Corporate Management Committee

9th March 2016

Statutory Annual Workforce Diversity Monitoring Report 2015/16

Status: A paper for information

History: Annual report

Ann Macintyre
Director of Workforce & Organisational Development
Statutory Annual Workforce Diversity Monitoring Report 2015/16

1.0 Introduction

1.1 The Equality Act (2010) and subsequent public sector equalities duties have 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 All public bodies are required 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, results of training, employment relations data and performance appraisal.

2.0 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. There is a plan to contact each employee to improve our data capture through the HR Portal and self-service. This will also follow Trust wide communications outlining the importance and rationale for collecting diversity information.

3.0 Staff in post

3.1 The Trust had 14,374 employees on 30th November 2015. This represents an increase of 938 substantively employed staff over the last 12 months. The distribution of the workforce across the occupation groups are shown in Figure 1. The profiles of the workforce by age, gender, ethnicity and disability are in Appendix 1.
4.0 Age by pay band

4.1 Within the workforce, 21% are under 30 years old, 30-55 year olds represent 66% and 14% are aged over 55. There has been a slight increase in the ratio of staff in the older and younger age bands, with a reduction in 30-55 bands since 2014/15. Age is generally well represented across AfC bands. Younger workers (under 25 years old) are mostly in band 2-5 posts, with the number of under 25 year olds in band 5 posts increasing from 2014/15, suggesting that initiatives to increase the recruitment of younger people into entry level are showing signs of success.
5.0 Ethnicity by pay band

5.1 87% of the workforce disclosed their ethnicity, a similar rate to the preceding three years. This is broken down into 35% of those staff stating that they were from a BAME group and 49% disclosed as being white. The variation from figures in 2014/15 is no greater than 2%.

5.2 There is a general decline in the proportion of BAME staff as band increases, with BAME staff being highly represented in band 1-3 posts. The distribution of BAME staff by band is 54% in bands 1-4, 35% in bands 5-7, 17% in bands 8A and above. These figures remain unchanged from 2014/15.

5.3 The ethnic composition of doctors reflects more closely the Trust’s overall ethnic diversity, as 55% of doctors are white British, 30% are BAME and 16% have not declared their ethnicity.

5.4 Figure 3a shows the breakdown of the Trust by ethnicity and job role. Doctors and Consultants are categorised as being senior Trust staff. This shows that BAME staff comprise of 22% of the senior management in the Trust.

Figure 3 - Ethnicity by Pay Bands
Figure 3a

<table>
<thead>
<tr>
<th>Staff Group-Diversity report</th>
<th>BAME</th>
<th>Not Stated/Undefined</th>
<th>Other</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin &amp; Clerical</td>
<td>38.7%</td>
<td>17.3%</td>
<td>1.9%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Ancillary</td>
<td>60.1%</td>
<td>12.8%</td>
<td>3.7%</td>
<td>23.4%</td>
</tr>
<tr>
<td>GP - Non Patient Support</td>
<td>25.0%</td>
<td>50.0%</td>
<td>0.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Maintenance</td>
<td>29.0%</td>
<td>7.6%</td>
<td>3.4%</td>
<td>60.0%</td>
</tr>
<tr>
<td>Junior Drs</td>
<td>28.0%</td>
<td>18.7%</td>
<td>3.1%</td>
<td>50.2%</td>
</tr>
<tr>
<td>NFS - Non Patient Support</td>
<td>14.3%</td>
<td>71.4%</td>
<td>0.0%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>36.9%</td>
<td>10.1%</td>
<td>5.1%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>32.1%</td>
<td>16.8%</td>
<td>3.2%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Profession Allied Medicine</td>
<td>15.6%</td>
<td>8.1%</td>
<td>2.3%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Professional &amp; Technical-B</td>
<td>36.5%</td>
<td>8.4%</td>
<td>3.5%</td>
<td>51.6%</td>
</tr>
<tr>
<td>Scientist</td>
<td>19.3%</td>
<td>16.9%</td>
<td>2.0%</td>
<td>61.8%</td>
</tr>
<tr>
<td>Senior Mgt &amp; Senior Medical</td>
<td>21.8%</td>
<td>14.8%</td>
<td>2.0%</td>
<td>61.3%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>34.5%</strong></td>
<td><strong>13.0%</strong></td>
<td><strong>3.5%</strong></td>
<td><strong>49.1%</strong></td>
</tr>
</tbody>
</table>

6.0 Gender by pay band

6.1 The workforce split remains at 74% female and 26% male, consistent with figures from the past 4 years and is consistent with the wider NHS.

6.2 There is some variation in gender distribution by band, with females comprising a higher than average proportion of the workforce within bands 3 - 7 and males forming a higher than average proportion of the workforce from band 8b upwards. This is particularly disproportionate at bands 8d and 9, where males represent 45% and 52% of the bands respectively.

6.3 Outside of AfC bands, 52% of doctors are female, with 48% being male, which remains unchanged from last year.

Figure 4 - Gender by Pay Bands
7.0 Disability by pay band

7.1 The number of people prepared to declare whether or not they had a disability is 63% in 2015/16, which is a significant increase from 56% in the previous year. Of those who declared, 1.7% stated they had a disability (with 1.1% of the workforce overall stating they have a disability).

7.2 Rates of declaration are relatively consistent across AfC bands. The declaration rate for doctors is higher, with only 30% choosing not to declare.
8.0 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, explaining why the figures for disabled applicants who are shortlisted are higher than non disabled applicants. There is slightly more variation in clinical staff, with fewer disabled employees being appointed.

Figure 6 – Recruitment Summary for Non-Clinical Staff by Disability
8.2 Within both clinical and non-clinical staff, a smaller ratio of men are shortlisted and appointed than women. The difference is greater amongst clinical staff than non-clinical staff.

Figure 7 – Recruitment Summary for Clinical Staff by Disability

Figure 8 – Recruitment Summary for Non-Clinical Staff by Gender
8.3 For non-clinical staff there is little variation with appointment rates across age, aside from slightly higher figures for those aged under 20 and over 60, which also has the highest figures for short listing. It should be recognised that the headcount figures for these age groups are significantly lower than other groups, being in the hundreds rather than thousands, therefore the validity of the data for these groups is lower, possibly explaining this variation.
8.4 There is some variance between the shortlisting and appointments of different ethnic groups amongst both non-clinical and clinical staff, with white applicants having the highest rates of being shortlisted and appointed.

**Figure 12 – Recruitment Summary for Non-Clinical Staff by Ethnicity**

**Figure 13 – Recruitment Summary for Clinical Staff by Ethnicity**
9.0 Education, Training and Development – Permanent Staff

The Education, Training and Development (ET&D) data encompasses all employees who have attended internal training courses in the past 12 months. Whilst some employees have attended more than one course, for the purpose of the report they have been included only once in the data, as this demonstrates that they have been able to access training.

Table 1 – ET&D courses included in data

<table>
<thead>
<tr>
<th>In Scope</th>
<th>Out of Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bite Size</td>
<td>Apprenticeships</td>
</tr>
<tr>
<td>Business Skills</td>
<td>Frontline Leaders</td>
</tr>
<tr>
<td>Coaching</td>
<td>Nursing Assistant Gateway/Diploma</td>
</tr>
<tr>
<td>Developing You</td>
<td>CPPD/External Courses</td>
</tr>
<tr>
<td>Sickness &amp; Absence</td>
<td></td>
</tr>
<tr>
<td>Speed Writing</td>
<td></td>
</tr>
</tbody>
</table>

9.1 The age profile of those attending internal courses reflects the overall age profile of the workforce on the whole; however the under 25 age group are slightly underrepresented. There is no more than 2% variation across all age groups.

Figure 14 – Education, Training and Development by Age
9.2 Females are accessing ET&D courses slightly more than expected in relation to the overall workforce.

Figure 15 – Education, Training and Development by Gender

9.3 On the whole the ethnicity profile of those accessing ET&D courses reflects the profile of the workforce overall, with the ethnicity of those accessing training broadly matching the ratio of the total workforce.

Figure 16 – Education, Training and Development by Ethnicity
9.4 The proportion of disabled employees accessing ET&D courses is as expected based on the overall Trust profile, however the proportion of those who have declared whether they have a disability is marginally lower than the workforce average.

Figure 17 – Education, Training and Development by Disability Status
Appendix A: Tables and graphs depicting workforce monitoring data 2015 - 2016

Age Profile

Trust Disability Profile
Trust Ethnicity Profile

- White, 7056, 49%
- African, 1611, 11%
- Black, 2817, 20%
- Mixed, 443, 3%
- Other, 581, 4%
- Not Stated/Undefined, 1866, 13%
Appendix B – Workforce Relations

1. Workforce Relations – Attendance

The attendance data shows all employees who have been managed formally under the sickness absence procedure.

1.1. Attendance is spread fairly equally across age groups throughout the Trust.

Figure B1 – Attendance by Age

1.2. Across the Trust, the breakdown of attendance by ethnicity is higher for BAME staff than the Trust-wide BAME population (45% against 35%) while those involving White staff are lower (39% of cases against 49% of the Trust population). This may in part be to the higher number of cases of lower banded staff where there is a larger BAME population.
1.3. Gender representation of attendance reflects that of the Trust as a whole.
1.4. In comparison to the Trust’s total workforce, there is a higher proportion of employees who have not declared their disability status (45% against 37%). Given that sickness absence could relate to disability, further investigation should be done into this.

**Figure B4 – Attendance by Disability Status**

2. **Workforce Relations – Grievance**

This data refers to those who have raised a formal grievance, excluding any collective grievances raised.

2.1. There is a higher than average number of grievances reported by the 50 to 54 age group; however the overall number is so small that this trend is unlikely to be significant.
2.2. There are a higher number of males raising grievances than expected in relation to the overall gender split of the workforce, however again this is unlikely to be significant given the low number of grievances in total.
2.3. In relation to overall workforce ethnicity, there is an overrepresentation of BAME employees. Again the small number of total grievances should be recognised as a limitation of inferring significance to this.

**Figure B7 – Grievance by Ethnicity**

```
 0 1 2 3 4 5 6 7 8
Ad Hoc Payscale Band 1 Band 2 Band 3 Band 4 Band 5 Band 6 Band 7 Band 8c Medical Staff
```

![Grievance by Ethnicity & Payband](image)

- BME
- Not Stated/Undefined
- White

3. Workforce Relations – Bullying and Harassment

3.1. The majority of bullying and harassment complaints are raised by those aged 35 or over, although it should be recognised that the total number of bullying and harassment cases is only 44 across the Trust.

**Figure B8 – Bullying and Harassment by Age**

```
0 2 4 6 8 10
25 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59
Ad Hoc Payscale Band 1 Band 2 Band 3 Band 4 Band 5 Band 6 Band 7 Band 8a Band 8b Band 8c Medical Staff
```

![Bullying and Harrassment by Age & Payband](image)
3.2. The gender representation across employees who have raised a bullying and harassment complaint reflects the overall gender distribution across the Trust.

**Figure B9 – Bullying and Harassment by Gender**

![Bullying and Harassment by Gender & Payband](image)

3.3. In comparison to ethnicity representation across the Trust, the number of Bullying and Harassment complaints raised by BAME employees is higher than would be expected. This is, in part, caused by the high number of complaints by lower banded staff where BAME staff are overrepresented, as outlined in section 5, however the overall numbers of cases is low, so this may not be statistically significant.

**Figure B10 – Bullying and Harassment by Ethnicity**

![Bullying and Harassment by Ethnicity & Payband](image)

3.4. There is no significant between disability status and bullying and harassment complaints other than those with a status of non declaration being slightly higher than the trust average. No Disabled staff raised a bullying and harassment case,
however due to the small number of total cases this is unlikely to be statistically significant.

**Figure B11 – Bullying and Harassment by Disability Status**

4. **Workforce Relations – Disciplinary**

The disciplinary data includes all employees who have been subject to a formal investigation and outcome under the disciplinary policy which has been recorded during the last 12 months. It does not, therefore, include employees who have been informally investigated or where a formal outcome has not been issued. Staff at lower bands have higher than average disciplinary cases with Bands 1-3 making up 53% of cases (whilst making up 21% of the Trust staff profile). Higher banded and medical staff accounted for 3% of disciplinaries whilst making up 23% of Trust staff.

4.1. There is a relatively even spread of disciplinary action across the age groups with the exception of the 50-54 age group with 17% of cases opened during 2015/16 while making up 11% of the Trust workforce.
4.2. In comparison to the gender division across the workforce as a whole, there is a higher than expected proportion of men who have received a formal disciplinary outcome.
4.3. There is a higher than expected proportion of BAME employees who have received a formal disciplinary outcome in comparison to the Trust’s overall ethnicity representation. White staff represented 26% of disciplinary cases. Whilst care should be taken with over-interpretation of the small sample involved, this pattern has continued over several years.
4.4. No disabled employees received a formal disciplinary outcome in 2015/16, however as with the other workforce relations indicators, there appears to be an overrepresentation of those who have not declared their disability status in comparison to the workforce overall.

**Figure B15 – Disciplinary by Disability status**

5. Workforce Relations – Employment Tribunal

There are only 14 Employment Tribunal cases recorded, meaning the sample size is too small to show any clear trends or to draw any conclusions.

**Figure B16 – Employment Tribunal by Age**
Figure B17 – Employment Tribunal by Gender

Figure B18 – Employment Tribunal by Ethnicity