

# Workforce Committee

21<sup>st</sup> November 2013

## Statutory Annual Workforce Diversity Monitoring Report 2012/13

**Status:** A paper for information

**History:** Annual report

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## Workforce Committee

21 November 2012

A paper prepared by Staynton Brown, Associate Director of Equalities and Diversity and presented by Ann Macintyre, Director of Workforce.

### Statutory Annual Workforce Diversity Monitoring Report 2012/13

#### 1. Introduction

- 1.1 The new equality act and subsequent public sector equalities duties came into force last year. It placed a much greater emphasis on providing visible and transparent information to the public. The annual diversity monitoring report will be published on the Trust internet site to meet our duties.
- 1.2 The new equality act requires all public bodies to publish workforce information by the 'protected characteristics' set out in equality legislation. This will cover staff-in-post, applicants for jobs, promotion and training, the results of training, employment relations data and performance appraisal.

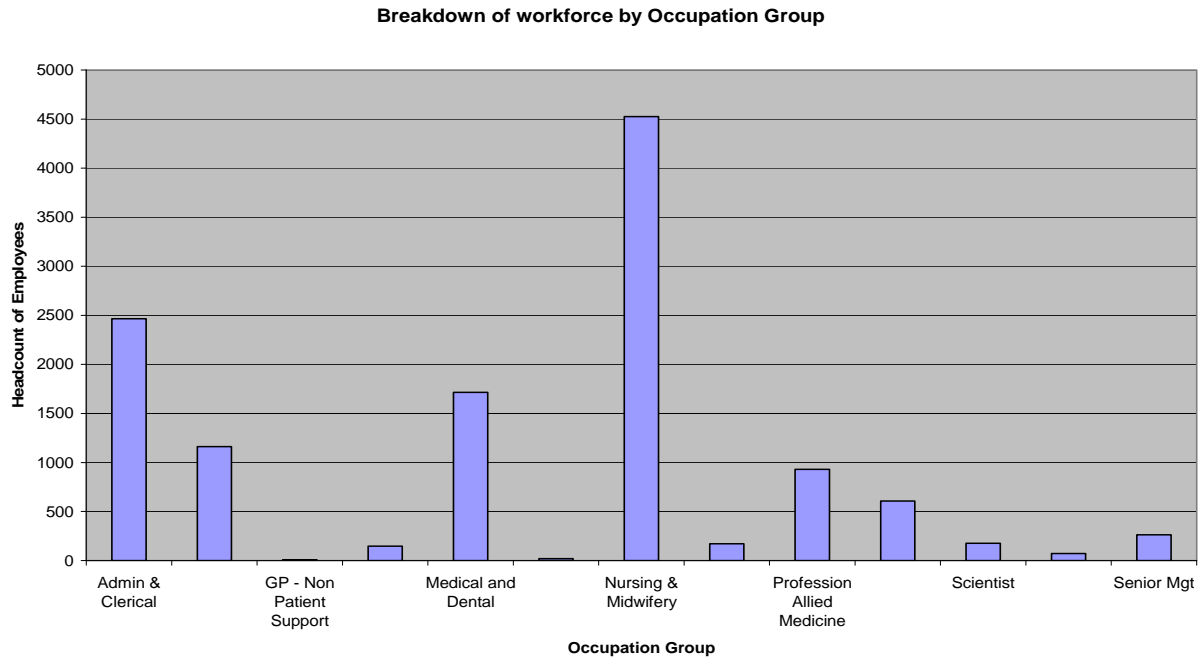
#### 2. Purpose of this paper

- 2.1 The purpose of this paper is to set out the results of employment monitoring over the past 12 months.
- 2.2 The Trust has not undertaken a data cleansing exercise this year. This will have an effect on the validity of some of the information and the relatively high level of 'unknown' data for ethnicity and disability.
- 2.3 Significant progress has been made in gathering reliable workforce diversity data over each year. The Trust has commissioned McKesson to ensure that sexual orientation is included within the Employee Service Records (ESR) system. This will be included in next years report. Further improvements will be made when the Trust Workforce Information team undertake a data cleanse of the information held on ESR. It is recommended that when this work is undertaken there is a planned communications piece outlining the importance and rational for collecting diversity information.

#### 3. Staff in post

- 3.1 The Trust had 12260 employees on 1<sup>st</sup> October 2012, up from 11882 October 2011. The increase in staff reflects the integration of a number of transfers over 2012/13, growth in establishment and increased clinical activity.
- 3.2 The composition of the workforce by occupational group is shown in Table 1.

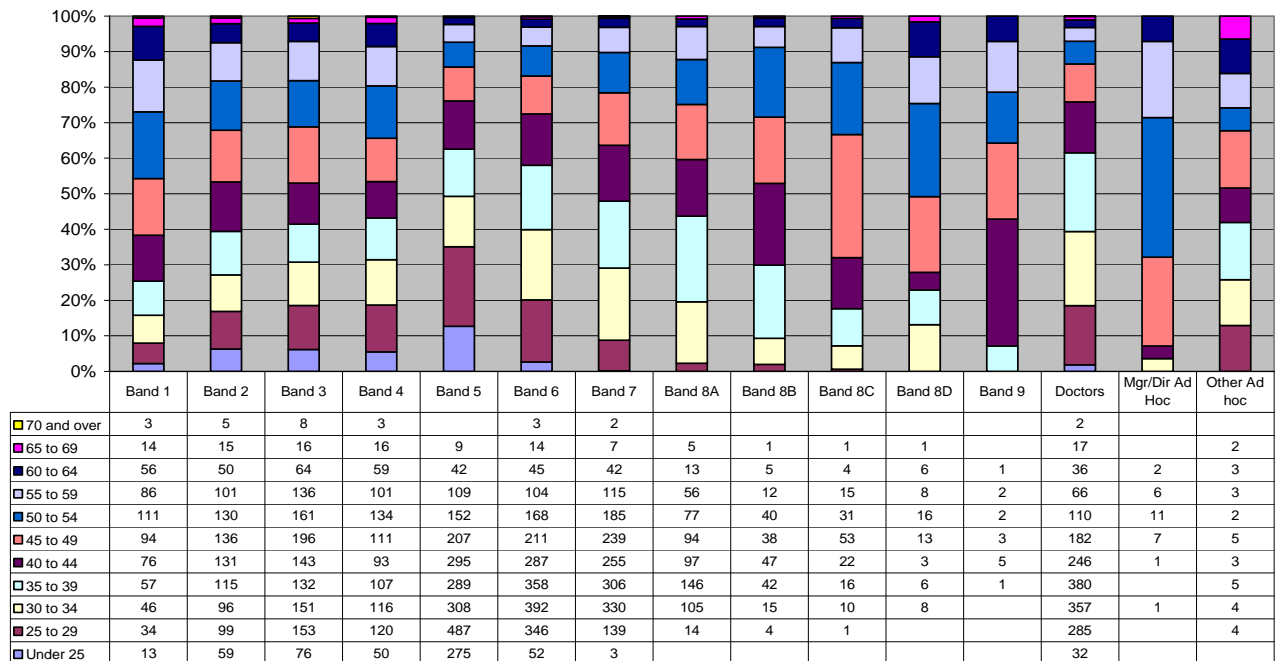
**Table 1. Workforce by occupational group**



**4. Age by pay band**

4.1 At the Trust those under 30 make up 16% of the workforce, 30-55 year olds represent 70% and people aged over 55 make up 14%. Age is generally well represented across AfC bands. There have been no significant changes from 2011/12 to 2012/13. As would be expected, younger people (under 25) are employed in bands 1-4 posts. However, there is a lower number employed in Band 1 posts than expected. Work is underway in a number of areas to actively recruit young people into entry level roles. There are also a number of outreach projects underway captured within the Trust's Widening Access to Employment and Skills strategy.

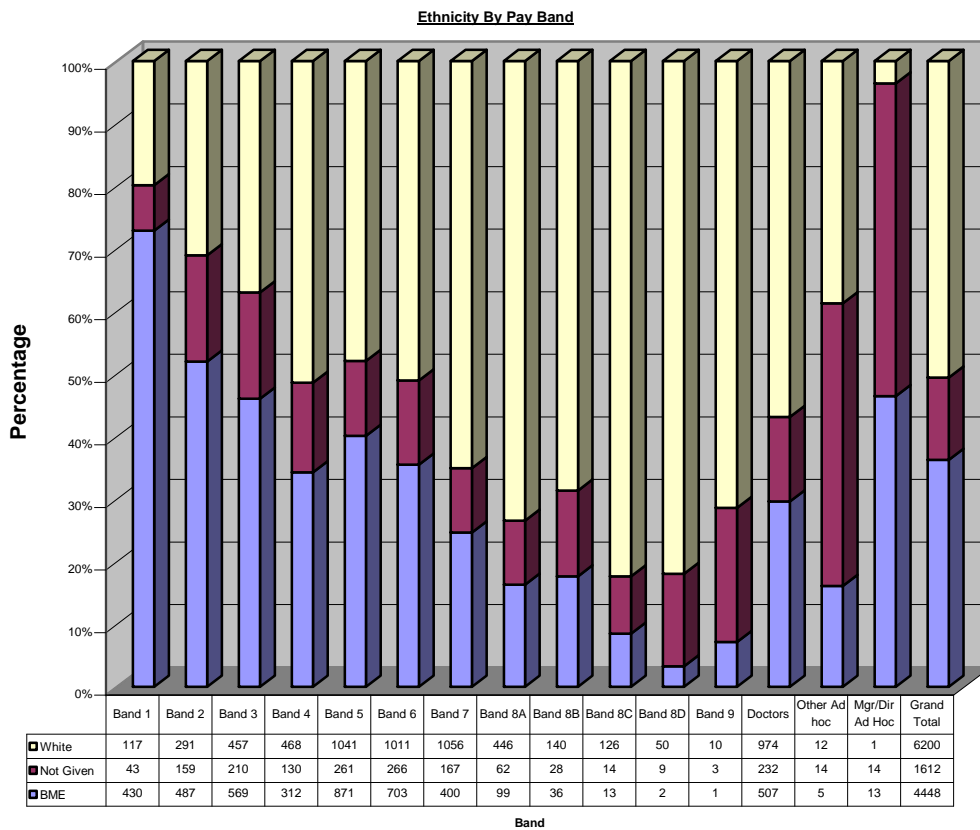
**Trust Age by Band**



**5. Ethnicity by pay band**

- 5.1 Overall, 36% of those staff electing to disclose their ethnicity stated that they were from a BME group and 51% disclosed as being white British. This is within one percentage point of 2011/12. In 2011/12 87% of the workforce disclosed their ethnicity, a similar rate to the preceding two years.
- 5.2 The highest proportion of BME staff are found in the lower AfC pay bands and the proportion of BME staff falls as the highest pay bands are reached (See table 2, below). The distribution of BME staff show 40% in Bands 1-4, 44% in bands 5-7, 4% in bands 8 and above. This is comparable with data from 2011/12.
- 5.3 Outside of the AfC banding, the ethnic composition of doctors more closely reflects the Trust's overall ethnic diversity. 57% of doctors are White British, 30% are BME, with a 13% non-declaration rate. There a significant margin of error due to the non-declaration rate.
- 5.4 Please note that missing ethnicity data has a significant impact on the statistical margin of error.

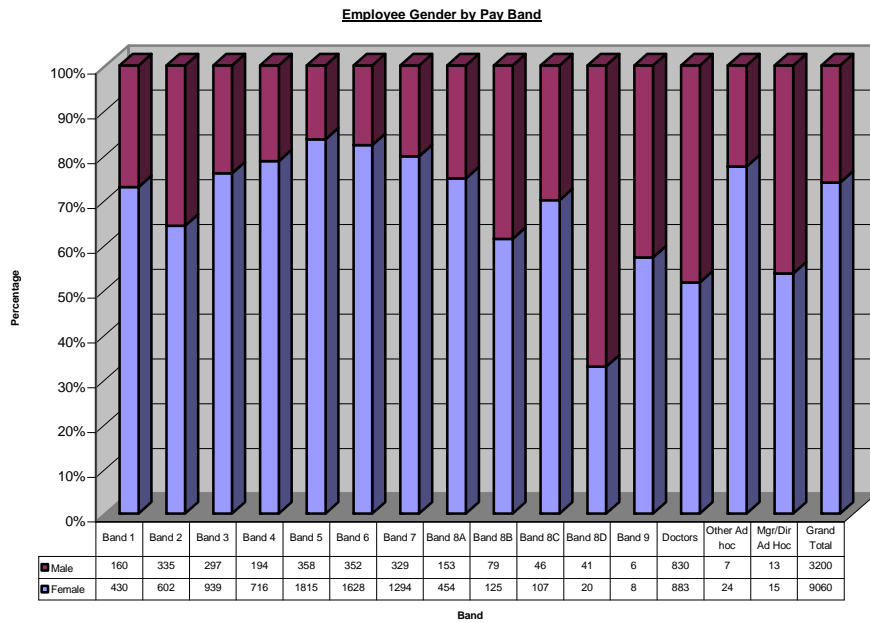
**Table 2. Ethnicity by Agenda for Change Pay Bands**



**6. Gender by pay band**

6.1 The workforce split has remained almost exactly the same over the last three years, comprising of 74% female and 26% male.

**Table 4. Gender by Agenda for Change Pay Bands**

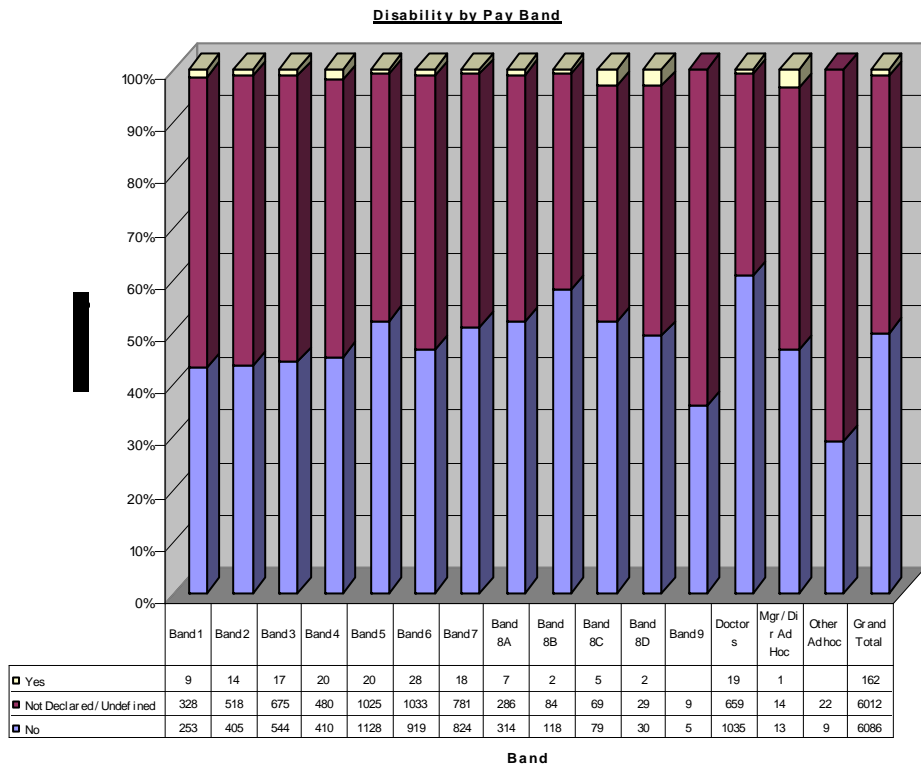


6.3 In 2009/10 the gender breakdown for medical and dental consultants presented a converse picture with 35% women and 65% men. However, in 2012/13, there are more female doctors (51%) than male (49%).

**7.0 Disability by pay band**

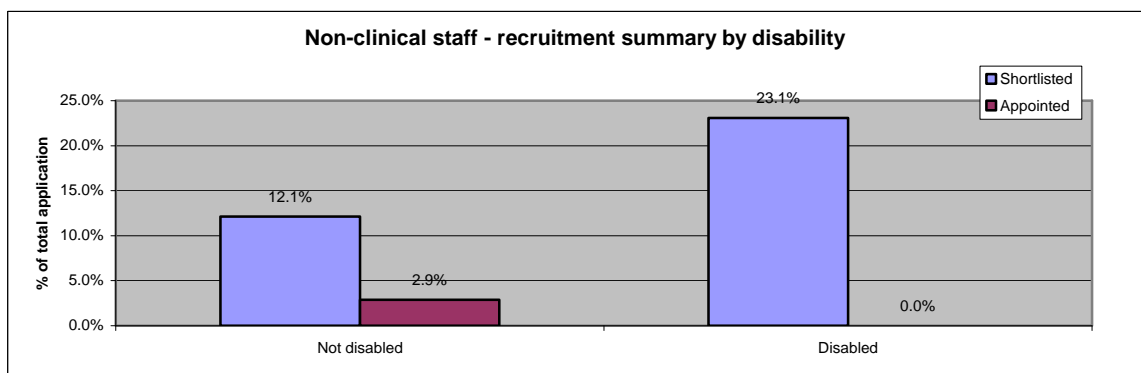
7.1 The number of people prepared to declare whether or not they had a disability is 49.4% in 2012/13, which is the same as last.

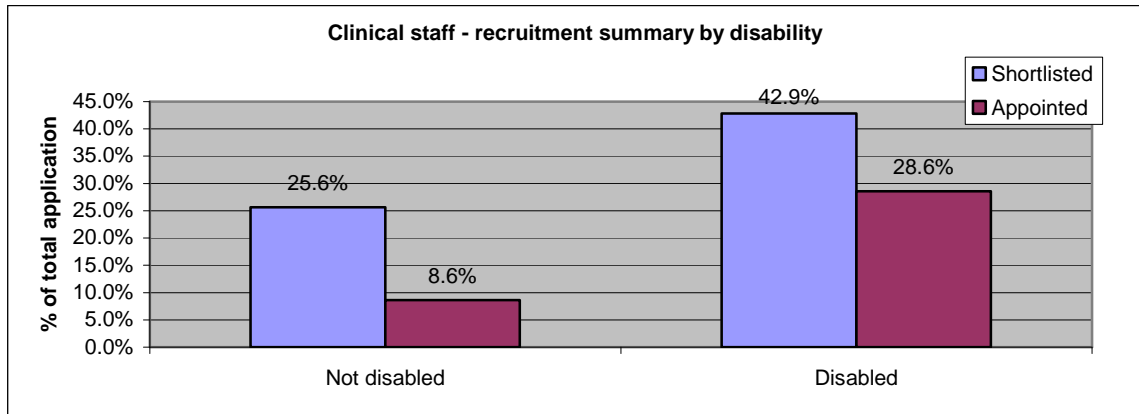
**Table 3. Disability Status by Agenda for Change Pay Bands**



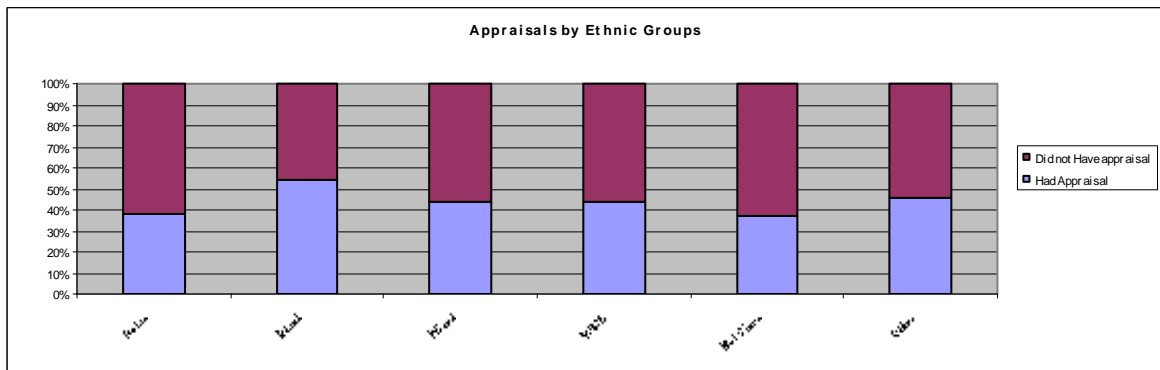
**8. Applicants for employment**

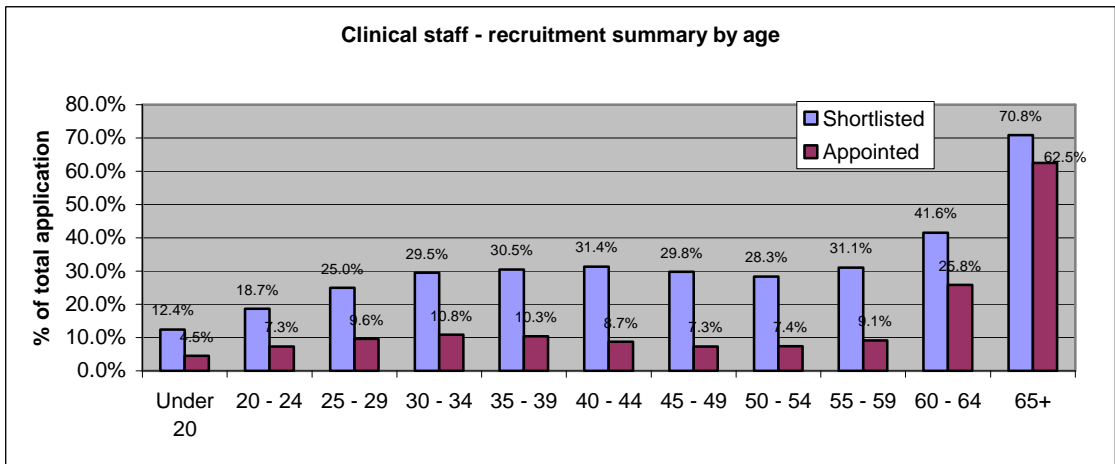
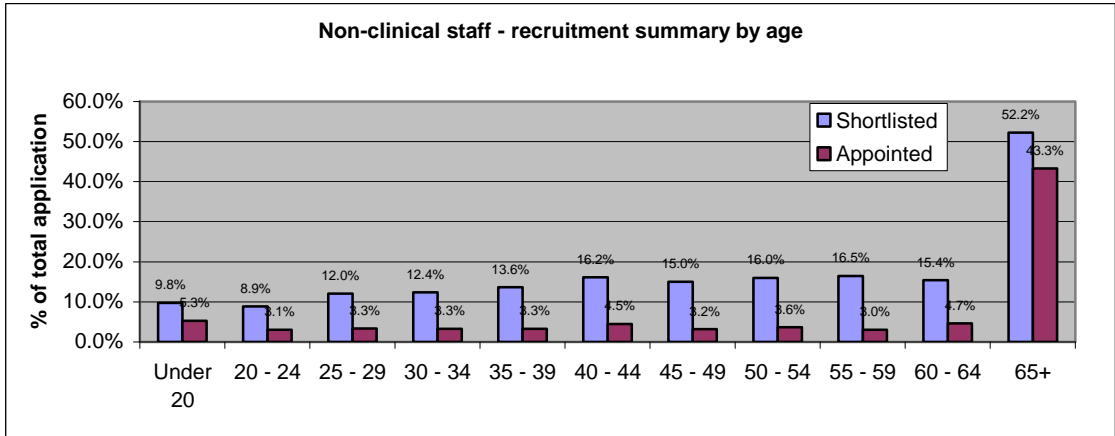
8.1 The Trust operates the two ticks symbol scheme and will guarantee an interview for disabled people who meet the essential job specification.



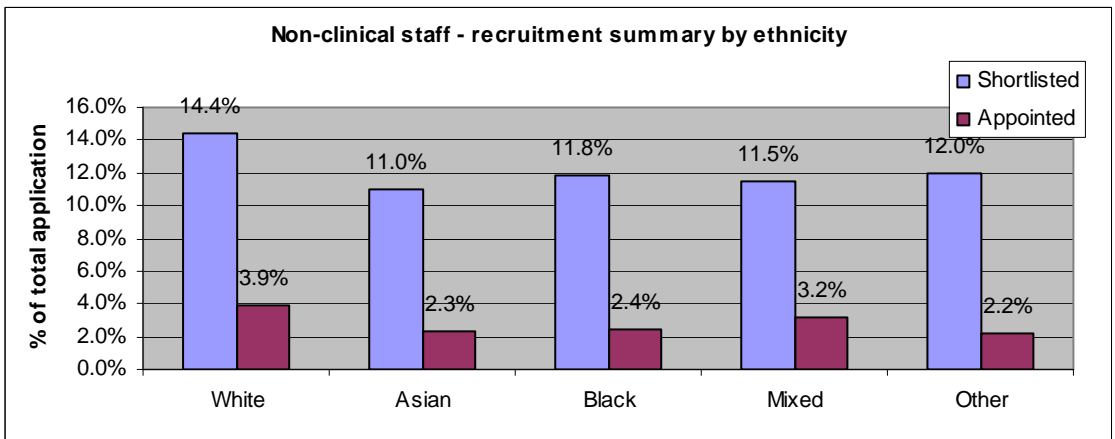


- 8.2 There is some variance with regard to non-clinical and clinical shortlisting. Within non clinical staff there is very little variance between the percentage of males and females shortlisted and the number appointed. Within clinical recruitment, there is a slight variance, where fewer men are shortlisted and recruited.
- 8.3 The shortlisting and appointment by age figures below are difficult to analyse due to a number of underlying conflicting variables. For example, the older someone is the more likely they are to apply for higher banded roles. However, there are less higher banded roles, and less people overall tend to apply for them in comparison to lower banded roles.

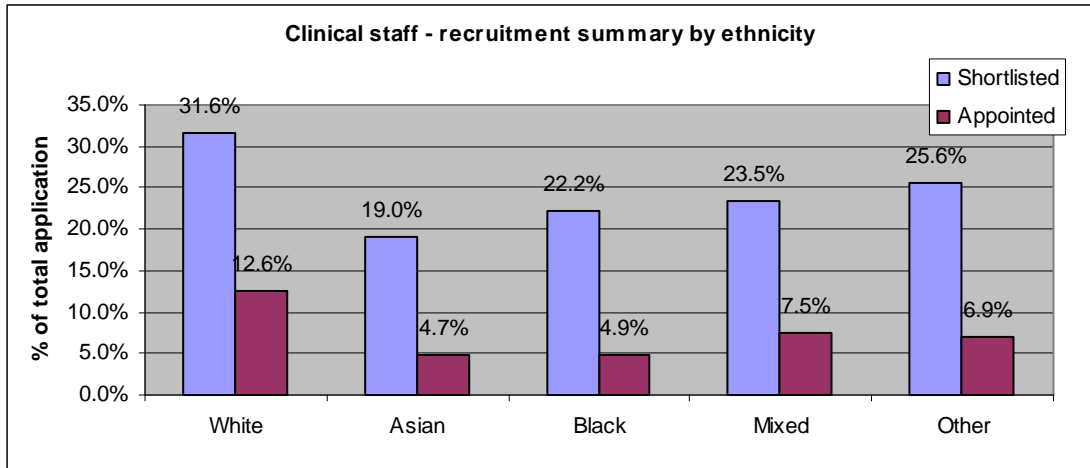




8.4 There is some variance between the shortlisting and appointments of different ethnic groups.



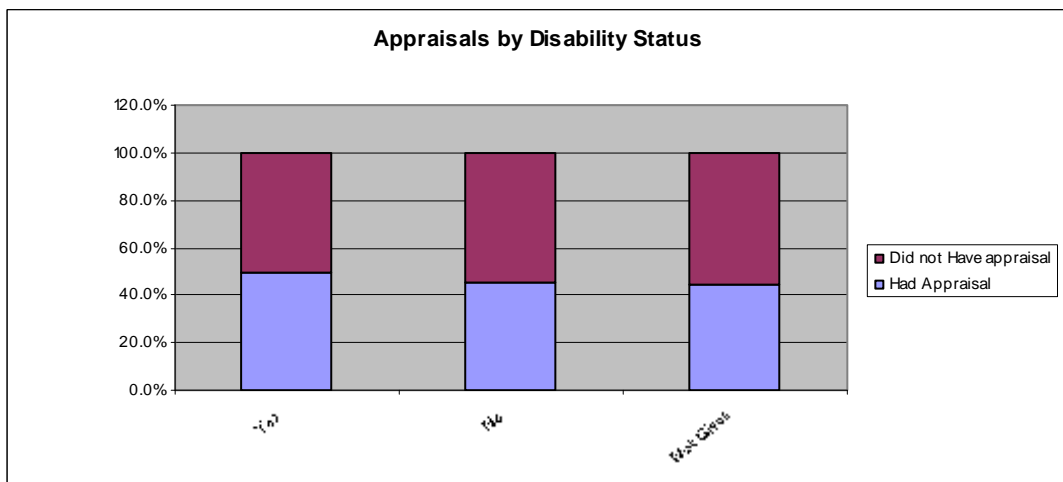
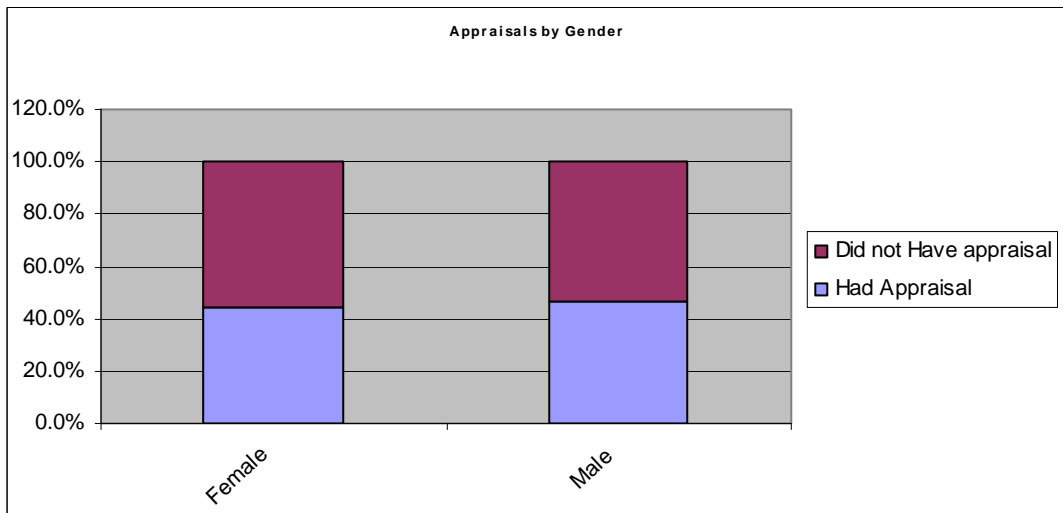




**9. Performance appraisal**

9.1 There has been no discernable change in the average number of people who have completed an appraisal within a 12 months cycle from 2011/12 and 2012/13, nor does there appear to be a correlation between any of the protected characterises and access to appraisal.

**Table 4**



## Recommendations

- The Workforce committee are asked to note the annual statutory diversity report.
- The Workforce committee is asked to endorse further work to explore the slight variance between shortlisting and recruitment between clinical and non-clinical roles.

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**Associate Director,**  
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**October 2012**

