

EQUALITY & DIVERSITY

ANNUAL REPORT 2015



Contents

Chapter

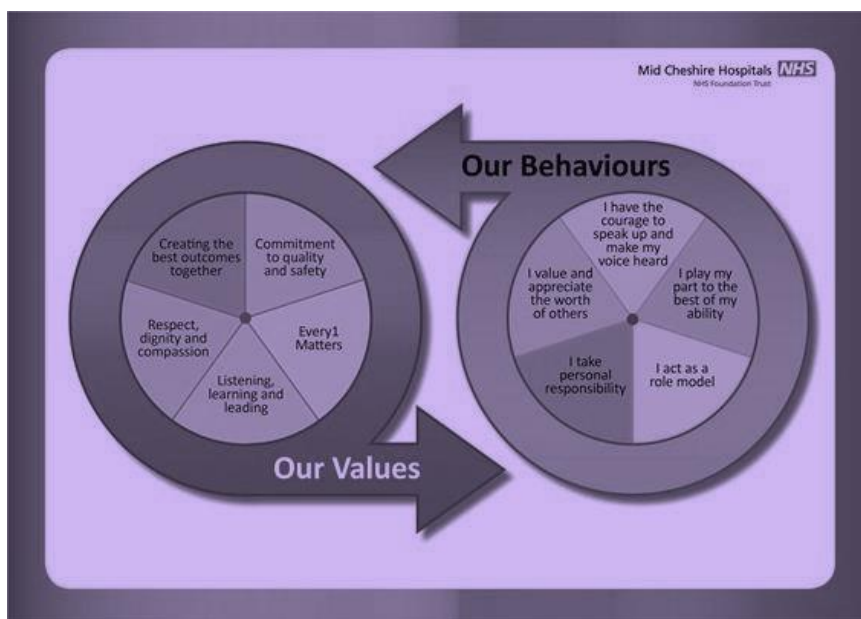
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Introduction

Mid Cheshire Hospitals NHS Foundation Trust is committed to creating and sustaining a working environment in which **all** of our staff feel respected and valued, and are encouraged to thrive and reach their potential. We believe that in doing so, we provide the **best possible setting for the provision of excellent care for our patients.**

This is the Trust's 5th annual report on Equality and Diversity. As well as meeting our obligation as an NHS Trust to publish equality monitoring data in relation to our staff and service users, the report gives detail on the work being undertaken by the Trust to eliminate discrimination, promote equality of opportunity and achieve the Trust's equality objectives.



Equality Objectives

Mid Cheshire Hospitals NHS Foundation Trust

Equality Objectives 2012 - 2016

The Trust's overarching equality Objectives, set in 2012, are as follows:-

By working with others to improve indicators of health in the local community whilst reducing indicators of health inequalities (by 31 March 2016)

By working with employees and trade unions to improve levels of staff satisfaction in the Trust whilst reducing indicators of inequality in staff satisfaction (by 31 March 2016)

Supporting Objectives:-

1. To reduce differences in staff satisfaction between staff with long term conditions, health problems or disabilities and staff without long term conditions, health problems or disabilities by at least 1.5% by 6 April 2015
2. To reduce gaps in equality information and data – by 1% year on year for patient data and 2.5% for staff data by 6 April 2014
3. To commence analysis of patient satisfaction by age, ethnicity, gender and sexual orientation for 2012/13 financial year and beyond
4. To develop indicators of patient experience (ie did not attend appointment, length of stay, readmission, mortality) linked to postcode as proxy for deprivation by March 2013

Key Developments

The progress achieved by the Trust since the last Equality and Diversity Annual Report can be mapped against its overarching and supporting objectives. The Trust's equality objectives were made 'SMART' in 2014 to allow clearer timeframes for achievement and measurements of success to be defined.

OVERARCHING OBJECTIVE ONE:

By working with others to improve indicators of health in the local community whilst reducing indicators of health inequalities (by 31 March 2016)

This overarching objective is supported by sub-objectives 3 and 4. The Trust continues to improve the service it provides in line with the particular needs of local communities. An excellent example of this is detailed in the case study below.

CASE STUDY – REDUCING HEALTH INEQUALITY

CHANGING PLACES

Earlier this year the Trust saw the opening of a new *changing places* toilet and change facility. The facility, which was funded by charitable donations and officially opened by Edward Timpson, MP for Crewe and Nantwich, provides the additional equipment and space that some disabled people require in order to safely use public toilets and changing areas.

The facilities are different from standard disabled toilets as they have extra features and more space to meet the needs of those with profound and multiple learning disabilities.

Standard accessible toilets tend not to provide things such as changing benches or hoists, and most are too small to accommodate a helper where they are needed. Located in the corridor linking the main entrance to the outpatients department, the unit includes the following facilities:

- a height-adjustable adult-sized changing bench
- a tracking hoist system
- enough space in the changing area for the disabled person and two carers

- a centrally-placed toilet that is height-adjustable with room either side for carers
- a height-adjustable sink
- a screen to allow the disabled person and carer increased privacy
- wide tear-off paper covers for the bench
- a large waste bin for disposable pads
- a non-slip floor.

Leighton is one of only a handful of hospitals in the country that currently has a *changing places* facility.



OVERARCHING OBJECTIVE TWO:

By working with employees and trade unions to improve levels of staff satisfaction in the Trust whilst reducing indicators of inequality in staff satisfaction (by 31 March 2016)

This overarching objective is supported by sub-objective 1. A key indicator of staff satisfaction used by the Trust is the annual staff survey, which includes questions specifically to highlight any issues there may be around inequality. The results of this survey are fed back to divisions and action plans drawn up to address areas where improvement is needed

on a divisional level, and then overall on a Trust level. Key result areas from the staff survey completed in the autumn of 2014 (results made available spring 2015) were as follows:-

Equality & Diversity Training

More respondents said they had received training in equality & Diversity in the last 12 months leading up to the survey than did the previous year (59% up from 48%). However, this is below the national average which is 63%. It should be noted that our equality & Diversity is conducted only on a biennial basis (via the Trust's overall biennial mandatory update training). The results should therefore be taken in this context.

Belief in Equal Opportunity for Progression

Slightly fewer respondents said they believed that the Trust provides equal opportunity for progression and promotion than did in the previous year. There was a drop from 92% to 90%. This is, nonetheless, higher than the national average response to this question which is 87%.

Bullying & Harassment

When asked whether the person had experienced bullying or harassment from other staff the same number of respondents as the previous year answered in the affirmative. The percentage giving this response was 24%. This is very slightly higher than the national average which is 23%.

SUPPORTING OBJECTIVES

- 1. To reduce differences in staff satisfaction between staff with long term conditions, health problems or disabilities and staff without long term conditions, health problems or disabilities by at least 1.5% (by 6 April 2015).**

The annual staff survey gives an overall indicator of staff engagement. This figure for 2012 stood at 3.43 for staff with disabilities, and 3.65 for those without. The pledge in supporting this objective was made to reduce this gap in overall satisfaction.

The results of the 2014 survey showed that there was still some disparity between the ratings for respondents with a disability and respondents without although this disparity is lower than it was in 2012 (see table below).

overall staff engagement figures

	disabled	non-disabled	gap
2012	3.43	3.65	0.22
2013	3.56	3.65	0.09
2014	3.72	3.88	0.16

The figures for 2014 show a rating of 3.72 for disabled staff, and 3.88 for staff without a disability. The reduction of the gap of .06 since 2012 represents a reduction of 27%. This improvement is a promising step towards eliminating the disparity in staff satisfaction.

The annual staff survey results of 2013 also revealed that 1 member of staff reported having experienced discrimination at work on the grounds of disability. The corresponding statistic for last year was zero. The average result for acute trusts is 1.

2. To reduce gaps in equality information and data – by 1% year on year for patient data and 2.5% for staff data (by 6 April 2014).

The Trust has continued to work to improve upon the accuracy of the data it holds for patients. There has been a small decrease (7.64%, down from 7.74%) in the number of patients for whom data relating to ethnicity is absent. In relation to religion, the percentage of patients for whom data is absent is 24%.

In relation to staff, we have seen an increase in the number of staff who have chosen not to disclose equality data in relation to ethnicity, with data absent for 2.55% of staff (last year's figure was 1.22%). In relation to religion, the percentage of staff choosing not to disclose this information has remained unchanged at 28%. In relation to the characteristics of disability and sexual orientation we have seen an improvement with percentages of 24% (down from 28%) and 25% (down from 26%) respectively.

Further work needs to be done in both of these areas.

3. To commence analysis of patient satisfaction by age, ethnicity, gender, sexual orientation (for 2014/15 financial year and beyond).

The Trust undertakes a programme of local and national patient surveys, each of which records equality monitoring data.

All surveys have an evaluation completed which reviews any issues highlighted relating to equality and diversity issues. Evaluations are reported to the Patient Experience Committee and reviewed by the Action Group for Patient Experience.

The Trust has also undertaken a variety of initiatives to engage more closely with patients and carers to improve satisfaction levels across the protected characteristics:

- The Friends and Family Test is completed on the adult wards, the emergency department, assessment areas and maternity services. Every patient that receives treatment in those areas can give feedback about the quality of care they have received. The Test will be extended to new areas in 2015 including Outpatients, day-case units and children's services.

Responses are anonymous and patients asked to complete a survey card which can be handed to a member of staff or posted into a confidential post box. An easy read version has also been produced. Patients attending the emergency department can choose to complete the survey on a touch screen kiosk, which has a multi-language option.

- Electronic Survey Kiosks – a kiosk was installed in the Ante Natal Clinic to provide women with an easy and confidential method of completing the 'Friends & Family' test. The kiosk allows greater anonymity, and can also offer patient surveys in a variety of different languages, thus giving equal access and diversifying the respondent group.

are

Mid Cheshire Hospitals NHS Foundation Trust

We would like you to tell us what you thought about your visit to the Accident and Emergency Department.

Would you want your friends and family to come to this hospital?

Please tick one box

☒ Yes ☐ Maybe ☐ No ☐ Don't know

4. To develop indicators of patient experience (eg did not attend appointment, Length of stay, readmission, mortality) linked to post code as proxy for deprivation (by March 2013).

The Trust invited the Advancing Quality Alliance (AQuA) to undertake a thorough review of the Trust's mortality rates; this was concluded in March 2014. The internal recommendations from the report are being incorporated into the Trust's mortality action plan.

The Trust will also review its 'Did not attend' appointment rate to establish if there are socio-demographic factors involved. Readmission results continue to improve and are significantly below peer.

The number of emergency readmissions has fallen from 6.8% in April 2013 to 6.1% in February 2014 and overall, the Trust's performance continues to be better than peer when compared against other acute Trusts in the North of England.

Additionally, a study commissioned by the Trust's Outpatient Rationalisation Group is underway to interrogate DNA data by protected characteristic and also by area of residence. Indications from the data so far do not show any clear patterns between particular geographical areas and their DNA rates, however analysis is ongoing, and the Outpatient Rationalisation Group will continue to work closely with the Information Services Team.

Progress Highlights

Equality & Diversity at the Trust is led and monitored by the Equality and Diversity Committee which meets quarterly. The terms of reference for the committee were revised in 2014/15 with membership widened to include community representation. Highlights of our progress towards the achievement of key Equality and Diversity requirements during the year are as follows:-

Equality Impact Assessments

All equality impact assessments for our services were updated during the year and published on our external website in September 2014. All new policies, processes or services are required to have an equality impact assessment carried out at the outset, and earlier in 2015 this was widened to include cost improvement programmes. The format of the assessments will be refreshed and simplified in 2015/16.

Equality Delivery System

The equality delivery system is a tool available to all NHS organisations to enable them to assess and grade their equality performance and to respond to the requirements of the public sector equality duty. Our assessment was completed in October 2014 and presented to Healthwatch on 21st April of this year by the Director of Service transformation & Workforce. The report is available on our website.

Race Equality Standard

The workforce Race equality Standard became a mandatory requirement embedded within the NHS contract on 15 April 2015 with the purpose of ensuring collective analysis and use of workforce data to address the under-representation of black, asian and minority ethnic employees. Our initial assessment report was completed and ratified in October. The report is available on our website.

Bullying & Harassment

In May 2015 a training/briefing session relation to bullying & harassment was developed and made available to the workforce. Leaflets and posters were produced to raise awareness of both what is and what is not bullying and/or harassment. In addition, an awareness raising event has been planned to take place during the national anti-bullying week in November 2015.

Monitoring Data

PATIENT PROFILE

Admitted Outpatients 2013-2014			Admitted Outpatients 2014-2015		
ETHNIC DESCRIPTION	Total	%age	ETHNIC DESCRIPTION	Total	%
WHITE - BRITISH	228436	88.38 %	WHITE - BRITISH	233494	88.19 %
WHITE - IRISH	624	0.24 %	WHITE - IRISH	645	0.24 %
WHITE - ANY OTHER BACKGROUND	5031	1.95 %	WHITE - ANY OTHER BACKGROUND	5500	2.08 %
MIXED - WHITE/BLACK CARIBBEAN	220	0.09 %	MIXED - WHITE/BLACK CARIBBEAN	272	0.10 %
MIXED - WHITE/BLACK AFRICAN	90	0.03 %	MIXED - WHITE/BLACK AFRICAN	108	0.04 %
MIXED - WHITE AND ASIAN	194	0.08 %	MIXED - WHITE AND ASIAN	195	0.07 %
MIXED - ANY OTHER	279	0.11 %	MIXED - ANY OTHER	321	0.12 %
ASIAN - INDIAN	579	0.22 %	ASIAN - INDIAN	640	0.24 %
ASIAN - PAKISTANI	238	0.09 %	ASIAN - PAKISTANI	203	0.08 %
ASIAN - BANGLADESHI	255	0.10 %	ASIAN - BANGLADESHI	296	0.11 %
ASIAN - ANY OTHER BACKGROUND	640	0.25 %	ASIAN - ANY OTHER BACKGROUND	824	0.31 %
BLACK - CARIBBEAN	228	0.09 %	BLACK - CARIBBEAN	251	0.09 %
BLACK - AFRICAN	299	0.12 %	BLACK - AFRICAN	283	0.11 %
BLACK - ANY OTHER BACKGROUND	218	0.08 %	BLACK - ANY OTHER BACKGROUND	243	0.09 %
OTHER - CHINESE	520	0.20 %	OTHER - CHINESE	466	0.18 %
OTHER - ANY OTHER	626	0.24 %	OTHER - ANY OTHER	784	0.30 %
NOT STATED	1220	0.47 %	NOT STATED	1170	0.44 %
Not Captured	18787	7.27 %	Not Captured	19060	7.20 %
Total	258484	100%	Total	264755	100%

Admitted Outpatients 2013-2014			Admitted Outpatients 2014-2015		
Age Group	Total	%	Age Group	Total	%
0 to 16	26120	10.07%	0 to 16	26788	10.08%
17 to 30	41596	16.04%	17 to 30	41022	15.44%
31 to 50	56279	21.70%	31 to 50	57752	21.74%
51 to 60	30654	11.82%	51 to 60	31845	11.99%
61+	104698	40.37%	61+	108283	40.76%
Grand Total	259347	100%	Grand Total	265690	100%

Admitted Inpatients 2013-2014

ETHNIC DESCRIPTION	Total	%
WHITE - BRITISH	66246	88.07 %
WHITE - IRISH	203	0.27 %
WHITE - ANY OTHER BACKGROUND	1323	1.76 %
MIXED - WHITE/BLACK CARIBBEAN	76	0.10 %
MIXED - WHITE/BLACK AFRICAN	42	0.06 %
MIXED - WHITE AND ASIAN	70	0.09 %
MIXED - ANY OTHER	112	0.15 %
ASIAN - INDIAN	146	0.19 %
ASIAN - PAKISTANI	37	0.05 %
ASIAN - BANGLADESHI	87	0.12 %
ASIAN - ANY OTHER BACKGROUND	150	0.20 %
BLACK - CARIBBEAN	48	0.06 %
BLACK - AFRICAN	83	0.11 %
BLACK - ANY OTHER BACKGROUND	48	0.06 %
OTHER - CHINESE	114	0.15 %
OTHER - ANY OTHER	210	0.28 %
NOT STATED	394	0.52 %
NOT RECORDED	5830	7.75 %
Total	75219	100%

Admitted Inpatients 2014-2015

ETHNIC DESCRIPTION	Total	%
WHITE - BRITISH	64887	87.92 %
WHITE - IRISH	160	0.22 %
WHITE - ANY OTHER BACKGROUND	1381	1.87 %
MIXED - WHITE/BLACK CARIBBEAN	113	0.15 %
MIXED - WHITE/BLACK AFRICAN	35	0.05 %
MIXED - WHITE AND ASIAN	77	0.10 %
MIXED - ANY OTHER	90	0.12 %
ASIAN - INDIAN	179	0.24 %
ASIAN - PAKISTANI	35	0.05 %
ASIAN - BANGLADESHI	75	0.10 %
ASIAN - ANY OTHER BACKGROUND	183	0.25 %
BLACK - CARIBBEAN	60	0.08 %
BLACK - AFRICAN	77	0.10 %
BLACK - ANY OTHER BACKGROUND	69	0.09 %
OTHER - CHINESE	89	0.12 %
OTHER - ANY OTHER	235	0.32 %
NOT STATED	346	0.47 %
NOT RECORDED	5714	7.74 %
Total	73805	100%

Admitted Inpatients 2013-2014

Age Group	Total	%
0 to 16	8730	11.61%
17 to 30	10753	14.30%
31 to 50	14339	19.06%
51 to 60	8401	11.17%
61+	32990	43.86%
Grand Total	75213	100%

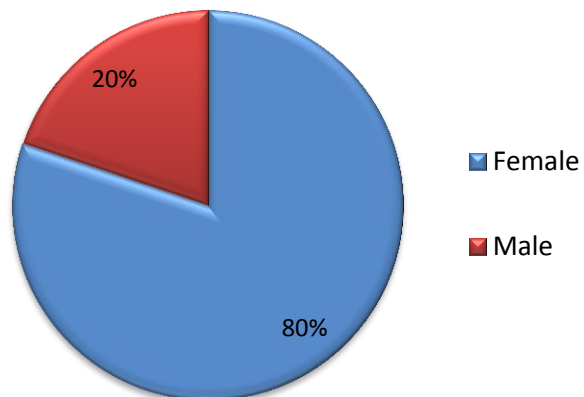
Admitted Inpatients 2014-2015

Age Group	Total	%
0 to 16	8192	11.10%
17 to 30	10551	14.30%
31 to 50	14155	19.18%
51 to 60	8933	12.10%
61+	31968	43.32%
Grand Total	73799	100%

STAFF PROFILE

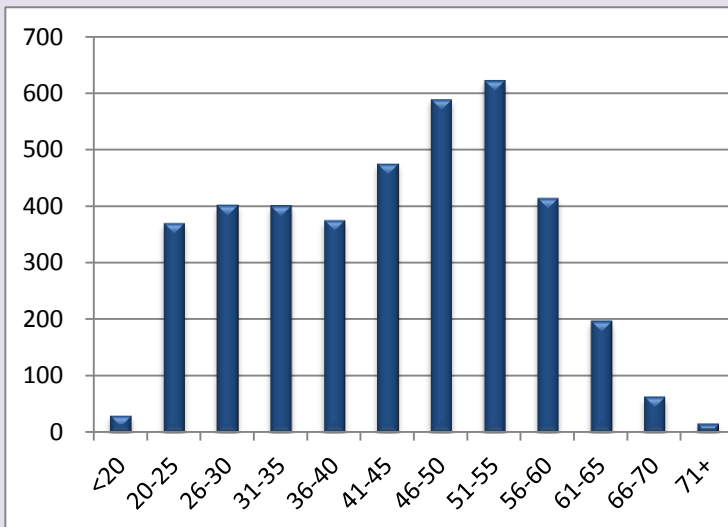
Gender

Gender	Headcount	%	FTE
Female	3,179	80.2	2402.29
Male	787	19.8	664.76
Grand Total	3,966	100	3067.05



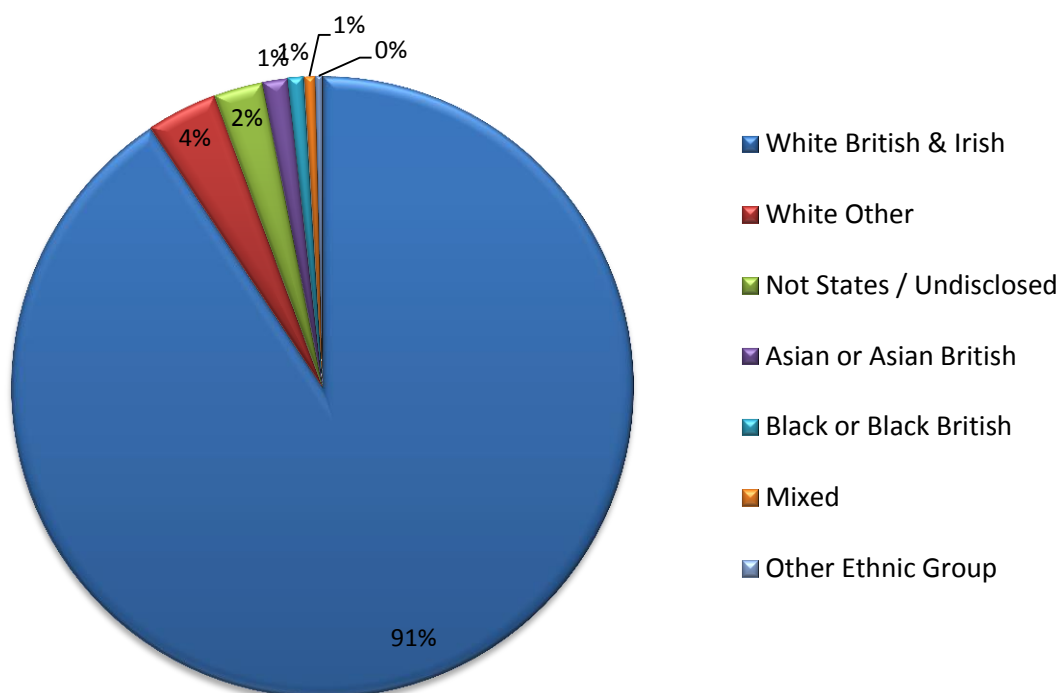
Age

Age Band	Headcount	%	FTE
<20	31	0.78	6.72
20-25	371	9.35	278.29
26-30	403	10.16	320.82
31-35	402	10.14	315.94
36-40	376	9.48	293.73
41-45	476	12.00	390.31
46-50	590	14.88	473.04
51-55	623	15.71	502.60
56-60	415	10.46	313.09
61-65	198	4.99	134.69
66-70	64	1.61	30.97
71+	16	0.40	6.83
Total	3,966	100	3067.05



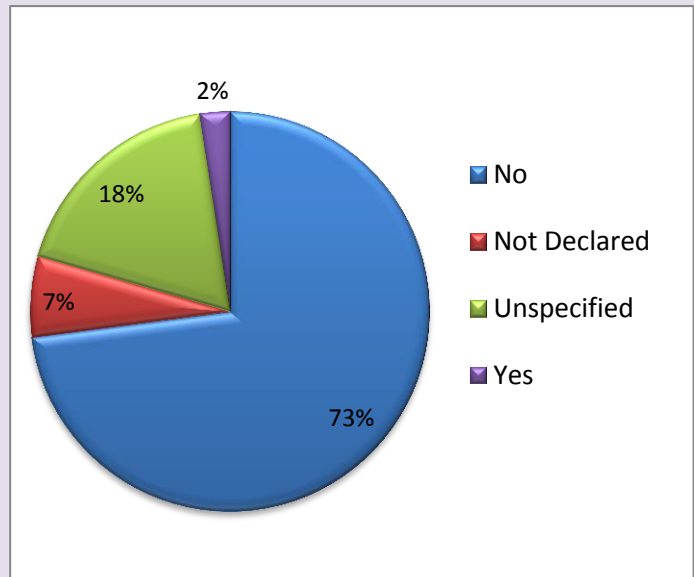
Ethnicity

Ethnicity	Headcount	%	FTE
Asian or Asian British	52	1.31	47.03
Black or Black British	33	0.83	27.68
Mixed	23	0.58	13.10
Not Stated / Undisclosed	101	2.55	76.06
Other Ethnic Group	14	0.35	13.03
White British & Irish	3597	90.70	2767.74
White Other	146	3.68	122.41
Grand Total	3966	100	3067.05



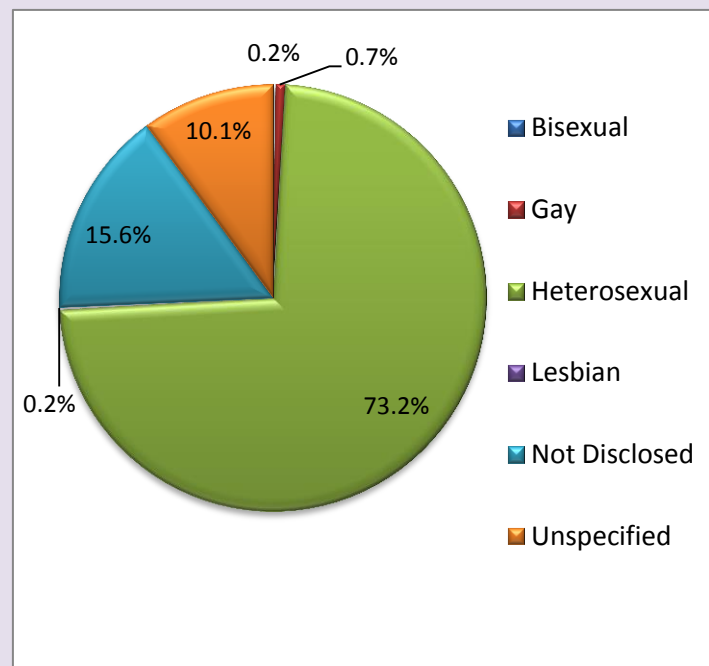
Disability

Disability Flag	Headcount	%	FTE
No	2,891	73.0	2215.77
Not Declared	257	6.5	198.84
Unspecified	719	18.1	573.83
Yes	95	2.4	74.45
Grand Total	3,962	100	3062.89



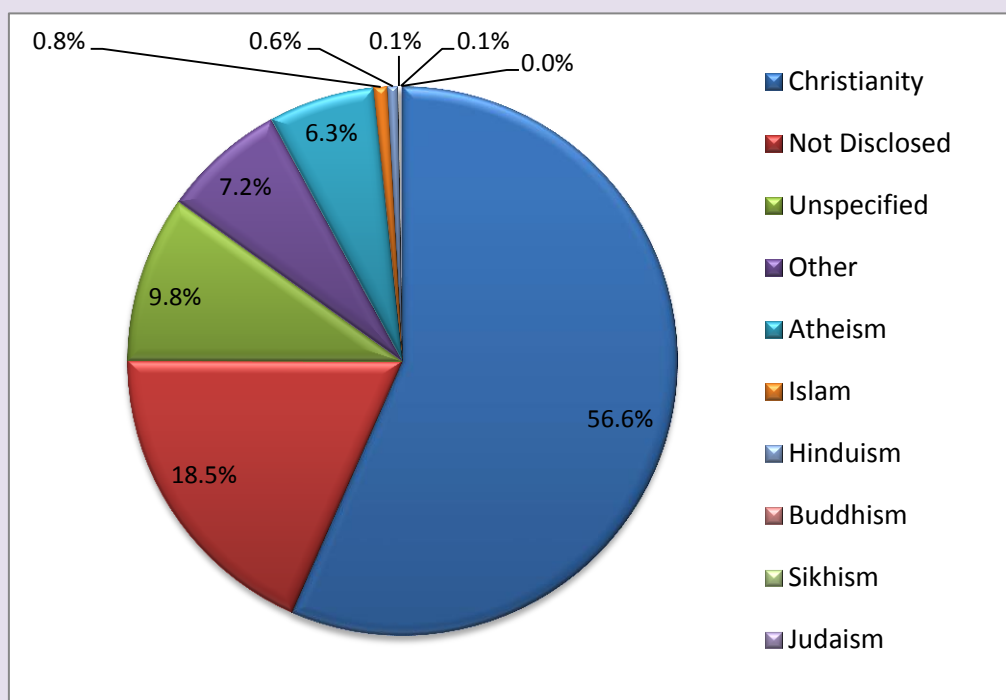
Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	9.0	0.23	8.24
Gay	27.0	0.68	19.04
Heterosexual	2900.0	73.20	2259.68
Lesbian	8.0	0.20	6.96
Not Disclosed	619.0	15.62	461.78
Unspecified	399.0	10.07	307.20
Grand Total	3962.0	100	3062.89



Religion

Religious Belief	Headcount	%	FTE
Atheism	248.0	6.26	198.69
Buddhism	5.0	0.13	3.60
Christianity	2242.0	56.59	1731.90
Hinduism	23.0	0.58	21.25
Islam	33.0	0.83	30.11
Judaism	1.0	0.03	0.20
Not Disclosed	731.0	18.45	544.18
Other	286.0	7.22	230.39
Sikhism	4.0	0.10	4.00
Unspecified	389.0	9.82	298.56
Grand Total	3962.0	100	3062.89



PAY

Pay by Gender

Headcount	Payband															
Gender	1	2	3	4	5	6	7	8A	8B	8C	8D	Exec / Non Exec	Medical Consultant	Medical Junior (Trainee)	Medical Trust Doctor	Grand Total
Female	43	947	364	203	539	446	220	81	21	3	5	5	41	27	24	2969
Male	29	188	57	29	99	82	47	9	8	5	6	6	105	20	35	725
Grand Total	72	1135	421	232	638	528	267	90	29	8	11	11	146	47	59	3694

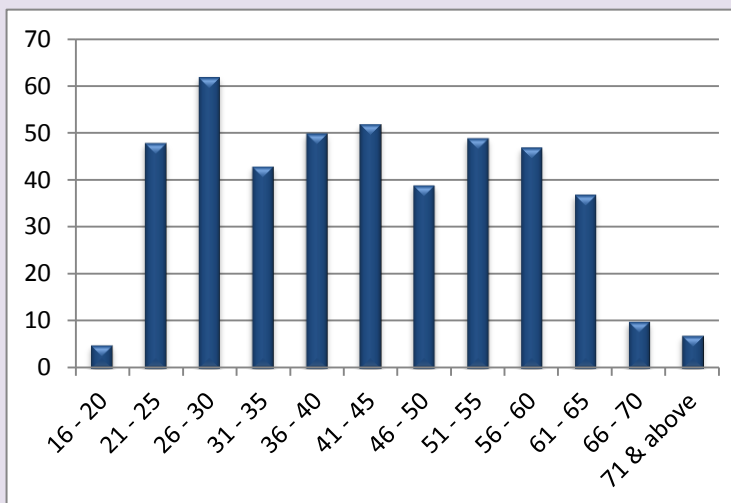
Pay by Ethnicity

Headcount	Payband															
Ethnicity	1	2	3	4	5	6	7	8A	8B	8C	8D	Exec / Non Exec	Medical Consultant	Medical Junior (Trainee)	Medical Trust Doctor	Grand Total
BME	3	32	10	2	35	18	4	0	1	0	0	0	44	0	22	171
White	68	1091	407	229	599	505	257	89	28	8	11	11	92	9	31	3435
Not Stated	1	12	4	1	4	5	6	1	0	0	0	0	10	38	6	88
Grand Total	72	1135	421	232	638	528	267	90	29	8	11	11	146	47	59	3694

LEAVERS

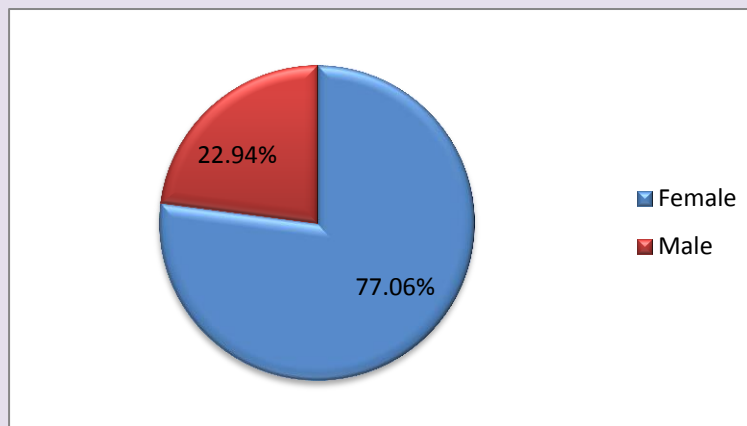
Age

Age Band	Headcount	%
16 - 20	5	1.11%
21 - 25	48	10.69%
26 - 30	62	13.81%
31 - 35	43	9.58%
36 - 40	50	11.14%
41 - 45	52	11.58%
46 - 50	39	8.69%
51 - 55	49	10.91%
56 - 60	47	10.47%
61 - 65	37	8.24%
66 - 70	10	2.23%
71 & above	7	1.56%
Grand Total	449	100%



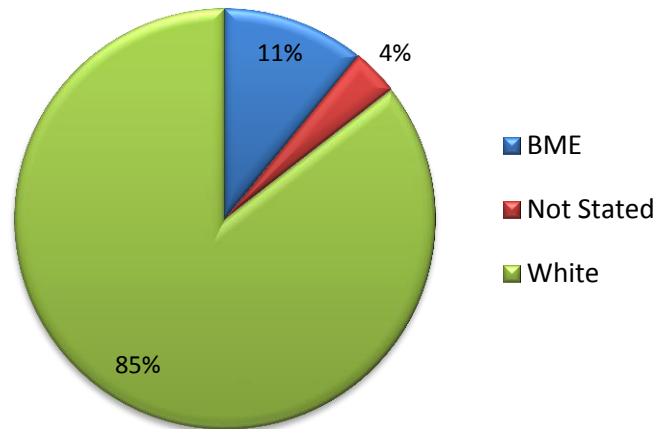
Gender

Gender	Total	%
Female	346	77.06%
Male	103	22.94%
Grand Total	449	100%



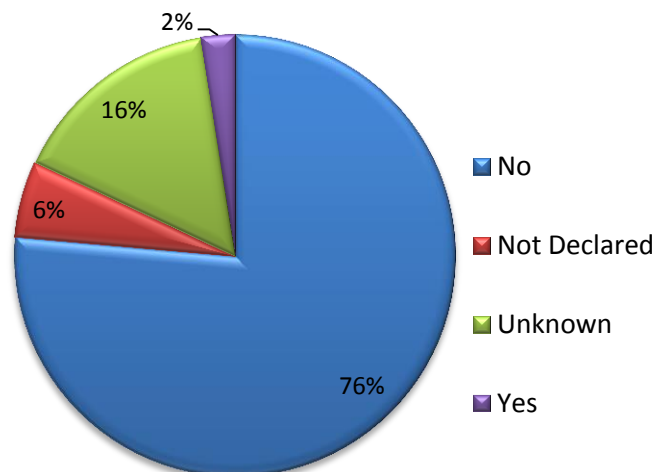
Ethnicity

Ethnic Origin	Total	%
BME	49	10.91%
Not Stated	16	3.56%
White	384	85.52%
Grand Total	449	100%



Disability

Disabled	Total	%
No	343	76.39%
Not Declared	25	5.57%
Unknown	70	15.59%
Yes	11	2.45%
Grand Total	449	100%



RECRUITMENT & PROMOTION

The following tables show the number of job applications received during the year ending March 2015, and the respective percentages of groups shortlisted.

Category	Description	Applications	%	Shortlisted	%	Appointed	%
Age Band	18 to 24	107	1.43%	33	1.33%	6	1.64%
	19 to 24	1286	17.21%	346	13.95%	65	17.81%
	25 to 34	1394	18.65%	384	15.48%	62	16.99%
	26 to 34	963	12.88%	321	12.94%	43	11.78%
	35 to 44	1665	22.28%	604	24.35%	84	23.01%
	45 to 54	1526	20.42%	593	23.91%	80	21.92%
	55 to 69	472	6.32%	169	6.81%	21	5.75%
	70 and over	7	0.09%	3	0.12%	1	0.27%
	Under 18	32	0.43%	9	0.36%	1	0.27%
	Undisclosed	22	0.29%	18	0.73%	2	0.55%
Age Band Total		7474	100.00%	2480	100.00%	365	100.00%
Criminal Conviction	No	7343	98.98%	2390	98.35%	348	97.75%
	Yes	76	1.02%	40	1.65%	8	2.25%
Criminal Conviction Total		7419	100.00%	2430	100.00%	356	100.00%
Disability	No	7194	96.25%	2379	95.93%	358	98.08%
	Undisclosed	43	0.58%	19	0.77%	1	0.27%
	Yes	237	3.17%	82	3.31%	6	1.64%
Disability Total		7474	100.00%	2480	100.00%	365	100.00%
Ethnicity	BME	1393	18.64%	291	11.73%	30	8.22%
	Undisclosed	135	1.81%	65	2.62%	7	1.92%
	WHITE	5946	79.56%	2124	85.65%	328	89.86%
Ethnicity Total		7474	100.00%	2480	100.00%	365	100.00%
Gender	Female	5604	74.98%	1968	79.35%	297	81.37%
	Male	1856	24.83%	504	20.32%	67	18.36%
	Undisclosed	14	0.19%	8	0.32%	1	0.27%
Gender Total		7474	100.00%	2480	100.00%	365	100.00%
Impairment	Impairment	277	100.00%	99	100.00%	6	100.00%
	None	0	0.00%	0	0.00%	0	0.00%
Impairment Total		277	100.00%	99	100.00%	6	100.00%

Category	Description	Applications	%	Shortlisted	%	Appointed	%
Marital Status	Civil partnership	287	3.84%	69	2.78%	8	2.19%
	Divorced	498	6.66%	163	6.57%	22	6.03%
	Legally separated	66	0.88%	27	1.09%	6	1.64%
	Married	2934	39.26%	1064	42.90%	149	40.82%
	Single	3434	45.95%	1037	41.81%	162	44.38%
	Undisclosed	199	2.66%	99	3.99%	16	4.38%
	Widowed	56	0.75%	21	0.85%	2	0.55%
Marital Status Total		7474	100.00%	2480	100.00%	365	100.00%
Religion	Atheism	784	10.49%	275	11.09%	59	16.16%
	Buddhism	75	1.00%	10	0.40%	3	0.82%
	Christianity	4346	58.15%	1515	61.09%	221	60.55%
	Hinduism	183	2.45%	42	1.69%	4	1.10%
	Islam	515	6.89%	92	3.71%	5	1.37%
	Jainism	4	0.05%	0	0.00%	0	0.00%
	Judaism	9	0.12%	3	0.12%	0	0.00%
	Other	657	8.79%	217	8.75%	40	10.96%
	Sikhism	19	0.25%	3	0.12%	0	0.00%
	Undisclosed	882	11.80%	323	13.02%	33	9.04%
Religion Total		7474	100.00%	2480	100.00%	365	100.00%
Sexual Orientation	Bisexual	56	0.75%	17	0.69%	1	0.27%
	Gay	117	1.57%	34	1.37%	5	1.37%
	Heterosexual	6740	90.18%	2242	90.40%	337	92.33%
	Lesbian	39	0.52%	10	0.40%	3	0.82%
	Undisclosed	522	6.98%	177	7.14%	19	5.21%
Sexual Orientation Total		7474	100.00%	2480	100.00%	365	100.00%
Grand Total		60014	100.00%	19889	100.00%	2917	100.00%

Recruitment Analysis 2014 - 2015

The Trust continues to see a disproportionate conversion within the gender and, in a more pronounced sense, ethnic diversity strands. As in other years the report shows that the number of female applicants and the number of white applicants to the Trust are disproportionately converted into successful applicants. However, in both areas the conversion swing is less pronounced or the same as in 2013/14.

To address this the Trust has introduced a 'license to recruit' in April 2015 which requires everyone involved in non-medical selection to have been through the Trust bespoke recruitment and selection training programme within the past 5 years. Previously only the chair of a panel was required to have received training. The revised training now has an increased focus on the benefits of a diverse workforce, panel diversity and bias and has been very well attended. We should continue to see the impact of this in 2015/16 data.

Overall workforce

There has been a 6.4% increase in women from application to appointment (13.2% in 2013/14).

There has been a 19.7% increase in people from the white ethnic groups from application to appointment (Same as in 2013/14).

Nursing & Midwifery

There has been a 3.8% increase in women from application to appointment (4.5% in 2013/14).

There has been a 4% increase in people from the white ethnic groups from application to appointment (20.3% in 2013/14).

Medical

There has been a 3.6% increase in women from application to appointment (6.2% in 2013/14).

There has been a 29.6% increase in people from the white ethnic groups from application to appointment (33.6% in 2013/14).