EQUALITY & INCLUSION WORKFORCE DATA EQUALITY ANALYSIS

September 2015.

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ਤੇ ਇੱਕਾਲ ਹਿੰਦੀ ਸਟੇਟਸਿੰਗ ਦ੍ਰਿਸ਼ ਹੈ ਜੋ ਅਸਲ ਹਿੰਦੀ ਸਟੇਟਸਿੰਗ ਦ੍ਰਿਸ਼ ਨਹੀਂ ਹੈ, ਜੋ ਨਿਸਕਾਸ਼ਨ ਦੇ ਹਕਾਕ ਦੇ ਹਿੰਦੀ ਸਟੇਟਸਿੰਗ ਦ੍ਰਿਸ਼:

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1. CONTEXT

In line with the Equality Act 2010, there is a Duty for all public bodies to consider how their activities as employers affect people who share different ‘protected characteristics’ and publish this data at least annually. The protected characteristics covered by the Equality Duty are:

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race, including ethnic or national origins, colour or nationality
- Religion or Belief
- Sex / Gender
- Sexual Orientation
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion or Belief
- Sex / Gender
- Sexual Orientation

There is also a responsibility for public bodies to consider how the decisions they make affect people who share different protected characteristics. As an organisation, subject to the general equality duty (section 149 of the Act), we must in the exercise of our functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Fostering good relationships between people who share a protected characteristic and people who do not share it.

This report is Staffordshire and Stoke on Trent Partnership NHS Trust’s response to the legal requirement to publish equality data of our workforce and service uptake on an annual basis, following on from last year’s Equality Data Report 2014. This report includes the workforce data analysis undertaken for the period from January 2014 - March 2015. The data in this document will support the foundation for the review of equality and wider trust work programmes. The Equality Data included within the report was extracted, analysed and true to record in April 2015. This formalised report was compiled in September 2015 due to the absence of Equality Manager. The Trust’s equality data for service uptake is

This document supports and aligns with other key organisation documents and work programmes, for example: Integrated Business Plan, Workforce Strategy, Transformation Programme and Membership Strategy, Quality Framework, Social Work Reform Board Proposals and the Personalisation Agenda, Equality and Inclusion Strategy.
NB:

1. The Partnership Trust’s approach is to give people the opportunity to share information about protected characteristics. It is not compulsory for staff / patients to share this information.
2. Sometimes it might be possible to identify individuals directly from monitoring information. This may be particularly the case for information that relates to small numbers of people. Where the number of staff or services users with a particular protected characteristic is fewer than 10, and the information is ‘sensitive personal information’ that might lead to individuals being identified, we have as good practice to replace the number with an asterisk.

2. Workforce Equality Data.

There is a great deal of evidence and data regarding the NHS workforce and its experiences within the NHS. Evidence suggests that positive employment practices and positive staff experiences promote better delivery of quality services enhancing better service user / patient experiences and outcomes.

The NHS Constitution (section 3a) states:

“All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients ... (staff) they must be treated with respect at work, have the tools, training and support to deliver care and opportunities to develop and progress”.

Yet there are groups of staff, due to belonging to a protected equality characteristic (age, disability, race, sexual orientation, sex etc) are treated unfairly and often exposed to behaviours of bullying, harassment and discrimination.

More recent reports suggest that despite legislation and National directives there are still groups of staff that are experience inequality in the workplace due to belonging to a protected equality characteristic for example Race.

The Snowy White Peaks of the NHS (Roger Kline 2014) highlights that despite 48% of the population in London being from a BME background there is no BME CEO and small disproportionate numbers of BME staff at executive director and band 9 pay band level. The NHS employs 1.4 million people, nearly 19% are from a BME background yet only 1 substantive CEO is from a BME background in England. There is also lower representation of executive nurse directors and less than 3% of medical directors from BME background yet over 40% of hospital doctors are from a BME background.

Further evidence shows that BME people are less likely to be recruited to posts, more likely to be disciplined, more likely to be bullied and harassed, less likely to be promoted, less likely to be offered development opportunities and generally have a worse experience in the NHS than their White counterparts. This has a profound and lasting impact on people’s self esteem, motivation and health.
The Equality and Diversity Council have launched a Race Equality Standard from April 2015 and Trusts and Clinical Commissioning Groups will be required to provide information regarding BME staff such as representation at Trust Board and senior level positions, development opportunities for BME staff, disciplinary rates etc. The EDS2 will is also mandatory for NHS Trusts from April 2015.

2.1 Workforce Equality Data

Workforce data is captured on the Electronic Staff Record (ESR) which includes the capture of data across the equality characteristics. Workforce information is reported on a regular basis across the Partnership Trust, region and nationally.

Robust reports are produced on a monthly basis across the organisation analysing at staff group level within each service area.

A quarterly report to Trust Board gives detail of actions that are being implemented to address areas of concern, patterns amongst equality groups, staff groups etc. Reports are representative of the equality data analysis and will be inclusive of this year’s equality data analysis. For a detailed view of the current workforce equality data analysis 2015 please see the Appendix A (separate document).

Data and its analysis across the key performance indicators for workforce is included within a main chapter of the Trust's Integrated Business Plan and the Workforce Strategy (2012 – 2017). This data and information will be used when developing and assessing the impact of our policies, strategies and services. Data is used to support the Workforce Planning for the Trust and within the workforce planning toolkit.

The equality data analysis (in line with the Trust's obligation under the Equality Act 2010) was undertaken to help consider how our current employment activities and practices as an employer affect our workforce, where people share different protected equality characteristics:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected equality characteristic and people who do not share it
- Fostering good relationships between people who share a protected characteristic and people who do not share it

2.2 Equality Data Analysis 2015: Key Messages

The equality data analysis undertaken covers the time period from January 2014 to end March 2015. This report highlights key messages from the data and is used to undertake the comparison of workforce data with local population data (Census 2011). This report gives headline changes to the workforce over the last year. Appendix A provides a detailed analysis which will be looked at in detail within the Workforce Directorate.

Overall the Trust employs in total 6293 staff. An increase in workforce is visible over the years.
The Trust remains to have a majority workforce whose working patterns are Part time. With a majority of staff in part-time employment it is essential for Trust business that our employment policies capture fairness, accessibility, talent management and progression.

1. Ethnicity (Race)
Using the data from 2011 census it can be seen that approximately 8% of the population of Staffordshire and Stoke-on-Trent is from a BME (black and minority ethnic) community this includes White Mixed, Irish, Polish and White European community groups etc.

Within the Trust the percentage of staff from a BME background has increased to 4.69%. It is to be noted that the undefined category has also shown an increase of over 2%.

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>BME</th>
<th>Undefined</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012*</td>
<td>93.25%</td>
<td>3.67%</td>
<td>3.08%</td>
</tr>
<tr>
<td>2013*</td>
<td>91.76%</td>
<td>4.05%</td>
<td>4.19%</td>
</tr>
<tr>
<td>2014*</td>
<td>90.70%</td>
<td>4.50%</td>
<td>4.80%</td>
</tr>
<tr>
<td>2015</td>
<td>88.35%</td>
<td>4.69%</td>
<td>6.96%</td>
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The BME population of the workforce for the Trust has increased yet remains under-represented of the local BME population by 8%. The White population of the workforce has decreased and although it remains representative of the 2011 Census for England (80%) it is slightly under representative for Staffordshire and Stoke on Trent (92%). The analysis for the workforce does evidence more diversity within the White Ethnic group reflecting the recent population demographics.

The data highlights a static population of Pakistani employees: 0.43%. In relation and proportion to the wider population, it is the second largest ethnic group making up 1.6% of the local population:

<table>
<thead>
<tr>
<th>Category</th>
<th>Pakistani Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSOTP Workforce</td>
<td>0.4%</td>
</tr>
<tr>
<td>Staffordshire &amp; Stoke-on-Trent Population</td>
<td>1.6%</td>
</tr>
<tr>
<td>(Stoke-on-Trent)</td>
<td>4.2%</td>
</tr>
<tr>
<td>(Staffordshire)</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

The ethnic group White other (including White Irish, White European and Gypsy/Roma) represents 1.75% of the local population. Within the workforce this population has increased from 0.94% to 1.61%. There is also a small increase within the Black workforce increasing from 0.91% to 1.09%.
The ethnic group Asian British/Asian Indian is over represented within the workforce; 1.60 % in comparison to the Census 2011 local population of 0.8%. this year has seen an increase from 1.48% (2014).

There is indication of increase in the ethnic diversity of the workforce which is very encouraging however some target focus recruitment and engagement with the local BME communities is required to encourage an uptake particularly from the local Pakistani community.

2. Age

Age demographics have changed to now have the largest workforce within the 50-54 years group in comparison to last year’s 45-49 yrs. reflecting the trend of an ageing workforce.

It also highlights some key messages of turnover in regard to age:

- The workforce is static with its age groups below 35yrs.
- However the 16-19 years age group has continued to fall over the last 3 years.
- Collectively looking at age groups 16-24 years there is an increase over the years suggesting that we are retaining those staff from within this age group.
- The 70+ years group has risen to 0.57% (0.36%:2014)
- The 60-69 years group has reduced further to 6.32% from 7.39% (2014).

There are some clear messages from this data which will influence the Workforce and Organisational Development Strategy for the Trust moving forward particularly looking at retention and talent management as well as recruitment of the younger age band. As part of its retention strategy the Trust need to support the ageing workforce particularly in respect of the local health inequalities and patterns of health. The Partnership Trust will need to focus on supporting people to stay at work longer and maintain health and well being at work.

3. Gender

The workforce is made up of approximately 91% female and 9% male. Historical evidence suggests the NHS to be predominantly female dominated with further evidence that males within the NHS are over represented in senior management roles. The proportion has stayed static over the last year.

A detailed pay band analysis on gender and the other protected equality groups is discussed in the next section and in more detail with Appendix A.

Analysis of data against gender and ethnicity indicates that although the overall male gender workforce is smaller, there is more ethnic diversity within male workforce than the females. Within the male workforce we have 10% from a BME background in comparison to 4% from the female group. This is static from last year. The overall workforce age group was representative between the two gender groups.

4. Religion and/or Belief

The analysis identified that Social Care data on religion and/or belief remains absent from the records held within the Trust. A key priority needs to address this gap in Social Care data. In the analysis Social Care staff data have been added as ‘undefined’ in order to have accurate % representation.
Within the healthcare workforce data Christianity was the majority religious affiliation. Staff wishing not to disclose their religious/belief affiliation remains at 28.79% (2015).

In summary we do not have data on 55% of the workforce. Census 2011 data highlights a significant increase in people not stating their religious/belief affiliation, this averaged at approximately 31% which is lower than the Trust’s 55%. It must be noted that 26.26% of data was recorded as undefined: this included all the Social Care staff data. By capturing the Social care data the Trust would reduce this figure by 26.26%.

The second largest religion recorded within Census 2011 was Islam (Muslim). Within the Trust healthcare workforce the second largest group recorded were ‘Other’ and then ‘Atheism’. The Trust Islamic population was recorded at 0.25%, similar to 2014 and 2013 data. This highlights a continued under-represented in comparison to the local population.

Religious affiliation across the pay bands is discussed within the pay band analysis section. Further detailed analysis can be found within Appendix A.

5. Disability

This year showed a decrease in the workforce recording a disability. There is an increase those not declaring a disability. Work is required to encourage staff to disclose a disability to ensure support is available as required for them to fulfil their potential within the workplace.

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
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<tbody>
<tr>
<td>Disabled</td>
<td>2.11%</td>
</tr>
<tr>
<td>No Disability</td>
<td>56.52%</td>
</tr>
<tr>
<td>Not Declared/ Undefined</td>
<td>41.37%</td>
</tr>
</tbody>
</table>

Anecdotal information would indicate that this is not indicative of the number of staff who require work place reasonable/ access to work adjustments, or those who could define themselves as having a long term health condition which has a significant impact on their day to day lives. Formal disclosure rates for disability amongst NHS staff across the NHS organisations is a longstanding challenge. The Trust need to look at other metrics and methods to capture long term conditions and support for employees in the workplace regarding adjustments in order to have an accurate reflection of the workforce with disability (as defined within the Equality Act 2010).

6. Sexual Orientation

From the total workforce 0.76% defined their sexual orientation to be Gay, Lesbian or Bisexual. This is static to last year’s reporting. There is an increase in recording “Do not wish to disclose”.

Census 2011 data shows 1.5% of the population to be from a gay, lesbian or bisexual sexual orientation. The Trust is currently not representative of this, however the huge gap in social care data and the ‘do not wish to disclose’ group requires a review of this data and also a recommendation to work actively to highlight a culture within the Trust whereby staff feel valued and safe to be open at work and disclose their sexual orientation.
Further analysis from the group of staff stating their sexual orientation, across the other equality groups, indicated some clear messages that require further investigation. A detailed analysis can be found within Appendix A.

7. Gender Reassignment
As a Trust our policies are supportive for our staff who may wish or are undergoing gender reassignment. There are a small number of staff within the Trust that have completed gender reassignment and remain within their field of work which indicates a culture of support and good relations amongst our staff and Trust. Currently under development is a policy and guide for managers and teams to support colleagues who may wish to undergo/are undergoing a Transgender process. This has already led to discussions with local voluntary sector and neighbouring NHS organisations to develop service user resource and information.

8. Marriage and Civil Partnership
The Trust has been acknowledged for its employment policies and practices that support their staff particularly same-sex couples. The Employers Network for Equality and Inclusion, in its 2013 and 2014 benchmarking exercise, ranked the Trust as a Gold standard top E-quality Employer regarding its workforce leadership and commitment to equality.

There have been no grievances raised by employees to indicate that the Trust’s policies are not ‘family friendly’. In 2014-2015 the internal Family and Friends survey suggested that staff would recommend the Trust as a place to work and receive care.

9. Pregnancy and Maternity
The Trust has supported staff in same sex relationships to take appropriate maternity and other relevant leave. As an organisation the policies and practices are promoting equality and there have been no concerns raised regarding our practices for staff regarding pregnancy and maternity.

An analysis undertaken to identify retention of staff following maternity indicates a rate of retention of 100%. From the 93 staff who took maternity leave all are due back/ returned back into work. From those back at work data shows 83% have returned on Part-Time working patterns whilst 13% have returned to Full-Time working patterns.

The Equality Act 2010 gives women and men the right to equal pay for equal work. The Trust works under the terms and conditions of the NHS ‘Agenda for Change (AFC)’. This was introduced in October 2004

“to ensure pay in the NHS was consistent with the requirement of equal pay law..... Agenda for Change and its national job evaluation scheme complies fully with anti-discrimination legislation...”


A pay band analysis was undertaken across each equality characteristic, full details are with Appendix A and within the relevant sections above.

The equality data analysis has shown that there has been a small increase in the male workforce in comparison to last year’s data analysis.
In relation to pay bands and gender it can be seen that there is a differential and possible disproportionate representation of Males within the higher pay bands. It is acknowledged that the VSM & NON AFC pay band is medical and disproportionately representative of males.

Looking at the top six pay bands for males against the top six for females there is evidence that Males are more likely to be within the higher pay bands than females i.e. there is evidence of disproportionate representation of males in higher pay bands in comparison with the female workforce. This needs further analysis moving forward possibly utilising the NHS Employers Pay Equality Toolkit.

Males are likely to be within pay bands 6, 5, 2, VSM, 7 and 8 whereas the top six pay bands for Females appear to be 5, 6,3,2,7 and 4. Further work is required to establish a clearer picture of the data and then address any gender pay gaps identified.

11. Full-time and Part-time Analysis

The analysis was undertaken across each protected equality group Appendix A. Trust reflects the working parent population. There were no significant patterns observed within the analysis.

12. Clinical and Non Clinical Staff

The analysis showed that the workforce was in the majority of clinical background representing the functions of the Trust. Within this

- **Ethnicity:** there was higher representation of the ethnic workforce within the Clinical workforce.
- **Religion/Belief:** there was higher representation of the ethnic workforce within the Clinical workforce. However the Sikh and Hindu representation showed some disproportion within the non-clinical workforce
- **Gender:** the male workforce was slightly over-representative within the non-clinical workforce.
- **Disability:** this was proportionately represented across the two staff groups.

13. Recruitment and Selection

The analysis looked at new starters and applicants across each of the protected equality groups. This data was taken from the activity recorded via SBS (contractors for recruitment) and supported by the Electronic Staff Records (ESR). It is envisaged that the new arrangements will enable smarter and leaner recruitment and commencement of employment processes.

New starters included permanent, bank and employees returning after retirement. Applicants included those shortlisted as well as those who applied.

13.1 Applicants Data

This data is included within the Workforce and Organisational Development quarterly reports to Board. Appendix A provides the detail analysis.

**Rehabilitation of Offenders**

The Trust adheres to the directives and obligations set under the Rehabilitation of Offenders. The analysis supports and indicates fair recruitment processes for applicants who have disclosed court
convictions etc. This gives indication to fair process and practices throughout the recruitment and selection process.

13.2 New Starters Data

From the internal Electronic Staff Records (ESR) analysis of new starters – data for 790 new employees was viewed.

Appendix A lists this data as New Starters and provides more detail.

This data showed that the ethnicity of starters from the Asian Ethnic group was over represented against the Census 2011 data. The majority were within the age groups 35-39 years with 2% of starters stating a disability. The majority were employed within Pay bands 5 & 6.

14. Retention of Workforce

The Trust has many initiatives in place to support staff to fulfil their potential within the workplace. This section looks at the data analysis for promoted staff, appraisals, flexible working and Trust sickness rates. The trust is a Personal fair Diverse Ambassador trust and its employment policies have been recognised as promoting equality of opportunity for its entire staff through the recognition of the Employers Network for Equality and Inclusion (ENEI): gold standard Top e-Quality employer 2013. The NHS Staff Survey 2014 highlighted that 93% of staff believed the Trust provides equal opportunities for career progression or promotion.

14.1 Promotion

Data available for staff was taken from the period January 2014- March 2015 a total 281 staff were promoted within the Trust which is higher in comparison to last year's 227 staff.

The percentage of staff from a BME background that were promoted was proportionate to the workforce ethnicity.

14.2 Appraisal

During the last 12 month period the Trust has actively endorsed appraisals of all staff. The data is reported to Board on a regular basis as part of the workforce and OD reports. Appraisals are also monitored via the relevant commissioning and regional committees. The Trust's current rate of compliance, at the time of this analysis report, for appraisals is 85.28%. It was reported via the NHS Staff Survey 2013 that 93% of staff respondents stated they had received an appraisal within the last 12 months.

14.3 Flexible Working Requests

The Trust provides support and guidance for staff to help them with balance the varying demands at times of urgent/unforeseen need. The promotion of a healthy work life balance through our policies and practices has been recognised through the ENEI Gold Standard: Top e-Quality Employer
Award 2013. Flexible Working Policy, Annual Leave, Compassionate Leave, Special Leave and Career Break guidance support staff throughout the organisation. The options for flexible working can vary dependant on staff and service needs, for example:

- Flexi Time
- Working Reduced Hours
- Annualised Hours
- Term-time Working
- Job Share

The Trust has a range of options available to support staff during times of ill health. These are discussed further under Sickness and Absence.

Further work is required to enable the Trust to analyse the equality characteristics of staff requesting flexible working – so that we can identify any patterns or indications for unfairness or discrimination. All Trust policies are subject to an Equality Analysis. To date there have been no case upheld regarding discrimination by the Trust for unfair working hours.

However, more work is required to improve the level of information so that more accurate and useful analysis can be undertaken in the future.

14.4 Sickness Absence
Sickness Absence data is recorded across the organisation. The current sickness rate at time of analysis was 4.57%.

The Trust has a Sickness Absence Policy which has been developed with staff side representatives and has had an Equality Analysis undertaken. The policy supports staff with disabilities and long term conditions.

There are many initiatives within the Trust to support staff with long-term conditions and illness such as the Musculoskeletal Physiotherapy Service, Staff Support and Counselling, Staff Occupational Health and wider health and wellbeing initiatives. The Wellness Recovery Action Plan (WRAP) has been adopted from RETHINK and included within the Sickness Absence Policy to help support individuals and their managers to better manage recovery at work.

Further work is required to establish reasons for sickness and any related patterns. Appendix A gives a detailed breakdown. This information will be included into any resulting action plans and activities aimed at recording and reducing sickness absence.

15. Training and Development
The NHS Staff Survey 2014 highlighted that 93% of staff believed the Trust provides equal opportunities for career progression or promotion.

15.1 Induction
As part of the Organisation Development all new staff must undertake an Induction process and attend a full day of Corporate Induction which highlights key work within the Trust, Trust aims and values, Equality and the NHS Constitution behaviours and attitudes as well as employment practices, health and wellbeing initiatives. A Trust Handbook is provided to staff which details key services provision, support and policies for staff and staff side representative information.
Data across the equality protected characteristics overall did not identify any patterns that were not proportionate to the new starters data. This data reflected the New Starters data but can be seen in detail with Appendix A.

15.2 Statutory and Mandatory Training

Compliance rates and figures are reported across the Trust on a quarterly basis. Compliancy reports are sent to team managers to raise awareness of team compliance with Director Responsibility to increase compliance across its directorate. The Trust’s Statutory Training Compliance rate at the time of analysis was 68.93% in comparison to last year’s analysis reporting rate of 74%.

The Training is now available on e-learning packages and face to face training is available for staff whom require reasonable adjustment to training or have little access to IT equipment.

15.3 Developmental Training

Developmental Training is recorded across the organisation at manager level. This last year has seen developments of recording this data within ESR and OLM systems.

Further work is required to capture this data for staff and undertake a meaningful and detailed analysis of the opportunity for staff to access further developmental training inclusive of learning beyond registration. This data is reported in detail within the quarterly workforce reports to Trust Board. These can be accessed via the Trust Board papers available on the Trust’s website – www.staffordshireandstokeontrent.nhs.uk

16. Disciplinary and Grievance

The Trust continues to improve its data collection across the disciplinary and Grievance processes. There have been no successful cases upheld against the Trust regarding discrimination.

There is a recognised gap of collecting the equality data for the staff members and moving forward a database is being developed to capture this.

Analysis of the data received highlighted no patterns across the equality groups. This indicates that there is no pattern that would suggest BME staff are more likely within the Trust to have a disciplinary or grievance raised against them. This is also the case across the other protected characteristics. The data will be anonymised and recorded within Workforce reports to Trust Board.

Again as with the grievance cases within the Disciplinary records the religion / belief, disability and sexual orientation data reflected high numbers within the ‘not disclosed’ category.

The majority of disciplinary cases were within the age groups 50-60 years with 40-50 years group as second highest recorded. This is reflective of the workforce age bands.

More work is required by the Trust to capture the equality data in order to identify any patterns or discrimination within the disciplinary or grievance procedures.

The policy for raising a grievance and the Disciplinary Policy are subject to an Equality Analysis.
Information is being collected and reviewed within the workforce directorate to capture, robustly monitor and report across the equality groups.

17. Leavers from the Organisation

569 employees left the Trust over the last 12 month period Appendix A details the analysis across the equality characteristics. Across the equality protected characteristics there were no patterns evident regarding staff leaving the organisation; except that the age groups 55-64 years was highly represented indicative of ‘retiring’ population. All other leavers’ data was proportionate to the overall workforce data.

Moving forward we need to look at reasons for leaving across the equality groups, which will also be captured by our exit interview process.

3. Recommendations

It is recommended that the findings from this report are looked at within the Workforce directorate and actions identified included within the revised Workforce Strategy, Health and Well-Being and Training and Organisational development strategies, the wider Equality and Inclusion strategy and EDS2 implementation and action planning programme. Detailed analysis is required for the Workforce Race Equality Standard (WRES) for formal reporting in April 2016. It is recommended that the Appendix A detailed data is used to look at the metrics and develop associated action plans by the workforce directorate.

A further recommendation is to review the process to capture data from staff due to the increasing numbers of undefined and the lack of Social care workforce equality data.