

Trust Board Meeting 25 May 2011	
Title of document: Equality and Diversity Report	Agenda item/Paper No
Submitted on behalf of: Fiona Dalton and Barbara Buckley	Date considered by Management Board
Aims / summary To provide Trust Board with assurance that the Trust is meeting its statutory obligation under equalities legislation, and to provide a summary of key equality and diversity activity.	
Action required from the meeting To note the contents of the paper	
Contribution to the delivery of NHS / Trust strategies and plans Meeting statutory duty to report publically on this activity. Work promotes fairness and equity in service delivery and employment.	
Financial implications None	
Legal issues Statutory duty to report on this activity	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? Families are represented on the Family Equality and Diversity Group and staff on both FED and the Staff Equality and Diversity Group	
Who needs to be told about any decision N/A	
Who is responsible for implementing the proposals / project and anticipated timescales Family and Staff Equality and Diversity Groups	
Who is accountable for the implementation of the proposal / project Fiona Dalton for staff and Barbara Buckley for families	
Author and date Sue Lyon Beki Moulton 10 May 2011	

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS TRUST

Trust Board Meeting 25 May 2011 Annual Equality and Diversity Report

Background

The Equality Act came into force from 1st October 2010. This Act simplified existing equalities law into one single source of Statute. The Act also changed and refined certain concepts and definitions, as well as introducing some new provisions such as employers being liable for third party harassment. In addition to the Act, a new statutory duty (the Equality Duty) came into force in April 2011 and this is applicable to all public sector bodies. Some requirements of the Duty, notably the creation of equality objectives, will come into force from April 2012.

As a Trust we must demonstrate that we comply with the Equality Act and are meeting the Equality Duty through the work we do, the involvement we have of the Trust Board in this work and through publishing a range of equalities data on an annual basis. This paper provides a summary of information to demonstrate to the Trust Board that our duties and responsibilities are being met.

Appendix 1 provides core data, Appendix 2 provides a fuller perspective of data and analysis.

FAMILY EQUALITY AND DIVERSITY GROUP

This annual report covers the period April 2010 – March 2011.

Key Achievements 2010/11

- **Welcome to GOSH DVD and Essential information booklet:** The Essential information booklet and DVD continue to be sent to new patients and has been warmly received. Plans for reviewing and updating the DVD are in place for late 2011.
- **Patient/parent experience:** Cardiac Services now have a dedicated page on their clinical service web section devoted to patient/parent stories - http://www.gosh.nhs.uk/gosh/clinicalservices/Cardiac_services/CustomMenu_02 . It is not yet known how this will transfer to the new combined website (One Site) currently being planned.
- **Podcasts:** Only a few podcasts have been in production this year due to pressure of the One Site project.
- **Surveys:** Additional analysis of Urdu speakers was undertaken following this year's inpatient Ipsos MORI inpatient survey. Generally, the responses were similar to the rest of the interviews, with lower satisfaction scores received regarding confidence and trust in doctors and nurses. A stand alone exercise is being planned to hold focus groups with our non-English speaking families although funding has not yet been secured.
- **Services for families of children with learning disabilities:** This has been the main focus of work in the previous few months. A baseline audit of current practices has been undertaken and will form the basis of an action plan for the next two years. Initial results from the audit show that, as suspected, there are pockets of very good practice but with little in terms of written policies/procedures to reinforce this.

Key Activity Planned for 2011/12

- Continue to seek funding for focus groups for non-English speaking families.
- Work with Department of Health to implement Equality Delivery System.

STAFF EQUALITY AND DIVERSITY GROUP

Data relating to staff, their employment and corresponding equality and diversity issues can be found contained within Appendix 1. Appendix 2 provides more detailed data and information.

Key achievements in 2010/11

- Previous and ongoing improvements in the data quality for recruitment and selection activity with the introduction and roll out of the electronic recruitment system.
- Development and the introduction of a Trust Equality Policy which clearly sets out individual and collective responsibilities and expected behaviours, as well as the Trust's beliefs and values with respect to employment equality issues.
- The Black and Asian Minority Ethnic Network (BAMEN) has continued to remain well established, continued to attract members and provided targeted development for staff. This has included BME staff participating on the BEL programme which aims to enhance leadership competencies, career planning and professional development.
- In terms of volume, staff from all ethnic groups (except Chinese) have attended more training sessions in the last 12 months.
- Significantly higher numbers of staff across the Trust have received a PDR appraisal in the last 12 months. The figures demonstrate that this has improved equity of access to PDR appraisals, such that more equal numbers staff by ethnic group, and age, are having a PDR in percentage terms.
- Review of the Equalities Impact Assessment policy to ensure continued compliance following the recent legislative changes.
- Commissioning a legal review of GOSH compliance with the new legislation. This review is due to be concluded shortly and will inform the work of the Staff Equality and Diversity group over the next year.

Key Activity Planned for 2011/12

These activities respond to the environment outside GOSH (for example, legislative changes), issues which are highlighted through the staff survey, and the data reflected in Appendix 1 and 2.

- Continue to maximise the potential of the electronic recruitment tool to better understand and utilise recruitment data to support fair and robust decision making. Data in Table 2 (Appendix 1) indicates inequity between the numbers of BME people applying for and then being appointed to job vacancies. It is felt that improved methodologies for self-selection at pre-shortlisting stage may help to address this inequity. The HR Department are also developing a suite of selection methodologies which recruiters can use to help inform their selection decisions.
- The 2010 staff survey showed that proportionally fewer BME staff than their white counterparts believe there are good opportunities to develop their potential at work, for career progression or promotion. To help address these concerns BAMEN (Black Asian and Minority Ethnic Network) will be supported to continue to provide a targeted development programme to BME staff in order to ensure they feel more confident and are equipped to apply for, and be appointed to, more senior roles. BAMEN will offer keynote speakers to update staff on issues of interest and will look to create a network of mentors as well as facilitating shadowing opportunities for BME staff.
- The 2010 staff survey also showed that respondents rated the Trust worse than average in providing Equality and Diversity training. In 2011 the Trust is looking to develop modules within existing management development programmes which promote improved skills, knowledge and awareness of dealing with people from different cultural and ethnic backgrounds and people with disabilities. There will also be a review of how and when Equality and Diversity training is provided to staff during their induction and mandatory update periods. The Education and Training team are also working with other Departments to support the purchase an interactive disability awareness e learning package for front-line staff such as receptionists and porters.
- Continue to work with clinical and corporate units to ensure staff across all professional groups, ethnic groups, age groups and gender a) receive a PDR appraisal, b) the PDR appraisal is good quality, and c) have access to appropriate learning opportunities for their

role and personal development. Reports will be generated which look at this data on a per unit basis.

- Continue to focus on training and development for managers in the management of employee relations issues.
- Work with the Department of Health to embed the Equality Delivery System. This national programme will bring together equality and diversity alongside patient outcomes and experiences.
- Develop in conjunction with stakeholders equality objectives for the Trust in line with the requirements of the Equality Duty.

Note on BME staff and disciplinary action

The Board has particularly asked for a report into the apparent differential in disciplinary rates between white and BME staff. The University of Bradford Centre for Inclusion and Diversity was commissioned by the NHS to undertake research work on this subject. They published their report in September 2010. Their findings showed that: Of 80 NHS trusts who published data, BME staff were significantly overrepresented in disciplinary proceedings.

The reasons for this were complex and unlawful discrimination could not be ruled out. However, reasons also seemed to include:

- Lack of competence and confidence amongst line managers in applying performance and disciplinary policies to staff. For example, applying an informal process to a white member of staff but feeling insecure about taking anything other than formal steps with BME staff.
- Lack of differential between competence and disciplinary issues, so that performance issues are treated punitively through a disciplinary route rather than more supportively
- Core organisational values and expectations of behaviour are not made clear, and staff with different cultural norms may fall foul of these expectations if they are not made explicit
- BME staff are less aware of/do not access sufficiently appropriate support e.g. union representation
- BME staff appear disproportionately in lower bands, where there may be a more rigid disciplinary culture and where disciplinary action is more likely to take place
- Staff trained overseas may not have experience of the expectations of the NHS

Whilst the report did not provide recommendations, it noted that in other public sector settings, such as the police and local government, actions to address similar problems have included: access to mediation; reverse mentoring (i.e. pairing a senior manager with a talented member of more junior staff from a BME group to share experiences and enhance mutual understanding); clearer performance appraisal systems; simplification of disciplinary procedures; improved training in equality and diversity issues.

GOSH has already separated the management of disciplinary and competence issues; raised its rates for performance appraisals; offers access to mediation; provides training in equality and diversity issues. It is currently discussing mentoring with the Black, Asian and Minority Ethnic Network; and reviewing more innovative training and education in equality and diversity. For example using specialist trainers to support managers to develop skill, sensitivity and confidence in managing staff from BME backgrounds. As part of changes in the HR Department, there will be more emphasis placed on high quality selection methodologies which will aid managers to test competencies of applicants.

Appendix 1: Key Equalities Data for GOSH [narrative relating to this data and more detailed breakdown can be found in Appendix 2]

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

Table 1 Comparison of ethnicity of GOSH staff

Ethnic Group	2007/8	2008/9	2009/10	2010/11
White	72%	71%	70%	71%
BME	26%	28%	30%	29%
Not known	2%	1%	0%	0%

Recruitment activity

Table 2 Recruitment activity broken down by ethnicity

Ethnic Origin	% of total applicants		Of which, %	
	2010/11	(2009/10)	appointed 2010/11	(2009/10)
White	37%	(39%)	68%	(68%)
BME	60%	(59%)	31%	(30%)
Not stated	3%	(2%)	1%	(1%)

Table 3 Recruitment activity broken down by gender

Gender Origin	% of total applicants		Of which, %	
	2010/11	(2009/10)	appointed 2010/11	(2009/10)
Male	32%	34%	25%	24%
Female	65%	65%	75%	76%
Not stated	0%	12%	0%	0%

Table 4 Recruitment activity broken down by disability

Disability Origin	% of total applicants		Of which, %	
	2010/11	(2009/10)	appointed 2010/11	(2009/10)
Non-disabled	96%	(96%)	91%	(97%)
Disabled	2%	(3%)	2%	(3%)
Undefined	1%	(1%)	7%	(0%)

Education and Training activity

Table 5 - Breakdown of training uptake by ethnic group

Ethnic Group	Current Staff trained (10/11)	Diff to 09/10	Current Staff in group (10/11)	Diff to 09/10	Current staff trained as % of current staff in group	% Difference compared to 09/10
White	2310	+175	3173	+241	72.8%	nil
Mixed	97	+6	131	+8	74.0%	-0.7
Asian	340	+21	500	+27	68.0%	+0.6
Black	312	+2	452	+19	69.0%	-2.5
Chinese	46	-8	79	+1	58.2%	-11.0
Other/ Undef.	65	+5	85	+11	76.4%	-5.3
TOTAL	3170	+201	4420	+307	71.7%	-0.5

Table 6 - Breakdown of PDR Appraisals by ethnic group, gender and age

Ethnic Group	Total Staff with PDR Appraisal	Diff to 09/10	Percentage of staff with Appraisal in 12 month period	% Diff to 09/10
White	1531	+555	72.5%	+24.9
Mixed	69	+24	75.0%	+18.1
Asian	154	+49	66.3%	+27.8
Black	233	+104	68.3%	+31.8
Chinese	29	+7	72.5%	+18.3
Other/undef	52	+15	63.4%	+17.8

Gender	Total Staff with PDR Appraisal	Diff to 09/10	Percentage of staff with Appraisal in 12 month period	% Diff to 09/10
Female	1684	+618	70.8%	+25.2
Male	392	+142	73.1%	+28.8

Age Group	Total Staff with PDR Appraisal	Diff to 09/10	Percentage of staff with Appraisal in 12 month period	% Diff to 09/10
16-24	190	+46	73.4%	+13.6
25-34	815	+280	73.2%	+23.8
35-44	495	+167	69.1%	+25.6
45-54	380	+153	68.8%	+26.4
55-64	183	+108	71.2%	+43.3
65+	11	+6	78.6%	+47.3

Table 7 – The Gender Pay Gap

Contract type	Gender pay gap
Agenda for Change staff	-6.3%
Local e.g. Executives and TUPE transferees	8.3%
Medical and dental staff	19.2%
Trust total	8.9%

The calculation used = (Median of male hourly pay - Median of female hourly pay) / (Median of male hourly pay) - based on pensionable pay (inclusive of pay elements such as basic, London

weighting, enhancements, Clinical Excellence Awards but excludes overtime, expenses and APAs). This calculation is used by the EU to determine the gender pay gap.
 Table 8 - Employee Relations Activity by gender, ethnicity and disability

	2010/11	2009/10	2008/9
Number of Disciplinary Hearings	28	43	22
Gender	11 (39%)		
• Male	17 (61%)	19 44%	6 27%
• Female	0	24 56%	15 68%
• Not known		0	1 5%
Ethnicity	13 (46%)		
• White	15 (54%)	19 44%	14 64%
• BME	0	24 56%	7 32%
• Not known		0	1 5%
Disability	8 (29%)		
• Non disabled	2 (7%)	32 74%	19 86%
• Disabled	20 (64%)	1 2%	1 5%
• Not known		10 23%	2 9%

Band	Disciplinaries 2010/11	White Trust Profile	BME Trust Profile	White Disciplinary	BME Disciplinary
Band 1	0 (0%)	35.7%	64.3%	0	0
Band 2	4 (14%)	48.9%	51.1%	2 (50%)	2 (50%)
Band 3	6 (21%)	52.3%	47.3%	3 (50%)	3 (50%)
Band 4	7 (25%)	60%	40%	2 (29%)	5 (71%)
Band 5	7 (25%)	74.3%	25.3%	4 (57%)	3 (43%)
Band 6	2 (7%)	76.1%	23.9%	1 (50%)	1 (50%)
Band 7	1 (4%)	78.2%	21.8%	0	1 (100%)
Band 8	1 (4%)	89.6%	10.4%	1 (100%)	0

Table 9 – Grievances by ethnicity

Grievances		
Basis of claim	Outcome	Ethnic Origin
Inappropriate behaviour from colleagues	Not upheld	White
Age Discrimination, bullying and harassment, victimisation after making a protected disclosure, damaging assertions about mental health.	Ongoing	White

Appendix 2: Equality and diversity pertaining to staff

Comprehensive data

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

Table 1 – Comparison of ethnicity of GOSH staff

Ethnic Group	2007/8	2008/9	2009/10	2010/11
White	72%	71%	70%	71%
BME	26%	28%	30%	29%
Not known	2%	1%	0%	0%

Table 2 – Breakdown of ethnic origin of GOSH staff

Ethnic Group	2007/8	2008/9	2009/10	2010/11
Asian	10%	11%	11%	12%
Black	10%	11%	12%	11%
White	72%	71%	70%	71%
Other (inc Mixed)	6%	6%	7%	6%
Not known	2%	1%	0%	0%

The last census for which we have published data revealed that London boroughs comprising the North Central London sector (within which GOSH is situated) have a BME population of 27%. This is comparable to the categories of BME and other staffing employed by GOSH, which in 2010/11 stands at 29%.

Table 3 – Ethnic origin by staff group

STAFF GROUP	White		BME		Unknown	
	2010/11	(09/10)	2010/11	(09/10)	2010/11	(09/10)
Whole Trust						
Administrative and Clerical	64%	(63%)	36%	(37%)	0%	(0%)
Allied Health professionals	90%	(88%)	10%	(12%)	0%	(0%)
Estates, ancillary and unqualified clinical support	57%	(56%)	43%	(44%)	0%	(0%)
Medical and dental	66%	(67%)	34%	(32%)	0%	(1%)
Nursing and midwifery registered	80%	(79%)	20%	(21%)	0%	(0%)
Scientific and technical	71%	(70%)	29%	(30%)	0%	(0%)
Students	33%	(50%)	67%	(50%)	0%	(0%)

The trends noted in last year's report continued in 2010/11. BME staff continue to be very significantly disproportionately **under** represented in Nursing and Allied Health professional staff groups with little change compared to last year, and significantly **over** represented in the Estates, Ancillary and unqualified clinical support staff groups. 2010/11 also saw a marked increase in percentage terms of students from a BME background.

Table 4 – Ethnic origin by pay band

Pay Band	White	BME	n=
Band 1	35.7%	64.3%	19.6
Band 2	48.9%	51.1%	190.11
Band 3	52.3%	47.3%	257.41
Band 4	60%	40%	343.94
Band 5	74.3%	25.3%	677.83
Band 6	76.1%	23.9%	594.99
Band 7	78.2%	21.8%	488.77
Band 8	89.6%	10.4%	350.04
Band 9	100%	0%	5.8
Local manager	100%	0%	10.6
Local non-manager	82.4%	17.6%	5.69
M&D Career grade	32.9%	67.1%	14.3
M&D Consultant	77.2%	22.1%	230.74
M&D Junior	57.8%	41.8%	251.11

This Table shows that a disproportionate number of staff from BME groups are in lower Agenda for Change banded jobs. This is likely to be indicative of the disproportionate numbers of BME staff who hold 'non-professional' jobs which attract a lower banding.

The proportion of male to female staff at the end of March 2011 was 22.5% : 77.5% compared to 25.1% : 74.9% in 2009/10.

The promotion of NHS and more specifically GOSH careers to both genders is aimed at addressing this imbalance, although societal drivers with regard to gender-related career choices are clearly influencing this picture.

Table 5 – Breakdown of GOSH staff by age

Age Range	% of total FTE workforce 2009/10	2010/11
16 to 29	27%	28%
30 to 49	56%	56%
50 to 59	14%	13%
60+	3%	3%

Table 6 – Breakdown of GOSH staff groups by age

Staff Group	16 to 29		30 to 49		50 to 59		60+	
	2010/11	(09/10)	2010/11	(09/10)	2010/11	(09/10)	2010/11	(09/10)
Administrative and Clerical	26%	(27)	52%	56	17%	14	5%	3
Allied Health professionals	28%	(31)	62%	60	9%	9	1%	0
Estates, ancillary & unqualified clinical support	33%	(33)	46%	47	a) 15%	b) 15	6%	5
Medical and dental	4%	(6)	77%	77	15%	14	4%	3
Nursing/midwifery registered	38%	(36)	51%	53	10%	9	1%	2
Scientific and technical	22%	(18)	59%	60	15%	16	4%	6
Students	33%		67%		0%		0%	
Total	28%	(27%)	56%	56%	13%	14%	3%	3%

This data reflects the historically young age profile of GOSH staff. With the statutory removal of the default retirement age in October 2011 we may be able to anticipate a gradual redistribution of the age profile of staff towards greater numbers in the over 60 age group.

Pay

Table 7 - Breakdown of salary by age

	16-29		30-49		50-59		60+	
	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10
<£25,000	47%	(47%)	39%	(39%)	10%	(10%)	4%	(4%)
>£40,000	1%	(1%)	70%	(73%)	24%	(22%)	5%	(4%)

This table shows that the percentage of staff in particular earnings categories according to their age remains largely unchanged since 2009/10. These figures tally with older staff being in more senior (and therefore higher paid) bands.

Table 8 – Breakdown of salary by ethnicity

Salary	White		BME		Unknown	
	2010/11	2009/10	2010/11	2009/10	2010/11	2009/10
<£25,000 p.a.	62%	(62%)	38%	(38%)	0%	(0%)
>£40,000 p.a.	79%	(78%)	21%	(22%)	0%	(0%)

Following the trend of previous years, a disproportionate number of staff from BME groups continue to earn lower salaries. This is likely to be indicative of the disproportionate numbers of BME staff who hold 'non-professional' jobs which attract a lower salary.

Initiatives such as providing BME staff with development opportunities through the work of the BAMEN group are aimed at addressing this inequity.

Table 9 – The Gender Pay Gap

Contract type	Gender pay gap
Agenda for Change staff	-6.3%
Local e.g. Executives, previous TUPE transferees	8.3%
Medical and dental staff	19.2%
Trust total	8.9%

The calculation used = (Median of male hourly pay - Median of female hourly pay) / (Median of male hourly pay) - based on pensionable pay (inclusive of pay elements such as basic, London weighting, enhancements, Clinical Excellence Awards but excludes overtime, expenses and APAs). This calculation is used by the EU to determine the gender pay gap.

Whilst it is clear that GOSH is doing well in terms of the equity in pay between male and females, given that in the UK the Gap is 21.9% (and in the EU it stands at 17.5%), it is also apparent that we still have work to do to uncover the causes behind the inequity in the pay given to male and female medical and dental staff.

Clinical Excellence Awards

In common with all NHS employers of doctors, GOSH is required to consider each year whether its staff are eligible for clinical excellence awards. The process for making the awards is made by a panel which has had diversity training and the results are reported to the Department of Health for monitoring. In 2010, 190 consultants were eligible for an award, including 22 consultants in academic posts. The proportions of staff who are eligible for and who hold an award are as follows:

	Eligible for an award	Granted an award		
Male	51%	57%	Female	49%
				43%
BME	22%	17%		
White	78%	83%		

There is clearly currently a disproportion in these figures especially in terms of ethnicity. The Trust will monitor this situation closely.

Recruitment

Table 10 – Breakdown of recruitment by ethnic origin

Ethnic Origin	% of total applicants 2010/11	(2009/10)	Of which, % appointed 2010/11	(2009/10)
White	37%	(39%)	68%	(68%)
BME	60%	(59%)	31%	(30%)
Not stated	3%	(2%)	1%	(1%)

The availability of consistent data for recruitment episodes has continued to improve in 2010/11, as has recording of ethnicity, with the roll out of the electronic recruitment tool. As the tool becomes used in all recruitment episodes, data collection will improve further as will the Trust's ability to produce comprehensive reports. It is not clear why disproportionately fewer BME staff are appointed than their white counterparts. The Trust will monitor this closely to see whether this continues into the future. The HR Department are also working towards the development of a recruitment service to managers which offers access to comprehensive impartial candidate tests and other selection methodologies.

Table 11 – Breakdown of recruitment by gender origin

Gender Origin	% of total applicants		Of which, %	
	2010/11	(2009/10)	appointed 2010/11	(2009/10)
Male	32%	34%	25%	24%
Female	65%	65%	75%	76%
Not stated	0%	12%	0%	0%

The Trust employs more women than men and it is not unexpected to see such a large imbalance in the proportions of men and women applying for jobs in healthcare. It is less clear why the proportion of women who are appointed is greater than that of men. In its work with students the Trust is keen to encourage men to consider careers in traditionally female-dominated professions such as nursing, psychology etc.

Table 12 – Breakdown of recruitment by disability origin

Disability Origin	% of total applicants		Of which, %	
	2010/11	(2009/10)	appointed 2010/11	(2009/10)
Non-disabled	96%	(96%)	91%	(97%)
Disabled	2%	(3%)	2%	(3%)
Undefined	1%	(1%)	7%	(0%)

Continued improvements in the collection of data on disabled applicants has been achieved with the use of the electronic recruitment system. However, 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 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.

Table 13 – Breakdown of recruitment by age

Age Origin	% of total applicants		Of which, %	
	2010/11	(2009/10)	appointed 2010/11	(2009/10)
16-29	55%	54%	48%	51%
30-49	39%	40%	46%	43%
50-59	5%	6%	5%	5%
60+	1%	0%	1%	1%
Not stated	0%	(0)	0%	0%

Recruitment data on age shows there is broad equity in the ages of applicants and those successfully appointed especially for those in the over 50 age range.

Table 14 – Breakdown of recruitment by religious belief

Religion Origin	% of total applicants 2010/11	Of which, % appointed 2010/11	% of total applicants 2009/10	Of which, % appointed 2009/10
Atheism	7%	10%	7%	12%
Buddhism	1%	0%	1%	1%
Christian	49%	40%	49%	53%
Hinduism	9%	6%	10%	5%
Islam	15%	3%	14%	4%

Religion Origin	% of total applicants 2010/11	Of which, % appointed 2010/11	% of total applicants 2009/10	Of which, % appointed 2009/10
Jainism	0%	0%	0%	0%
Judaism	1%	1%	1%	1%
Sikhism	2%	1%	2%	2%
Religion – other	7%	6%	7%	9%
Religion – undisclosed	9%	33%	9%	13%

This is the second time the Trust has captured this data. Our legal advice is that not to do so would leave the Trust vulnerable to Employment Tribunal claims of discrimination on the grounds of religious belief. Further analysis will be required to identify whether recruitment patterns reflect the religious origin of existing staff; and whether any further conclusions can be drawn or analysis undertaken.

Table 15 – Breakdown of recruitment by sexual orientation

Sexual Orientation Origin	% of total applicants 2010/11	Of which, % appointed 2010/11	% of total applicants 2009/10	Of which, % appointed 2009/10
Lesbian	0%	0%	0%	1%
Gay	1%	1%	1%	3%
Bisexual	1%	0%	2%	0%
Heterosexual	89%	69%	87%	89%
Undisclosed	9%	30%	10%	7%

This question is asked as standard by NHS organisations at recruitment. Our legal advice is that not to do so would leave the Trust vulnerable to Employment Tribunal claims of discrimination on the grounds of sexual orientation. It is difficult to draw conclusions from this data due to the sensitivities associated with the question. However, the Trust will continue to monitor this information and use national guidance to develop its work in this area.

Student Nurses

Table 16 - Student nursing 2010 cohorts

Gender	2010/11	2009/10
Female	139 : 96%	132 : 96%
Male	6 : 4%	4 : 4%

Disability	2010/11	2009/10
Disabled	13 : 9%	11 : 9.5%
No known disability	132 : 91%	124 : 90.5%

	2010/11
White	116 : 80%
BME	29 : 20%

Education and Training

Table 17 - Breakdown of training uptake by ethnic group

Ethnic Group	Current Staff trained (10/11)	Diff to 09/10	Current Staff in group (10/11)	Diff to 09/10	Current staff trained as % of current staff in group	% Difference compared to 09/10
White	2310	+175	3173	+241	72.8%	nil
Mixed	97	+6	131	+8	74.0%	-0.7
Asian	340	+21	500	+27	68.0%	+0.6
Black	312	+2	452	+19	69.0%	-2.5
Chinese	46	-8	79	+1	58.2%	-11.0
Other/ Undef.	65	+5	85	+11	76.4%	-5.3
TOTAL	3170	+201	4420	+307	71.7%	-0.5

This data shows that overall we have engaged in more training activity in the last year by providing an additional 201 spaces on training courses compared to 09/10. This is encouraging as it shows we have increased the number of training opportunities for all ethnic groups/clusters in line with the increase in the number of staff working at GOSH. This is unfortunately with the exception of the Chinese ethnic group, whose numbers employed have remained fairly static, but access to courses by this group has dropped by 11%. In contrast, staff attending from the Asian ethnic group has increased access by 0.6%. Ironically, PDR appraisal completions are amongst the highest for Chinese staff (72.5%), and lowest for Asian staff (66.3%) - see below.

Table 18 - Breakdown of PDR Appraisals by ethnic group, gender and age

In 2010/11 we worked hard with managers across all units to increase PDR appraisal completion rates.

There was an increase from 45% to 75% of Trust staff (Medical staff excluded from these figures) having a current PDR appraisal (in the previous 13 months and future 2 months). We continue to build on this in 2011/12 – our goal is to reach 90% completion rate by March 2012. We will be working with managers to ensure that all staff from all professional groups, and all staff with protected characteristics, receive fair and equitable access to having a proper appraisal. This will enable improved access to learning opportunities appropriate to role and personal development.

Ethnic Group	Total Staff with PDR Appraisal	Diff to 09/10	Percentage of staff with Appraisal in 12 month period	% Diff to 09/10
White	1531	+555	72.5%	+24.9
Mixed	69	+24	75.0%	+18.1
Asian	154	+49	66.3%	+27.8
Black	233	+104	68.3%	+31.8
Chinese	29	+7	72.5%	+18.3
Other/undef	52	+15	63.4%	+17.8

The data shows that all ethnic groups have benefitted, in particular the Black and Asian ethnic groups saw the largest percentage increase in staff having a PDR appraisal. The range of appraisal completion in 09/10 by ethnicity was 20.4 – from 36.5% (Black) to 56.9% (Mixed). In 10/11 this has improved to 11.6 – from 63.4% (Other) to 75.0% (Mixed).

Gender	Total Staff with PDR Appraisal	Diff to 09/10	Percentage of staff with Appraisal in 12 month period	% Diff to 09/10
Female	1684	+618	70.8%	+25.2
Male	392	+142	73.1%	+28.8

The figures here demonstrate that proportionally more men than women have a PDR appraisal.

The following Table shows that staff of all ages across the Trust are proportionally receiving an appraisal compared to the previous year.

Age Group	Total Staff with PDR Appraisal	Diff to 09/10	Percentage of staff with Appraisal in 12 month period	% Diff to 09/10
16-24	190	+46	73.4%	+13.6
25-34	815	+280	73.2%	+23.8
35-44	495	+167	69.1%	+25.6
45-54	380	+153	68.8%	+26.4
55-64	183	+108	71.2%	+43.3
65+	11	+6	78.6%	+47.3

The range of appraisal completion in 09/10 by age was 28.5 – from 31.3% (65+) to 59.8% (16-24). In 10/11 this has improved to 9.8 – from 68.8% (45-54) to 78.6% (65+).

Employee Relations Activity

Table 19 - Employee Relations Activity

	2010/11	2009/10
Number of Disciplinary Hearings	28	43
Gender		
Male	11 (39%)	19
Female	17 (61%)	24
Not known	0	0
Ethnicity		
White	13 (46%)	19
BME	15 (54%)	24
Not known	0	0
Disability		
Non disabled	8 (29%)	32
Disabled	2 (7%)	1
Not known	20 (64%)	10

Band	Disciplinarys 2010/11	White Trust Profile	BME Trust Profile	White Disciplinary	BME Disciplinary
Band 1	0 (0%)	35.7%	64.3%	0	0
Band 2	4 (14%)	48.9%	51.1%	2 (50%)	2 (50%)
Band 3	6 (21%)	52.3%	47.3%	3 (50%)	3 (50%)
Band 4	7 (25%)	60%	40%	2 (29%)	5 (71%)
Band 5	7 (25%)	74.3%	25.3%	4 (57%)	3 (43%)
Band 6	2 (7%)	76.1%	23.9%	1 (50%)	1 (50%)
Band 7	1 (4%)	78.2%	21.8%	0	1 (100%)
Band 8	1 (4%)	89.6%	10.4%	1 (100%)	0

Table 20 – Grievances

Grievances		
Inappropriate behaviour from colleagues	Not upheld	White
Age Discrimination, bullying and harassment, victimisation after making a protected disclosure, damaging assertions about mental health.	Ongoing	White

Table 21 – Employment Tribunals

Employment Tribunals		
Basis of claim	Outcome	Ethnic Origin
Withholding of redundancy pay	Ongoing	White
Unfair dismissal on grounds of race	Case dismissed	BME
Offer of employment withdrawn when discrepancies found in application form	Ongoing	BME
Race, religion and disability discrimination	Ongoing	BME

It should be noted that cases which are settled outside the tribunal hearing do not indicate an acceptance of culpability on the part of the Trust. Rather, the Trust's HR and legal team make an assessment of costs which are likely to be incurred in responding to an application at an employment tribunal and may decide that it is a more effective use of public money to settle a case rather than contest it.

Information related to ER activity is routinely reported by HR to SIF and the Staff Equality and Diversity group. These groups are currently considering the potential reasons why BME staff are disproportionately represented at formal disciplinary hearings. Representatives from the BAMEN group are also involved in this work.