



CLINICAL EXCELLENCE, QUALITY & SAFETY

**Luton and Dunstable University Hospital**

# **Workforce Equality Information report**

**31<sup>st</sup> March 2017**

## 1. Introduction

This report provides an overview of staff in post at the Trust at the 31<sup>st</sup> March 2017 and helps to evaluate the Trust's performance in terms of Equality, Diversity and Human Rights. The report seeks to highlight any disparities such as indication of under-representation or potential unfair treatment to staff in relation to their individual characteristics such as age, gender, sexual orientation, ethnicity, transgender or belief.

Capturing this Equality Information also helps support the Trust's management in considering and making informed decisions about potential future action needed for improvements in fairly and equitably managing its workforce. Also, this data collection and analysis is statutorily required under the Equality Act 2010, (Public Sector Equality Duty PSED) and for the NHS Equality Delivery System EDS2 which supports delivery and compliance.

The data utilised was obtained from the Employee Staff Record (ESR). If numbers are small or insignificant these have been amalgamated to maintain staff anonymity or confidentiality.

## 2. Summary - with recommendations

The Trust has collected, recorded and tracked data across the protected characteristics from staff or job applicants on ESR and had added new areas to the report this year.

### Total Employees

At March 31<sup>st</sup> 2017, the Trust employed **3950** staff. This is an increase of 3.59% on the 3813 staff at March 31<sup>st</sup> 2016. Since there had been a 1.72% decrease in staff at March 2015 due to a TUPE transfer, staff levels are now 1.8% above the 3880 employed then.

### Gender

- **Gender profile** - The NHS National average ratio of male to female is 25%:75% which is low male representation. It is consistently lower still for the Trust. In 2017 the ratio was 20%:80% (the 2016 ratio was 19%:81% and 2015 ratio was 20.4%:79.6%).

Societal drivers behind gender related career choices will influence this result for the NHS and the Trust, so reaching the local population gender ratio (50:50) is not realistic. To lift male representation it would be realistic to aim initially to reflect the NHS average of 25% and then to improve on that. The Trust works to promote its careers and vacancies without gender bias and should explore this further and consider initiatives for improvements.

- **NHS Gender Pay Gap Reporting** – This will take place for the first time in this current financial year. By March 30<sup>th</sup> 2018, the first report for year ended March 31<sup>st</sup> 2017 must be published and transparently shared on the LDH website. There will be more details on performance for this area then.

However it is already known that despite the high ratio of total females at circa 80%, the representation of females at senior management levels is disproportionately low. The ratio of females in senior grades, and the ratio of male in total, needs to be looked at as part of the Gender Pay Gap Report and gender initiatives.

### Age

- **Age Profile** - Age bands used for data analysis should in future match the NHS England 5 year bands for accurate benchmarking. Also as the national workforce moves into 5 generations of staff in the work place who are known to have very different outlooks on

work life balance, the broadening of age band data collected will capture this age range information and be comparable to Patient data

- **Age Profile and Establishment -**

**Under 50** - The majority of staff (37%) continue to be in the 30 to 44 age band (slightly higher than the resident community's average age at 34.9%); followed by the under 30's (21.90%). Staff under the age of 44 now form 58.9% of the workforce but with a 2.21% decrease from 2015. Coupled with those aged 45 to 49 this is an aggregate 3.76% decrease for those aged under-50.

**Over 50** - Conversely there is a 3.75% aggregate increase from 2015 to 2017 of staff aged over 50 who have shifted from being 25.4% to 29.2% of the workforce. This is a sizeable amount of staff close to, or potentially considering their future work-life plans.

However, by proportions across the workforce against both the NHS and the England working population, the LDH has a moderately less ageing workforce population.

- **Age and starters / leavers** – A disproportionate number of under 30's are leaving (41.3%) over the year ending 2017 against the total staff aged under 30 at March 31<sup>st</sup> 2017 (22%). Conversely aged 46 and upwards are more inclined to stay than those aged 45 and under with over 50's having more stasis.
- **Exit reasons** - The Trust has been operating starter and exit questionnaires from October 2015 to explore unknown reasons for leaving to help the Trust to understand better why staff / staff groups join and/or leave the organisation. Even though 10 new categories of voluntary resignation have been added in to the management noted reasons for leaving in 2015 to 2017 it is still the case that the highest % of leavers are in the voluntary resignation / not known category which has been an average of 23.97% across these 3 years between March 2015 and 2017 and is 26% in 2017 of leaver reasons unknown by this method.
- **Exit Interviews** – there is a need to look at exit interviews, especially in light of the National Staff Survey results of experience of poor conduct and a need for retention.
- **Age and Retention** - It is known that the cost and time of training, 1% pay cap and cost of living, tight resources, working hours, work life balance challenges make the NHS unattractive to join and possible untenable to stay for some e.g. with young families. How does the Trust improve retention? Looking at reasons for leaving is one aspect.
- **Age and Flexible Working – Work Life Balance** - With people generally living and working longer there is a sizeable, growing percentage of the workforce reaching or in the higher age brackets who are close to or may potentially be considering their future work-life plans such as if they would like to continue as they are, or desire to work differently, more flexibly or less hours, or are considering retirement. There has been a 3% increase in the over 50 group to 28.3% of the workforce since last year.
- It is also known that younger generations in the workforce value work life balance and flexibility and so it may improve future satisfaction, wellbeing and retention by enabling ability to meet work and life demands. Most especially if trying to meet the demands and responsibilities of work as well as a young family.
- Review of the options and flexibility offered e.g. around older relatives as well as child caring needs, partial retirement or part time working and the management of this e.g. in developing any supportive working arrangements and succession planning could be opportune. Job share and mentoring opportunities between our long serving experienced

staff and more recent less experienced staff may help in mutual support and development opportunities, aiding job satisfaction, career development and retention.

## Disability

- **Declaration** - In 2017, staff declaration of disability status has much improved by 15.2% since 2015 leaving 35.6% who have not declared as opposed to the 56.9% in 2016. The reason for this welcome development is not yet known. Of the declarations, the non disabled group has increased by 14.6% and the disabled group by 0.53%. However, staff non declaration is still high at 35.6% and this prevents the Trust from having an accurate picture of disability in the workforce.
- **Disability Confidence Initiatives needed** - in the last two years, the Trust had identified a need to undertake initiatives and actions to both secure confidence in declaration and a much improved level of declaration. This was to help ensure the monitoring and application of fairer treatment such as reasonable adjustment.

Across the NHS there is a level of discrepancy in the National Staff Survey declaration compared to National Electronic Staff Records ESR which suggests that the national level of disability across the NHS workforce could be as much as 17% from the results in the former as opposed to 3% in the records of the latter.

Initiatives should include that Mental health, wellbeing and adjustments are just as important as those in relation to Physical health and are interlinked, also sensitively handle that cancer can be a disability under the Equality Act 2010.

- **Workforce Disability Equality Standard WDES** – The NHS nationally as for the Trust, need to improve disability performance and experience. From April 2017 the NHS Workforce Disability Equality Scheme will be mandated into the NHS Contract as a national requirement to improve performance in this area. The Trust has started preparations. It is anticipated that the indicators used to measure and benchmark nationally will be similar to those used in the Workforce Race Equality Standards WRES.

## Ethnicity

- There is little variation in 2017 for White: BME ratios at 57.6%: 38.9% to those of 2015 and 2016. Only (3.49%) did not declare ethnicity showing more confidence to disclosing ethnic origin than belief or sexual orientation which is common. The **Workforce Race Equality Standard** covers more areas of ethnicity data and can be viewed on the Trust website.
- **Recruitment and Selection** – the Trust has generally been quite an ‘attractive’ employer for a wide number of diverse, prospective employees as shown by the healthy level of applications. As part of the WRES return this year the Trust is looking at the level of appointments from BME groups compared to the applicant pool and short listing to ensure that any unfair or unwitting treatment in the recruitment process is identified and minimised.

## Belief (Religion, Belief or non Belief)

- Non-declaration is significantly high but improving yearly from 41.2% in 2015 to 33.7% in 2017 which is a 7.51% improvement. The balance between the main 6 categories remains proportionally similar with circa a 0.5% increase in declaration across each. It is still the case with this level of no declaration that value of this data in analysis is limited.

## Sexual Orientation

- Non declaration has decreased 41.5% in 2015 to 33.6% in 2017 which is a 7.8% improvement in the 3 years. In 2017 it means 1208 staff have not declared, that this is still high and it is a similar statistic to that of belief. Improvements to the declaration level are needed including how and where this information is collected.

## Pregnancy & Maternity and Paternity

- The numbers of employees on maternity leave by year end 2017 were 223 at 7.1% of the female workforce, in 2016 this was 206 at 6.65% and at March 2015 93 at 3.01%.

Paternity Leave is new to this report with numbers in 2017 were 21 or 2.7% of the male workforce. The maternity / paternity leave taken by genders is not related but there is a lower proportion of paternity leave taken. From the data there is a higher proportion of BME staff taking paternity leave than in the maternity data by circa 13%.

## Partnership status

- The protected characteristic is **Marriage or Civil Partnership**. Between 2015 and 2017 there have been 22 further civil partnerships to a total of 26 at March 2017 which is a large increase. Those in marriage remain the largest group at 53% (0.66% in a civil partnership). The second largest group is single people at nearly 36%.

## Declaration levels

- A significant piece of work is needed to reduce the level of unknown or undeclared returns by staff, across disability, religion or belief and sexual orientation. This is not uncommon nationally, as people find these sensitive to declare. However, appropriate staff engagement and communications will help in gaining staff confidence in declaring and will gradually reduce this lack of declaration over time.

## Disciplinary

- Year ending March 2016 saw 38% less cases than in 2015 (15 rather than 24). However cases have increased this year to 38 with a female to male ratio of 71%:29%. The female: male ratio is 80%:20% for the total workforce and this 71%: 29% continues a pattern of a proportionally unfavourable result to male staff at 1-10% more likely to be in a disciplinary case.
- For ethnicity the BME to White Ratio has improved year on year so that BME are less likely to be disciplined than White staff which is a contrast to the National results which generally have an unfavourable ratio for BME. This places the Trust with high performance in terms of the WRES. In terms of age, this year 17 cases were under 35 and 21 above age 35. None declared a disability.

**Communications** – need to improve the level of ‘buy in’ and understanding by staff, of the benefits of a diverse, leading employer being able to understand and utilise characteristic information, to help address any unfair outcomes in line with the **Equality Delivery System** and the Trust’s **Equality Objectives**.

**THE DETAILED REPORT FOLLOWS;**

**4. Workforce Profile**

At 31<sup>st</sup> March 2017 the Trust had **3950** staff with a **female to male ratio of 80%: 20%**. Against 31<sup>st</sup> March 2016 this is a staffing increase of 3.59% and a slight increase in male ratio of 1% continuing the very minor male/ female fluctuations over the past 3 years.

The ratio of male to female remains low and this level of difference between male and female employees is high. However, it is an NHS national phenomena and the NHS national average ratio for this is 25% male 75% female. There are societal drivers behind gender related career choices which will influence this result for the Trust and the NHS. However, the Trust works to promote its careers and vacancies without gender bias.

Male female Ratio 2015-2017		
	Male	Female
<b>2015</b>	20.4%	79.6%
<b>2016</b>	19.0%	81.0%
<b>2017</b>	20.0%	80.0%

**4.1 Workforce by Age band**

At March 2017, as for the previous 2 years, the majority of Trust staff (37%) fall within the 30 to 44 age band, followed by the under 30's (21.90%) which means staff under the age of 44 now form 58.9% of the workforce a 2.21% decrease from 2015. Coupled with those aged 45 to 49 this is an aggregate 3.76% decrease for those aged under-50.

LDH Workforce by Age 2017 (against 2015 and 2016)							
	2015	2016	Difference 2015 - 2016	2017 number	2017 by %	difference 2016 - 2017	difference 2015 - 2017
<b>Under 30</b>	22.60%	22.50%	-0.10%	865	21.90%	-0.60%	-0.70%
<b>Age 30-44</b>	38.50%	37.00%	-1.50%	1461	36.99%	-0.01%	-1.51%
<b>Age 45-49</b>	13.50%	12.20%	-1.30%	472	11.95%	-0.25%	-1.55%
<b>Age 50-54</b>	12.60%	13.50%	0.80%	533	13.49%	-0.01%	0.89%
<b>Over 55</b>	12.80%	14.80%	2.00%	619	15.67%	0.87%	2.87%
	100%	100%		3950			

Conversely between 2015 and 2017 there is an increase in staff aged over 50-54 (0.9%) and over 55 at (2.87%). The over 50 groups have shifted from being 25.41% to 29.16% of the workforce with an increase of 3.75%. Against the NHS workforce and England working population in the chart below LDH has a slightly less ageing workforce population.

With the over 50's at nearly 30% this is a sizeable percentage of staff who may potentially be considering their future work-life plans such as if they would like to continue as they are, or desire to work more flexibly or less hours, or are considering retirement.

In future the age bands should be in line with NHS England for benchmarking. Also as the working world moves into 5 generations of staff in the work place with a different outlook on work and work life balance, the age bands should be broadened to capture this (e.g. 5 year bands as for patients).

Age Breakdown of LDH Staff against NHS Workforce and England Working Population					
LDH Staff		NHS workforce		England Working population	
Under 30	22%	under 25	6%	under 25	12.00%
		25 to 34	23%	25 to 34	23.00%
Age 30-44	37%	35 to 44	24%	35 to 44	23.00%
<b>Under 44</b>	<b>59%</b>		<b>53%</b>		<b>58.00%</b>
Age 45-49	12%				
Age 50-54	13%		29%	45 to 54	21.00%
<b>Under 55</b>	<b>25%</b>		<b>29%</b>		<b>21.00%</b>
Over 55	16%	55 to 64	17%	55 to 64	17.00%
		65 and over	2%	65 and over	4%
<b>Over 55</b>	<b>16%</b>		<b>19%</b>		<b>21.00%</b>

*Source NHS Employers September 2016*

#### 4.2 Workforce Gender by Grade and Banding

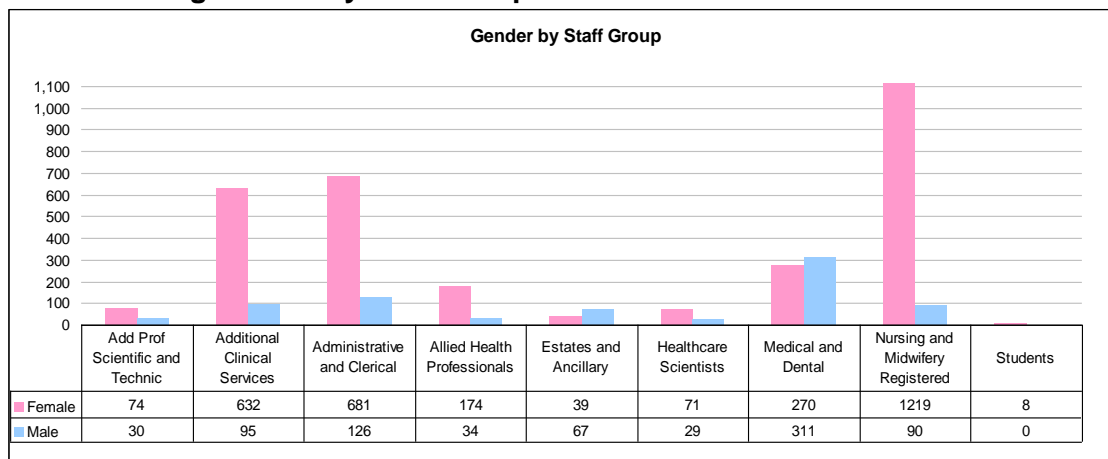
The chart that follows shows that whereas the overall ratio of female to male is 80%:20% the representation of females in the higher bands e.g. band 8b and above is low and as little as 50% at Band 9 and 40.16% at consultant level.

Gender of Staff by Grade and Banding at March 31st 2017				
Grade/Banding	Female	Male	Total	% of females
Ad-Hoc (Spot Salaries)	7	12	19	36.84%
Band 1	10	42	52	19.23%
Band 2	619	89	708	87.43%
Band 3	212	35	247	85.83%
Band 4	319	42	361	88.37%
Band 5	675	104	779	86.65%
Band 6	593	62	655	90.53%
Band 7	330	46	376	87.77%
Band 8a	81	15	96	84.38%
Band 8b	30	9	39	76.92%
Band 8c	11	8	19	57.89%
Band 8d	8	4	12	66.67%
Band 9	3	3	6	50.00%
Consultant	98	146	244	40.16%
FY1	27	11	38	71.05%
FY2	23	24	47	48.94%
Junior	93	95	188	49.47%
Middle Grade	29	35	64	45.31%
<b>Grand Total</b>	<b>3168</b>	<b>782</b>	<b>3950</b>	<b>80.20%</b>

### 4.3 Gender by Staff Group

In 2017 as for the previous 2 years female staff are in the majority across all staff groups, apart from Estates and Facilities, Medical and Dental staff. Last year there was a disproportionate reduction in male employees in Nursing and midwifery by 10 staff leaving 90 employed but this figure has remained static this year.

Chart showing Gender by Staff Group at March 31<sup>st</sup> 2017



Over the last year, there has been a large increase in male representation in admin and clerical and in medical and dental, also of female in Additional Clinical services.

2016 Workforce Report - Workforce by Gender and Staff Group										
Staff Group F – female M- Male	2015		2016		Number change 2015- 2016		2017		Number change 2016 - 2017	
	F	M	F	M	F	M	F	M	F	M
Professional Scientific & Technical	80	25	81	26	1	1	74	30	-7	4
Add Clinical services	556	77	608	84	52	17	632	95	24	1
Admin and Clerical	625	98	651	101	26	3	681	126	30	25
Allied Health professionals	156	23	172	29	16	6	174	34	2	5
Estates and ancillary	150	155	38	70	-112	-85	39	67	1	-3
Health care scientists	62	31	67	29	5	-2	71	29	4	0
Medical and dental	239	281	253	285	14	4	270	311	17	26
Nursing /Midwife Registered	1212	100	1218	90	6	-10	1219	90	1	0
Students	10	0	11	0	1	0	8	0	-3	0
<b>Total staff by gender by year</b>	<b>3090</b>	<b>790</b>	<b>3099</b>	<b>724</b>	<b>9</b>	<b>-66</b>	<b>3168</b>	<b>782</b>	<b>69</b>	<b>58</b>
<b>Total staff</b>	<b>3880</b>		<b>3813</b>				<b>3950</b>			
<b>Percentage by gender</b>	<b>79.6</b>	<b>20.4</b>	<b>81</b>	<b>19</b>			<b>80</b>	<b>20</b>		



#### 4.4 Gender pay gap

As for the last two years, the results are reflective of the national NHS and Trust staff profile of having a majority of female staff across most staff groups.

##### Senior Grades Bands 7 to 9

From the chart which follows, there has been a 12.76% (by 62) increase in senior grades staff over this 3 year period (from 486 in 2015, to 530 in 2016 and to 548 in 2017).

March 2017 - Gender Pay Gap 2017 – Bands 7-9								
AFC Band	Staff by gender 2017			% of females			%change 2015 to 2017	Male % 2017
	Female	Male	Total	2017	2016	2015		
Band 7	330	46	376	87.77%	87.94%	89.28%	-1.51%	12%
Band 8a	81	15	96	84.38%	84.34%	82.43%	1.95%	16%
Band 8b	30	9	39	76.92%	71.05%	58.97%	17.95%	23%
Band 8c	11	8	19	57.89%	55.00%	57.14%	0.75%	42%
Band 8d	8	4	12	66.67%	80.00%	66.67%	0.00%	33%
Band 9	3	3	6	50.00%	50.00%	60.00%	-10.00%	50%
<b>Grand Total</b>	<b>463</b>	<b>85</b>	<b>548</b>	<b>84.5%</b>	<b>84.3%</b>	<b>84.1%</b>		

With regard to the Trusts total female to male ratio for 2017 of 80%:20% respectively, the overall representation of female to male across senior roles in Band 7 to Band 9 was 84.5%. This has stasis with the previous 2 years.

However only the 2 lowest bands which have the majority of staff for this level of bands show some reasonable proportional representation to the total gender ratio which are Bands 7 (87.7%) and 8a (82.43%).

In the remaining higher Bands representation is from between 71% to 50% which is disproportional to the total of females employed of 80%. There has been a noticeable improvement in the 3 year period by 17.95% at Band 8b

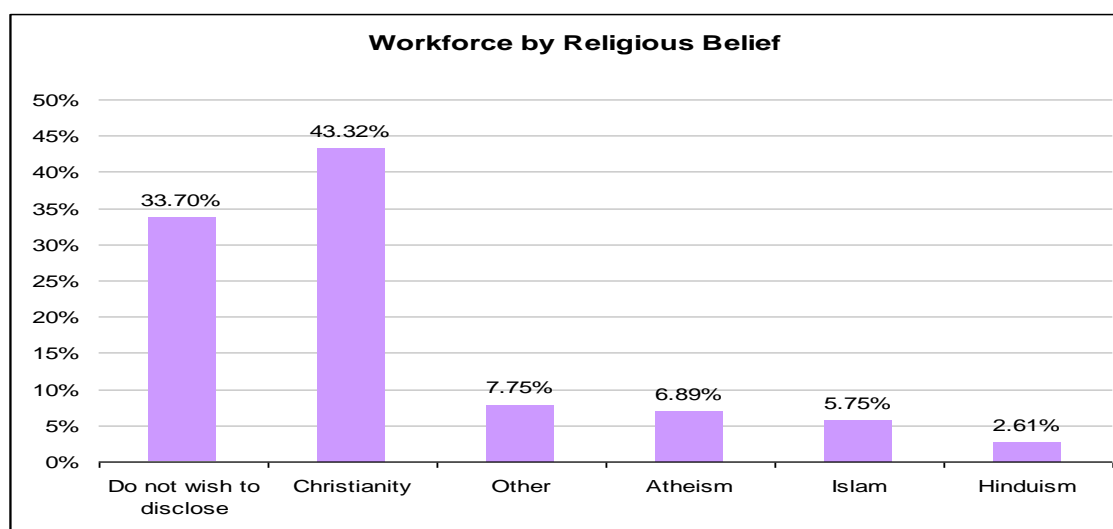
#### 4.5 Gender Pay Gap Reporting

This will take place for the first time in the NHS in this current financial year and so by March 30<sup>th</sup> 2018, the first report in relation to the year ended March 31<sup>st</sup> 2017 must be published and transparently shared on the LDH website

#### 4.6 Workforce by Religious Belief

In 2015, a significant amount of staff (41.21%) had not disclosed their belief or non-belief. In 2016 and 2017, this improved slightly to 37.06% and to 33.70% respectively improving non declaration by 7.51% since 2015. The balance between the 6 categories remains proportionally similar with circa a 0.5% increase in declaration across each. It is still the case however that the figures cannot realistically be compared to the population profile.

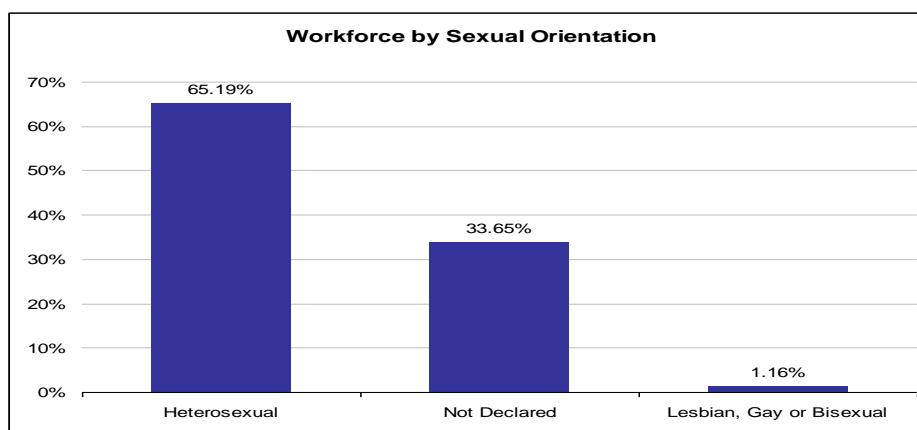
2017 Workforce by Religion - Belief - Non Belief					
Declaration	2015	2016	Variation	2017	Variation
Not disclosed	41.21%	37.06%	-4.15%	33.70%	-7.51%
Christianity	40.23%	42.17%	1.94%	43.32%	3.09%
Other	6.66%	7.16%	0.50%	7.75%	1.09%
Atheism	5.10%	6.29%	1.19%	6.89%	1.79%
Islam	4.64%	5.09%	0.45%	5.75%	1.11%
Hinduism	2.16%	2.23%	0.07%	2.61%	0.45%
	100.00%	100.00%		100.02%	



#### 4.7 Workforce by Sexual Orientation

Non declaration of sexual orientation has moved from 41.48% of staff in 2015 to 33.65% in 2017 which is a 7.83% improvement in the 3 years. However, it still means that 1208 staff have not declared, that this is still high and it is still a similar lack of declaration and improvement statistic to that of belief. In both categories improvements to the declaration level are needed including improving how this information is collected.

2017 Workforce by Sexual Orientation					
Declaration	2015	2016	Variation	2017	Variation
Heterosexual	57.52%	61.97%	4.45%	65.19%	7.67%
Not Declared	41.48%	36.95%	-4.53%	33.65%	-7.83%
LGBT	1.00%	1.08%	0.08%	1.16%	0.16%
	100.00%	100.00%		100.00%	



#### 4.8 Workforce by Ethnicity

In 2017 a small percentage of staff have not declared their ethnicity, 3.49%, which is higher amount than the 2.49% in 2016 and similar to 2015 at 3.45%. This indicates more comfortable disclose of ethnic origin than of religion, belief or sexual orientation. Nearly 58% of the workforce is White and nearly 39% is now BME.

The Trust has aligned ethnicity data to the Workforce Race Equality Standard WRES and NHS National Requirements so that when recording the proportion of Black and Ethnic Minorities BME and White British the definitions of BME and White are that:

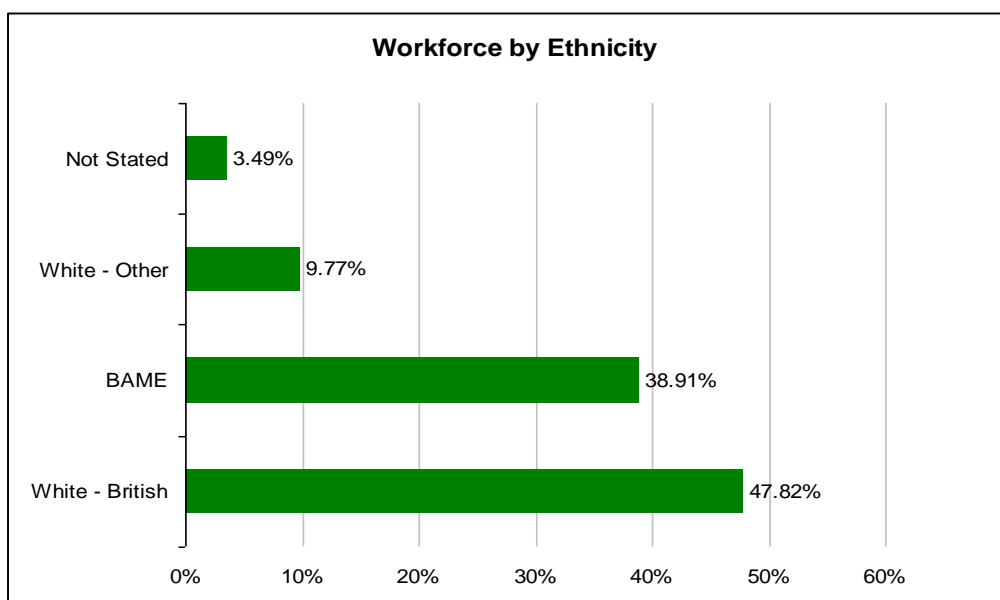
- White” staff include White British, Irish and Any Other White
- Black and Minority Ethnic” BME includes all others except “unknown” or “not stated.”<sup>1</sup>

Based on this definition, the data below for last year and this year respectively is:

**BME to White 38.92%:57.59%**

2017 Workforce by Ethnicity					
Declaration	2015	2016	Variation 2015 - 16	2017	Variation 2015 to 2017
White	58.84%	59.82%	0.98%	57.59%	-1.25%
BME	37.71%	37.69%	-0.02%	38.92%	1.21%
Not Declared	3.45%	2.49%	-0.96%	3.49%	0.04%
	100.00%	100.00%		100.00%	

<sup>1</sup> These definitions meet the national reporting requirements Ethnic Category in the NHS data Model / Dictionary, and the Health and Social care Information Centre Data as based on the 2001 ONS Census categories for ethnicity. Any significant proportion of ‘not stated’ should be addressed – this may affect the reliability of data as small numbers may make a significant difference to outcomes. If groups are a significant minority and may be at risk of less favourable treatment this should be explored.



#### 4.9 Nursing and Midwifery NMW by Ethnicity

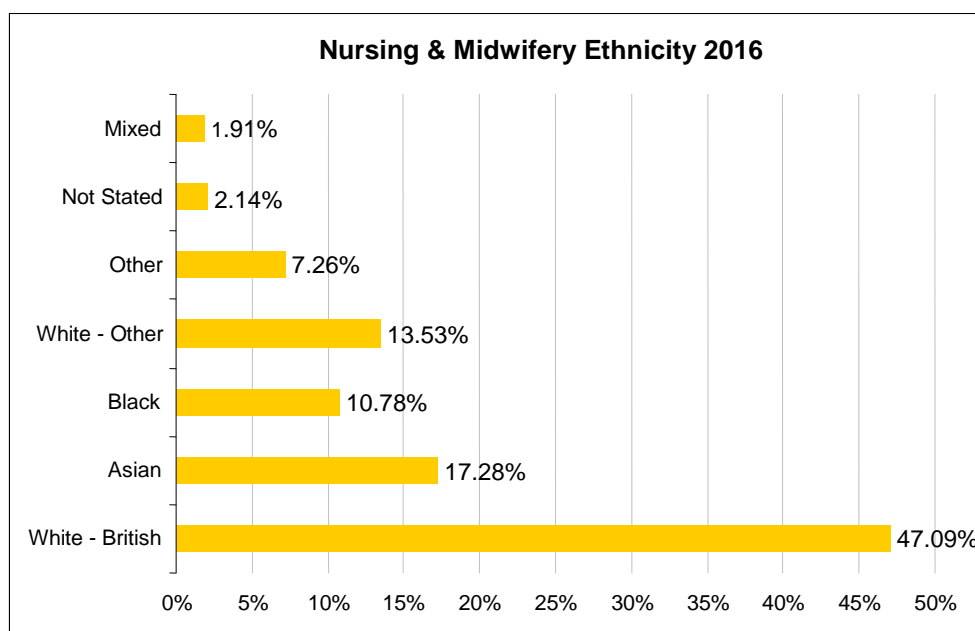
The NMW workforce is a significant proportion of our frontline staff for patients, their carers or visitors. There is a better level of declaration for NMW staff than staff in general. From the chart below, there was near stasis in ethnicity ratios in this group in 2015 and 2016 apart from a 2.17% increase in White other.

However, this year there has been decreases of 2.56% in White British and 3.81% other ethnicities, with an increase in Asian 3.16% and White other 1.4%.

2017 Workforce - Nursing and Midwifery by Ethnicity					
Declaration	2015	2016	Variation	2017	Variation to 2015
Mixed	1.75%	1.91%	0.16%	1.76%	0.01%
Not stated	2.44%	2.14%	-0.30%	2.60%	0.16%
Other	8.00%	7.27%	-0.73%	5.19%	-2.81%
White Other	11.36%	13.53%	2.17%	12.76%	1.40%
Black	11.43%	10.78%	-0.65%	12.07%	0.64%
Asian	17.92%	17.28%	-0.64%	21.08%	3.16%
White British	47.10%	47.09%	-0.01%	44.54%	-2.56%
	100.00%	100.00%		100.00%	

For the WRES - BME to White staff ratio in 2016 is 37%: 60%. In 2017 it is 40%: 57%

2017 Workforce - Nursing and Midwifery by Ethnicity					
Declaration	2015	2016	Variation	2017	Variation to 2015
White	58.46%	60.62%	2.16%	57.30%	0.01%
BME	39.10%	37.24%	-1.86%	40.10%	0.16%
Not stated	2.44%	2.14%	-0.30%	2.60%	-2.81%



#### 4.10 Workforce by Disability

In 2017, staff declaration of disability status has improved by 15.18% since 2015 leaving 35.62% who have not declared as opposed to 56.90% in 2016. Of the declarations, the non disabled group has increased by 14.65% and the disabled group by 0.53%.

The level of staff with a disability is anticipated to be much higher than 2.03% in terms of national working population averages. This level of non declaration does not give the Trust an accurate picture of disability within the workforce, or assist in detection of potential less favourable treatment, or the handling of enabling initiatives such as reasonable adjustments.

Workforce by Disability 2017				
Status	2015	2016	2017	Variation to 2015
Disabled	1.50%	1.60%	2.03%	0.53%
Not Disabled	47.70%	41.40%	62.35%	14.65%
Not declared	50.80%	56.90%	35.62%	-15.18%
	100.00%	100.00%	100.00%	

#### 4.11 Workforce by Marital Status

**Marriage / Civil Partnership** – Between 2015 and 2017 there have been 22 further civil partnerships to a total of 26. The protected characteristic is marriage or civil partnership. Out of the total workforce at March 2017, 53% are married and 0.66% in a civil partnership. The second largest group is single people who have increased by 83 to nearly 36% of the workforce.

2017 Workforce by Partnership and Marital status								
Declaration	2015	%	2016	%	Variation no 2015-2016	2017	%	Variation no. 2017 - 2015
Civil partnership	4	0.1	14	0.37	10	26	0.66	22
Widowed	31	0.8	29	0.76	-2	25	0.63	-6
Legally separated	49	1.26	47	1.23	-2	43	1.09	-6
Unknown	134	3.45	200	5.24	66	150	3.80	16
Divorced	177	4.56	166	4.35	-11	175	4.43	-2
Single	1335	34.41	1331	34.92	-4	1418	35.90	83
Married	2150	55.41	2026	53.13	-124	2113	53.49	-37
	3880	100	3813	100		3950		

#### 4.10 Workforce by Pregnancy and Maternity Leave, also Paternity Leave

The number of employees on maternity leave by year end 2017 were 223 (7.1% of the female workforce), in 2016 this was 206 (6.65%) and 2015 93 employees (3.01%).

Paternity Leave is new to this report and in 2017 the number who took paternity leave around the birth were 21 (2.7%) of the male workforce. The maternity / paternity leave taken by genders is not related but there is a lower proportion of paternity leave taken. From the data there is a higher proportion of BME staff taking paternity leave than in the maternity data by circa 13%.

Ethnicity in Maternity and Paternity Leave year ending 2017					
Ethnicity	Maternity numbers	% of maternity leave	Paternity	% of Paternity numbers	Total
White	112	50.22%	8	38.10%	120
BME	108	48.43%	13	61.90%	121
Not declared	3	1.35%	0	0.00%	3
	223		21		244

Absence Type	Disability	Total
Maternity	No	164
	Not Declared	51
	Undefined	2
	Yes	6
Paternity Birth	No	18
	Not Declared	2
	Yes	1
<b>Grand Total</b>		<b>244</b>

#### 4.11 Discipline –

**Number and Gender –** Cases have increased this year to 38 with a female to male ratio of 71%:29%. The last 3 years has seen a proportionally unfavourable result to male staff where they are 1-10% more likely to be in a disciplinary case.

<b>Disciplinary and Gender Year Ending March 2017 and compared to Years ending March 2015 and 2016</b>						
<b>Year end</b>	<b>Disciplinary</b>	<b>Female</b>	<b>Male</b>	<b>Total Female staff</b>	<b>Total Male Staff</b>	<b>Variation (% males)</b>
<b>2015</b>	24	70.8%	29.2%	79.6%	20.4%	9.20%
<b>2016</b>	15	80.0%	20.0%	81.0%	19.0%	1%
<b>2017</b>	38	71.0%	29.0%	81.0%	19.0%	10%
	<b>77</b>					

<b>All staff Declaration</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>Variation</b>
<b>White British</b>	49.87%	50.17%	47.82%	-2.05%
<b>BME</b>	37.71%	37.69%	38.92%	1.21%
<b>White Other</b>	8.97%	9.65%	9.77%	0.80%
<b>Not Declared</b>	3.45%	2.49%	3.49%	0.04%
	100.00%	100.00%	100.00%	

In year ending March 2016 there were 38% less disciplinary than in 2015 (15 rather than 24) with the most comparable result to the total female to male ratio having a 1% less favourable result for male. In year ending March 2017, cases increased to 38 with males 10% more affected.

From the chart below, for ethnicity in 2016, the BME to White ratio was 33.3%: 66.6% which was an improved proportion of BME compared with 2015 result. The total staff BME: White ratio was 37%: 59.8% in 2016.

IN 2017 the BME to White ratio for discipline compared to the ratio for all staff was 34.2%:63.2% and 38.8%:57.6% respectively showing again a better ratio for BME staff.

<b>Discipline and Ethnicity Year Ending March 2017 and compared to Years ending March 2015 and 2016</b>									
<b>Year end</b>	<b>BME</b>	<b>White</b>	<b>Not stated</b>	<b>% BME</b>	<b>% White</b>	<b>Total LDH BME</b>	<b>Total LDH White</b>	<b>BME varied</b>	<b>White varied</b>
<b>2015</b>	NA	NA	NA	37.0%	59.8%	NA	NA		
<b>2016</b>	NA	NA	NA	33.3%	66.6%	NA	NA		
<b>2017</b>	13	24	1	34.2%	63.2%	38.9%	59.8%	+4.7	-3.4

For age, this year 17 cases were under and 21 above age 35. None declared a disability.

#### 4.12 Grievance –

Last year grievance was added to our data analysis. The 5 cases were 100% female with an ethnicity ratio of BME 40%: White 60%. This year there are 8 cases with a 50/50 female to male ratio and BME to white ratio of 37.5% to 50% (12.5% not stated). The staff who raised a grievance were all aged 36 plus and none disclosed a disability

The small numbers of grievances (5) and the new addition of this data means that any further analysis is unwarranted.

#### 4.12 Promotions by Year ending March 31<sup>st</sup>

In March 2015, 624 promotions by ethnicity were reported. Both this year and in 2016 broader areas than ethnicity are considered. This is a difficult area to get exact information from due to the nature of ESR. The data needs to be evaluated since most workforce data does not include bank employees but this data does and will affect accuracy / data value.

There were 677 promotions in year ending March 2015, 391 in 2016 and it looked like just 89 this year, until the report run in previous years (which pulls out employee number, protected characteristics and any assignment with a change due to promotion within the period) gave a figure of 624. There is a need to assess what data is collected in future and how.

**By Gender** - In 2016, promotions on a female to male ratio were 89.3%: 10.7%. With a total female to male staff ratio of 81%:19% this gave a less favourable result for male of 8.3%. Male staff make up only 19-20% of the Trust staff and on average 25% across the NHS, so any disproportionate results warrant further exploration.

Gender of Promotions 2017 and 2016				
Gender	2017	%	2016	%
Male	68	10.89%	42	10.70%
Female	556	89.10%	349	89.30%
<b>Total</b>	<b>624</b>	<b>100%</b>	<b>391</b>	<b>100%</b>

**Promotions by religious belief** show that the highest declared religion of Christianity across the Trust at 42.17% is also the highest by promotion at 56.5%. However the level of non disclosure is high for this characteristic and this affects accurate analysis for this area. We have the addition of 6 staff who are Buddhist and 4 staff who are Hindu broadening the faith diversity of promoted staff in 2017.

Promotions by Religion, Belief or Non Belief in 2016 and 2017						
Belief	Total 2017	2017%		Total 2016	2016%	% All Staff
Christianity	370	59.29%		221	56.50%	42.17%
do not wish to disclose	125	20.03%		80	20.50%	37.06%
Other	44	7.05%		45	11.50%	9.39%
Atheism	40	6.41%		31	7.90%	6.29%
Islam	35	5.61%		14	3.60%	5.09%
Buddhism	6	0.96%		<< New development for 2017		
Hinduism	4	0.64%		<< New development for 2017		
<b>Grand Total</b>	<b>624</b>	<b>100%</b>		<b>391</b>	<b>100%</b>	<b>100%</b>

**Promotions and ethnicity** – IN 2016 the ratio of White to BME in promotions was 62.14% to 37.08%, in 2017 it was 57.85%:40.22% which is an improved result for BME staff.



Promotions by Ethnic Origin 2017 and 2016				
Ethnicity	Total 2017	%	Total 2016	%
White British	289	46.31%	228	58.30%
White other	72	11.54%	15	3.80%
BME	179	28.69%	98	25.10%
Mixed	17	2.72%	2	0.50%
Any other Ethnic Group	55	8.81%	45	11.50%
Not stated	12	1.92%	3	0.80%
	<b>624</b>	<b>100%</b>	<b>391</b>	<b>100%</b>

Promotions by Ethnic Origin 2017 and 2016				
Ethnicity	Total 2017	%	Total 2016	%
White British	361	57.85%	243	62.14%
BME	251	40.22%	145	37.08%
Not stated	12	1.92%	3	0.76%
	<b>624</b>	<b>100%</b>	<b>391</b>	<b>100%</b>

**Promotions by age** show that there is a relatively even spread between those aged up to 54 after which promotions drop to 5.1% for the 50-59 age group and 3.3% for those over 60.

Promotions by Age Band 2017 and 2016									
Broad age bands	Totals 2016	2016 % of	Age bands	Total 2016	2016 %	Total 2017	2017 %	variation	All staff
22- 29	63	16.1%	Pre 30	63	16.1%	127	20.4%	4.2%	22.5%
30 - 34	68	17.4%	30-44	191	48.8%	275	44.1%	-4.8%	37.0%
35 -39	48	12.3%							
40 - 44	75	19.2%							
45 – 49	56	14.3%	45-49	56	14.3%	91	14.6%	0.3%	12.2%
50 - 54	48	12.3%	50-54	48	12.3%	75	12.0%	-0.3%	13.5%
55 - 59	20	5.1%	Over 55	33	8.4%	56	9.0%	-0.3%	14.8%
60 - 64	13	3.3%							

#### 4.13 Starters

By year end March 2017 there were **793 starters** (against 831 at 2016 and 761 at 2015) – (In comparison with leavers for each of these years respectively there was **789 leavers**, 989 in 2016 and 629 in 2015).

**Starters by gender** - (new addition to the report in 2017) – with Total staff female to male ratio being circa 80%:20% for at least 3 years it is good to encourage a better ratio of male starters. In 2017 the male ratio was 28.75%.

Starters by Gender 2017	%
Female	71.25%
Male	28.75%

**Starters by age band** - (a new addition to the report in 2017): Looking at the leavers there is a balance between age groups of starters to leavers. The younger that staff are, the faster they turn over. The under 45's form 59% of the workforce but 74-78% of starters and leavers. Junior Doctors, career moves etc. are likely to form part of these changes. Exit interviews / reasons for leaving would help to inform these results.

Starters by Age Band 2017	% starters	% Leavers 2017	% All staff
Under 30	42.50%	41.31%	22%
30-44	36.70%	33.46%	37%
45-49	6.81%	7.10%	25%
50-54	5.42%	6.59%	
Over 55	8.58%	10.65%	16%
Numbers	793	789	

### Starters by staff group

The variance against 2016 shows increases of 28% in Medical and Dental, 11.58% increase in NMW and decreases of 26.76% in estates and ancillary and 15.10% in Additional Professional, scientific and technical.

Starters by staff Group at year end March 2017 - (and against 2016)	% in 2017	% in 2016	Variance
Medical and Dental	30.01%	1.93%	28.08%
Additional Clinical Services	24.72%	29.00%	-4.28%
Administrative and Clerical	17.53%	11.79%	5.74%
Nursing / Midwifery Registered	16.39%	4.81%	11.58%
Allied Health Professionals	5.42%	5.17%	0.25%
Healthcare Scientists	2.27%	1.56%	0.71%
Estates and Ancillary	1.64%	28.40%	-26.76%
Add Prof Scientific and Technical	1.51%	16.61%	-15.10%
Students	0.50%	0.72%	-0.22%
<b>Numbers of staff</b>	<b>793</b>	<b>831</b>	

### Starters by Ethnicity –

The ratio of BME to White in all starters in 2016 was 42.96% to 53.31% against a BME: White ratio for the workforce 37.69%: 59.82% which is a better BME ratio to see in starters. Most of this increase is in Additional clinical services and medical and dental as opposed to Nursing and midwifery or admin and clerical.

The starters in year end March 2017 show only a 4.41% difference between White and BME staff recruited. In 2016 this was 10.34%. The non declaration level has increased by 5.5% and needs to be improved on. In the WRES details you can see the ethnicity of the different staff groups.

<b>Starters By Ethnicity Year ending March 31st 2017 (- and 2016)</b>					
<b>Ethnicity</b>	<b>2017</b>	<b>%</b>	<b>2016</b>	<b>%</b>	<b>Variance</b>
<b>White</b>	386	48.68%	443	53.31%	-4.63%
<b>BME</b>	335	42.27%	357	42.96%	-0.69%
<b>Non stated</b>	72	9.08%	31	3.73%	5.35%
<b>Total</b>	<b>793</b>		<b>831</b>		

### Starters by disability

This is a new addition to the report in 2017 – The Trust will need to meet requirements for the new Workforce Disability Equality Standard. It is important to note performance levels and to note that 2.52% of starters had declared a disability. However there is still a high level of declaration at 31.27% and 248 new starters.

<b>Starters by Disability 2017</b>	<b>%</b>	<b>Number</b>
No	66.20%	525
Not Declared	31.27%	248
Yes	2.52%	20

### 4.14 Leavers

Year ending March 2017 saw **789 leavers**, compared to 989 in 2016 and 629 in 2015. These have been analysed against 2016 data and by gender, race, and leaving reasons.

**Leavers by Gender** – in the 3 years there has been a disproportionate level of male leavers compared to the overall male to female staff ratio.

<b>Leavers by Gender 2017 (comparison 2016 and 2015)</b>			
<b>Gender</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
Female	76.05%	70.10%	71.80%
Male	23.95%	29.20%	28.20%

### Leavers by ethnicity –

<b>Leavers Ethnic Origin 2017</b>	<b>Leavers %</b>	<b>All staff 2017</b>
White	57.92%	57.59%
BME	38.28%	38.92%
Not stated	3.80%	3.49%

<b>Leavers by Ethnic Origin 2017</b>	<b>%</b>
A White – British	44.61%
B White – Irish	4.44%
C White - Any other White background	8.49%
CF White Greek	0.13%
CY White Other European	0.25%
D Mixed - White & Black Caribbean	0.51%
E Mixed - White & Black African	0.13%
F Mixed - White & Asian	0.63%
G Mixed - Any other mixed background	0.89%
H Asian or Asian British - Indian	10.65%
J Asian or Asian British - Pakistani	5.32%
K Asian or Asian British - Bangladeshi	1.27%
L Asian or Asian British - Any other Asian background	4.31%
M Black or Black British - Caribbean	3.80%
N Black or Black British - African	5.58%
P Black or Black British - Any other Black background	0.25%
R Chinese	1.39%
S Any Other Ethnic Group	3.30%
SC Filipino	0.25%
Z Not Stated	3.80%

The ratio of White to BME leavers in total was proportional to the total staff ratio for these groups. Even the percentage of Asian leavers was proportional at 21.55% of total leavers.

From the chart below a disproportionate number of under 30's are leaving over the year ending 2017 against the total staff aged under 30 at March 31<sup>st</sup> 2017. Conversely aged 46 and upwards are more inclined to stay than those 45 and under.

<b>Leavers by Age Band 2017</b>	<b>%</b>	<b>leavers</b>	<b>All staff</b>	<b>Leavers</b>	
16 - 20	1.39%	30 and under 41.31%	30 and under	50 and under – 74.77%	
21 - 25	16.73%		22%		
26 - 30	23.19%				
31 - 35	11.91%	31-45 33.46%	31-45		Over 50 18.13%
36 - 40	11.41%		37%		
41 - 45	10.14%				
46 - 50	7.10%	46 -55 13.69%	46-55		
51 - 55	6.59%		25%		
56 - 60	5.45%	over 55 11.54%	over 55 16%		
61 - 65	5.20%				
66 - 70	0.89%				

The data below was by division last year and so no comparisons can be drawn here between 2016 and 2017

<b>Leavers by Staff Group 2016</b>	<b>%</b>
Add Prof Scientific and Technic	1.65%
Additional Clinical Services	14.83%
Administrative and Clerical	15.97%
Allied Health Professionals	7.10%
Estates and Ancillary	2.15%
Healthcare Scientists	2.28%

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Medical and Dental	27.12%
Nursing and Midwifery Registered	28.77%
Students	0.13%

**Reasons for Leaving** - The Trust has been operating starter and exit questionnaires from October 2015 to explore unknown reasons for leaving to help the Trust to understand better why staff / staff groups join and/or leave the organisation.

Even though 8 new categories of voluntary resignation have been added in 2015 to 2016 it is still the case that the highest % of leavers are in the voluntary resignation / not known category which has been an average of 23.97% across these 3 years between March 2015 and 2017. (See the chart that follows):

<b>Compared Reasons for Leaving in 2015 and 2016</b>			
<b>Leaving reasons</b>	<b>% of all leavers 2014 -15</b>	<b>% of all Leavers 2015 - 16</b>	<b>% of all leavers 2016-17</b>
Death in Service			0.13%
Employee Transfer – TUPE		22.65%	
End of Fixed Term Contract	21.82%	19.41%	21.17%
End of Fixed Term Contract - Completion of Training Scheme			0.63%
End of Fixed Term Contract - External Rotation			0.13%
End of Fixed Term Contract – Other			2.41%
Dismissals capability conduct statutory other			3.17%
pregnancy			0.13%
Redundancy – Compulsory			0.89%
Redundancy – Voluntary			0.13%
Retirement Age	9.08%	4.85%	6.84%
Voluntary Early Retirement - no Actuarial Reduction			0.76%
Voluntary Early Retirement - with Actuarial Reduction			0.63%
Voluntary Resignation – Relocation	13.85%	9.10%	14.58%
Voluntary Resignation - Work Life Balance	7.48%	5.86%	8.24%
Voluntary Resignation - Other/Not Known	26.59%	21.74%	23.57%
Voluntary resignation other reasons	15.61%		
Voluntary Resignation – Promotion		4.95%	6.72%
Voluntary Resignation - Child Dependants	New categories @ Oct 2015 >>>	1.72%	2.53%
Voluntary Resignation - To undertake further education or training		1.52%	0.76%
Voluntary Resignation - Better Reward Package		1.31%	1.90%
Voluntary Resignation - Adult Dependants		new categories 2016 >>>>	
Voluntary Resignation – Health			1.52%
Voluntary Resignation - Incompatible Working Relationships			1.01%
Voluntary Resignation - Lack of Opportunities			1.01%
<b>TOTAL</b>	<b>94.43%</b>	<b>93.11%</b>	<b>100.00%</b>