



Rotherham

Diversity Report April to September 2010

Human Resources Department
November 2010

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INTRODUCTION

This is the thirteenth report specifically on diversity produced by the Human Resources Department of NHS Rotherham. It covers the period from April to September 2010 and looks at the diversity of staff in post, applicants to posts at 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 the NHSR Annual Report. The content of periodic Equality and Diversity in Employment Strategic Progress reports, produced for NHSR 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 NHSR Equality, Diversity and Human Rights Steering Group and NHSR Directors to discuss and consult on a way forward to address the issue(s).

This report includes information from the whole of NHS Rotherham, which has now split into two separate functions – commissioner and provider. However, until new organisations have been formally established, equality and diversity issues will be covered in a single report for NHS Rotherham. Organisational arrangements for community health services will change in 2011 as a result of the Shaping Our Future initiative and the Primary Care Trust will be abolished from 2013 following the recent White Paper 'Equity and Excellence: Liberating the NHS'. These changes will obviously impact on reporting arrangements for equality and diversity monitoring in the later part of 2010, but ESR is unlikely to transfer staff until around June 2012.

NOTES ON DATA COLLECTION

Whilst information systems are in place to enable us to monitor key elements in line with our legislative duty under equality legislation, 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 30th September 2010 (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	73 93.59	2 2.56	2 2.56	0 0.00	0 0.00	1 1.28	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	0 0.00	78 100.00
Qualified Nurses % by ethnic group	476 97.14	0 0.00	1 0.20	0 0.00	0 0.00	1 0.20	1 0.20	1 0.20	3 0.61	0 0.00	0 0.00	2 0.41	3 0.61	0 0.00	0 0.00	2 0.41	0 0.00	490 100.00
Healthcare Support % by ethnic group	442 97.57	0 0.00	2 0.44	1 0.22	0 0.00	0 0.00	1 0.22	0 0.00	4 0.88	0 0.00	0 0.00	0 0.00	1 0.22	1 0.22	0 0.00	1 0.22	0 0.00	453 100.00
Qualified ST&T staff ² % by ethnic group	265 93.64	1 0.35	4 1.41	0 0.00	0 0.00	1 0.35	0 0.00	4 1.41	1 1.45	1 0.35	1 0.35	0 0.00	0 0.00	1 0.35	0 0.00	2 0.71	2 0.71	283 100.00
Medical & Dental % by ethnic group	47 68.12	0 0.00	3 4.35	0 0.00	0 0.00	0 0.00	0 0.00	12 17.39	1 1.45	1 1.45	3 4.35	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	2 2.90	69 100.00
Admin & Clerical % by ethnic group	430 94.71	1 0.22	5 1.10	0 0.00	1 0.22	1 0.22	0 0.00	1 0.22	7 1.54	0 0.00	2 0.44	1 0.22	2 0.44	1 0.22	1 0.22	1 0.22	0 0.00	454 100.00
Nursing Learners % by ethnic group	10 90.91	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	0 0.00	1 9.09	0 0.00	0 0.00	0 0.00	0 0.00	11 100.00
Total no. staff % of total staff	1743 94.83	4 0.22	17 0.92	1 0.05	1 0.05	4 0.22	2 0.11	18 0.98	16 0.87	2 0.11	6 0.33	3 0.16	7 0.38	3 0.16	1 0.05	6 0.33	4 0.16	1838 100.00
% Rotherham pop³	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 Includes all professionally qualified healthcare professionals other than nursing and medical

³ 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 30th September 2010

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	66 74.16	0 0.00	4 4.49	0 0.00	0 0.00	0 0.00	0 0.00	12 13.48	1 1.12	1 1.12	3 3.37	0 0.00	0 0.00	0 0.00	0 0.00	0 0.00	2 2.25	89 100.00
Band 7-9 % by ethnic group	354 93.90	3 0.80	5 1.33	0 0.00	0 0.00	3 0.80	0 0.00	3 0.80	1 0.27	1 0.27	0 0.00	0 0.00	1 0.27	1 0.27	0 0.00	3 0.80	2 0.54	377 100.00
Band 5-6 % by ethnic group	557 95.54	1 0.17	2 0.34	0 0.00	0 0.00	1 0.17	1 0.17	2 0.34	9 1.54	0 0.00	2 0.34	3 0.51	4 0.69	0 0.00	0 0.00	1 0.17	0 0.00	583 100.00
Band 3-4 % by ethnic group	527 96.88	0 0.00	6 1.10	0 0.00	0 0.00	0 0.00	1 0.18	1 0.18	4 0.74	0 0.00	1 0.18	0 0.00	1 0.18	1 0.18	1 0.18	1 0.18	0 0.00	544 100.00
Band 1-2 % by ethnic group	239 97.55	0 0.00	0 0.00	1 0.41	1 0.41	0 0.00	0 0.00	0 0.00	1 0.41	0 0.00	0 0.00	0 0.00	1 0.41	1 0.41	0 0.00	1 0.41	0 0.00	245 100.00
% 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 6 more people at that level to be reflective of their presence in the local population.

In Band 5-6 NHSR would require 4 more employees of Pakistani origin to be representative.

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

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

1.1 Table 3**NHSR Employees 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	2.29	0.70	0.05	0.92	0.22	0.76	4.93	94.83	0.16
% Rotherham Population	2.23	0.15	0.12	0.53	0.43	0.60	4.06	95.94	0.00
Variance	+0.06	+0.55	-0.07	+0.39	-0.21	+0.16	+0.87	-1.09	+0.16
% Total Staff 12 months earlier: 30 September 2009	2.36	0.80	0.05	0.70	0.21	0.85	4.97	94.85	0.16
%Variance between 30 September 2010 and position 12 months previously	-0.07	-0.10	0.00	+0.22	+0.01	-0.09	-0.04	-0.02	0.00

There has been a very slight fall in the proportion of ethnic minority staff to White British staff in the past year, although the percentage of White British employees remains slightly lower than the local population profile.

1.1 Table 4**NHSR Employees Representation compared to local population by Ethnic Group – numbers in post**

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	1743	4	17	1	1	4	2	18	16	2	6	3	7	3	1	6	4	1838
"Ideal" proportion	1763	8	10	3	1	4	2	4	35	0	2	1	1	0	2	2	-	-

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 NHSR workforce continues to slightly outstrip that of the local population.

Pakistani representation remains the highest under-represented group, with 16 employees, 19 less than would be required to be locally proportionate. Representation remains low across all levels and functional groups. Various remedial actions are being put in place through the vehicle of the Single Equality Scheme and the associated action plan which will be monitored by the Equality, Diversity and Human Rights Steering Group. Actions include recruiting managers offering constructive post-interview feedback on performance to unsuccessful interviewees from under-represented groups (including interviewees from Pakistani backgrounds and disabled people).

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 remains 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 20 employees, although still with significant under-representation in Medical and Dental posts.

There are now 8 employees of mixed white and other origins (with 10 as the target representation).

Black Caribbean, Black African and Other Black employee representation proportionately exceeds that of Rotherham by 2, 6 and 3 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 Scientific, Therapeutic and Technical (ST&T) posts and in bands 5 -6. There are no Black employees at all within NHSR 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. 75 employees⁴. 	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 4.93% of total workforce or 95 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 Irish origin has decreased since September 2004. Pakistani representation has decreased 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 representation across departments and all levels. 	Reasonable spread across staff groups and pay bands is not being achieved in all areas – see 1.1 commentary.	Spread of representation of most BME groups is variable and below reasonable levels in bands 1-2, 3-4. Representation in NHSR 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.e. 2 employees (0 employees in post at 31.03.05) 	We now employ 1 employee of Chinese origin.	

⁴ 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.

ACTIONS:

The continued focus of promoting employability opportunities will further enhance NHR's reputation as an equal opportunities employer. The NHR'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
- ❖ An Employability Advisor was employed for an 18 month period. This has now come to an end, but allowed a focus on encouraging different minority groups into NHR, including people with disabilities; young people e.g. school leavers, people with mental health issues etc. Work with local agencies took place in order to improve vital connections.
- ❖ Work continues with under-represented areas of the community and schools to raise awareness of the various employment opportunities and entry routes which NHR and the NHS has available, including apprenticeships, work placements.
- ❖ A research study has been completed involving the collation and analysis of primary and secondary data to identify barriers to employment specifically underlying Pakistani employees' under-representation within NHR. The report's recommendations 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. These actions have been incorporated into NHR's Single Equality Scheme.

The employability approach is part of NHR'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 NHR's purpose of improving health.

1.2 Table 1 NHSR Staff in post by age and function at 30th September 2010

Staff Group	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Total
Other NHSR Managers ⁵	0	0	1	8	9	14	14	22	8	2	78
Qualified Nurses	0	3	32	49	57	87	95	109	44	14	490
Healthcare Support	1	23	36	28	48	59	82	75	54	47	453
Qualified ST&T staff ⁶	0	14	35	39	51	47	50	24	19	4	283
Medical & Dental	0	0	1	5	10	6	9	20	7	11	69
Admin & Clerical	6	20	40	40	54	71	80	74	39	30	454
Nursing Learners	0	0	4	2	3	2	0	0	0	0	11
Total no. staff	7	60	149	171	232	286	330	324	171	108	1838
% of total staff	0.38	3.26	8.11	9.30	12.62	15.56	17.95	17.63	9.30	5.88	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 %	-	-4.75	-1.26	+2.71	+0.35	+3.94	+7.70	+6.33	-0.28	-9.64	-

*No accurate comparator with Census 2001

1.2 Table 2 NHSR Staff in post by age and pay band at 30th September 2010

Staff Group	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	Total
On old pay scales (incl. medical)	2	1	1	7	13	9	10	25	10	11	89
Band 7-9	0	0	11	36	53	70	88	76	36	7	377
Band 5-6	0	16	67	67	83	101	83	106	46	14	583
Band 3-4	1	32	56	44	60	73	107	74	49	48	544
Band 1-2	4	11	14	17	23	33	42	43	30	28	245
Total no. staff	7	60	149	171	232	286	330	324	171	108	1838
% of total staff	0.38	3.26	8.11	9.30	12.62	15.56	17.95	17.63	9.30	5.88	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 %	-	-4.75	-1.26	+2.71	+0.35	+3.94	+7.70	+6.33	-0.28	-9.64	-

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

⁶ Includes all professionally qualified healthcare professionals other than nursing and medical

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 or on apprentice rates. There are no employees under 25 years in pay bands 7-8, which is 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 may also encourage older staff to defer retirement 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
<ul style="list-style-type: none"> To increase year on year % representation of the following age groups towards that of the local population: 		
<ul style="list-style-type: none"> Under 20s to 0.64% (:12 employees) 	This has been achieved with a recent intake of business apprentices.	
<ul style="list-style-type: none"> 20-24 to 8% :(147 employees) 	Remaining static at 60 employees	Remains significantly under-represented by 89 employees
<ul style="list-style-type: none"> 25-29 to 9.37% (:172 employees) 	Improvement in last six months	Remains under-represented by 23 employees
<ul style="list-style-type: none"> Over 60s to 15.52% (:285 employees) 	Improvement in last 6 months	Still needs 2.6 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 groups are as at the 2001 census.

While the target of over 60s within the workforce reflects the % representation in Rotherham, it should be noted that the proportion of this age group seeking employment is likely to be lower than other age groups and the increasing workforce figure is likely to plateau with the target unlikely to be met.

ACTIONS:

The employment of a schools coordinator came to an end in 2007. However we employed an Employability Advisor for an 18 month period over three days a week. This has now come to an end but allowed a focus on under-represented groups such as NEET's, New Deal (including lone parents and disability), schools, apprentices and mental health conditions and work with local agencies in order to improve and make vital connections. Consideration as to how this work can be continued should be given, so as not to waste the progress that has been achieved.

Working Beyond Age 65 years

The Trust Board approved the removal of NHSR'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 legal requirements and is demonstrative of NHSR's commitment to fulfil its 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.

Recruitment and Selection

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

- The Recruitment Guidelines and the content of the Managing People Recruitment & Selection training will stress the requirements not to discriminate on age or any diversity related grounds throughout the recruitment & selection process. Also specific age equality awareness training will be incorporated into the mandatory Equality & Diversity training for staff and into the Managing People: **Managing Fairly** training for line managers

1.3 – 1.5 Table 1 NHSR staff in post at 30th September 2010

	1.3 by Gender		1.4 by hours		1.5 by disability
Staff Group	Male	Female	Full-Time	Part-time	Disability
Other NHSR Managers ⁷	30	48	60	18	6
Qualified Nurses	32	458	282	208	9
Health Care Support	59	394	112	341	18
ST&T Qualified Staff ⁸	29	254	129	154	9
Medical & Dental	43	26	11	55	1
Admin & Clerical	63	391	214	240	14
Nursing Learners	1	10	9	2	0
Total No.	257	1581	817	1018	57
% of Total	13.98	86.02	44.45	55.55	3.10
Rotherham %	46.63	53.37	-	-	7.90
Difference	-32.65	+32.65	-	-	-4.80

1.3 – 1.5 Table 2 NHSR staff in post by pay band at 30th September 2010

	1.3 by Gender		1.4 by hours		1.5
Staff Group	Male	Female	Full-Time	Part-time	Disability
Non-A4C bands	46	43	22	64	2
Band 7-9	59	318	234	143	12
Band 5-6	65	518	312	271	15
Band 3-4	70	474	214	330	18
Band 1-2	17	228	35	210	10
Total No.	257	1581	817	1018	57
% of Total	13.98	86.02	44.45	55.55	3.10
Rotherham %	46.63	53.37	-	-	7.90
Difference	-32.65	+32.65	-	-	-4.80

⁷ All Managers in NHSR who do not belong to one of the other functional groups represented.

⁸ Includes all professionally qualified healthcare professionals other than nursing and medical

1.3 – 1.5 Commentary

Gender

Male employees remain significantly under-represented and female representation on the workforce exceeds that within the local population. Female representation remains at 86.02% and correspondingly male representation at 13.98%. 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, with all roles other than the small number of students having disabled representatives.

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 NHSR prior to the introduction of ESR via statements on application forms. We may have staff whom, since commencing employment with NHSR, have become disabled due to a variety of reasons. As a result NHSR monitoring outcomes for employees with disability will not necessarily be a true representation of the position of all employees with a disability. However we have carried out work to address this issue by circulating a questionnaire to staff asking them to complete it in order to establish how many people within NHSR consider themselves to be disabled. This information is important in order to fulfill the legal requirements for Diversity Monitoring.

Full and Part-time

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

Flexible Working

The benefits of Flexible Working are recognized within the PCT and its uptake is encouraged so that over 90% of all NHSR staff now work flexibly, the highest uptake figure across the country in comparable PCTs. A range of flexible working practices are adopted such as term time working, annualised hours, flexi-time and compressed hours, which benefits the work/life balance for staff. This allows experienced staff to return to work when they have young families/carer responsibilities so that the team does not lose their expertise.

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. 367 employees	257 males in post at 30.09.10	Male representation, though improving slightly, remains significantly under-represented and below 20% target across all pay bands and all functional groups except Medical and Dental Other NHSR Managers.
<ul style="list-style-type: none">To increase % disabled employees year on year towards 7.9% (i.e. 145 employees⁶)	A total of 57 employees in post with a declared disability. Identified due to recent information request to staff.	Declared Disabled employees remain under-represented within NHSR workforce across all functional groups and at all levels.

ACTIONS:

Gender

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 NHSR 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 moral obligations is demonstrated through its focus on disability issues within Equality & Diversity training, Recruitment & Selection training and Managing Sickness Absence Training.

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. It may be useful to publicise the NHSR policy of permitting job sharing of full-time posts in order to increase the availability of part-time work at senior levels.

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 RNHSR. 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 NHSR.

Single Equality Scheme

A Single Equality Scheme was developed and approved by Board in March 2010. The action plan was developed and approved by Board in May 2010, and a programme of involvement of equality groups is planned in 2011.

Flexible Working

The Flexible Working Policy was revised in January 2010 to extend the flexibility of working hours for staff utilising the flexi-time element of the policy.

2. Applicants for posts - NHS Jobs online

NHSR 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 Sexual Orientation and with all of these it will also demonstrate how many were shortlisted and appointed.

2.1 Applications by Ethnicity

Total no. of applications April-September 2010 (all posts)

Ethnic Group	Number Apps	% of total	% local pop.	Shortlisted			Appointed		
				Number	% of apps	% of total	Number	% of apps	% of total
White British	944	79.86%	95.94%	279	29.56%	86.11%	71	7.52%	92.21%
White Irish	2	0.17%	0.43%	0	0.00%	0.00%	0	0.00%	0.00%
White Other	45	3.81%	0.53%	8	17.78%	2.47%	1	2.22%	1.30%
Indian	50	4.23%	0.20%	6	12.00%	1.85%	1	2.00%	1.30%
Pakistani	30	2.54%	1.90%	7	23.33%	2.16%	0	0.00%	0.00%
Bangladeshi	8	0.68%	0.01%	2	25.00%	0.62%	0	0.00%	0.00%
Other Asian	10	0.85%	0.12%	1	10.00%	0.31%	0	0.00%	0.00%
Mixed white/black Caribbean	3	0.25%	0.14%	1	33.33%	0.31%	0	0.00%	0.00%
Mixed white/black African	1	0.08%	0.04%	1	100.00%	0.31%	0	0.00%	0.00%
Mixed white/Asian	2	0.17%	0.20%	0	0.00%	0.00%	0	0.00%	0.00%
Mixed other	4	0.34%	0.11%	1	25.00%	0.31%	1	25.00%	1.30%
Black Caribbean	4	0.34%	0.07%	1	25.00%	0.31%	1	25.00%	1.30%
Black African	53	4.48%	0.07%	9	16.98%	2.78%	1	1.89%	1.30%
Black other	3	0.25%	0.01%	3	100.00%	0.93%	1	33.33%	1.30%
Chinese	5	0.42%	0.12%	1	20.00%	0.31%	0	0.00%	0.00%
Other	13	1.10%	0.11%	2	15.38%	0.62%	0	0.00%	0.00%
Not stated	5	0.42%	-	2	40.00%	0.62%	0	0.00%	0.00%
Total	1182	100.00%	100.00%	324	27.41%	100.00%	77	6.51%	100.00%

A much larger proportion of applicants are of an ethnic minority background than are represented in the local population. This reflects the international range of an internet-based application system. The number of applications of Indian and black African background is particularly apparent once again. This is also reflected in applicants fully tracked through the recruitment procedure in Table 2.5

2.2 All applications by Age Band April-September 2010

Age Band	Number	% of total	% local pop.	Shortlisted			Appointed		
				Number	% of apps	% of total	Number	% of apps	% of total
16-19	68	5.75%	*	11	16.18%	3.40%	2	2.94%	2.60%
20-24	258	21.83%	8.01%	42	16.28%	12.96%	9	3.49%	11.69%
25-29	224	18.95%	9.37%	59	26.34%	18.21%	11	4.91%	14.29%
30-34	156	13.20%	12.01%	45	28.85%	13.89%	13	8.33%	16.88%
35-39	130	11.00%	12.27%	41	31.54%	12.65%	7	5.38%	9.09%
40-44	124	10.49%	11.62%	48	38.71%	14.81%	15	12.10%	19.48%
45-49	114	9.64%	10.25%	40	35.09%	12.35%	9	7.89%	11.69%
50-54	73	6.18%	11.30%	29	39.73%	8.95%	8	10.96%	10.39%
55-59	28	2.37%	9.58%	7	25.00%	2.16%	2	7.14%	2.60%
60+	7	0.59%	15.52%	2	28.57%	0.62%	1	14.29%	1.30%
Total	1182	100.00%	100.00%	324	27.41%	100.00%	77	6.51%	100.00%

2.3 All applications by Gender April-September 2010

Gender	Number	% of total	% local pop.	Shortlisted			Appointed		
				Number	% of apps	% of total	Number	% of apps	% of total
Male	235	19.88%	13.73%	36	15.32%	11.11%	4	1.70%	5.20%
Female	943	79.78%	86.27%	288	30.54%	88.89%	73	7.74%	94.80%
Undisclosed	4	0.34%	-	0	0.00%	0.00%	0	0.00%	0.00%
Total	1182	100.00%	100.00%	324	27.41%	100.00%	77	6.51%	100.00%

2.4 All applications by Disability April-September 2010

Disabled	Number	% of total	% local pop.	Shortlisted			Appointed		
				Number	% of apps	% of total	Number	% of apps	% of total
Yes	31	2.62%	7.90%	6	19.35%	1.85%	0	0.00%	0.00%
No	1145	96.87%	92.10%	316	27.60%	97.53%	76	6.64%	98.70%
Undisclosed	6	0.51%	-	2	33.33%	0.62%	1	16.67%	1.30%
Total	1182	100.00%	100.00%	324	27.41%	100.00%	77	6.51%	100.00%

2.5 All applications by religion/belief April-September 2010

Religious Group	Number	% of total	% local pop.	Shortlisted			Appointed		
				Number	% of apps	% of total	Number	% of apps	% of total
Atheism	129	10.91%	10.22%	27	20.93%	8.33%	9	6.98%	11.69%
Buddhism	5	0.42%	0.05%	2	40.00%	0.62%	0	0.00%	0.00%
Christian	752	63.62%	79.42%	213	28.32%	65.74%	50	6.65%	64.94%
Hindu	27	2.28%	0.10%	2	7.41%	0.62%	0	0.00%	0.00%
Islam	52	4.40%	2.18%	9	17.31%	2.78%	0	0.00%	0.00%
Jain	0	0.00%	0.00%	0	0.00%	0.00%	0	0.00%	0.00%
Judaism	1	0.08%	0.02%	0	0.00%	0.00%	0	0.00%	0.00%
Sikhism	5	0.42%	0.08%	1	20.00%	0.31%	1	20.00%	1.30%
Other	106	8.97%	0.15%	33	31.13%	10.19%	6	5.66%	7.79%
Undisclosed	105	8.88%	7.78%	37	35.24%	11.42%	11	10.48%	14.29%
Total	1182	100.00%	100.00%	324	100.00%	100.00%	77	6.51%	100.00%

2.6 All applications by sexual orientation April-September 2010

Group	Number	% of total	% local pop.	Shortlisted			Appointed		
				Number	% of apps	% of total	Number	% of apps	% of total
Lesbian	3	0.25%	n/a	0	0.00%	0.00%	0	0.00%	0.00%
Gay	8	0.68%	n/a	3	37.50%	0.93%	1	12.50%	1.30%
Bisexual	7	0.59%	n/a	2	28.57%	0.62%	0	0.00%	0.00%
Heterosexual	1083	91.62%	n/a	286	26.41%	88.27%	68	6.28%	88.31%
Undisclosed	81	6.85%	n/a	33	40.74%	10.19%	8	9.88%	10.39%
Total	1182	100.00%	100.00%	324	100.00%	100.00%	77	6.51%	100.00%

2 Commentary

Ethnicity

20.14% 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 50 applications of Indian origin and 53 of black African origin in the period (for a wide range of different posts, although some individuals made applications to multiple posts. 6 people of ethnic minority backgrounds were successful in being offered posts in this reporting period. This equates to 7.8% of total successful applicants and thus exceeds that of BME representation locally equating to 2.9% of all BME applicants whose progress was tracked in the period. Pakistani applicants, the largest BME group in Rotherham, constituted 2.54% of total applicants via NHS Jobs (30 applicants), 7 were interviewed but none were successful in being offered a post.

Age

There were only 7 applicants aged 60+ via NHS Jobs in the last period, but one was successful. The most successful age band were those aged 40-44, with 12.1% of all applicants in that age band being offered posts. 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, although we did recruit 6 business apprentices out of a target of 10 in a recent move to address this problem.

Gender

The majority of applicants for posts continue to be female. The proportion of male applicants on NHS jobs for posts in the period fell to 19.8% with only 5.2% of appointments being to male applicants. A higher proportion of male applicants than female applicants continue to be screened out at both the shortlist stage and the interview stage.

Disability

31 applicants with a disability applied in this period, but none were offered posts. 6 disabled applicants were shortlisted, resulting in a lower 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 NHSR 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. However, according to the staff survey we have far more disabled people employed by NHSR than reported.

Religion & Belief

Applicants from minority religion and belief groups (Buddhism, Hindu, Islam, Judaism, Sikhism) all had a proportionately higher number of applicants than people from that religion and minority who are present in the local population. One Sikh was appointed to the workforce – otherwise only applicants from Christian, Atheist, Other or Undisclosed groups were appointed.

Sexual orientation

1.52% of applicants were of a Lesbian, Gay or Bisexual orientation, with one person being offered a post.

ACTIONS

Attraction of male and disabled applicants of required calibre to succeed through all stages of selection remains an area of 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 NHSR will be explored as part of the Joint Disability Equality scheme by NHSR and partner organisations, including Rotherham Metropolitan Borough Council and Rotherham Foundation NHS Trust

The recommendations from the recent research study into Pakistani under representation in NHSR include amendments to Recruitment & Selection training aimed at reducing the likelihood of inadvertent discrimination, raising awareness among recruiters of barriers to applicants from this ethnic group, and emphasizing the need to provide feedback to unsuccessful candidates.

3. Leavers April-September 2010 (excluding TUPE transfers, flexible leavers and short-term contracts)

	No.	% of total leavers	% of staff of this category in post
Total Leavers	51	100.00%	100.00%
3.1 Ethnic Group			
White British	47	92.16%	94.83%
White Other	1	1.96%	0.92%
Indian	1	1.96%	0.98%
Pakistani	1	1.96%	0.87%
Black African	1	1.96%	0.38%
3.2 Age			
<20	1	1.96%	0.38%
20-24	2	3.92%	3.26%
25-29	6	11.76%	8.11%
30-34	3	5.88%	9.30%
35-39	5	9.80%	12.62%
40-44	11	21.57%	15.56%
45-49	4	7.84%	17.95%
50-54	7	13.73%	17.63%
55-59	4	7.84%	9.30%
60+	8	15.69%	5.88%
3.3 Sex			
Male	6	11.76%	13.98%
Female	45	88.24%	86.02%
3.4 Full-time/part-time			
Full-time	23	45.10%	44.45%
Part-time	28	54.90%	55.55%
3.5 Disability			
No. of disabled staff	1	1.96%	3.10%

Of the 51 leavers in the period, 20 have returned exit questionnaires (a response rate of 40.0%) None of these exhibited concerns on grounds of unequal treatment based on the grounds of diversity.

Ethnicity

The proportion of total leavers who are white British remains below the proportion of white British employed by NHSR. Consequently the proportion of BME leavers is higher than the proportional representation employed by the NHSR.

Age

The % of leavers in age groups 20-29, and 60+ as a proportion of total leavers (51) in the period, continues to outnumber 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. There was also an increase in the proportion of leavers from the 40-44 age group, although the proportion of leavers aged 55-59 fell below the representation in the workforce for the first time.

Gender

45 leavers were female and 6 male, so once again slightly less males per head left the organization in the period. The proportion of reported male leavers was lower than the proportion of male employees in post. Correspondingly the proportion of female leavers remained higher than the proportion of females in post.

Full-Time/Part-Time

23 leavers were full-time staff and the rest part-time or bank staff. There was no evidence provided of inequitable treatment or perceived disadvantage on diversity grounds experienced by leavers who completed the questionnaires.

The proportion of full-time leavers to full-time employees in posts is remarkably consistent in this period, also true of part-time leavers.

Disability

There was 1 leaver with a disability reported in the last period.

4. Promotions April-September 2010

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. Promotions are defined as staff who successfully apply for a post at a higher pay band than they were on previously. Automatic promotions are no longer appropriate as all job vacancies are competitive.

Due to government pressures to reduce costs at this time, only 8 people were promoted in this period. All were female, White British. 2 were full-time and 6 were part-time. 1 was aged under 20, 2 aged 25-29, 1 aged 30-34, 1 aged 45-49, 1 aged 50-54 and 2 aged 55-59. With such low numbers, comparison with the employed workforce and the local population are omitted.

5. Learning & Development

The limitations to reporting on this subject are that monitoring is based solely on delegates who have completed a learning agreement form within NHSR or enrolled directly via Electronic Staff Record Self-Service. It is not yet possible to identify numbers of delegates by diversity who have been refused training for any reason.

5.1 Delegates to Training completing course April-September 2010

	No.	% of total delegates	% of staff of this category in post
Total Delegates	2543	100.00%	100.00%
5.1 Ethnic Group			
White British	2431	95.60%	94.93%
White Irish	9	0.35%	0.22%
White other	22	0.87%	0.92%
Mixed white/black African	2	0.08%	0.05%
Mixed white/Asian	4	0.16%	0.22%
Mixed other	1	0.04%	0.11%
Indian	29	1.14%	0.98%
Pakistani	14	0.55%	0.87%
Bangladeshi	1	0.04%	0.11%
Asian other	11	0.43%	0.33%
Black Caribbean	5	0.20%	0.16%
Black African	5	0.20%	0.38%
Black Other	2	0.08%	0.16%
Other	6	0.24%	0.33%
Not stated	1	0.04%	0.16%
5.2 Age			
<20	16	0.63%	0.38%
20-24	81	3.19%	3.26%
25-29	234	9.20%	8.11%
30-34	252	9.91%	9.30%
35-39	274	10.77%	12.62%
40-44	388	15.26%	15.56%
45-49	472	18.56%	17.95%
50-54	480	18.88%	17.63%
55-59	253	9.95%	9.30%
60+	93	3.66%	5.88%
5.3 Sex			
Male	285	11.21%	13.98%
Female	2258	88.79%	86.02%
5.4 Full-time/part-time			
Full-time	1371	53.91%	44.45%
Part-time	1172	46.09%	55.55%
5.5 Disability			
No. of disabled staff	67	2.63%	3.10%

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 Indian employees, followed by White Other. We have had attendances on training from all BME groups other than Chinese in this period.

Gender

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

Disability

The attendances from the disability group were slightly lower in this period than the amount represented of this group in the workforce.

Part-Time/Full/Time

Again, in this period a higher proportion of full-time staff compared to their representation in the workforce completed training courses than part-time staff .

5.6 Number of Applications/Applicants and attendees for Training – Ethnicity April-September 2010 *

	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/undefined	Total
Number applications for training	3751	22	29	0	3	7	2	34	25	2	11	8	7	5	0	7	3	3751
Number applications actually attended	2431	9	22	0	2	4	1	29	14	1	11	5	5	2	0	6	1	2543
% of total applications attended	64.8%	40.9%	75.9%	0.0%	66.7%	57.1%	50.0%	85.3%	56.0%	50.0%	100.0%	62.5%	71.4%	40.0%	0.0%	85.7%	33.3%	67.8%
Number of applicants for training	1218	3	11	0	1	3	1	9	9	1	4	2	4	1	0	4	1	1272
Number of applicants who attended training +	1108	2	11	0	1	2	1	9	8	1	4	2	4	1	0	3	1	1158
% of total applicants who attended training	91.0%	66.7%	100.0%	0.0%	100.0%	66.7%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	75.0%	100.0%	91.0%

5.7 Number of Applications/Applicants and attendees for Training – Disability/Gender/Age April – September 2010 *

	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	101	475	3915	25	127	369	397	458	581	747	722	368	121
Number applications actually attended	67	285	2258	16	81	234	252	274	388	472	480	253	93
% of total applications attended	66.3%	60.0%	57.7%	64.0%	63.8%	63.4%	63.5%	59.8%	66.8%	63.2%	66.5%	68.8%	76.9%
Number of applicants for training	44	154	1118	4	36	103	112	155	203	242	230	123	64
Number of applicants who attended training +	39	135	1023	4	35	95	101	139	181	221	210	113	59
24% of total applicants who attended training	88.6%	87.7%	91.5%	100.0%	97.2%	92.2%	90.2%	89.7%	89.2%	91.3%	91.3%	91.9%	92.2%

* applications from people who remained in post at 30th September 2009.

+ Applicants who attended may have applied for multiple courses and not attended some of them.

Commentary

It is apparent through the monitoring of applications to training that there is a large number of staff under ethnicity, disability, gender and age 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. However 67.9% of all applications actually attended training in this period, as opposed to 56.5% in the previous six month period, representing a continuous and significant increase over several periods.

Table 5.6 demonstrates that the majority of ethnic groups are accessing training at different times of the reporting period..

6. Bullying & Harassment

3 new cases were reported during the period. Two involved White British females with one female of Mixed background, one has been resolved and two are ongoing.

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 NHSR 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 definitely be confirmed that there have been no incidents of such behaviour occurring in the current reporting period.

Diversity-related development was delivered to NHSR Board members, including one-to-one coaching sessions and a group workshop in January 2010. The aim was to equip Board members with a deeper understanding of how diversity relates to the delivery of commissioning agenda and its value therein. Recommendations arising from this workshop were implemented from February 2010 onwards.

In response to a reduction in Contact Officer numbers (due mainly to natural wastage) the Trust is currently recruiting to increase this resource with full training delivered in October 2010 and a commitment to provide ongoing support and development by the HR department. The Contact Officer service will be relaunched in Autumn 2010.

7. Disciplinary

Two disciplinarians were carried over from the previous reporting period, one of which has not been concluded, both involve White British females. 7 new disciplinary events were reported for monitoring purposes in the period. 4 have resulted in written warnings and 3 were unresolved. 6 were females and one was male. 5 were White British, one was White other and one was Black African.

8. Grievances

Four grievances were carried over from the previous reporting period, three being personal and one collective. The three personal grievances all concerned White British females. The collective grievance involved 7 White British females and 1 Mixed background female. 1 new grievance was reported during the period, involving a White British female.

NB. The relatively small numbers of reported incidences means that statistically significant conclusions can be difficult to reach. NHSR 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.

9. Performance Management Procedures

The number of staff who have suffered detriment as a result of the organisation's performance management procedures is measured by monitoring staff who have been blocked from passing through the gateway to the next pay point.

Number of staff who have suffered detriment: 0