Agenda item	Title	Executive Director lead and presenter	Report author
	Annual Equality and Diversity Data 2015	**Director of Corporate Services**	**E&D Advisor**

This report is for:	
Decision	
Discussion	**X**
To Note	**X**

History

This is the first report presented to the Executive Team.
It is intended to be presented to the Quality and Standards Committee on the 13th July and thereafter the Trust Board (date to be confirmed)

The following impacts have been identified and assessed within this report	
Equality	Equality Act 2010 asks all Public Authorities to publish information to demonstrate their compliance with the Public Sector Equality Duty (PSED)
Quality	
Privacy	

Executive summary of key issues

This report provides:

- Workforce data as of June 2015; Trust-wide overview of Membership data as of March 2015; and Service User data from the period March 2015 till start of June 2015.
- Summary of actions that we intend to take relating to
  (a) further scrutiny of data;
  (b) the refresh of the Workforce and Organisation Development Strategies;
  (c) promoting our affiliation to key equality organisations and commitments; and
  (d) narrowing equality data gaps.

This report addresses these strategic priorities:	
We will deliver the best care	
We will support and develop our staff	**X**
We will continually improve what we do	**X**
We will use our resources wisely	
We will be future focussed	**X**

Introduction

Equality Act 2010 asks all Public Authorities to publish information to demonstrate their compliance with the Public Sector Equality Duty (PSED) by 31 January each year, then at subsequent intervals of not greater than one year.

This report provides:

- Workforce data as of June 2015. We felt that producing retrospective data up to Jan 2015 would at this time not add value to the Trust – we need to establish the most current data to ensure that by December 2015, a baseline is established to ensure a foundation for future comparative analysis aligned with reporting and publishing schedule.
- Trust-wide overview of Membership data as of March 2015. We have produced a separate document which disaggregates Members data by Local Delivery Units (LDU's)
- Service User data is from the period March 2015 till start of June 2015
- Carer data is collected by the Trust and with the introduction of the Care Act 2014 we will be ensuring the completeness of this data for analyses. This will enable us to further strengthen our focus on Carer engagement, involvement and participation.
- Summary of actions that we intend to take relating to (a) further scrutiny of data; (b) the refresh of the Workforce and Organisation Development Strategies; (c) promoting our affiliation to key equality organisations and commitments (e.g. Stonewall, Mindful Employer, Disability 'Two Ticks'); and (d) narrowing equality data gaps.

Collecting and Using Data

We have the systems to collect data equality data which is good. Identifying, collecting and using this data to *'add business value'* will help us to deliver meaningful evidence based equality outcomes that make positive difference within the workforce and with our service uses / carers. We identified business value data and carried out deeper scrutiny which has helped us to establish a 'picture' of equality within AWP.

In looking at the data, we asked ourselves the 'so what?' question – what is the data telling us and where are the significant successes or differences between the protected characteristics? By doing this, it helped us to form some actions that we can take forward.

In thinking about how often we look at this data, we have agreed that this will be done on a 6 monthly basis, allowing us to do more robust end of year analyses. The time scales are:

- September 30th 2015: Refresh of data, and comparative analyses against this initial report for internal audience
- January 31st 2016: Final analyses of Data produced as per PSED requirements giving the Trust baseline (for publishing
- June 30th 2016: First 6 month analyses up to end of June for internal audience
- January 31st 2017: Publication of data with 2016 comparable analyses
- June 30th 2017: First 6 month analyses up to end of June for internal audience

Key Headlines

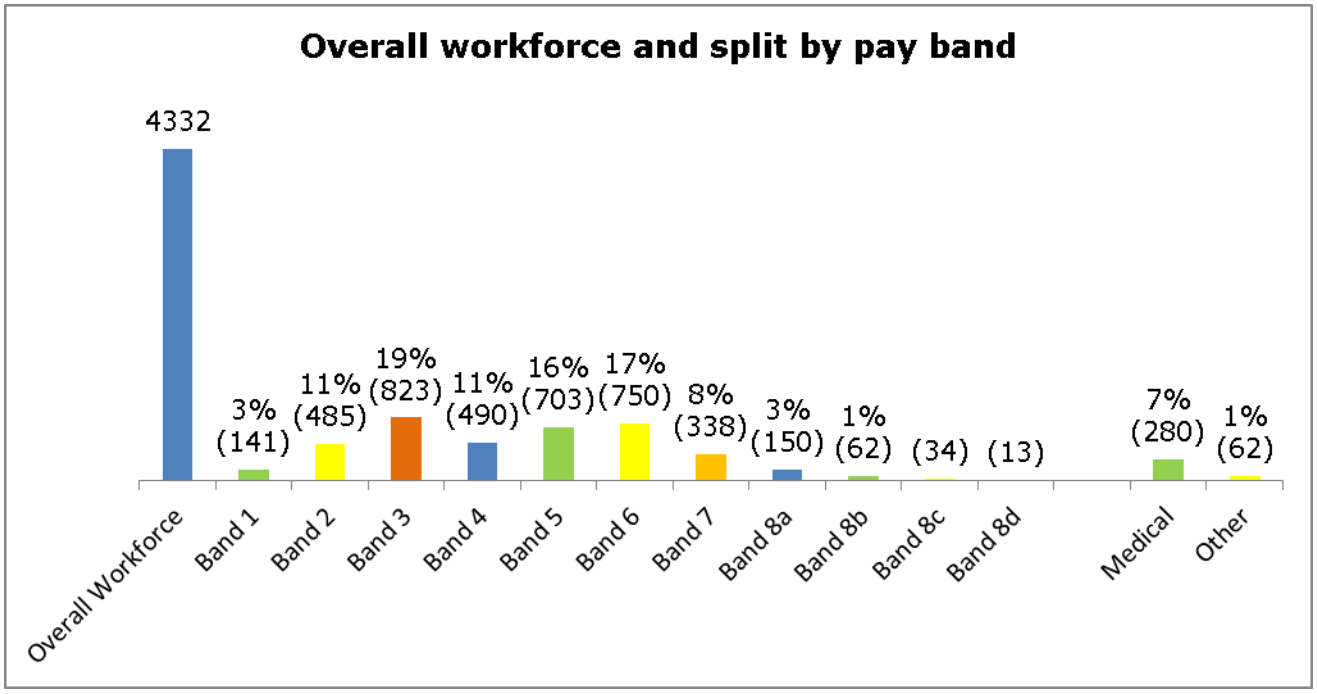
Below is a summary of the key headlines of our data analyses:

- Analysis of staff age data gives an impression that AWP is predominately has a middle-aged workforce, and 14.5% of staff will reach or be nearing retirement age within the next 10 years.
- Female members of staff from Band 8 above form a majority of senior management positions, which is positive in terms of promoting gender equality.
- The percentage of our BME staff against the overall BME working age population (154,351) is 0.4%, in comparison to 0.3% of white staff against overall White Working age population (1,190,608).
- We need to promote our commitments to provide 'reasonable adjustments in the workplace, our commitment to the Mindful Employer Charter, and our sign-up to 'Stonewall' internally and externally, providing us with an opportunity to decrease 'non-declaration' in equality monitoring.
- Work will be done through the Trust's Involvement and Inclusion Co-ordinator to sustain the current diversity in our membership and increase this where there are gaps.
- We need to sensitively find ways of raising awareness of the wider definition of disability amongst Service Users in order to increase their opportunities to make an informed choice regarding self – declaration).

Workforce Data (as of June 2015)

The workforce profiles shown in the graphs below are based on all the staff working for the Trust as of June 2015. This is 'macro' level data which provides an overview. Related commentary provides a brief summary under each data set and, where relevant, actions that need to be taken forward.

Overall Workforce and Pay Band Split:



Percentages have been calculated under each band containing over 50 staff.

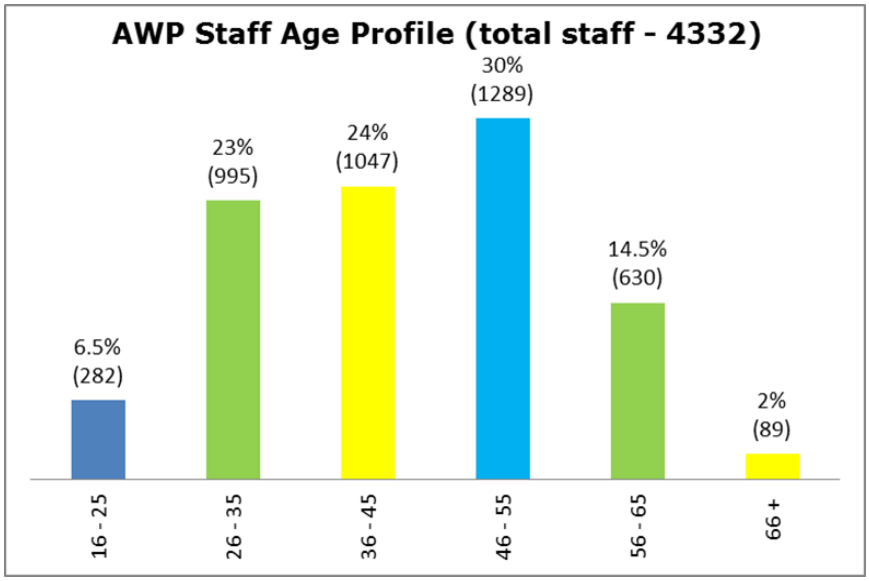
Noticeably, pay bands 2 to 6 form an overall 74% of the workforce and many of the staff in these bands carry out the critical support and operational delivery duties.

The NHS Staff survey provides very useful information based on several work related issues. It would be useful to assess these outcomes of the survey disaggregated by pay bands in order to identify trends related to job satisfaction, work culture and management / supervision related, and general experience of staff at different levels of the organisation. Any adverse trends can then be addressed and targeted appropriately through OD / HR, and through robust staff engagement.

Action/s:

- Organisation Development Team to make contact with NHS England to assess the feasibility of a question regarding pay band to be included in the NHS National Staff Survey, and highlight how this would add business value to Trusts.

Overall Workforce Age data:



The staff age profile shows fairly even representation between the ages of 26yrs and 45yrs.

Majority of our staff fall within 46yrs – 55yrs age range, and when this is compared to the 6.5% of staff who are under 25yrs of age, it gives an impression that we are predominately a middle-aged workforce.

Noticeably, within the next 10 years, 14.5% of staff will reach or be nearing retirement age.

With retirement, there is a risk that many skills and knowledge of older staff members can be lost and which cannot be easily replaced.

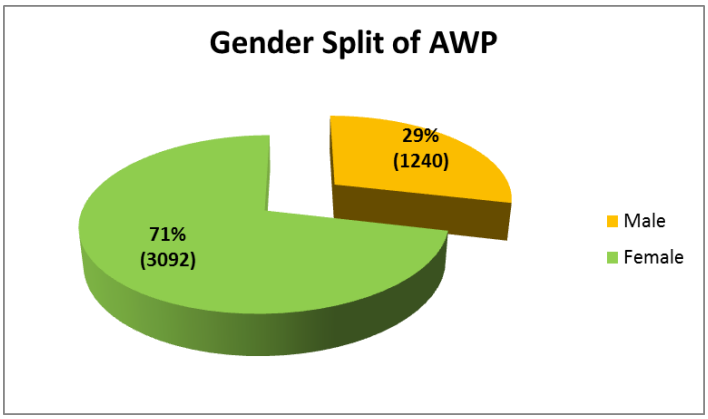
The Trust has recently appointed a Head of Staff Engagement and Talent Management and this role provides an excellent opportunity to address career development amongst the younger age spectrum of the workforce, so we can 'skill up' staff for the future.

We need additional data relating to age of leavers to assess trends within age bands, and help inform retention strategies. We need to understand why staff leave and whether we can do more around career development opportunities, for example, to retain them.

Action/s

- Assess current support for retirement and its effectiveness against good practice elsewhere.
- Ensure our work to develop the workforce strategy incorporate plans for future retirements, including effective structures / tools in place for talent and management and career progression (e.g. mentoring, training etc.) to fill the skills required.
- Evaluate how we are currently promoting AWP as an 'employer of choice' amongst younger people, and assess what opportunities for apprenticeships there are.
- Assess data on leavers by age (and other protected characteristics) and reason for leaving (e.g. career progression elsewhere; dismissal from work; retirement etc.) in order to identify trends and support our work on staff engagement and retention.

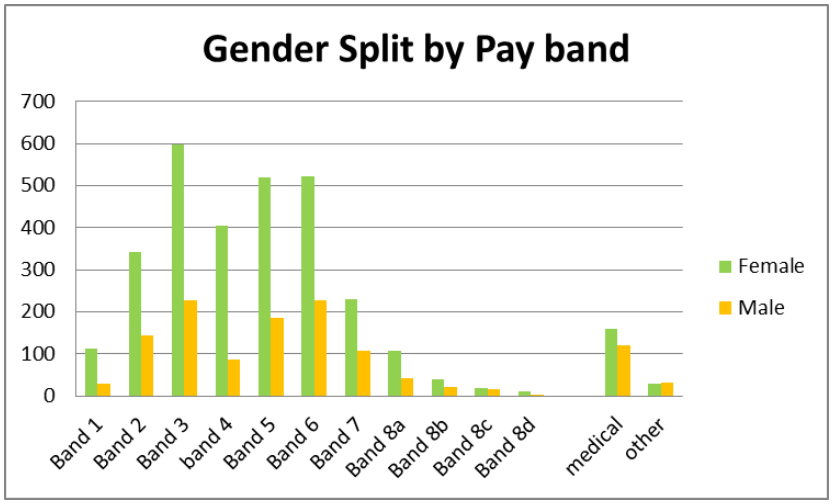
Gender



Female staff represent over 70 % of the workforce at AWP. Traditionally, health services have attracted a higher majority of women than many other professions. The existing 70:30 split may be consistent with national trends in the NHS.

The gender split by pay band shows considerably higher proportion of females compared to males in bands 1 to 4 (mostly administrative and non-traditionally qualified nursing staff), and bands 5 to 7 which are mostly professionally qualified roles.

From band 8a and above (senior management, senior clinicians etc.) there are more female staff than male but the gender split is narrower. Of the total number of workforce (4332), 8.5% of females (367) are at band 8a and above, compared to 5.4% (235) of males. Therefore, females form a majority in senior management positions, which in terms of promoting women in leadership roles is very positive for the Trust.



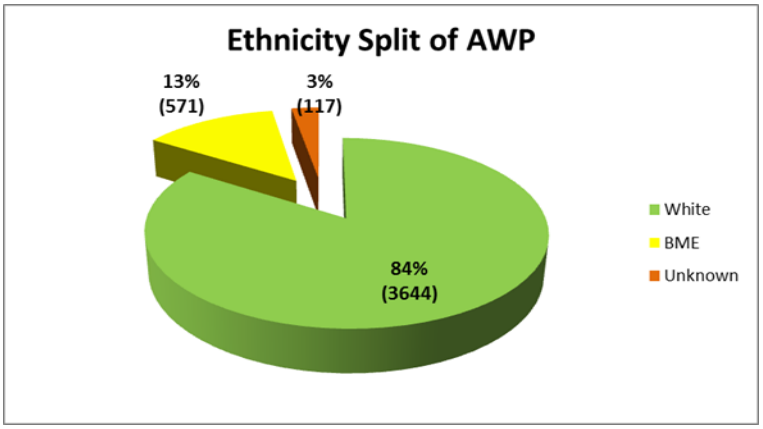
In order to make gender split by pay band data more meaningful, we need to disaggregate it by department, teams, etc.

This will provide information on whether the gender split is proportional across different business areas compared to the overall.

Action/s:

- Disaggregate gender split by departments and teams in order to gain a fuller profile

Ethnicity



The definition of 'White' includes 'White British', 'Irish' and 'Any Other White'. Definition of BME includes all other categories of ethnicity except 'Unknown' or 'Not stated'. These definitions are based on the 2011 ONS Census and ones which are used for the Workforce Race Equality Standard (WRES).

We felt that comparing our BME workforce data against the overall percentage of BME population in our catchment area (8.3%) does not provide a truer picture of how representative we are.

We need to compare our data against *overall BME and White working age population* because it provides a richer picture perspective. We analysed MES data and calculated that overall BME *working age population* (18yrs-65yrs) in our catchment area is 154,351. Therefore, the percentage of our BME staff against the overall BME working age population is 0.4%. In comparison, the overall White working age population is 1,190,608, and so the percentage of White staff against overall white working age population is 0.3%.

The data shows that in terms of proportional representation, we have a relatively balanced BME / White workforce. This could change if even an small number of BME colleagues were to leave the organisation, so we need to continue to promote AWP as an 'employer of choice' amongst BME communities, and think about annual *percentage of increase* in BME work force against overall BME working population (percentage of increase would be different than setting actual BME recruitment targets).

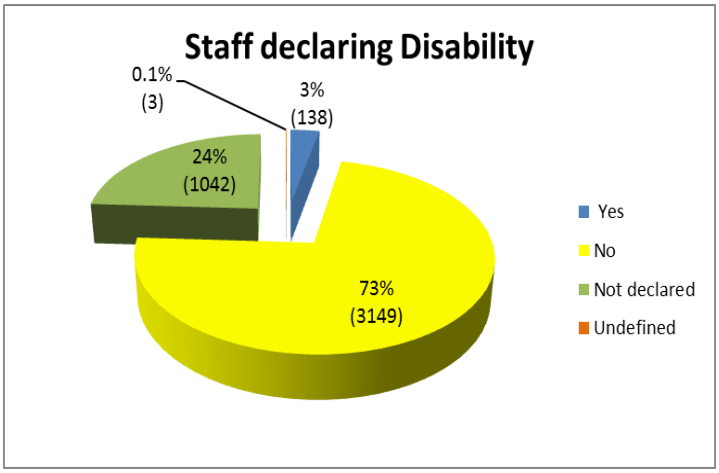
Data shows that BME staff are under-represented across all pay bands due to the actual lower numbers of BME staff compared to White staff overall. However, if we consider proportional representation across pay bands, then there is parity between White and BME staff in Bands 1 – 7, and also from Band 8 upwards. Therefore, we have positive BME representation across pay bands in terms of proportionality.

We need to understand what actual job roles are fulfilled by BME staff. This will help us to understand whether or not BME staff are more likely to be in, for example, domiciliary roles, Health Care Assistant Roles, Community Psychiatric Nurse roles, etc. If significant disparities in comparison to White staff are found, then we need to take appropriate actions in promoting career development amongst BME staff.

Action/s

- Continue to promote AWP as an 'employer of choice' amongst BME communities
- Consider adopting an annual milestone regarding *percentage of increase* in BME workforce.
- Carry out further data analyses of actual BME job roles across pay bands

Disability



Around 76% of the workforce have responded to the Trust's disability monitoring question, with 3% declaring 'Yes' and 73% declaring 'No'.

Staff who have not declared form 24% of the workforce. We need to look at reducing this percentage through promoting the benefits of declaring. It may be staff are not confident to declare hidden disabilities and / or limiting long term illness at the point of applying for job because of fear of being rejected; or staff feel that this has no relevance to their ability to do the job; or perhaps the working environment does not provide reassurance around confidentiality etc.

We have looked at information regarding staff declaring disability by pay bands. This shows that there is under-representation across all pay bands, however due to the low percentage of staff declaring their disability as 'Yes', we cannot make any meaningful assessment.

We have been awarded the Disability Two Ticks standards which is positive statement about our commitments around promoting employment opportunities for disabled job applicants. Also, we have signed up to Mindful Employer, which is a charter for employers who are positive about staff Mental Health in the workplace.

We need to consider how we reduce the percentage of non-declaration (currently at 24%). For example we need to look at this from a disabled applicant's point of view when a job application is submitted. At the application stage the disabled applicant is more likely to declare information about a disability or a health condition if a direct question is asked (e.g. 'Do you have a disability? Yes / No'). In this case, an applicant will have to answer this question and provide brief details that can be used for reasonable adjustment purposes. However, if the question is phrased "Do you have any medical condition or disability that could affect your ability to do this job?" and, if an applicant genuinely thinks that their disability does not affect their ability to do the job, then they are more likely to answer 'No', or 'Do not wish to answer' or simply not declare.

Although we provide reasonable adjustments in our recruitment and employment practices, we do not have a specific Reasonable Adjustment policy that can be promoted internally and externally or to set consistent guidance to staff

Action/s

- Consider ways to decrease the current percentage of 'not declared'. For example completion could be encouraged through annual appraisals, or disaggregation of non-declaration by business areas / teams could enable us encourage managers to promote the benefit of declaration.
- Review disability monitoring question requested at job application stage.
- Promote our commitment to (a) reasonable adjustments, and (b) Mindful Employer internally and externally to alleviate any negative perceptions about declaring.

Sexual Orientation / Marital Status (incl. Civil Partnership) / Paternity & Maternity / Religion

Workforce data around relating to the sexual orientation, marital status (incl. Civil Partnerships), maternity & paternity, and religion has been collected. Below are the key headlines:

- Of the total number of staff in our workforce, just over 2% (108) of staff from LGBT communities, whilst 32% (1386) have not disclosed this information
- Of the total number of staff in our workforce, 48% (2081) are married, 39% (single), 8% (361) are divorced, and 1% (53) are in a civil partnership.
- Currently, 87 members of staff are on maternity, paternity or adoption leave, which equates to 2% of the workforce
- 37% (1589) of the staff have not disclosed their religion, whilst 35% (1511) are Christian, 14% (617) are Atheists, and 11% (480) have stated 'Other'. Staff who are Buddhists, Hindu and Muslim for 1% of the workforce respectively (equating to between 37 and 44 staff under each religious denomination). Staff who are Jewish, Jainists and Sikhs form less than 1% of the workforce.

Conclusion / Considerations

- This is the first year that the Trust has actively focused on LGBT workforce. We have signed up to Stonewall an organisation that promotes LGBT equality in the workplace, with the aim to be within their 'Top 100 Employers Index' in the future.
- The Trust will also be represented at Swindon Pride and Bristol Pride events in 2015 in order to promote access to Trusts services and AWP in general
- The Trust has recently finished training our Equality Champions with the remit of promoting equality in the workplace. The E&D advisor will support the Champions to develop their role going forward.

Action/s

- Promote our 'sign-up' with Stonewall, and use our Equality Champions to encourage declaration.

Members Data

This data provides information regarding members of the public signed up to AWP. It does not include service users, carers or members of staff who are members. The information presented includes Trust wide data table. Data tables relating to LDU have been produced separately and will be distributed to them specifically.

It should be noted that we do not have full population data for all protected characteristics (i.e. pregnancy / maternity, religion, and marriage / civil partnership)

Index is a number of how representative we are against our local population. A score of 100 is a perfect match. Anything over 80 is considered good.

Trust Public Membership Profiling - Key Headlines:

- We are under-subscribed in regards members to 21 years old or younger, but over-subscribed in regards to those between 22 years and 74 years of age.
- There is approximately 8.5% difference between Male and Female membership (Female membership being the higher).
- In terms of ethnicity, the Trust has an over-subscription in the groupings 'Other' and 'Black' but under-subscription for Asian and Mixed. We are not far from reaching an index of 100 for White representation.
- Members with mental health condition, a physical impairment and long standing illness or health condition form the largest percentage of overall members with a disability.
- 26% of members have declared their sexual orientation as 'Heterosexual', whilst 59% of members have 'Not Stated'. LGBT membership forms 1% of overall membership.

	Public	% of Membership	Population of overall AWP area	Index
Age	**11,311**	**100.00**	**1,797,399**	
0-16	1	0.01	355,073	0
17-21	373	3.30	118,104	50
22-29	2,183	19.30	199,135	174
30-39	1,820	16.09	229,893	126
40-49	1,811	16.01	253,954	113
50-59	1,684	14.89	227,256	118
60-74	2,168	19.17	267,027	129
75+	866	7.66	146,957	94
Gender	**11,311**	**100.00**	**1,797,398**	
Unspecified	1	0.01	0	0
Male	5,159	45.61	891,472	92
Female	6,151	54.38	905,926	108
Transgender	0	0.00	0	0
Ethnicity	**11,311**	**100.00**	**1,749,720**	
Asian	226	2.00	56,651	62
Black	260	2.30	35,999	112
Mixed	151	1.34	33,830	69
Other	413	3.66	7,656	835
White	10,248	90.71	1,615,584	98

Disabilities	No. of Members	% of Members
A learning difficulty / disability	205	1.24
A mental health condition	729	4.40
A physical impairment	475	2.87
A sensory impairment	151	0.91
A visual impairment	5	0.03
Long standing illness or health condition	513	3.10
Any other special need	134	0.81
Sexual Orientation	**No. of Members**	**% of Members**
Heterosexual	4,356	26.29
Gay	71	0.43
Lesbian	41	0.25
Bisexual	55	0.33
Not Stated	9,788	59.07
Transsexual	2	0.01
I would prefer not to say	2,258	13.63

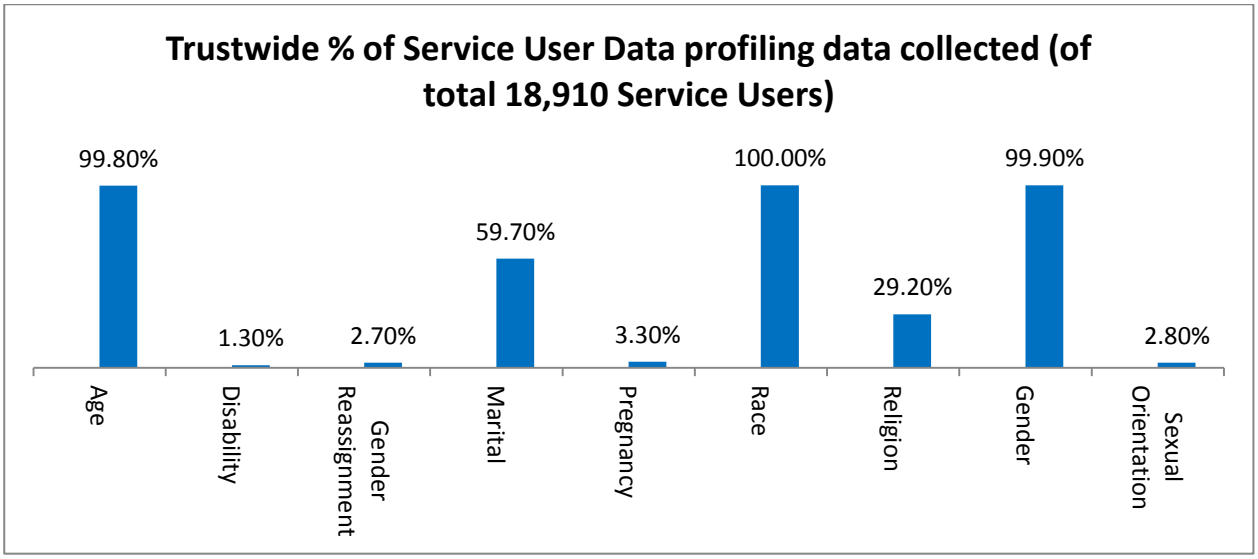
Action:

- The Trust's Involvement and Inclusion Coordinator is developing a Community Engagement Strategy, and as part of this, the identified gaps in membership will be addressed.

Service User Data

This data is collected from the period 04 March 2015 to 02 June 2015. We felt that the most useful service user data is the most current data to report on. Historical data provides interesting information but little in terms of 'to date' business reflection. We have provided overall Trust wide figures to give us a high level overview which identifies some areas for consideration.

Data at LDU level has been produced and the intention is to send this to them for viewing, comments and action planning where necessary with the support provided by the E&D Advisor. Once this has been done, a briefing report can be produced for discussion.



Generally, 100% of data related to Age, Race and Gender is collected. However we need to assess the percentages of 'Prefer Not Say' responses from service users which would be included as a 'count'.

In comparison to Age, Race and Gender, the *percentage of Service User self-declared disability data collected is low*, at only 1.3%. 'Disability' under the Equality Act 2010 has been defined as *"a physical or mental impairment which has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities".* A lot of our service users will not necessarily have substantial and long term adverse effect, but rather short term. For those who do have substantial and long term adverse effect (a period of 12 months or over), we need to promote their opportunity to declare themselves as disabled if they so wished, thereby allowing them to make an informed choice. We need to bear in mind that choosing to self-declare is a choice for Service Users and not a mandatory requirement.

The overall percentage of data collected on sexual orientation and gender reassignment is low as these two fields are among the most 'sensitive personal data' to request from service users. National studies about LGBT communities by organisations such as Stonewall highlight the need for organisations to take steps to encourage declarations. This can be done through promoting how this data is used / stored and giving reassurance against 'outing' and discrimination. This also means making sure our staff are comfortable in creating a safe environment and are supported to encourage declaration sensitively.

We are piloting collecting data on protected characteristics as part of our Friends and Family Test, with a view for wider role out. We need to consider such data collection from a Service Users' / Carers' point of view, and think about what are the key channels for collecting this data. Often, it is not a positive experience for Service Users / Carers to be asked on multiple occasions when, for example, transitioning from service to service.

Action/s

- Assess existing information provided to Service Users and Carers about equality and diversity monitoring, and refresh it to clarify what data will collected, why we are collecting the data, how it is used and what the key channels for collection are. This information leaflet should provide examples of how data has helped us improve services or our practices.
- Raising awareness of the opportunities for service user to self-declare themselves as disabled if there is substantial and long term effect in their ability to perform day to day activities, thereby empowering them to make an informed choice regarding self-declaration.
- Raise awareness of the wider definition of disability to empower service users to make an informed choice regarding self-declaration.
- Evaluate the response from Friends and Family Test and assess way forward to gain more monitoring information.

Conclusion

The analyses of the equality data has enabled us to:

- Identify opportunities for delivering our equality outcomes from an evidence based approach
- Consider where we need to focus our efforts and resources to develop our equality data analyses more so that it adds business value.
- Formulate well informed actions that will benefit the business and service areas, and which will be taken forward by colleagues in Organisation Development and HR, with support from E&D Advisor.