

Statutory Annual Workforce Monitoring Report 2008/09

1.0 Introduction

- 1.1 Current equality legislation obliges public bodies to report on a range of workforce monitoring areas by disability, ethnicity and gender for staff-in-post and applicants for jobs, promotion and training as well as the results of training, disciplinary and grievance procedures, performance appraisal and reasons for leaving. In line with good practice, the Trust also monitors these workforce areas by age.

2.0 Purpose of this paper

- 2.1 The purpose of this paper is to set out the results of employment monitoring between 1 April 2008 and 31 March 2009, and to meet the statutory duty by publishing this data on the Trust's external website.
- 2.2 The data presented in this report is from the Electronic Staff Record (ESR) data cleanse. This process was carried out in an effort to reduce the number of blanks and unknown ethnicity and disability data, as well as to ensure that employee data held on ESR is accurate. Whilst this exercise provided increased disclosure of ethnicity and disability data in 2008-09 compared with 2007-08, it should be noted that as at March 2009, there was still a level of unknown data. This is mainly due to the fact that completion of diversity details remains voluntary. The data for age and gender are taken as 100% because there is reliable data for these diversity strands.
- 2.3 Non-disclosure of data and a response rate of 52.16% (4885 of 9201 forms sent out) should be borne in mind when interpreting the data.
- 2.4 Gathering reliable workforce diversity data remains an important issue in order to plan and analyse employment data effectively. Although diversity data collection has improved in 2008-09, it still remains a challenge to achieve sufficient disclosure to allow analysis of workforce data by diversity domains to be meaningful.
- 2.5 Employee Self Service (ESS), if introduced, would enable staff to complete their diversity details confidentially using an online form. In time, ESS would improve the reporting capacity on diversity in relation to a wide range of management and development processes such as recruitment, training, promotion and complaints. The use of an online exit questionnaire to monitor why staff leave the organisation could also facilitate data collection.

3.0 Staff in post

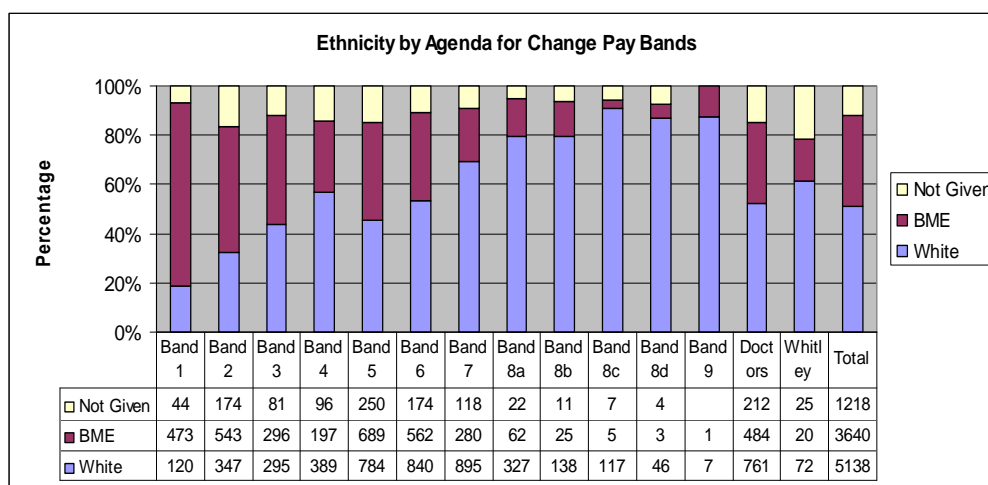
- 3.1 The Trust employed 9,996 staff on 31st March 2009. The composition of the workforce by occupational group is shown in Table 1. Nursing and midwifery represents the largest staff group, accounting for 34.6% of the workforce. The largest number of staff are in the age range 26 to 40 years, representing 50.8% of the workforce.

Table 1. Workforce by occupational group

Occupational group	Total staff	% of overall workforce
Administrative & clerical	1846	18.5%
Ancillary	823	8.2%
Nursing & midwifery	3456	34.6%
Senior management	377	3.8%
Junior doctors	879	8.8%
Senior doctors	575	5.8%
Maintenance	94	0.9%
Professions allied to medicine	583	5.8%
Scientists	264	2.6%
Professional & technical staff	859	8.6%
Transport	17	0.2%
Pharmacists	154	1.5%
GP – non patient support	7	0.1%
NFS – non patient support	62	0.6%
Total	9996	100%

4.0 Ethnicity by pay band

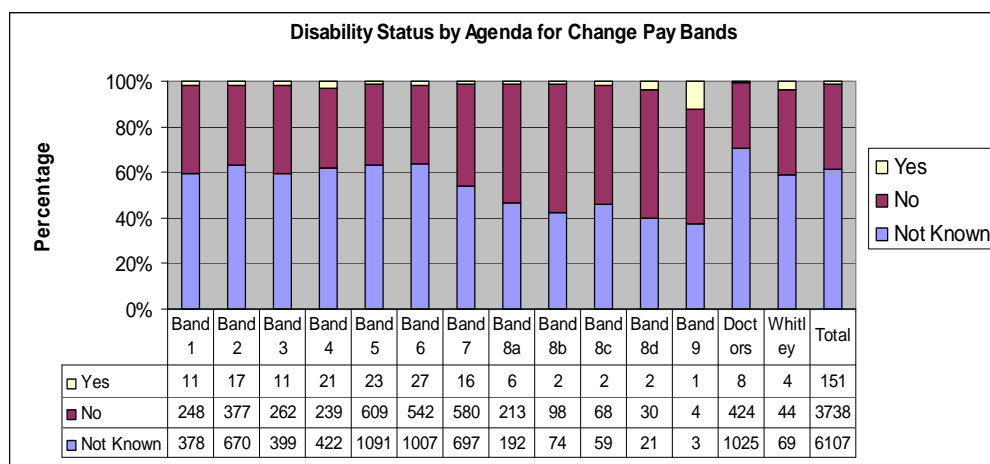
- 4.1 Overall, 36.4% of those staff electing to disclose their ethnicity stated that they were from a BME group. 87.7% of the workforce disclosed their ethnicity. This was an improvement of 7.1% on the 2007-08 report where 80.6% disclosed their ethnicity. However, work remains to be done to encourage the outstanding 12.3% of employees to disclose this data in future staff surveys.
- 4.2 The data looking at ethnicity by pay band (see Table 2 overleaf) shows that within Bands 1 and 2, BME staff make up 59.7% of the workforce choosing to disclose their ethnicity; across Agenda for Change (AfC) Bands 1 to 7, BME staff represent 39.8% of the workforce; and for AfC Bands 8 and 9, this figure falls to 12.4%, representing 2.6% of the total BME workforce. The proportion of White staff in Band 8a and above is higher at 12.4% of the total White population.
- 4.3 Missing ethnicity data impacts on the provision of any meaningful analysis. However, there is a lower proportion of BME than White staff in the higher pay bands, from Band 7 upwards. The Trust's Equality & Human Rights Scheme 2010-13 contains proposals to use staff development and positive action, as appropriate, to increase the proportion of BME employees in AfC Bands 7 and above, bringing it more in line with that of the London population.

Table 2. Ethnicity by Agenda for Change Pay Bands**5.0 Disability by pay band**

5.1 Only 41.72% of the workforce provided information in this domain, with 1.5% declaring a disability, 37.4% stating they did not have a disability, 2.8% electing not to disclose one way or the other and 58.3% not providing any information. Despite the low response rate, it is considerably improved on that of 2007-08, where only 2% of the workforce provided any information with 0.1% disclosing a disability.

5.2 Whilst Table 3 illustrates the proportion of people across the pay bands disclosing disability status, the number of people declaring a disability is too small to draw any implications.

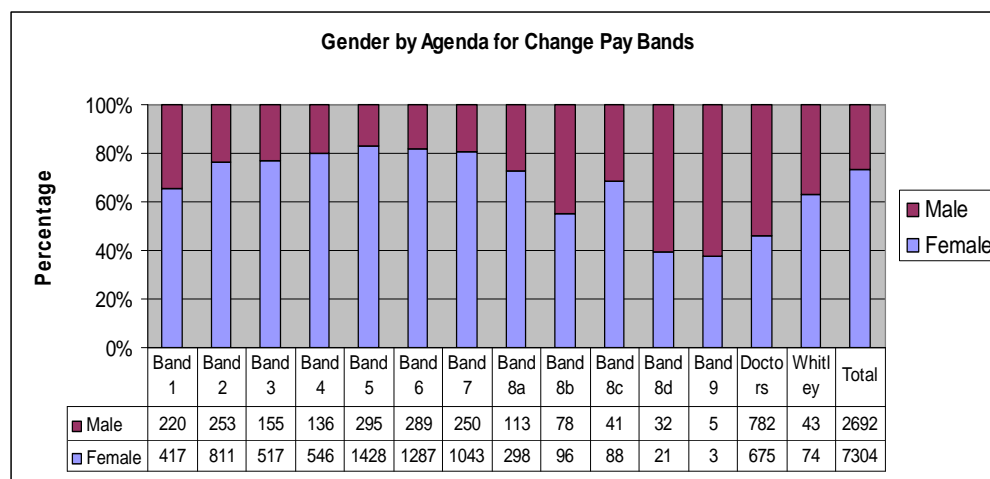
5.3 Work is required to understand why staff do not complete this domain in the staff survey, and to encourage them to do so in the future.

Table 3. Disability Status by Agenda for Change Pay Bands

6.0 Gender by pay band

6.1 On 31 March 2009, the workforce comprised 73.1% women and 26.9% men. There is no difference in this gender split from the 2007-08 figures. A preponderance of female staff is part of the normal picture for the NHS workforce.

Table 4. Gender by Agenda for Change Pay Bands



6.2 Table 4 shows the gender split across the Agenda for Change pay bands. It indicates some variation with a fall in the proportion of females in Bands 8 and 9, indicating a higher proportion of men, particularly in Bands 8d and 9. However, the numbers in these Bands are too small to allow any conclusions to be drawn. Band 8d comprises 32 men and 21 women, and Band 9 comprises 5 men and 3 women.

6.3 The workforce profile is illustrated by age, ethnicity, disability and gender in Appendix A, tables 1a to 1d.

7.0 Applicants for employment and promotion

7.1 Females accounted for 76.1% of all applicants for clinical posts, 76.9% of people short listed and 78.4% of people appointed. Despite this large cohort of women appointees, relatively similar proportions of men and women were short listed (19.7% and 21.1% of all applicants, respectively) and appointed (41.2% and 46.9% of short listed applicants, respectively).

7.2 With regard to non-clinical posts, females accounted for 67% of all applicants, 70% of people short listed and 68.9% of people appointed. Again, relatively similar proportions of men and women were short listed (11.2% and 12.8% of all applicants, respectively) and appointed (39.9% and 39.5% of all short listed applicants, respectively).

7.3 Applicants declaring a disability represented 1% (258) of all applications. In line with the Disability Two Tick Scheme practiced by the Trust, those people who met the essential criteria for a post were offered an interview. Of the 30 people with a disability who were short listed, 6 (20%) were appointed.

- 7.4 People from BME groups accounted for 62.4% of all job applications. Just under half of them (49.1%) were short listed and 34.2% of all appointments were people from BME groups.
- 7.5 White applicants made up 32.1% of all job applications. Of this group, 40.1% were short listed and 46.7% of all appointments were people from a White ethnic background.¹
- 7.6 From the information in paragraphs 7.4 and 7.5, it would seem that people from BME groups were more likely to be short listed, whilst White people were more likely to be appointed. However, for both short listing and appointments ethnicity data is missing (10.8% and 19.1%, respectively). The Commission for Racial Equality's code of practice advises that, in order to be able to draw reasonable conclusions from monitoring data, the ethnic coding should normally be a minimum of 90%. According to this code of practice, it is not considered prudent to draw conclusions from the current GSTT NHSFT data on the ethnic background of people appointed where recorded ethnic coding is 80.9%.
- 7.7 As 94.5% of applicants disclosed their ethnicity at application, improved record keeping should make it possible to increase the accuracy of the ethnicity data recorded for short listing and appointments.
- 7.8 Recruitment and selection to clinical and non-clinical posts by age, ethnicity, disability and gender are illustrated in Appendix A, tables 2a to 2h.

8.0 Performance appraisal

- 8.1 Analysis of recorded appraisal data by ethnicity shows that 31.7% of staff from a BME group and 42.7% of White staff had an appraisal. There was little difference between the proportions of women and men having had an appraisal (39% and 34%, respectively).
- 8.2 Appraisal data by age, ethnicity, disability and gender is illustrated in the Appendix, tables 3a to 3d.
- 8.3 In recognition of incomplete appraisal data, the Trust launched a new and simplified appraisal process in April 2009 to encourage people to both undertake appraisals and record appraisal data appropriately.

9.0 Disciplinary and grievance procedures

- 9.1 There were 109 formal disciplinary and 14 formal grievance cases completed in 2008-09. These are relatively small numbers within a workforce of nearly 10,000 people. Tables 5a to 5d in Appendix 1 illustrate the disciplinary data by age, ethnicity, disability and gender. Tables 6a to 6d do similarly for the grievance data.
- 9.2 Of the 109 formal disciplinary cases, 58 (53%) involved people from BME groups, 35 (32%) involved staff with a white ethnic background and the

¹ Totals do not add up to 100% due to missing data

ethnicity of 16 people (15%) was unknown. Overall, the relatively small number of formal cases and the lack of completion of ethnicity data does not allow any meaningful conclusions to be drawn regarding ethnic background.

- 9.3 As the percentage of people from BME groups varies according to pay band, further scrutiny of the data was undertaken to look at banding and the proportion of BME cases to identify any trends Table 5 provides a breakdown of the ethnic background by pay band for the 105 staff who were in bands 1 to 8A. Whilst the numbers of cases for each of the AfC pay bands is too small to allow reasonable conclusions to be drawn, this further analysis found no discernible pattern, other than the number of disciplinary cases involving BME staff within AfC pay bands 1, 2 and 4 was in proportion to the percentage of BME staff within those pay bands.

Table 5 – Disciplinary Cases by AfC Pay Band and Ethnicity

AfC pay band	% of BME staff	% of cases involving BME staff	% of White staff	% of cases involving White staff	% of staff with unknown ethnicity	% of cases with unknown ethnicity
1	74%	71%	19%	14%	7%	15%
2	51%	52%	33%	22%	16%	26%
3	44%	64%	44%	29%	12%	7%
4	29%	33%	57%	50%	14%	17%
5	40%	73%	46%	14%	14%	13%
6	36%	53%	53%	11%	11%	36%
7	8%	0%	70%	100%	8%	0%
8A	15%	0%	80%	100%	5%	0%

- 9.4 Considering formal disciplinary cases by gender, 70.6% of cases relate to females. As the workforce comprises 72.5% women, this is not surprising.
- 9.5 Staff aged between 26-40 years made up 57.8% of completed disciplinary cases, almost mirroring their proportion (50.8%) in the workforce.
- 9.6 The total number of formal completed grievance cases (14) is too small to allow any meaningful analysis to be undertaken.

10.0 Leavers

- 10.1 During 2008-09, 1,822 staff left the Trust. The most common reasons for leaving were completion of fixed term contracts (699) and resignations (910). Thirty six staff were dismissed consisting of 14 BME staff; 12 from a white ethnic background; 9 of unknown ethnic origin; and one person classifying themselves as from an 'other' ethnic group. The main reason for people aged 50 years and above leaving the Trust was retirement.
- 10.2 Leavers data by age, ethnicity, disability and gender is illustrated in Appendix 1, tables 5a to 5d.

10.3 The monitoring data has highlighted nothing of significance to report in relation to age, ethnicity, disability and gender.

11.0 Benchmarking

11.1 There is a lack of published data in the public domain from other NHS bodies and acute Trusts for 2008-09. Recent data from three acute NHS London Trusts are used in Table 6 for comparison, namely Imperial College Healthcare NHS Trust, King's College Hospital NHS Foundation Trust, and University College London Hospital NHS Foundation Trust.

11.2. Table 6 shows that the ethnicity profiles of these Trusts and that of GSTT NHSFT vary. Imperial, KCH and UCLH have a similar known proportion of staff from BME groups (47%, 45% and 40% respectively). GSTT NHSFT has 30.5%. This variance in ethnicity makes any benchmarking of disciplinary cases and staff leavers complex and its value is to be questioned.

Table 6 Workforce profile of GSTT NHS Foundation Trust and three other London acute NHS Trusts

Ethnicity	Acute London NHS Trust and Data Reporting Period			
	GSTT	Imperial College	King's College Hospital	University College London
	March 2009	2008-09 (ethnicity data only)	2007-08	Sept 2008
White	59.3%	48%	53%	56%
Black	15.9%	17%	23%	16%
Asian	7.5%	19%	16%	10%
Mixed	2.3%	7%	4%	2%
Chinese/Other	4.5%	2%	2%	12%
Not known	10.5%	7%	2%	4%

11.3 The percentage of 'unknown' ethnicity data for GSTT NHSFT has improved incrementally since April 2007, when it was 21.7%. In April 2008, it was 19.45%. Following the data validation exercise it reduced in April 2009 to 12.2% and in August 2009 it had reduced further still to 10.5%.

11.4 This Trust became one of the first twenty NHS Employers' lead Equality and Diversity partner sites for 2009 -10. One of the strands of work being developed by the lead sites is the production of a template for reporting monitoring information which will allow meaningful comparison between, and benchmarking of, NHS bodies.

12.0 Equality Impact Assessment

12.1 By monitoring, reporting and publishing these statutory employment duties, the Trust is meeting its wider obligation to promote equality. Areas for further action such as the representation of BME staff at higher organisational levels and robustly addressing discrimination, bullying and harassment in the organisation are contained within the Trust's Equality & Human Rights Scheme and action plan 2010-13.

Ann Macintyre

**Director of Workforce &
Organisational Development**

Janice Fiske

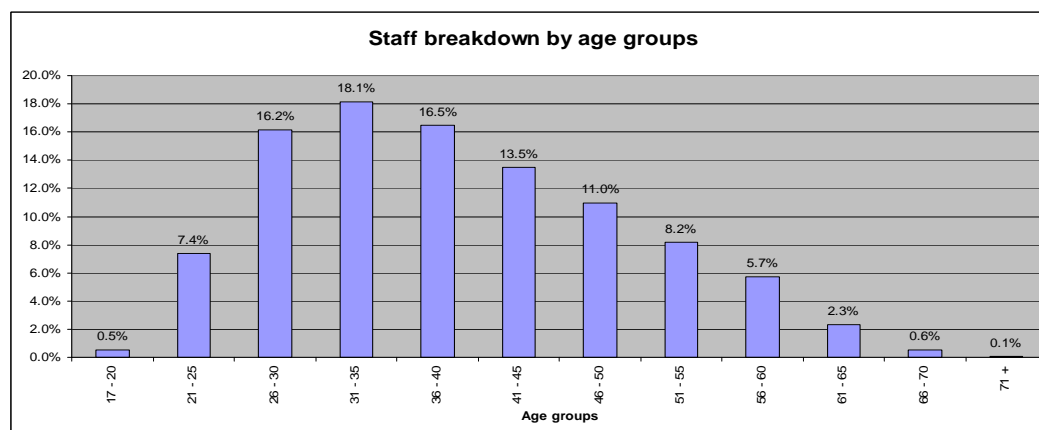
**Director of Equality &
Diversity**

November 2009

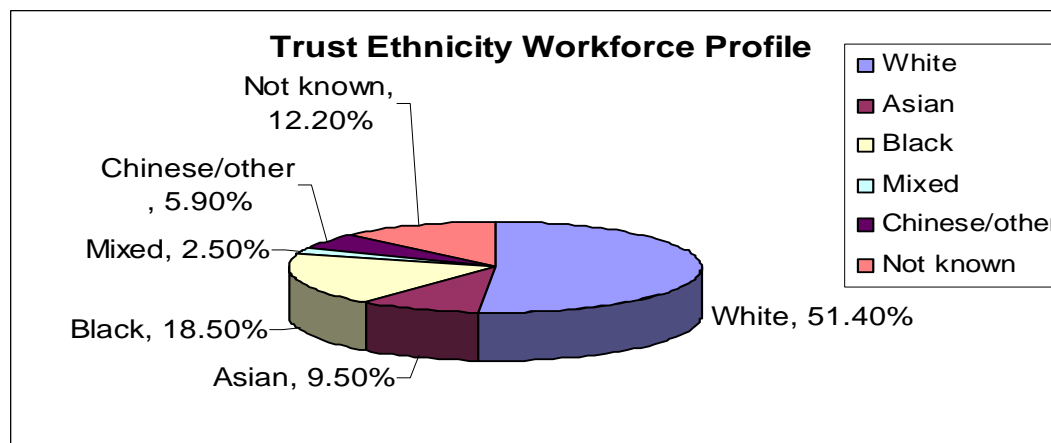
Appendix A: Tables and graphs depicting workforce monitoring data 2008/09

1. Workforce profile

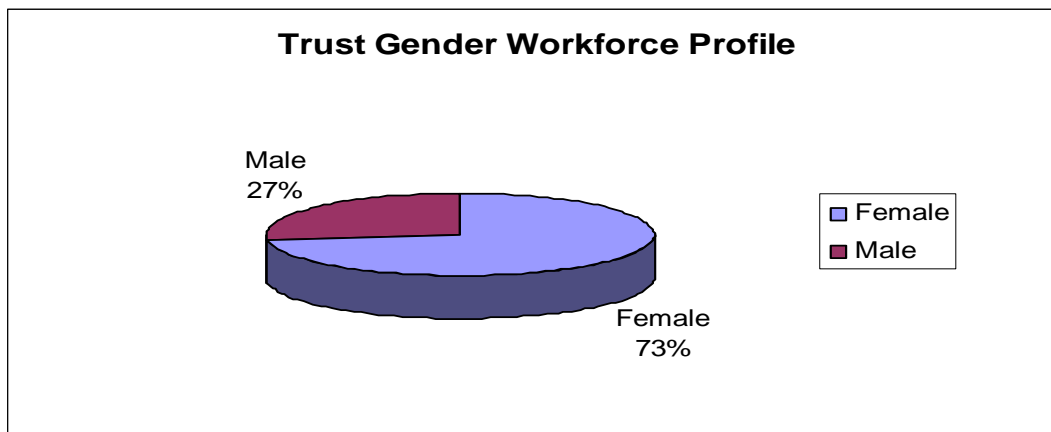
a) By Age



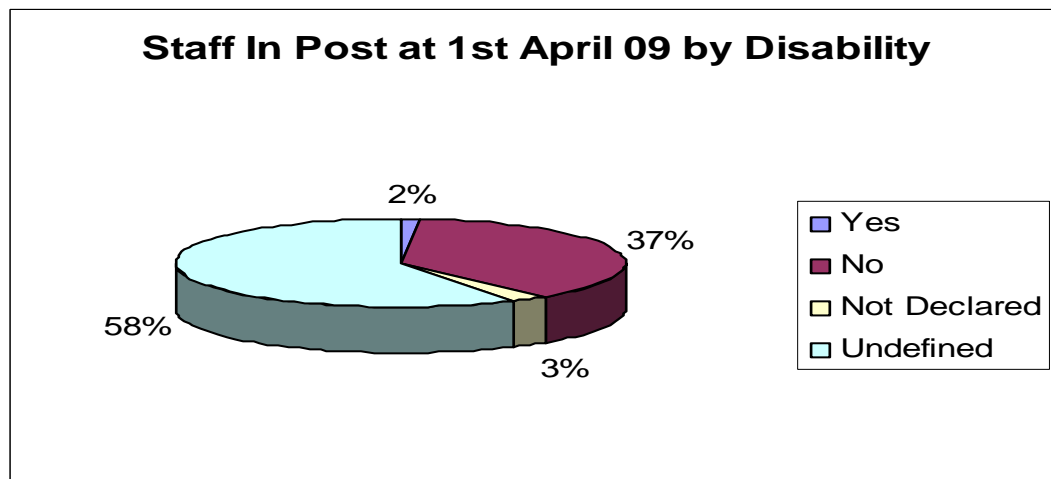
b) By Ethnicity



c) By Gender

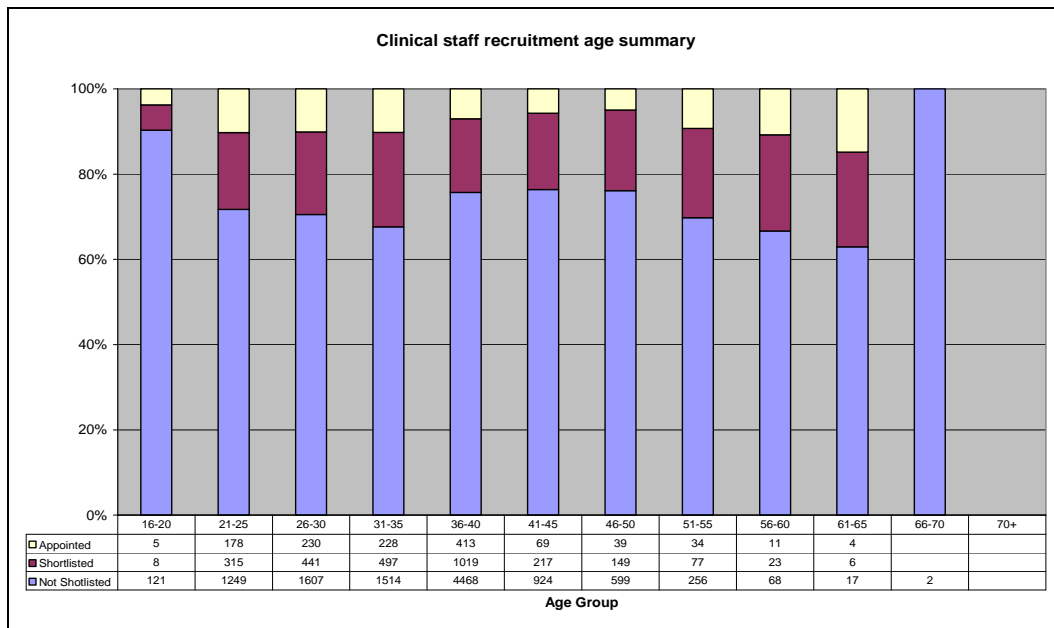


d) By Disability



2. Recruitment Data

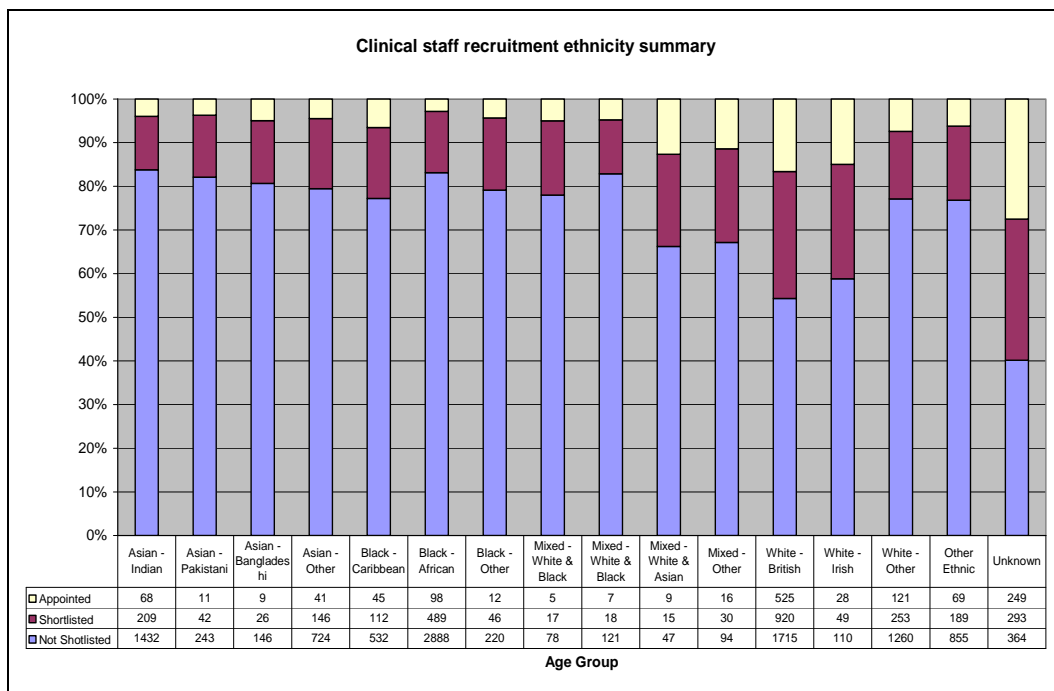
a) By Age for Clinical Staff



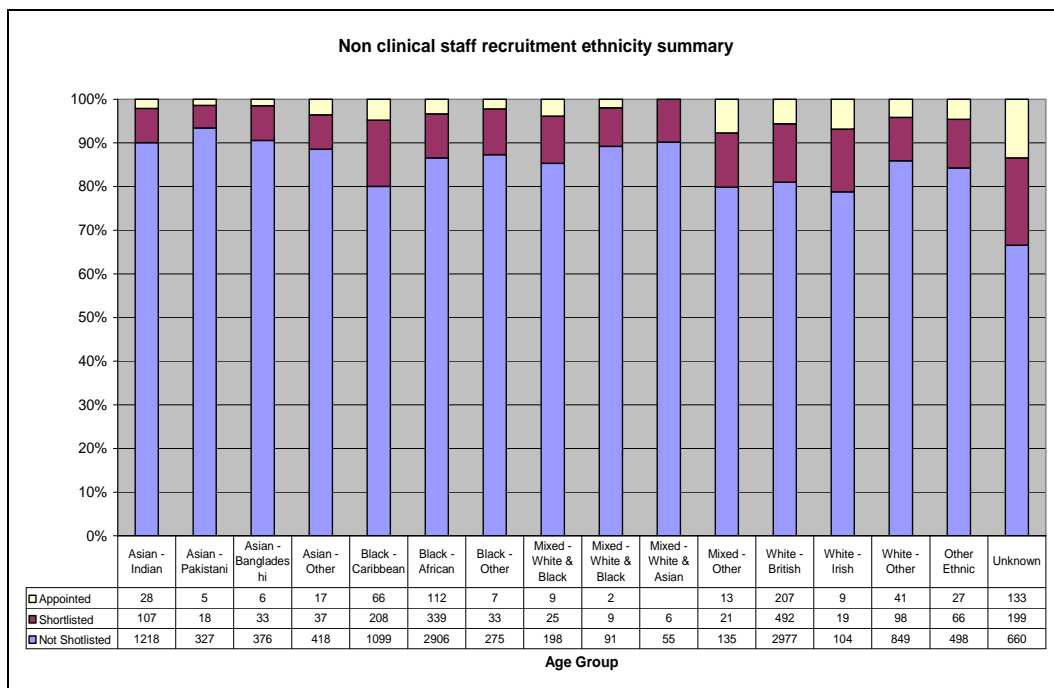
b) By Age for Non-clinical Staff



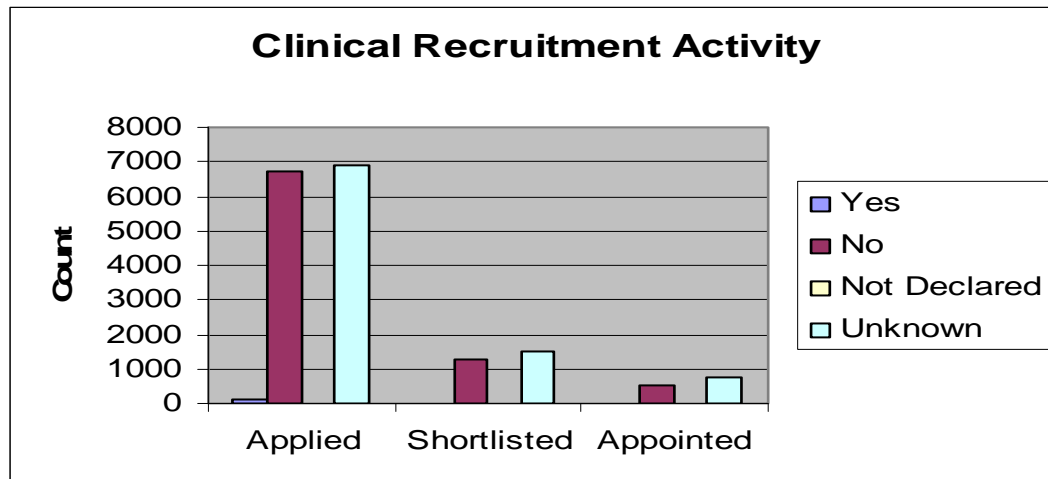
c) By Ethnicity for Clinical Staff



d) By Ethnicity for Non-clinical Staff

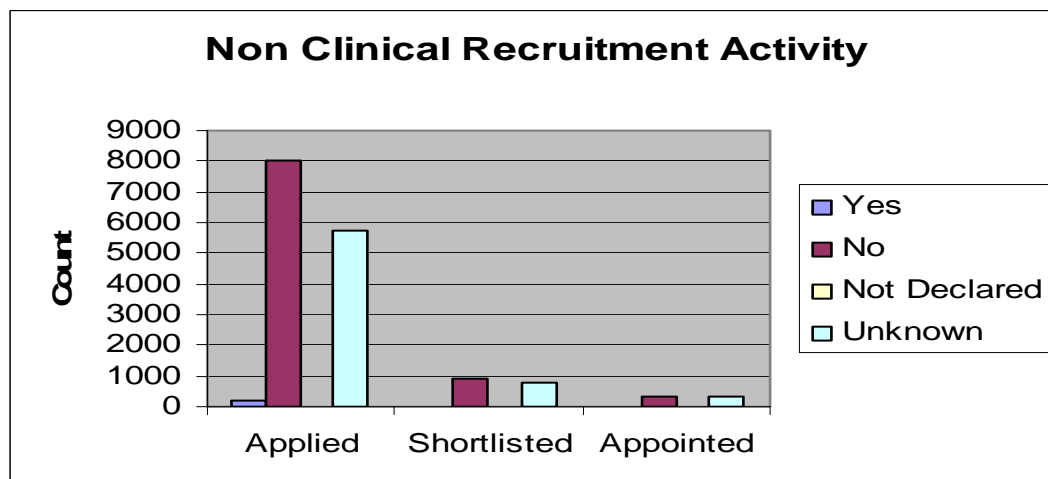


e) By Disability for Clinical Staff



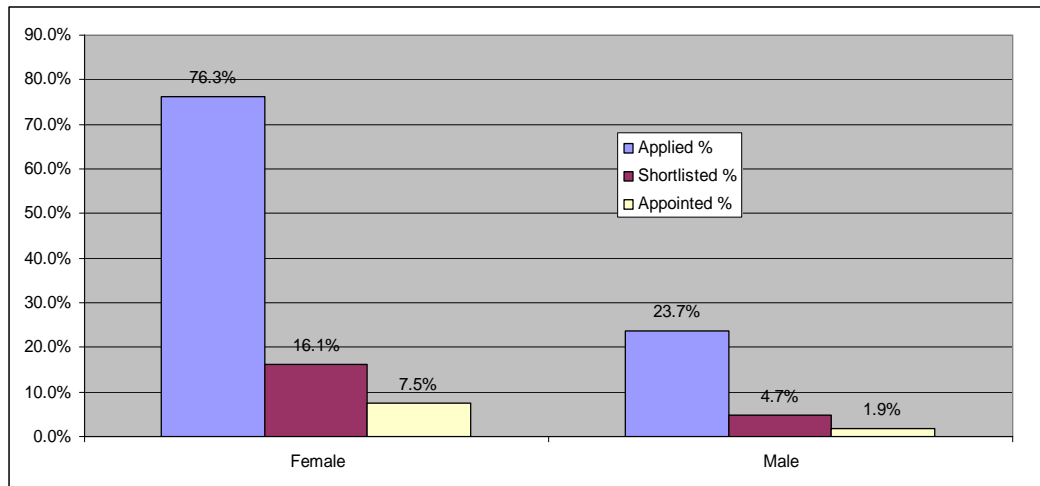
For recruitment to clinical posts during 2008/09, 88 disabled candidates applied, of whom 21 were shortlisted and 4 were appointed

f) By Disability for Non-clinical Staff

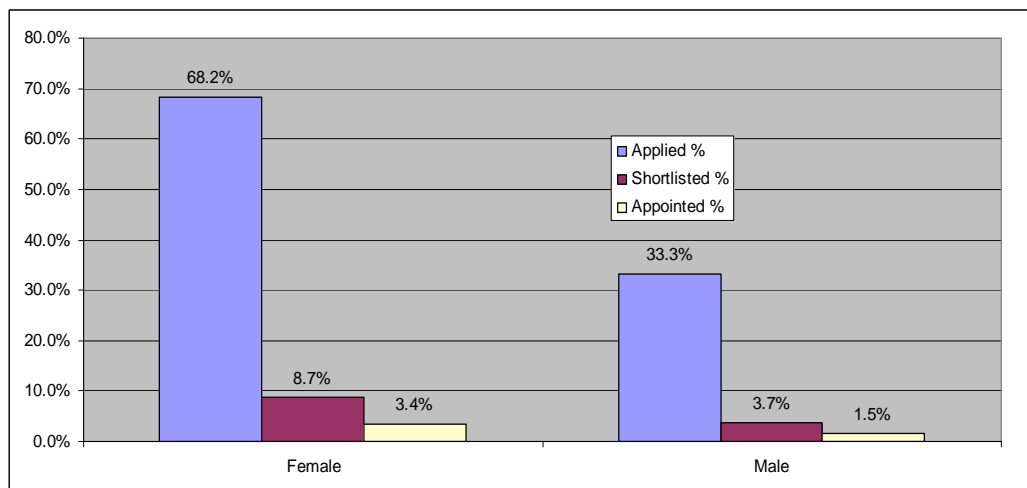


For recruitment to non-clinical posts during 2008/09, 170 disabled candidates applied, of whom 9 were shortlisted and 2 were appointed

g) By Gender for Clinical Staff

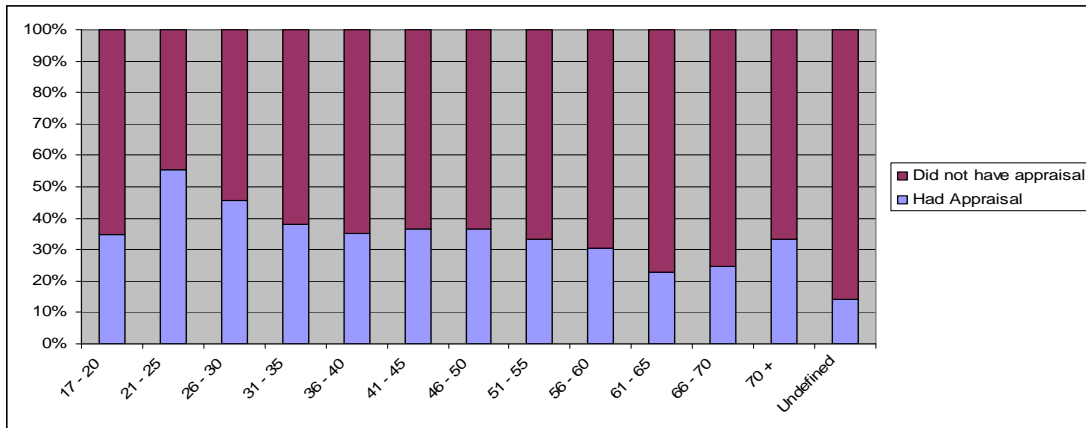


h) By Gender for Non-clinical Staff

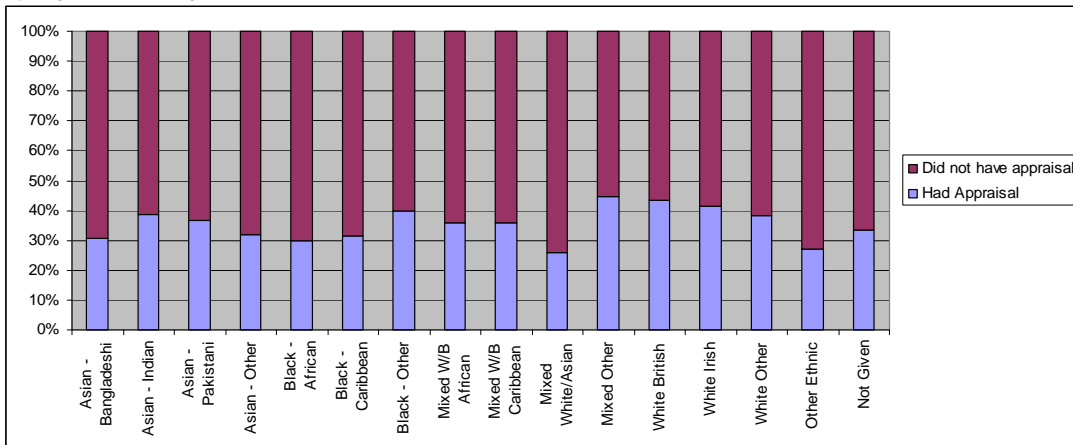


3. Appraisal Data

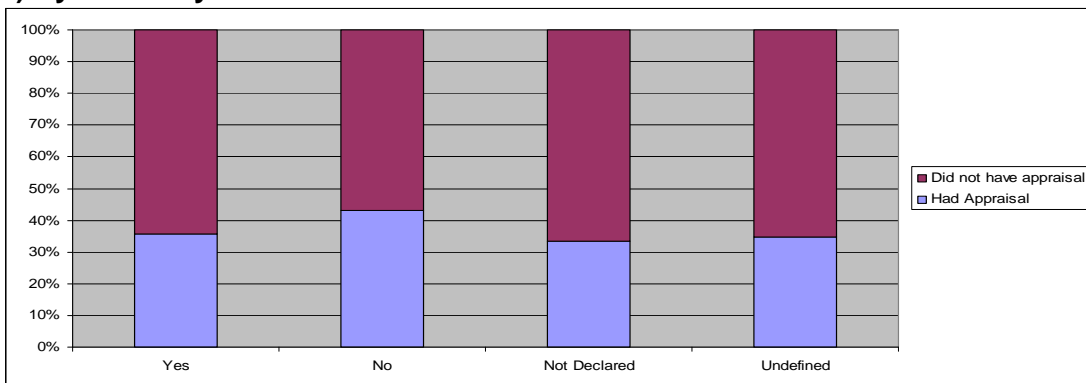
a) By Age Group



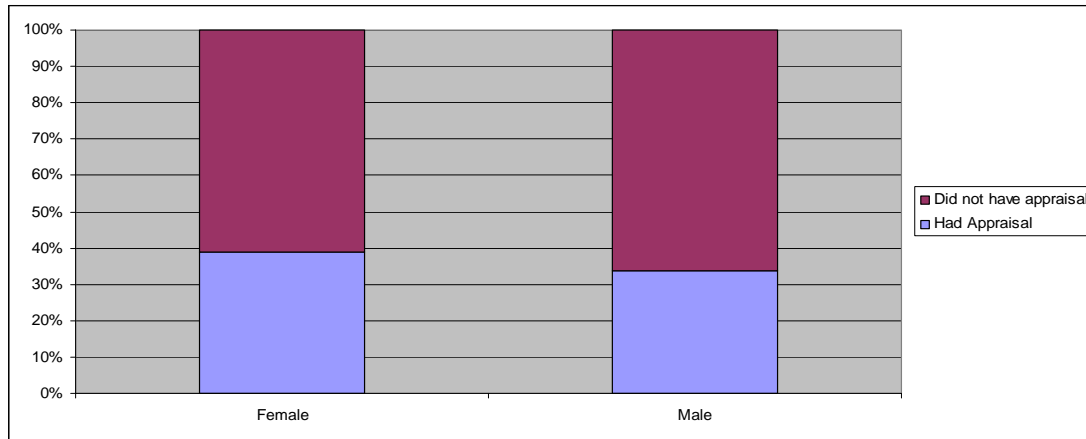
b) By Ethnicity



c) By Disability

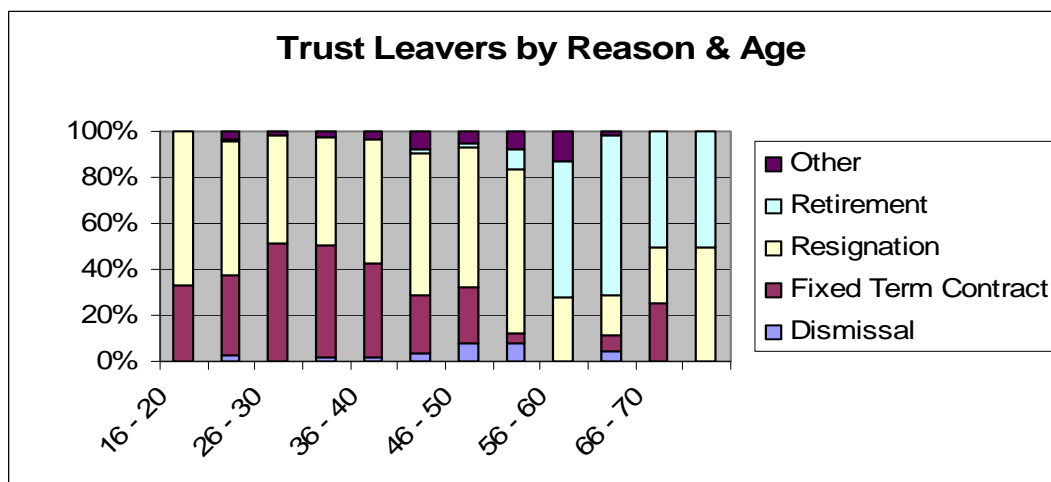


d) By Gender

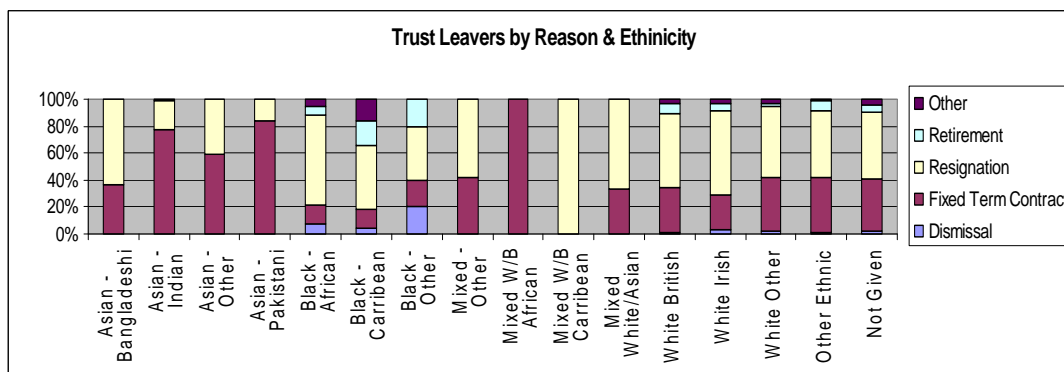


4. Leavers' Data

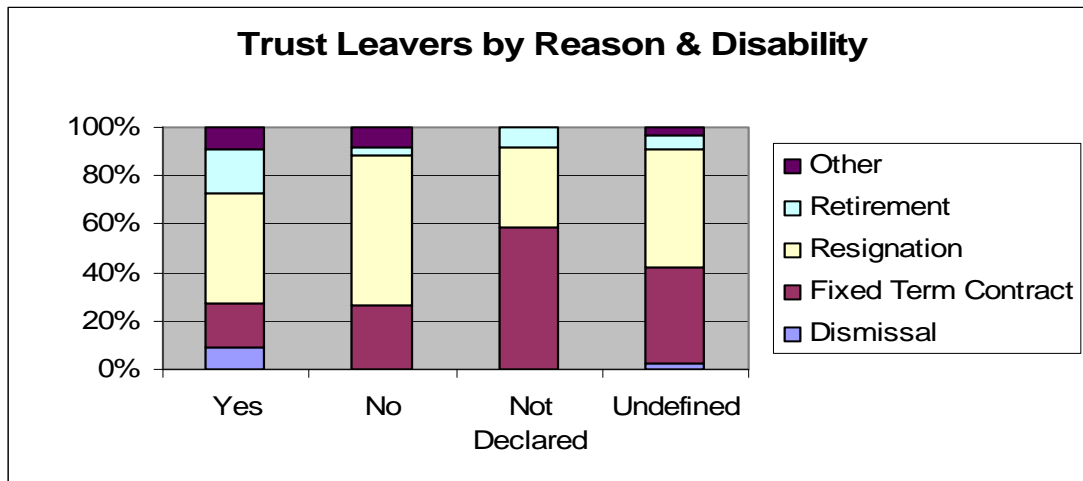
a) By Age



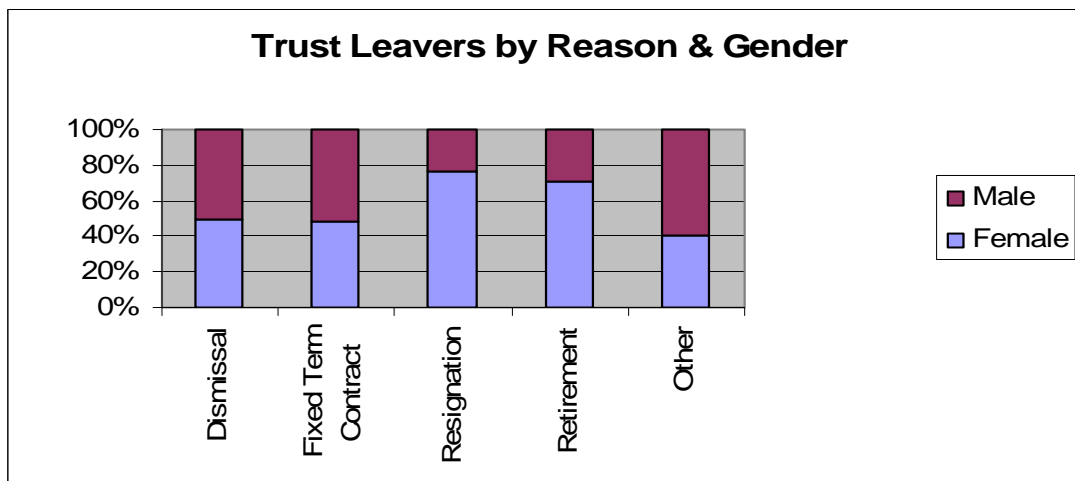
b) By Ethnicity



c) By Disability

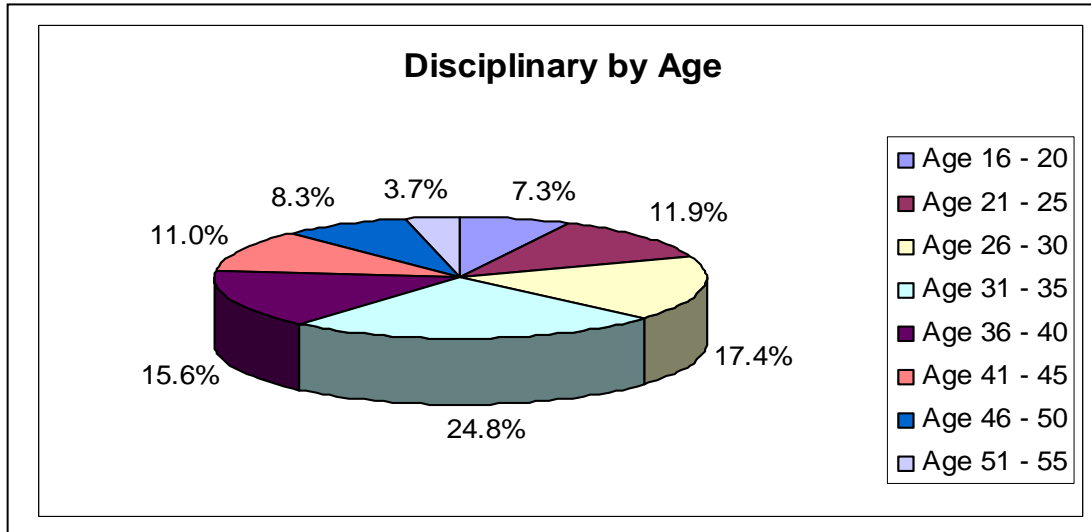


b) By Gender

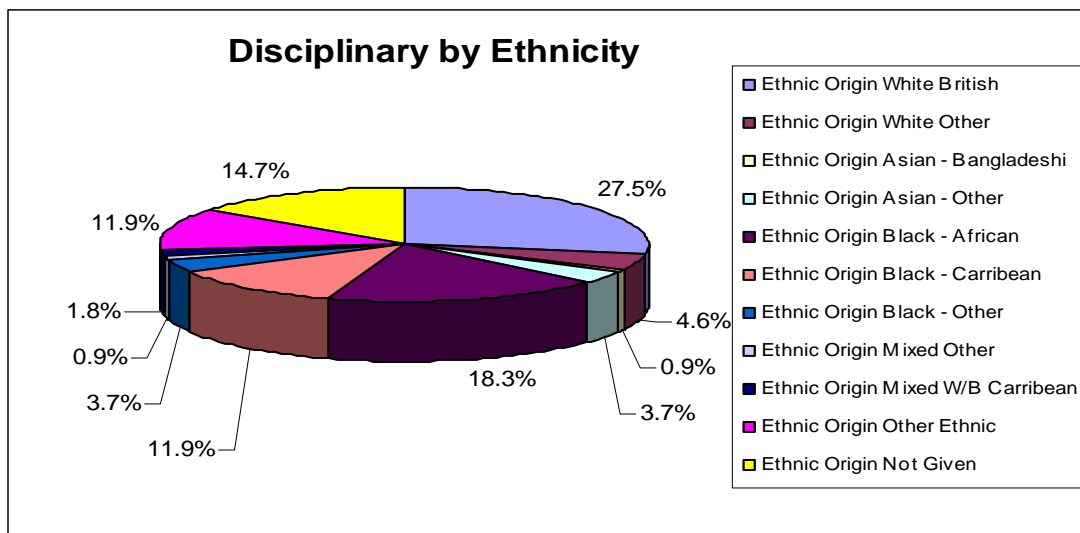


5. Disciplinary Data

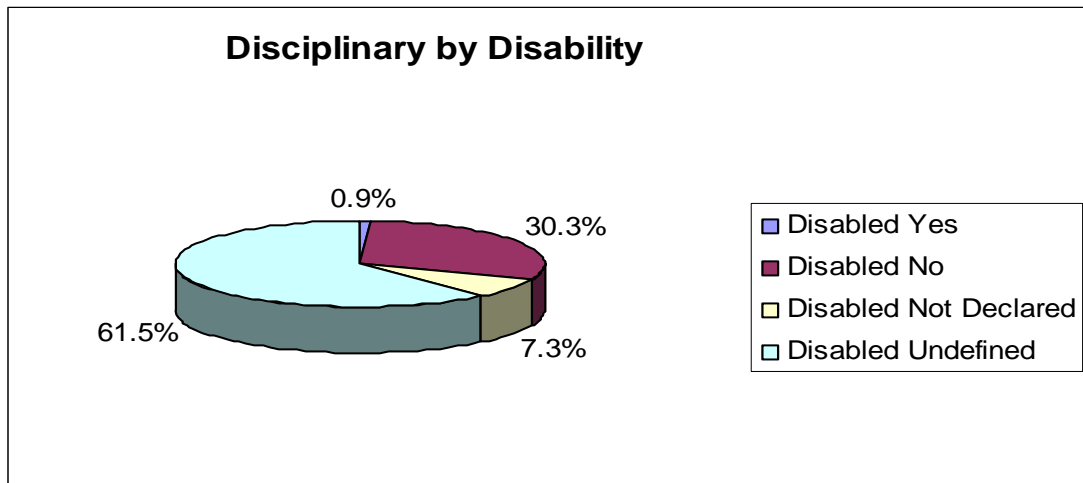
a) By Age



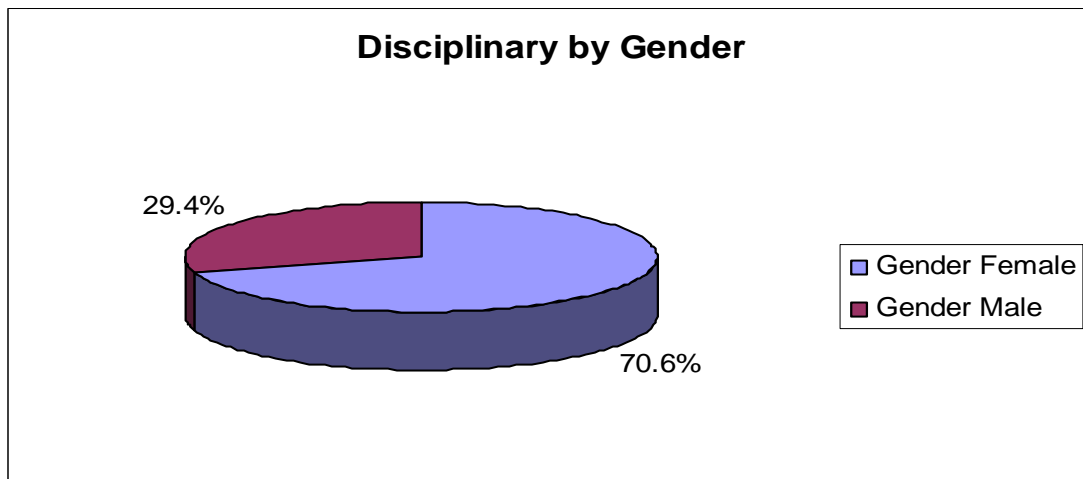
b) By Ethnicity



c) By Disability

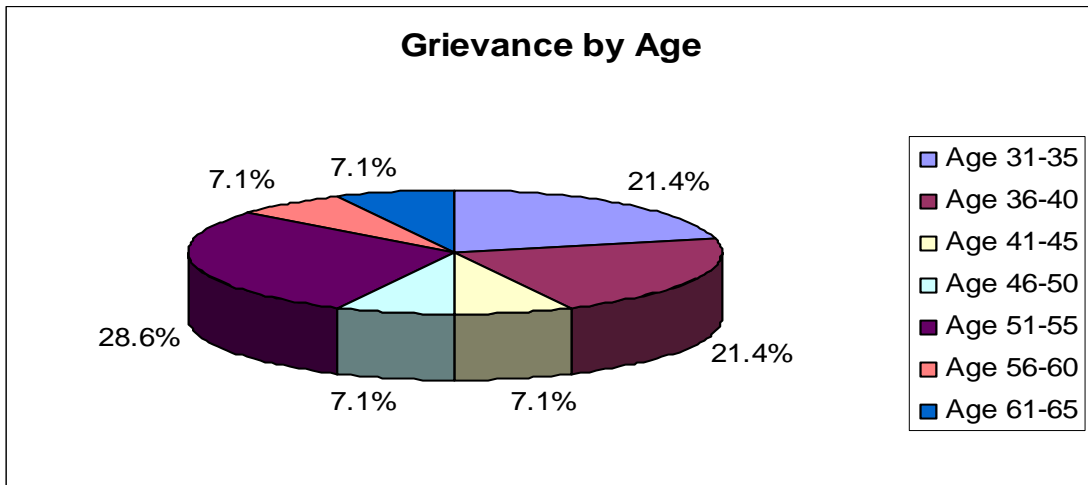


d) By Gender

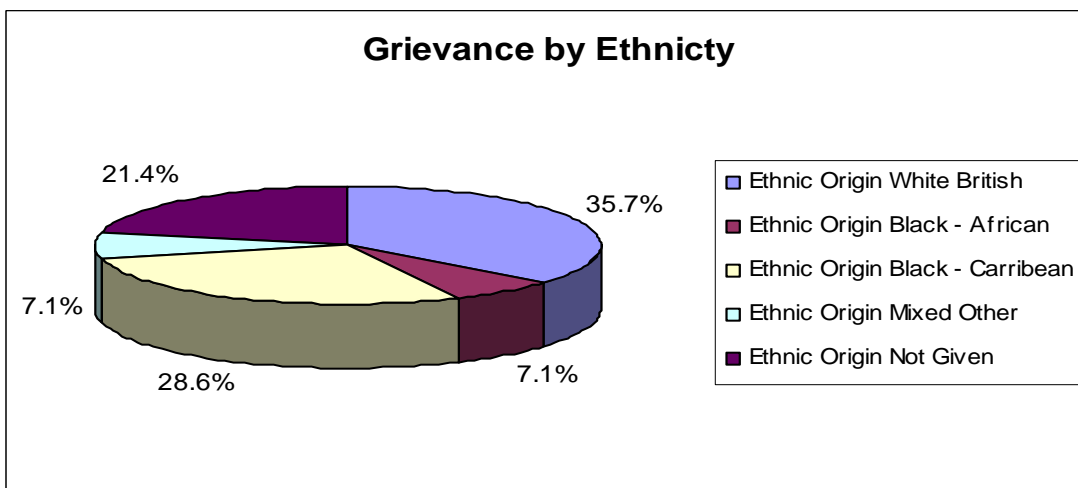


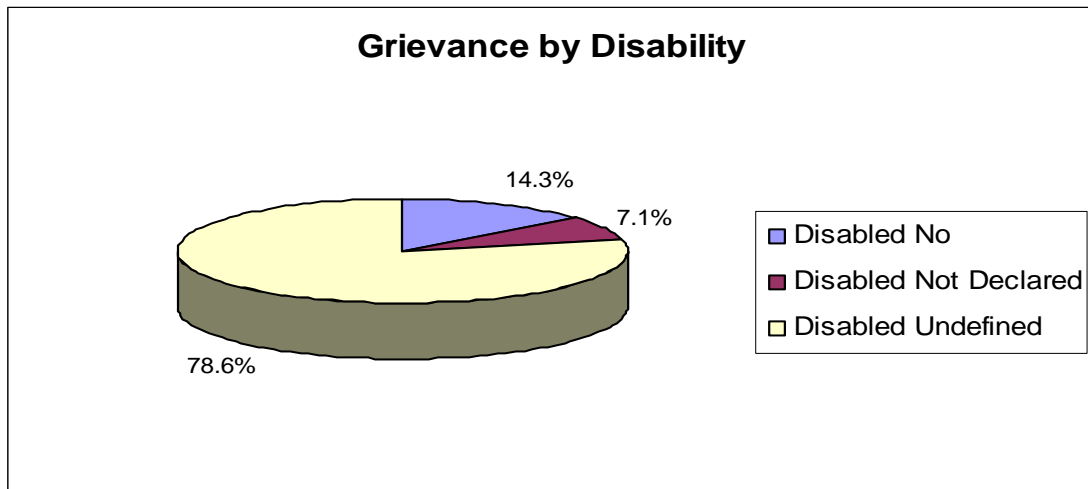
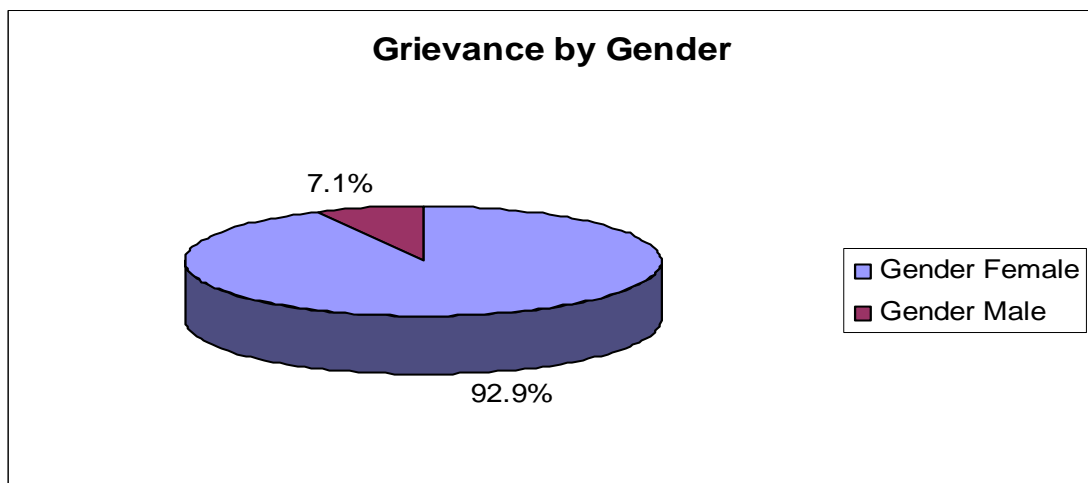
6. Grievance Data

a) By Age



b) By Ethnicity



c) By Disability**d) By Gender**

7. Staff in post – April 2009

		Acute Patient Services	Ambulatory Patient Care	Capital Estates and Facilities	Charitable Foundation	Chief Executive	Chief Nurse	Director of Finance	Human Resources	IT & T	Managed Networks	Medical Director	R&D	Strategy	Other (eg Recharge)	Grand Total	
Age	17 - 20	3	26	11				2	2		9				1	54	
	21 - 25	159	183	51	1			3	28	5	283	10	5		8	736	
	26 - 30	358	421	64	1		2	22	36	8	622	37	5	4	35	1615	
	31 - 35	446	402	97	2		7	47	31	15	662	35	17	5	46	1812	
	36 - 40	408	342	129	1		12	38	33	17	597	29	8	5	29	1648	
	41 - 45	266	307	173	3	1	7	48	21	16	468	23	2	2	12	1349	
	46 - 50	177	277	188	3	4	9	34	16	20	338	16	4	1	10	1097	
	51 - 55	130	185	167	1	2	3	36	9	11	261	10	2		3	820	
	56 - 60	79	135	137		3	4	25	4	7	161	8	1		6	570	
	61 - 65	26	59	79		1		8	1	2	51	1			5	233	
	66 - 70	10	23	9		1		2			1	8	1			55	
71 +	2	1	1								2				1	7	
Gender	Female	1506	1779	591	11	7	30	162	150	53	2731	128	32	13	111	7304	
	Male	558	582	515	1	5	14	103	31	49	731	42	12	4	45	2692	
Disabled	Yes	20	36	28			1	6	8	3	45	4				151	
	No	583	982	416	5	5	22	100	96	47	1300	90	25	11	56	3738	
	Not Declared	44	82	40			2	13	3	3	86	4			7	284	
	Undefined	1417	1261	622	7	7	19	146	74	49	2031	72	19	6	93	5823	
Ethnic Origin	Asian - Bangladeshi	9	22	3				1	1		10	2				48	
	Asian - Indian	96	161	17			1	17	10	3	182	15	4		5	511	
	Asian - Other	109	56	23				5	2	1	99	4	1		3	303	
	Asian - Pakistani	17	21	1	1			2		1	39	3	1		3	89	
	Black - African	218	188	320	1		6	27	23	10	297	16	4		6	1116	
	Black - Caribbean	96	125	179	1		3	14	19	9	158	14	3	2	2	625	
	Black - Other	22	28	19		1	1	3	1	1	28	1				105	
	Mixed Other	18	24	9				1	6	1	41	3	1	1		105	
	Mixed W/B																
	African	8	13	11				1		1	11					2	47

	Mixed W/B Caribbean	7	13	10			2	5	1	18				1	57	
	Mixed White/Asian	9	8	3			2	3		13	1			1	40	
	White British	749	1058	258	6	9	27	123	88	54	1618	67	13	10	72	4152
	White Irish	47	59	16		1		3	2	2	89	5	3	1	1	229
	White Other	165	191	70	2		1	21	7	3	268	17	4	1	7	757
	Other Ethnic	205	85	78	1		2	17	1	1	188	9	4		3	594
	Not Given	289	309	89		1	3	26	13	14	403	13	6	2	50	1218
Total		2064	2361	1106	12	12	44	265	181	102	3462	170	44	17	156	9996