

Data about our staff: For publication January 2017

Introduction

The Trust's position

We can only provide the highest quality healthcare to children and their families if we recruit the best possible staff, and if all these staff are treated with respect and are valued. The Trust has developed Our Always Values, a set of shared values and behaviours which characterise all our dealings with each other, our patients and families. We also have policies and procedures that help us to ensure rights and responsibilities are applied equitably, and we have processes that allow us to examine problems fairly and sensitively when they arise. We collect data and review what we do to help ensure that we are not inadvertently behaving in a way that disadvantages some people. Our aim is for equality and diversity issues to become mainstreamed across all that we do and that we take action to ensure that we:

- **Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.**
- **Advance equality of opportunity between people who share a protected characteristic and those who do not.**
- **Foster good relations between people who share a protected characteristic and those who do not.**

The law

The Equality Act (2010) introduced a specific statutory duty (the Equality Duty) in April 2011 which is applicable to all public sector bodies. It requires that public sector bodies develop and work towards equality objectives. The Trust utilised the NHS Equality Delivery System 2 (EDS2) to develop our objectives for the period 2016 – 2019 (inclusive). From April 2015, EDS2 implementation by NHS provider organisations will be made mandatory in the NHS standard contract. EDS2 implementation is explicitly cited within the CCG Assurance Framework and will continue to be a key requirement for all NHS clinical commissioning groups (CCGs). The objectives were ratified by Trust Board in January 2016 and a copy of these objectives is posted on our website (www.gosh.nhs.uk/about-us/equality-and-diversity).

This report

This report contains equality information relating to staff and should be read in conjunction with that regarding service users, a copy of which is also available on the GOSH website. Unless specified otherwise, all data contained within this report covers the period 01 Dec 2015 – 30 Nov 2016 (for simplicity this data has been titled 2016 data).

Workforce Demographic and Pay Information by Protected Characteristic

Nb Percentages in all tables have been rounded up or down and so may not always add up to 100.

Race

Table 1 – Comparison of race/ethnicity of GOSH staff

Ethnic Group	2016	2015	2014	2013	2012	2011	2010
White	69%	72%	73%	73%	73%	72%	71%
BME	28%	27%	27%	27%	27%	28%	29%
Not known	3%	1%	0%	0%	0%	0%	0%

Table 2 – Breakdown of ethnic origin of GOSH staff

Ethnic Group	2016	2015	2014	2013	2012	2011	2010
Asian	12%	12%	12%	12%	11%	12%	12%
Black	9%	9%	9%	9%	9%	10%	11%
White	69%	72%	73%	73%	73%	72%	71%
Other (inc Mixed)	6%	6%	6%	6%	6%	6%	6%
Not known	4%	1%	0%	0%	0%	0%	0%

The 2011 census showed that 86% of the UK population is White British. Within Inner London this decreases to 57% of the population and in Camden, the proportion falls to 66%. Within London the proportion of White British people has decreased over recent years, whilst at GOSH the proportion of employed White British staff has remained virtually static. A potential reason for this is that significant numbers of jobs at GOSH, being specialist in nature, are not recruited from the local population; rather GOSH recruits from regional, national and international job markets. Similarly, our patient population comes from a wide geographical base and not simply our local community.

Table 3 – Staff group by ethnic origin

STAFF GROUP	White		BME		Unknown	
	2016	2015	2016	2015	2016	2015
Whole Trust	69%	72%	28%	27%	3%	1%
Administrative and Clerical	58%	64%	38%	36%	4%	1%
Allied Health professionals	86%	86%	13%	13%	1%	1%
Estates, ancillary and non-registered clinical support	50%	56%	46%	43%	4%	1%
Medical and dental	64%	67%	30%	32%	6%	1%
Nursing registered	83%	85%	14%	14%	3%	1%
Scientific and technical	69%	70%	27%	29%	4%	1%

The trends noted in last year's report have continued in that BME staff continue to be very significantly disproportionately underrepresented in Registered Nursing and Allied Health professionals. The Trust continues its close working relationship with Southbank University which is responsible for providing paediatric nursing students to the wards, in order to ensure that diversity is maximised at professional entry level.

Table 4 – Pay band by ethnic origin

Pay Band	White	BME	Not disclosed
Band 2	42%	54%	4%
Band 3	48%	49%	3%
Band 4	55%	41%	4%
Band 5	74%	22%	4%
Band 6	74%	25%	1%
Band 7	79%	19%	2%
Band 8a	85%	15%	0%
Band 8b	83%	14%	3%
Band 8c	86%	10%	4%

Band 8d	97%	3%	0%
Band 9	100%	0%	0%
Local manager pay scale (inc Directors)	84%	6%	10%
Local non-manager pay scale	91%	9%	0%
M&D Career grade	39%	61%	0%
M&D Consultant	75%	24%	1%
M&D Junior	55%	36%	9%

Table 5 – Salary by ethnic origin

Salary	White		BME		Unknown	
	2016	2015	2016	2015	2016	2015
<£25,000 p.a.	%	65%	%	34%	%	1%
>£40,000 p.a.	%	77%	%	23%	%	1%

Following the trend of previous years, a disproportionate number of staff from BME groups continue to be over-represented in lower Agenda for Change pay bands. These findings are likely to be indicative of the disproportionate numbers of BME staff who hold ‘non-professional’ jobs which attract a lower salary.

One of the Trust’s Equality and Diversity objectives is focused on improving the representation of BME staff in senior Posts (bands 7 – 9). These are in addition to our other actions intending to prevent unfair discrimination in recruitment and all are overseen by the Trust’s Staff Equality, Diversity and Inclusion Group.

Age

Table 6 – GOSH staff by age

Age Range	% of total FTE workforce 2016	% of total FTE workforce 2015
16 to 29	31%	31%
30 to 49	52%	53%
50 to 59	14%	13%
60+	3%	3%

Table 7 – Staff groups by age

Staff Group	16 to 29		30 to 49		50 to 59		60+	
	2016	2015	2016	2015	2016	2015	2016	2015
Administrative and Clerical	27%	28%	51%	50%	18%	17%	4%	5%
Allied Health professionals	26%	22%	60%	64%	12%	10%	2%	4%
Estates, ancillary & non-registered clinical support	16%	37%	46%	44%	30%	16%	8%	3%
Medical and dental	4%	4%	74%	76%	17%	17%	5%	3%
Nursing registered	48%	46%	44%	45%	7%	7%	1%	1%
Scientific and technical	29%	20%	56%	62%	12%	14%	3%	4%
Total	31%	31%	52%	53%	13%	13%	4%	3%

Table 8 –Pay band by age

Pay Band	16 to 29	30 to 49	50 to 59	60+
Band 2	35%	34%	24%	7%
Band 3	40%	43%	14%	3%
Band 4	33%	44%	17%	6%
Band 5	65%	29%	5%	1%
Band 6	37%	51%	9%	3%
Band 7	12%	76%	11%	1%
Band 8a	6%	70%	22%	2%
Band 8b	0%	62%	26%	12%
Band 8c	2%	61%	34%	3%
Band 8d	0%	46%	41%	13%
Band 9	0%	67%	33%	0%
Local manager	0%	34%	60%	6%
Local non-manager	47%	50%	0%	3%
M&D Career grade	0%	53%	25%	22%
M&D Consultant	0%	60%	32%	8%
M&D Junior	8%	90%	2%	0%

Table 9 - Salary by age

	16-29		30-49		50-59		60+	
	2016	2015	2016	2015	2016	2015	2016	2015
<£25,000	%	55%	%	32%	%	10%	%	3%
>£40,000	%	1%	%	70%	%	25%	%	5%

The data shows that the Trust continues to employ relatively young staff, with the majority of staff falling into the 30-49 age bracket. The Trust continues its effort to consider any Bands 2 – 4 vacancies to determine if they could be converted into an apprenticeship post to increase the proportion of staff in the youngest age bracket. Twenty three apprentices have started in post since November 2015.

The Trust is keen to support the retention of older workers and provides advice and policies to support this. However we do anecdotally know that as staff become older and some decide to raise a family, they may move away from London and choose to work within the community or with locally-based hospitals. The Trust offers a range of initiatives to try and retain such staff including a comprehensive flexible working policy open to all staff regardless of caring responsibilities, a staff hotel to support staff travelling long distances to work and an on-site subsidised staff nursery, holiday play schemes and salary sacrifice childcare vouchers.

Gender

Table 10 – Staff group by gender

STAFF GROUP	Female		Male	
	2016	2015	2016	2015
Whole Trust	77%	77%	23%	23%
Administrative and Clerical	68%	68%	32%	32%

Allied Health professionals	93%	93%	7%	7%
Estates, ancillary and unqualified clinical support	42%	71%	58%	29%
Medical and dental	54%	52%	46%	48%
Nursing and midwifery registered	94%	94%	6%	6%
Scientific and technical	78%	73%	22%	27%

The current proportion of male to female staff is unchanged at 23:77%.

The promotion of NHS careers without any gender bias is aimed at addressing this imbalance, although societal drivers with regard to gender-related career choices are assumed to still be strongly influencing this picture.

Table 11 – Pay band by gender

Pay Band	Female	Male
Band 2	61%	39%
Band 3	77%	23%
Band 4	78%	22%
Band 5	86%	14%
Band 6	86%	14%
Band 7	85%	15%
Band 8a	75%	25%
Band 8b	76%	24%
Band 8c	69%	31%
Band 8d	54%	46%
Band 9	100%	0%
Local manager	55%	45%
Local non-manager	60%	40%
M&D Career grade	72%	28%
M&D Consultant	45%	55%
M&D Junior	63%	37%

Table 12 - Gender by salary

Salary	Female		Male	
	2016	2015	2016	2015
<£25,000 p.a.	80%	80%	20%	20%
>£40,000 p.a.	65%	63%	35%	37%

Clinical Excellence Awards

At the time of compiling this report, clinical excellence awards are due for completion during Feb – March 2016 thus data is unavailable at the present time to report on the allocation of awards.

Disability

Table 13 – Breakdown of GOSH staff by disability

Disability	2016	2015	2014	2013
Yes	2%	2%	2%	1%
No	77%	76%	72%	69%

Undefined / not declared	21%	22%	26%	30%
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Table 14 – Staff group by disability

STAFF GROUP	Non-disabled		Disabled		Unknown / undeclared	
	2016	2015	2016	2015	2016	2015
Whole Trust	77%	76%	2%	2%	21%	22%
Administrative and Clerical	78%	77%	2%	2%	20%	21%
Allied Health professionals	77%	72%	3%	3%	20%	25%
Estates, ancillary and non-registered clinical support	73%	81%	2%	2%	25%	18%
Medical and dental	73%	75%	1%	0%	26%	25%
Nursing registered	75%	74%	3%	2%	22%	24%
Scientific and technical	81%	73%	0%	1%	19%	27%

Table 15 – Pay band by disability

Pay Band	Disabled	Non-disabled	Unknown/ undeclared
Band 2	3%	77%	20%
Band 3	1%	85%	14%
Band 4	1%	77%	22%
Band 5	3%	87%	10%
Band 6	3%	76%	21%
Band 7	1%	69%	30%
Band 8a	0%	65%	35%
Band 8b	0%	65%	35%
Band 8c	0%	66%	34%
Band 8d	1%	55%	44%
Band 9	0%	33%	67%
Local manager	0%	88%	12%
Local non-manager	0%	97%	3%
M&D Career grade	0%	51%	49%
M&D Consultant	0%	58%	42%
M&D Junior	2%	87%	11%

Table 16 – Salary by disability

Salary	Disabled		Non-disabled		Unknown/undeclared	
	2016	2015	2016	2015	2016	2015
<£25,000 p.a.	%	2%	%	85%	%	12%
>£40,000 p.a.	%	1%	%	62%	%	37%

The data shows that 2% of the workforce have a disability. However it is likely that the percentage of people with disabilities employed by GOSH is higher as many people do not wish to disclose this information or do not classify themselves as having a disability (even if they would fall under the legal definition of having a disability). The Trust has strategies in place to ensure that disabled people access and remain within employment. As well as being a Positive About Disabled People symbol user, the Trust has a redeployment process in place to ensure staff are retained in the organisation, and also has access to an in-house Occupational Health Service who are able to support staff with disabilities and provide advice as to any adjustments which they may require. The Trust also has an Employee Assistance Program provided by a leading supplier which supports both staff and managers through the provision of advice, information, support and counselling interventions. This support is available to all but we will

continue to work closely with staff experiencing health difficulties, including those with disabilities, to ensure that they receive the support they require.

Pregnancy and Maternity

As we have already seen the Trust employs many more females than males and has a relatively young workforce. Consequently, the effect of maternity leave can present significant workforce challenges, especially if it is concentrated in one or two clinical areas. A snapshot of those on maternity/adoption leave as of November 2016 found that 3.24% of the workforce were on maternity/adoption leave at this time. Again the Trust has measures in place to help support those on maternity leave to return to employment and these include flexible working initiatives, subsidised on-site staff nursery and the provision of childcare vouchers.

Marriage & Civil Partnership

A snap shot as of November 2016 has also been obtained which shows the breakdown of the workforce against their declared marital/civil partnership status, this is shown in the table below:

Table 17 – GOSH staff breakdown by marital status

Marital Status	2016	2015	2014
Married	32%	32%	32%
Civil partnership	1%	1%	0%
Divorced	2%	2%	2%
Legally separated	1%	1%	0%
Single	61%	63%	64%
Widowed	0%	0%	0%
Unknown	2%	1%	0%

It should be noted that this data is dependent on staff reporting a change in their marital status during their employment, and should therefore be used with caution.

No concerns or complaints of discrimination on the grounds of marriage or civil partnership status have been made to the Trust.

Religion or Belief and Sexual Orientation

Table 18 – GOSH staff breakdown by Religion

Religion	2016
Atheism	15%
Buddhism	1%
Christianity	41%
Hinduism	4%
Not disclosed	26%
Islam	6%
Jainism	<1%
Judaism	1%
Other	5%
Sikhism	1%

Table 19 – GOSH staff breakdown by sexual orientation

Sexual Orientation	2016
Bisexual	<1%

Gay	2%
Heterosexual	63%
Not disclosed	19%
Lesbian	1%
Undefined	15%

Although the information we gather on these protected characteristics is less complete than for other groups, our commitment to meeting the three aims of the general equality duty for people of **all** protected characteristics applies.

Gender Reassignment

No requests for support were received during 2016 with regard to gender reassignment. On the very few occasions such a request has been made the Trust's approach is to respond supportively and sensitively, working with the individual(s) concerned and seeking advice from appropriate expert sources as necessary. From April 2016 we started collecting data about the number of new employees who do and do not identify themselves as being of the same gender as the one assigned at birth. We have no new employees who identify themselves as having a different gender than the one they were assigned at birth.

Recruitment Activity

The recruitment teams continue to provide a dedicated quality recruitment service to both managers and incoming applicants. A large proportion of the team's work is concentrated on discussing recruiting manager needs at the starting point of the recruitment episode. This helps to define requirements for specific roles such as tailoring application forms by using the NHS electronic recruitment system (NHS Jobs 2) as well as identifying suitable testing to assist managers with their selection process. Recruitment activity is continuously monitored and regular data is produced tracking candidate success rates on all required protected characteristics.

During 2016 we have continued to work with our identified apprenticeship provider. All entry level positions into the organisation are regarded as potential apprenticeships. The Trust is ambitious in terms of our drive to increase the number of apprentices and also become properly recognised as a strong, caring local employer within a diverse potential workforce.

Table 20 – Breakdown of 2016 recruitment activity by ethnic origin

Ethnic Origin	% of total applicants			% appointed		
	2016	2015	2014	2016	2015	2014
White	38%	39.2%	39.1%	59.5%	66.1%	72.1%
BME	58%	57.2%	61.0%	33.0%	30.57%	27.9%
Black	21.7%	21.6%	22.6%	9.7%	7.81%	6.0%
Asian	27.2%	26.7%	27.2%	16.2%	15.22%	14.7%
Chinese	0.8%	1.1%	0.9%	1.7%	1.59%	1.9%
Mixed race	4%	8%	0.9%	3.8%	4.06%	2.3%
Other	4.2%	3.3%	3.7%	1.7%	1.90%	2.1%
Not disclosed	4%	3.6%	3.0%	7.5%	3.34%	1.0%

The data indicates a continuing disproportion in the number of non-white applicants compared to the number of non-white appointees. The Trust accepts that there will be a range of potential factors, and previously agreed an objective on increasing the number of selection processes that include a test element in addition to an interview. This was intended to introduce a stronger objective measure in the process. Whilst the amount of testing increased, there was not a clear and consistent correlation impact on the ethnicity of appointees. The Trust has therefore continued its focus on this area by developing an entirely new objective related to unconscious bias training (see below).

Table 21 – Breakdown of 2016 recruitment activity by gender

Gender	% of total applicants			% appointed		
	2016	2015	2014	2016	2015	2014
Male	33.2%	34%	33%	24.0%	25.96%	25.86%
Female	66.1%	65.3	66.4%	76.0%	74.04%	74.14%
Not stated	0.7%	0.7%	0.6%	0.0%	0%	0%

Table 22 – Breakdown of 2016 recruitment activity by disability

Disability	% of total applicants			% appointed		
	2016	2015	2014	2016	2015	2014
Non-disabled	94.9%	95.3%	95.9%	88.7%	93.43%	95.89%
Disabled	3.9%	3.5%	3.1%	2.6%	2.49%	2.87%
Not declared	1.2%	1.1%	1.1%	8.89%	4.07%	1.24%

The Trust is aware that many people who may fall within the legal definition of disabled do not class themselves as such and continues to work very closely with Occupational Health to ensure that the best candidates can continue into employment wherever possible and all reasonable adjustments are made to ensure this happens, whether they are defined as disabled or not. The Trust has for many years been a Positive About Disabled People symbol user and this means that all disabled applicants who meet the essential criteria as contained on the person specification are guaranteed an interview. We have signed up to the Mindful Employers Charter and will continue to work to embed the commitments we have made.

Table 23 – Breakdown of 2016 recruitment activity by age

Age Origin	% of total applicants			% appointed		
	2016	2015	2014	2016	2015	2014
16-29	45.3%	47.4%	49%	46.4%	47.31%	47.94%
30-49	45.7%	44.7%	43.9%	48.6%	47.78%	49.25%
50-59	7.9%	6.5%	6.4%	4.3%	4.23%	2.08%
60+	1%	1.6%	0.5%	0.7%	0.67%	0.73%
Not stated	0.1%	0.2%	0.2%	0.0%	0.00%	0.00%

Table 24 – Breakdown of 2016 recruitment activity by religion / belief

Religion/Belief	% of total applicants			% appointed		
	2016	2015		2016	2015	
Atheism	9%	8.7%		18.2%	19.12%	
Buddhism	1%	1.0%		0.7%	1.27%	
Christianity	44.7%	45.6%		38.65%	42.21%	
Hinduism	7.2%	8.1%		5.6%	5.78%	
Not declared	10.6%	10.5%		21.4%	17.19%	
Islam	18.8%	18.1%		8.2%	7.08%	
Judaism	0.6%	0.5%		0.7%	0.87%	
Other	6.6%	6.1%		5.6%	5.57%	
Sikhism	1.2%	1.2%		1.0%	0.91%	

Table 25 – Breakdown of 2016 recruitment activity by sexual orientation

S/O	% of total applicants		% appointed	
	2016	2015	2016	2015
Bisexual	1.1%	1.1%	0.5%	0.49%
Gay	1.4%	1.5%	2.2%	3.49%
Heterosexual	88.7%	88.5%	81.3%	83.31%
Not declared	8.4%	8.5%	15.5%	12.18%
Lesbian	0.4%	0.4%	0.5%	0.53%

The Trust recognises that the collection and use of information concerning people's sexual orientation and religion/beliefs is extremely sensitive and can cause some people concern and 2015 was the first time that we reported such data. The Trust does request this at the recruitment stage from all applicants; however applicants are not obliged to provide this information. The collection of this information from applicants is undertaken throughout the NHS and is included on the NHS Jobs application form. In all cases personal sensitive information is removed from the application form before it is sent to the manager for shortlisting, helping to ensure that shortlisting decisions are not based on merit and not personal characteristics.

Table 26 – Breakdown of 2016 recruitment activity by marital status

Marital	% of total applicants		% appointed	
	2016	2015	2016	2015
Civil Partnership	1.8%	1.6%	0.6%	0.74%
Divorced	2.7%	2.3%	1.8%	2.66%
Separated	0.6%	0.5%	0.6%	0.48%
Married	30%	29.6%	26.0%	25.84%
Single	60.7%	62.1%	64.8%	68.0%
Not declared	3.9%	3.6%	6.2%	2.28%
Widowed	0.2%	2.3%	0.1%	0%

Personal information about job applicants is held on a computer system which is password and smartcard protected and accessible to selected HR / Workforce planning staff on a need-to-access basis only. On giving their information all applicants are informed and consent that it will be used for anonymous, collective reporting.

Using the information obtained, the following are apparent:

- Job applicants continue to be from a wide range of religious beliefs and most applicants declare themselves as being Christian or Muslim.
- The majority of applicants are heterosexual; however the Trust does receive applications from people of all sexual orientations.

The Trust will continue to monitor this information and use national guidance to develop its work in this area as well as maintaining relationships through the Staff Equality, Diversity and Inclusion Group with those who are able to represent staff from these protected groups. We have an active multi-faith chaplaincy service who are represented on the Staff E&D Group.

Learning & Development

No data was previously reported in last year's report due to the development and implementation of a new learning management system and associated issues with validating the data on transfer from the old to the new system.

Table 27 - Breakdown of training uptake by ethnic origin

Note: All our staff, regardless of Protected Characteristic, complete their statutory and mandatory training as required by the Trust, therefore we have not presented data on these courses.

The data relating to accessing training (column 2 of the table below) refers to training and CPD activity which has been accessed by staff above and beyond that which is statutory/mandatory. Therefore percentages appear to be lower than would be expected had statutory / mandatory training been included (which would have demonstrated 100% take-up).

The table below also gives about the percentage of staff having a current PDR.

The data below refers to the percentage of people accessing training or having a current PDR as a percentage of the population of each Protected Characteristic.

Ethnic Group	2016 (training beyond statutory /mandatory)	2016 (In-date PDR)
BME	14%	85.46%
White	13%	82.75%
Not known	12%	92.39%

Age Range	2016	PDR
16 to 29	11%	87.18%
30 to 49	16%	81.77%
50 to 59	9%	79.60%
60+	11%	76.89%

Disability	2016	PDR
Yes	11%	75.83%
No	14%	84.12%
Undefined / not declared	20%	80.93%

Gender	2016	PDR
Female	14%	83.61%
Male	13%	82.07%
Undefined / not declared		

Marital Status	2016	PDR
Married	15%	80.27%
Civil partnership	13%	89.47%
Divorced	17%	77.64%
Legally separated	12%	84.50%
Single	13%	84.27%
Widowed	0%	100%
Unknown	16%	92.90%
Sexual Orientation	2016	PDR
Bisexual	7%	88.76%
Gay	21%	83.97%
Heterosexual	14%	84.73%
Not disclosed	21%	80.21%

Lesbian	14%	88.59%
Undefined	1%	0%

Religion	2016	PDR
Atheism	14%	85.43%
Buddhism	27%	88.37%
Christianity	15%	83.82%
Hinduism	18%	84.08%
Not disclosed	18%	81.65%
Islam	18%	84.86%
Jainism	22%	100%
Judaism	20%	83.27%
Other	11%	82.72%
Sikhism	7%	92.09%

A previous Trust equality objective concentrated on equalising PDR rates between BME and white staff due to measured disparity between the two groups as shown by the data. This objective was achieved during 2015 and the 2016 data above shows that the appraisal rate for BME staff is now greater than it is for white staff.

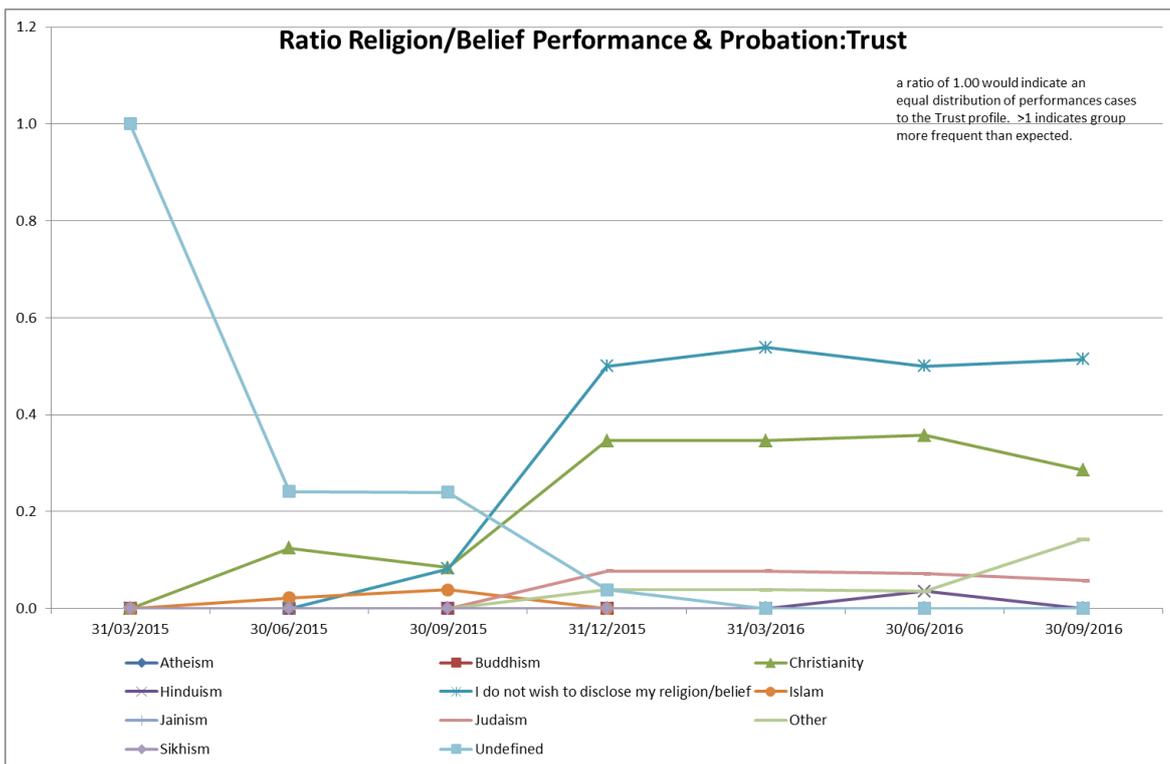
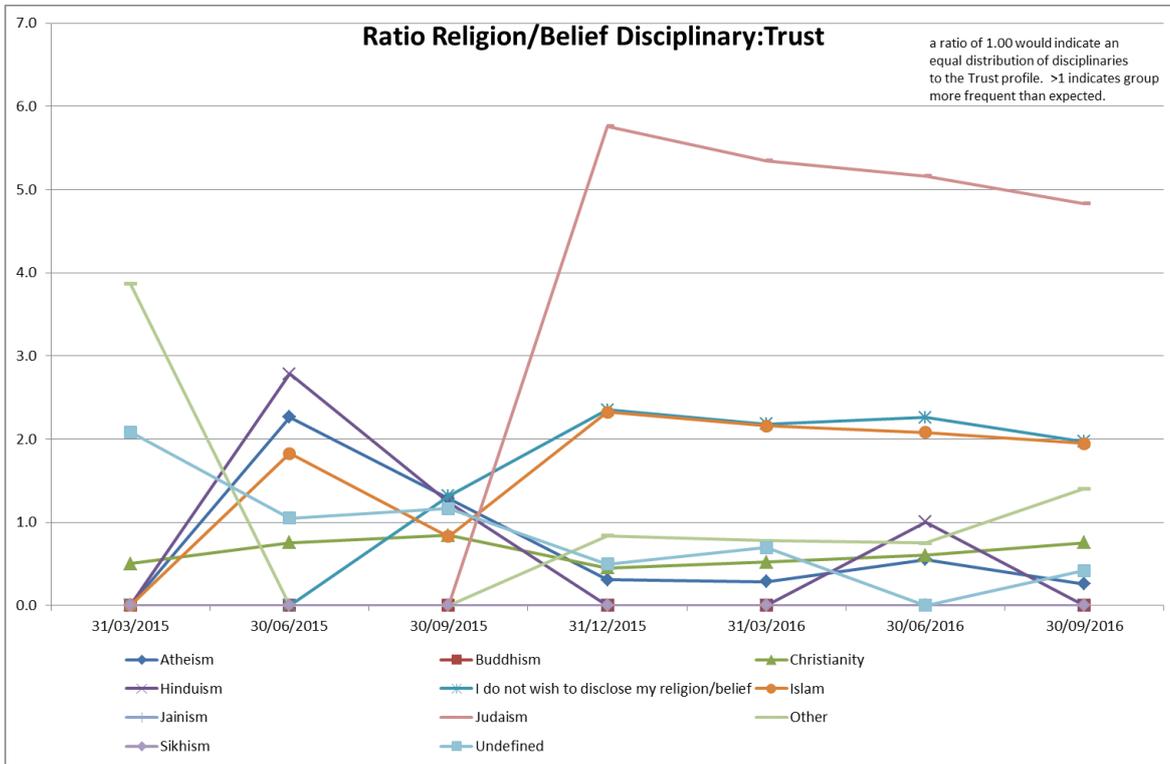
PDR appraisal rates are monitored at divisional performance reviews. In addition, data on PDR appraisal compliance by demographic group is considered by the Equality and Diversity Group, which includes senior members of the Trust's Learning, Education and Development team.

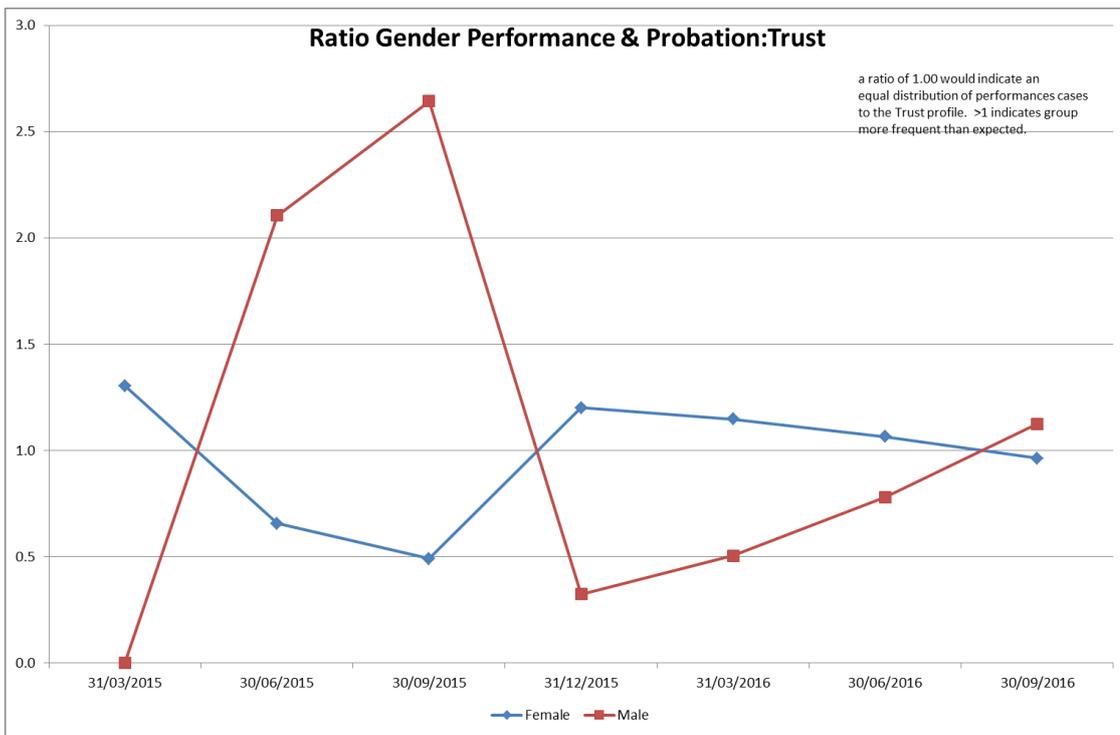
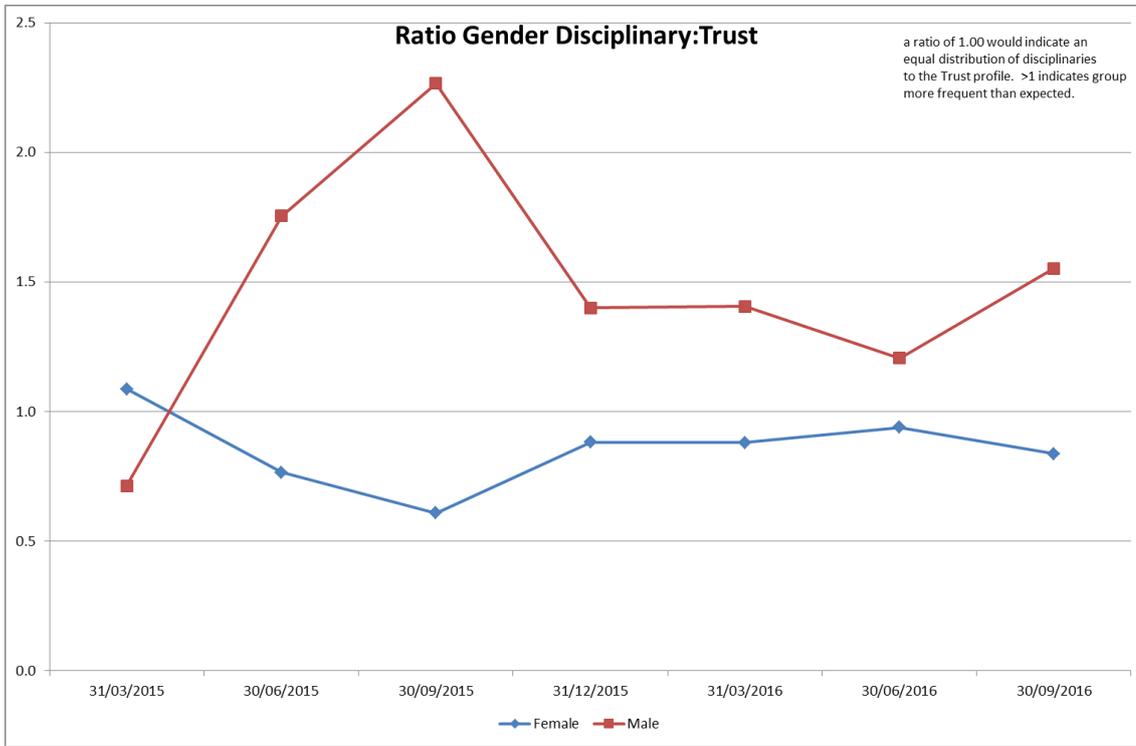
A new PDR database has been developed alongside a new Learning Management System which was implemented during 2016. This captures PDR appraisal scores awarded by both Appraisers and Appraisees. The PDR process now measures performance against objectives and along the behavioural dimensions of the Trust Always Values. The data collated from individual PDR appraisal scores will be calibrated at set times each year. The calibration will confirm parity and fairness in how appraisal scores are awarded by managers, and will identify any major disparities between appraiser-appraisee scores. A new PDR Appraisal Policy was launched during 2015. This strengthens the appraisal process, and clarifies expectations and responsibilities of managers and staff. It states how performance on an annual basis will determine whether annual pay increments are awarded. It also outlines the Review procedure for any disagreement between appraiser-appraisee about someone's performance/awarding of an increment.

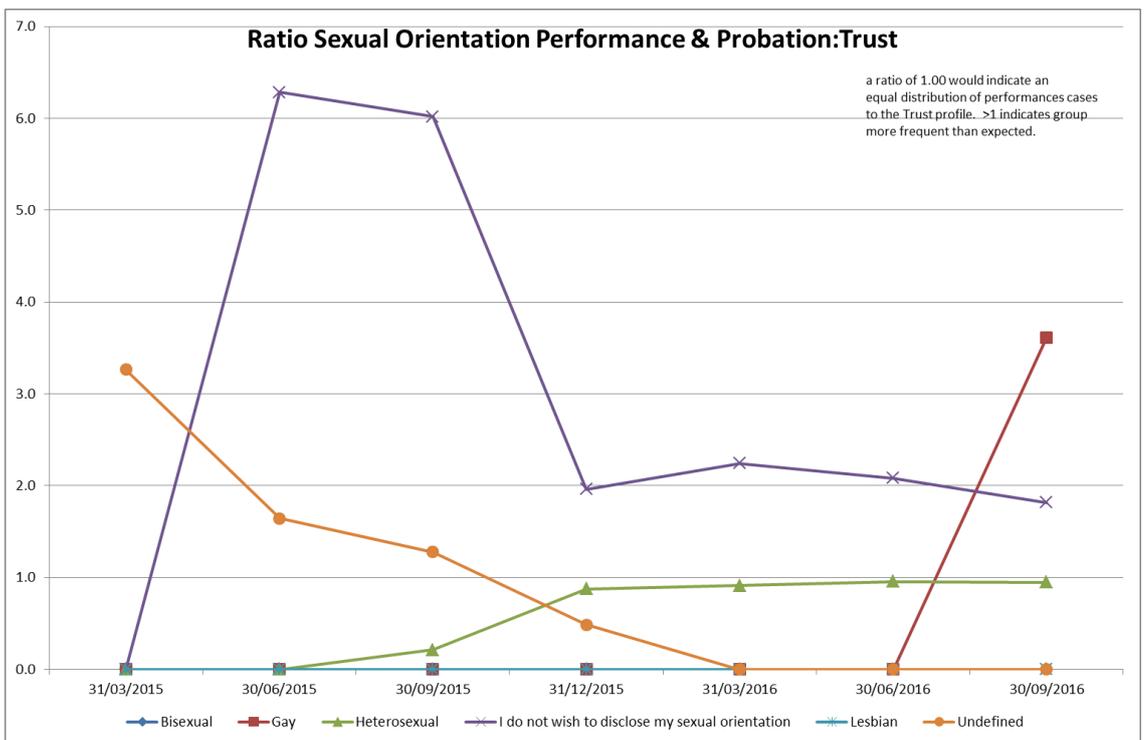
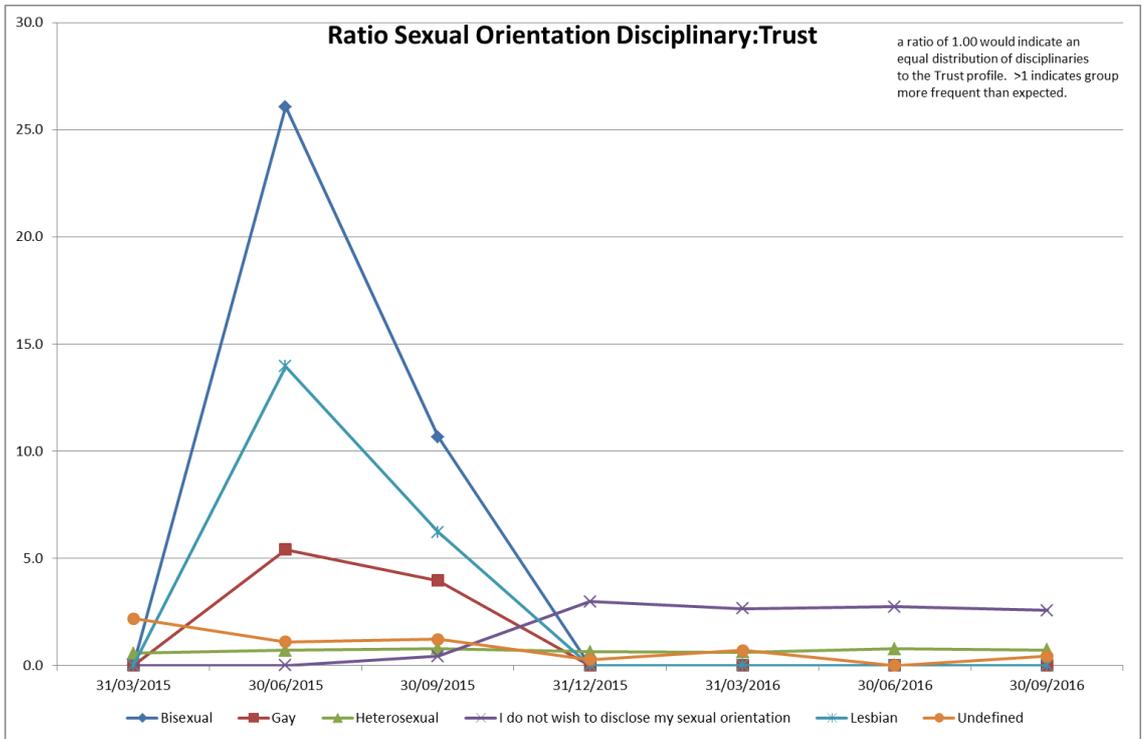
Employee Relations Activity

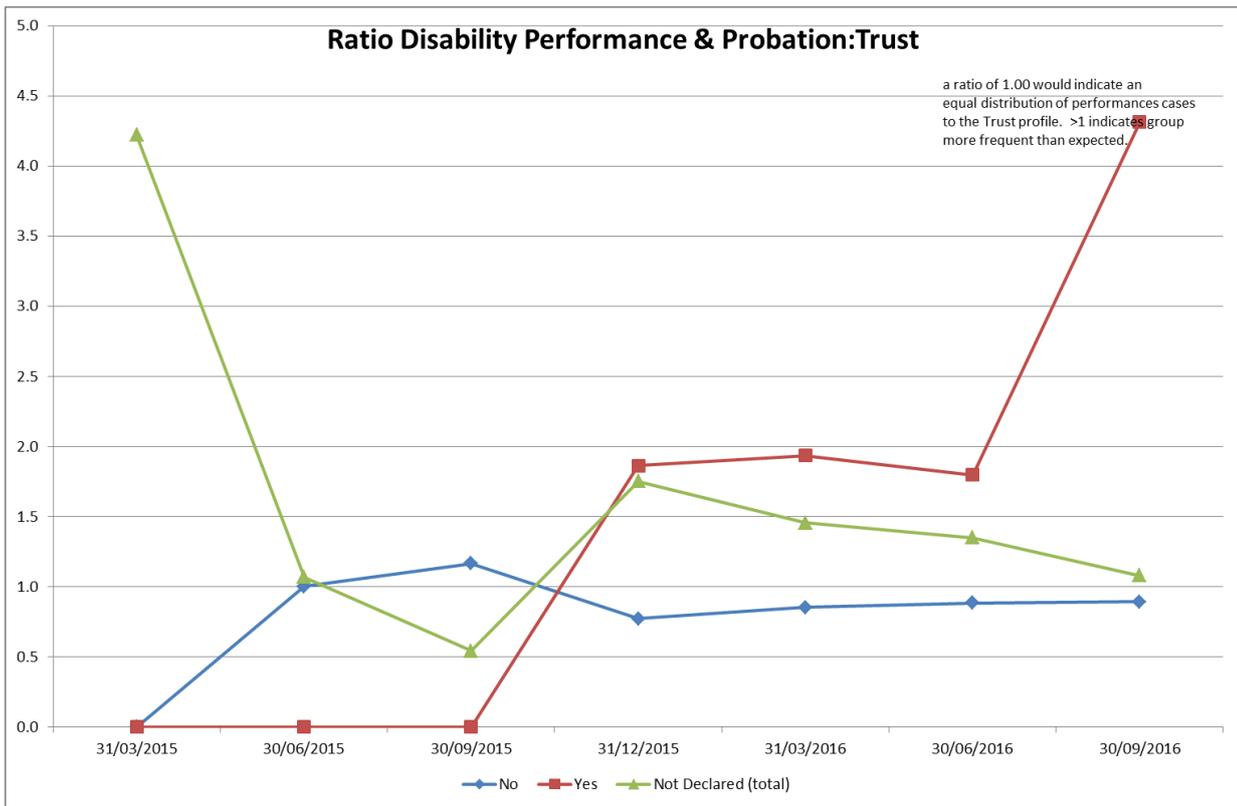
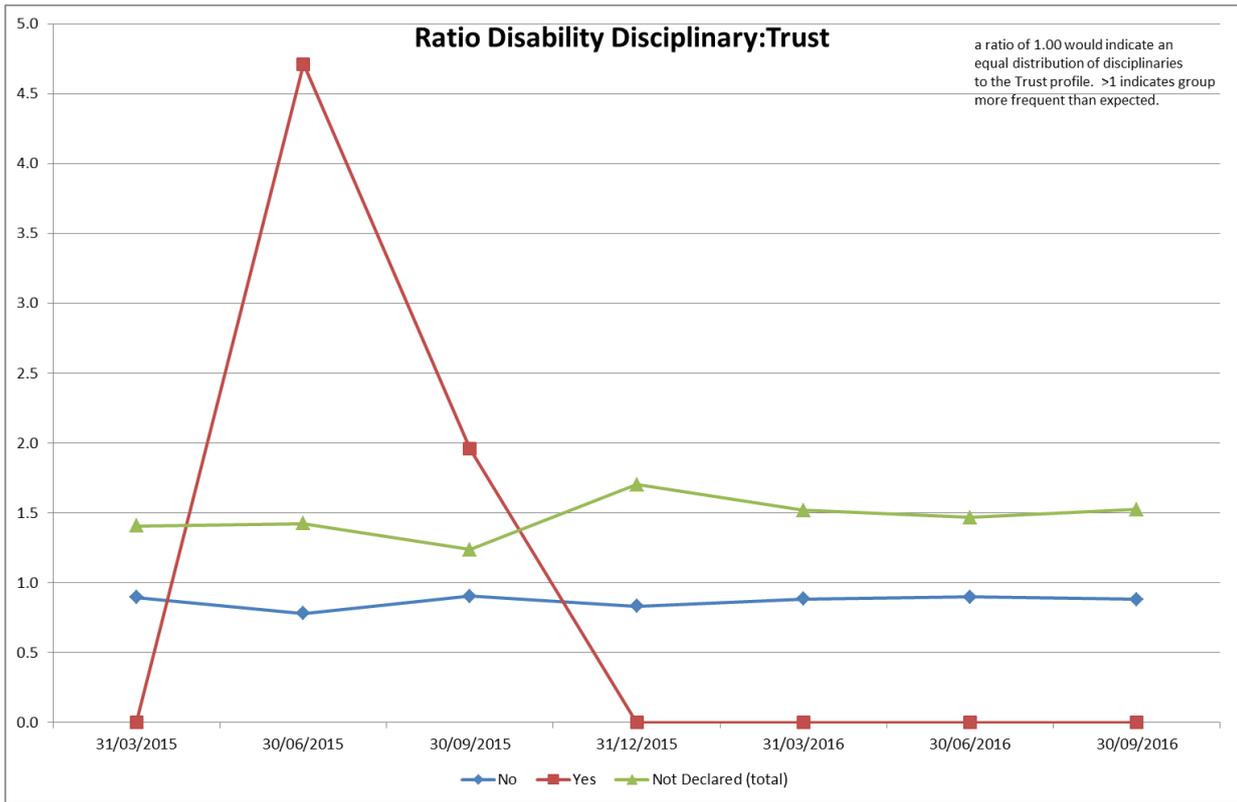
Please note: in all of the following graphs a value of 1 represents proportionality i.e. if a group are being disciplined disproportionately more than a comparator group they will have a value greater than 1.0. Values of less than 1 indicate that a particular group is being disciplined disproportionately less than the comparator group.

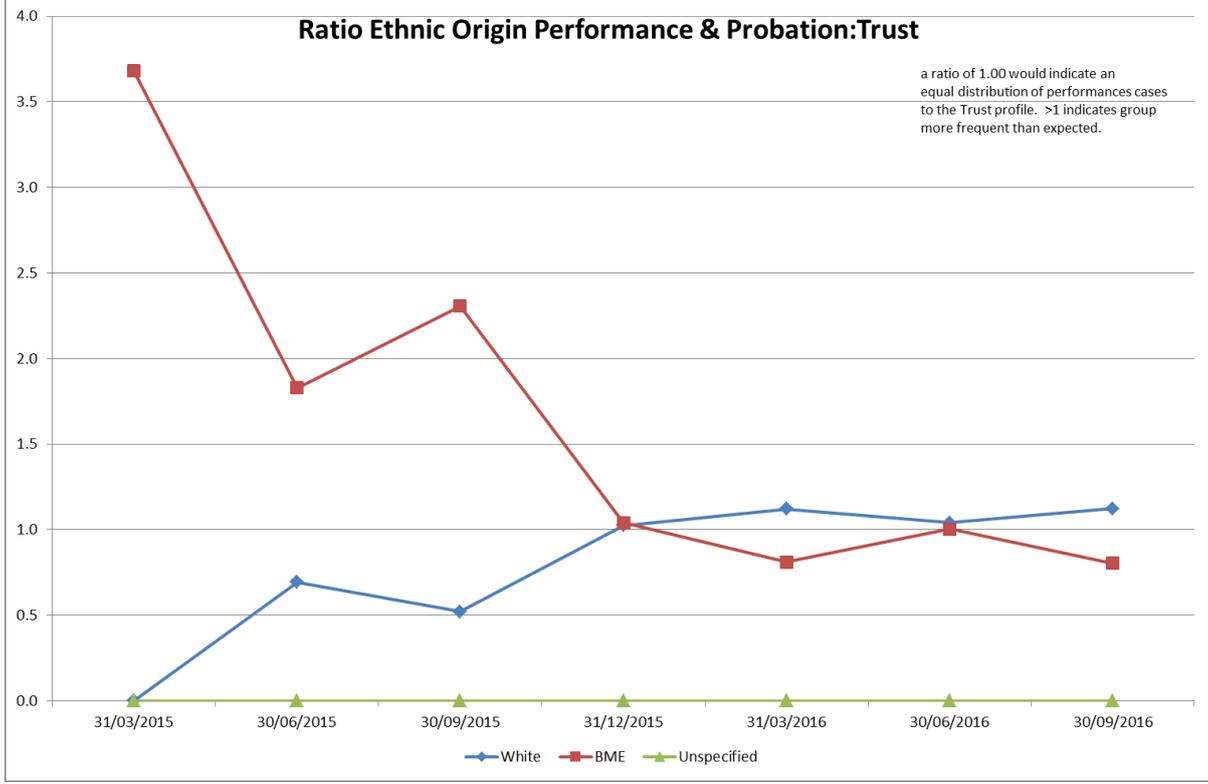
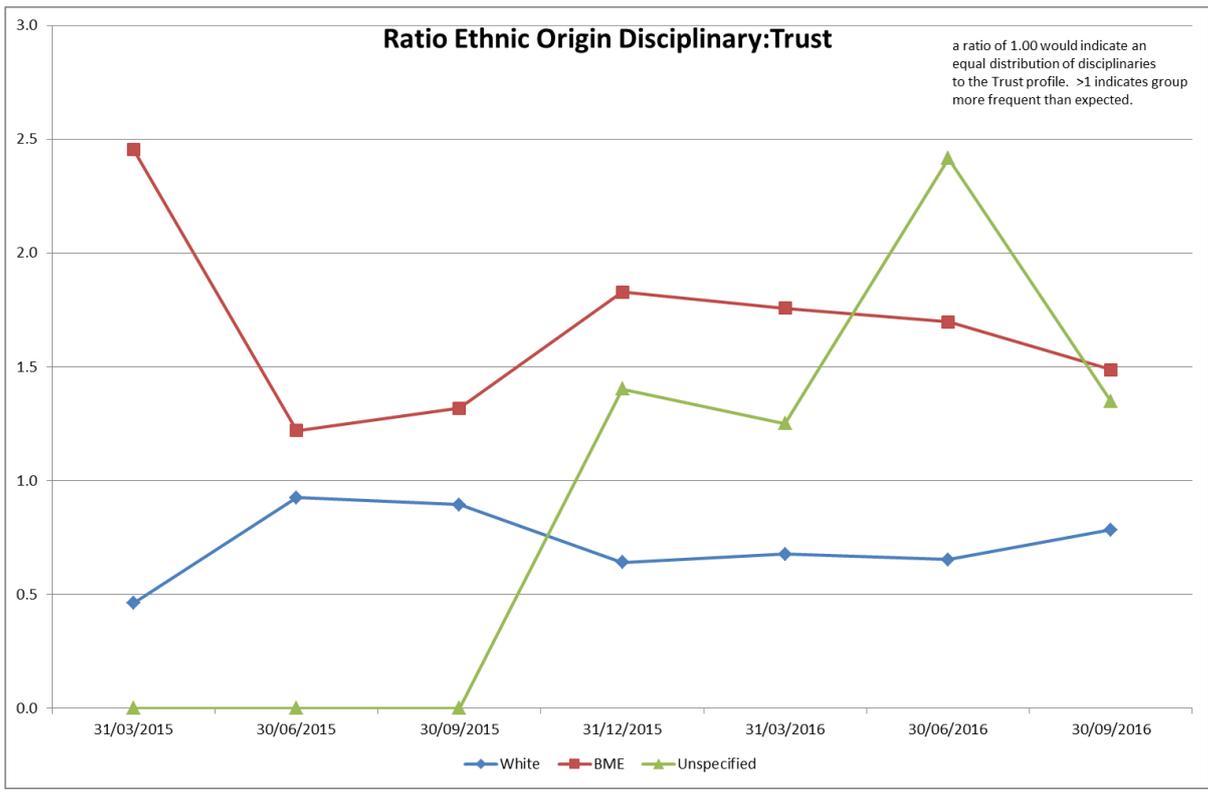
Information related to employee relations activity is routinely reported by HR to the Staff Involvement Forum and the Staff Equality and Diversity group.

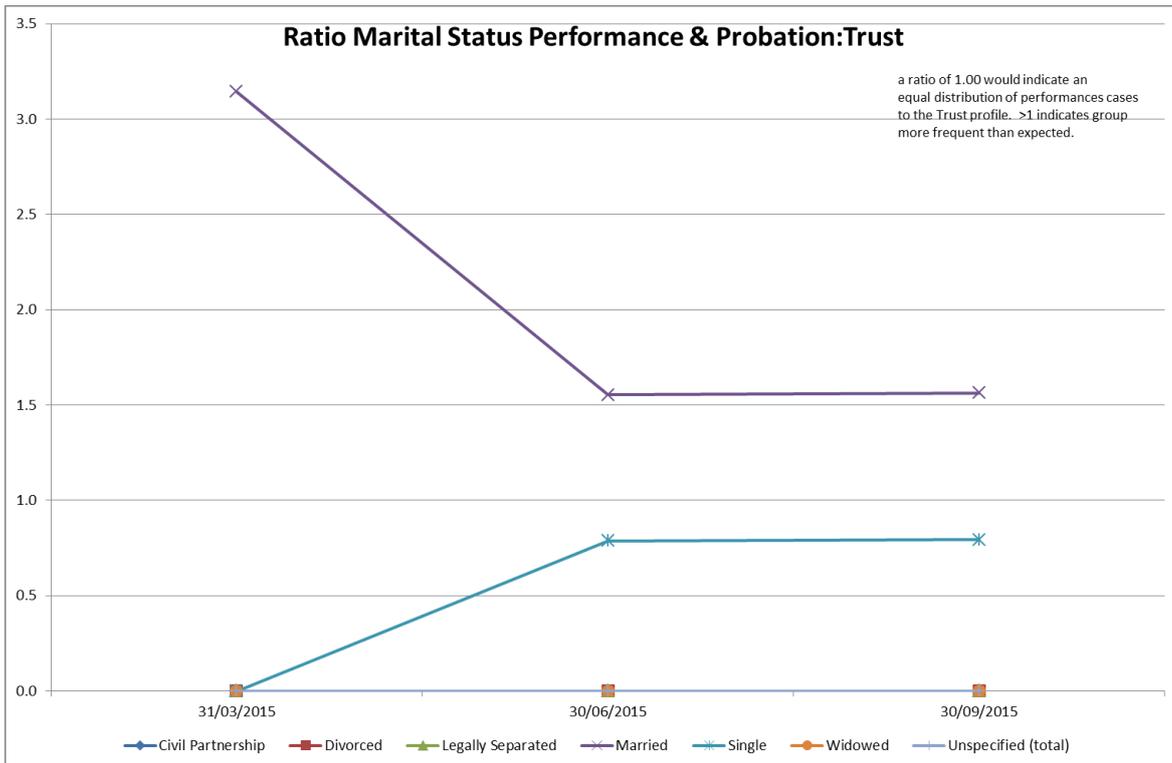
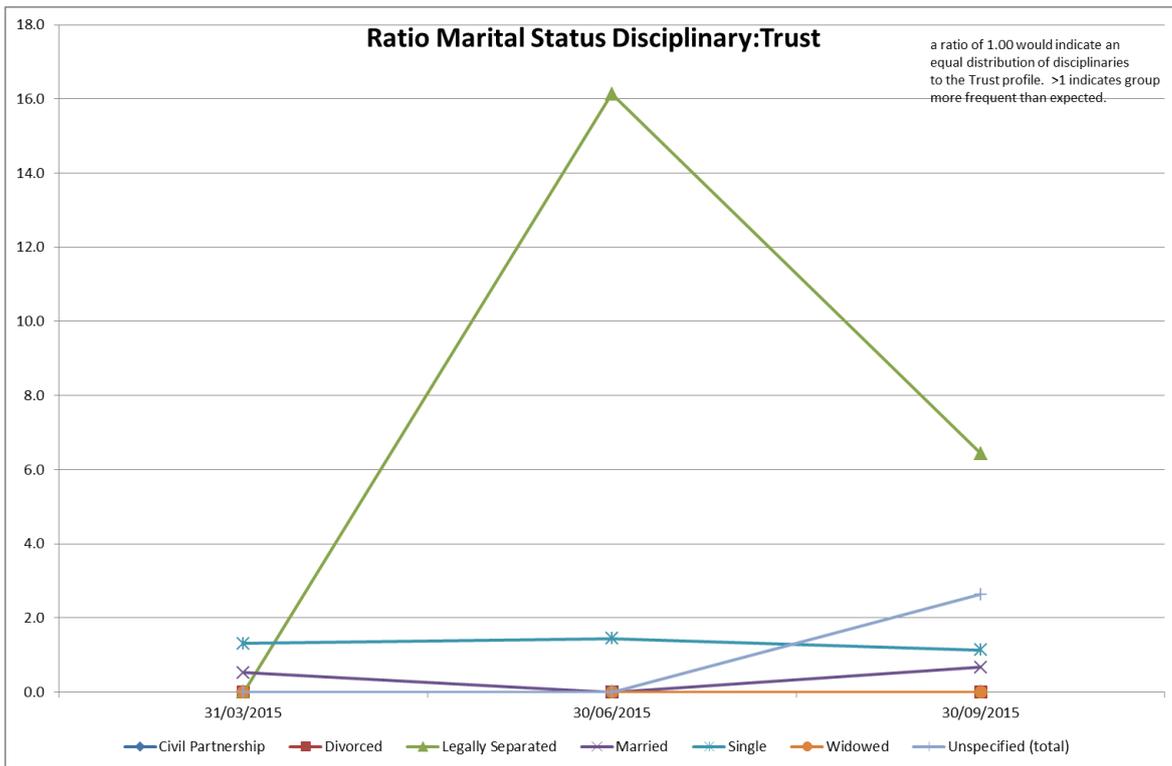


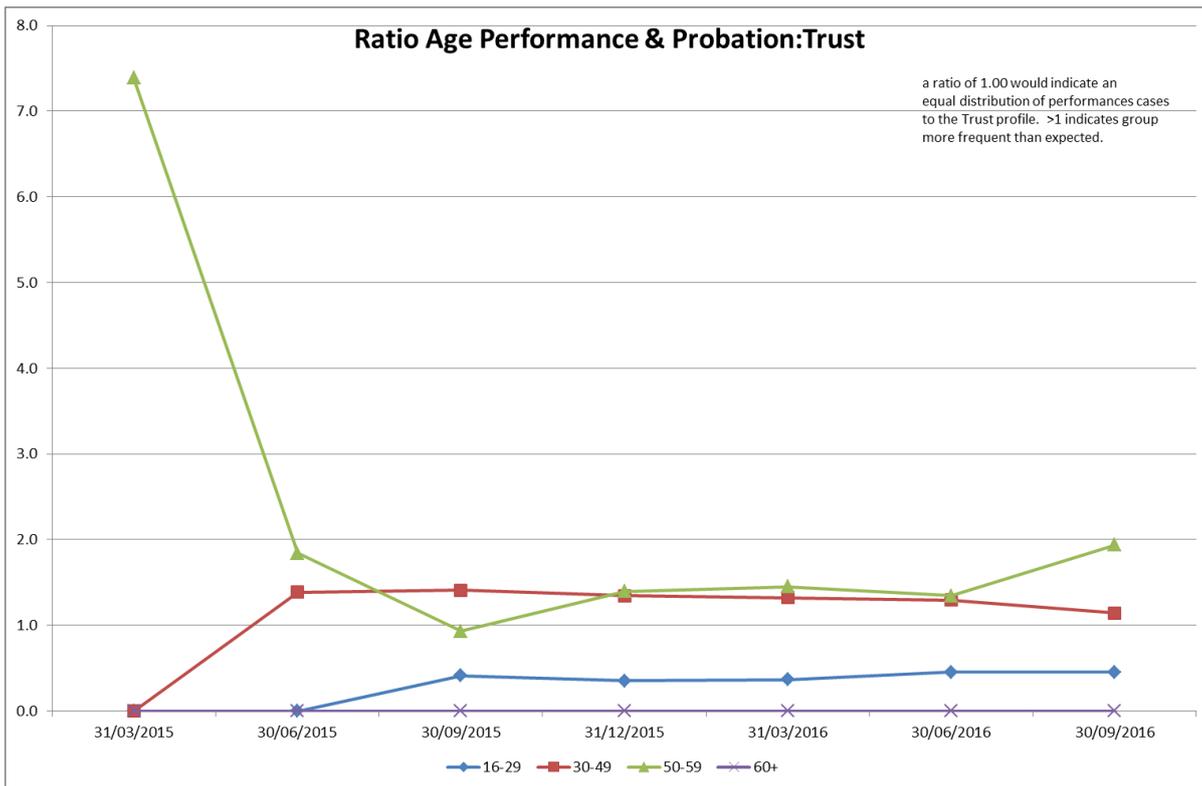
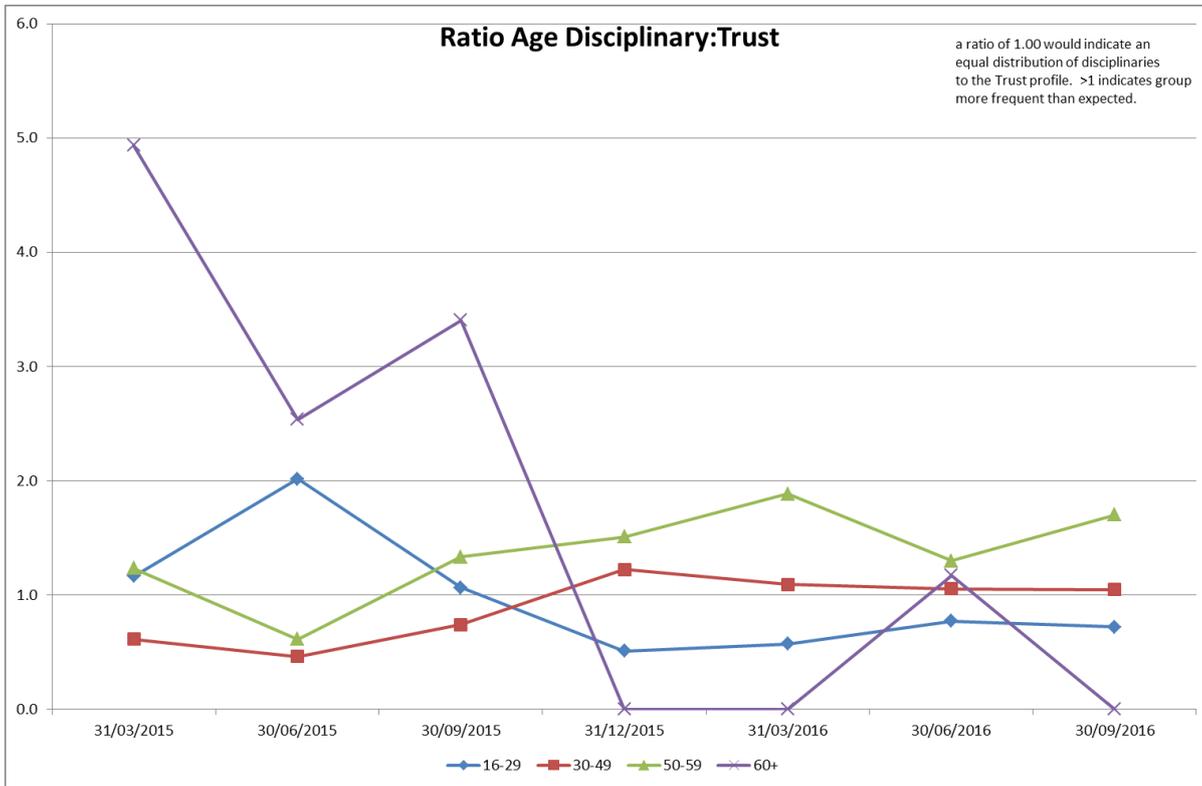












The Trust is aware of the continued imbalance in the number of BME involved in employee relations issues relative to their overall proportion in the workforce. **It is worth noting that for this data and all the data which follows in this section the numbers of individuals concerned are very small.** We have benchmarked ourselves previously against another London-based NHS Trust and have found that we are not unique in this respect; indeed this picture is widespread within both the public and private sectors. Nonetheless, the Staff Equality, Diversity & Inclusion group have taken (or in some cases have plans to take) action to address this. These actions include:

- Working to ensure that equality and diversity issues continue to be mainstreamed into our management and leadership development programs.
- Continuing to review our key staffing policies to ensure that they are accessible to all staff.
- Using unconscious bias training for recruiting managers to also improve knowledge and practice in employee relations activity

Table 32 – Number of grievances

	Nov 2015 - 2016	Nov 2014 - 2015	Nov 2013-2014	Nov 2012 – Nov 2013
Number of Grievances			2	4
GENDER				
Male	3	1	1 (50%)	1 (25%)
Female	8	2	1 (50%)	3 (75%)
Not known			0	0
ETHNICITY				
White	5		0	2 (50%)
BME	6	3	2 (100%)	2 (50%)
Not known				0
DISABILITY				
Non-disabled	0		1 (50%)	3 (75%)
Disabled	10		0	0
Not known	1		1 (50%)	1 (25%)
AGE RANGE				
16 – 29	2		0	0
30 – 49	8	1	2 (100%)	3 (75%)
50 – 59	1	1	0	1 (25%)
60+		1	0	0
Not given			0	0

Table 33 – Number of redundancies

This data has not been disclosed due to the low number of people it measures and the need to protect individuals from identification.

Harassment & bullying

- During 2015 there have been 10 case of harassment & bullying (both formal and informal). Whilst we do not disclose details concerning any of these due to the extremely sensitive nature of the cases and need to protect the anonymity of staff when the number of cases is so low, it is notable that there was no disparity noted between white and BME staff raising issues. However, the annual staff survey continues to indicate that bullying and harassment is a concern of staff, and it was also highlighted by staff during the EDS2

process as being an area for development. An objective has been agreed by the Trust Board on training managers and staff in recognising and managing harassing and bullying behaviours, the impact of which will be measured year-on-year via the annual staff survey.

Conclusion

The Trust aims to openly publish a report on the experience of its staff in this equality data. This data will help to measure the progress made against the equality objectives set by the Trust and help to guide on the new objectives that need to be agreed this year for the next three years. The data will also be used to inform our Equality Assessment scheme, under which we assess all policies and consultations relating to staff to check for any potential detriments along the grounds of all the protected characteristics.

The Trust's Staff Equality, Diversity & Inclusion Group will continue to scrutinise this data and promote actions intended to ensure that the Trust is experienced by a fair and equitable employer by all our staff.