

## **Workforce Diversity Report**

### **Equality & Diversity Report For the year April 2013 – March 2014**

This report has been produced in line with the Trust's Equality Objectives and takes into account the reporting requirements outlined by the Equality and Human Rights Commission (Equality information and the equality duty: A guide for public authorities).

The report looks at equality and diversity data over the twelve month period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014. Where a snapshot of data is shown, this has been taken as at 31<sup>st</sup> March 2014. Data is for substantive staff only (permanent and fixed term assignments); bank staff records are not included.

Data has been taken from the Electronic Staff Record (ESR), NHS Jobs, NHS Staff Survey and local databases as appropriate.

#### **Summary**

This report analyses the diversity of the Trust's workforce by ethnic origin, gender and age. For each of these strands of diversity the current workforce, applicants for vacancies, shortlisted and successful applicants, starters, leavers and promotions are considered.

The report also provides information on the Trust's position for reporting on disability, sexual orientation, religion, employee relations cases and training & development.

The report also includes information on the profile of the Trust Board (Chair, Non-executive and Executive Directors) and data from the NHS Staff Survey.

#### **Key items of note**

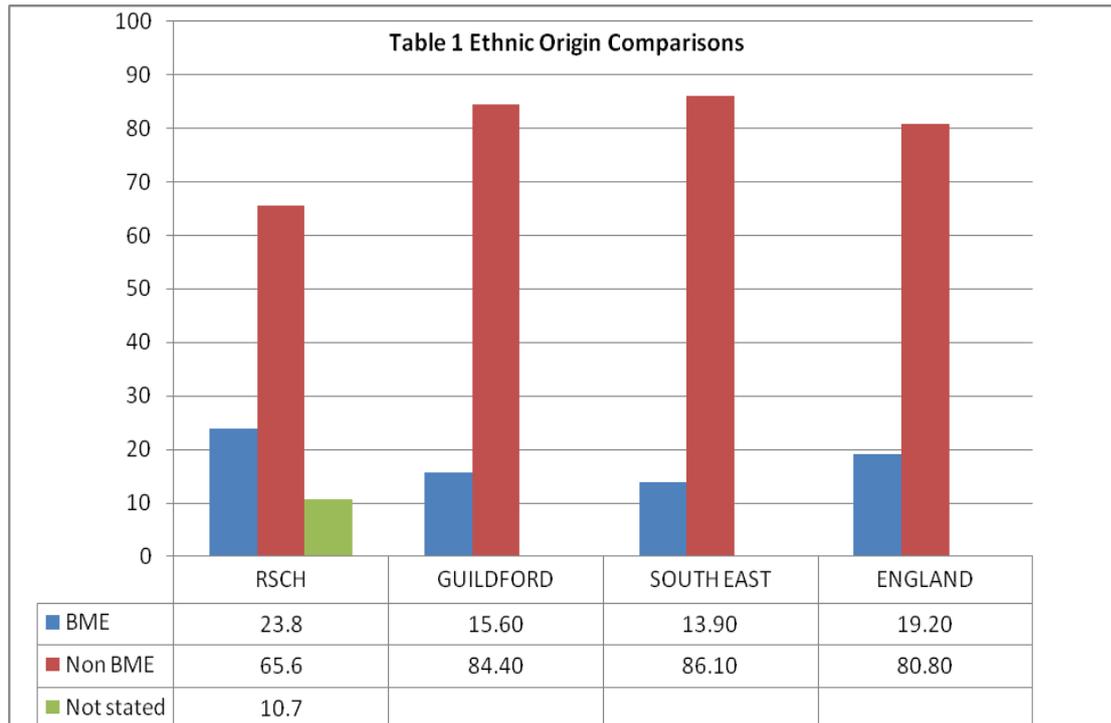
- The Trust's current workforce profile is more diverse than the local population
- BME representation has reduced slightly this year due to the transfer out of the housekeeping and portering staff on 31<sup>st</sup> January 2014.
- It is not possible to provide accurate Employee Relations data due to the lack of information recorded on this subject.

## ETHNIC ORIGIN

### Current Workforce

The Trust's current workforce profile is more diverse than the local population, with a higher proportion of BME staff compared to both Guildford and the wider South East area (source: ONS Census 2011).

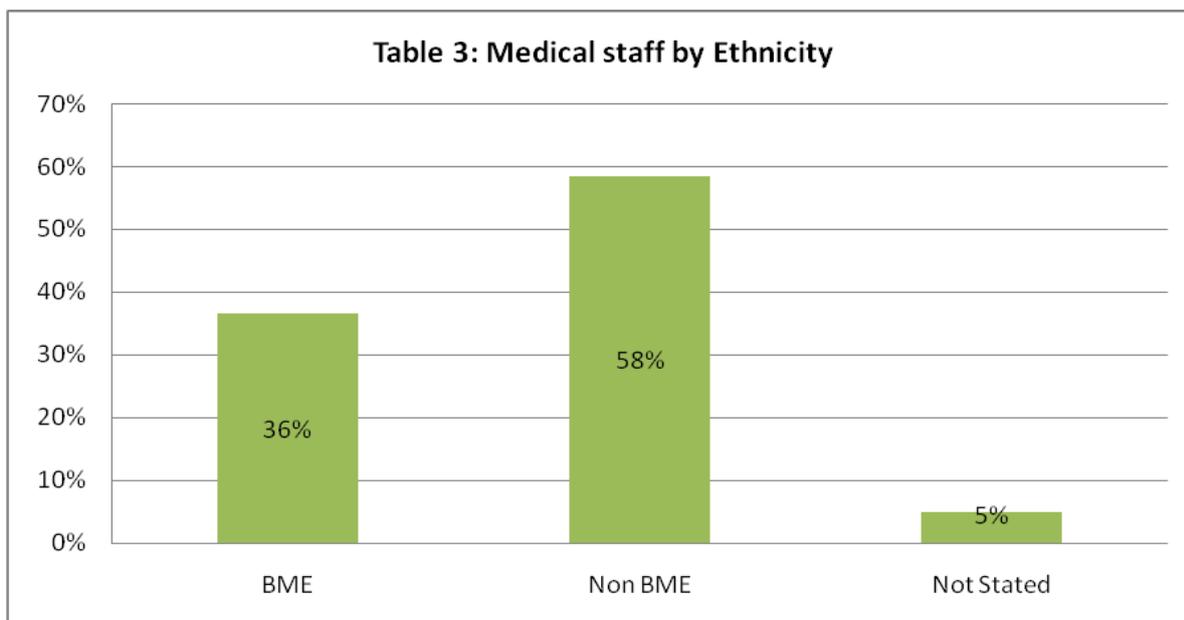
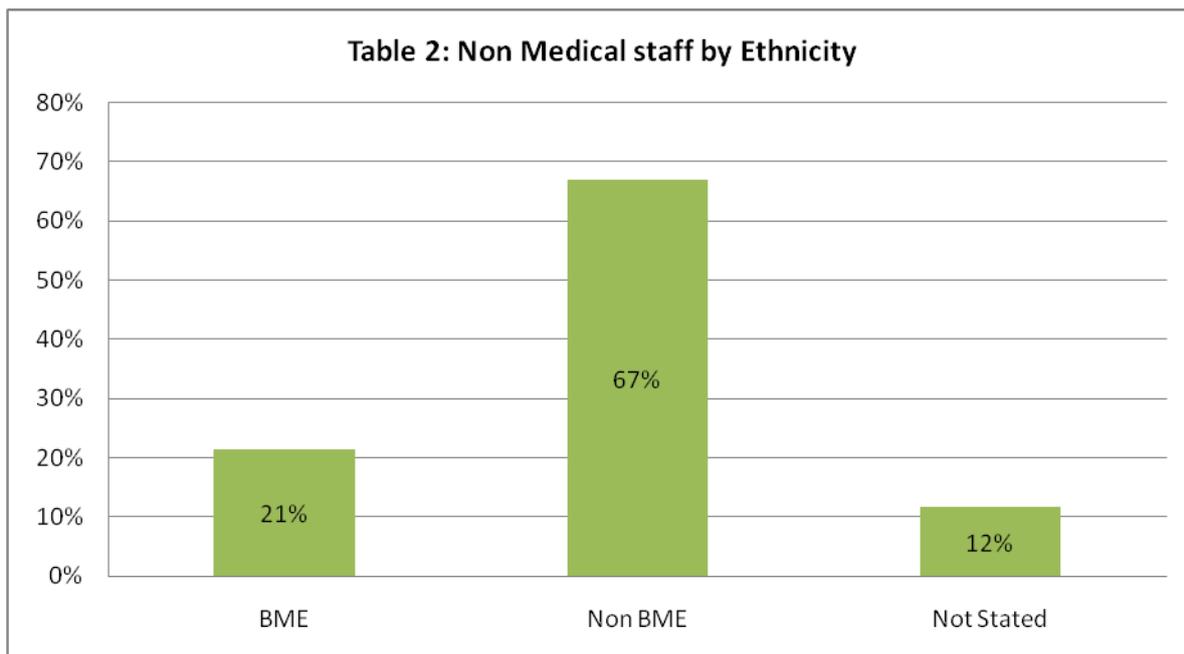
It should be noted however that demographic data of the Trust's workforce shows that only 55% of staff live within the Guildford postcode area; the higher BME representation is therefore not unexpected as staff commute from a wider geographical area to come to work.



The overall Trust profile has remained broadly unchanged during the last six years; the number of BME staff employed at the Trust as a percentage of the total workforce has been between 23% and 25% since 2007. The representation has fallen slightly this year due to the housekeeping and portering staff transferring out of the Trust to Compass Medirest on 31<sup>st</sup> January 2014. Historically this group of staff has had a greater proportion of BME to non-BME staff.

This report shows the analysis of the Trust's workforce separately for medical and non-medical staff for some sections, as there is a significant difference in their ethnic profiles (see Table 2 & 3 below).

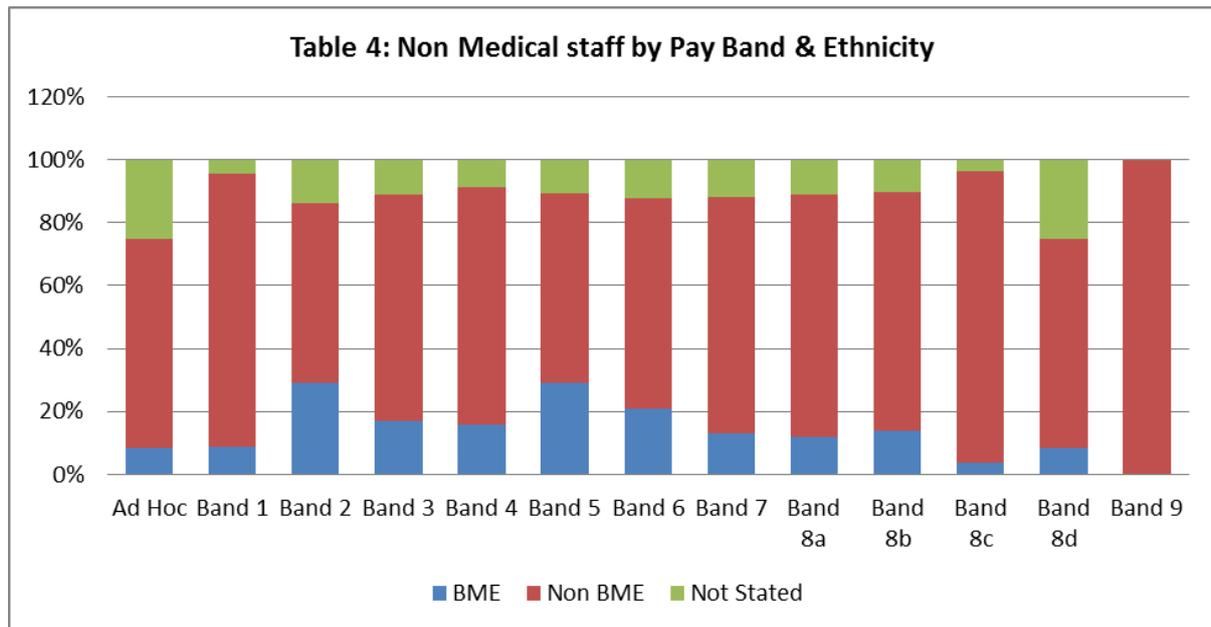
Specifically the analysis is separate when looking at pay band data, as Non Medical staff are subject to the national Agenda for Change pay bands and Medical staff have their own national set of pay scales.



The completeness of the Trust's staff ethnicity data remains very good, with just one record having an undefined ethnic classification at the end of March 2014.

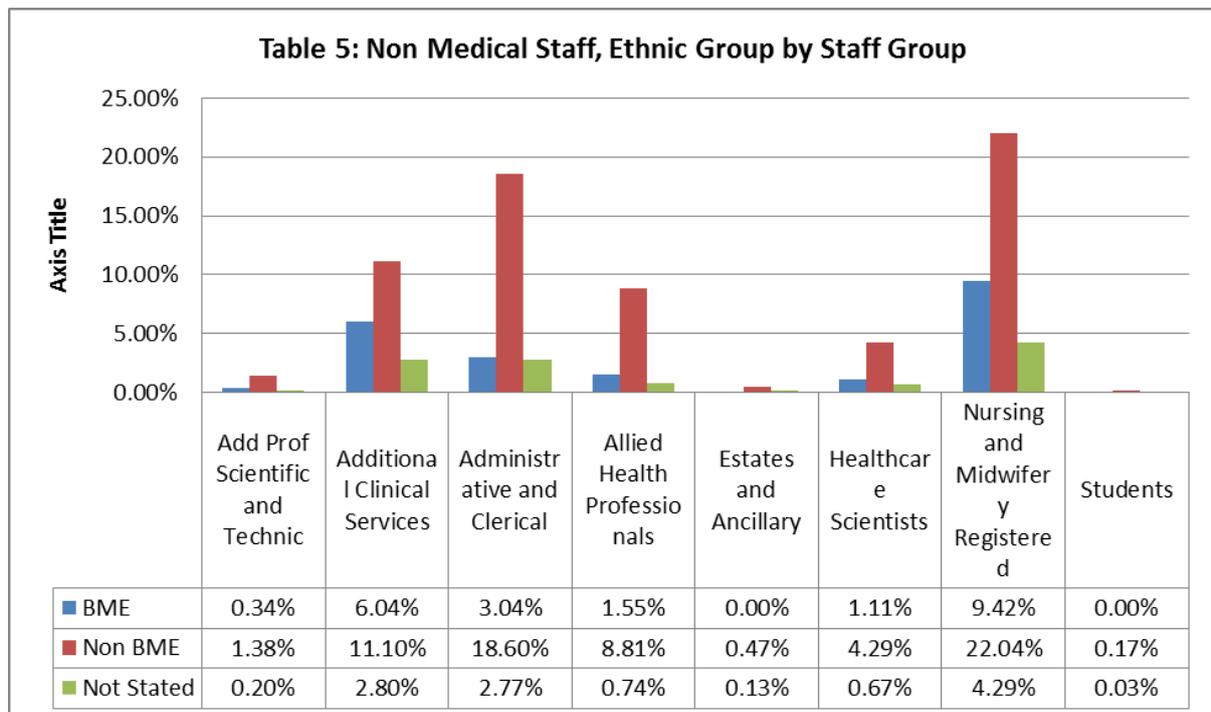
The Trust's Workforce Information team run monthly data quality checks and the completion of ethnicity data forms part of this. This enables missing data to be picked up and completed on a regular basis. The continued use of the NHS Jobs and ESR interface minimises the need to collect and input ethnicity data manually.

**Non-medical staff by pay band**



There are greater numbers of Non BME than BME staff in all pay bands across the Trust. Historically the Trust had greater numbers of BME than Non BME staff in pay band 1; these posts were predominantly housekeeping and portering staff and now that this group of staff have been transferred out of the Trust the profile has changed.

The pay bands with the highest proportion of BME staff are Band 5 and Band 2 posts, with 29% BME representation each. Band 5 is the first pay band for registered health professionals (e.g. nurses, therapists, pharmacists, radiographers, biomedical scientists, midwives).



The profile by non-medical staff group indicates that the highest proportions of staff from ethnic minorities are employed as qualified Nurses & Midwives, followed by Admin & clerical and Additional Clinical Services.

The profile has changed from last year due to the transfer out of the housekeeping and portering staff on 31<sup>st</sup> January 2014.

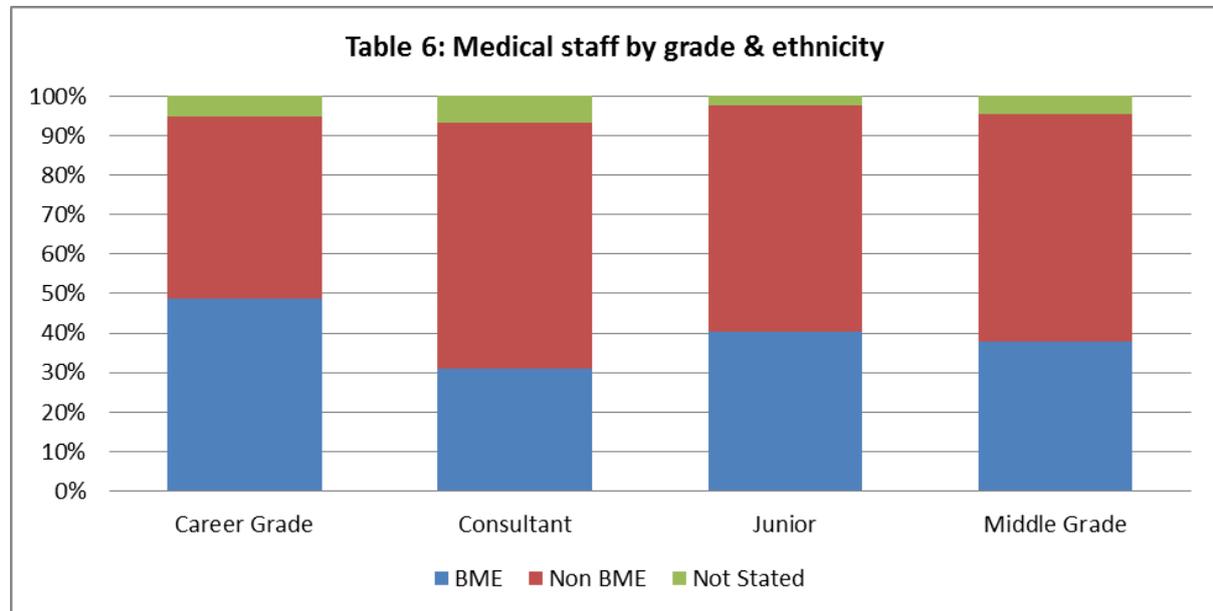
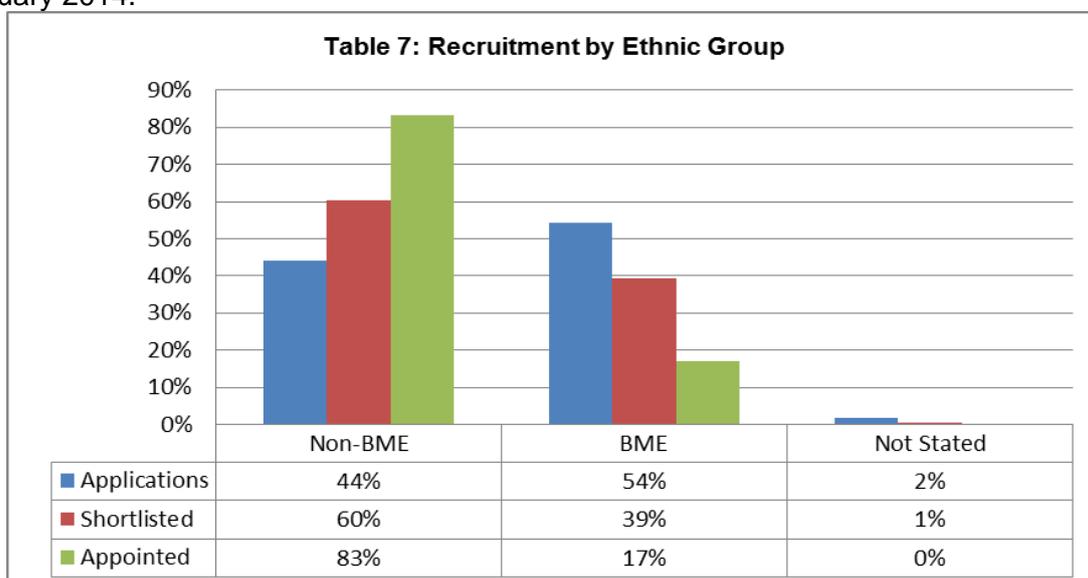


Table 6 shows the ethnicity split by grade for Medical & Dental staff. There is a fairly equal split between BME and non-BME for Career Grades, Juniors and Middle Grades. Consultants have a higher non-BME representation.

This profile remains broadly unchanged from previous reports.

### Recruitment

Table 7 below shows the proportion of applicants by ethnic group for all posts advertised on NHS Jobs, as a percentage of total applications, shortlisted and appointed. This includes both non-medical and medical job vacancies. Unfortunately due to the transition from NHS Jobs to NHS Jobs two in March 2014 we are unable to provide any historical data beyond January 2014.



The proportion of BME applicants is higher than the local population and may be a product of applicants being able to apply for posts advertised on NHS Jobs from anywhere in the world; many applications are received from overseas applicants.

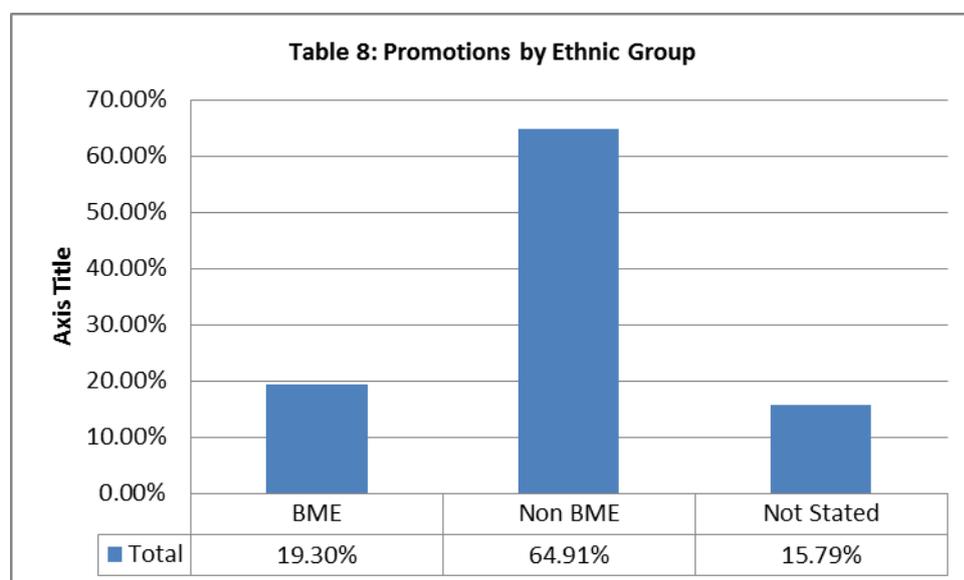
A higher percentage of applications from Non-BME groups progress to the next stages of the recruitment process, whereas overall BME groups reduce at each stage. This may be due in part to applicants from overseas that may require a work permit; for the vast majority of posts a work permit would not be granted and this may eliminate a number of BME applicants at the first stage.

The proportion of BME staff appointed is slightly lower than the overall representation in the Trust, with 17% appointed versus representation of 23.8%. The proportion of Non-BME staff appointed is higher at 83% appointed versus representation of 65%. There are small numbers of “Undisclosed” ethnic origins.

NHS Jobs is fully utilised by both the general Resourcing and Medical Resourcing teams, with the exception of the appointment of doctors in training (Foundation Years 1 & 2 and Registrars) which is managed by the KSS Deanery.

### Promotions

The ethnic origin of staff promoted at the Trust is provided below.

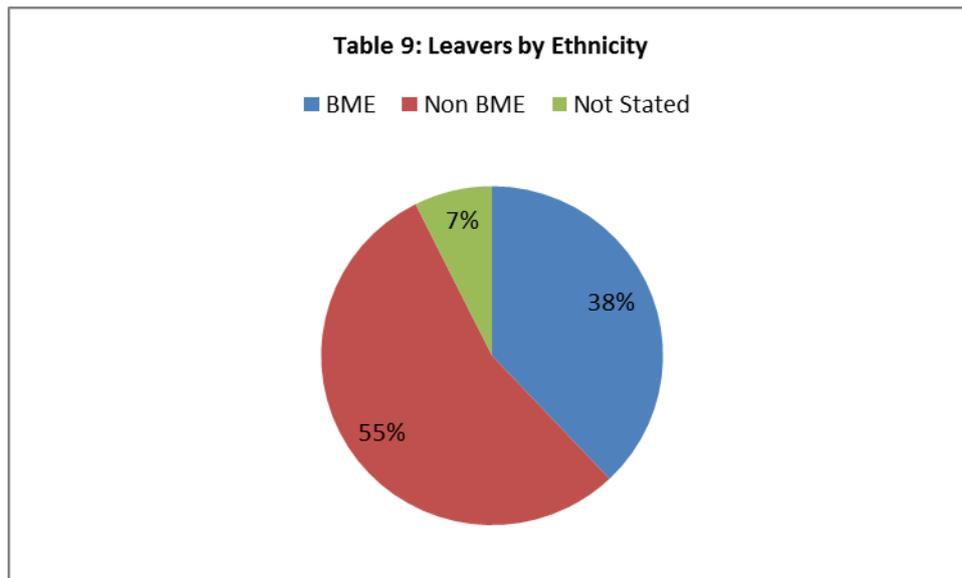


A new ESR report for monitoring data on promotions was introduced from 1<sup>st</sup> April 2011. In addition it became mandatory to complete the assignment change reason on ESR. This should enable far more accurate reporting on promotions. The promotion data above is for the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014.

### Leavers

There were 731 leavers between April 2013 and March 2014.

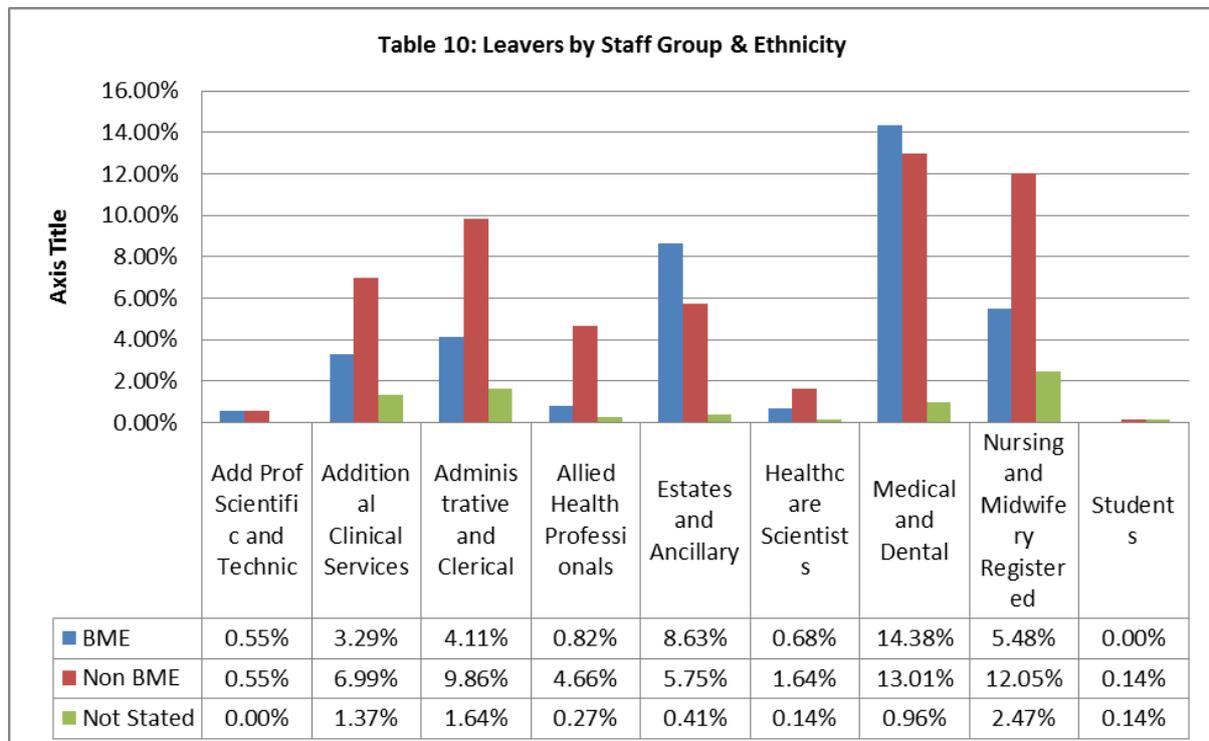
The number of BME leavers was higher than their overall representation at the Trust (38% versus 23.8%) with a corresponding lower number of non-BME staff in terms of overall representation (55% versus 65%).



**By Staff Group**

Of the 731 leavers as expected the majority fall within the Medical & Dental staff group due to the junior doctor rotations (28.35%).

The next highest group were Nursing & Midwifery at 20%, followed by Admin & Clerical at 15.62% and Estates & Ancillary at 14.79%. This is a shift from last year, where the next highest was Additional Clinical Services at 18% and Admin & Clerical were previously the 3<sup>rd</sup> highest at 16%.

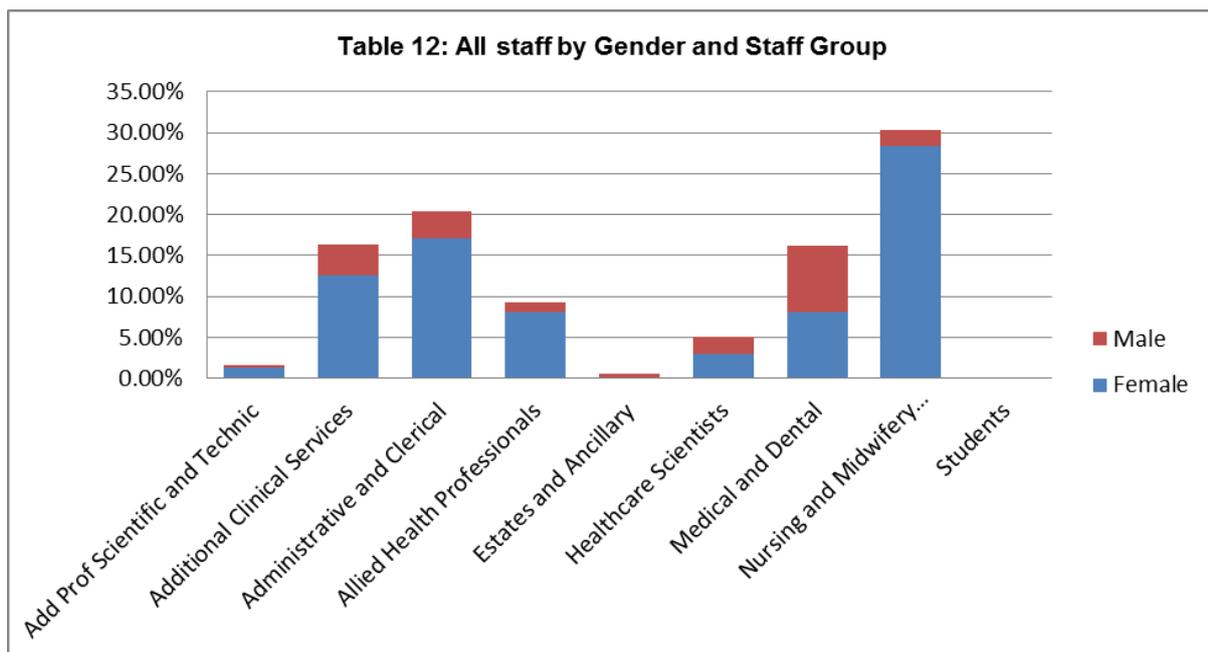
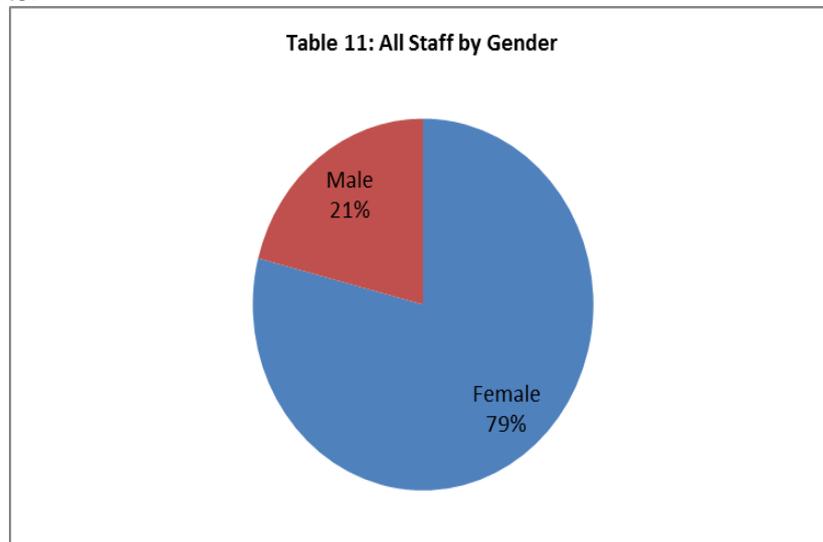


The highest proportion of BME leavers was in the Medical & Dental staff group (14.38%) which is comparable with their overall representation at the Trust, followed by 8.63% for Estates & Ancillary and 5.48% for Nursing and Midwifery.

## GENDER

### Current workforce

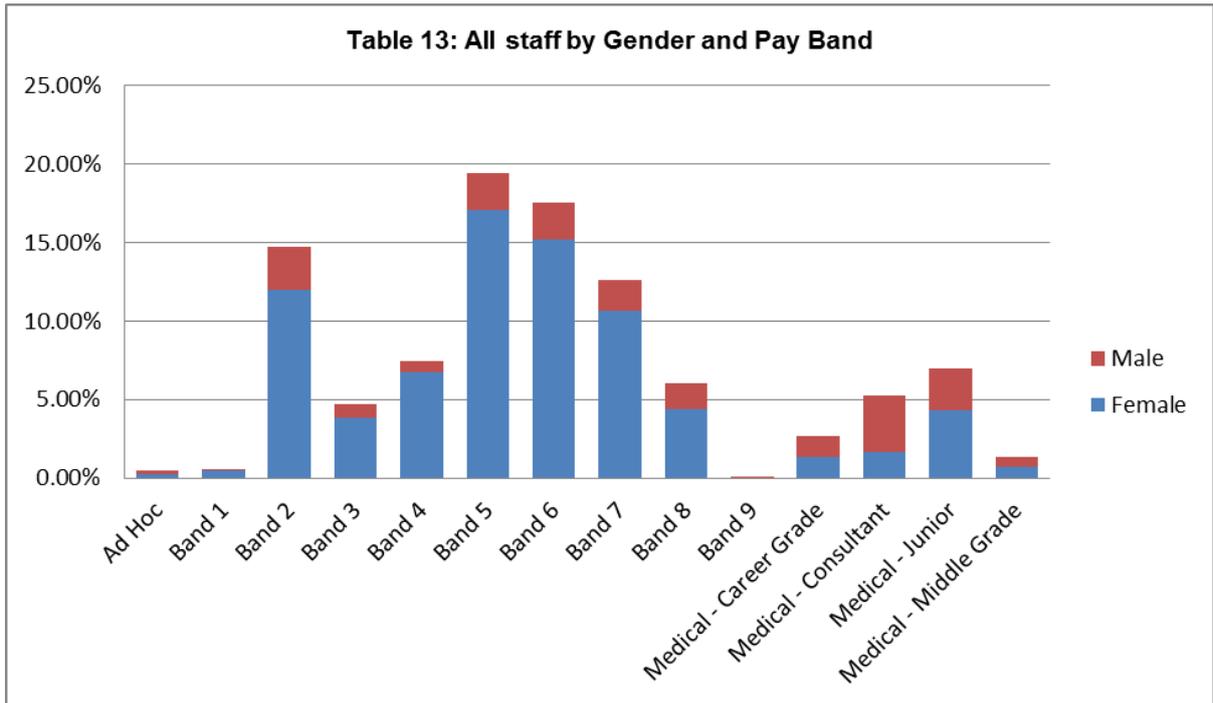
The proportion of Trust staff by gender is illustrated below, this is broadly unchanged from previous reports.



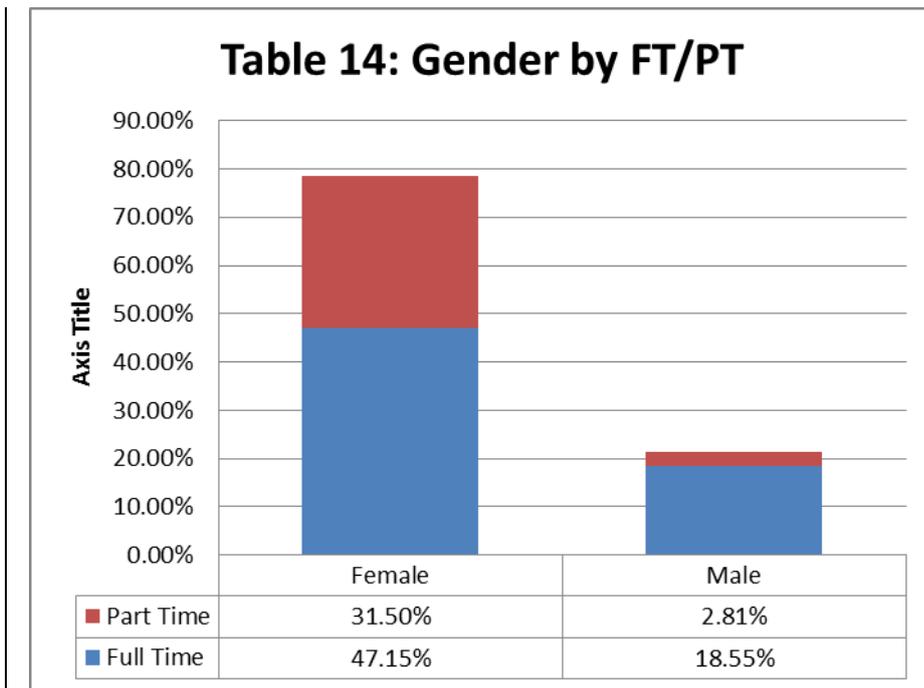
There is a fairly even gender split for posts within Healthcare Scientists and Medical & Dental staff groups.

There are substantially higher numbers of female workers than male workers in Administrative & Clerical and Nursing & Midwifery posts which is comparable with their overall representation at the Trust. Additional Clinical Services and Allied Health Professionals posts also have more female workers than male.

The highest proportion of male workers are Medical & Dental staff (8.19%), followed by 3.68% in Additional Clinical Services and 3.40% in Administrative & Clerical roles.

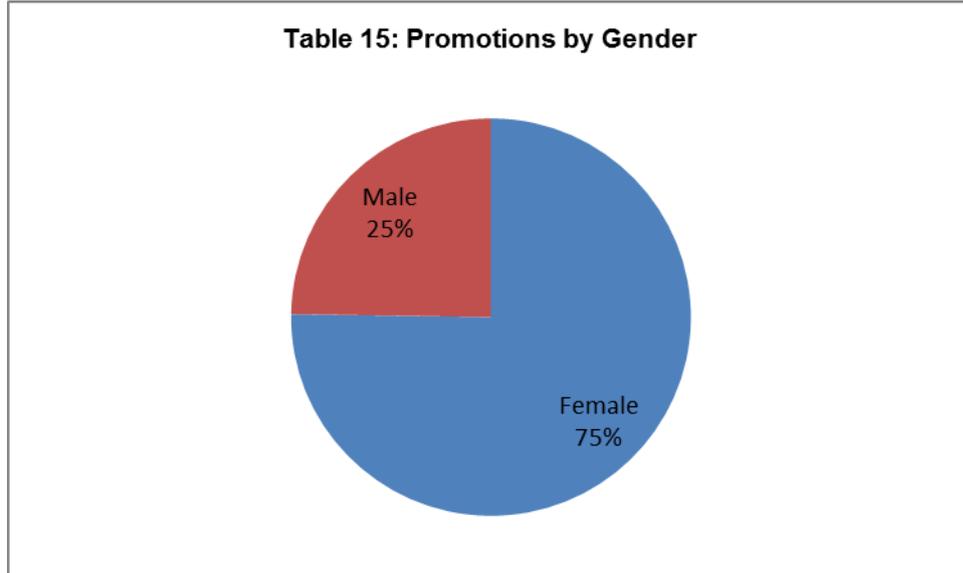


Of the 21. % male workers at the Trust, the highest number are employed in Medical & Dental grades (8.19%), followed by Band 2 (2.37%).



The table above highlights the gender split by full time v part time staff. As expected the majority of part time staff are female.

## Promotions



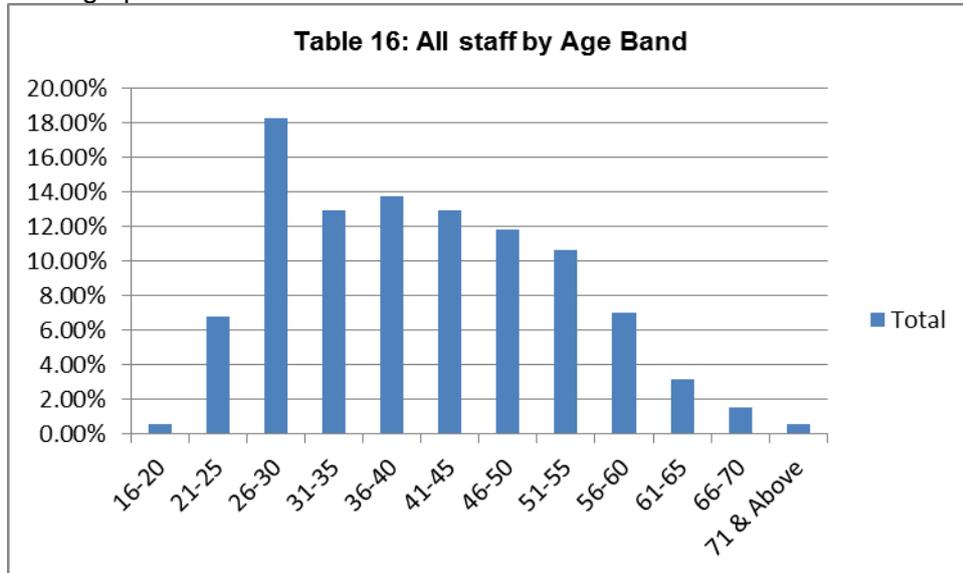
The proportion of men and women promoted at the Trust in the last twelve months is consistent with the Trusts Workforce profile for Gender.

The promotion data above is for the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014.

## AGE

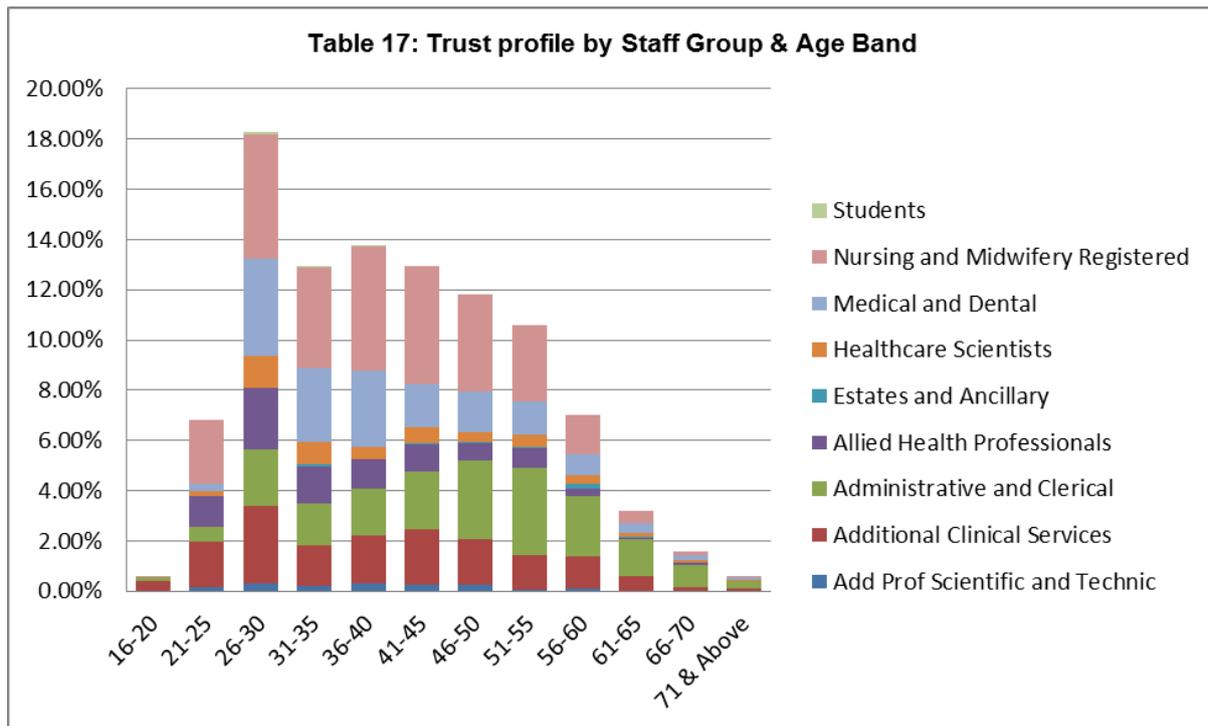
### Current workforce

The age profile of the Trust workforce is illustrated below.



The highest proportion of staff (18.3%) are aged between 26-30, followed by (13.76%) aged 36-40. .

22% of the Trust's workforce is aged over 50 which is similar to last year.



## DISABILITY

0.86% of Trust staff are recorded on ESR as having a disability. 31.91% have indicated that they do not have a disability, 1.5% have indicated they do not wish to declare their status and 65.73% are undefined, i.e. no record is held of their disability status.

This is a slight improvement on the last report, where 67% were undefined; this will be due to the interface between NHS Jobs and ESR where this information is transferred across for successful applicants.

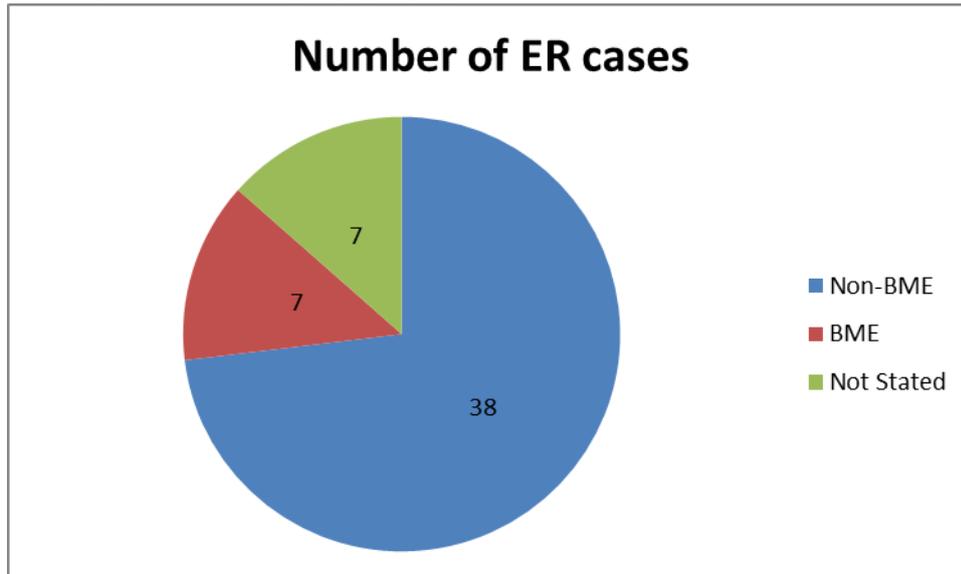
With such a small number of recorded disabilities, it is not possible to undertake any meaningful analysis of this group. We will be undertaking a data cleanse exercise this coming year to try and improve on the information currently held.

## SEXUAL ORIENTATION AND RELIGIOUS BELIEF

Historically this information has not been collected by the Trust; it is recorded when an individual applies for a vacancy on NHS Jobs and therefore is transferred to ESR through the interface for successful candidates.

With the increased usage of the interface the level of information held is gradually increasing, but it is still not at a sufficient level to undertake any detailed reporting.

## EMPLOYEE RELATIONS CASES

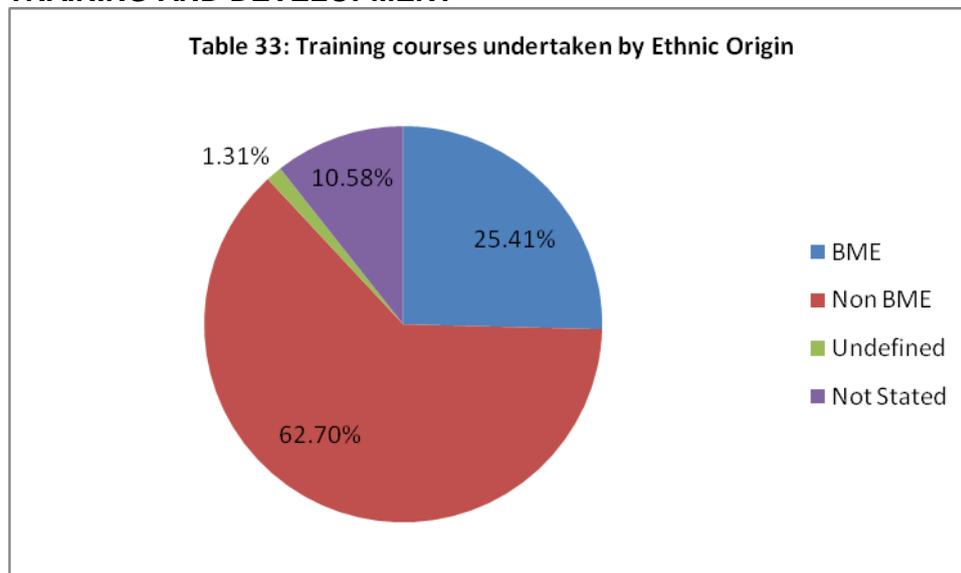


There were 52 employee relations cases being managed by the Trust's HR Business Partners between April 2013 and March 2014.

Employee relations cases include Bullying & Harassment, Tribunals, Disciplinarys, Appeals, Capability, Absence Management, Grievances and Investigations.

38 Non-BME 7 BME & 7 Not Stated.

## TRAINING AND DEVELOPMENT

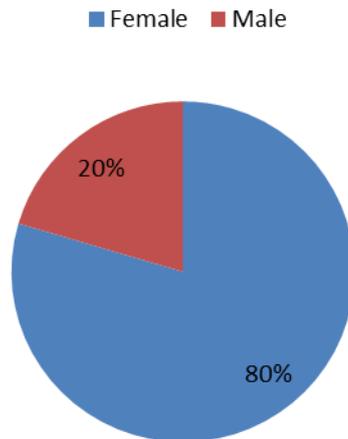


The chart above represents the number of training courses undertaken by Trust staff.

The data for reporting (ie. number of courses undertaken and logged on OLM) has shown an increase of 7.94% from the same period last year. However, the profile of courses undertaken by ethnicity has remained widely unchanged.

The ethnic profile is comparable with the Trust's overall workforce profile.

**Table 19: Training Course undertaken by Gender**



The gender profile of training courses undertaken for the last twelve months is slightly but not significantly different to the overall gender profile for the Trust – male representation is 20% versus 21% overall and female 80% versus an overall representation of 79%.

A large proportion of medical staff are male, and this may be a factor in the male training representation being lower than the overall figure as training records for F1, F2 and Registrar doctors are held on Intrepid (the deanery computer system) and are therefore not included.

The information is drawn from the training module of ESR (Oracle Learning Management, referred to as 'OLM').

Information on the diversity of medical education is not reported, as this is held on the Deanery database (Intrepid).

### **TRUST BOARD PROFILE**

As at 31<sup>st</sup> March 2014 the Trust Board comprised one chairman, five non-executive directors and six executive directors. Of the total eight are male and four are female. Ten are non-BME, and the remainder have an ethnicity of Not Stated.

### **REDUNDANCY DATA**

There were 10 redundancies at the Trust during the period April 2013 to March 2014.

- 6 were non-BME, 2 were BME and the remaining 2 had a classification of "Not Stated"
- 8 were female, 1 male

Posts that are "at risk" are captured on the Employee Relations tracker completed by the HR Business Partners. This enables the Trust to identify any posts that have become redundant but where the staff member was successfully redeployed into another post at the Trust.

Emily Allaway  
Workforce & HR Information Manager  
March 2014