

Equality Data Analysis - Summary Report

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Introduction

There are statutory codes of practice for equality and mandatory Government standards which set out the minimum data we are required to gather, to monitor equality and diversity at the Trust. These requirements are laid out in Appendix 2 of the Single Equality Scheme.

This report sets out, in summary form, the basic data we are required to consider.

We have published a Board Report which outlines the action we intend to take as a result of analysing all of the source data behind this summary report. We will also update the Single Equality Scheme Action Plan, to incorporate this. Any actions arising from the data are shown at the end of each section.

1. Staff profile 2009

Legal Reporting Requirement	Source
The gender profile of staff, including analysis of patterns for part time staff and those with caring responsibilities.	Guidance on Gender Equality Scheme.
Publish information on the racial profile of our local population and any special health needs of our local ethnic minorities.	Guidance on Race Equality Scheme.
Numbers of staff in post by racial group.	Guidance on Race Equality Scheme.

Staff are our most valuable asset in delivering care that meets patients' individual need.

We are best placed to meet that need when the profile of our staff matches that of the local community. (See a, below.)

The ethnic profile of the community we serve and our workforce is changing, so it is especially important for us to track our staff numbers by racial group. (See b, below.)

We have looked at our staff profile through two sources.

The first is the Electronic Staff Record (ESR) which is a database of all staff and their personal details (5563 staff counted in table below).

The second is the staff survey (2008), where we collected personal information on almost 2,400 staff who responded (46.7% of our total staff).

Most of the community data, to which we compare our staff profile, is based on the most recent Office for National Statistics (ONS) data, which reports on the years 2007 / 2008. ONS data does not, however, cover every equality strand. Religion is therefore taken from the 2001 census data and the statistic for lesbian and gay people is from an official estimate made by the National Audit Office in 2004.

a. RD&E staff compared with local community

Category	% of staff in the category 2009 according to ESR	% of staff in the category in 2008 according to staff survey	Community data (Local Authority Area of Exeter)
Age under 40	43%	40% ¹	43% ²
Having Disability	3% ³	(12%) ³	7% ⁴
Male	25%	23%	49%
Bme	8%	8%	8%
Minority religion	12%	Not covered	2%
Lesbian, gay or bisexual	1%	Not covered	7%

Responses from the staff survey provide a similar profile to core data on ESR, with the exception of disability.

b. RD&E staff numbers by racial group (ESR)

	2006	2007	2008	2009
Asian	62	88	99	161
Black	12	23	30	38
White not British Isles	38	75	102	148
Mixed	7	15	17	21
Other	14	13	10	11
BME	133	214	258	379
White British Isles	4385	4226	4301	4639
% bme	3%	5%	6%	8%

The growth in ethnic minority staff since 2006 has been significant and broadly the same across the different groups, including White Not British.

Actions

Write an article for RD&E News to show how we use equality data and encouraging staff to self declare, in particular as regards any disabilities.

Annual Equality & Diversity Board Report (November 2009), page 12

Strengthen our systems for recruiting and supporting people with a disability.

Annual Equality & Diversity Board Report (November 2009), page 12

¹ The closest comparison in the staff survey is for people up to and including 40.

² This is for ages 15-39 inclusive and is the closest the age bands in the source would allow to the age range taken from ESR, i.e. 16-39.

³ The staff survey has a loose question to identify "disability", which encompasses a broader group of people than the narrow legal definition of "disability", which ESR uses.

⁴ This is the % of those in Exeter of working age, with a disability and in work.

2. Appointments 2008-09 (NHS Jobs)

Legal Reporting Requirement	Source
Collect information about applicants and successful applicants.	Guidance on Disability Equality Scheme.
Applicants for employment, training and promotion from each such group.	Guidance on Race Equality Scheme.

This information helps us gauge whether our selection process is treating all types of people equally.

It shows the proportion of all candidates at each stage of the selection process, from the various equality strands.

In theory, we would expect the proportion to be broadly the same at each stage of the selection process.

For applicants with a disability, we have a Guaranteed Interview Scheme, which means that they are automatically shortlisted if they meet the minimum job requirements. Candidates who are shortlisted through this Scheme may not be the best people for the job, so this would contribute to the drop in the proportion of people with a disability between shortlisting and appointment.

	% of all applicants from this group	% of all those shortlisted for this group	% of all those appointed from this group
Age 16-29	47%	36%	34%
With disability	4%	3%	1%
Male	30%	23%	21%
BME	22%	12%	7%
Religious minority	17%	13%	10%
Lesbian gay or bisexual	3%	2%	2%

Action

Strongly encourage all recruiting managers to take part in recruitment and selection training, with a clear equality and diversity emphasis, and consider how to improve our monitoring of recruitment and selection.

Annual Equality & Diversity Board Report (November 2009), page 13

3. Part time work and caring responsibilities (2008 / 2009)

Legal Reporting Requirement	Source
The gender profile of staff, including analysis of patterns for part time staff and those with caring responsibilities.	Guidance on Gender Equality Scheme.

One important way of helping staff achieve a good work-life balance and meet caring obligations is to offer flexible working patterns.

Part-time hours is one option to achieve flexible working, so we have considered the proportion of staff who are part-time in each pay band, according to ESR. This is set alongside the proportion of staff in each band who are female, as they are most likely to need part time working to fulfil caring duties.

The staff survey complements this, as it shows how staff rate us for the availability of the full range of flexible working options and our overall commitment to helping them achieve work-life balance.

a. Part time working (ESR 2009)

Band	% who are part time	% who are female
1	42%	61%
2	46%	80%
3	41%	80%
4	32%	83%
5	39%	86%
6	47%	84%
7	31%	72%
8	19%	61%
Trust average	40%	75%

b. Survey data (2008)

- The Trust's use of flexible working is below the Acute Trust average.
- RD&E is above average, however, for commitment to work-life balance.

Action

Take strategic action to review flexible working practices across the Trust.
Annual Equality & Diversity Board Report (November 2009), page 12

4. Retention and stability (ESR, 2008)

Legal Reporting Requirement	Source
"Retention"	Guidance on Disability Equality Scheme.
Information ... about termination (such as redundancies, resignations, dismissals, end of fixed terms)	Guidance on Disability Equality Scheme.
The numbers of staff in each group who cease employment with us.	Guidance on Race Equality Scheme.

Good employers aim to retain staff. High retention rates give stability to the workforce, contribute to increased performance and cut replacement costs.

Conversely, low retention can suggest something amiss in our management of staff. If we have lower than expected retention for any one equality category, this could mean we are not managing that group of staff as well as we might.

This first column below looks at all staff who were retained during 2008, showing the % belonging to each equality group. The second column looks at the workforce as a whole in 2008 and the % of staff by equality group.

We would expect the two proportions to be broadly the same, although the younger workforce is more likely to be mobile and so have a lower retention rate.

	% of staff who were retained, by equality group (2008)	% in workforce, by equality group (2008)
Age up to 40	39%	43%
With a disability	2%	2%
Males	24%	25%
BME	5%	6%
Religious minority	9%	12%
Lesbian gay or bisexual	1%	1%

Actions

The variations above are relatively small and do not cause concern.

We are, however, pursuing general good practice in our support for bme staff, as follows:

- Consider whether to establish a bme staff network.
- Review our use of the Breaking Through programme.¹
- Embed ethnicity in our overall approach to talent management.
- Consider how we might identify when bme staff are over-qualified for jobs with us and encourage them to apply for more appropriate opportunities.

Annual Equality & Diversity Board Report (November 2009), page 12

¹ This is a national programme to support the career development of bme people in the NHS.

5. Employee relations cases

Legal Reporting Requirement	Source
Information ... about termination (such as redundancies, resignations, dismissals, end of fixed terms)	Guidance on Disability Equality Scheme.
The prevalence of harassment and sexual harassment of staff and service users, the number of formal complaints and the outcome of these complaints.	Guidance on Gender Equality Scheme.
The numbers of staff from each group who are involved in grievance procedures.	Guidance on Race Equality Scheme.
The numbers of staff from each group who are involved in disciplinary procedures.	Guidance on Race Equality Scheme.

a. All cases on ESR (2009)

Employee relations cases are analysed to establish whether we have a disproportionate number of staff involved by disability, gender, racial or age status. An imbalance, where there is a notably higher proportion in the “% ... in this type of case” column, can indicate potential discrimination with that minority group.

We had no cases in 2009 involving staff known to be lesbian, gay or bisexual or from a minority religion.

Our analysis of the data shows no overall concerns for any particular group.

Type of case	% known to have a disability in this type of case	% known to have a disability in Trust	% male in this type of case	% males in Trust	% known ethnic minority in this type of case	% known ethnic minority in Trust
Capability (with underlying health reason)	15%	3%	12%	25%	0%	8%
Capability (without underlying health reason)	0%	3%	17%	25%	10%	8%
Disciplinary	0%	3%	24%	25%	8%	8%
Grievance	0%	3%	14%	25%	0%	8%
Harassment	0%	3%	15%	25%	0%	8%
All cases	15%	3%	19%	25%	4%	8%

Type of case	% cases aged up to 40	% staff aged up to 40 in Trust	% cases aged 40 and above	% staff aged 40 and above in Trust
Capability (with underlying health reason)	50%	46%	50%	54%
Capability (without underlying health reason)	42%	46%	58%	54%
Disciplinary	41%	46%	59%	54%
Grievance	57%	46%	43%	54%
Harassment	0%	46%	100%	54%
All cases	44%	46%	56%	54%

Over the last two years, there have been no sexual harassment cases and all but one of the harassment cases with known outcomes have either been resolved informally or by a mutually agreed action plan.

b. Survey data (2008)

- We are better than the Acute Trust average for the proportion of staff saying that we take effective action towards violence and harassment.
- There was no notable variation in the above question across the equality strands covered in the survey, namely age, disability, gender and race.

6. Career progression (2008)

Legal Reporting Requirement	Source
Information ... about ... promotion (such as success rates of disabled employees).	Guidance on Disability Equality Scheme.
Applicants for employment, training and promotion from each such group.	Guidance on Race Equality Scheme.

We want to encourage all staff to achieve their best for the Trust, which will include giving a fair opportunity for all to progress in their careers.

This section uses ESR data on staff who have been promoted and survey results, to help gauge how far we are achieving this.

a. Promotion (ESR, 2008)

This data looks to see if the staff from the various equality groups are gaining promotions as we would expect.

It compares the proportion of all promotions who are from the staff group with the proportion of that staff group in the workforce.

We would expect the two proportions be roughly the same, for each staff group.

	% of promotions who are from this group (2008)	% of this group in Trust (2008)
Age up to 40	50%	43%
With disability	2%	2%
Male	20%	25%
BME	4%	6%
Religious minority	7%	12%
Lesbian gay or bisexual	2%	1%

b. Staff survey (2008)

Relevant indicators from staff survey are:

- RD&E is above average for staff believing it provides equal opportunities in career progression or promotion
- The results for this question do not vary significantly by disability, gender or ethnicity at RD&E.

Actions

The variations above are relatively small.

The good practice cited earlier on page 6 will contribute to equality of opportunity in career progression.

7. Training (2008)

Legal Reporting Requirement	Source
Information ... about training, such as who applies, who is offered training and what types of training.	Guidance on Disability Equality Scheme.
Applicants for employment, training and promotion from each such group.	Guidance on Race Equality Scheme.
The numbers of staff from each group who receive training.	Guidance on Race Equality Scheme.

This examines whether all staff are able to access training fairly.

The data looks at all recorded training activities and shows the proportion of all activities that were undertaken by each category of staff.

We would expect that the two proportions would broadly match, for each category in the table below.

	% of training for this group (2008)	% of this group in Trust (2008)
Age up to 40	47%	43%
With disability	1%	2%
Male	18%	25%
BME (Black or Minority Ethnic)	7%	6%
Religious minority	13%	12%
Lesbian gay or bisexual	2%	1%

ESR did not capture all staff training activity in 2008, so the information above is indicative, only. We are working to increase the proportion of training recorded on our central system.

8. Women returning from maternity leave (Payroll records 2008/09)

Legal Reporting Requirement	Source
Return rates of women on maternity leave and whether they are returning to jobs at the same level of responsibility and pay.	Guidance on Gender Equality Scheme.

This indicates how well we are re-engaging women after maternity leave. We aspire that all should return, but recognise this will not always be at the same grade.

Our most recent analysis of almost 150 staff who returned from maternity leave shows:

- a. a 97% return rate
- b. 1.5% returned to a lower pay band than that at which they left.

We are not aware of any formal benchmark for return rates, however a specialist equality journal has featured a best practice case study which had also achieved a 97% return rate.¹

¹ See Equal Opportunities Review 191:7-11 on the Financial Services employer, Citi.

9. Gender pay gap (ESR, 2009)

Legal Reporting Requirement	Source
The extent and causes of the gender pay gap.	Guidance on Gender Equality Scheme.

Measuring the gender pay gap is an important way of showing whether men and women have equal pay.

A gender pay gap usually arises because:

- a. men and women are paid different rates for jobs of equal worth
- b. women are stereotyped into lower paid jobs
- c. women find it harder to progress up the career ladder.

We believe Agenda for Change has addressed the first point, above, for the NHS.

The table below uses the standard national reporting method to show our gender pay gap. It shows the average¹ hourly rate for basic salary by staff group:

Staff Group	Female	Male	Variance
Add Prof Scientific and Technical	£12.28	£12.95	5%
Additional Clinical Services	£7.77	£7.77	0%
Administrative and Clerical	£9.28	£13.21	30%
Allied Health Professionals	£16.51	£15.03	-10%
Estates and Ancillary	£7.13	£7.13	0%
Healthcare Scientists	£14.73	£17.10	14%
Medical and Dental	£17.77	£35.72	50%
Nursing and Midwifery Registered	£13.73	£13.73	0%
All Staff	£10.90	£12.70	14%

The most recent official report (July 2009), gives the comparable national average pay gap as 23%.²

Action

Consider how we might encourage more women to attain senior positions in the Administrative and Clerical and Medical and Dental staff groups.

Annual Equality & Diversity Board Report (November 2009), page 13

¹ In line with official sources, it uses the median average – see for example the Office for National Statistics Report at <http://www.statistics.gov.uk/pdfdir/ashe1108.pdf>

² *Shaping a Fairer Future* The Women and Work Commission, July 2009 (page 5) at http://www.equalities.gov.uk/pdf/297158_WWC_Report_acc.pdf

10. Appraisal (Staff survey, 2008)

Legal Reporting Requirement	Source
The numbers of staff from each group who benefit or suffer detriment as a result of our performance assessment procedures.	Guidance on Race Equality Scheme.

Appraisal, with the accompanying personal development planning, is a key tool in ensuring staff are engaged in the work of the Trust and enabled to give of their best.

This data looks at whether the experience of appraisal, as measured by the staff survey, is consistent for all staff, across the main equality categories.

We expect that the ratings within each overall category would broadly match.

	Disability		Gender		Race	
	With a disability	Without a disability	Men	Women	bme	white
% appraised in last 12 months	60%	66%	61%	67%	73%	66%
% having well structured appraisals in last 12 months	23%	27%	22%	28%	38%	26%
% appraised with personal development plans in last 12 months	46%	57%	50%	58%	73%	55%

	Age	
	Aged 16-30	Aged 51+
% appraised in last 12 months	55%	71%
% having well structured appraisals in last 12 months	25%	29%
% appraised with personal development plans in last 12 months	45%	59%

11. Representativeness of key decision making bodies

Sources: ESR for Executive and Board (2009), Membership data base for Governors and Membership (2009)

Legal Reporting Requirement	Source
Balance of men and women on key decision making bodies.	Guidance on Gender Equality Scheme.

Decision making bodies can sometimes work better when their profile matches those for whom they make decisions.

This section looks at the extent to which the profile of our key decision making bodies (Executive, Board, Governors and Membership) matches that of the Trust workforce and the Exeter area, across the key equality categories.

The Trust data is from ESR and the Exeter data uses the latest information from the Office for National Statistics.

	Executive	Board	Governors	Membership	Trust staff	Exeter area
% known to have disability	0%	0%	Source data on disability is unreliable for this purpose		3%	15% ¹
% who are female	71%	46%	32%	54%	75%	57% ¹
% known to be bme	0%	0%	0%	2%	8%	8% ²

¹ Uses Exeter working age population.

² Uses Exeter population known to be non-white.

12. Patient experience – outpatient non-attendance (Patient Administration System, 2009)

Legal Reporting Requirement	Source
Gender differences in service use – needs, expectations, barriers, satisfaction rates, outcomes	Guidance on Gender Equality Scheme.

This is the first of two indicators, which help us measure the patient experience across the equality categories.

Non-attendance at a follow up outpatient appointment may indicate an issue in the patient’s experience of us at the first appointment.

The table below shows the proportion of all outpatient follow-up dnas (“did not attends”) from each equality group and the proportion of all outpatient follow up appointments from that group.

We would expect the two proportions to be broadly the same, for each category of patient.

	% of all outpatient follow up dnas from this group	% of all outpatient follow up appointments from this group
Children	10%	8%
Adults	57%	47%
Aged 65+	33%	45%
Male	57%	51%
BME	2%	2%
Religious minority	1%	1%

Actions

A system has been agreed to identify all children and young people who do not attend an appointment following referral for specialist care, so that the referrer is told they have not attended and can take any follow up action considered appropriate to ensure the child’s safeguarding needs are being met. A flow chart has been designed to guide all clinicians to promote consistent practice throughout the Trust.

We are refocusing our use of patient data since the last Board Report to concentrate on indicators which may shed light on the patient experience of equality.

We are also gathering qualitative data on patient equality¹, using the Nursing Quality Audit Tool (NQAT)² and the patient comment card.³

Annual Equality & Diversity Board Report (November 2009), page 13

¹ Both the following sources allow us to break down responses by equality strand.

² This includes questions on how we meet patients’ needs for dignity, respect and spirituality.

³ This asks patients to answer questions on whether they felt safe, felt cared for and whether they would recommend us.

13. Patient experience – inpatient complaints (Patient Administration System, 2009)

Legal Reporting Requirement	Source
Gender differences in service use – needs, expectations, barriers, satisfaction rates, outcomes	Guidance on Gender Equality Scheme.

Complaints are a clear measure of patient dissatisfaction.

This indicator looks at inpatient complaints, to balance the previous one, which focused on outpatients.

It looks at the proportion of all inpatient complaints coming from each category of patient and compares this with the proportion of all inpatients from that category.

We would expect the two proportions to be roughly the same, within each category.

	% of all inpatient complaints from this group	% of all inpatients from this group
Adults	60%	48%
65+	32%	41%
Male	33%	48%

The categories above are those where the source data allowed for meaningful analysis.

Actions

See actions from *Annual Equality & Diversity Board Report (November 2009)*, page 13, as quoted on previous page.

Additional supporting data

1. BME staff by band (ESR, 2009)

Legal Reporting Requirement	Source
Applicants for employment, training and promotion from each such group.	Guidance on Race Equality Scheme.

This shows the % of staff in each band who are known bme.

We would expect that the proportion in the first column would match that in the second. Where it does not, this could suggest that bme staff are not progressing through the bands as might be expected.

Band	% bme staff at the band	% bme staff in the Trust
1	11%	8%
2	5%	8%
3	2%	8%
4	2%	8%
5	9%	8%
6	3%	8%
7	5%	8%
8	3%	8%
Medical & Dental	23%	8%

Actions

The actions on page 6 show how we will implement good practice to ensure equality in career development.

2. Experience of discrimination (staff survey, 2008)

This shows the numbers of respondents to the staff survey who reported discrimination in the last 12 months on grounds of ethnicity and the numbers who reported themselves as bme.

The final entries show the first column as a % of the second.

	Numbers reporting discrimination on grounds of ethnic background in last 12 months	Numbers of bme respondents to survey	Column 1 as % of column 2
RD&E (sample survey)	12	44	27%
RD&E (full survey)	37	184	20%
All Acute Trusts	1967	12752	15%

Actions

The good practice actions outlined on page 6 will contribute towards ensuring an equitable environment for our bme staff.

3. Violence from patients and relatives (staff survey 2008)

Legal Reporting Requirement	Source
The prevalence of harassment and sexual harassment of staff and service users, the number of formal complaints and the outcome of these complaints.	Guidance on Gender Equality Scheme.

This shows the % of respondents experiencing physical violence from patients / relatives in last 12 months:

We might expect the proportions to be broadly the same across all the groups of staff compared.

There is, however, a high proportion of bme staff, staff with a disability and younger staff in the staff groups which are predominantly patient facing¹, which would explain the higher rate of reporting violence among these staff groups, below.

Comparison		Trust score sample survey
Age	Age 16-30	18%
	Age 51+	7%
Disability	With disability	17%
	Without disability	9%
Race	Bme	15%
	White	9%

Actions

Strengthen our systems for ... supporting people with a disability.
Annual Equality & Diversity Board Report (November 2009), page 12

Consider how to target initiatives, such as conflict resolution, to support the relevant groups
Annual Equality & Diversity Board Report (November 2009), page 13

¹ These are Medical & Dental, Nursing & Midwifery and Allied Health Professionals. For example, these three groups accounted for 66% of our bme staff in 2008.

4. Harassment, bullying or abuse from patients and relatives (staff survey 2008)

Legal Reporting Requirement	Source
The prevalence of harassment and sexual harassment of staff and service users, the number of formal complaints and the outcome of these complaints.	Guidance on Gender Equality Scheme.

This shows the % respondents experiencing harassment, bullying or abuse from patients / relatives in the last 12 months.

We might expect the proportions to be broadly the same across all the groups of staff compared. The relatively high proportions of younger staff, however, staff with a disability and women in patient centred staff groups could explain why there is a disproportionate incidence result, below, in those equality categories.

Comparison		Trust score sample survey
Age	Age 16-30	24%
	Age 51+	14%
Disability	With disability	34%
	Without disability	17%
Gender	Male	12%
	Female	20%

Actions

Strengthen our systems for ... supporting people with a disability.

Annual Equality & Diversity Board Report (November 2009), page 12

Consider how to target initiatives, such as conflict resolution, to support the relevant groups

Annual Equality & Diversity Board Report (November 2009), page 13