e.g. other Asian employees mostly occupy Medical & Dental posts and currently reside on old pay scales.

White Irish is significantly under-represented (4 employees with 8 as the target representation) overall. White British representation is now slightly below that of the local population, by around 16 employees, although still with significant under-representation in Medical and Dental posts. White Other % representation slightly exceeds that of the local population overall although spread is variable with representation lacking in qualified nursing roles and across pay bands 1 to 4.

There are now 4 employees of mixed white and other origins (with 8 as the target representation).

Black Caribbean and Black African and Other Black employee representation proportionately exceeds that of Rotherham by 3 and 7 and 2 employees respectively. However, representative spread across functional groups is variable, the majority of employees of Black Caribbean and Black African groups occupying qualified nursing and ST&T posts and in bands 5 -6. The employee of Other Black origin occupies an ST&T post. There are no black employees at all within PCT management roles.

Representation of employees of Other Mixed and Other ethnic groups exceed representation in Rotherham with spread across pay level and groups remaining variable.

1.1 Table 5. Summary of Progress against Targets to improve representation in line with that of the local community

Targets identified within 2005/6 Equality & Diversity Strategic Action Plan

Local Target at April 2005	Progress against Target	Conclusion
<ul style="list-style-type: none"> To achieve BME representation in line with that of the Rotherham population at 4.06% i.e. 68 employees³. 	BME representation exceeds local BME representation in local population. Total White British population is less than presence of that group within the local population.	The Total BME employee % at March 2003 was 4.18%. This total is now 4.85% of total workforce or 89 people and more than the representation within Rotherham of 4.06%.
<ul style="list-style-type: none"> To increase Pakistani, and White Irish representation to that of the Rotherham population (1.9%, 0.43% i.e. 35 and 8 employees⁶ respectively)(12 and 1 employees respectively, in post at 31.03.05) 	The representation of White British origin has decreased since September 2004. Pakistani representation has remained unchanged in the last period.	These groups remain significantly under-represented across the total workforce and all pay bands and functional groups compared to their % representation within Rotherham.
<ul style="list-style-type: none"> To ensure reasonable spread of 	Reasonable spread across staff groups and	Spread of representation of most BME

³ Ideal number of employees is based on total employees on workforce at 31 Mar 2005 of 1664. Numbers will change proportionately with increases and decreases in total number of staff in post over time.

representation across departments and all levels.	pay bands is not being achieved in all areas – see 1.1 commentary.	groups is variable and below reasonable levels in bands 1-2, 3-4. Representation in PCT manager, Qualified Nursing, Nursing Support, AHP Support and Ancillary roles remains low.
<ul style="list-style-type: none"> To increase spread of Chinese representation across all staff groups. Increase total representation to 0.12% <i>i.e. 2 employees (0 employees in post at 31.03.05)</i> 	We now employ 1 employee of Chinese origin. One left in a previous period.	

ACTIONS:

The continued focus of promoting employability opportunities will further enhance NHSR's reputation as an equal opportunities employer. The NHSR's current financial position is recognised and it is anticipated that any external funding for employability schemes will be utilised if appropriate and available. In the absence of any specific funding for the continued promotion of employability schemes it is proposed that employability opportunities and positive action initiatives to address under-representation of ethnic and other diverse groups be kept on the agenda through a variety of mechanisms:-

- ❖ Closer working with Jobcentre plus and any other relevant agencies to increase under represented areas in the workforce and to access any appropriate schemes including external funding
- ❖ We have currently employed an Employability Advisor for an 18 month period, which will focus on encouraging different minority groups into the PCT, including people with disabilities; young people e.g. school leavers, people with mental health issues etc. We will work with local agencies in order to improve vital connections.
- ❖ Working with under-represented areas of the community and schools to raise awareness of the various employment opportunities and entry routes which NHSR and the NHS has available, including apprenticeships, work placements.
- ❖ A research study involving the collation and analysis of primary and secondary data is taking place to identify barriers to employment specifically underlying Pakistani employees' under-representation within NHSR. The report's recommendations will focus on practical

and achievable positive action initiatives to remove those barriers and increase the number of applicants applying and succeeding in their applications for jobs/ employability opportunities across all Rotherham Pakistani groups.

The employability approach is part of the PCT's current organisational development/human resources strategy and contributes to achieving the aims of the equality and diversity strategic agenda as well as going towards meeting the aims of the Care Quality Commission development standards. Critically, the employability focus also contributes towards the PCT's purpose of improving health.

1.2 Table 1 PCT Staff in post by age and function at 31st March 2009

Staff Group	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Total
Other NHSR Managers ⁴	0	0	1	7	9	12	20	16	8	1	74
Qualified Nurses	0	6	36	42	67	96	108	102	35	15	507
Healthcare Support	1	23	26	27	48	74	103	70	69	41	482
Qualified ST&T staff	0	14	25	38	53	51	44	27	13	2	267
Medical & Dental	0	0	3	5	7	5	12	20	6	9	67
Admin & Clerical	1	28	39	28	68	59	77	71	40	31	442
Nursing Learners	0	0	0	3	2	1	1	0	0	0	7
Total no. staff	2	71	130	150	254	298	365	306	171	99	1846
% of total staff	0.11	3.85	7.04	8.13	13.76	16.14	19.77	16.58	9.26	5.36	100.00
Rotherham %	*	8.01	9.37	12.01	12.27	11.62	10.25	11.30	9.58	15.52	100.00
Difference from Rotherham %		-4.84	-2.33	-3.88	+1.49	+4.52	+9.52	+5.28	-0.32	-10.16	0.00

*No accurate comparator with Census 2001

⁴ All Managers in NHSR who do not belong to one of the other functional groups represented.

1.2 Table 2 PCT Staff in post by age and pay band at 31st March 2009

Staff Group	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Total
On old Payscale (incl medical)	0	0	4	6	11	5	19	26	10	10	91
Band 7-9	0	0	11	33	65	61	82	78	23	5	358
Band 5-6	0	23	66	57	86	115	102	87	41	15	592
Band 3-4	0	34	38	39	67	82	110	68	60	39	537
Band 1-2	2	14	11	15	25	35	52	47	37	30	268
Total no. staff	2	71	130	150	254	298	365	306	171	99	1846
% of total staff	0.11	3.85	7.04	8.13	13.76	16.14	19.77	16.58	9.26	5.36	100.00
Rotherham %		8.01	9.37	12.01	12.27	11.62	10.25	11.30	9.58	15.52	100.00
Difference from Rotherham %		-5.84	-2.33	-3.88	+1.49	+4.52	+9.52	+5.28	-0.32	-10.16	0.00

1.2 Commentary

Representation of employees under age 35 and over 60 remains significantly lower than that reflected in the Rotherham population. All employees under 20 years are employed at pay band level 1-2 and within admin and clerical and healthcare support roles. There are no employees under 25 years in pay bands 7-8, which may be due to the levels of experience they are required to demonstrate for many posts at the more senior levels resulting in younger applicants and internal employees being screened out. Relatively few employees over the age of 60 occupy posts in bands 7-8 (although in proportion to the age profile of the workforce as a whole.) The introduction of the age legislation in October 2006 and the decision by the Board to abolish the need to retire at age 65 will, it is hoped encourage staff to stay on or encourage staff who have retired to come back to work.

1.2 Table 3: Progress against Targets to improve representation in line with that of the local community

Targets identified within 2005/6 Equality & Diversity Strategic Action Plan

Local Target at April 2005	Progress against Target	Conclusion
1) To increase year on year % representation of the following age groups towards that of the local population:		
• Under 20s to 0.8% (:13 employees)	There are 2 employees in post at 31.3.09, 2 fewer than position 6 months ago	Representation remains significantly below that reflected in the local population.
• 20-24 to 8% :(147 employees)	Remaining static	Remains significantly under-represented by 76 employees
• 25-29 to 9.37% (:173 employees)	Decreased in last six months	Remains under-represented by 43 employees
• Over 60s to 15.52% (:286 employees)	Static in last 6 months	Still needs 2.9 times as many employees of this age group to reflect the representation of the local population.

The extent to which the increase in numbers of the age groups referred to in the above targets, is due to natural age increases of the existing workforce is not clear and it must be borne in mind that the local population age group benchmark comparators are as at the 2001 census.

ACTIONS:

The employment of a schools co-ordinator came to an end in 2007, however we have employed an Employability Co-ordinator who will work for 18 months over three days who will focus on improving access and attraction of under-represented age groups to employability opportunities available. Age groups gaining from this focus include young people (NEET's, school pupils for example) and other age groups within other target groups i.e. New Deal unemployed (including lone parents and disability).

Working Beyond Age 65 years

The Trust Board approved the removal of the PCT's retirement age of 65 years to enable employees to remain in employment beyond this age if they choose to do so. The Board recognised the advantages to workforce diversity of encouraging individuals to remain in employment beyond the normal retirement age. The proportion of employees over age 60 across the workforce is under-represented compared to overall representation within the local population. NHSR's decision to remove the retirement age is beyond the minimum requirements stipulated in the Employment Equality (Age) Regulations 2006, which came into force from October 2006 and is demonstrative of the PCT's commitment to fulfil its diversity-related values of Putting People First, Continuously Improving Quality of Care, Respect and Dignity.

Recruitment and Selection

The requirement to avoid unfair age discrimination has always been Trust policy and part of its training; however NHSR has reviewed its position in relation to the requirements of the legislation and revised:

- The Recruitment Guidelines and the content of the Managing People Recruitment & Selection training to stress the requirements not to discriminate on age or any diversity related grounds throughout the recruitment & selection process. Also incorporation of specific age equality awareness training into the mandatory Equality & Diversity (renamed Dignity at Work) training for staff and into the Managing People training for line managers re-enforces this message to staff.

1.3 – 1.5 Table 2 NHSR staff in post by occupational group at 31st March 2009

	1.3 by Gender		1.4 by hours		1.5 by disability
Staff Group	Male	Female	Full-Time	Part-time	Disability
Other NHSR Managers ⁵	33	41	59	15	5
Qualified Nurses	32	475	278	229	8
Health Care Support	57	425	107	375	15
ST&T Qualified Staff	27	240	131	136	9
Medical & Dental	38	29	14	53	1
Admin & Clerical	56	386	207	235	12
Nursing Learners	0	7	7	0	0
Total No.	243	1603	803	1043	50
% of Total	13.16	86.84	43.50	56.50	2.70
Rotherham %	46.63	53.37	-	-	7.90
Difference	-33.47	+33.47	-	-	-5.20

⁵ All Managers in NHSR who do not belong to one of the other functional groups represented.

1.3 – 1.5 Table 2 NHSR staff in post by pay band at 31st March 2009

	1.3 by Gender		1.4 by hours		1.5
Staff Group	Male	Female	Full-Time	Part-time	Disability
Non-A4C bands	40	51	20	71	1
Band 7-9	65	293	225	133	10
Band 5-6	63	529	322	270	16
Band 3-4	60	477	200	337	16
Band 1-2	15	253	36	232	7
Total No.	243	1603	803	1043	50
% of Total	13.16	86.84	43.50	56.50	2.70
Rotherham %	46.63	53.37	-	-	7.90
Difference	-33.47	+33.47	-	-	-5.20

1.2 – 1.5 Commentary

Age

Male employees remain significantly under-represented and female representation on the workforce exceeds that within the local population. Female representation has continued to increase to 86.84% and correspondingly male representation decreased to 13.16% although numbers of male staff have continued to increase over time. The biggest discrepancy between male and female representation continues to be in relation to employees in Bands 1-2. Within functional groups male representation is proportionately lowest within Healthcare Support and Qualified Nursing posts. Male representation exceeds female in Medical and Dental posts.

Disability

Greatest representation is within nursing, healthcare support roles and admin & clerical roles and in Bands 3-6. Representation is of greatest concern in ST&T and medical and dental roles where there continues to be no employees who have declared a disability.

Disabled employees who are monitored for the purposes of this report are those who have declared a disability on their NHS Jobs application form or were already known to the Trust prior to the introduction of ESR via statements on application forms. Although a recent NHSR-wide questionnaire, encouraging all employees to declare their disability status for confidential monitoring purposes has resulted in an increase in staff numbers declaring a disability from 16 to 50, this is still a significant under-representation from that within the local population as at 2001. In addition, we may have staff whom, since commencing employment with NHSR, have become disabled due to a variety of reasons and so it will be important to repeat this exercise periodically in order to make our disability monitoring statistics as accurate as possible whilst taking into account their limitations.

Full and Part-time

Full-time post holders are still the majority within NHSR management, ST&T and qualified nursing posts.

1.3 -1.5 Table 3: Progress against Targets to improve representation in line with that of the local community

Targets identified within 2005/6 Equality & Diversity Strategic Action Plan

Local Target at April 2005	Progress against Target	Conclusion
<ul style="list-style-type: none">To increase the % males to 20% (incremental increase towards 46.63% goal) over 5 years i.e. 369 employees	243 males in post at 31.03.09	Male representation remains significantly under-represented and below 20% target across all functional groups except Medical and Dental Other PCT Managers) and all pay bands.
<ul style="list-style-type: none">To increase % disabled employees year on year towards 7.9% (:132 employees⁶)	A total of 50 employees in post with a declared disability. Identified due to recent information request to staff (continuing)	Declared Disabled employees remain highly under-represented within the PCT workforce across all functional groups and at all levels.

ACTIONS:

Gender

The NHSR is exploring how more males can be recruited to the workforce into all staff groups linking with the national Positive Image Campaign driven by the SY WDC at local level. The impact of this campaign will be long-term; a strong emphasis of the campaign is upon males in terms of encouraging them to consider a career in the NHS. The impact on NHSR of this campaign will be difficult to measure due to the inability to demonstrate direct causal links to any increase in male representation. In April 2007 there was a legal requirement for public authorities to develop a Gender Equality Scheme, this was completed by the Trust in October 2007.

Disability

In terms of attracting disabled applicants to NHSR, we continue to hold the two-tick symbol and the Trust has completed necessary adjustments to its work premises to comply with its legal responsibilities to disabled service users and employees under the Disability Discrimination Act 1995. NHSR's commitment to honouring its legal obligations under the DDA and legal duties enshrined within its Disability Equality Scheme and moral obligations to support potential and actual employees within this group, is demonstrated through its focus on disability issues within Equality & Diversity training, Recruitment & Selection training, Managing Sickness Absence Training and Mental Health First Aid training for Managers.

Part-time Working

Part-Time working is promoted within the recruitment and selection process. The recruitment pack to applicants includes reference to the various potential flexible working options and all job adverts carry a strap line referring to flexible working. Flexible working options in support of part-time working include term-time working, voluntary reduced hours, annualised hours and compressed hours and home working.

Joint Disability Equality Scheme

The Joint Disability Equality Scheme was introduced in 2006 to comply with the requirements of the Disability Discrimination Regulations. This was developed in partnership between RMBC, RFT and NHSR. The Scheme incorporates a joint commitment to promote disability equality in relation to all aspects of service access, delivery and employment practices. The employment side of the scheme will include bespoke local actions determined at organisational levels to ensure that NHSR continues to pro-actively promote disability equality as part of its Diversity agenda at strategic and operational levels. Following on from the Joint Disability Scheme a local action plan was developed in 2006 by the PCT.

Single Equality Scheme

Consultants from ARC have completed a piece of work to help identify areas we need to focus on when moving towards a Single Equality Scheme. ARC will assist us in identifying priority areas from our existing race, disability, gender equality schemes to facilitate this process.

2. Applicants for posts - NHS Jobs online

NHS Rotherham now uses NHS Jobs to advertise all posts and encourage job applications. This means that all personal details about job applicants are entered by the applicants themselves at the time of application. NHS jobs offers some reporting facilities based on the diversity of applicants, however it does not allow us to track the progress of the applicant through the application process and report on reasons why the applicant may be unsuccessful in obtaining a post, nor does it allow reporting by post type or band. However it does report on the number of applicants by ethnicity, age, Gender, Disability, Religion and Sexuality and with all of these it will also demonstrate how many were shortlisted and appointed.

2.1 Applications by Ethnicity

Total no. of applications October 2008 – March 2009 (all posts)

Ethnic Group	Number Apps	% of total	% local pop.	Shortlisted*		Appointed	
				Number	% of apps	Number	% of apps
White British	3746	79.06%	95.94%	716	19.11%	139	3.71%
White Irish	26	0.55%	0.43%	6	23.08%	0	0.00%
White Other	113	2.38%	0.53%	22	19.47%	3	2.65%
Indian	266	5.61%	0.20%	65	24.44%	2	0.75%
Pakistani	191	4.03%	1.90%	36	18.85%	1	0.52%
Bangladeshi	23	0.49%	0.01%	8	34.78%	1	4.35%
Other Asian	39	0.82%	0.12%	9	23.08%	0	0.00%
Mixed white/black Caribbean	19	0.40%	0.14%	3	15.79%	0	0.00%
Mixed white/black African	9	0.19%	0.04%	2	22.22%	0	0.00%
Mixed white/Asian	15	0.32%	0.20%	5	33.33%	0	0.00%
Mixed other	13	0.27%	0.11%	1	7.69%	0	0.00%
Black Caribbean	25	0.53%	0.07%	4	16.00%	0	0.00%
Black African	167	3.52%	0.07%	24	14.37%	1	0.60%
Black other	6	0.13%	0.01%	1	16.67%	0	0.00%
Chinese	24	0.51%	0.12%	5	20.83%	0	0.00%
Other	29	0.61%	0.11%	7	24.14%	0	0.00%
Not stated	27	0.57%	-	6	22.22%	0	0.00%
Total	4738	100.00%	100.00%	920	19.42%	147	3.10%

* of applicants of that ethnic group who were shortlisted

A much larger proportion of applicants are of an ethnic minority background than are represented in the local population. This may reflect the wider initial attraction range of an internet-based application system, including the fact that people are attracted from across the UK and are not necessarily resident in the local population. The number of applications of Indian and black African background is particularly high.

2.2 All applications by Age Band October 2008 – March 2009

Age Band	Number	% of total	% local pop.	Shortlisted		Appointed	
				Number	% of apps	Number	% of apps
16-19	158	3.33%	*	15	9.49%	1	0.63%
20-24	918	19.38%	8.01%	128	13.94%	17	1.85%
25-29	944	19.92%	9.37%	191	20.23%	26	2.75%
30-34	628	13.25%	12.01%	131	20.86%	17	2.71%
35-39	580	12.24%	12.27%	119	20.52%	24	4.14%
40-44	514	10.85%	11.62%	115	22.37%	20	3.89%
45-49	465	9.81%	10.25%	105	22.58%	21	4.52%
50-54	328	6.92%	11.30%	87	26.52%	14	4.27%
55-59	165	3.48%	9.58%	23	13.94%	4	2.42%
60+	38	0.80%	15.52%	6	15.79%	3	7.89%
Total	4738	100.00%	100.00%	920	19.42%	147	3.10%

2.3 All applications by Gender October 2008 – March 2009

Gender	Number	% of total	% local pop.	Shortlisted		Appointed	
				Number	% of apps	Number	% of apps
Male	1120	23.64%	13.73%	171	15.27%	18	1.61%
Female	3609	76.17%	86.27%	749	20.75%	129	3.57%
Undisclosed	9	0.19%	-	0	-	0	-
Total	4738	100.00%	100.00%	920	19.42%	147	3.10%

2.4 All applications by Disability October 2008 – March 2009

Disabled	Number	% of total	% local pop.	Shortlisted		Appointed	
				Number	% of apps	Number	% of apps
Yes	171	3.61%	7.9%	41	23.98%	5	2.92%
No	4545	95.13%	92.1%	877	19.30%	142	3.12%
Undisclosed	22	0.46%	-	2	9.09%	-	-
Total	4738	100.00%	100.00%	920	19.42%	147	3.10%

2.5 All applications by religion October 2008 – March 2009

Religious Group	Number	% of total	% local pop.	Shortlisted		Appointed	
				Number	% of apps	Number	% of apps
Atheism	453	9.56%	10.22%	85	18.76%	13	2.87%
Buddhism	27	0.57%	0.05%	6	22.22%	1	3.70%
Christian	2953	62.33%	79.42%	583	19.74%	93	3.15%
Hindu	125	2.64%	0.10%	33	26.40%	1	0.80%
Islam	255	5.38%	2.18%	56	21.96%	4	1.57%
Jain	4	0.08%	Not known	1	25.00%	0	0.00%
Judaism	0	0.00%	0.02%	0	-	0	0.00%
Sikhism	22	0.46%	0.08%	3	13.64%	0	0.00%
Other	491	10.36%	0.15%	65	13.24%	17	3.46%
Undisclosed	408	8.61%	7.78%	88	21.57%	18	4.41%
Total	4738	100.00%	100.00%	920	19.42%	147	3.10%

2.6 All applicants by sexuality October 2008 – March 2009

Group	Number	% of total	% local pop.	Shortlisted		Appointed	
				Number	% of apps	Number	% of apps
Lesbian	15	0.32%	n/a	3	20.00%	0	0.00%
Gay	30	0.63%	n/a	3	10.00%	1	3.33%
Bisexual	24	0.51%	n/a	7	29.17%	0	0.00%
Heterosexual	4330	91.43%	n/a	841	19.42%	139	3.20%
Undisclosed	337	7.11%	n/a	66	19.58%	7	2.08%
Total	4738	100.00%	100.00%	920	19.42%	147	3.10%

Ethnicity

21.9% of all applicants via NHS Jobs in the last six months were of a BME background. This is much greater than the percentage of BME persons in the local population, though applications come from all over the country and abroad via NHS Jobs. There were 266 applications of Indian origin in the period (5.6% of all applicants) for a wide range of different posts, although some individuals made applications to multiple posts. 8 people of ethnic minority backgrounds were successful in being offered posts in this reporting period. This equates to 0.8% of all BME applicants whose progress was tracked in the period, which was considerably lower than the 3.7% of white British applicants successfully being offered posts. This is despite a higher proportion of total applicants from most BME groups (except Pakistani, Mixed Other and all Black groups) being successfully shortlisted than from white applicants. It suggests that many BME applicants are failing to progress beyond the interview process. For example, Pakistani applicants, the largest BME group in Rotherham, constituted 4.0% of total applicants via NHS Jobs (152 applicants), 36 (just less than 25% of all Pakistani applicants) were shortlisted for interview and only 1 being successful in being offered a post, fewer than the previous period and far lower as a proportion of total applicants offered posts than the proportional representation of Pakistani people within the local population.

Age

The proportions of each age group's applicants succeeding at shortlist stage was markedly higher for over 20s and 54s-and-under than for under 20s and older age groups. Higher proportions of total applicants from each age group between 35-and 54 years and over 60s than other age groups appear to be being offered posts in the period. However, proportions of total applicants from within each of these age-groups were markedly lower in the first place than the proportions of each of them within the local population, particularly ages 50 and over. This means that far fewer applicants in each group are being attracted in the first place than would be required for a more locally representative outcome at appointment stage.

Applicants under 20 years remain significantly lower than in age groups above 24 years, although 158 people under 20 years applied in this period. 15 of these applicants were shortlisted and 1 was offered a post. The essential requirements for prior experience and qualification levels for posts may be a barrier to younger workers wishing to embark on careers within the NHS.

Gender

The majority of applicants for posts continue to be female. The proportion of male applicants on NHS jobs for posts in the period was 23.6%. 18 males were offered a post in this period, 1.6% of male applicants whose progress was fully tracked, fewer than the previous period. The majority of applicants continue to be screened out at the shortlist stage and once again, a greater proportion of total male applicants than total female applicants were unsuccessful at this early stage of selection.

Furthermore, the proportion of total males being offered posts in this period (1.6% of all fully tracked applicants) was lower than the female proportion in this period (3.6% of all female applicants).

Disability

The number of applicants recorded via NHS Jobs to posts in NHR is considerably higher than the previous period at 171 from 112. 41 applicants were shortlisted with 5 disabled applicants appointed to posts in this period. A higher proportion of disabled applicants achieved the shortlisting stage than those who were not disabled. The under-representation of disabled people in the workforce is concerning as NHR aims to significantly increase workforce representation of disabled employees in order to contribute to improving the overall diversity of the workforce in line with the local population.

Religion

As would be expected from the religious make-up of the local population at the last census count, most applicants in the period are Christian with almost 10% being Atheist. The proportion of Islamic applicants in the period is almost twice that of Islamic representation within Rotherham as at 2001. The proportion of Sikh applications received exceed local representation by almost 6-fold, Hindu applications by 26-fold and Buddhist applications by 10-fold. Although proportions of applicants from most religious groups succeeding at shortlisting stage are comparable, proportions of Islamic and Hindu applicants actually appointed is significantly less than proportions of applicants appointed from other mainstream religious groups. The reasons for this are not known and the position will continue to be monitored.

Sexual Orientation

Whilst the vast majority of applicants disclose themselves as heterosexual, out of 24 and 15 applicants respectively, no lesbian or bisexual applicants were actually appointed to post. The proportion of gay applicants being appointed is comparable with the proportion of heterosexual applicants being appointed. Findings must be read with caution however, given that 7% applicants chose not to disclose their sexual orientation.

CURRENT ACTIONS

Actions aimed at addressing under-representation of staff in post, reported earlier in this report have equal application to this section.

No actions have so far been taken with regards to increasing applications and numbers appointed from minority religious/belief groups. Staff in post are not currently analysed by religion/belief or sexual orientation as this data has not been requested from employees.

Attraction of male and disabled applicants of required calibre to succeed through all stages of selection remains an area requiring focus. The possibility of widening the remit of and participating in employability skills of disabled individuals who face skill-related employment barriers through which we could offer job-related training placements within NHR forms part of the Joint Disability Equality scheme by NHR and partner organisations, including Rotherham Metropolitan Borough Council and Rotherham Foundation NHS Trust.

3. Leavers October 2008 – March 2009 (excluding TUPE transfers, flexible leavers and short-term contracts)

	No.	% of total leavers	% of staff of this category in post
Total Leavers	113	100.00%	100.00%
3.1 Ethnic Group			
White British	105	92.92%	95.07%
White Other	1	0.88%	0.60%
Pakistani	1	0.88%	0.98%
Indian	4	3.54%	0.98%
Mixed White/Black Caribbean	2	1.77%	0.05%
3.2 Age			
<20	1	0.88%	0.11%
20-24	10	8.85%	3.85%
25-29	13	11.50%	7.04%
30-34	11	0.88%	8.13%
35-39	13	11.50%	13.76%
40-44	16	14.16%	16.14%
45-49	12	10.62%	19.77%
50-54	8	7.08%	16.58%
55-59	12	10.62%	9.26%
60+	17	15.04%	5.36%
3.3 Sex			
Male	21	18.58%	13.16%
Female	92	81.42%	86.84%
3.4 Full-time/part-time			
Full-time	43	38.05%	43.50%
Part-time	70	61.95%	56.50%
3.5 Disability			
No. of disabled staff	0	0.00%	7.9%

Ethnicity

The proportion of total leavers who are white British is below the proportion of white British employed by NHSR. Consequently the proportion of BME leavers is higher than the proportional representation employed by NHSR, particularly leavers of Indian and Mixed White/Black Caribbean origin.

Of the 113 leavers in the period, 31 have returned exit questionnaires (a response rate of 27.4%) None of these exhibited concerns on grounds of unequal treatment based on any diversity-related grounds.

92 leavers were female and 21 male, so slightly more males than females per head left the organization in the period. 43 leavers were full-time staff and the rest part-time or bank staff.

Age

The % of leavers in age groups 20-29, and 55+ as a proportion of total leavers (113) in the period, out numbers the % representation of staff of these age groups actually in post. All of these groups have been consistently under-representative of those groups residing in the local population since monitoring commenced. Failure to retain employees from these age groups can only exacerbate this position.

Gender

The proportion of reported male leavers was higher than the proportion of male employees in post. Correspondingly the proportion of female leavers continued was lower than the proportion of females in post. This was a reversal of the situation in the previous period.

Full-Time/Part-Time

There was a slightly lower proportion of full-time leavers than the proportion of full-time employees in post. The reverse is true of part-time leavers, a reversal of the situation in the previous period.

Disability

There have been no leavers with a disability reported in the last 3 years, inferring that the continued low representation of disabled employees in the workforce could be due to recruitment and selection practices rather than retention problems.

4. Promotions October 2008 – March 2009

At the current time, due to shortcomings with the NHS Jobs application form it is impossible to identify job applicants for promotion, this appears to be a national problem and is being followed up with NHS Jobs/NHS Employers. NHS Rotherham in the interim will continue to monitor and report on numbers of staff who actually achieve a promotion in each reporting period.

	No.	% of total promotions	% of staff of this category in post
Total Promotions	52	100.00%	100.00%
4.1 Ethnic Group			
White British	49	94.23%	95.07%
White other	1	1.92%	0.53%
Mixed other	1	1.92%	0.60%
Any other ethnic grp	1	1.92%	0.38%
4.2 Age			
<20	0	0.00%	0.11%
20-24	1	1.92%	3.85%
25-29	7	13.46%	7.04%
30-34	6	11.54%	8.13%
35-39	8	15.38%	13.76%
40-44	7	13.46%	16.14%
45-49	8	15.38%	19.77%
50-54	10	19.23%	16.58%
55-59	4	7.69%	9.26%
60+	1	1.92%	5.36%
4.3 Sex			
Male	5	9.62%	13.16%
Female	47	90.38%	86.84%
4.4 Full-time/part-time			
Full-time	37	71.15%	43.50%
Part-time	15	28.85%	56.50%
4.5 Disability			
No. of disabled staff	1	1.92%	7.9%

Ethnicity

There have been 52 promotions in this period, 3 from BME groups. In this period promotion %'s were in proportion to the representation of ethnic minorities in our workforce for the first time. There is no evidence of unfair selection processes favouring one ethnic group over another in relation to promotion opportunities and it seems more likely that this has arisen due to the current representative composition of the workforce.

Age

The low number of promotions in age groups over 55 and less than 20 years has remained the same as the last reporting period. There may be many reasons for this such as: promotions are not available in their particular field of work, not enough experience or as people get older, fewer of them wish to move into more senior roles. There have been no grievances reported which suggest that discrimination in managerial decision-making may be responsible for individual failing to secure promotion. Without monitoring data relating to numbers applying for promotion in the first place, it is not possible to identify whether this might be an underlying cause.

Full-Time/Part-Time

Part-time post holders, whose representation exceeds that of full-time post holders continue to be less successful in obtaining promotions.

Disability

1 person was promoted in this period, significantly less than proportionate representation of disabled employees in post.

5. Learning & Development

The limitations to reporting on this subject are that monitoring is based solely on delegates who have submitted a learning activity agreement form, approved by their line manager to attend formal learning and development activities including training, e-learning, study courses. It is not possible to report on development received if a learning agreement form has not been completed and submitted to the Learning and Development function. Thus it is not possible to identify numbers of delegates by diverse group who have been refused their request to attend learning and development activities by their manager for any reason.

5.1 Delegates to Training completing course October 2008 – March 2009

	No.	% of total delegates	% of staff of this category in post
Total Delegates	1818	100.00%	100.00%
5.1 Ethnic Group			
White British	1740	95.71%	95.07%
White Irish	6	0.33%	0.22%
White other	6	0.33%	0.60%
Mixed white/black Caribb	4	0.22%	0.05%
Mixed white/Asian	3	0.17%	0.16%
Mixed other	1	0.06%	0.16%
Indian	10	0.55%	0.98%
Pakistani	13	0.72%	1.98%
Asian other	5	0.28%	0.38%
Black Caribbean	9	0.50%	0.22%
Black African	7	0.39%	0.43%
Chinese	2	0.11%	0.05%
Other	9	0.50%	0.38%
Not stated	3	0.17%	-
5.2 Age			
<20	6	0.33%	0.11%
20-24	122	6.71%	3.85%
25-29	161	8.86%	7.04%
30-34	123	6.77%	8.13%
35-39	244	13.42%	13.76%
40-44	268	14.74%	16.14%
45-49	382	21.01%	19.77%
50-54	300	16.50%	16.58%
55-59	148	8.14%	9.26%
60+	64	3.52%	5.36%
5.3 Sex			
Male	167	9.19%	13.16%
Female	1651	90.81%	86.84%
5.4 Full-time/part-time			
Full-time	766	42.13	43.50%
Part-time	1052	57.87	56.50%
5.5 Disability			
No. of disabled staff	27	1.49%	7.9%

N.B. It is worth noting that even if attendances at L&D by a particular group is proportionate or exceeds the % representation of that group in the workforce, this does not mean all employees within each category are getting access to learning opportunities. Indeed any individual may have attended more than one L&D event in the period compared to other staff in the same group who have not had any such attendances in the same period.

In this period the highest number of attendances from a BME group in the period was Pakistani employees, followed by Indian and black Caribbean. We have had attendances on training from all BME groups other than Bangladeshi in this period.

Gender

Once again the proportion of attendances by males remained below proportionate male workforce representation.

Disability

Proportionate attendance of disabled employees is significantly below that of workforce representation of this group.

Part-Time/Full/Time

In this period attendances from part-time and full time staff were close to the representation of each group in the workforce.

5.6 Number of Applications/Applicants and attendees for Training – Ethnicity October 2008 – March 2009

	White British	White Irish	White Other	Mixed white/black caribb	Mixed white/black african	Mixed white/Asian	Other mixed	Indian	Paki-stani	Bangla-deshi	Other Asian	Black caribb	Black African	Other black	Chines e	Other ethnic group	Not stated /undef ined	Total
Number applications for training	3341	6	19	7	0	7	3	13	35	0	8	11	17	1	2	12	3	3485
Number applications actually attended	1494	6	10	4	0	3	0	7	13	0	4	7	5	0	2	8	2	1565
% of total applications attended	44.7%	100%	52.6%	57.1%	0.0%	42.9%	0.0%	53.8%	37.1%	0.0%	50.0%	63.6%	29.4%	0.0%	100%	66.7%	66.7%	44.9%
Number of individual applicants for training	1239	3	7	1	0	3	1	7	12	0	5	3	5	1	1	6	1	1296
Number of applicants who attended training event	829	3	5	1	0	2	0	6	5	0	4	3	2	0	1	3	1	865
% of total applicants who attended training	66.9%	100%	71.4%	100%	0.0%	66.7%	0.0%	85.7%	41.7%	0.0%	80.0%	100%	40.0%	0.0%	100%	50.0%	100%	66.7%

5.7 Number of Applications/Applicants and attendees for Training – Disability/Gender/Age October 2008 – March 2009

	Disabled	Male	Female	Age <-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60+
Number applications for training	80	360	3125	2	201	324	273	492	515	751	581	242	104
Number applications actually attended	35	161	1404	0	108	139	109	218	218	336	261	118	58
% of total applications attended	43.8%	44.7%	44.9%	0.0%	53.7%	42.9%	39.9%	44.3%	42.3%	44.7%	44.9%	48.8%	55.8%
Number of applicants for training	35	136	1160	1	58	104	97	182	218	266	213	103	54
Number of applicants who attended training event	20	91	774	0	40	73	59	117	135	184	147	74	36
% of total applicants who actually attended training	57.1%	66.9%	66.7%	0.0%	69.0%	70.2%	60.8%	64.3%	61.9%	69.2%	69.0%	71.8%	66.7%

Table 5.6 & 5.7

Number of Applications/Applicants and attendees for Training – Ethnicity/Disability/Gender/Age October 2008 – March 2009

Commentary

It is apparent through the monitoring of applications for training that there is a large number of staff who apply for training and for whatever reason do not actually attend. This could be for a number of reasons e.g. job related, sickness etc. 66.7% of all applicants actually attended training in this period, as opposed to just 52% in the previous six month period, despite a fall in the percentage of attendances for all applications (from 58.5% to 44.9%)

Ethnicity

Table 5.6 demonstrates that the majority of ethnic groups are accessing training at different times of the reporting period, although Pakistani, Black African and Other ethnic group applicants actually attending training that they applied for is much lower than the proportions of other ethnic minority groups actually attending. The reasons for this are not known.

Table 5.7 Findings

Whilst most applicants actually attend training from each group reported in table 5.7, the proportion of disabled applicants actually attending training that they applied for is less than for other groups by age and gender.

6. Bullying & Harassment

There have been 2 new cases of bullying and harassment reported by Contact Officers, HR Managers or Line Managers for the purposes of monitoring in the period October 2008 – March 2009. Both involved alleged bullying by managers. One involved a white female and the other a white male.

The HR Team are continuing to raise the profile of the reporting procedures set out in section 9.1 of the Bullying & Harassment policy and procedure to PCT Managers via the Equality & Diversity Managing People Training as it is suspected that not all reports of bullying or harassing behaviour- particularly those which are resolved informally rather than being formally investigated and therefore brought to the attention of a HR Manager- reported to line managers are being recorded and submitted to the HR information Manager for monitoring purposes. Therefore it cannot be said that there have been no incidents of such behaviour occurring and resolved informally in the current reporting period.

7. Disciplinaries

10 new disciplinary events were reported for monitoring purposes in the period. 6 of these concerned an incident of negligence involving 6 different members of care home staff. 2 incidents involved males and 8 involved females. 9 were of White British and one was of Black Caribbean origin. One person received a final written warning.

8. Grievances

Two grievances were notified during the period, one was a collective grievance on health and safety grounds which involved an informal meeting with trade union representation. The other concerned the behaviour of a fellow member of staff, but was withdrawn at a later date.

NB. The relatively small numbers of reported incidences means that statistically significant conclusions can be difficult to reach. The Trust will continue to monitor these events within the spirit of its core values of Putting People First, Working in Partnership, Continuously Improving Quality of Care, Showing Compassion, Respect and Dignity, Listening and Learning and Taking Responsibility and Being Accountable.

APPENDIX 1 Staff Survey 2008 Analysis of Survey Responses by Diverse Group

It is recommended that, with effect from the 2009 Staff Survey onwards this analysis by diversity of staff survey responses forms an intrinsic part of the overall staff survey response analysis prepared for consultation at Trust Board, PE and within individual directorates to ensure that diversity priorities are mainstreamed within the organisation and are incorporated specifically into corporate staff survey action plans and their ongoing monitoring arrangements.

Gender, Disability and Ethnicity. Staff Survey 2008	PCT	Men	Women	Disabled	Non Disabled	White	Ethnic Minority
Feeling satisfied with the quality of work and patient care they are able to deliver	60	53	59	52	59	59	56
Agreeing their role makes a difference to patients	87	85	88	83	87	87	100
Feeling valued by work colleagues	85	89	84	76	86	85	87
Agreeing they have an interesting job	80	83	78	74	80	79	88
Quality of job design	3.47	3.53	3.46	3.58	3.46	3.47	3.53
Work pressure felt by staff	2.88	2.85	2.85	2.87	2.85	2.85	2.87
Working in a well structured team environment	48	50	49	56	49	49	50
Trust commitment to work life balance	3.82	3.86	3.83	3.74	3.85	3.83	3.98
Working extra hours	52	58	51	49	53	53	28
Using flexible working options	88	85	89	98	87	88	89
Feeling there are good opportunities to develop their potential at work	52	50	51	41	53	52	33

Receiving job relevant training in the past 12 months	83	78	83	83	82	82	94
Apprised in the past 12 months	72	82	70	69	73	72	67
Having well structured appraisals	37	42	36	36	37	37	44
Appraised with PDPs in past 12 months	66	75	64	59	67	66	61
Support from immediate managers	3.74	3.66	3.75	3.58	3.77	3.75	3.86
Receiving health and safety training in past 12 months	60	50	61	63	59	59	56
Suffering work related injury in past 12 months	8	9	8	13	8	8	13
Suffering work related stress in past 12 months	26	19	26	37	24	25	25
Availability of hand washing materials	4.54	4.71	4.50	4.49	4.54	4.55	4.20
Witnessing potentially harmful errors, near misses or incidents in last month	21	21	21	35	19	21	17
Reporting potentially harmful errors, near misses or incidents in last month	98	86	99	94	97	97	-
Fairness / effectiveness of reporting harmful errors, near misses or incidents in last month	3.50	3.49	3.51	3.48	3.51	3.51	3.40
Physical violence from patients / relatives in last 12 months	6	11	4	7	5	5	0
Physical violence from staff in last 12 months	1	2	1	0	2	1	0
Bullying abuse or harassment from patients / relatives in last 12 months	12	15	11	11	12	12	0
Bullying abuse or harassment from staff in last 12 months	13	6	14	24	12	13	0
Perceptions of effective action from employer towards violence and harassment	3.70	3.67	3.71	3.61	3.72	3.72	3.50
Reporting good communication between senior management and staff	35	42	33	33	35	35	35
Agreeing they understand their role and where it fits	52	54	52	50	53	53	35
Able to contribute towards improvements at work	73	79	72	72	74	74	61
Staff job satisfaction	3.67	3.71	3.66	3.63	3.68	3.67	3.71
Staff intention to leave jobs	2.42	2.58	2.38	2.53	2.39	2.41	2.52
Recommend Trust as a place to work	67	65	67	60	69	68	63
Equality and diversity training in last 12 months	30	32	30	32	30	30	33

Believing the Trust provides equal opportunities for career progression or promotion	94	90	94	87	94	93	1
Number of responders	474	66	378	46	397	426	18

Age	PCT	16-30	31-40	41-50	51+
Feeling satisfied with the quality of work and patient care they are able to deliver	60	50	55	63	59
Agreeing their role makes a difference to patients	87	76	85	92	87
Feeling valued by work colleagues	85	84	86	83	87
Agreeing they have an interesting job	80	77	79	83	76
Quality of job design	3.47	3.38	3.38	3.52	3.51
Work pressure felt by staff	2.88	2.78	2.86	2.83	2.90
Working in a well structured team environment	48	57	37	49	56
Trust commitment to work life balance	3.82	3.93	3.83	3.88	3.74
Working extra hours	52	46	41	57	55
Using flexible working options	88	88	90	84	91
Feeling there are good opportunities to develop their potential at work	52	52	46	57	48
Receiving job relevant training in the past 12 months	83	76	88	84	81
Appraised in the past 12 months	72	60	77	76	70
Having well structured appraisals	37	32	34	40	38
Appraised with PDPs in past 12 months	66	53	73	71	60
Support from immediate managers	3.74	3.72	3.70	3.85	3.69
Receiving health and safety training in past 12 months	60	63	58	60	58
Suffering work related injury in past 12 months	8	10	4	8	12
Suffering work related stress in past 12 months	26	17	24	25	30
Availability of hand washing materials	4.54	4.31	4.41	4.60	4.59
Witnessing potentially harmful errors, near misses or incidents in last month	21	15	19	22	20

Reporting potentially harmful errors, near misses or incidents in last month	98	-	100	97	93
Fairness / effectiveness of reporting harmful errors, near misses or incidents in last month	3.50	3.48	3.41	3.55	3.52
Physical violence from patients / relatives in last 12 months	6	4	5	5	6
Physical violence from staff in last 12 months	1	0	2	2	1
Bullying abuse or harassment from patients / relatives in last 12 months	12	13	12	12	9
Bullying abuse or harassment from staff in last 12 months	13	13	15	15	9
Perceptions of effective action from employer towards violence and harassment	3.70	3.73	3.65	3.76	3.68
Reporting good communication between senior management and staff	35	31	30	36	38
Agreeing they understand their role and where it fits	52	54	48	54	52
Able to contribute towards improvements at work	73	69	78	73	71
Staff job satisfaction	3.67	3.65	3.61	3.69	3.69
Staff intention to leave jobs	2.42	2.72	2.54	2.36	2.28
Recommend Trust as a place to work	67	69	63	70	67
Equality and diversity training in last 12 months	30	46	26	31	27
Believing the Trust provides equal opportunities for career progression or promotion	94	94	91	94	93
Number of responders	474	48	99	164	134

Significant Variances: Action Points

Lower numbers of BME and disabled respondents as well as 16-30 year olds having a PDR and PDP in last 12 months

Managers were made aware of this point by email and encouraged to ensure that all staff receive a PDR with PDP annually. This requirement forms an action point within the corporate staff survey action plan for 2009/10.

Lower numbers of BME respondents feel there are good opportunities to develop in their work role compared to other diverse groups. Managers were made aware of this finding in Spring 2009 by email and is supported by the corporate staff survey action point requiring improved attendance and accessibility of appropriate mandatory training modules.

The higher score for work related stress experienced by disabled respondents and respondents over 50 years old will continue to be monitored in future staff surveys. The Health and Safety advisor, lead in implementing the Trust's stress management initiative has been made aware of the position.