

Full equalities impact assessment

Directorate: **Provider Service** Service: **Human Resources**

Piece of work being assessed: **Home Working Policy**

Aims of this piece of work: **The Home Working Policy is part of Sheffield PCT's flexible working arrangements. It is an important valuing diversity initiative aimed at transforming the way we work, improving service delivery and promoting work-life balance. Home working is via an application process through the Employees Line Manager and subject to approval.**

Name of lead person: **Chris Stocks, Julie Farmer** Other partners/stakeholders involved: **Sajida Bashir**

Date of assessment: **October 2008, revised June 2009.**

Who is intended to benefit from this piece of work? **SPCT & NHS Sheffield Employees.**

Single Equality Scheme strand	Baseline data and research – Staff Survey 2007: ESR:	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
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Gender

Policy will be attractive to those who wish to see increased flexibility around the work/life balance and may be more attractive to female members of staff due to flexibility around childcare

Greater numbers of female staff work part-time and this may see an increase in requests for home working from this section of the workforce.

Demographical data.

2007 Mid-Year Estimates						
Sheffield Council						
	Persons	Males	Females		Persons	
All Residents	Count	%	Count	%	All Residents	Count
Total Population	530,300	100.00%	264,000	100.00%	Total Population	530,300
0 to 4	29700	5.60%	15200	5.80%	0 to 4	29700
5 to 14	57200	10.80%	29600	11.20%	5 to 14	57200
15 to 24	91500	17.30%	47600	18.10%	15 to 24	91500
25 to 34	71800	13.50%	37900	14.40%	25 to 34	71800
35 to 44	76000	14.40%	38200	14.50%	35 to 44	76000
45 to 54	63900	12%	31900	12.10%	45 to 54	63900
55 to 64	56700	10.60%	28000	10.70%	55 to 64	56700
65 to 74	42900	8.10%	20300	7.70%	65 to 74	42900
75 to 84	28800	5.40%	12000	4.50%	75 to 84	28800
85 to 89	7900	1.50%	2600	1%	85 to 89	7900

Yes – but it is not considered to be impact which could be seen as discriminatory – either direct or indirect.

Low number of men within the service. 12.46% Under the age of 30 and over the age of 50.

PCT Staff by gender

	Jan-09	Feb-09	Mar-09
Females	1961	1973	2016
Males	269	271	287
TOTAL	2230	2244	2303
% Female	87.94%	87.92%	87.54%
% Male	12.06%	12.08%	12.46%

Age groups
by gender

Females		Males		Total	
Age Group	Mar-09	Age Group	Mar-09	Age Group	Mar-09
16 to 19	7	16 to 19	3	16 to 19	10
20 to 24	75	20 to 24	10	20 to 24	85
25 to 29	168	25 to 29	28	25 to 29	196
30 to 34	204	30 to 34	25	30 to 34	229
35 to 39	283	35 to 39	37	35 to 39	320
40 to 44	316	40 to 44	53	40 to 44	369
45 to 49	376	45 to 49	50	45 to 49	426
50 to 54	307	50 to 54	41	50 to 54	348
55 to 59	170	55 to 59	25	55 to 59	195
60 to 64	88	60 to 64	11	60 to 64	99
65+	22	65+	4	65+	26
Total	2016	Total	287	Total	2303

	<p>87.54% of the Sheffield PCT workforce is female. 12.46% of the Sheffield PCT workforce is male. There is no age band where there are more male than female employees.</p>	
Race	<p>2007 Demographical data.</p> <p>The following demographic data is available for Sheffield:</p> <ul style="list-style-type: none"> White British 86% White Irish 1% White Other (mainly Polish and Slovak) 2% Mixed - White/Black Caribbean 1% Mixed - White/Black African <1% Mixed - White/Asian <1% Mixed - White/Other <1% Asian – Indian 1% Asian – Pakistani 3% Asian – Bangladeshi <1% Asian – Other 1% Black – Caribbean 1% Black – African 1% Black- Other <1% Chinese 1% Other 1% Total – BME – 14% 	<p>Yes – Potential discrimination in a number of areas.</p> <p>Anticipate BME make up staff to be reflected in PCT employee data.</p> <p>Under-representation of categories, E, F, G, K, L, P & R. Targeted recruitment drive needed.</p> <p>Also, high number of staff in Low bandings.</p>

PCT Staff by
Ethnicity

Code	Description	Mar-09
A	White British	2044
B	White Irish	18
C	White Other	25
D	Mixed White and Black Caribbean	12
E	Mixed White and Black African	1
F	Mixed White and Asian	5
G	Mixed Other	6
H	Indian	24
J	Pakistani	47
K	Bangladeshi	7
L	Asian Other	7
M	Caribbean	24
N	African	28
P	Black Other	4
R	Chinese	3
S	Any Other Ethnic Group	11
Z	Not Stated	37
	Total	2303

The total number of BME workers employed by Sheffield PCT is 11.24% which does not reflect the demographic figure of 14%.

The Black Workers Support group was established in 1980's And meet on a monthly basis, regular feedback to HR will pick up issues and add into the EIA, as appropriate.

Sheffield PCT job grades and numbers of Ethnic staff in each grade.

Payscale	Mar-09
Com Medical Staff	1
Salary GP	5
Salary Primary Dentist (A)	1
Salary Primary Dentist (B)	3
Speciality Doctor	2
Medical Grade	4
N & M Ad hoc grade	1
Band 2	34
Band 3	25
Band 4	29
Band 5	45
Band 6	27
Band 7	32
Band 8 A	9
Band 8 B	4
Band 8 C	1
Band 8 D	2
Consultant	2
Total	228

Only 3.34% of the BME employee's of the PCT are employed in the more senior posts of Band 6 and above,

PCT Staff numbers by Age band and Ethnic group

Age Group	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z	Count
16 to 19	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
20 to 24	75	0	3	0	0	0	0	1	3	0	0	0	0	0	0	0	1	83
25 to 29	173	0	1	2	0	0	1	2	15	1	0	3	1	0	1	2	3	205
30 to 34	220	4	2	1	0	0	1	2	8	1	1	1	2	0	0	0	1	244
35 to 39	271	5	7	2	0	3	4	7	14	3	1	2	4	0	0	3	5	331
40 to 44	340	1	6	3	0	1	0	3	2	0	3	3	7	1	1	2	15	388
45 to 49	403	2	2	4	1	1	0	5	3	0	1	8	7	1	1	1	6	446
50 to 54	339	5	3	0	0	0	0	3	2	1	1	5	6	2	0	2	5	374
55 to 59	195	1	3	1	0	0	0	1	1	0	0	1	0	0	0	1	1	205
60 to 64	93	1	0	0	0	0	0	0	1	1	0	1	1	0	0	0	1	99
65+	26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26
Total	2150	19	27	13	1	5	6	24	49	7	7	24	28	4	3	11	38	2416

See below for ethnic code descriptions.

PCT Ethnicity description by code

Code	Description	Code	Description
A	White British	J	Pakistani
B	White Irish	K	Bangladeshi
C	White Other	L	Asian Other
D	Mixed White and Black Caribbean	M	Caribbean
E	Mixed White and Black African	N	African
F	Mixed White and Asian	P	Black Other
G	Mixed Other	R	Chinese
H	Indian	S	Any Other Ethnic Group
		Z	Not Stated

Disability

It is already a responsibility of the PCT under the DDA to examine suitable reasonable adjustments to accommodate requests re staff with any form of disability and home working would be likely to be a request needing consideration. This policy would simply reinforce the process to undertake.

Given recent legislative guidance re the role of a carer and that carers of disabled people are covered by the DDA and could request flexible working, including home working as a request to assist in their carer responsibilities, it is essential all requests are managed objectively and consistently.

Yes – this would be seen as beneficial to allow a disabled worker to have flexibility around work base to enable continuation in their role. This is already part of flexible working Policy and adds a process to an existing ability to request home working.

Disability	Jan-09	Feb-09	Mar-09
No	2205	2219	2278
Yes	25	25	25
Total	2230	2244	2303

It is known that not all staff with disabilities feel able or comfortable about declaring this in statistics for work. Hence Data will not be complete.

Currently 1.08% of the workforce has declared himself or herself as disabled.

Disability is sub-divided as follows:

- Sensory impairment
- Physical disabilities
- Mental health
- Learning difficulties

Not seen as discriminatory by adding a process to an existing ability to request home working however it is essential the reason for the request is known to ensure no discrimination takes place in the decision making.

Need to ask staff more up to date data on their current disability and effects at work, in an environment of trust. Need with other methodology and every 6 months.

In 2008 staff were asked if they would be interested in a Disabled staff support group,

only one positive acknowledgement was received. – Identify.

The current Provider HQ building (West Court) was DDA assessed with the Estates Dept, issues were raised about changes but no action to date.

Sexual orientation	Sexual Orientation				Jan-09	Feb-09	Mar-09	Apr-09	YES – data does not establish discrimination or not. High number of do not wish to disclose.
	Gay	1	1	1	1				
	Heterosexual	160	180	201	211				
	I do not wish to disclose my sexual orientation	13	13	14	15				
	Lesbian	1	1	1	2				
	Undefined	2055	2049	2086	2105				
	Total	2230	2244	2303	2334				
First staff Lesbian and Gay, Bi-sexual staff support group has been launched in 2009, issues from will be picked out for HR to action.									
Age	The following census data is available for Sheffield:								
	2007 Mid-Year Estimates Sheffield Council								
		Persons	Males	Females			Persons		
	All Residents	Count	%	Count	%	All Residents	Count		
	Total Population	530,300	100.00%	264,000	100.00%	Total Population	530,300		
	0 to 4	29700	5.60%	15200	5.80%	0 to 4	29700		
	5 to 14	57200	10.80%	29600	11.20%	5 to 14	57200		
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	25 to 34	71800	13.50%	37900	14.40%	25 to 34	71800		
	35 to 44	76000	14.40%	38200	14.50%	35 to 44	76000		
	45 to 54	63900	12%	31900	12.10%	45 to 54	63900		
	Yes – ensure monitoring of home working requests and approvals by Mangers and the HR dept. Low numbers of staff Under 25 & over 60, targetted recruitment drive needed.								

55 to 64	56700	10.60%	28000	10.70%	55 to 64	56700
65 to 74	42900	8.10%	20300	7.70%	65 to 74	42900
75 to 84	28800	5.40%	12000	4.50%	75 to 84	28800
85 to 89	7900	1.50%	2600	1%	85 to 89	7900

Sheffield PCT Staff numbers 2009 data given below

Females		Males		Totals	
Age Group	Mar-09	Age Group	Mar-09	Age Group	Mar-09
16 to 19	7	16 to 19	3	16 to 19	10
20 to 24	75	20 to 24	10	20 to 24	85
25 to 29	168	25 to 29	28	25 to 29	196
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65+	22	65+	4	65+	26
Total	2016	Total	287	Total	2303

	<p>The majority of PCT staff are in the 35-55 age range.</p> <p>Results form the 2007 staff survey show that staff under 41 were less likely to have a well structured appraisal. Staff over 51 were least likely to have a personal development plan, and least likely to have attended health and safety training.</p> <p>The home working policy requires self assessment on health and safety at work but managers need to ensure staff have an up to date H&S awareness knowledgebase to apply to working at home. There is an employee self-assessment questionnaire to complete.</p>																																																													
<p>Religion/belief</p>	<p>There is a likelihood of requests re observance of religious beliefs around prayer time, religious holidays etc, this can be aided by working at home to make religious observations more easier and ensuring facilities are accessible at work.</p> <p>Staff data has only been collected since2009.</p> <table border="1" data-bbox="483 946 1630 1329"> <thead> <tr> <th>Religion</th> <th>Jan-09</th> <th>Feb-09</th> <th>Mar-09</th> <th>Apr-09</th> <th>May-09</th> </tr> </thead> <tbody> <tr> <td>Atheism</td> <td>23</td> <td>27</td> <td>27</td> <td>29</td> <td></td> </tr> <tr> <td>Christianity</td> <td>111</td> <td>123</td> <td>138</td> <td>146</td> <td></td> </tr> <tr> <td>Hinduism</td> <td></td> <td>1</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>I do not wish to disclose my religion/belief</td> <td>22</td> <td>23</td> <td>26</td> <td>27</td> <td></td> </tr> <tr> <td>Islam</td> <td>9</td> <td>9</td> <td>10</td> <td>10</td> <td></td> </tr> <tr> <td>Jainism</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Other</td> <td>9</td> <td>11</td> <td>14</td> <td>15</td> <td></td> </tr> <tr> <td>Undefined</td> <td>2056</td> <td>2050</td> <td>2087</td> <td>2106</td> <td></td> </tr> <tr> <td>Total</td> <td>2230</td> <td>2244</td> <td>2303</td> <td>2334</td> <td>0</td> </tr> </tbody> </table>	Religion	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Atheism	23	27	27	29		Christianity	111	123	138	146		Hinduism		1	1	1		I do not wish to disclose my religion/belief	22	23	26	27		Islam	9	9	10	10		Jainism	0	0	0	0		Other	9	11	14	15		Undefined	2056	2050	2087	2106		Total	2230	2244	2303	2334	0	<p>YES – data does not establish discrimination or not.</p> <p>Yes - there is an increased likelihood that staff would request home working via flexible working request to enable observance of religious beliefs on set days of week, times of year etc. Managers must seek reasons for request and ensure consistency of application.</p>
Religion	Jan-09	Feb-09	Mar-09	Apr-09	May-09																																																									
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		Yes- needs wider categories, large numbers of undefined and other and do not wish to disclose.
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Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
ALL	Ensure consistency of application of policy and no discriminatory practice takes place in decision making and that the decision is based appropriately re the role.	<p>Review all requests for Home Working made in the PCT.</p> <p>Ensure feedback is given to E&D Lead on a quarterly basis.</p> <p>Ensure there is a system in place to collect data on the flexible working application form and requests and this is feedback to the E&D Lead and Provider CEHR group as and when required.</p>	<p>Review reasons for decisions taken and ensure non-discriminatory in reasons taken.</p> <p>Establish home working is to suits the needs of the individual and not because the SPCT has not catered for the employees needs at their work base.</p>	July 2009 initially.	Chris Stocks
Gender	Ensure part time workers and gender is monitored and if there are patterns of work due to flexibility of work.	Do part time workers wish to increase their hours if home working or to their flexible working was offered.	Feedback to Provider CEHR group every quarter.	Initially July 2009.	CS
Race	Wider HR issues that affect the equality of access of the Home working policy to all	Targeted recruitment drive needed.	Higher range of applications from targeted community.	Initially October 09,	Hazel Chawner

	<p>staff.</p> <p>Anticipate BME make up staff to be reflected in PCT employee data.</p> <p>Under-representation of categories, E, F, G, K, L, P & R. Targeted recruitment drive needed.</p> <p>Also, high number of staff in Low bandings.</p>	<p>Share better information about services and vacancies. Seek guidance from E&D Lead.</p> <p>Seek sources of progression and recruitment into higher bandings with appropriate survey, feedback and initiatives.</p>	<p>Greater opportunities for BME staff to apply and succession feedback into higher posts.</p>	<p>following revamp of processes by Sept 09</p> <p>Initially Sept 09+</p>	<p>Chris Stocks</p>
Disability	<p>Ensure Disabled staff, as all staff are given choices on home working and not HW due to additional needs and adaptations needed at worksite/office base.</p>	<p>Review all requests for Home Working made in the PCT.</p> <p>Ensure feedback is given to E&D Lead on a quarterly basis</p>	<p>Establish home working is to suits the needs of the individual and not because the SPCT has not catered for the employees needs at their work base.</p>	<p>July 2009 initially.</p>	<p>Chris Stocks</p>
All - Data	<p>Need to ask staff more up to date data on their current disability and effects at work, in an environment of trust.</p> <p>Further information on</p>	<p>Improved information for staff on needs of data monitoring and assurances of practical confidentiality.</p> <p>Collection of staff data.</p>	<p>Up to date information from employees of disabilities of all levels.</p> <p>Data inputted and analysed.</p>	<p>August 2009 Initially</p>	<p>Christine Joy</p> <p>Deborah Wardle.</p>

	<p>Sexuality and religion/belief with better categories of choice.</p> <p>Need with other methodology and every 6 months.</p>	<p>Problems with ESR and data inputting that can be separated out into a E&D data monitoring tool.</p>	<p>Further actions and service chances as a result, where needed.</p>		
Age	<p>Low numbers of staff under the age of 25 & over 60, targeted recruitment drive needed.</p> <p>Particular under-representation form Men Under 30 and Over 50 and BME communities.</p>	<p>Targeted recruitment drive needed.</p> <p>Share better information about services and vacancies.</p> <p>Seek guidance from E&D Lead.</p>	<p>Higher range of applications from targeted community.</p>	<p>Initially October 09, following revamp of processes by Sept 09</p>	<p>Hazel Chawner</p>
Religion/Belief	<p>Increased likelihood that staff would request home working via flexible working request to enable observance of religious beliefs on set days of week, times of year etc. Managers must seek reasons for request and ensure consistency of application.</p>	<p>Employees may work less hours to incorporate religious days in the week, home working could help manage both working responsibilities and religious responsibilities for some staff. Also observing Ramadan, Lent, Sabbath and other religious observations may offer better flexibility through Home working.</p>	<p>Increased staff awareness of Home working Policy.</p> <p>Requests at certain times of the year can be anticipated and managed appropriately, budgets and staff rotas, teams working etc.</p>	<p>July 2009 initially.</p>	<p>Chris Stocks</p>
Religion	<p>SPCT follow the Christian holiday calendar. Employees</p>	<p>Explore HR options of working at home during these periods</p>	<p>Report back to CEHR Provider & Commissioning.</p>	<p>Initially every 6</p>	<p>CS SB</p>

	with no religion or non-Christian religions may chose to work over Easter or Christmas holidays, or non practising Christians who do not wish to take holidays around school holiday times.	and other forms of flexible working. Seek guidance from E&D Lead.		months October 2009	
ALL	Identify Training needs for staff to understand complex diversity needs more easily.	Ensure staff are aware of Sexuality of employees and how this affects their rights at work, DDA & RRA and the implications for employers, religious festivals (link on intranet) and obligations', training is provided where necessary.	Training identified and developed with Education & training teams. Training delivered to all staff in team. Further training identified, if required.	April 2010	CS SB AH
All	Currently staff data is not upto date and not collected following application form/job initiation. Sexual orientation and religion & belief are not data questions asked of staff at present. Ensure data collected is all entered electronically, difficult	Amendment data collection documentation to cover all new data required legally. Ensure new monitoring tool is implemented & staff are aware. Ensure data is collected & recorded onto ESR or other HR data systems.	^ Data is collected, entered onto ESR or other systems & analysed for EIA purposes. * Analyse data and address any issues raised with E&D Lead and at Provider CEHR. * Plan adjustments as a		

	to measure data manually.	Analyse results.	result of data.		
Recruitment	Explore need to advertise home working and flexible working at time of job advert to attract a better mix of applications.	Flexible working patterns to attract a wider selection of candidates, if appropriate to the post. Seek further guidance from E&D Lead.	Begin detailing in job adverts, where appropriate.	Sept 09 initially	Hazel Chawner Chris Stocks.

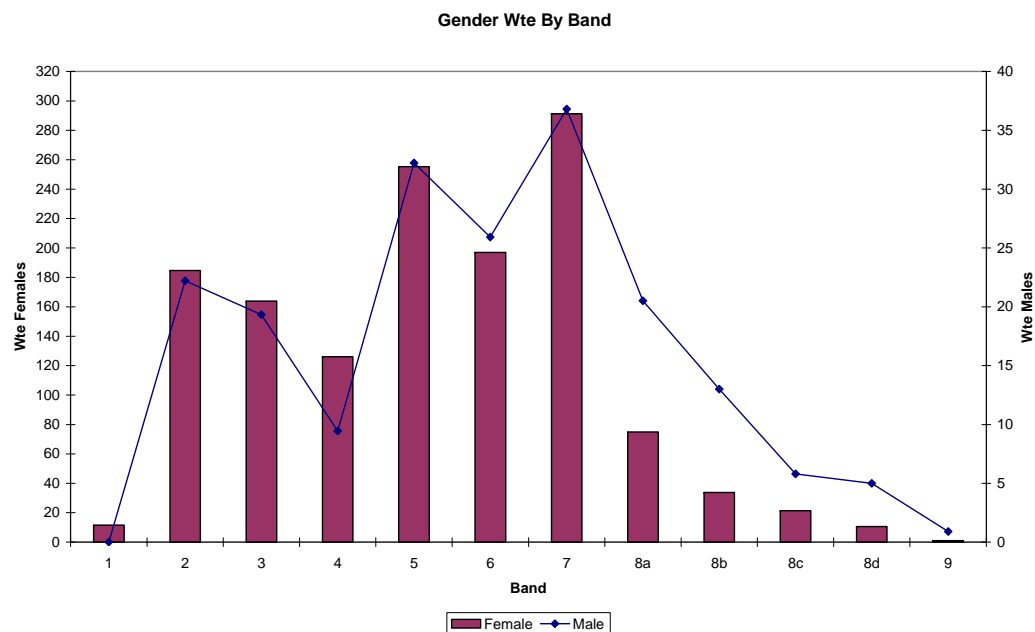
Appx 1. – HR data on Bandings.

Appendix 5 (Sheffield NHS E&D Strategy 2009) HR data

Gender

Men were 23% of applicants in the first six month of 2008 but only 11% of appointees whereas for the same period women were only 76% of applicants but 89% of appointees.

However, employment of men and women is not evenly distributed across the bands. Data for Agenda for Change (AFC) bands 1 – 9 shows the following distribution:

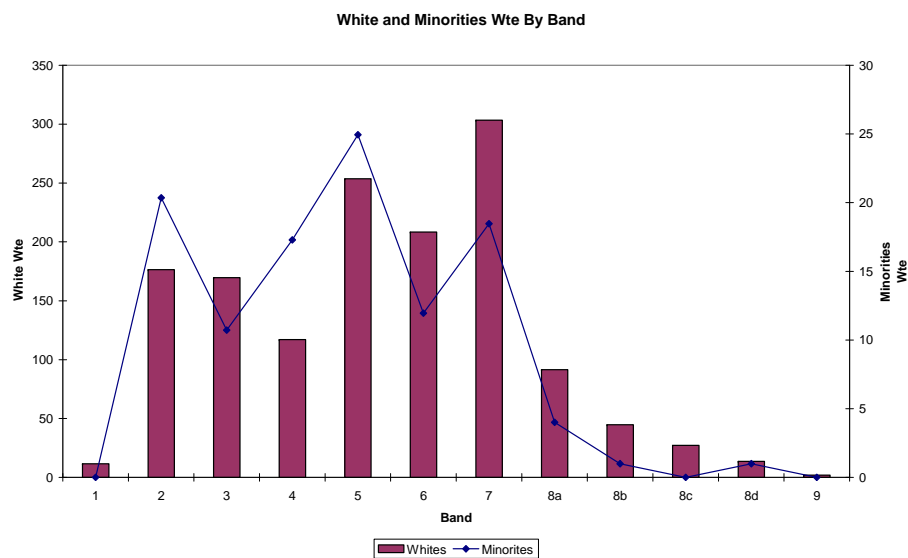


The distribution of men and women mirror each other (with men being about 10% of each band) until above band 7, when men become proportionately larger up to band 9, where they are half.

In the 2007 staff survey, the response rates mirrored the employment rates (men were 10% of respondents). There were few, marked, differences between men's and women's responses. Men were more likely than women to be using flexible working options (93% vs 81%) and to report working extra hours (77% vs 69%).

Race

Sheffield City Council estimates that people from Black and other ethnic minority (BME) backgrounds now make up about 14% of the Sheffield population. This is an increase from the 2001 census figures and about 2% of the increase is due to migration from Eastern European countries (mainly Slovakia and Poland). The largest non-White ethnic group is Pakistani at just over 3%.



All White staff have been grouped together. Staff who did not state have been omitted and all other non-white staff have been amalgamated. More detailed information is available on request.

From this graph, it can be seen that BME staff are disproportionately overrepresented in bands 2 and 4 and start to drop off after band 7. Many jobs, particularly at band 4, are BME jobs for which someone from a BME background has been specifically employed. If these jobs are removed then the percentage of BME staff employed to do 'ordinary' jobs is even less.

Only six members of staff above band 7 are from a BME background. This data excludes staff employed on other pay bands (eg doctors and dentists, where BME representation nationally has been reported at up to 30%, which would skew the figures)

“It is important that businesses support the career progression of people from ethnic minorities. Closing the ethnic minority employment gap is important. But if the gap narrowed to zero whilst senior roles remained the preserve of white people, this would be a failure. It would perpetuate unfairness, and it would prevent the UK economy making the best use of the available talent.”¹

Research has consistently shown that BME staff are discriminated against in employment (including employment with in the NHS). This includes being less likely to be interviewed, less likely to be successful at interview; being confined to particular jobs or particular geographical locations². They are also more likely to face disciplinary proceedings and to be involved in bullying and harassment cases and industrial tribunal cases³

White British were 76% of applicants in the first six months of 2008 but were 86% of appointees. This difference is statistically significant ($p < 0.01$).

In the 2007 staff survey, the response rate for BME staff was 7%. This is not proportionate to the percentage of BME staff employed in the Trust. As numbers reporting were low, this data must be treated with caution.

¹ National Employment panel (2007)

² Race Equality Foundation (2007)

³ Health Service Journal, August 7th 2008

The results show that BME staff were more likely to work extra hours (81% vs 70%), more than twice as likely to have had a work related injury (27% vs 12%). White staff were nearly twice as likely to report work related stress (40% vs 26%). BME staff were more likely to have witnessed an error/near miss in the last month (37% vs 22%). BME staff were four times as likely to have been the subject of physical violence from patients/relatives (11% vs 3%) and to have been the victim of violence from another member of staff (4% vs 0%). However, no BME staff reported bullying or harassment from other staff.

The leaving rate for White British staff is 12.5%, but for some BME staff it can be as high as 80%. See table below.

Ethnic Code	Wte Leavers	Total number employed	% leavers/ employed
Mixed White and Black Caribbean	0.00	8.86	0.00
Mixed White and Black African	0.00	0	0.00
Caribbean	2.15	20.55	10.45
white other	1.29	12.13	10.64
White Irish	1.40	12.62	11.09
White British	174.76	1394.24	12.53
Pakistani	4.04	30.75	13.14
Black other	0.24	1.73	13.87
Not stated	3.80	27.33	13.90
Indian	3.00	14.17	21.17
Bangladeshi	1.00	4	25.00
African	3.01	11.69	25.71
Mixed other	1.70	5.24	32.44
Chinese	1.00	2.5	40.00
Any other ethnic group	2.40	4.72	50.85
Mixed White and Asian	2.21	3.02	73.29
Asian other	2.00	2.51	79.68

The PCT has a Black Workers Support Group, which has representation on the CHER.

Disability

Currently, 1.2% of the workforce have said that they are disabled and the majority of the remainder is unknown. Some staff will have developed a chronic illness, such as HIV or diabetes; or disability, such as sight or hearing impairment, since starting work for the Trust but are unlikely to have changed their disability status with HR.

In the first six months of 2008, there were 108 applications received from disabled people, only one was appointed. This means that there was a roughly 1:100 chance of being appointed if you were disabled. In the same period there were 3291 applications from non disabled people, 147 of whom were appointed – a 1:22 chance.

Invitations to staff to become involved in a Disabled Staff Support Group have had only one interested response.

An Equality Impact Assessment of 722 raised a number of points about the affect of the building on disabled staff. An action plan has been written to address these concerns. An audit of other sites is being undertaken.

The 2007 staff survey showed that disabled staff were less likely than non-disabled staff to have had a well structured appraisal (19% vs 28%) and less likely to have a personal development plan (65% vs 73%). They were more likely to be working extra hours (79% vs 69%) and to suffer work related stress (60% vs 36%). They were twice as likely to have experience bullying or harassment from staff (21% vs 10%) in the past year.

Sexual orientation

Information from applications is now being transferred onto the Electronic Staff Record (ESR) and a mop up exercise of existing staff is planned.

An LGB staff support group will hold its inaugural meeting in January 2009. The group will have representation on the CEHR group.

Sexual orientation is not asked for in the staff survey so no information is available.

Religion/ belief

Religion	% of Sheffield population (2001)	% of applicants (Jan – June 2008)	% of appointees (Jan – June 2008)
Atheism	18%	13%	6%
Buddhism	0.2%	<1%	1%
Christianity	68%	54%	64%
Hinduism	0.3%	4%	1%
Islam	5%	6%	3%
Jainism	?	0%	1%
Judaism	0.1%	0%	0%
Sikhism	0.1%	0%	1%
Other	0.2%	13%	8%
Undisclosed	8%	9%	15%

The PCT has a lower than expected number of Atheists, but a higher than expected number of ‘undisclosed’ appointees. Although the percentage of Muslims applying for jobs with the PCT is similar to that of the Sheffield population, they made up only 3% of appointees. Buddhists have a statistically significantly higher chance of being appointed than any other religion or belief.

As part of the EIA of 722, facilities for Muslim ablutions and prayer were considered. An audit of facilities at other PCT sites is being carried out.

Religion and belief are not asked for in the staff survey, so no results are available.

Age

Age band of applicants	% of applicants Jan – June 2008	% of appointees Jan – June 2008	% of employed staff July 2008
Age Under 20	4	2	<1%
Age 20 – 24	22	9	2%
Age 25 – 29	18	17	5%
Age 30 – 34	15	15	10%
Age 35 – 39	13	13	15%
Age 40 – 44	11	13	17%
Age 45 – 49	7	19	20%
Age 50 – 54	5	8	15%
Age 55 – 59	2	3	10%
Age 60 – 64	1	1	5%
Age 65+	0	0	1%

Applicants under 25 were least likely to be successful and applicants who were 45 – 49 were most likely to be successful in their application.

The majority of PCT staff are in the 35 – 55 age range.

Results from the 2007 staff survey show that staff aged 41 and over were more likely to have had a well structured appraisal (30% vs 20%) but staff aged over 51 were least likely to have a personal development plan (64% vs 74%) and least likely to have attended health and safety training (65% vs 80%).

Part time staff

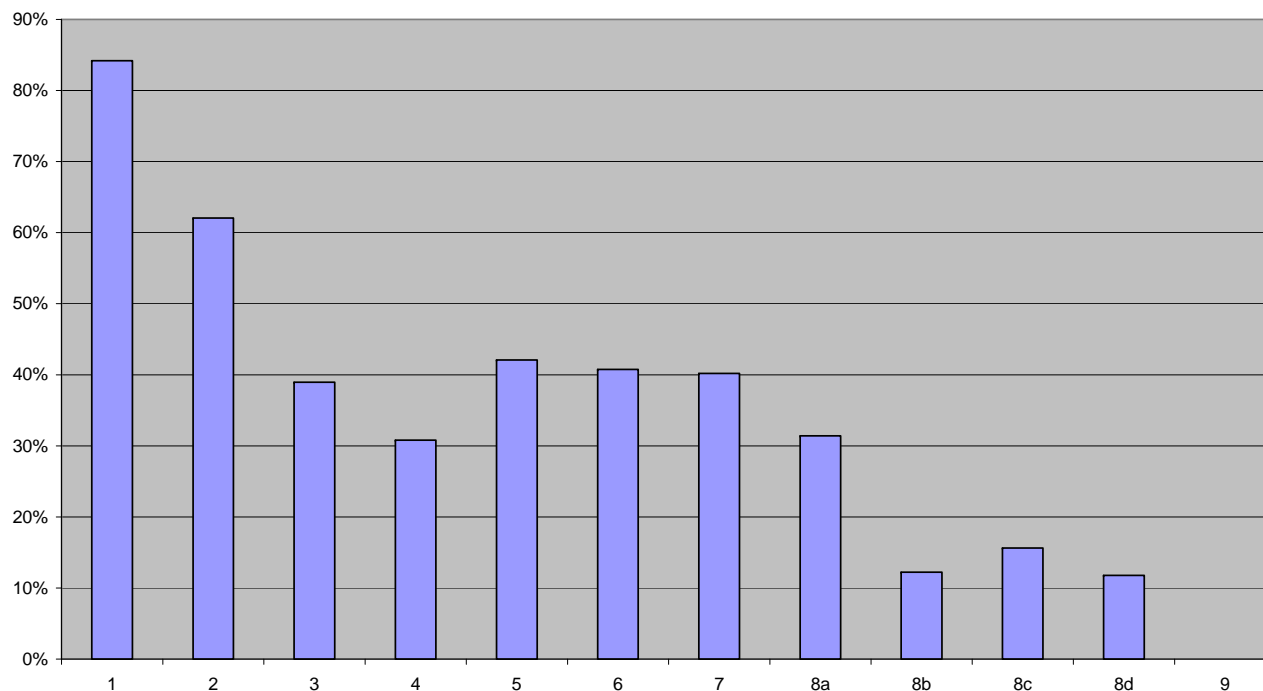
42% of staff employed by the PCT are employed on part time contracts (part time is defined as less than 30 hours per week).

From the 2007 staff survey, part time staff were more likely to be using flexible working options (96% vs 75%), to have had a well structured appraisal (30% vs 25%), and to have received relevant training (81% vs 75%). They were less likely to be suffering work

related stress than their full time colleagues (36% vs 41%) but more likely to have experienced violence (6% vs 3%) and bullying (27% vs 23%) from patients/relatives.

Part time working is more common in lower bandings; decreasing from band 1 to band 4 (non-professional bands) then there is a 10% increase from band 4 to band 5 (the beginning of the professional bands), where 42% of staff are employed on part time contracts, followed by a decrease from band 5 to band 9 (where all staff are full time).

Percentage of part time staff per AFC band



There are 36 part time 8a staff, (5 in commissioning, of whom 3 are in Public Health, and 31 in clinical services), 6 at 8b (all in clinical services), 4 at 8c (1 in commissioning and 3 in clinical services) and 2 at 8d (1 commissioning and one clinical). Many clinical staff on band 8a are not managers, but have achieved their banding by being highly specialist practitioners. Clinicians also often work in “sessions” per week. Both of these facts may make it easier to agree part time working for senior clinical staff than for commissioning staff or clinical managers.