

## Statutory Annual Workforce Diversity Monitoring Report 2009/10

### 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 2009 and 31 March 2010, and to meet the statutory duty by publishing this data on the Trust's external website. Where comparable data is available, it allows benchmarking GSTT's diversity against other acute Trusts in London and against the local population.

2.2 The data presented in the 2008-09 workforce monitoring report followed an Electronic Staff Record (ESR) data cleanse 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. This process has not been carried this year and consideration needs to be given to how often this type of exercise should take place.

2.3 It should be noted that as at March 2010, 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.

2.4 Gathering reliable workforce diversity data remains an important issue in order to plan and analyse employment data effectively. However, it remains a challenge to achieve sufficient disclosure to allow analysis of workforce data by diversity domains to be meaningful.

### 3.0 Staff in post

3.1 The Trust had 10,726 employees on 31<sup>st</sup> March 2010. This is an increase of 7.3% on the March 2009 figure of 9,996. The composition of the workforce by occupational group is shown in Table 1. Nursing and midwifery represents the largest staff group, accounting for 34.9% of the workforce. The growth in staff numbers has been proportional across all groups and professions other than for a small decrease in pharmacist numbers, which have fallen by 9 (from 154 to 145) representing a 6% decrease in this hard to recruit to group.

**Table 1. Workforce by occupational group**

Occupational Group	Total Staff	% of overall workforce
Admin & Clerical	1977	18.4%
Ancillary	882	8.2%
Nursing & Midwifery	3745	34.9%
Senior Doctors	626	5.8%
Junior Doctors	883	8.2%
Senior Management	408	3.8%
Maintenance	120	1.1%
Allied Health Profession	652	6.1%
Pharmacist	145	1.4%
Professional Tech B	930	8.7%
Scientist	278	2.6%
Transport	16	0.1%
GP - Non Patient Support	8	0.1%
NFS - Non Patient Support	56	0.5%
Total	10726	100.0%

**4.0 Age by pay band**

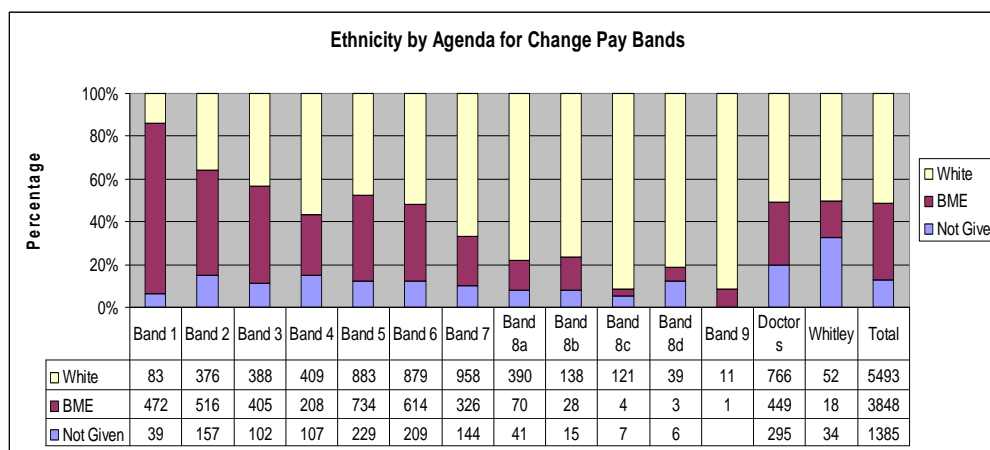
4.1 The age distribution of the workforce is shown in Appendix A (section 1, table a). Ages 17-25 represent 8.7% of the workforce, 26-50 year olds represent 75% and people aged 51 years and above represent just under 20% of the workforce. Age is well distributed across all the Agenda for Change (AfC) Bands, other than for 17-20 year olds who are represented in AfC Bands 1 to 4 only.

**5.0 Ethnicity by pay band**

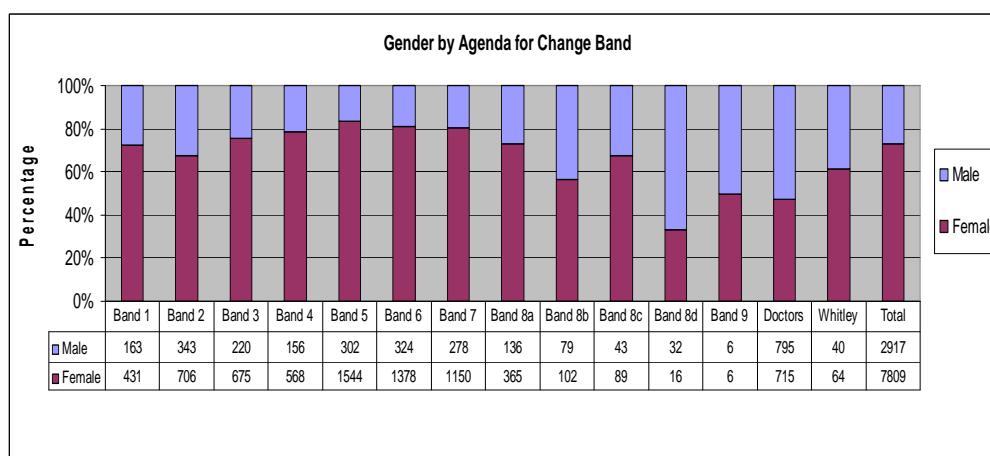
5.1 Overall, 41.2% of those staff electing to disclose their ethnicity stated that they were from a BME group. This is an increase from 36.4% in 2008-09. 87.1% of the workforce disclosed their ethnicity, the same as in 2008-09 and maintaining the improvement of 7.1% on the 2007-08 report where 80.6% disclosed their ethnicity. However, work remains to be done to encourage all employees to disclose this data in future staff surveys.

5.2 The highest proportion of BME staff are found in the lower pay bands and the proportion of BME staff falls as the highest pay bands are reached. Table 2 shows that, within Bands 1 and 2, BME staff make up 68.3% of the workforce disclosing their ethnicity. Across AfC Bands 1 to 7, BME staff represent 45.2% of the workforce and this figure falls to 13.2% for AfC Bands 8 and 9.

5.3 Missing ethnicity data (12.9%) impacts on the provision of meaningful analysis. However, compared with the 2008-09 data, the 2009-10 data shows a small increase in the proportion of BME staff in Bands 8 and 9 posts from 12.4% to 13.2%.

**Table 2. Ethnicity by Agenda for Change Pay Bands****6.0 Gender by pay band**

6.1 On 31 March 2010, the workforce comprised 72.8% women and 27.2% men. This gender split has remained the same over the last three years and reflects the preponderance of female staff which 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 a slightly higher average proportion of women across Bands 1 to 7 (77.2%) and a slightly lower proportion of women in Bands 8 and 9 (66.1%) when compared with the gender mix for the workforce as a whole. A higher proportion of women than men is seen in all Divisions and Directorates (see Appendix A Section 7).

6.3 The gender breakdown for medical and dental consultants shows the converse with 35% women and 65% men. As a proportion of the total consultant body, the figures for men are higher than for women in every age group. The least disparity is seen in the 30-39 year age group where the figures are 12% and 10% for men and women, respectively. This may reflect

the change in the gender split of medical and dental graduates, which is much more evenly balanced, working its way through the career pathway.

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

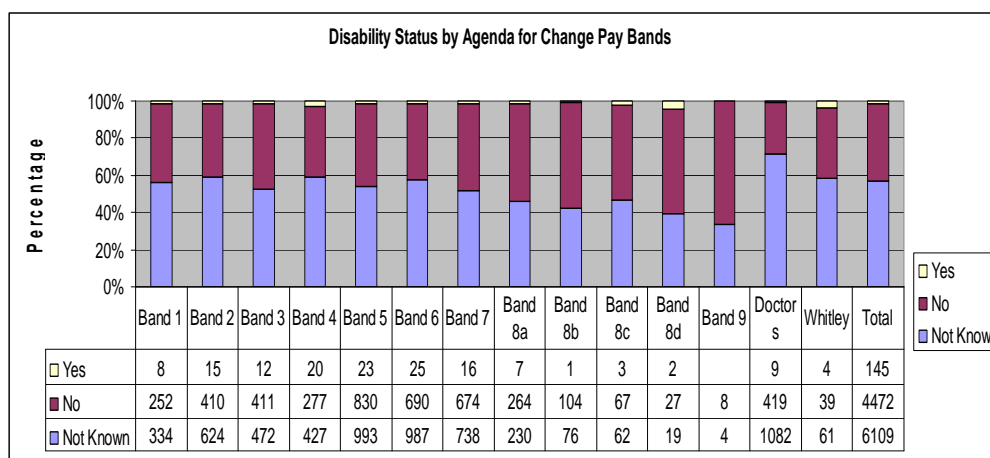
## 7.0 Disability by pay band

- 7.1 2009-10 sees a marginal increase in the proportion of employees prepared to declare whether or not they had a disability, taking this figure from 41.72% in 2008-09 to 43.1% in 2009-10. Of those people declaring disability/non-disability status, 3.1% declared a disability. This is an increase from the 1.5% declaration in 2008-09

- 7.2 Table 3 illustrates the proportion of people across the pay bands disclosing disability status. Whilst the number of people declaring a disability is too small to allow any implications to be drawn, there has been a steady year by year increase in both the proportion of the workforce completing this domain and the proportion of people declaring a disability since 2007-08. The latter having increased from 0.1% to 1.5% to 3.1% during the three year period.

- 7.3 Whilst it is encouraging to see this increased reporting, work is still required to encourage staff to complete this domain in future staff surveys.

**Table 3. Disability Status by Agenda for Change Pay Bands**



## 8.0 Applicants for employment and promotion

- 8.1 In 2009-10, 41,381 people applied for posts with GSTT, 3,676 were shortlisted and 2,065 were appointed.

- 8.2 Missing ethnicity data was 3.1% for applicants, 7.6% for interviewees and 10.2% for appointees. 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%. Improvement in ethnicity recording means that GSTT reaches this standard for the first time this year.

- 8.3 People from BME groups accounted for 53% of all job applications, almost a 10% drop from the 2008-09 figure of 62.3%.
- 8.4 Six percent of BME applicants and 8.9% of white applicants were shortlisted.
- 8.5 Appointees comprised 58% White, 25% BME, 7% 'other ethnicity' and 10.2% unknown. The proportion of BME applicants appointed fell from 34.2% in 2008-09 to 25% in 2009-10. There was a similar increase in the proportion of people appointed from a White ethnic background.
- 8.6 The 2009-10 data shows a decrease in the percentage of women and an increase in the percentage of men applying for posts compared with the 2008-09 data. This was consistent across clinical and non-clinical posts.
- 8.7 Females accounted for 69.9% of all applicants for clinical posts, a decrease of 5% compared with the 2008-09 data. A similar decrease in the proportion of female applicants was seen for non-clinical posts where females accounted for 60.4% of all applicants, representing a decrease of 6.6% in the proportion of women compared with the 2008-09 data.
- 8.8 The Disability status domain was completed by 79% of applicants
- 8.9 Applicants declaring a disability represented 1.5% (287) of all clinical posts applications and 1.6% (389) of all non-clinical post applications. In line with the Disability Two Ticks Scheme practiced by the Trust, those people who met the essential criteria for a post were offered an interview. Of the 36 people with a disability who were short listed (25 for clinical posts and 11 for non-clinical posts) 12 (33%) were appointed (8 to clinical posts and 4 to non-clinical roles).
- 8.10 Recruitment and selection to clinical and non-clinical posts by age, ethnicity, disability and gender are illustrated in Appendix A, tables 2a to 2h.
- 8.11 Further work is required to provide an objective understanding of the change in demography of the appointments being made in 2009-10 compared with 2008-09. Subjectively, there may be two issues contributing to this situation. Firstly, the job market has been more competitive in the last 12 months due to the rise in unemployment and this has resulted in large numbers of applicants per post and, in many instances, with applicants being highly qualified. Secondly, the infrastructure of support networks to access the job market for BME and other minority groups may not be sufficiently robust.
- 9.0 Performance appraisal**
- 9.1 Appraisal data was available for 78.4% of the current workforce. Of these staff 31.2% had undertaken an appraisal. Analysis of this data by ethnicity shows that 35% of staff from a BME group and 39.7% of White staff had an appraisal. Of those staff declaring 'other ethnic group', 30.6% had an appraisal; and of the 11.5% of people not declaring ethnicity, 28% had an appraisal.
- 9.2 Appraisal data to be age, ethnicity, disability and gender is illustrated in Appendix A, tables 3a to 3d.

## **10.0 Disciplinary and grievance procedures**

10.1 There were 140 formal disciplinary and 24 formal grievance cases completed in 2009-10. These are relatively small numbers within a workforce of nearly 10,000 people.

10.2 Not only are absolute numbers small, but also the proportion of missing ethnicity data (at 17.5%) is above The Commission for Racial Equality's code of practice cut off point of 10%. The Commission advises that, in order to be able to draw reasonable conclusions from monitoring data, the ethnic coding should normally be a minimum of 90%. 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.

10.3 Bearing this caution in mind, of the 140 formal disciplinary cases, 66 (47%) involved people from BME groups, 35 (32.2%) involved staff with a white ethnic background, 3% from other ethnic background and the ethnicity of 25 people (17.5%) was unknown. The high proportion of disciplinary procedures related to people from BME groups is linked to the proportion of people from BME groups in the lower pay bands which account for the majority of the disciplinary cases (see Table 5e in Appendix A).

10.4 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. Breakdown of the ethnic background by pay band, indicated a disproportionate proportion of cases involving staff in pay Band 1. Further work is required to establish the reasons behind this finding.

10.5 Considering formal disciplinary cases by gender, 71% of cases relate to females. As the workforce comprises 72.8% women, this is not surprising.

10.6 Staff aged between 26-40 years made up 57.8% of completed disciplinary cases in 2008-9 which was proportional to the demographic profile of the total workforce. In 2009-10, this figure had decreased to 41% for 17-40 year olds, with the 41-65 year old age group representing 59% of formal disciplinary procedures. There is no obvious explanation for this age shift.

10.7 The total number of formal completed grievance cases (25) is too small to allow any meaningful analysis to be undertaken. However, there were two notable changes from the 2008-09 data. The proportion of people prepared to disclose disability status rose from 22% last year to 37% this year. The male-female mix had changed from 7.1% and 92.9% respectively last year to 46% and 54% this year.

10.8 Tables 5a to 5e in Appendix A illustrate the disciplinary data by age, ethnicity, disability, gender and pay band. Tables 6a to 6d do similarly for the grievance data by age, ethnicity, disability, gender.

## **11.0 Leavers**

11.1 During 2009-10, 1,826 staff left the Trust. The most common reasons for leaving were resignations (875) and completion of fixed term contracts (795). The main reason for people aged 50 years and above leaving the Trust was retirement.

- 11.2 Ninety six staff were dismissed in 2009-10 (compared with 36 in 2008-09), comprising of 67 women and 29 men. From an ethnicity perspective, 53 were BME staff; 24 from a white ethnic background; 15 of unknown ethnic origin; and 4 people classifying themselves as from an 'other' ethnic group.
- 11.3 Further work is required to better understand the reasons for dismissal before any assertions can be drawn from the data. However, it could be related to the change in the Trust appeals system from a two stage to a single stage appeal and an increased effort to manage disciplinary and grievance investigations in accordance with policy timeframes. Consequently, the 2009-10 figures comprise a backlog of cases from 2008-09 (finalised in 2009-10) as well as the 'new' cases from 2009-10 (managed within 2009-10). Consequently, a fall in numbers of dismissals is anticipated in 2010-11
- 11.4 Leavers data by age, ethnicity, disability and gender is illustrated in Appendix 1, tables 4a to 4d.
- 12.0 Benchmarking**
- 12.1 Benchmarking workforce diversity data is a challenge. Firstly NHS Trusts do not follow a standardised format and reporting style and detail varies between them. Secondly, at the time of writing, there is a lack of published data in the public domain from other NHS bodies and acute Trusts for 2009-10. Workforce ethnicity data is the most easily comparable.
- 12.2 The most recent available published data from four Acute NHS London Trusts are set out in Table 6 for comparison with GSTT, namely: King's College Hospital NHS Foundation Trust, University College London Hospital NHS Foundation Trust Imperial College Healthcare NHS Trust, and Chelsea and Westminster Hospital NHS Foundation Trust.
- 12.3 Comparison across Trusts is difficult because of the differing proportions of ethnicity disclosure. GSTT currently has the lowest proportion of staff from a BAME ethnic background. However, it also has the highest non-disclosure of ethnicity. Capture of this missing data, could change the GSTT profile in relation to other Acute NHS Trusts in London.

**Table 6 Workforce ethnicity profile of GSTT NHS Foundation Trust and four other Acute NHS Trusts in London**

<b>Ethnicity</b>	<b>GSTT March 2009</b>	<b>KCH 2008-09</b>	<b>UCL Sept 2008</b>	<b>Imperial College 2008-09</b>	<b>Chelsea &amp; Westminster March 2007</b>
White	52%	50%	56%	53%	53%
BAME	36.4	48%	40%	40%	41.2%
Not known	12.3%	2%	4%	7%	5.6%

- 12.4 Table 7 provides a comparison of the GSTT workforce ethnicity profile with the local population of its two local boroughs and of central and greater London. Despite the unknown ethnicity of 12.3% of the GSTT workforce, the

BAME population is similar to that of its local population of the Boroughs of Lambeth and Southwark, and higher than for Central and Greater London. However, it must be noted that the last available census data is for 2001 and although a census is due in 2011, it will be some time before the data is published.

**Table 7 Workforce ethnicity profile of GSTT NHS Foundation Trust and various areas of London**

Ethnicity	GSTT NHS Foundation Trust March 2010	Lambeth Projected for 2012	Southwark March 2007	Central London (City of London & Westminster) March 2007	Greater London population March 2007
White	52%	65.2%	63%	77.9%	71.1%
BAME	36.4	34.8%	37%	22.1%	28.9%
Unknown	12.3%	0%	0%	0%	0%

### 13.0 Equality Impact Assessment

13.1 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.

### 14.0 Summary

14.1 12.9% of staff chose not to declare their ethnicity. 41.2% of staff electing to do so, were from a BME group - an increase from 36.4% in 2008-09. The highest proportion of BME staff are found in the lower pay bands and the proportion of BME staff falls as the highest pay bands are reached.

14.2 The workforce gender split remained constant with 72.8% women and 27.2% men, reflecting the general NHS workforce profile. The gender breakdown for medical and dental consultants shows the converse with 35% women and 65% men in consultant posts.

14.3 Staff stating a disability increased from 1.5% 2008-09 to 3.1%.

14.4 In 2009-10, 41,381 people applied for posts with GSTT; 3,676 were short listed and 2,065 were appointed. There was a 6% decrease in the proportion of women applying for jobs and a 10% decrease in BME staff appointed compared with 2008-09 data.

14.5 Appraisal data was available for 78.4% of the current workforce and 31.2% of them had undertaken an appraisal.

14.6 Numbers of disciplinary cases and grievances remained low. The number of dismissals also remained low, despite a numerical increase from 36 to 96.

### 15.0 Recommendations

Statutory Annual Workforce Monitoring Report 2009/10  
Ann Macintyre, Director of Workforce & Organisational Development  
Janice Fiske, Director of Equality & Diversity



- 15.1 Completion of diversity data remains a challenge and thought needs to be given to how this is improved and at what cost, including the frequency of undertaking ESR data cleansing.
- 15.2 Further work is required to provide an objective understanding of the change in demography of the appointments being made in 2009-10 compared with 2008-09.
- 15.3 Staff should be encouraged to be proactive with regard to the annual appraisal process, requesting an appraisal rather than waiting to receive an invitation to appraisal.
- 15.4 Further work is required to better understand the reasons for dismissal before any assertions can be drawn from the data on that matter.

**Ann Macintyre**

**Director of Workforce &  
Organisational Development**

**Janice Fiske**

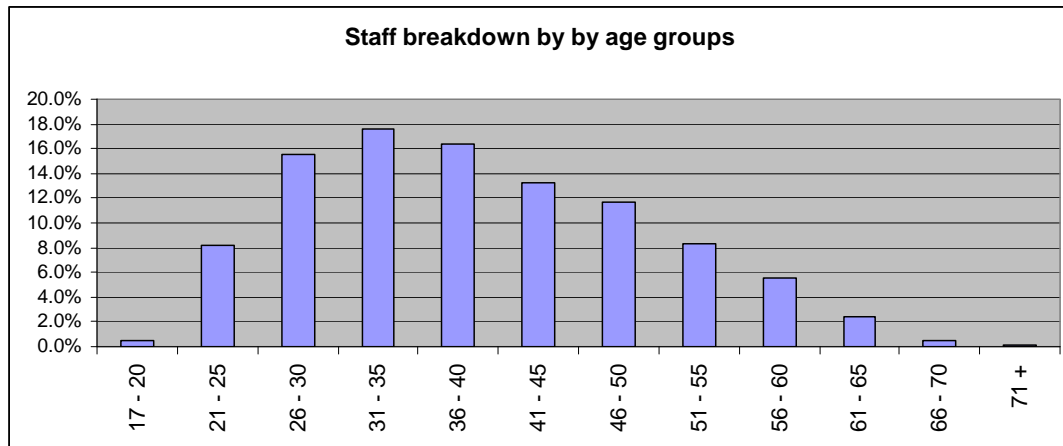
**Director of Equality &  
Diversity**

**July 2010**

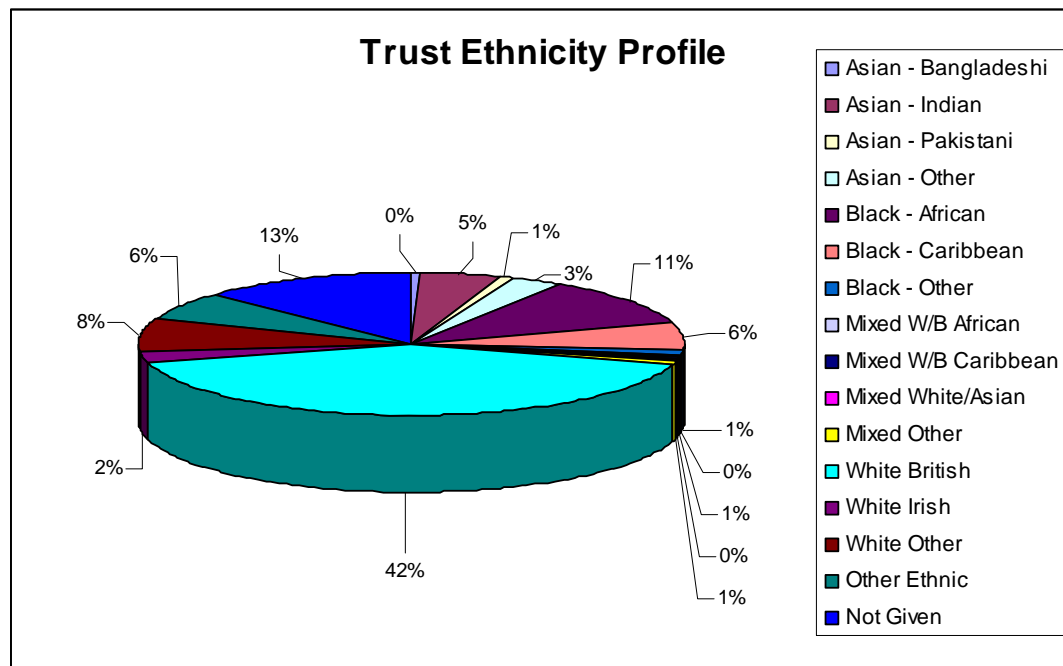
## Appendix A: Tables and graphs depicting workforce monitoring data 2009 - 2010

### 1. Workforce profile

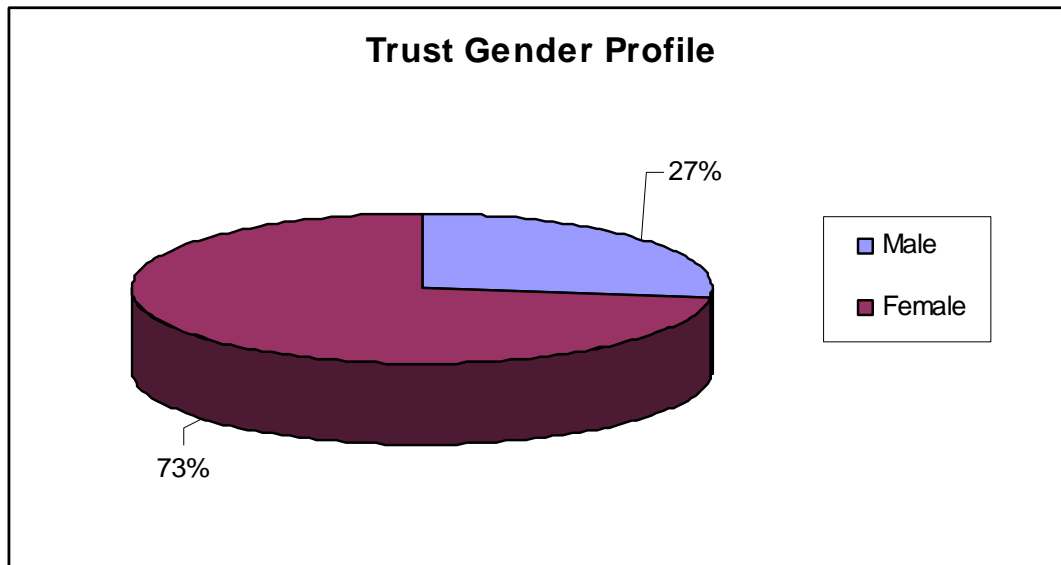
#### a) By Age



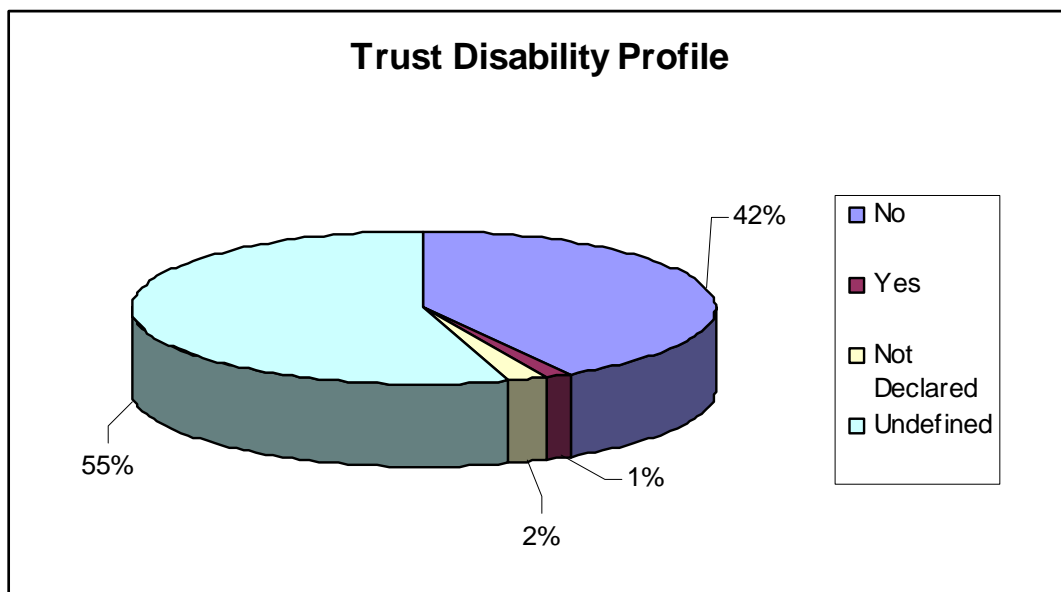
#### b) By Ethnicity



c) By Gender

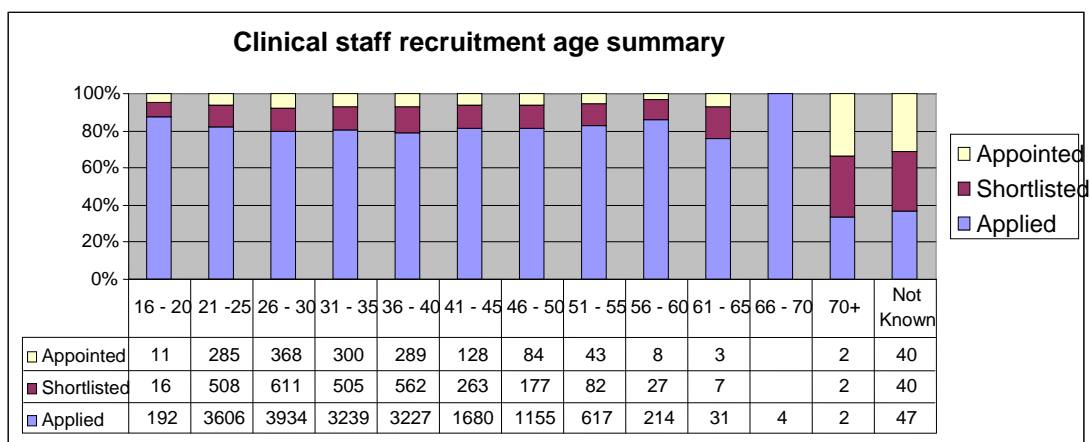


d) By Disability

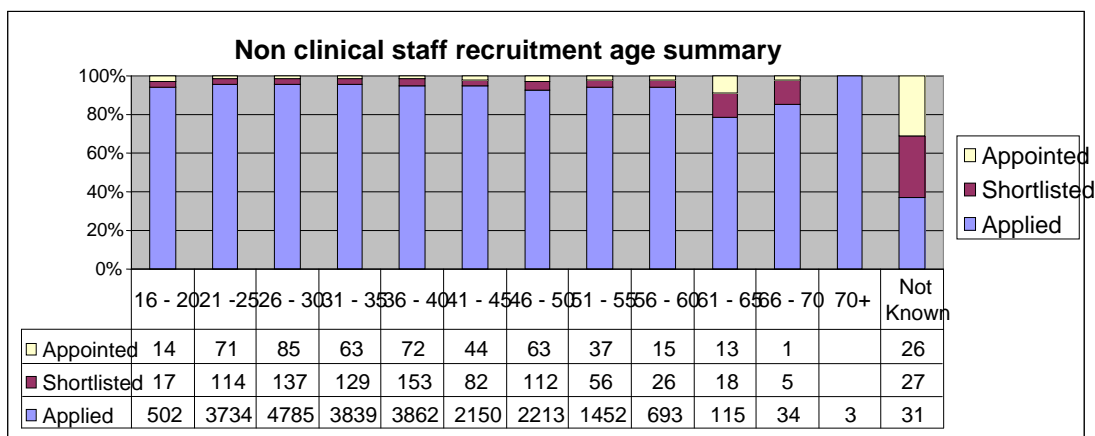


## 2. Recruitment Data

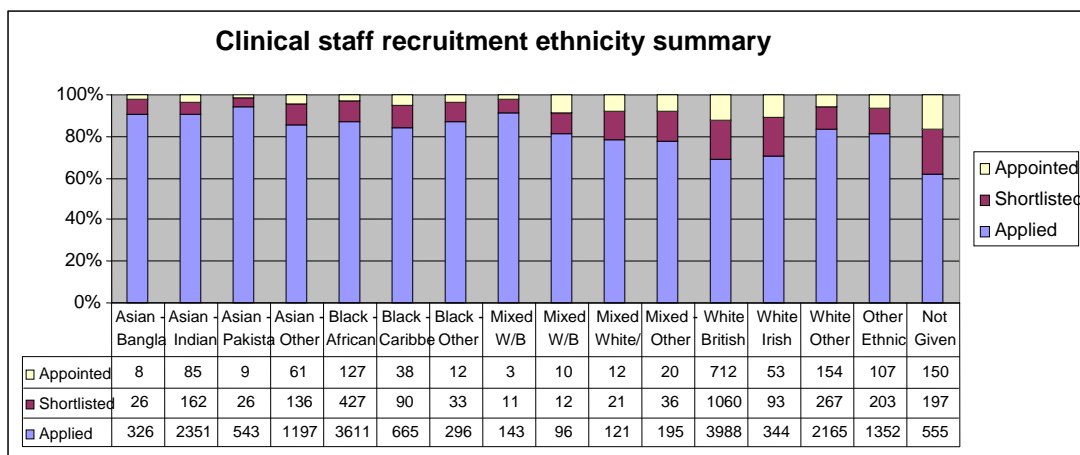
### a) By Age for Clinical Staff



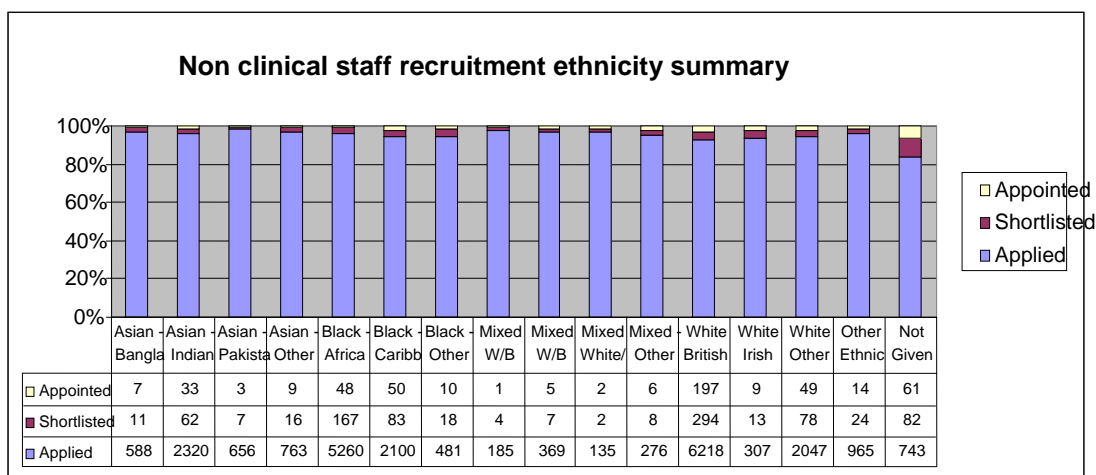
### b) By Age for Non-clinical Staff



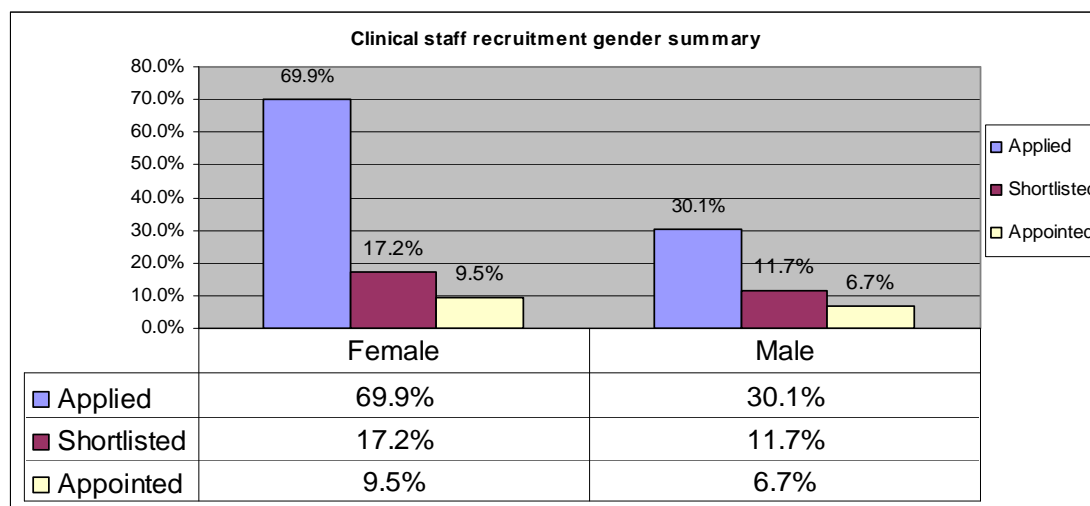
### c) By Ethnicity for Clinical Staff



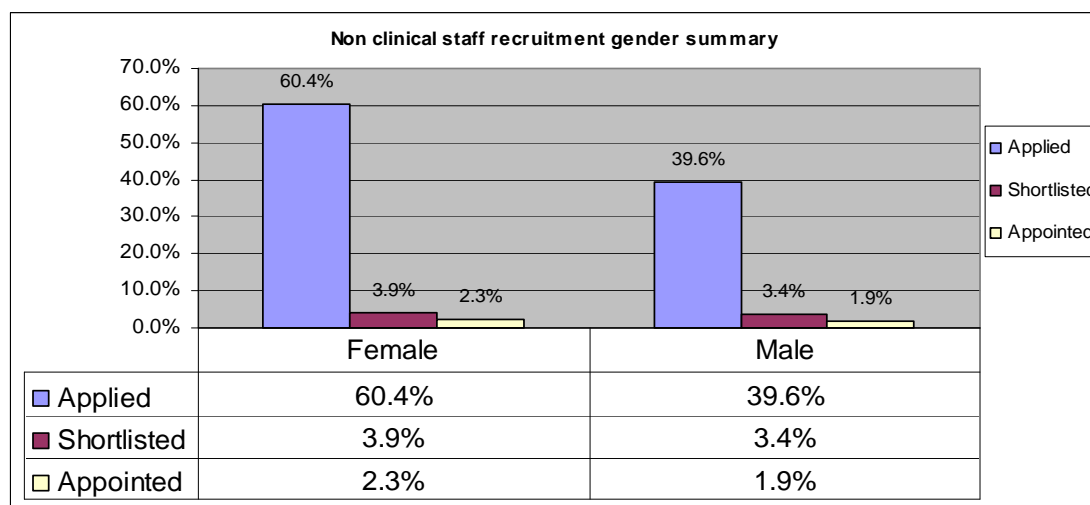
**d) By Ethnicity for Non-clinical Staff**



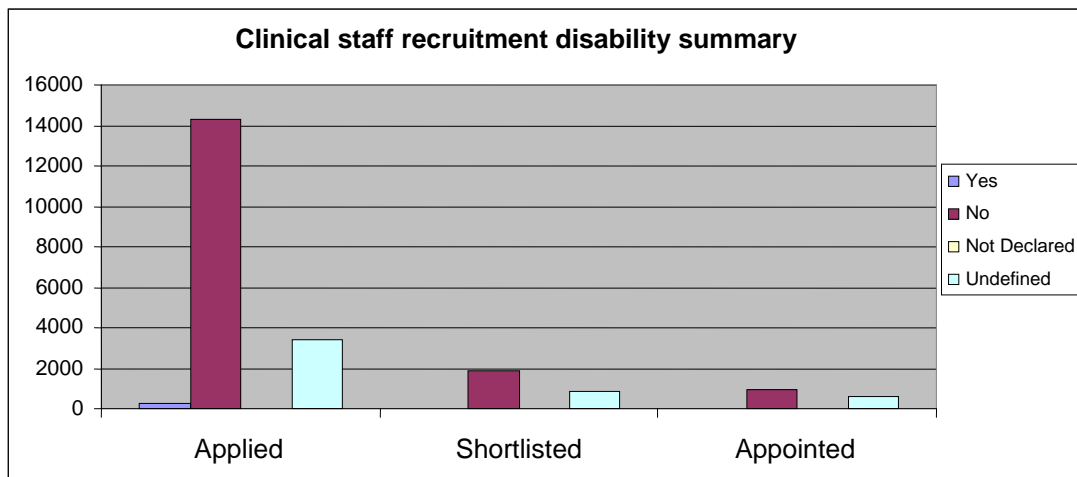
**e) By Gender for Clinical Staff**



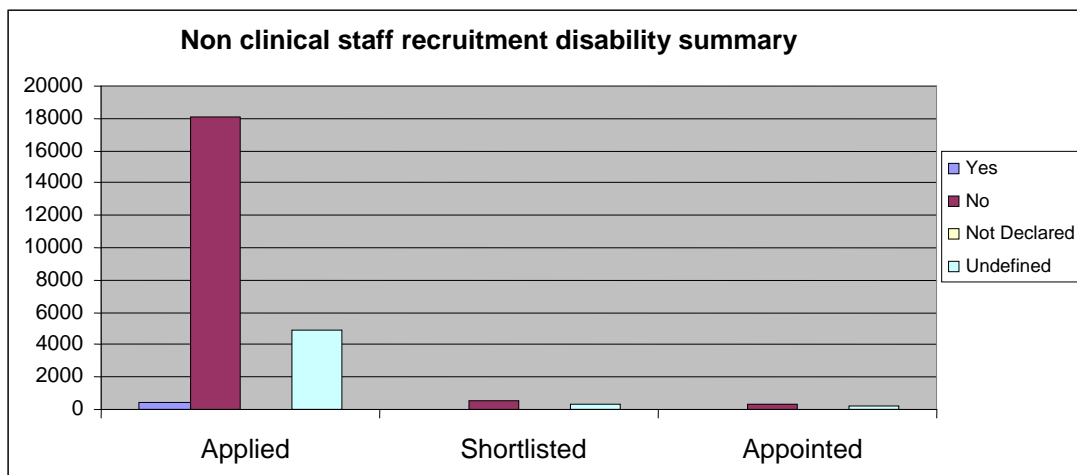
**f) By Gender for Non-clinical Staff**



**g) By Disability for Clinical Staff**

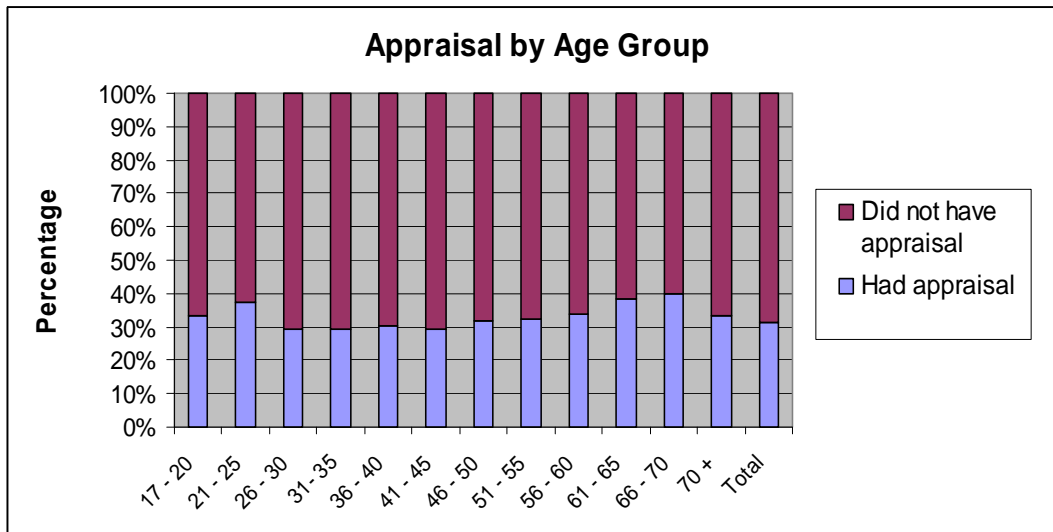


**h) By Disability for Non-clinical Staff**

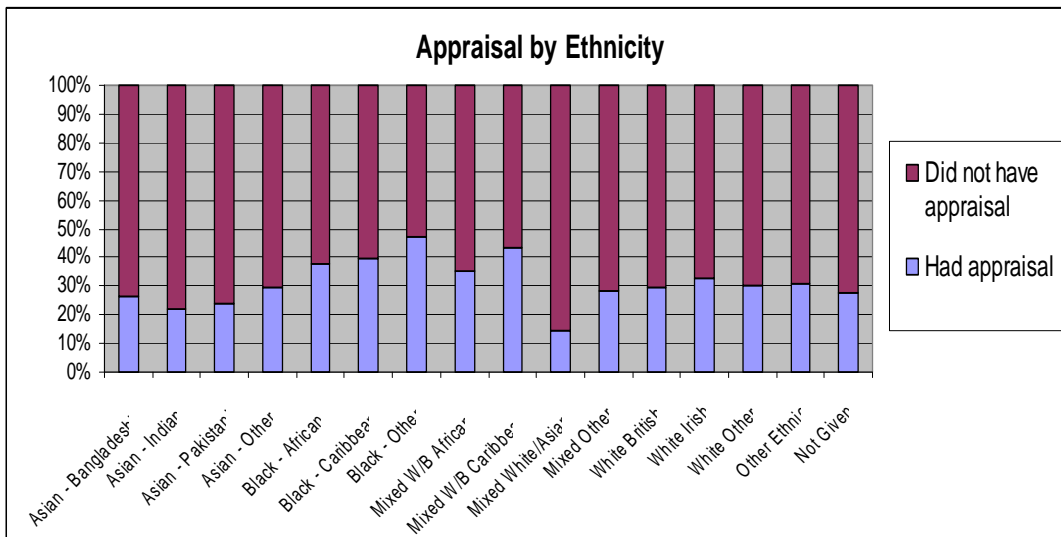


### 3. Appraisal Data

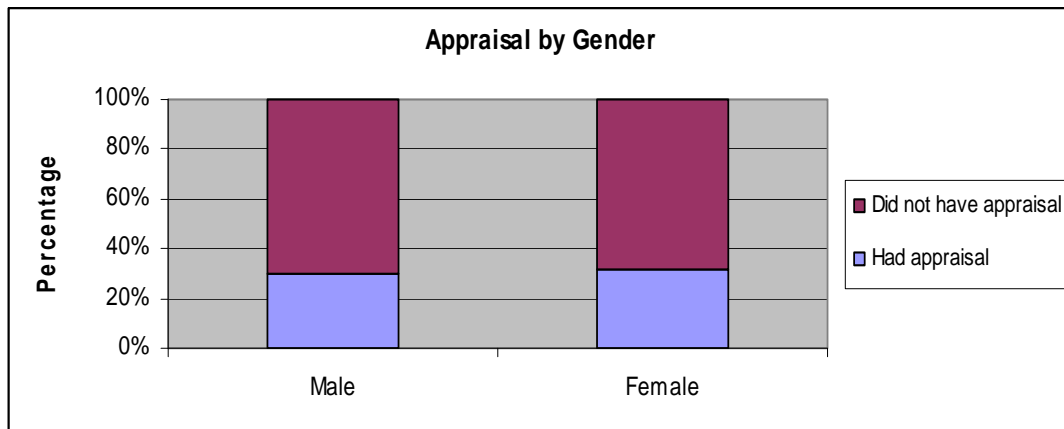
#### a) By Age Group



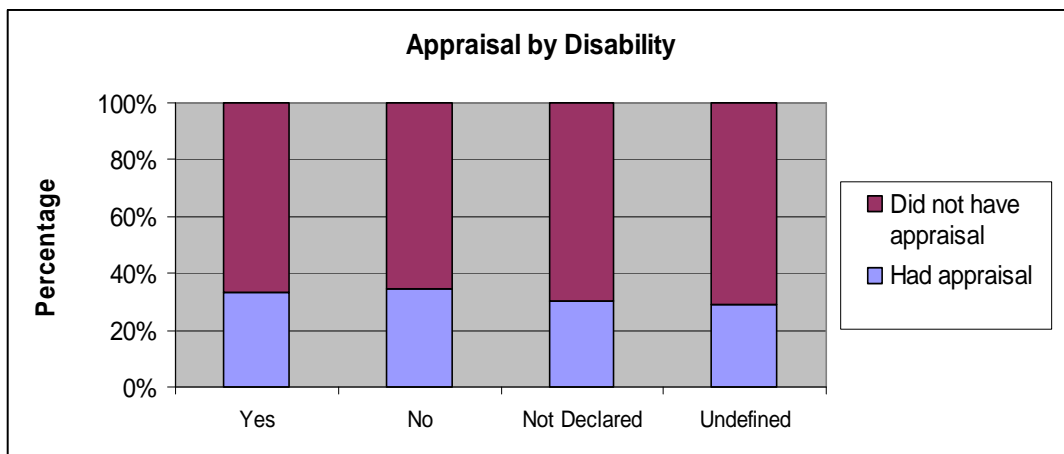
#### b) By Ethnicity



**c) By Gender**

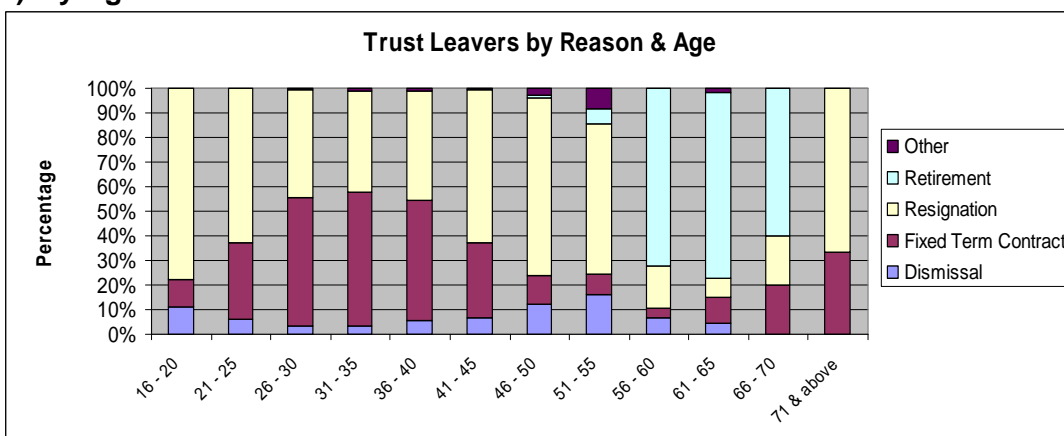


**d) By Disability**



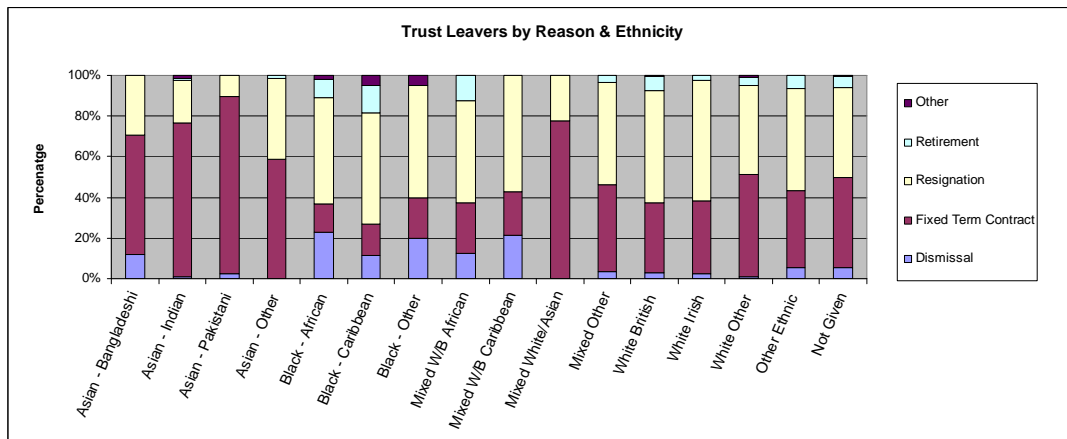
**4. Leavers' Data**

**a) By Age**

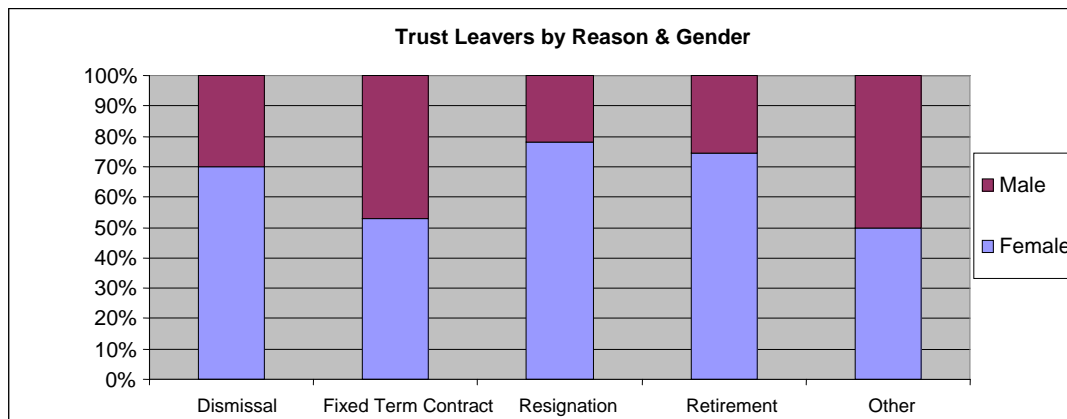




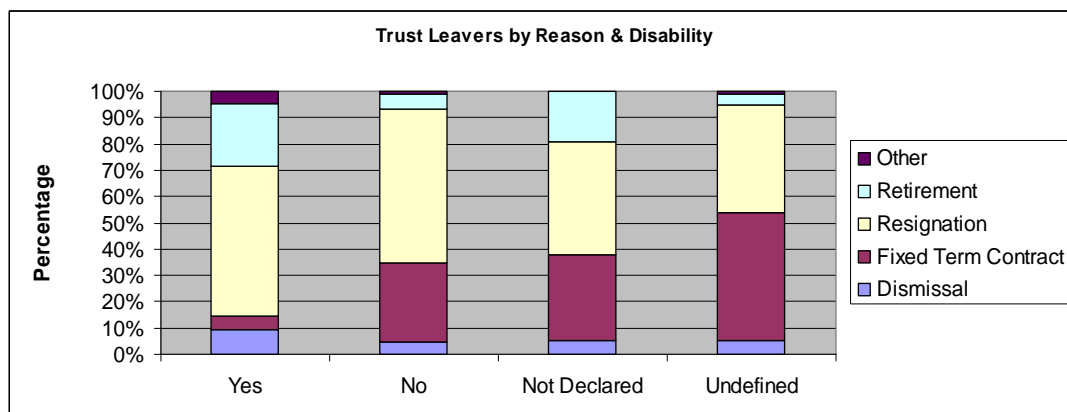
**b) By Ethnicity**



**c) By Gender**

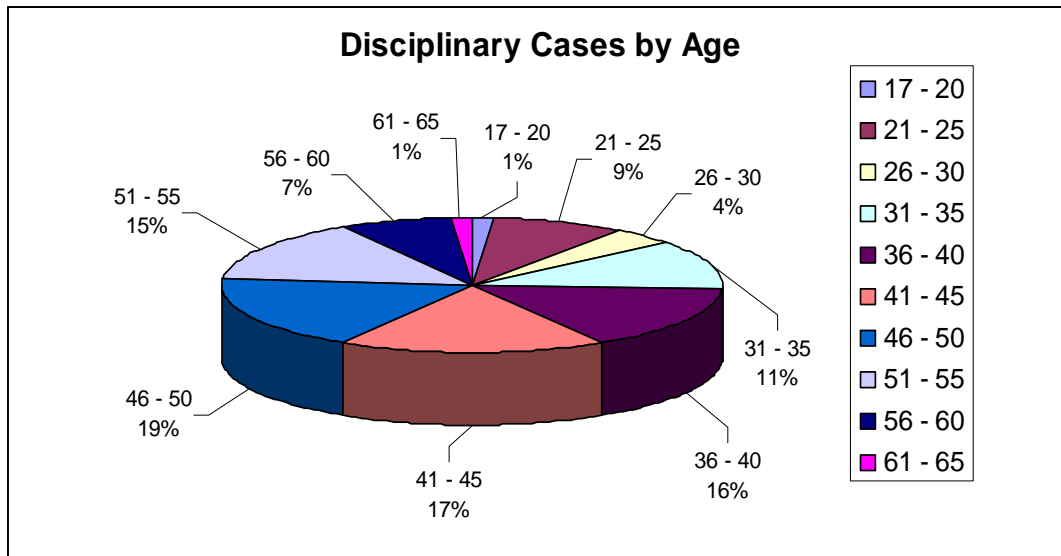


**d) By Disability**

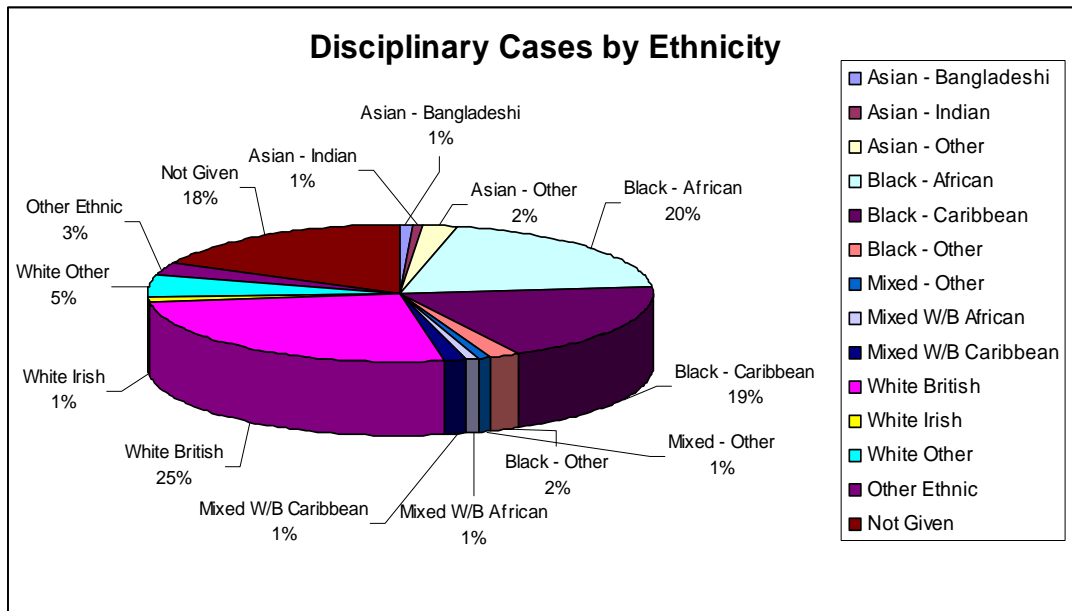


## 5. Disciplinary Data

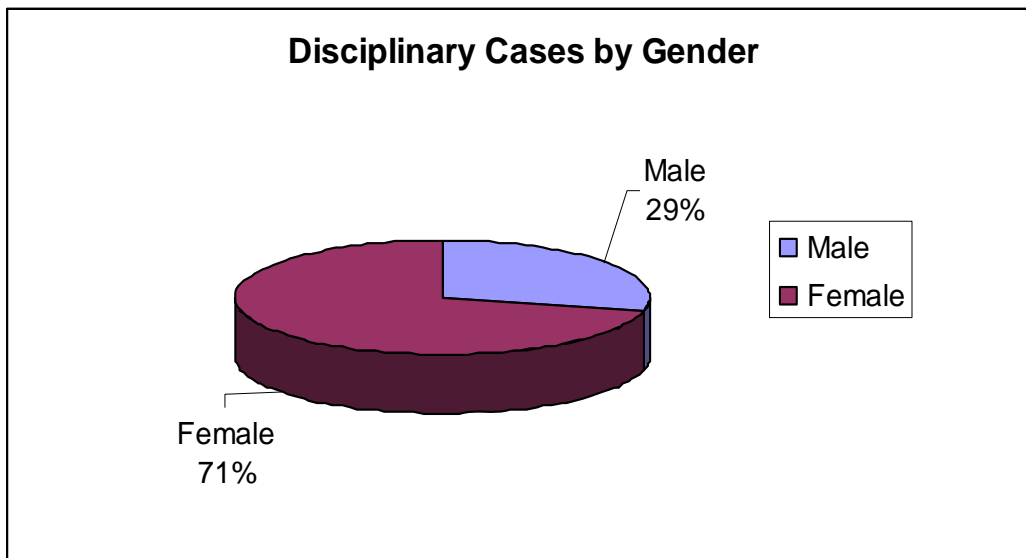
### a) By Age



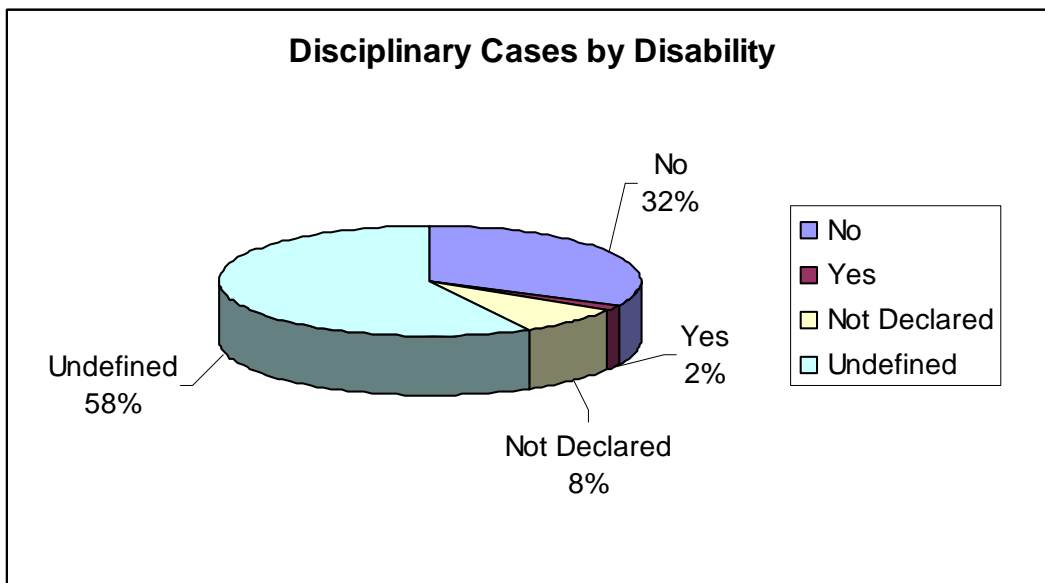
### b) By Ethnicity



c) By Gender



d) By Disability



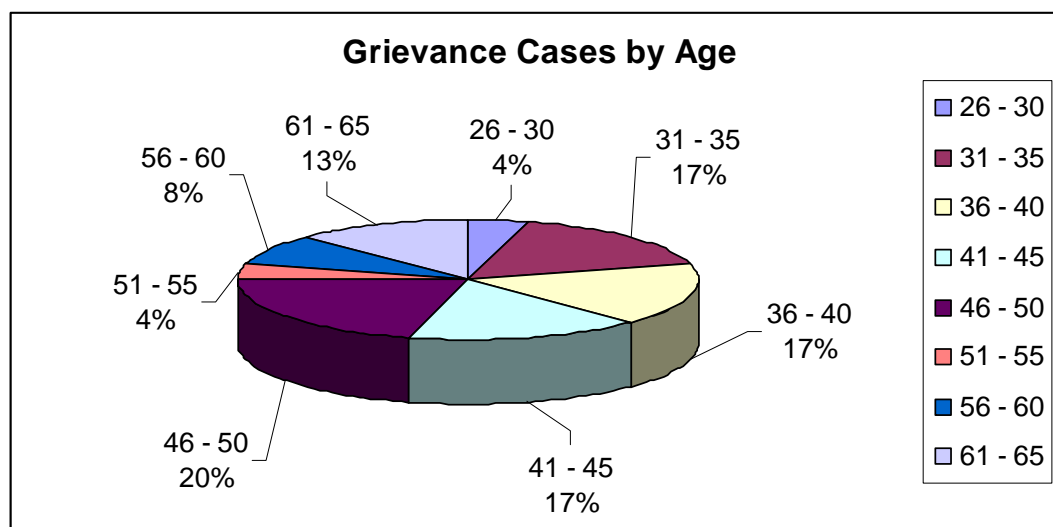
### e) By Pay Band

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
Band 1	79%	86%	14%	0%	7%	14%
Band 2	49%	44%	36%	31%	15%	25%
Band 3	45%	56%	43%	30%	11%	15%
Band 4	29%	50%	56%	44%	15%	6%
Band 5	40%	46%	48%	29%	12%	25%
Band 6	36%	59%	52%	29%	12%	12%
Band 7	23%	0%	67%	67%	10%	33%
Band 8a	14%	0%	78%	100%	8%	0%
Band 8b	15%	0%	76%	0%	8%	0%
Band 8c	3%	0%	92%	100%	5%	0%
Band 8d	6%	0%	81%	0%	13%	0%
Band 9	8%	0%	92%	0%	0%	0%
Doctors	30%	100%	51%	0%	20%	0%
Whitley	17%	100%	50%	0%	33%	0%

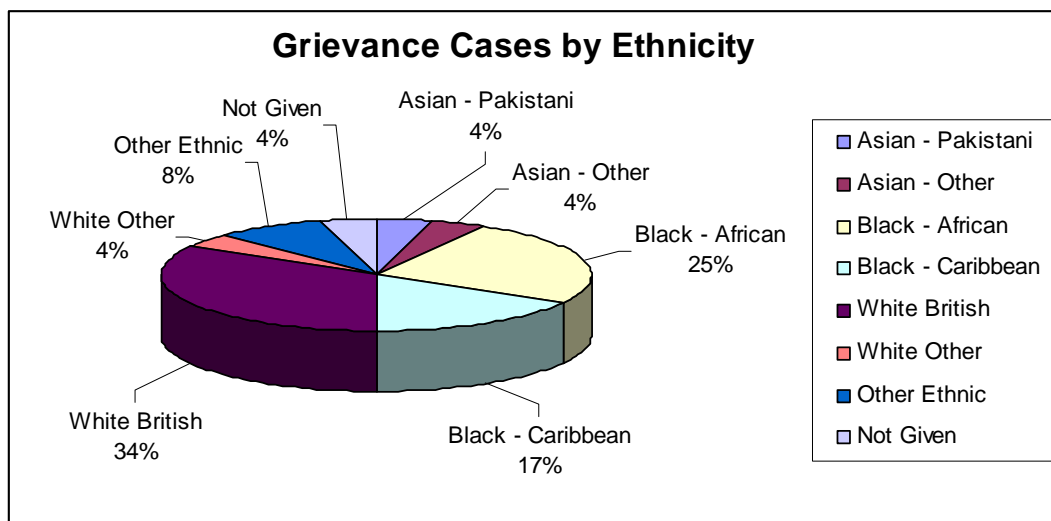
N.B. Bands 8a upwards, Doctors and Whitley categories comprise very low numbers

## 6. Grievance Data

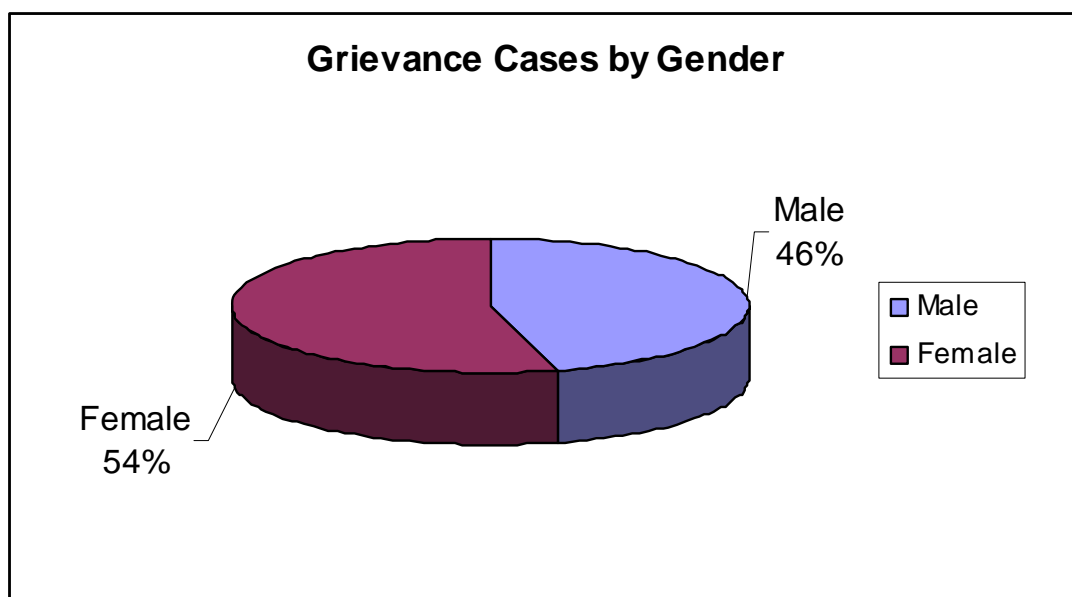
### a) By Age



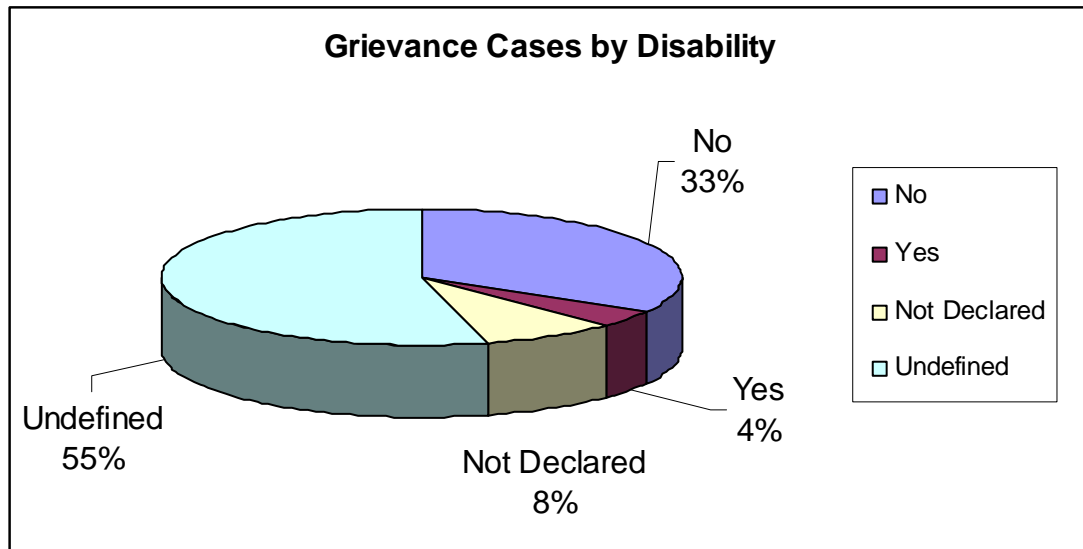
### b) By Ethnicity



### c) By Gender



## d) By Disability



## 7. Staff in post – by Division April 2010

		Acute Patient Services	Ambulatory Patient Care	Capital Estates and Facilities	Charitable Foundation	Chief Executive	Chief Nurse	Communications	Director of Finance	GSTS Pathology Payroll	Managed Networks	Medical Director	Research & Development	Workforce	Other eg Recharge	Total	
<b>Age</b>	17 - 20	7	16	11					2	2	11			3		52	
	21 - 25	226	185	65	1		1	1	10	23	322	17		20	5	876	
	26 - 30	402	346	86	3	1	3	6	22	81	589	56	4	34	31	1664	
	31 - 35	523	367	133	2	3	8	3	43	88	583	48	10	35	45	1891	
	36 - 40	530	301	159	3	2	3	6	38	59	558	36	9	38	18	1760	
	41 - 45	315	250	194	3	4	8	3	48	78	459	27	1	19	9	1418	
	46 - 50	237	252	234	1	7	7	1	46	70	336	27	8	16	6	1248	
	51 - 55	159	159	200	3	5	9	1	40	36	245	20	1	10	3	891	
	56 - 60	106	96	157		2	1		24	40	148	8	2	6	6	596	
	61 - 65	37	55	84		1	1		13	11	53	4		1	3	263	
66 - 70	8	18	17					2	5	7	1				58		
71 +	3	3	1		1									1	9		
<b>Gender</b>	Male	704	466	656	1	8	4	3	106	153	652	73	8	49	34	2917	
	Female	1849	1582	685	15	18	37	18	182	340	2659	171	27	133	93	7809	
<b>Disabled</b>	No	888	933	556	7	9	16	11	118	248	1415	112	23	91	45	4472	
	Yes	27	24	29			1		7	8	39	3		6	1	145	
	Not Declared	47	68	38			2		10	9	64	4	1	1	6	250	
	Undefined	1591	1023	718	9	17	22	10	153	228	1793	125	11	84	75	5859	
<b>Ethnic Origin</b>	Asian - Bangladeshi	9	13	6					1	7	11	2	1	1		51	
	Asian - Indian	93	132	26			1		20	36	176	17	2	12	4	519	
	Asian - Pakistani	18	21	5	1				1	3	34	5			2	90	
	Asian - Other	124	48	27			1		6	13	98	5		3	5	330	
	Black - African	274	148	345	1			1	28	54	279	22	9	20	4	1185	
	Black - Caribbean	109	109	205	1		1	3	15	16	152	11	2	22	2	648	
	Black - Other	29	33	28		1			1	5	24			1		122	
	Other Ethnic	252	69	83	2				18	18	193	14	2	1	4	656	
	Mixed W/B African	9	11	12					1	3	6					2	44
	Mixed W/B Caribbean	7	9	11					2		20				4	1	54
	Mixed White/Asian	12	4	3			1		2	2	16	2		2	1	45	
	Mixed Other	23	20	12			1	1		4	32	5		6		104	
	White British	914	941	348	9	17	29	10	135	212	1564	79	11	74	59	4402	
	White Irish	75	51	20		1			6	14	84	4	2	3	2	262	
	White Other	204	162	79	1		3	1	20	45	271	30	5	4	4	829	
Not Given	401	277	131	1	7	4	5	32	61	351	48	1	29	37	1385		
<b>Total</b>		<b>2553</b>	<b>2048</b>	<b>1341</b>	<b>16</b>	<b>26</b>	<b>41</b>	<b>21</b>	<b>288</b>	<b>493</b>	<b>3311</b>	<b>244</b>	<b>35</b>	<b>182</b>	<b>127</b>	<b>10726</b>	