

**TRUST BOARD**

**27 July 2017**

<b>AGENDA NUMBER</b>	<b>ITEM</b>	7.3
<b>TITLE OF PAPER</b>	Equality and Diversity Annual Report	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
This paper is to be discussed at Workforce and OD Committee on 26 <sup>th</sup> July 2017 and the Board will be updated with any comments or amendments which result from this discussion verbally.		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
<b>Best outcomes</b>		- Improved staff and patient experience
<b>Excellent experience</b>		- Improved staff and patient experience
<b>Skilled &amp; motivated teams</b>		To meet the following corporate aims: <ul style="list-style-type: none"> <li>- Improve recruitment and retention</li> <li>- To have the right organisational culture.</li> <li>- A clear sense of citizenship and engagement.</li> <li>- Training and development and career pathways that get the best from people and teams.</li> </ul>
<b>Top productivity</b>		- Equality and diversity is linked to increased organisational effectiveness
<b>EXECUTIVE SUMMARY</b>		
<p>The Trust publishes workforce diversity data annually (a statutory requirement) as an enabler to meeting its Public Sector Equality Duty. By collecting and reviewing diversity data, the Trust can examine how its policies, processes and decisions might be impacting its staff and identify areas for improvement and action.</p> <p>Data published within this report covers workforce profile, recruitment activity,</p>		

	<p>employee relations activity and the uptake of part time working and family leave.</p> <p>Key workforce Equality and Diversity priorities for 2017/18 are outlined within the report.</p> <p>This report is presented at the same time as the Trust's Workforce Race Equality Standards Submission 2017.</p>
<b>RECOMMENDATION:</b>	For Approval
<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	- Workforce equality and diversity is linked to better patient outcomes in terms of safety and experience
Patient impact	- Workforce equality and diversity is linked to better patient outcomes in terms of safety and experience
Employee	- Working to create a fairer and more supportive culture will improve staff experience, wellbeing, morale & productivity
Other stakeholder	
Equality & diversity	- The report presents workforce equality and diversity data and suggests areas for improvement and action
Finance	
Legal	<p>This paper supports the Trust's work to meet its obligations under:</p> <ul style="list-style-type: none"> <li>• Equality Act 2010</li> <li>• Employment Rights Act 1996</li> <li>• Human Rights Act 1998</li> <li>• Health and Safety at Work etc Act 1974</li> <li>• Gender Recognition Act 2004</li> </ul>
Link to Board Assurance Framework Principle Risk	Meeting public sector duty under the Equality Act
<b>AUTHOR</b>	Lucy Purdy, Assistant Director HR – Business Partnering
<b>PRESENTED BY</b>	Louise McKenzie, Director of Workforce Transformation
<b>DATE</b>	20 July 2017
<b>ACTION</b>	For approval

## 1. INTRODUCTION

Under the Equality Act 2010, the Trust has a general Public Sector Equality Duty (PSED) to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics (or groups) are: age, disability, gender reassignment, marriage and civil partnership, race, pregnancy and maternity, religion or belief, sex, sexual orientation.

The Trust publishes diversity data at least annually (a statutory requirement) as an enabler to meeting its PSED. By collecting and reviewing diversity data, the Trust can examine how its policies, processes and decisions might be impacting its staff and identify areas for improvement and action.

## 2. WORKFORCE DATA PUBLICATION

Data tables and charts are reported within Appendix A as follows:

1. Staff Group
2. Ethnicity
3. Disability
4. Gender, part time status & uptake of family leave
5. Sexual orientation
6. Age
7. Religion and Belief
8. Recruitment activity
9. Employee Relations activity

## 3. KEY FINDINGS:

### 3.1 ETHNICITY (Appendix 1, figure 2.1 – 2.2)

- 33% of the Trust's workforce is from a black or minority ethnic (BME) background. This compares with 13% of the UK's working population<sup>1</sup>.
- The largest minority ethnic groups working at the Trust are 'Asian / Asian British – Indian' (10%) or 'Asian / Asian British – other Asian background' (9%).

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<sup>1</sup> England population in employment aged 16+, Office for National Statistics - Annual Population Survey, 12 months to September 2016. These figures have been adjusted using the 2011 UK Census population to use the same categories as the NHS workforce data to aid comparison

- 52% of our workforce is white British. A further 13% of our workforce is from another white background. It is likely that a large number of these staff are from EU nations.
- Relative to the representation of the BME staff in the Trust's overall workforce, BME staff are under-represented in senior bands (band 6 upwards).
- The proportion of BME staff in the medical staff group is 47% which is higher than the general population, but typical of the wider NHS medical staff profile.
- Analysis of the Recruitment Activity Data (appendix 1, figure 8.2) shows that the relative likelihood of white staff being appointed from shortlisting compared to BME staff is 1.59.
- Analysis of the Employee Relations Activity Data (appendix 1, figure 9.1) shows that the relative likelihood of BME staff entering a formal disciplinary process within the period is 1.34.
- Further data publication illustrating the experience of BME staff at the Trust can be found in the Trust's Workforce Race Equality 2017 submission.

### **3.2 DISABILITY (Appendix 1, figure 3.1)**

- 2% of the workforce state that they have a disability. This compares with 13% of staff survey respondents in 2016 who stated that they had a long standing illness, health problem or disability. This may indicate significant under-reporting of disability.
- The Trust expects that the Workforce Disability Equality Standards will be introduced in April 2018 and will make preparations for compliance with this national standard.
- Analysis of the Recruitment Activity Data (appendix 1, figure 8.1) shows that the relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff is 1.23.

### **3.3 GENDER, PART TIME STATUS, UPTAKE OF PARENTAL LEAVE (Appendix 1, figures 4.1 – 4.5)**

- The Trust's workforce is predominantly female (75%). This compares with the UK's working population which was 47% female and 53% male in 2016.
- Compared to the general population, male staff are underrepresented in all bands from band 1 – 8d.
- Representation of female staff peaks at 87% at band 6 and then diminishes as seniority increases and ultimately, compared to the general population, females become under-represented at the most senior levels of our workforce (band 9 and VSM).
- Female staff are slightly under-represented (45%) among the medical workforce. This is the same level of representation across the wider NHS medical workforce (also 45% female).<sup>2</sup>

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<sup>2</sup> NHS Digital, Hospital and Community Health Services (HCHS) workforce statistics: Equality and Diversity in NHS Trusts and CCGs in England, September 2016 - Experimental Statistics. Gender - Source Data.

- The Trust does not currently hold any monitoring data in relation to staff who are transgender, transsexual or who experience gender dysphoria. ESR (the Trust's workforce information system) does not currently give staff or applicants the opportunity to record themselves as neither female nor male.
- **Part time status:** 31% of our staff work part-time. Female staff are more likely to work part time than male staff. Uptake or opportunity of flexible working decreases with seniority from band 8A upwards. Part time working is not prevalent among the medical workforce.
- **Family leave:** 275 staff took maternity or paternity leave at some point in 2016/17. The majority of staff who take a period of family leave return to work (81% of those who finished a period of maternity leave and 89% of those who finished a period of paternity leave returned to work). There was no uptake of adoption leave or shared parental leave in 2016/17.

### 3.4 SEXUAL ORIENTATION (Appendix 1, figure 5.1)

- Data shows that 1.4% of our workforce is gay, lesbian or bi-sexual (LGB). This compares to the Office for National Statistics' estimate that 1.7% of the population identify themselves as being LGB.<sup>3</sup>
- 782 (21%) staff members did not wish to disclose this information (compared to 27% in 2015/16).

### 3.5 AGE (Appendix 1, figure 6)

- Overall the Trust employs relatively few staff at the early and late stages of typical working age (e.g. from 16 – 20 and over 60).
- Both 'Administrative and Clerical' and 'Estates and Ancillary' have an older workforce with a low percentage of staff falling into the 16 – 25 age groups.
- Clinical staff (both medical and non-medical groups) tend to employ a proportionate number of younger staff, but have relatively fewer staff in the 55+ age groups.

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<sup>3</sup> Sexual identity, UK: 2015: Experimental Official Statistics on sexual identity in the UK in 2015 by region, sex, age, marital status, ethnicity and NS-SEC. <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2015>

#### 4. WORKFORCE EQUALITY, DIVERSITY AND INCLUSION PRIORITIES FOR 2017/18

PRIORITY	RESPONSIBLE	ACCOUNTABLE
Agree and action the proposed Workforce Race Equality Standards Action Plan to improve the experience of BME staff and the representation of BME staff at higher bands.	Assistant Director of HR – Business Partnering / Divisional Triumvirates	Director of Workforce Transformation
Develop and implement a strategy to help reassure and retain our EU staff and to mitigate the potential adverse effects of Brexit on workforce supply	Assistant Director of HR – Business Partnering	Director of Workforce Transformation
Prepare for the reporting requirements of the Workforce Disability Equality Standards 2018. Specifically: <ul style="list-style-type: none"> <li>• Increase reporting of disability status</li> <li>• consult with disabled staff on staff experience</li> </ul>	Assistant Director of HR – Business Partnering	Director of Workforce Transformation
Renew membership of Stonewall in order that the Trust responds appropriately to support LGBT staff in the workforce and is a best practice and inclusive employer.  Review our ability to offer non-binary gender reporting for applicants on NHS jobs and on ESR.	Assistant Director of HR – Business Partnering	Director of Workforce Transformation
Review the Trust's Flexible working and family leave policies (including maternity, paternity, adoption, parental leave and flexible retirement). Focus on increasing the availability and uptake of flexible working, particularly at higher bands and on increasing the retention of older staff in the clinical workforce through flexible retirement options	Assistant Director of HR – Business Partnering	Director of Workforce Transformation

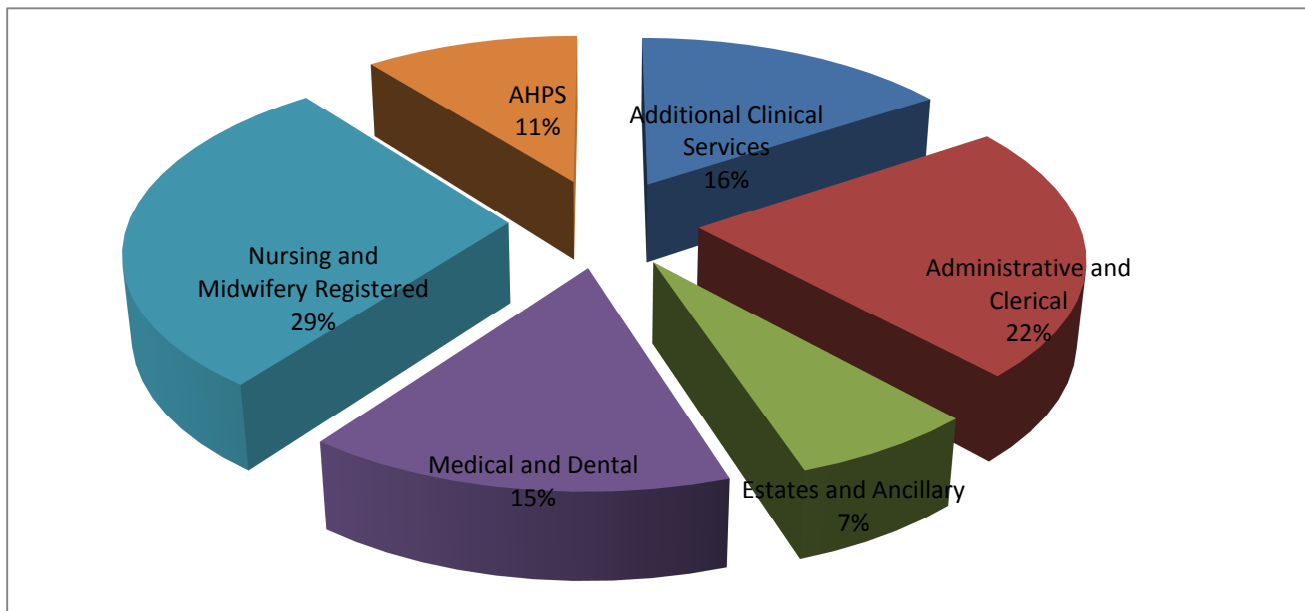
<p>Implement our Apprenticeship Strategy, Employability Programme and Pre-Employment Programme to increase the opportunities for younger local people to join and progress at the Trust</p>	<p>Assistant HRD – L&amp;OD</p>	<p>Director of Workforce Transformation</p>
<p>Implement case reviews of Employee Relations Cases to identify underlying issues which result in increased likelihood of BME staff entering the formal disciplinary process.</p>	<p>Assistant Director of HR – Business Partnering</p>	<p>Director of Workforce Transformation</p>
<p>Convene regular Equality and Diversity Steering Group to oversee the above actions</p>	<p>Assistant Director of HR – Business Partnering</p>	<p>Director of Workforce Transformation</p>

## APPENDIX A – WORKFORCE DATA PUBLICATION

All data as at 31<sup>st</sup> March 2017 unless otherwise stated

### 1. STAFF GROUP

Figure 1.1 Workforce profile by Staff Group



Group Staff	Count of Head Count
Additional Clinical Services	597
Administrative and Clerical	855
Estates and Ancillary	254
Medical and Dental	579
Nursing and Midwifery Registered	1110
AHPS	404
<b>Grand Total</b>	<b>3799</b>

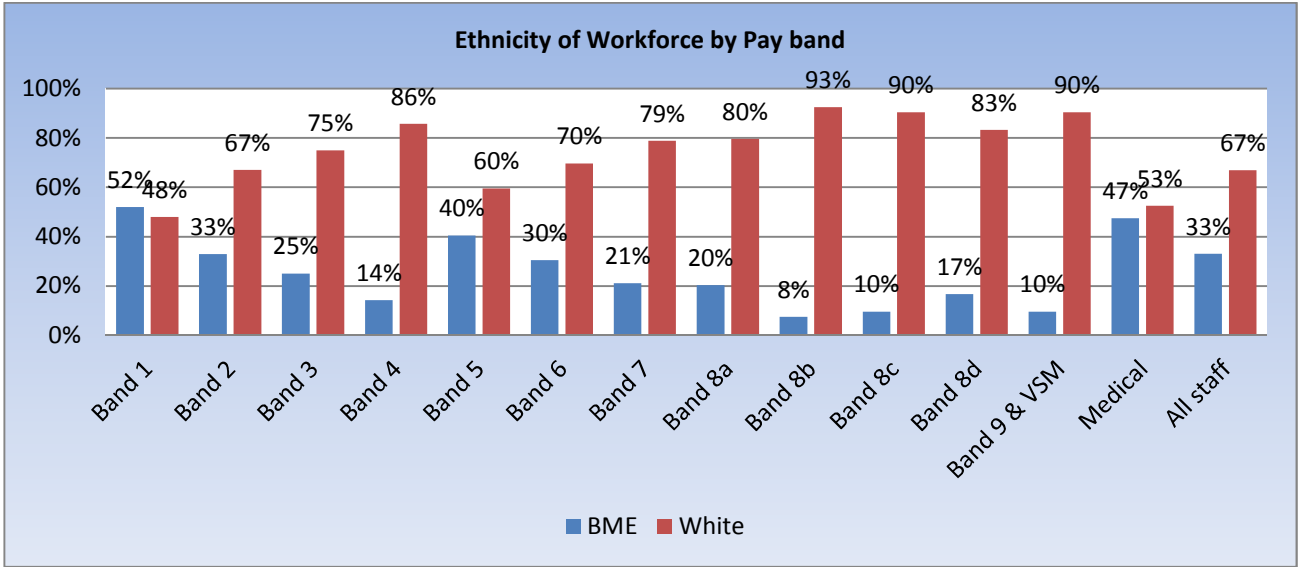


## 2. ETHNICITY

Figure 2.1: Workforce Profile by Ethnicity

Ethnic Origin3	Ethnic Origin2	Ethnic Origin	Count of Head Count2
White	White	A White - British	52%
		B White - Irish	1%
		C White - Any other White background	10%
		C2 White Northern Irish	0%
		C3 White Unspecified	0%
		CA White English	0%
		CB White Scottish	0%
		CF White Greek	0%
		CK White Italian	0%
		CP White Polish	1%
		CV White Serbian	0%
		CY White Other European	1%
	<b>White Total</b>		<b>65%</b>
	Z Not Stated	Z Not Stated	2%
	<b>Z Not Stated Total</b>		<b>2%</b>
<b>White Total</b>			<b>67%</b>
BME	mixed	D Mixed - White & Black Caribbean	0%
		E Mixed - White & Black African	0%
		F Mixed - White & Asian	1%
		G Mixed - Any other mixed background	1%
		GD Mixed - Chinese & White	0%
		GF Mixed - Other/Unspecified	0%
	<b>mixed Total</b>		<b>2%</b>
	Asian / Asian British	H Asian or Asian British - Indian	10%
		J Asian or Asian British - Pakistani	2%
		K Asian or Asian British - Bangladeshi	0%
		L Asian or Asian British - Any other Asian background	9%
		LA Asian Mixed	0%
		LE Asian Sri Lankan	0%
		LH Asian British	0%
		LJ Asian Caribbean	0%
		LK Asian Unspecified	0%
	<b>Asian / Asian British Total</b>		<b>22%</b>
	Black / Black British	M Black or Black British - Caribbean	1%
		N Black or Black British - African	3%
		P Black or Black British - Any other Black background	0%
		PE Black Unspecified	0%
	<b>Black / Black British Total</b>		<b>4%</b>
	Other Ethnic Group	R Chinese	1%
		S Any Other Ethnic Group	2%
		SC Filipino	0%
		SD Malaysian	0%
		SE Other Specified	2%
	<b>Other Ethnic Group Total</b>		<b>5%</b>
<b>BME Total</b>			<b>33%</b>
<b>Grand Total</b>			<b>100%</b>

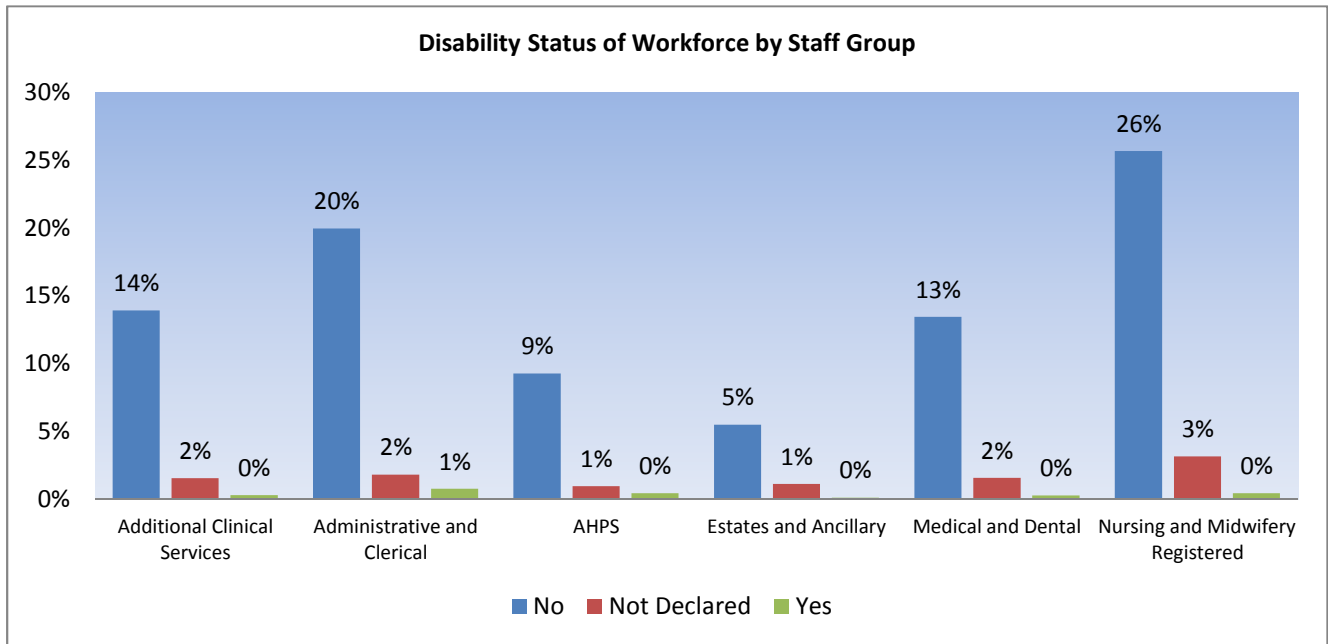
**Figure 2.2: Ethnicity by pay band**



	BME	White
Band 1	52%	48%
Band 2	33%	67%
Band 3	25%	75%
Band 4	14%	86%
Band 5	40%	60%
Band 6	30%	70%
Band 7	21%	79%
Band 8a	20%	80%
Band 8b	8%	93%
Band 8c	10%	90%
Band 8d	17%	83%
Band 9 & VSM	10%	90%
Medical	47%	53%
All staff	33%	67%

### 3. DISABILITY

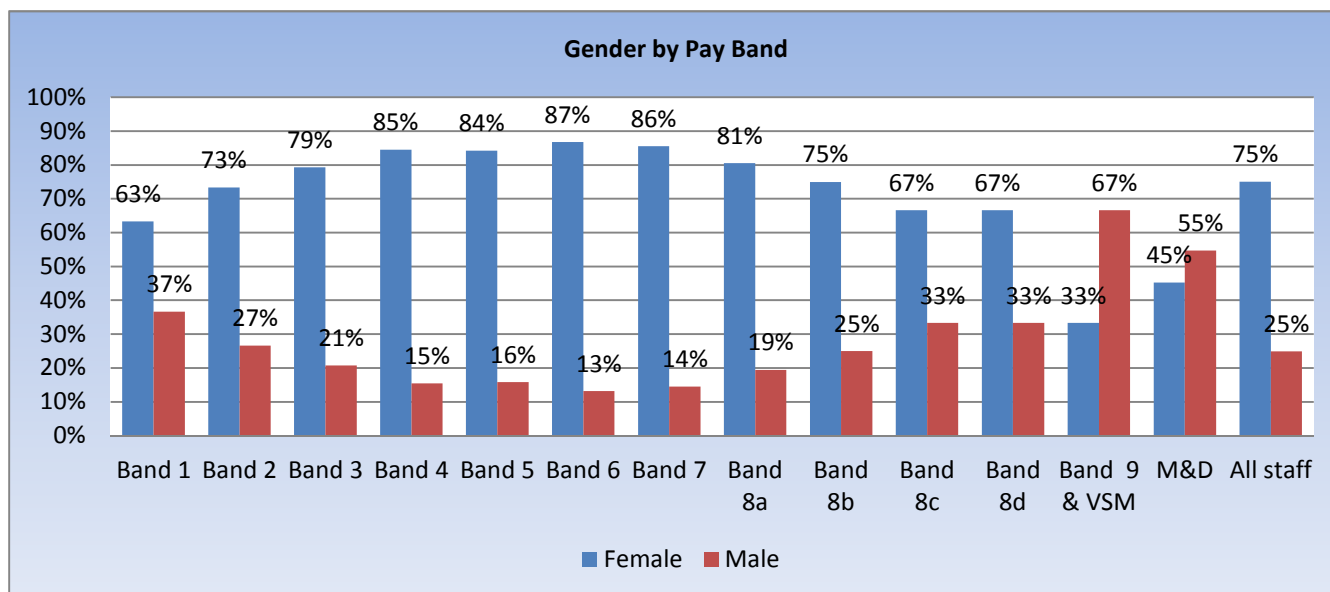
Figure 3.1 Disability status of workforce by staff group



	No	Not Declared	Yes	Grand Total
Additional Clinical Services	14%	2%	0%	16%
Administrative and Clerical	20%	2%	1%	23%
AHPS	9%	1%	0%	11%
Estates and Ancillary	5%	1%	0%	7%
Medical and Dental	13%	2%	0%	15%
Nursing and Midwifery Registered	26%	3%	0%	29%
<b>Grand Total</b>	<b>88%</b>	<b>10%</b>	<b>2%</b>	<b>100%</b>

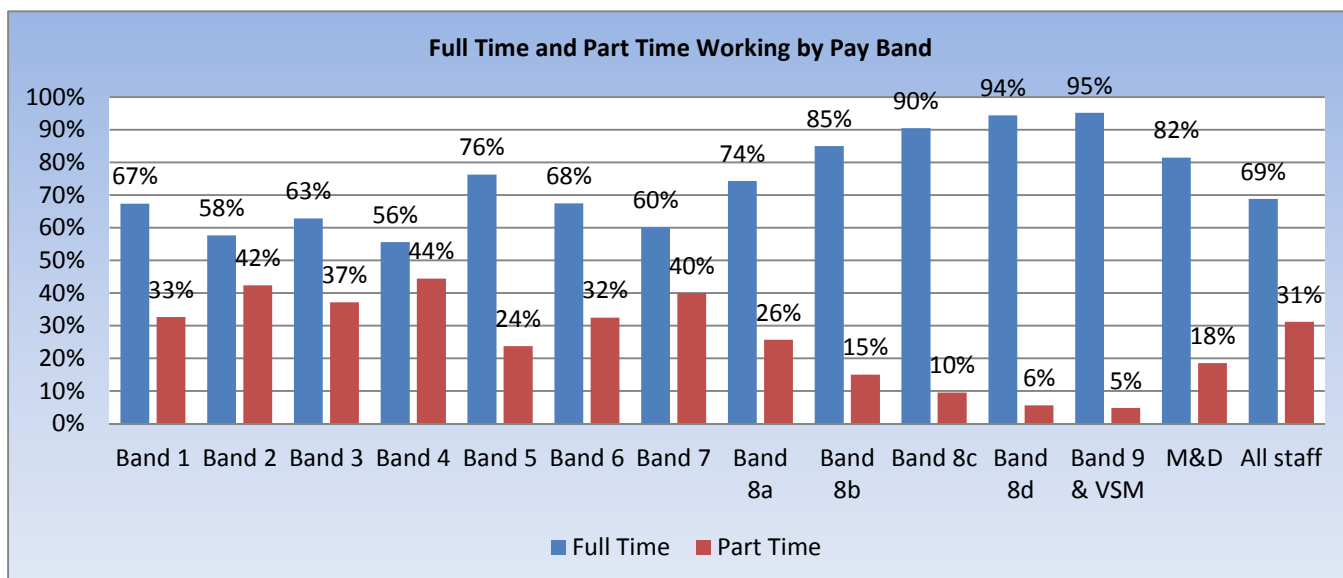
#### 4. GENDER, PART TIME STATUS & UPTAKE OF PARENTAL LEAVE

Figure 4.1 Gender by pay band



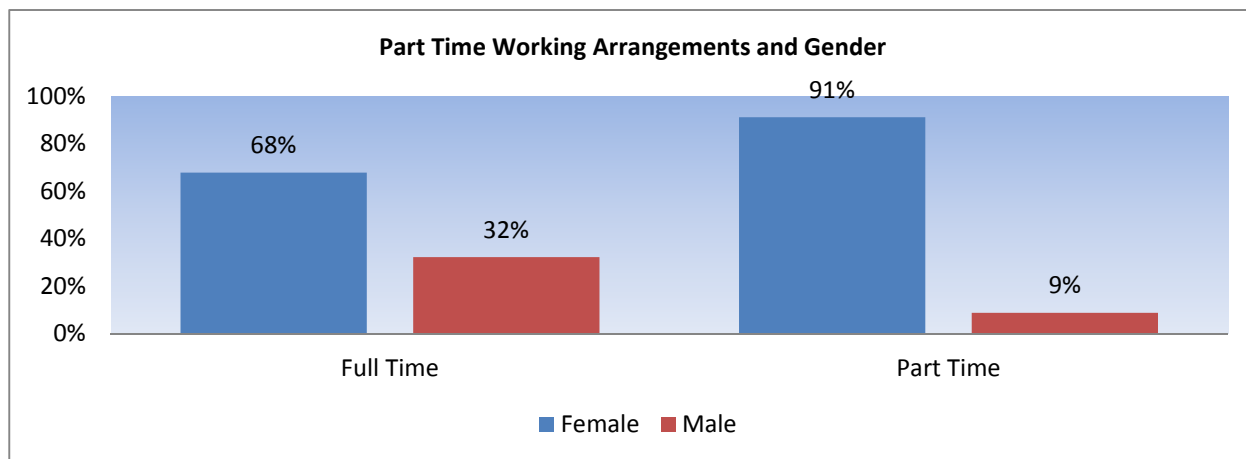
Payscale	Female	Male	Grand Total
VSM	41%	59%	100%
M&D	45%	55%	100%
Band 1	63%	37%	100%
Band 2	73%	27%	100%
Band 3	79%	21%	100%
Band 4	85%	15%	100%
Band 5	84%	16%	100%
Band 6	87%	13%	100%
Band 7	86%	14%	100%
Band 8a	81%	19%	100%
Band 8b	75%	25%	100%
Band 8c	67%	33%	100%
Band 8d	67%	33%	100%
Band 9	0%	100%	100%
<b>Grand Total</b>	<b>75%</b>	<b>25%</b>	<b>100%</b>

**Figure 4.2 Full time and part time working by pay band**



Payscale2	Full Time	Part Time	Grand Total (Headcount)
Band 1	67%	33%	150
Band 2	58%	42%	571
Band 3	63%	37%	415
Band 4	56%	44%	252
Band 5	76%	24%	797
Band 6	68%	32%	477
Band 7	60%	40%	345
Band 8a	74%	26%	113
Band 8b	85%	15%	40
Band 8c	90%	10%	21
Band 8d	94%	6%	18
Band 9 & VSM	95%	5%	21
M&D	82%	18%	579
All staff	69%	31%	3799

**Figure 4.3 Full time and part time working by gender**



	Female	Male	Grand Total
Full Time	68%	32%	100%
Part Time	91%	9%	100%
<b>Grand Total</b>	<b>75%</b>	<b>25%</b>	<b>100%</b>

**Figure 4.4 Uptake of family leave for the period 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017**

Type of leave	Headcount
Maternity Leave	257
Paternity Leave	18
Adoption Leave	0
Shared Parental Leave	0

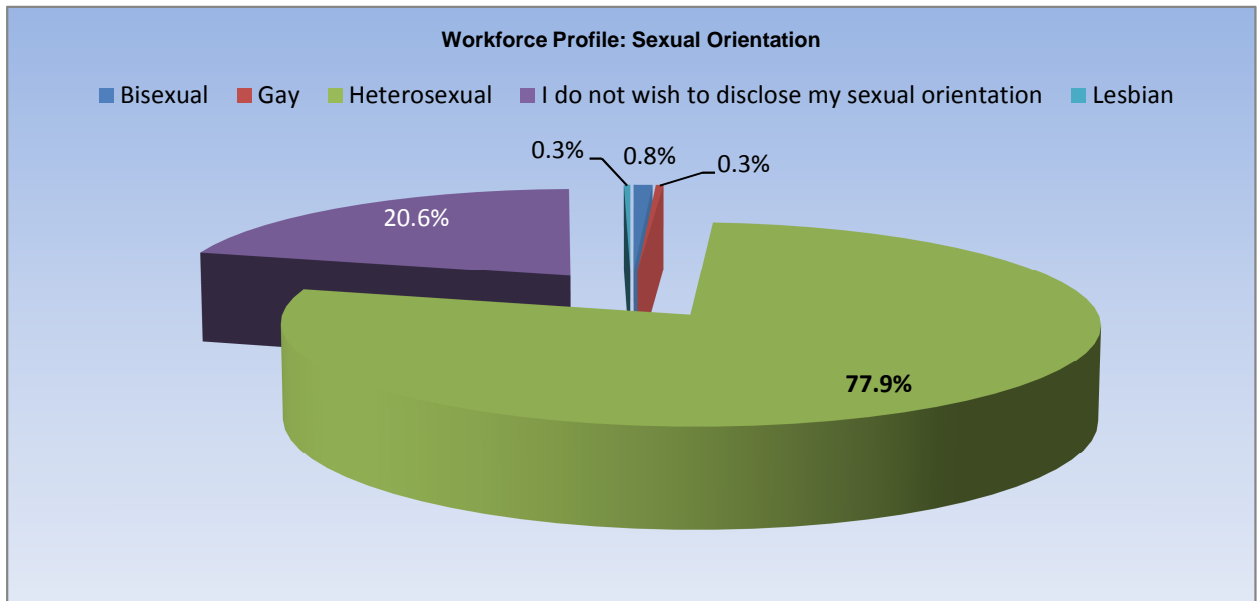
**Figure 4.5 Percentage of returners from family leave in the period 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017**

Type of leave	Percentage of staff whose leave ended in 16/17 who returned to work following the end of their leave
Maternity Leave	81%*
Paternity Leave	89%*
Adoption Leave	0
Shared Parental Leave	0

\*50 leavers in total including 17 rotational junior doctors employed on fixed term contracts

## 5. SEXUAL ORIENTATION

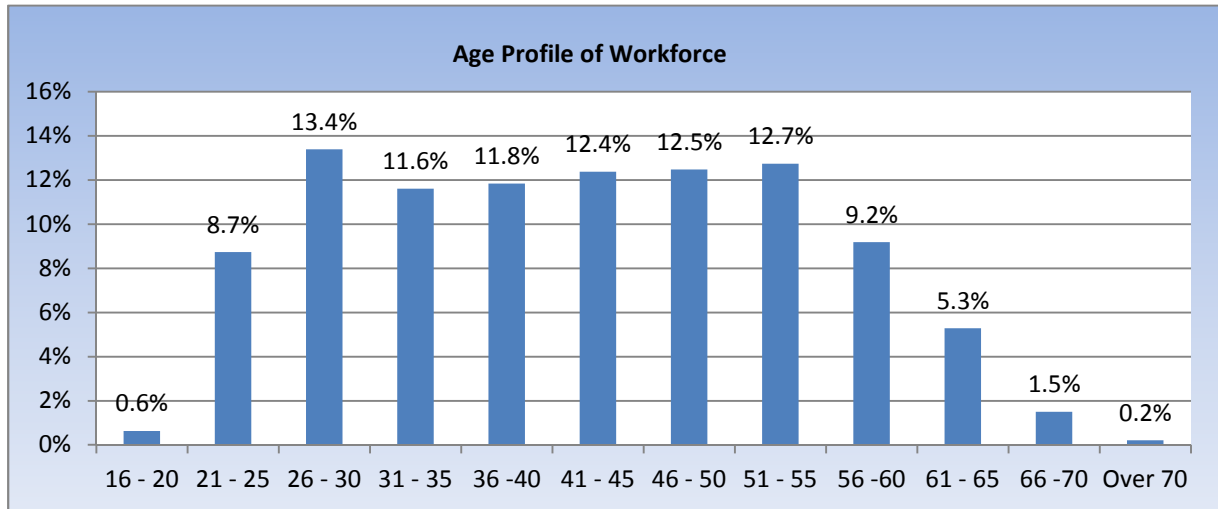
Figure 5.1 Workforce profile



Sexual Orientation	Count of FTE
Bisexual	0.84%
Gay	0.34%
Heterosexual	77.94%
I do not wish to disclose my sexual orientation	20.58%
Lesbian	0.29%
<b>Grand Total</b>	<b>100.00%</b>

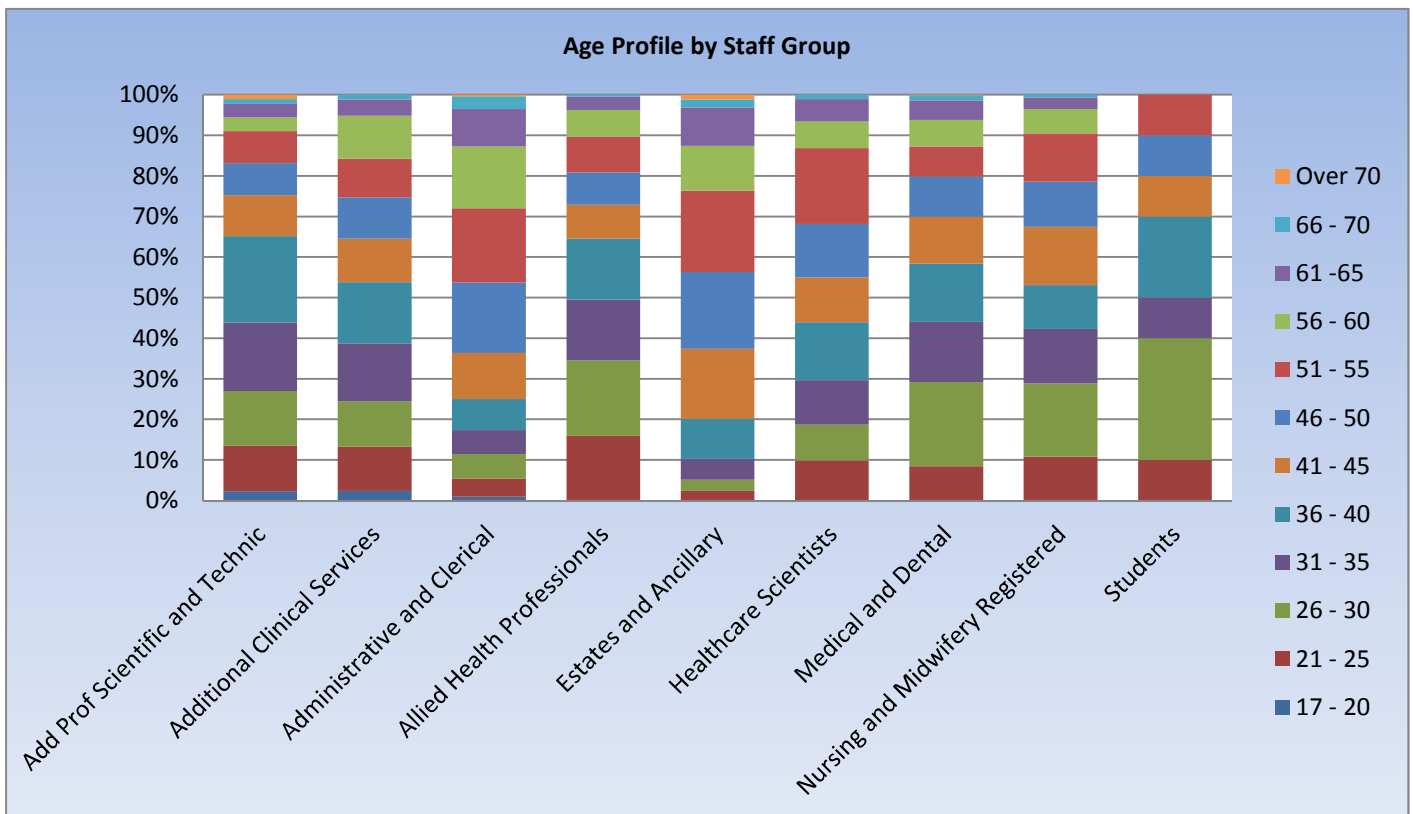
## 6. AGE

Figure 6.1 Workforce profile by age



	Age Group												Total Staff
	17 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	Over 70	
Count of FTE	24	332	509	441	450	470	474	484	349	201	57	8	3799

Figure 6.2 Age by staff group

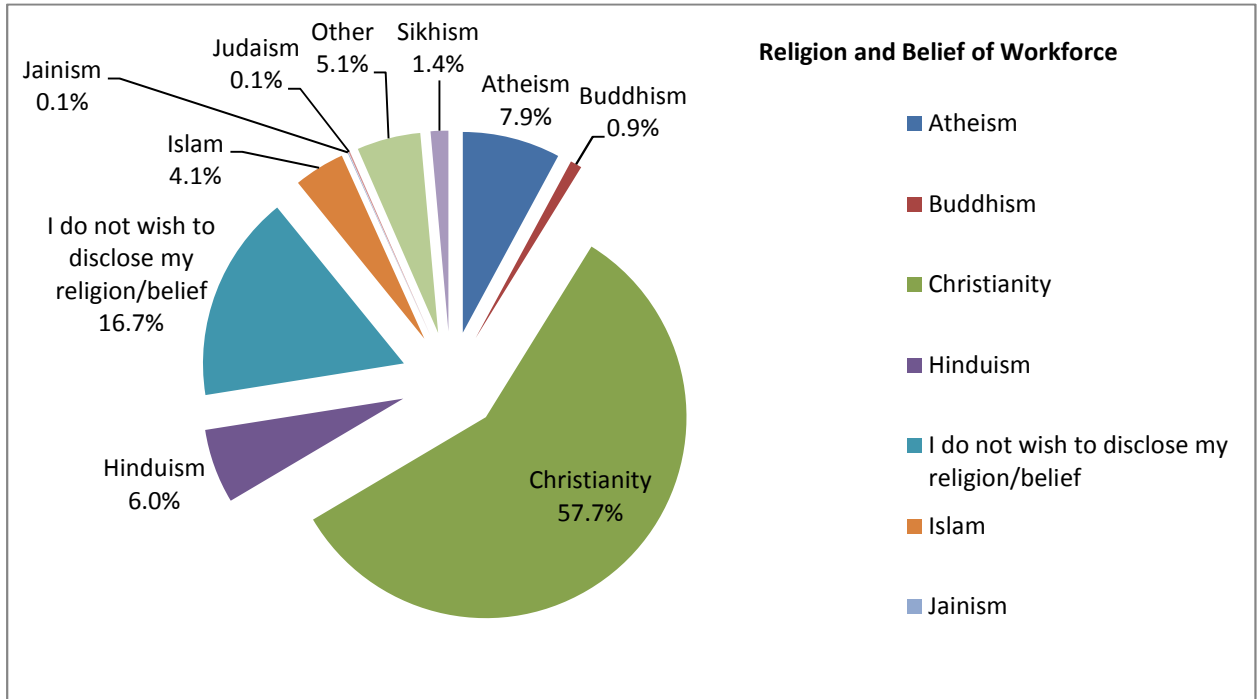




**Figure 6.2 continued (Age by staff group)**

Staff Group	17 - 20	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	Over 70	Total
Add Prof Scientific and Technic	2%	11%	13%	17%	21%	10%	8%	8%	3%	3%	1%	1%	100%
Additional Clinical Services	2%	11%	11%	14%	15%	11%	10%	10%	11%	4%	1%	0%	100%
Administrative and Clerical	1%	4%	6%	6%	8%	11%	17%	18%	15%	9%	3%	0%	100%
Allied Health Professionals	0%	16%	19%	15%	15%	8%	8%	9%	7%	3%	0%	0%	100%
Estates and Ancillary	0%	2%	3%	5%	10%	17%	19%	20%	11%	9%	2%	1%	100%
Healthcare Scientists	0%	10%	9%	11%	14%	11%	13%	19%	7%	5%	1%	0%	100%
Medical and Dental	0%	8%	21%	15%	14%	12%	10%	7%	7%	5%	1%	0%	100%
Nursing and Midwifery Registered	0%	11%	18%	13%	11%	14%	11%	12%	6%	3%	1%	0%	100%
Students	0%	10%	30%	10%	20%	10%	10%	10%	0%	0%	0%	0%	100%
<b>Grand Total</b>	<b>1%</b>	<b>9%</b>	<b>13%</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>12%</b>	<b>13%</b>	<b>9%</b>	<b>5%</b>	<b>2%</b>	<b>0%</b>	<b>100%</b>

## 7. RELIGION AND BELIEF



Religious Belief	Count of FTE
Atheism	299
Buddhism	36
Christianity	2191
Hinduism	228
I do not wish to disclose my religion/belief	633
Islam	156
Jainism	2
Judaism	5
Other	195
Sikhism	54
<b>Grand Total</b>	<b>3799</b>

## 8. RECRUITMENT ACTIVITY

Figure 8.1 Candidate profile by disability status for the period 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017

		Applications	%	Shortlisted	% of Shortlisted Candidates	Appointed	% of Appointed Candidates
<b>Disability</b>	Yes	399	3.40%	164	3.30%	21	2.70%
	No	11,368	95.60%	4691	95.80%	740	96.00%
	Undisclosed	124	1.00%	42	0.90%	10	1.30%
	Relative likelihood of non-disabled staff being appointed from shortlisting compared to disabled staff	1.23					

Figure 8.2 Candidate profile by ethnicity for the period 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017

	Description	Applications	%	Shortlisted	% of Shortlisted Candidates	Appointed	% of Appointed Candidates
<b>Ethnicity</b>	WHITE - British	4,340	36.50%	2061	42.10%	381	49.40%
	WHITE - Irish	81	0.70%	44	0.90%	10	1.30%
	WHITE - Any other white background	1,516	12.70%	555	11.30%	84	10.90%
	ASIAN or ASIAN BRITISH - Indian	1,746	14.70%	652	13.30%	69	8.90%
	ASIAN or ASIAN BRITISH - Pakistani	561	4.70%	159	3.20%	25	3.20%
	ASIAN or ASIAN BRITISH - Bangladeshi	128	1.10%	25	0.50%	2	0.30%
	ASIAN or ASIAN BRITISH - Any other Asian background	929	7.80%	398	8.10%	63	8.20%
	MIXED - White & Black Caribbean	49	0.40%	23	0.50%	2	0.30%
	MIXED - White & Black African	74	0.60%	20	0.40%	4	0.50%
	MIXED - White & Asian	80	0.70%	25	0.50%	5	0.60%
	MIXED - any other mixed background	108	0.90%	40	0.80%	5	0.60%
	BLACK or BLACK BRITISH - Caribbean	146	1.20%	51	1.00%	6	0.80%
	BLACK or BLACK BRITISH - African	1,192	10.00%	452	9.20%	43	5.60%
	BLACK or BLACK BRITISH - Any other	84	0.70%	23	0.50%	1	0.10%

	black background						
	OTHER ETHNIC GROUP - Chinese	83	0.70%	41	0.80%	10	1.30%
	OTHER ETHNIC GROUP - Any other ethnic group	440	3.70%	177	3.60%	34	4.40%
	Undisclosed	334	2.80%	151	3.10%	27	3.50%
	Relative likelihood of white staff being appointed from shortlisting compared to BME staff	1.59					

## 9. EMPLOYEE RELATIONS ACTIVITY

There were 124 employee relations cases which progressed to formal stage in the period 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017.

**Figure 9.1 Employee Relations activity by ethnicity**

	BME	Unknown	White
Dignity at Work	0%	25%	75%
Disciplinary	37%	9%	54%
Grievance	50%	17%	33%
Long term sickness	21%	0%	79%
Performance Management	100%	0%	0%
Short term sickness	32%	0%	68%
<b>Grand Total</b>	<b>29%</b>	<b>4%</b>	<b>67%</b>
Relative likelihood of BME staff entering a formal disciplinary process	<b>1.34</b>		