

Annual Equality Analysis Report

October 2010 – September 2011

Our equality analysis to ensure compliance with the Equality Act 2010

Epsom and St Helier University Hospitals NHS Trust is required to publish equality information which demonstrates compliance with the Equality Act 2010 in relation to the general and specific duties required of a public body . The Epsom and St Helier Equality and Diversity Report for the year ending 30th September 2011 demonstrates the Trust's compliance with the principles of the Act and the specific duties to:

- ✚ eliminate discrimination, harassment and victimisation;
- ✚ advance equality of opportunity between different groups and
- ✚ foster good relations between different groups

The Act also places specific duties on public bodies to

- ✚ Identify all policies , service and functions that are relevant to the general duty
- ✚ Assess and consult on, and monitor the impact of these policies, services or functions of the general duty
- ✚ Publicise the results of the assessments/analysis, consultation and monitoring

The Act protects people from discrimination on the basis of “protected characteristics” which used to be called groups. The relevant characteristics for services and public functions are:

- ✚ Age
- ✚ Disability
- ✚ Gender reassignment
- ✚ Pregnancy and Maternity
- ✚ Race –this includes ethnic or national origins, colour and nationality
- ✚ Religion or belief –this includes lack of belief
- ✚ Sex
- ✚ Sexual Orientation

It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

The report includes evidence of both workforce and patient equality data and analysis and includes activity undertaken by Epsom and St Helier to ensure equality compliance.

Annual Equality Analysis Report

October 2010 – September 2011

Our equality analysis to ensure compliance with the Equality Act 2010



Other formats and languages

If you would like a copy of this report, or any other Trust information, in large print, Braille or a different language, please contact the Disability Information Centre Epsom (DICE). Call 01372 735 243 or email dice@esth.nhs.uk.

Communications
Epsom & St Helier University
Hospitals NHS Trust
Wrythe Lane,
Carshalton,
Surrey,
SM5 1AA
Switchboard: 0208 296 2000
E-mail: communications@esth.nhs.uk

You will need to supply your name, your postal address and state the format and title of the Publication you require.

FOREWORD

This Equality Analysis Report demonstrates our strong ambition to put people at the heart of Epsom and St Helier University Hospitals NHS Trust. This report affirms our commitment to ensure equal access to health services for our patients and visitors as well as employment opportunities for our staff. It embraces nine strands of diversity and sets out our plans to challenge discrimination and promote equality in terms of race (ethnicity), disability, age, gender re-assignment, sexual orientation, religion or belief, marriage and civil partnership, pregnancy and maternity, and sex.

In publishing this report we would like to thank the members of the Equality and Access Committee, and Equality and Diversity Subgroup, which includes both patient and staff representatives who are committed to improving the care and experiences of both patients and staff from the protected groups. Our thanks must also go to the representatives of the Trust's Lesbian, Gay, Bisexual and Transgender (LGBT) Network and Black and Ethnic Minority (BME) Network who have participated in a number of staff engagement events to identify equality priorities.

We have included the implementation of the Equality Delivery System (EDS) as one of our priorities during 2012/2013. The EDS is a mechanism adopted by the Trust to ensure effective implementation of our equalities duties as specified by the Equality Act 2010. We will embed the EDS into our planning guidance to ensure that it is at the heart of mainstream business planning. Executive leads have been established for specific EDS outcomes (see Appendix 1) and are committed to ensuring that our equality priorities are identified and set in collaboration with staff, patients and service users over the next year. Our implementation plan for EDS is included in Appendix 2.

Our approach is to publish a number of equality priorities before 4th April 2012, which have been identified through the Equality Delivery System process of staff and patient engagement. Staff engagement events have already taken place and grades agreed in principle. Patient grading events will take place in February and early March. These events include representatives from across the community and include the protected groups within the Equality Act. Over the next 12-18 months as we continue to involve and engage with stakeholders.

Going forward, these objectives will then be linked in with our new partners and form part of the transaction process to ensure that longer term activity to focus on these priorities remains. An outline of the Transaction process can be found at: <http://www.epsom-sthelier.nhs.uk/foundationtrust/>

We are confident that our approach will ensure that equality remains a clear priority.

Kevin Croft
Director of People and Organisational Development

PART 1 - INTRODUCTION

1.1 Epsom & St Helier University Hospitals NHS Trust - about us

Epsom and St Helier University Hospitals NHS Trust is an acute trust. Acute trusts manage individual hospitals to make sure that they provide high-quality healthcare, and that they spend their money effectively and efficiently. They also decide on a strategy for how the hospital(s) they manage will develop, so that services continue to improve.

Our Trust was formed in 1999 as a result of Epsom Health Care NHS Trust and St Helier NHS Trust merging together. Today, we provide acute hospital services for approximately 420,000 people living across southwest London and northeast Surrey. Our 4,800 staff, supported by almost 500 volunteers, serve an area that is rich in diversity and includes a mix of urban and rural areas, including some of the most prosperous postcodes in the country, as well as some deprived areas.

Our two main acute hospital sites are:

- **Epsom Hospital**, which serves the southern part of the catchment area and provides an extensive range of inpatient, day and outpatient services. Epsom has an accident and emergency (A&E) department which saw more than 54,000 patients in 2010-11. It also undertakes the vast majority of elective (pre-booked) inpatient surgery at the Trust.
- **St Helier Hospital** is our largest site and includes a comprehensive range of diagnostic facilities, an A&E department that dealt with more than 79,000 attendances in 2010-11, and a range of outpatient facilities. It also undertakes the vast majority of emergency surgery in the Trust.

We also provide services at:

- **Sutton Hospital**, which houses a day surgery unit with dedicated theatre facilities and 32 beds. There are also departments of lithotripsy, dermatology laser care, pain management and a large ophthalmology (eye) outpatient service.
- **Queen Mary's Hospital for Children** is our dedicated children's hospital, located on the same site as St Helier.

1.2 Our values and priorities

We have five key values which underpin everything we do, as well as five key priorities which ensure our services are of the highest quality:

Our Values

The Trust's values are:

Put the patient first

Our patients are the reason we work for the NHS. Every single patient deserves to be treated with kindness, care and professionalism.

Work as one team

We know that effective team working helps to ensure our patients get the very best treatment. It's vital that our staff communicate well with each other and become involved in decisions across the Trust.

Respect each other

We believe every member of staff should have respect for their colleagues and treat each other as equals.

Protect the environment

We know that by doing all we can to cut our carbon footprint, we can help protect the environment, as well as save money in challenging financial times.

Strive for continual improvement

Whilst we are proud of our achievements, we are never complacent about our progress. We've got to keep on making strides, whether that's within the direct care we provide our patients, the food we serve on our wards or the training we offer to our staff and volunteers.

Our priorities

The Trust's corporate objectives are to:

- ◆ Deliver safe and efficient clinical services;
- ◆ Improve the patient experience;
- ◆ Improve the staff experience;
- ◆ Ensure that the Trust provides safe services for the future;
- ◆ Ensure our hospitals achieve foundation trust status.

1.6 How has the Trust mapped its position?

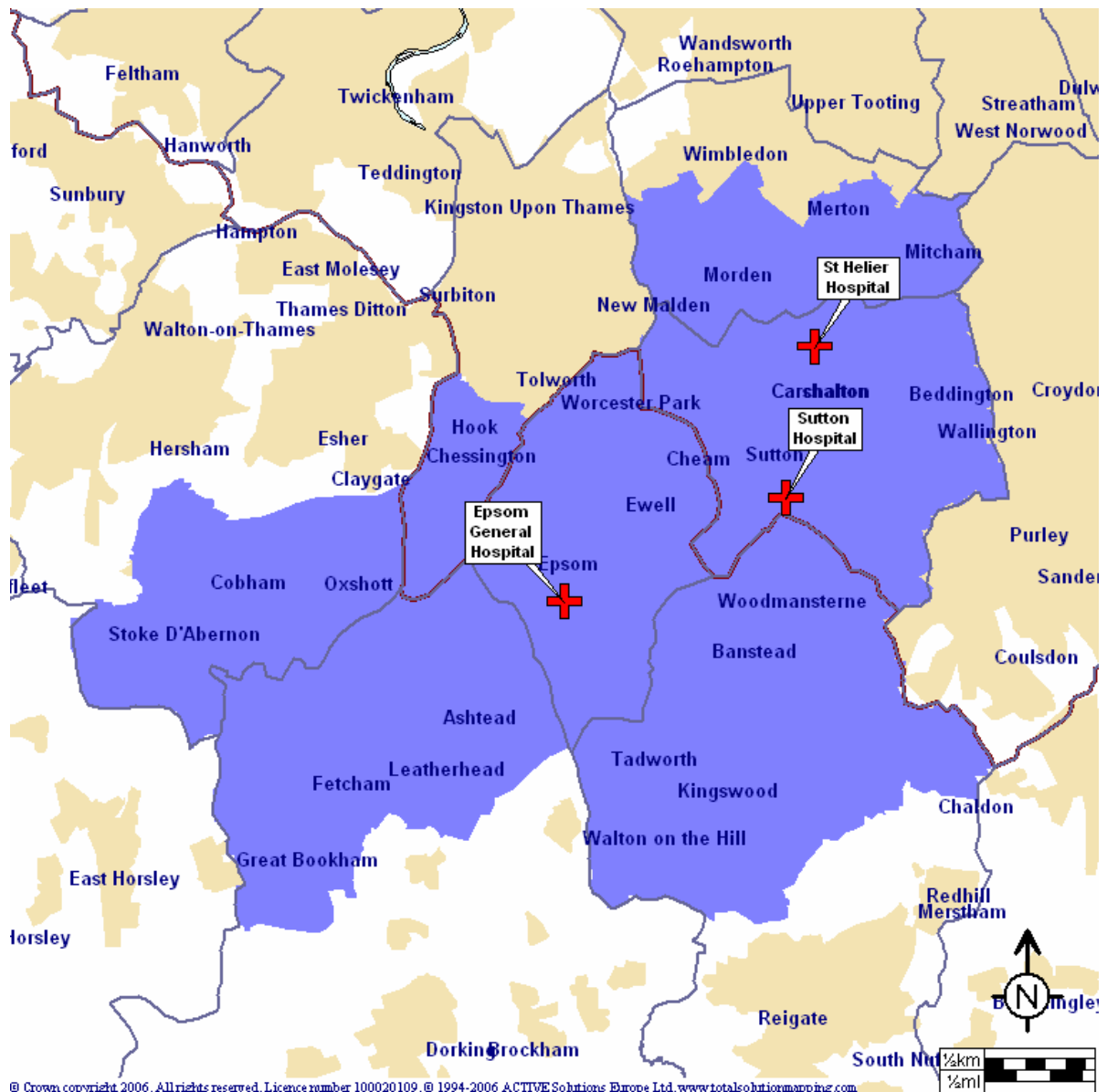
The report has been developed following an examination of information sources on the diversity of the local population, our patients and our staff. There is an ongoing commitment to continually review these and other sources of information to inform future plans.

1.6.1 Local Population

Epsom and St Helier University Hospitals NHS Trust provides a range of medical services to approximately 420,000 people living across southwest London and northeast Surrey. In addition, we provide more specialist services, in particular renal and neonatal intensive care, to a wider area, covering parts of Sussex and Hampshire.

We serve an area that is rich in diversity, with a mix of urban and rural areas, and differing levels of quality of life. We cover some of the most prosperous postcodes in the country, as well as some poorer areas. Together with our colleagues at NHS Surrey and NHS Sutton and Merton, we work to make sure that we deliver the best possible care to the communities we serve.

The area we cover is shown in the map below.



Area covered by 65 wards contributing 90% of Trust activity.

What is the overall health status for the area?

According to the Office for National Statistics (ONS), based on 2001 census data, populations served by the trust (Sutton & Merton PCT and Surrey PCT) reported better general health than when compared to London, South East and England.

Where are the pockets of deprivation?

Compared to England as a whole, the populations of Surrey and Sutton & Merton overall are less deprived. However, there exist pockets of deprivation. Areas that have relatively high levels of deprivation in Sutton & Merton are Beddington South, Belmont, Wandle Valley, Figge's Marsh, St Helier, Sutton Central and Cricket Green. Surrey is one of the least deprived areas in England. The most deprived area relevant to the trust population is Court ward, to the north west of Epsom town centre.

Prevalence of chronic disease.

Using data collected by GP practices, the following estimates have been made for disease prevalence:

Indicator	Sutton & Merton	Surrey	London SHA	South East Coast SHA	England
Coronary heart disease	2.4%	2.8%	2.2%	3.2%	3.4%
Stroke or TIA	1.2%	1.6%	1.1%	1.8%	1.7%
COPD	1.2%	1.2%	1.0%	1.5%	1.6%
Hypothyroidism	2.3%	3.4%	2.2%	3.5%	3.0%
Cancer	1.4%	1.8%	1.2%	1.8%	1.6%
Mental health	0.8%	0.7%	1.0%	0.7%	0.8%
Heart failure	0.5%	0.5%	0.5%	0.6%	0.7%
Dementia	0.4%	0.4%	0.3%	0.5%	0.5%
Obesity	8.6%	7.0%	9.3%	9.0%	10.5%

Source: Quality and Outcomes Framework (QOF) 2010/11

Population profile of community by ethnic group

Although the White ethnic group is by far the largest, in both Surrey and Sutton & Merton the proportion of the population with a White ethnic group has decreased between 2005 and 2009, in line with England as a whole. In common with this, the proportions of ethnic minority groups have increased between 2005 and 2009. In Surrey and in Sutton & Merton, the biggest ethnic minority group is Other White (5.3% and 6.8% respectively). This information is based on the 2001 census, although the Office of National Statistics (ONS) have made revised estimates. It is expected that the results of the 2011 census will show a further increase in the proportions of ethnic minorities.

Analysis of hospital activity by ethnic group

Ethnic_group	Activity		
	Outpatient	A&E	Inpatient
99 - not known	9%	5%	8%
B Irish	1%	1%	1%
C Any other White	4%	5%	4%

background			
D White and Black Caribbean	0%	0%	0%
E White and Black African	0%	0%	0%
F White and Asian	0%	0%	0%
G Any other mixed background	1%	1%	1%
H Indian	2%	1%	2%
J Pakistani	1%	1%	1%
K Bangladeshi	0%	0%	0%
L Any other Asian background	3%	4%	3%
M Caribbean	1%	1%	1%
N African	2%	1%	2%
P Any other Black background	1%	1%	1%
R Chinese	1%	0%	0%
S Any other ethnic group	3%	4%	2%
Y Not stated	0%		
Z Refused	0%	0%	0%
Grand Total	100%	100%	100%

Source: Trust data, September 2010 – August 2011

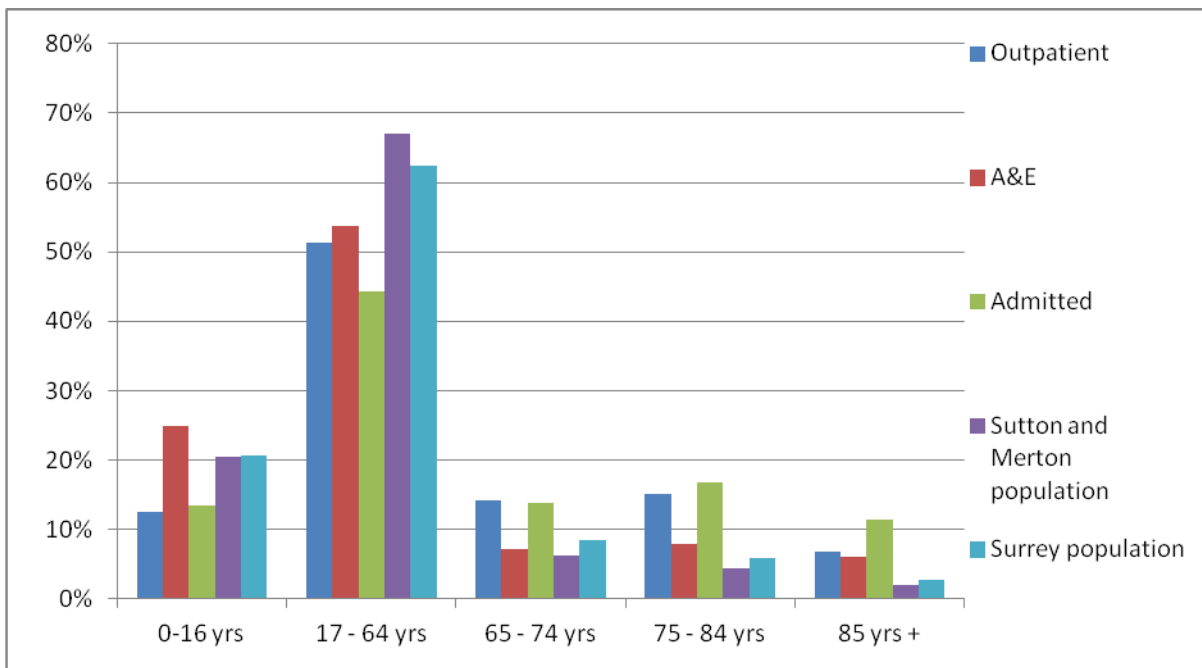
The table above shows the breakdown of hospital activity by ethnic group. Although there has been an improvement in recording ethnicity, there is still improvement required to make the data sufficient to analyse usefully.

Age and sex breakdown by PCT

	Surrey	Sutton and Merton	South East	London	England
Males; Aged 0-15	10%	10%	10%	10%	10%
Males; Aged 16-24	5%	5%	6%	6%	6%
Males; Aged 25-49	17%	22%	17%	22%	17%
Males; Aged 50-64	9%	8%	9%	7%	9%
Males; Aged 65 and Over	7%	5%	8%	5%	7%
Females; Aged 0-15	9%	9%	9%	10%	9%
Females; Aged 16-24	5%	5%	6%	6%	6%
Females; Aged 25-49	18%	21%	17%	21%	17%
Females; Aged 50-59	6%	6%	6%	5%	6%
Females; Aged 60 and Over	13%	10%	13%	9%	12%

Source: ONS mid 2010 estimates

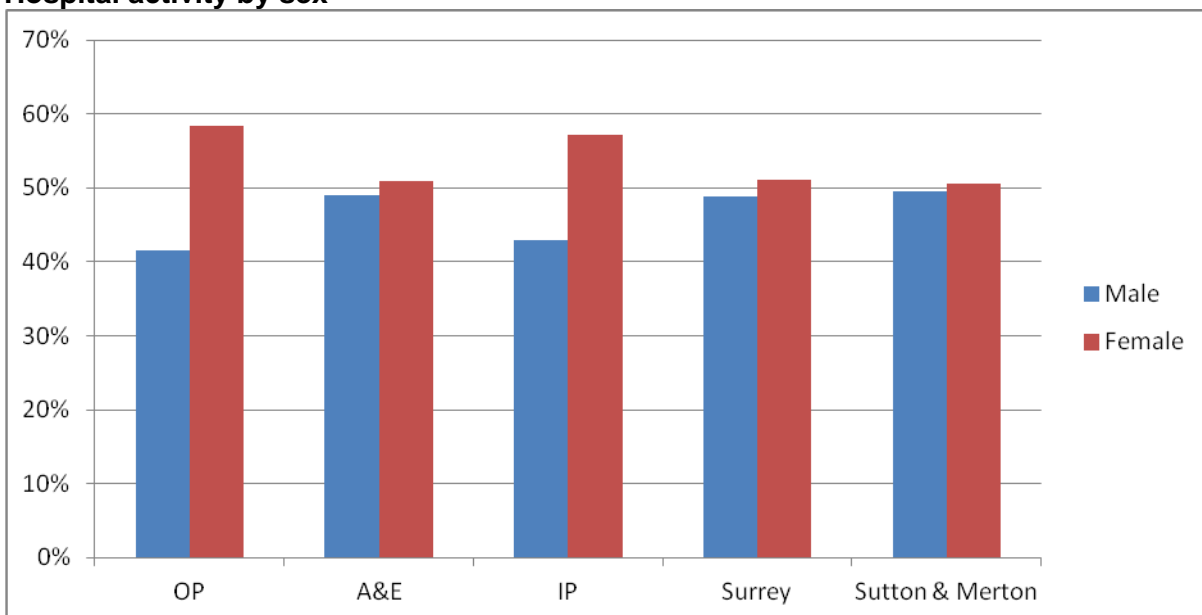
The population structure of Surrey and Sutton & Merton broadly reflects the structure of the region. The age profile is younger in Sutton & Merton and older in Surrey. The chart below provides an indication of usage of our hospitals by age group:



Source: Trust data, September 2010 – August 2011

Younger age groups are more highly represented in A&E; older age groups more so as hospital admissions. This shows that compared to the population breakdown, hospital activity is more prevalent amongst older age groups

Hospital activity by sex



Source: Trust data, September 2010 – August 2011

Females account for more outpatient and inpatient/daycase activity than males. For A&E the split is similar to the overall population.

Population profile in 2021 – how will our population change in future?

The local population is forecasted to increase over the next ten years, in common with that of England as a whole. Between 2008 and 2021, Merton's population is projected to increase by 11.5%, compared to 8.4% for London and 7.3% for England. Sutton's population is projected to increase by 10.1%, compared to 8.4% for London and 7.3% for England¹. In Surrey, the populated

¹ Sutton & Merton Joint Strategic Needs Assessment, accessed 26th January 2012
<http://www.jsna.suttonandmerton.nhs.uk/ec/update/readnew.asp?id=36#fact3>

was projected to increase by 19.5% between 2008 and 2031, compared to 18.0% for England. Areas with the biggest projected change are Epsom & Ewell (28.3%) and Reigate & Banstead (28.3%)².

Sexual orientation

There is no definitive data on the number of lesbian women, gay men and bisexuals in the UK as this is not included in the census. The government estimate of gay, lesbian and bisexual people, which is backed by the lesbian, gay and bisexual charity Stonewall is between 5% and 7% nationally. Experimental statistics published by the Office of National Statistics (ONS) based on survey estimate the following:

Percentage of sexual identity groups by region, April 2010 – March 2011

	London	South East	Total
Heterosexual / Straight	90.6	94.6	94.0
Gay / Lesbian	1.8	0.8	1.0
Bisexual	0.7	0.5	0.5
Other	0.6	0.3	0.4
Don't know / Refusal	5.5	3.3	3.6
No response	0.7	0.5	0.7

Source: ONS

Data Collection

Where data is captured by national systems, work is being done to make changes to the appropriate data sets to ensure that information/data related to the protected characteristics is able to be captured and used to facilitate the analysis of service provision. This work will also include reviewing the capturing and monitoring of data related to the workforce, patient and staff surveys. An Employee Verification Form (see appendix ...) to capture data from all trust staff is currently being distributed (January 2012) and will help the trust to improve equality monitoring .

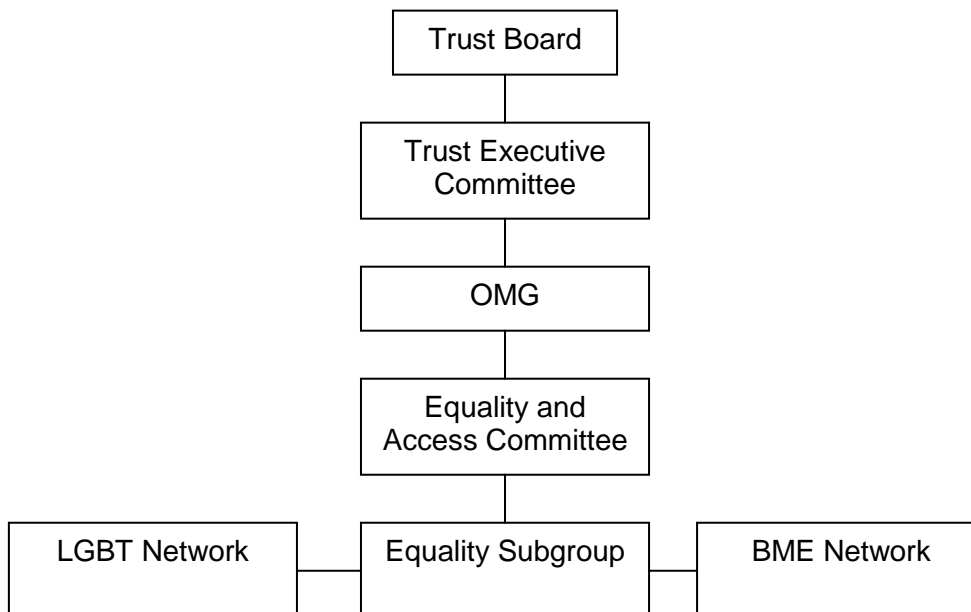
² Surrey-I , accessed 26th January 2012

<http://www.surreyi.gov.uk/Viewdata.aspx?P=Data&referer=http%3a%2f%2fwww.surreyi.gov.uk%2fViewPage1.aspx%3fC%3dresource%26ResourceID%3d663%26cookieCheck%3dtrue%26JScript%3d1>

Leadership and Governance Arrangements

The leadership and governance arrangements for the Trust are illustrated in [Appendix 2](#).

In relation to Equality and Diversity these are simplified below



The Executive Equality Lead for the trust is the Director of People and Organisational Development, The Executive Equality Lead is also the chair of the Equality and Access Committee, who have overall responsibility for the implementation of the Equality Delivery System; reporting quarterly to the Operational Management Group and annually to the Trust Executive Committee and Trust Board. The Terms of Reference for the Equality and Access Committee and the Equality and Diversity subgroup form are included in [Appendix 3](#).

The Equality and Access Committee are currently meeting more frequently (every 4 weeks) to ensure that the Equality Delivery System is achieved within the agreed timeframes and to ensure that throughout the transaction process (the demerger and merger of the trust) that equality impact assessments are completed and address the needs of the protected groups of both staff and patients throughout this transition .

The membership of the Equality Groups includes a wide range of representatives and incorporates most of the protected groups including the Lesbian Gay and Bisexual Network Chair and the Black and Ethnic Minority Network Chair. The Deputy Director of Nursing, Senior Operational Management, Head of Patient Experience, Chaplaincy and Pastoral Care, and a number of patient links also form part of the group. Disabled staff and representatives who perform roles linked to the protected groups are also included, such as the trusts cancer information manager, women's health and ophthalmology. This diverse group of managers, staff and patient links help to ensure that matters arising are relevant to a wide range of the protected groups.

1.5 Staff Engagement

Working with Staff Side

The Equalities Manager works with the Staff Side Chair to ensure that priorities and actions are identified and set to improve outcomes for staff. The Chair is also a member of the Black and Ethnic Minority Network, and supported the launch of the LGBT network.

Health and Well Being Initiatives designed to improve the working lives of staff are championed by the Chair who is an active member of the Improving Working Lives group. They work in partnership alongside the Health and Safety Manager, the Occupational Health Manager and the HR team to raise awareness of support for staff from all of the protected groups. The Staff Attitude Survey Action Plan which includes activity to address welfare issues surrounding race and discrimination have also been approached in a collaborative way, with networks raising awareness for LGBT and BME taking place during staff well being events..

The Staff Side Chair participated in the grading of the staff outcomes within the Equality Delivery System, the results of which have been shared with all Staff Side representatives for additional comment.

During February and March 2012 the trust will work in partnership with staff side to agree a set of equality priorities for staff which will be set and published by the 4th April 2012.

Relevant Documents Include: Staff Health and Well Being Events.
Staff Health and Well Being Evidence Folder
Agenda for Staff Side Meeting January 31st.

Improving Working Lives

The Trust is fortunate to have continued the good work established by the Improving Working Lives initiative and has a well established Improving Working Lives group who continue to meet quarterly. This is led by a Corporate HR Manager who is also the lead for Improving Working Lives, Employee Recognition, The Staff Attitude Survey and Equalities. Specific objectives for this role have been set to improve outcomes for staff including those from minority groups. The group are actively involved in the support of various action plans and initiatives such as the Staff Attitude Survey Action Plan, Employee Awards and involvement in the grading of outcomes related to the Equality Delivery System.

This group are very self motivated and champion initiatives such as the Equality Delivery System within their own departments and Directorates.

Relevant Documents Include: Improving Working Lives Newsletter
: Improving Working Lives Membership

Networks

The trust has an established Black and Ethnic Minority Network and Lesbian Gay Bisexual and Transgender Network. Both have been active for some time and include a good cross section of staff from various job roles and occupations. Both network Chairs and Vice Chairs have been actively involved in the grading of outcomes for the Equality Delivery System and have highlighted concerns and actions that may assist the trust in formulating equality priorities for the next year.

The BME network Chair is currently engaging with ethnic minority staff to better understand why the results of the 2010 Staff Attitude Survey highlight above average numbers of staff stating that they feel discriminated against because of their race. The questionnaire designed by the network is currently being sent out to all staff and occupational groups with high numbers of BME staff, namely nurses, doctors and domestics.

Agreement has yet to be reached regarding a disabled staff network . Some staff with disability have been consulted regarding this and have stated that they do not feel that this is necessary and would not join such a network should it be made available. Previous communications to encourage staff to come forward to join such a network have not been successful. An action to review and

suggest different ways of engaging with disabled staff is the preferred approach rather than a specific network . The equality lead will however look to organisations with successful disability networks in place to share good practice and to explore this further. This action will be reviewed when equality priorities for the trust are set in March.

Relevant documents Discrimination has no place in the workplace
BME and LGBT sites

Staff Attitude Survey

The staff attitude survey highlights a number of concerns that relate to equalities and an action plan has been developed and implemented to address these concerns. The main equality priority as mentioned earlier is the higher than average number of staff who state they feel discriminated against, and in particular those that relate to race . The results of the most recent 2011 SAS have yet to be issued nationally .The current action plan will be updated to reflect the most recent results which should be made available in March April 2011. This analysis will include a drill down into all of the protected groups and will be used to help shape the trusts equality objectives. These will be published in line with The Equality Act and by the 4th April 2012.

The four current Staff Attitude Survey priorities are

Appraisal: The number of staff having an annual review: Analysis of gender age and ethnicity indicate that there is no inequality within these groups. Members of the LGBT group have been involved in the EDS grading and have indicated that there is no discrimination apparent towards sexual orientation specifically, but members did comment that not all staff have received a good quality appraisal which is common to many staff, not just those staff who are gay or bisexual.

Discrimination: To reduce those staff who state they have suffered discrimination, in particular those that relate to race.

Sexual Orientation, Gender and Age do not from the results in the 2010 Staff Attitude Survey show inequality; however there are small numbers of staff who have responded negatively. This data has been shared with relevant network leads and has been noted at the Equality and Access Committee for further evaluation in the next SAS analysis.

With regards to a trust wide analysis of Discrimination and other similar issues such as Bullying and Harassment and Violence and Aggression the analysis of trust data is shown in the Employee Data Reports which can be found following the link below.

Related Documents: Staff Attitude Survey Report to Board
Staff Attitude Survey Action Plan
Staff Attitude Survey by Protected Group
Vital Connections Analysis: Bullying and Harassment: Staff related
Violence and Aggression Reports from both staff and patients

Team Working: To improve team working generally throughout the trust. A number of activities to improve this outcome are highlighted in the SAS action plan . There is no specific data relating to team working specifically in relation to protected groups however both the BME network LGBT network and The Equalities Groups have been asked to consider the SAS action plan and share these more widely .

Staff Health and Well Being

This objective is also incorporated into the trusts action plan to improve health and well being for all staff groups. The Manager of the Occupational Health Department is an active member of the Improving Working Lives Group and has helped to launch and support a wide variety of initiatives such as Monthly Weight Clinics for staff , Health and Well Being Events during staff welfare days and Nurses week . Friday onsite complementary therapies and management of the Staff Counselling Service.

An analysis of counselling services has highlighted that there is a disproportionate number of staff accessing the trust counselling team with higher than expected numbers of British White Staff. This may be due to some recent organisational change with band 4 which is currently predominantly white, however further analysis of this will need to take place in the next quarter to monitor this. In relation to gender less male staff have accessed services and again this data will be reviewed to monitor trends that may suggest inequality in the access of this service. Awareness levels of the service can also be identified by some of the protected groups in the next Staff Attitude Survey and this is an action to be taken forward.

Related Documents: Staff Attitude Survey Report to Board

Staff Attitude Survey Action Plan

Staff Attitude Survey by Protected Group

Vital Connections Analysis: Bullying and Harassment: Staff related Violence and Aggression Reports from both staff and patients

Staff Health and Well Being Evidence Document

Counselling Services Analysis

Directorate Staff Attitude Action Plans

In addition each Directorate has created its own action plan in response to the staff survey findings focussing on issues that are specific to their teams. Occupational groups are also reviewed.

Equality and Diversity Training Provision:

Equality and Diversity Training is mandatory for all staff. A recent staff attitude survey report highlighted that only 7% of staff had never received E and D training as opposed to the group average of 24% . Equality training is seen as very important within the trust training plan and a number of sessions take place every month. Link to objectives of course .

Equality Impact Assessments (need to do statement to commitment to this) Link to Equality Impact Assessment Page and completed EQIA's

Workforce Reports

Workforce analysis of equalities is reported to the Equality and Access Committee on a quarterly basis. These workforce reports include data for the following categories

Ethnicity

Gender

Age

Marital Status

Recruitment Data Gender Age and Ethnicity

Promotion Data : Gender , Age and Ethnicity

Maternity: those staff who have returned to work broken down by band to establish if women are returning to the same or similar positions.(report still outstanding ready Monday)

Other pregnancy and maternity data is held by HR Managers for the specific Directorates and includes both risk assessment monitoring, maternity interviews and keep in touch schemes.

In addition this report includes an analysis of

- + Pay Band by gender age and ethnicity
- + Employee Recognition Awards by Ethnicity and by Gender
- + Grievance and Harassment raised through Grievance Bullying and Harassment Policy by staff, for gender , age and ethnicity
- + Physical and Verbal Harassment (both patients and staff) as recorded in risk monitoring by ethnicity.
- + Counselling Services Accessed by gender and ethnicity
- + Staff Attitude Results for a number of protected groups (see separate report link here) :

Where the trust has analysed data it has ensured that key stakeholders have been engaged such as the Staff Counsellor , Senior HR Managers , Training and Development Team , Pay and Conditions Advisor , Employee Recognition Manager , Health and Safety Manager and Recruitment Manager .

Equality Workforce Data: Areas for further development

The workforce report does not include any monitoring of sexual orientation, disability or religious belief as this data is unfortunately not captured in a way that is easily sourced for analysis . There are also gaps in data where information has been requested and numbers are therefore very small . Our systems are currently being reviewed nationally to address data collection.

At a trust level work has already begun to ensure that all staff complete an **Employee Verification Form** which includes the above and will help us to better evaluate our data . Link to [Employee Verification Form](#)which will be sent **out to all 4400 staff** .

Basic Salary Pay Comparisons

All the staff groups compared below are covered by incremental pay systems.

Fixed rules apply for appointment salaries, with discretion applied in only very exceptional cases. For staff on Agenda for Change (AfC) terms, account can only be taken of directly relevant non-NHS experience subject to authorisation by the Deputy Director of HR.

Comparisons of average salary levels within bands or grades therefore directly reflect average length of service within the band or grade. A clustering of staff on the maximum point of the band may not in fact be a positive indicator if it results from a general failure to progress to the next band with the expected frequency.

Comparisons of average salary levels across a range of bands, specifically for all Agenda for Change (AfC) bands, are mainly dependent on the relative distribution of staff between bands. Clearly, if staff are concentrated in the higher bands, the All Band average will be higher than if staff are concentrated in the lower bands.

The convention is for a gender gap or other average earnings comparison to be viewed as significant and requiring further analysis if it exceeds 3%.

For the following comparisons, basic salaries for part time staff are included as the full time equivalent for the average salary calculations. This is of course equivalent to comparing average hourly rates.

All average salary figures are for September 2011.

1. Gender Comparisons

1.1 Staff on AfC Terms

The Pay Gap figures shown in the following table indicate the % difference between average basic salaries for male and female staff. A +% applies if average male salaries are higher and a -% if average male salaries are lower.

Average Salary Levels and % Gender Pay Gap

AfC Pay Band	Average Basic Salary for Female Staff	Average Basic Salary for Male Staff	All Staff Average	% Pay Gap
1	£14,565	£14,567	£14,566	0.0%
2	£15,824	£15,814	£15,822	-0.1%
3	£17,612	£17,256	£17,581	-2.0%
4	£20,536	£20,337	£20,522	-1.0%
5	£24,865	£24,953	£24,875	+0.4%
6	£30,290	£30,126	£30,269	-0.5%
7	£37,155	£36,998	£37,131	-0.4%
8	£49,809	£51,712	£50,268	+3.8%
Average All Bands	£25,728	£26,921	£25,894	+4.6%

For AfC bands 1 to 7, there is no significant gender pay gap within each pay band, with the difference at 2% or less for all bands.

For AfC band 8, the pay gap is +3.8%. The gap specifically occurs in band 8c, reflecting a group of male staff with longer service in the band than their female counterparts.

As shown, taking all AfC bands together, the pay gap in favour of male staff is 4.6%.

This results from the proportional over-representation of male staff in band 8, and to a lesser extent band 7. This is not offset by the higher representation of female staff in bands 3, 4, and 5. The relative distribution for all bands is shown on the following table, and also on the chart included on page 9 of the Quarterly Equality and Diversity Report for September 2011

Breakdown for Male and Female Staff by Pay Band

AfC Pay Band	Number of Female Staff	As % of Total Female Staff	Number of Male Staff	As % of Total Male Staff
1	65	2%	53	11%
2	639	20%	101	20%
3	268	9%	26	5%
4	267	9%	20	4%
5	749	24%	91	18%
6	570	18%	87	17%
7	406	13%	74	15%
8	167	5%	53	10%
Total All Bands	3131	(100%)	505	(100%)

1.2 Medical Staff

Average Salary Levels and % Gender Pay Gap by Grade

Grade	Average Basic Salary for Female Staff	Average Basic Salary for Male Staff	All Staff Average	% Pay Gap
Foundation House Officers	£25,614	£24,387	£25,130	-1.9%
Registrars	£35,649	£37,997	£36,704	+3.0%
Speciality / Practitioner Grades	£62,991	£66,157	£64,838	+2.9%
Consultants	£85,959	£85,976	£85,970	0.0%

No gender gap figure therefore exceeds 3%, and there is no gender gap for the Consultant staff group.

However, there is a significant disproportion in the number of male and female staff at junior and senior levels. The proportion of female staff is 61% at Foundation House Officer level, and 37% at Consultant level. Overall, 47% of medical staff are female, as shown below:

Breakdown for Male and Female Staff by Grade

Grade	Number of Female Staff	As % of Total Staff in Grade	Number of Male Staff	As % of Total Staff in Grade
Foundation House Officers	46	61%	30	39%
Registrars	141	55%	115	45%
Speciality / Practitioner Grades	25	42%	35	58%
Consultants	87	37%	151	63%
Total	299	47%	331	53%

2. Ethnic Origin Comparisons

2.1 Staff on AfC Terms

The following table shows the % comparison (plus or minus) on average salaries for the four non-White ethnic origin groups compared with the equivalent White ethnic origin group.

Average Salary Level Comparison with the White Ethnic Origin Staff Group

AfC Pay Band	Asian Ethnic Origin	Black Ethnic Origin	Mixed Ethnic Origin	Other Ethnic Origin
1	+0.3%	-0.4%	+0.3%	0.0%

2	-3.0%	-2.2%	-3.8%	-1.6%
3	-3.5%	-2.9%	-7.0%	-2.5%
4	+0.2%	-4.6%	-6.5%	N/a
5	+5.3%	-0.9%	-3.5%	+4.5%
6	-1.0%	-1.7%	-1.4%	+0.7%
7	-6.4%	-4.5%	-2.2%	+1.5%
8	-5.7%	+3.4%	-7.9%	-3.4%
All Bands	+1.2%	-7.3%	-6.0%	-1.3%

The general picture shown is that average salary levels are lower for these four ethnic origin groups in the majority of cases than for their White ethnic origin counterparts in each band.

However, there is a significant variation in the All Bands average salary comparison.

For the Asian ethnic staff group, the All Bands average salary is 1.2% higher than that for the White ethnic group. This reflects the concentration at 79% of the total Asian ethnic group in bands 5, 6 and 7. This effect is not fully offset by the relatively lower representation at bands 7 and 8.

Generally, there is a high proportional representation within the non-White ethnic groups at Band 5, at between 38% and 43%, compared with only 14% within the White ethnic group.

For bands 7 and 8, 24% of all White ethnic staff are in these two highest bands, compared with between 10% and 12% for the other ethnic groups.

The detailed breakdown for each ethnic group by pay band is as follows:

% Breakdown for Each Ethnic Origin Group by Pay Band

AfC Pay Band	White Ethnic Origin	Asian Ethnic Origin	Black Ethnic Origin	Mixed Ethnic Origin	Other Ethnic Origin
1	3%	1%	4%	2%	6%
2	22%	13%	20%	18%	15%
3	10%	4%	4%	1%	7%
4	11%	1%	2%	5%	0%
5	14%	41%	43%	42%	38%
6	17%	28%	17%	20%	23%
7	16%	10%	7%	9%	8%
8	8%	2%	3%	2%	4%

All Bands	(100%)	(100%)	(100%)	(100%)	(100%)
------------------	--------	--------	--------	--------	--------

2.2 Medical Staff

For the following comparison, the four non-White ethnic staff groups are combined because of the few staff in some grade categories if shown separately. A +% indicates a pay gap in favour of the White ethnic group.

As shown, the average basic salary is 5% lower for the White ethnic group at the Registrar grade level; and 4.2% and 3.5% higher for the two more senior grades.

Average Salary Levels for White and Non-White Ethnic Staff Groups

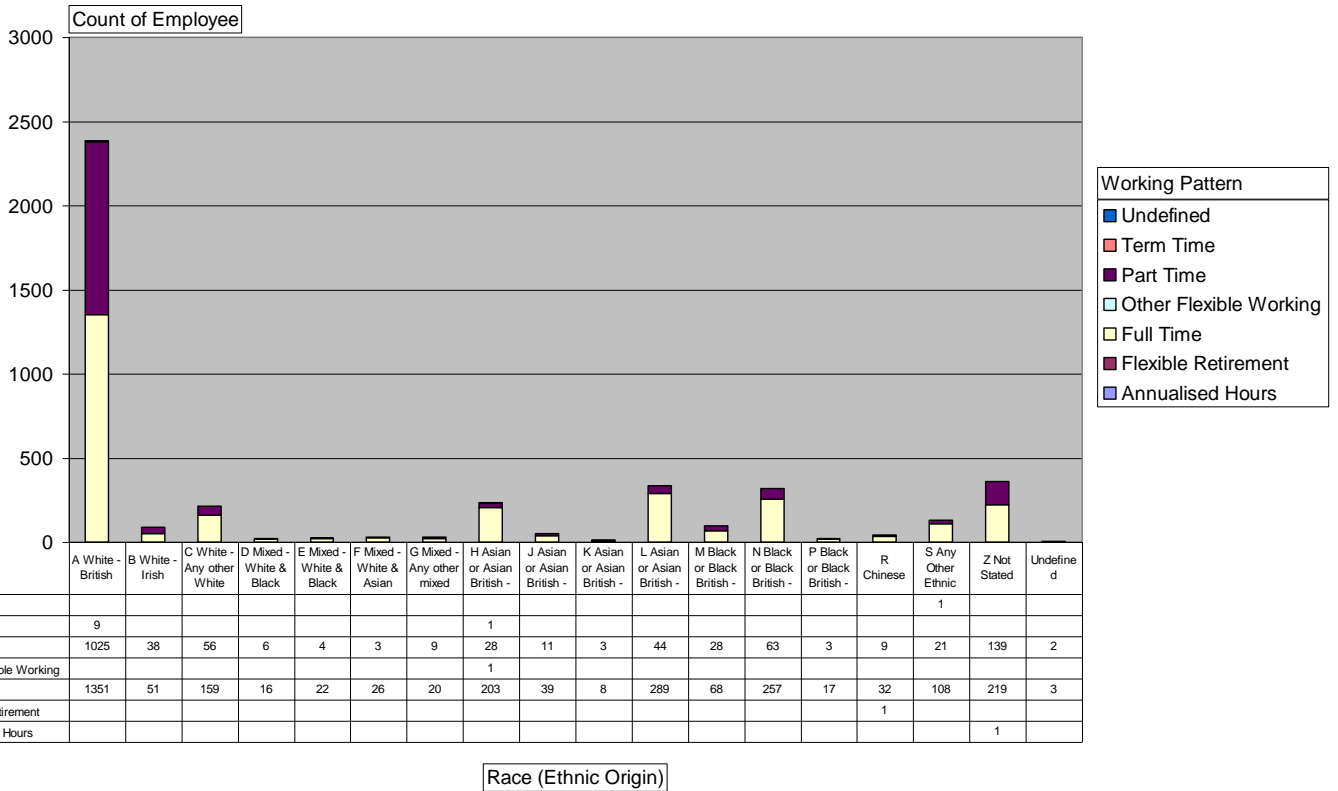
Grade	White Ethnic Origin Staff Group	Non White Ethnic Origin Staff Groups	All Staff Average	% Pay Gap
Foundation House Officers	£24,966	£25,287	£25,094	-1.3%
Registrars	£35,574	£37,457	£36,668	-5.0%
Speciality / Practitioner Grade	£65,581	£62,946	£64,096	+4.2%
Consultants	£87,000	£84,055	£85,825	+3.5%

For each ethnic staff group, the breakdown by grade is shown below.

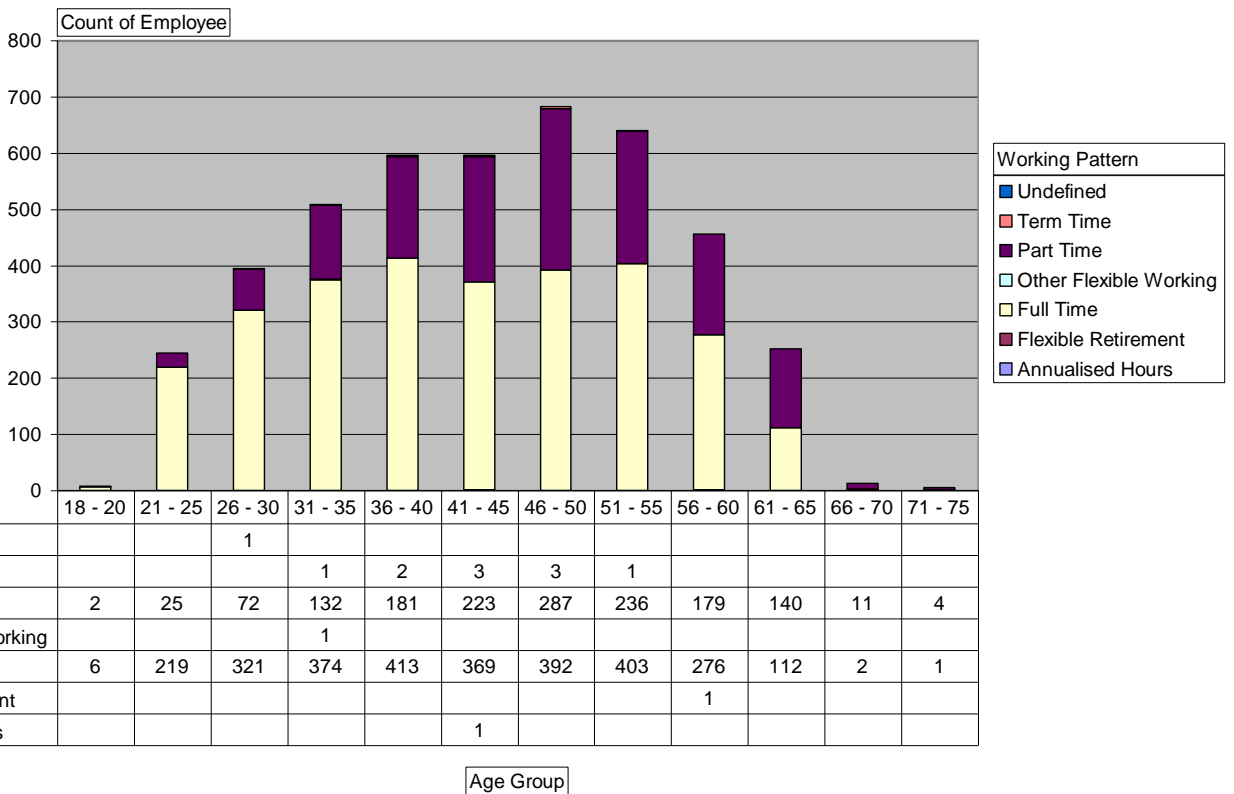
At the Registrar level, this shows a relatively high proportional representation within the Asian, Mixed Ethnic and Other Ethnic staff groups.

At the Consultant level, the highest proportional representation is within the White ethnic staff group; and the lowest within the Asian and Mixed Ethnic staff groups.

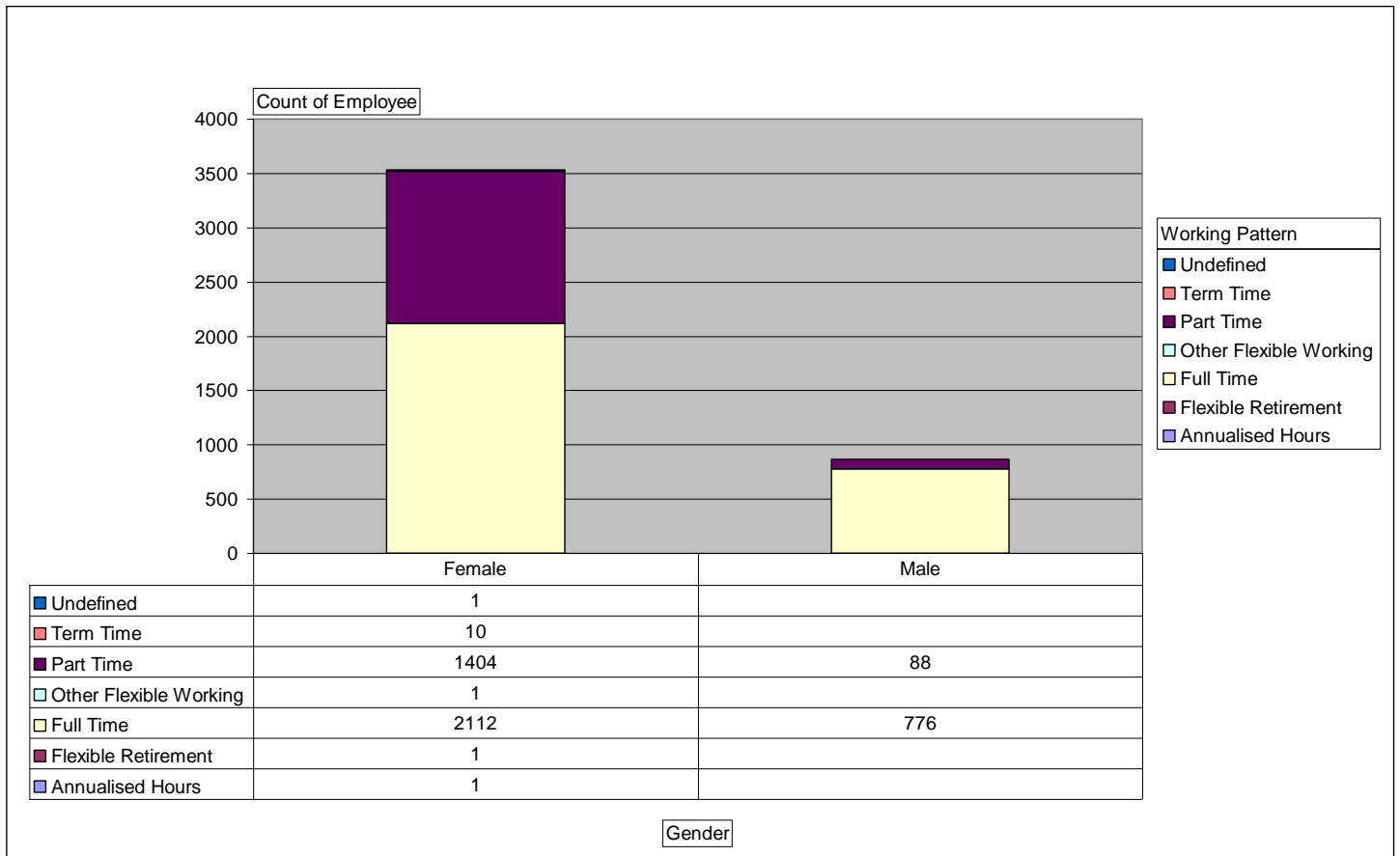
WORKFORCE Ethnicity



Age



Gender



The Trust has a Flexible Working Policy that enables all staff to apply for flexible working. We also have a range of options available to staff from term time only contracts, annualised hours contracts or a range of part time options

Evidence from staff attitude survey shows that more White British staff have used flexible working options than other BME groups, it also shows that more women access flexible working options than males, other protected groups did not show any significant difference in the range and extend of flexible working options available. From data available from our staff records it concurs with the above.

Any policy reviews are discussed and agreed with staffside, before coming in to force. Any concerns that staffside have about the application of any policy is raised at our monthly partnership forum.

The Trust ensures that our Flexible Working Policy is available to all staff to apply.

All staff have the right to appeal if they are unhappy with the outcome of their request for flexible working, and from the appeals that have been received it does not appear that one group is disadvantages over another.

The trust will be ensuring that we capture data through ESR where possible of all the protected characteristics to better monitor this.

STAFF HEALTH AND WELL BEING

There is evidence of staff undergoing a variety of surveillance and health initiatives within the Trust. There is an extensive health surveillance programme for staff working in areas that may adversely effect the health of staff.

Currently around a100 staff have been surveyed this year. Data is not collected on staff in the protected groups.

Between 10-15 pregnant staff have attended Occupational Health for risk assessments in the first 8 months of this year.

A wide range of staff attended the Staff Health and safety and Well being Exhibitions held in October and November 2011 held at Epsom and St Helier sites.

The Policy on Promoting Attendance and Managing Sickness absence is implemented for all staff but there is no record of data for protected groups.

For the counselling service of the staff who accessed it 69 were female and 7 male. OF these the following ethnicity data was recorded:

- 61 were ethnic group A (White)
- were ethnic group D (Black)
- 6 were ethnic group C (Asian)

The same service is offered to staff of all groups including those in the protected groups but data is not collected on the protected groups apart from work specifically targeting the occupational health of pregnant women.

The Trust consults through the health and safety committee and through other committee where staff side are in attendance. However, data is not targeted specifically at the protected groups.

The Trust considers the needs of those groups where access may be an issue to ensure that access is available to all. Facilities are considered for staff who have health and mobility issues. However specific needs of other protected groups are not directly considered. An EIA is done on new related policy to ensure that it doesn't specifically have a negative impact on staff. This has been done recently for the latex policy and other policies that relate to health such as COSHH.

New initiatives are being developed for the New Year to look at improving the health of all staff for work related health as well as obesity.

The department will also be looking to identify audits of record keeping and processes to ensure equality of service to all individuals taking part.

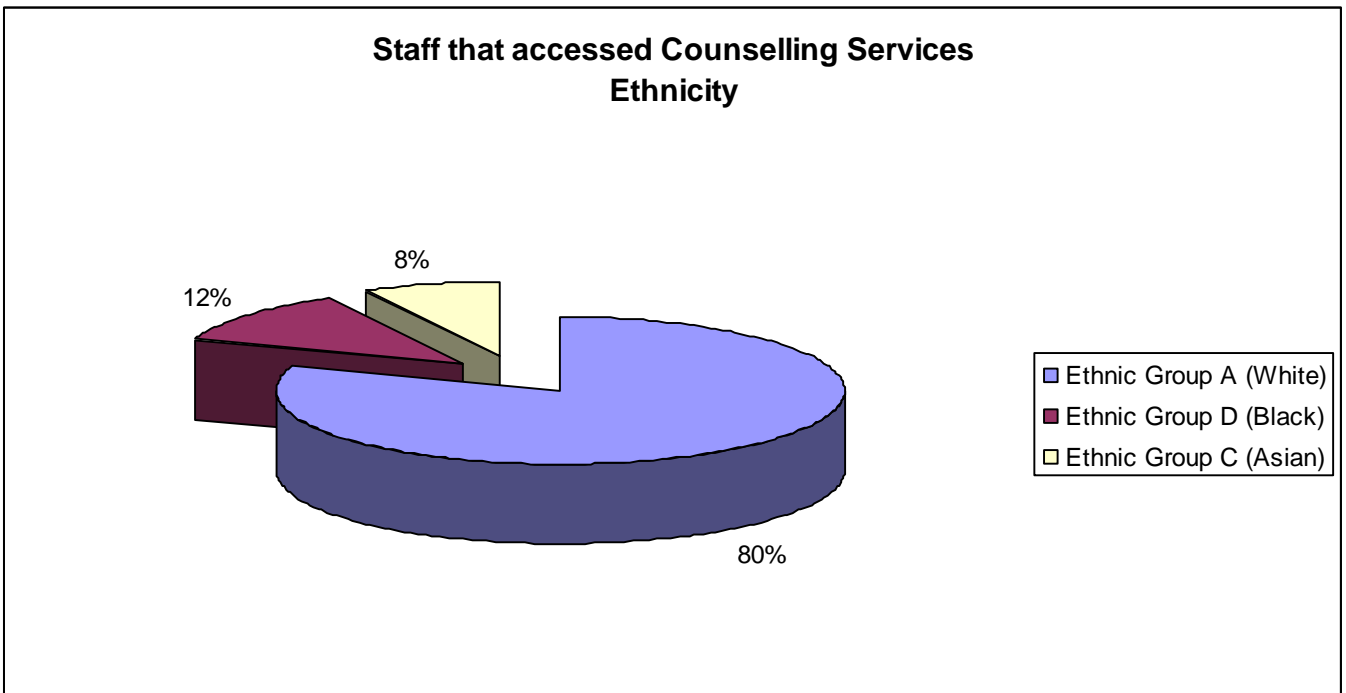
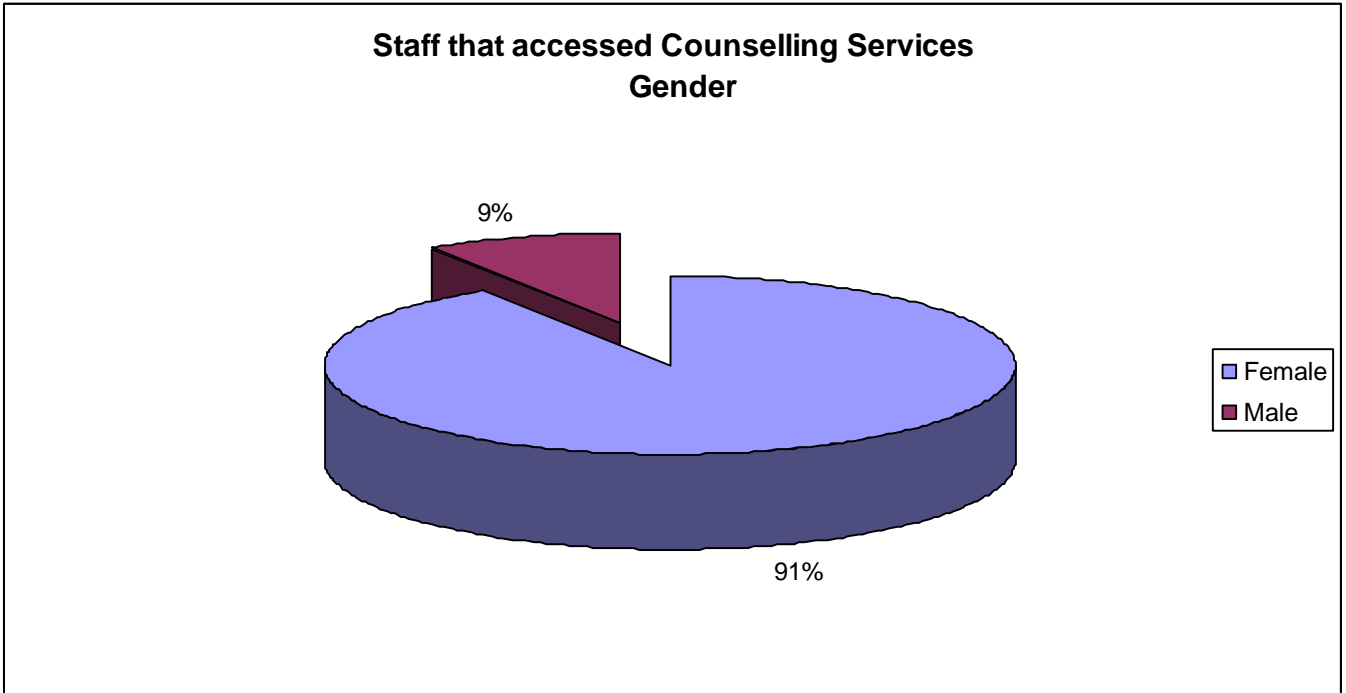
PROMOTING AND MANAGING SICKNESS AND REDEPLOYMENT

Return to work of disabled employees following sick leave relating to their disability

The trust follows the Promoting Attendance and Managing Sickness and Work policy and where appropriate the Redeployment policy.

Each HR manager would work closely with the member of staff, Trade Union rep, line manager and occupational health to ensure the appropriate phased return to work or reasonable adjustments as necessary. The individual is met with regularly throughout the process and occupational health advice is sought. Once the employee is fit to return to work a phased return is discussed and agreed and this is monitored until the process is complete. If the employee is no longer able to return to his/her original position then suitable alternative employment is sought via the medical redeployment process.

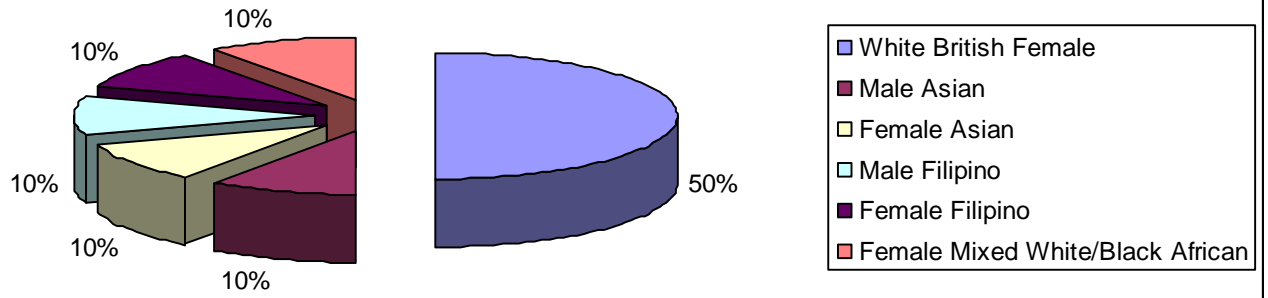
COUNSELLING SERVICES



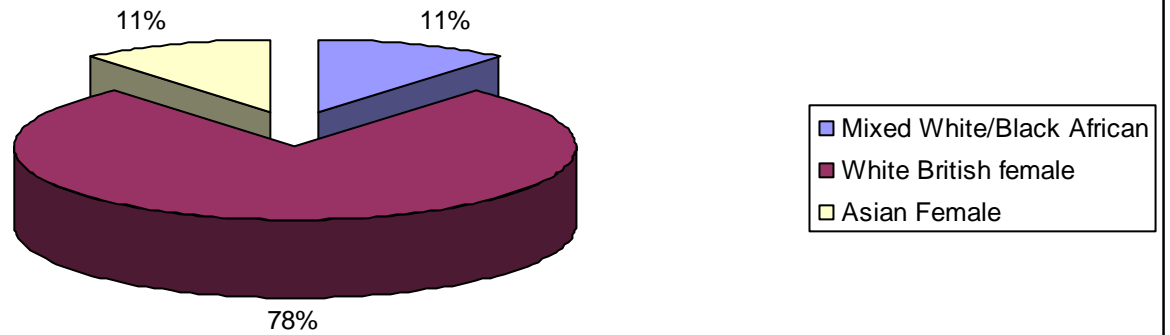
It is clear that the representation ethnic minority staff accessing counselling services is significantly less than white staff. Recent organisation change included a large proportion of Band 4 Admin and Clerical staff. This band are predominantly British White staff and this may be the reason for higher numbers of white staff accessing counselling services during this time period. However, occupational grouping with reference to access to services must be completed to identify numbers of Admin and Clerical staff in the report.

BULLYING AND HARASSMENT

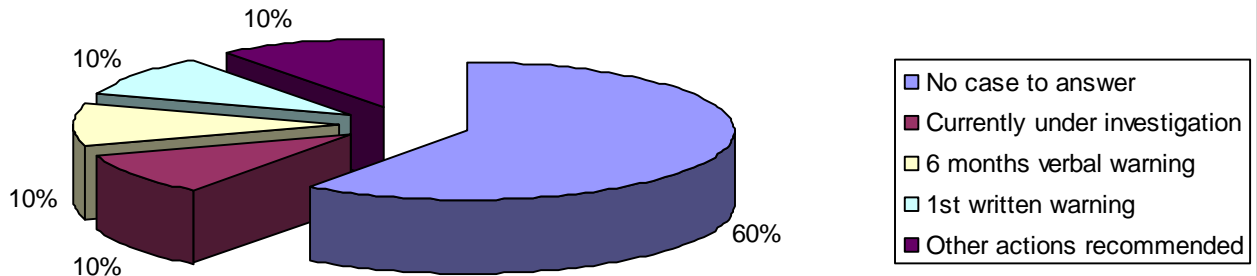
**Accused of Bullying and Harassment:
1st Oct 2010 - Sept 2011**



**Bullying and Harassment - Accusers:
1st Oct 2010 - Sept 2011**



**Outcome of Bullying and Harassment Accusations:
1st Oct 2010 - Sept 2011**



The Trust has a Harassment and Bullying Policy that all staff have access to. The Trust also discusses Bullying and Harassment at Equality and Diversity training which is mandatory for all staff and it is discussed at Trust Induction. The Trust also has a Zero Tolerance Policy in place with regards to abuse, harassment, bullying and violence from patients and their relatives. Data collected from the Trusts Risk Management Services shows that of those staff who reported incidences of violence and aggression there was no marked difference between gender, but showed that staff in the 30-40 age category were most likely to experience violence and aggression from patients, or relatives. Evidence from the Trusts vital connections database captures data on ethnicity and gender on Bullying and Harassment investigations carried out.

From the information captured it shows that the formal bullying and harassment complaints that are investigated show general issues of bullying and harassment and that the majority of cases are White British Female against White British Female.

The trust uses NHS Protects recommended Security Incident Reporting System (SIRS) checklist for staff to complete if they have experienced any violence and aggression from patients and their relatives. This form asks for information on staffs age, gender, and ethnicity, and apart from a slight variance in age does not show any other significant differences.

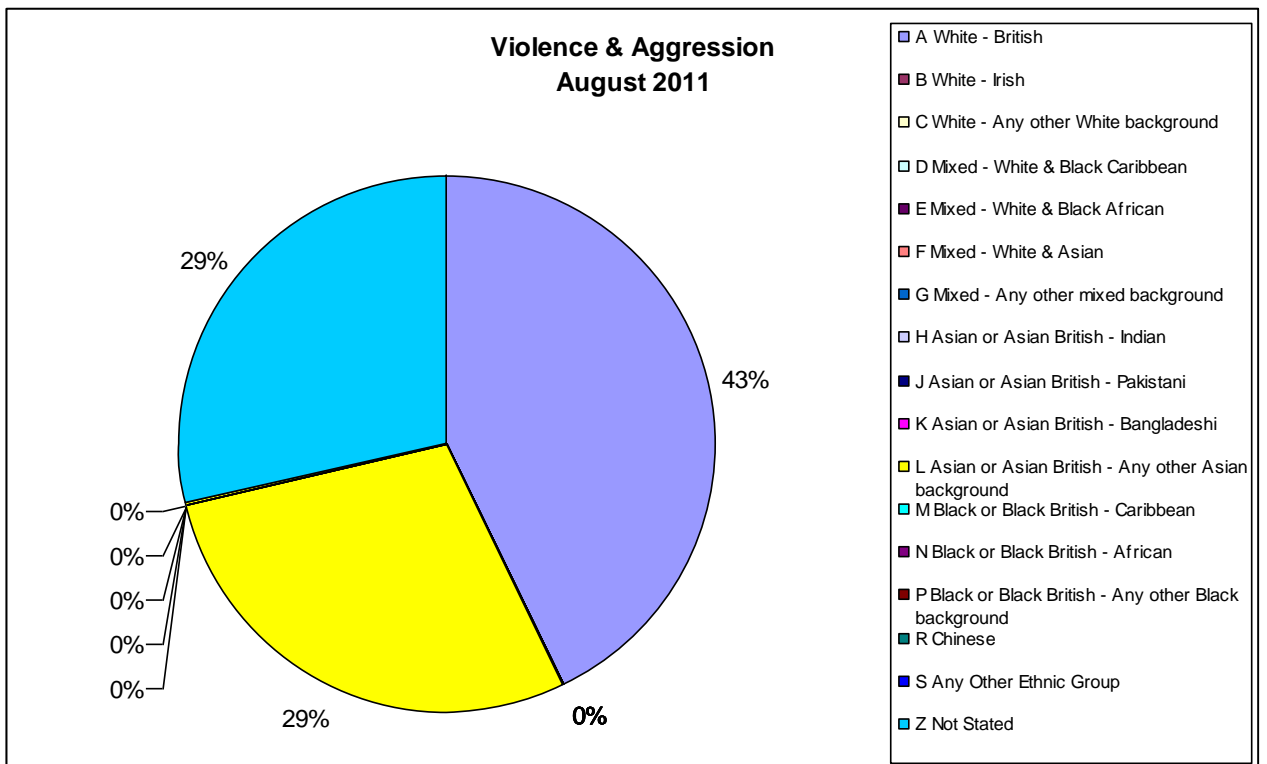
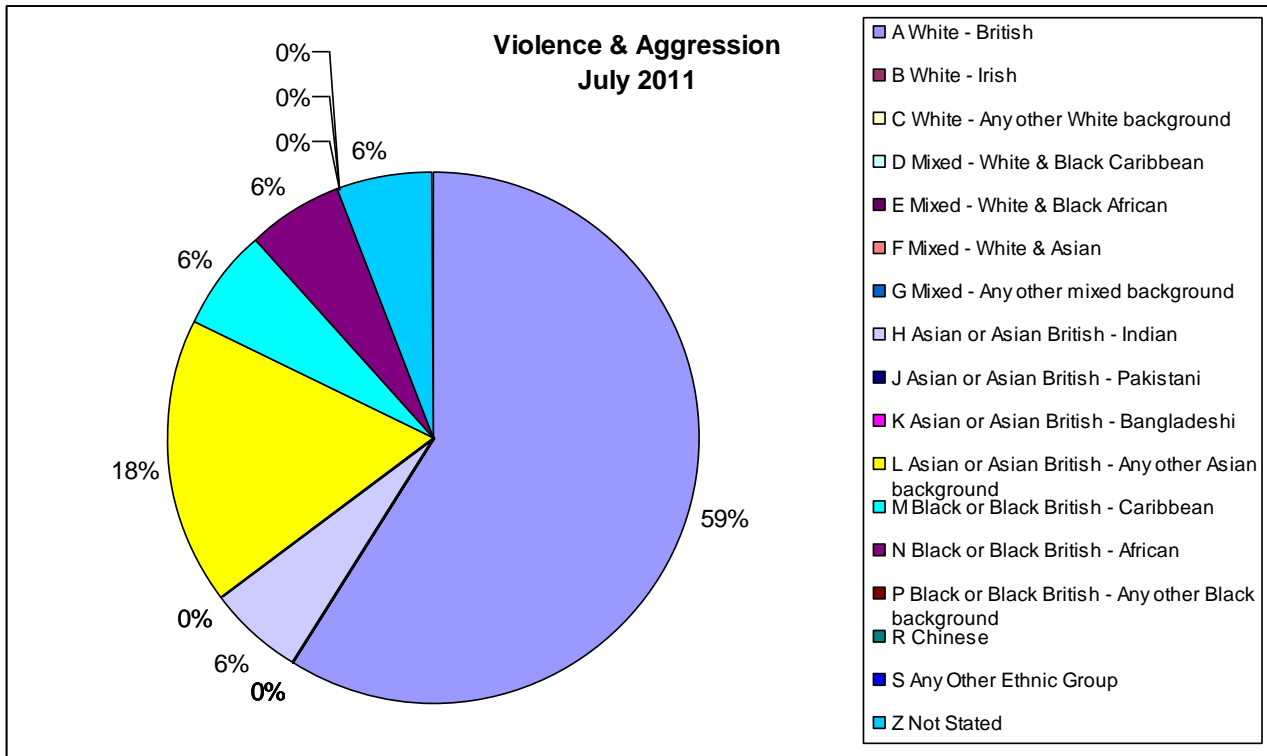
The Trust produces the information on Bullying and Harassment investigations at the quarterly Workforce Committee and this information is also shared with staff side at partnership forum. However the data currently captured does not include all the protected groups. Results from the Staff Attitude Survey and subsequent action plan is shared with Staff-side organisations

The Trust has all policies available on the intranet for all staff to access, and takes allegations of abuse, harassment, bullying and violence seriously.

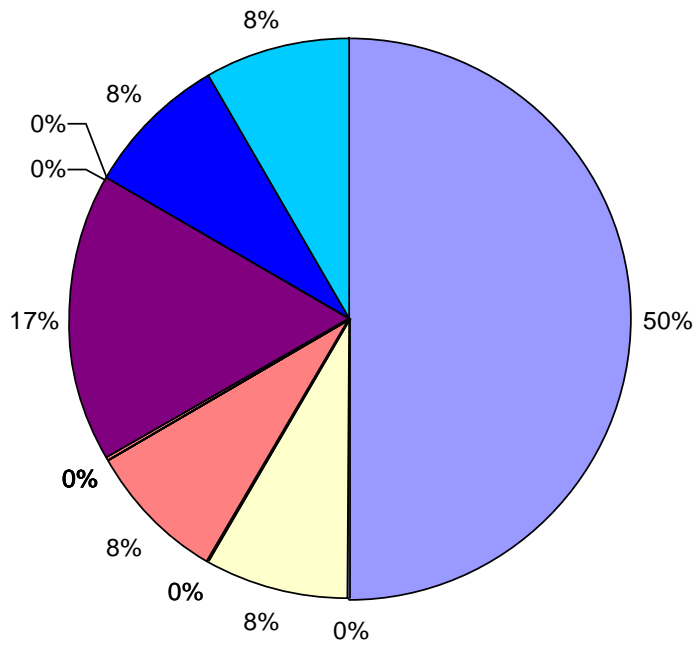
The Trusts vital connections database captures data on gender, ethnicity and all investigations are carried out in line with policy to ensure that all investigations etc are dealt with equally

We will be planning on altering the vital connections data base to capture all protected characteristics so we can better monitor.....

VIOLENCE AND AGGRESSION

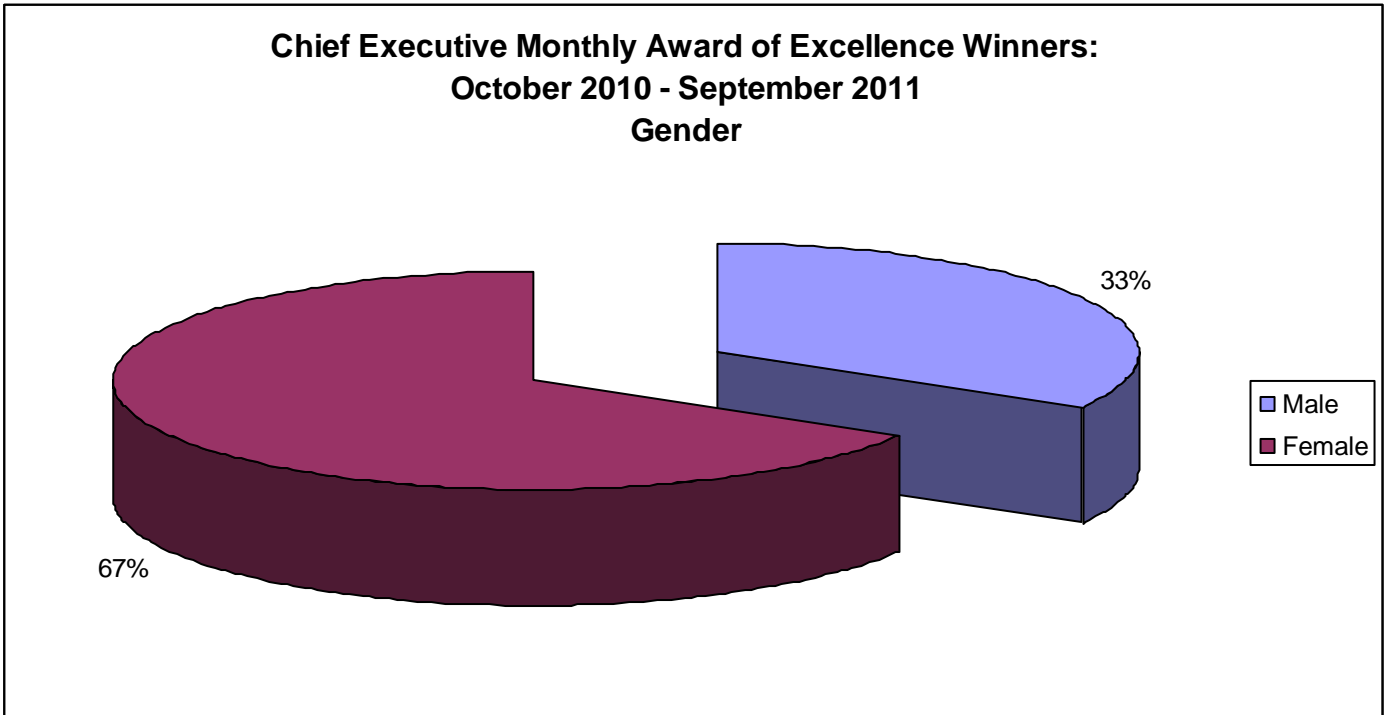


Violence & Aggression September 2011

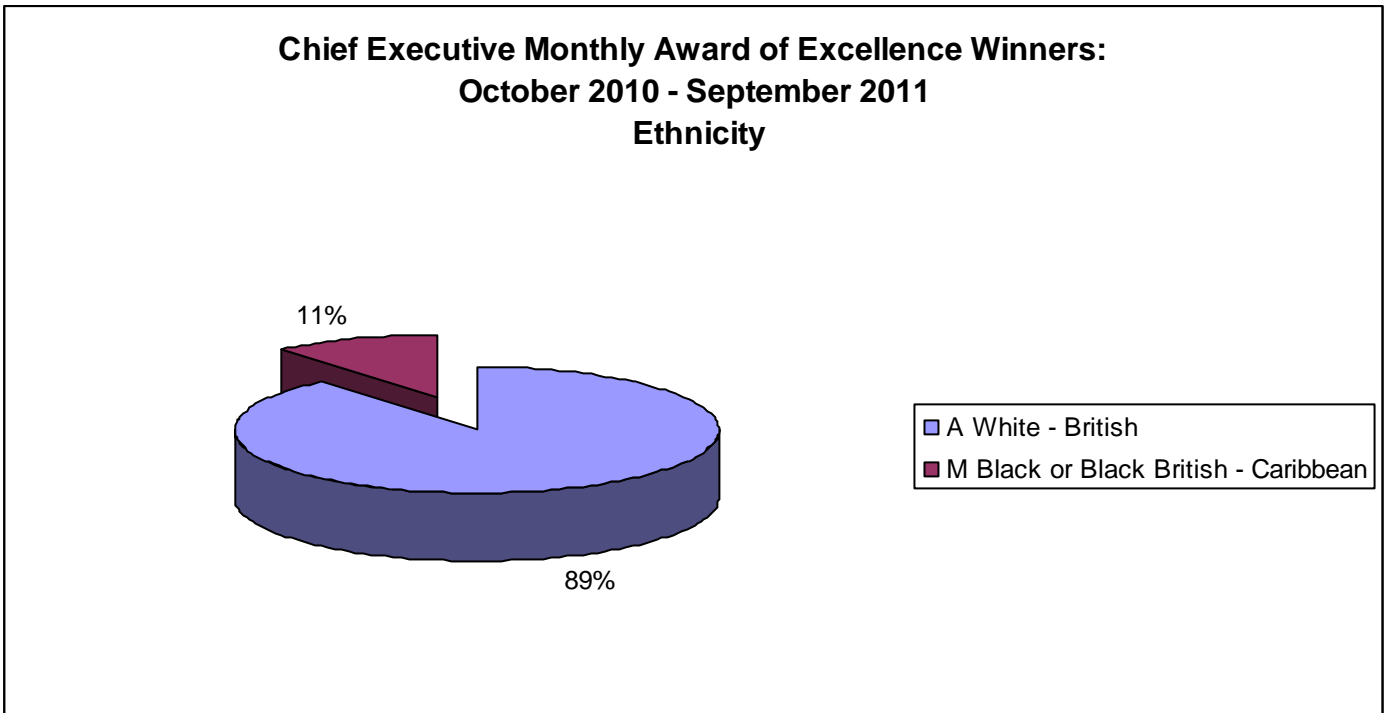


- A White - British
- B White - Irish
- C White - Any other White background
- D Mixed - White & Black Caribbean
- E Mixed - White & Black African
- F Mixed - White & Asian
- G Mixed - Any other mixed background
- H Asian or Asian British - Indian
- J Asian or Asian British - Pakistani
- K Asian or Asian British - Bangladeshi
- L Asian or Asian British - Any other Asian background
- M Black or Black British - Caribbean
- N Black or Black British - African
- P Black or Black British - Any other Black background
- R Chinese
- S Any Other Ethnic Group
- Z Not Stated

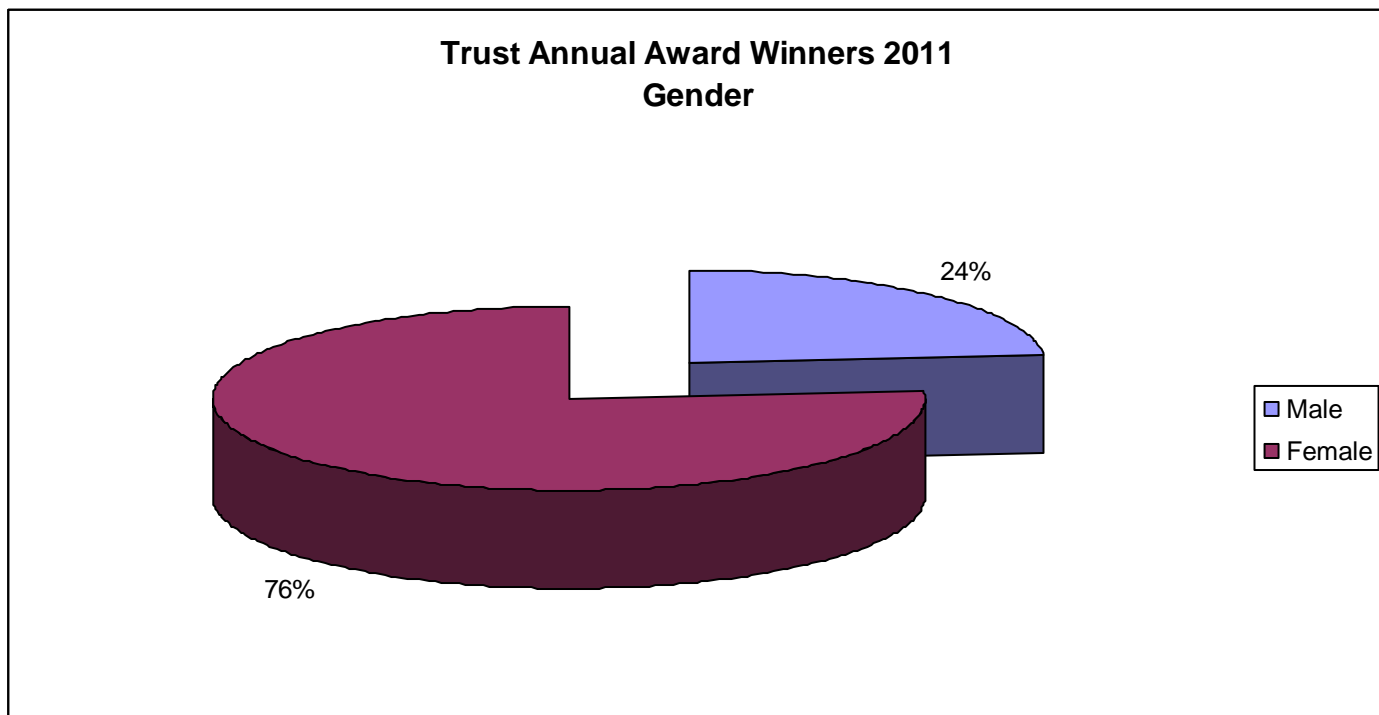
CHIEF EXECUTIVE MONTHLY AWARD OF EXCELLENCE



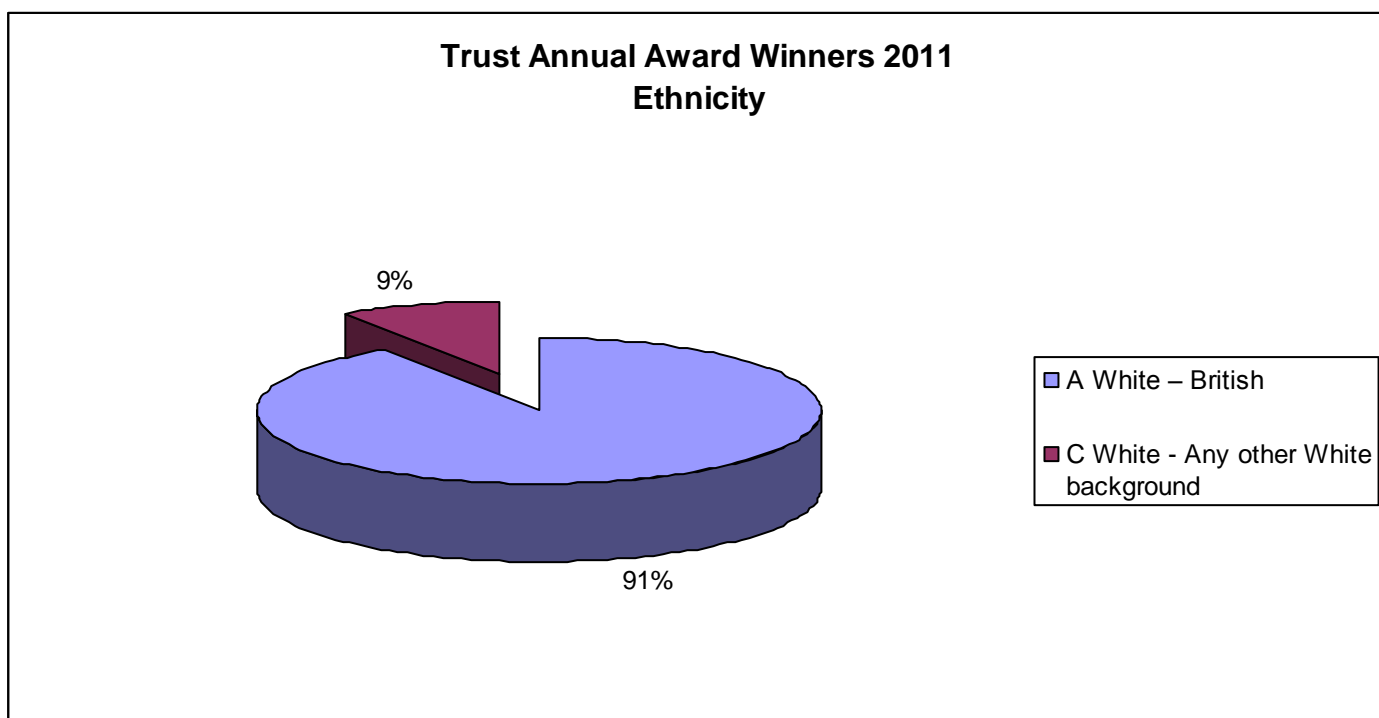
More males than females appear to have received awards in comparison to the number represented of the total workforce which is 19%.



TRUST ANNUAL AWARD WINNERS 2011



There were slightly more males than females that received awards, in comparison to the total workforce, however, not statistically significant.



Significantly less staff from ethnic minority background received annual awards. However, a number of ethnic codes were not known and this will need to be explored alongside the apparent inequality.