



**Luton and Dunstable University Hospital**

# **Workforce Annual Equality Information Report**

**31<sup>st</sup> March 2018**

## 1. Introduction

This report provides an overview of staff in post at the Trust at the 31<sup>st</sup> March 2018 and helps to evaluate the Trust's performance in terms of Equality, Diversity and Human Rights. It seeks to highlight developments, improvements and 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 supports the Trust in considering and making informed decisions about potential future action needed for improvements in fairly and equitably managing its workforce. This data and analysis is also 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.

Most of the data utilised was obtained from the Employee Staff Record (ESR). Any small or insignificant numbers 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 2018 were 4206** - The overall increase in staff between 2015 and 2018 is 8.40% (326 staff) even with 67 staff being TUPE transferred to catering and cleaning contract services in 2016. This is against a circa 15% increase in patient attendances during this period of time.

### Declaration

Declaration levels can affect the value and relevance of the data collected. There are still 3 declaration areas the Trust is working to improve across the Workforce and Patients and these are Disability, Sexual Orientation and Religion or Belief which have levels of 68-69.5% declaration.

### Gender

- **Gender profile** – In 2018 the working population in England is 53% Male: 47% female. The national NHS average ratio of male to female has altered from 25%:75% to 23%: 77% which is increasingly low male representation.
- The male ratio is consistently still lower for the Trust. In 2018 it is close to 19%. (In 2017 20%, 2016 19% and 2015 20.4%).

Societal drivers behind gender related career choices influence this result for the NHS and the Trust, so reaching the local population gender ratio is not realistic. It would be realistic to aim initially for the NHS average of 23% male and then 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.

- **New NHS Gender Pay Gap Reporting** – The first report for year ended March 31<sup>st</sup> 2017 was published and transparently shared on the LDH website in March 2018. Despite the high ratio of total females at circa 81%, 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 / gender initiatives. You can view the report on the Equality and Diversity Reporting Section on the website.

## Age

- **Age Profile** - Age bands used for data analysis are similar to NHS Employers. However Patients are captured by NHS England 5 year bands and if the workforce also was this would help in more accurate benchmarking. 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** - Staff under the age of 44 still form 58.9% of the workforce and coupled with those aged 45 to 49, this makes 70% of the workforce under-50. The under 50's have seen a 3.7% decrease in their proportion since 2015 and the over 50's a 3.6% increase. This equates to a shift between the 2 groups of 153 staff.

The over 50 groups (12.9% aged 50-54 and 16.1% over 55) form 29% of the workforce. This is a sizeable amount of staff close to, or potentially considering 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** – As for 2017 a disproportionate number of under 30's are leaving over the year against the total staff aged under 30. 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 used starter and exit questionnaires from 2015 to better understand why staff / staff groups join and/or leave the organisation. Even with 10 new categories of voluntary resignation added in to the reasons for leaving in 2015 and 2016, 17.6% of voluntary exits in 2018 are for unknown reasons. The other 2 high leaver categories are end of fixed term contract and relocation. 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 e.g.: there has been an increase in leaving for work life balance reasons from 6-7% to 12.7% in 2018.
- **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. The Trust's over 50 age group forms 29% of the workforce now.
- 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** of disability status improved by 20.4% since 2015 leaving 30.4% non-declared as opposed to 56.9% in 2016. This is part due to collection methods such as the national Electronic Staff Records ESR. Mostly the level in the non-disabled group level has grown since 2015 (19.8%) rather than the disabled group (0.69%) so that 2.2% have declared a disability. This is much lower than national indices.

Across the NHS there is discrepancy in the National Staff Survey declaration at circa 17% compared to ESR at circa 3% which indicates the national level of disability across the NHS workforce could be nearer 17%.

- **Disability Confidence Initiatives needed** - Work continues to reduce the 30.4% non-declaration to ensure the Trust obtains an accurate picture of disability in the workforce. This includes initiatives to secure confidence in declaration, and in use of data to ensure the monitoring and application of fairer treatment such as reasonable adjustment.
- **Workforce Disability Equality Standard WDES – The NHS nationally needs to improve disability performance and experience.** From April 2017 the NHS WDES was mandated into the NHS Contract as a national requirement to improve performance in this area. The Trust has started preparations and 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 over the 4 years to March 2018 for the 4% non-declaration. There is more confidence to disclosing ethnicity than belief or sexual orientation which is common.
- The **Workforce Race Equality Standard** covers ethnicity data and can be viewed on the Trust website. However, this covers BME / White / non-declared categories only.
- The total Trust workforce is more diverse than the total workforce in the NHS by 21% and in England by 30%. The main differences respectively are 6-8% more Black staff and 13-15% more Asian staff. This year the data beyond the 3 WRES categories has been explored and in keeping with the Patient Report the Asian and Black Groups have been analysed as these form respectively 23% (968) and 11.8% (496) of the workforce.
- **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 process is identified and minimised.

## Belief (Religion, Belief or non Belief)

- Declaration has improved year on year by circa 10% from the 41.2% in 2015 but this needs to be improved further as 31.8% have not disclosed their belief or non-belief which affects data value. The balance between the 6 main categories remains similar with an increase across each but especially Christianity and Islam.

## Sexual Orientation

- Non declaration of sexual orientation was 41.5% in 2015 and 31.4% in 2018 which is circa 10% improvement in the 4 years. However, as staff increase too, it means 1320 staff have

not declared. This is still high and a similar statistic to that of belief. In both categories improvements to the declaration level are needed including improving how this information is collected. There is still a very small number of declared LGBT staff and most declaration increases were heterosexual.

### **Pregnancy & Maternity and Paternity**

- Circa 3-7% of the female workforce on maternity each year and 2.7% of the male workforce take paternity leave (against a female to male workforce ratio of 81%: 19%). As for the service a higher proportion of BME staff are taking maternity / paternity leave in the last 2 years than for the general workforce.

### **Partnership status**

- The protected characteristic is **Marriage or Civil Partnership** but all forms of partnership status have relevance. Between 2015 and 2018, civil partnerships have crept up from 4 to 30 which is a 750% increase albeit that this group is 0.7% of staff. This is also an indicator of LGBT changes and confidence at declaring same sex partnerships. Out of the total workforce at March 2018, married are the largest group at 52.4% with single people next who have increased to nearly 37% of the workforce. None declaration is 3.8%.

### **Disciplinary**

- Year ending March 2018 saw 37 cases (against 38, 15 and 24 in the previous years). Over the 4 years the female to male ratio continues a pattern of being a proportionally unfavourable result to male staff which this year increased from 1-10% to 24% more likely to be in a disciplinary case.
- From 2015 to 2017 the BME to White Ratio meant BME were less likely to be disciplined than White staff which placed the Trust in high performance in terms of the WRES. In 2018 BME are more likely to be in a disciplinary process. However, this still shows an overall better average ratio for BME staff over the 4 years and better result for 3 out of 4 years.
- For age, this year 16 cases were under and 21 above age 35 which is very similar to results in 2017. By staff ratios there is much less likelihood of under 25's being disciplined which remains less likely up to the age of 35. From age 36 to 55 staff become more likely to be disciplined (3.3-4.2%) until age 55 plus when this increases to 8.2%
- None over the 4 years declared a disability.

**Communications are needed** – 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**

**Numbers and Gender** - At 31<sup>st</sup> March 2018 the Trust had **4206** staff with a **female to male ratio of 81%: 19%**. Against 31<sup>st</sup> March 2017 this is a staffing increase of 6.48% and a slight decrease in male ratio of 1% continuing the very minor male/ female fluctuations over the past 3 years.

Workforce Establishment - Year ending March 2018 (and compared to March 2017 and 2016)				
Year end	Number	change between years		
		number	%	Comment
2018	4206	256	6.48%	TUPE transfer
2017	3950	137	3.59%	
2016	3813	-67	-1.72%	
2015	3880			

**Gender Ratios** - The ratio of male to female remains low and is an NHS national phenomena. The NHS national average ratio for this was 25% male 75% female but is now 23%: 77%. 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 to female ratio 2015-2018		
	Male	Female
2015	20.4%	79.6%
2016	19.0%	81.0%
2017	20.0%	80.0%
2018	19.2%	80.8%

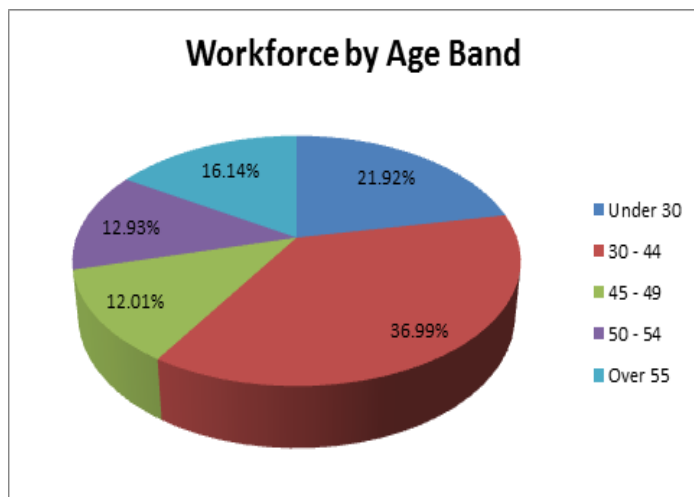
- **Declaration Levels** - A significant piece of work is underway to reduce unknown or undeclared returns by staff, across disability, religion or belief and sexual orientation. This is not uncommon nationally, as people find these sensitive to declare. However, appropriate staff engagement and communications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

Declaration levels		Declaration up since 2015
Gender	100.0%	
Age	100.0%	
Ethnicity	96.0%	5.9%
Disability	69.6%	20.4%
Religion Belief or Non Belief	68.2%	9.5%
Sexual Orientation	67.5%	10.0%
Partnership status	96.2%	0.3%
Pregnancy and Maternity	100.0%	

#### 4.1 Workforce by Age band

Even though staff numbers have increased by circa 6.5% at March 2018, as for the previous 3 years, the majority of staff (37%) fall within the 30 to 44 age band, followed by the under 30's (21.9%).

Staff under the age of 44 still form 58.9% of the workforce and coupled with those aged 45 to 49, this makes 70% of the workforce under-50. The under 50's have seen a 3.7% decrease in their proportion since 2015 and the over 50's a 3.6% increase. This equates to a shift between the 2 groups of 153 staff



LDH Workforce by Age Band at year end March 2018 (and compared to years ending march 2017, 2016 and 2015)								
Band	Percentages 2015 to 2018				Numbers			Change 2015 / 2018
	2015	2016	2017	2018	2015	2017	2018	
<b>Under 30</b>	22.6%	22.5%	21.9%	21.9%	877	865	922	-0.7%
<b>Age 30-44</b>	38.5%	37.0%	37.0%	37.0%	1494	1461	1556	-1.5%
<b>Age 45-49</b>	13.5%	12.2%	12.0%	12.0%	524	472	505	-1.5%
<b>Age 50-54</b>	12.6%	13.5%	13.5%	12.9%	489	533	544	0.3%
<b>Over 55</b>	12.8%	14.8%	15.7%	16.1%	497	619	679	3.3%
					<b>3880</b>	<b>3950</b>	<b>4206</b>	<b>326</b>

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.

Against the NHS workforce and England working population in the chart below LDH has a slightly less ageing workforce population. 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 in Working Populations 2018 - (Comparison of the Trust, The NHS and England)						
BANDS	Under 25	25-34	35-44	45-54	55-64	65+
England	12%	23%	22%	21%	17%	4%
NHS	6%	23%	24%	28%	17%	2%
Trust	Under 30	30-44	45-49	50-54	over 55	
	22%	37%	12%	13%	16%	
	UNDER 44		OVER 44		OVER 55	
ENGLAND	57%		21%		21%	
NHS	53%		28%		19%	
TRUST	59%		25%		16%	

## 4.2 Workforce Gender by Grade and Banding

The chart below shows that against the overall ratio of female to male at 81%:19%, representation of females in the higher bands e.g. band 8b and above is low with as little as 33% at Band 9 and 40% at consultant level. There has been an increase in females in ad-hoc salaries by 15% to 52%, and a decrease at Band 9 by -16.7% to 33.3% of female in the band.

Gender	Total	%
Female	3400	80.84%
Male	806	19.16%
<b>Total</b>	<b>4206</b>	

Gender by Banding year end March 2018				Data for 2017			by change %
Grade/ Banding	by female	by Total	female %	by female	by total	female %	
<b>Ad-Hoc (Spot Salaries)</b>	14	27	51.9%	7	19	36.8%	15.0%
<b>Band 1</b>	8	42	19.1%	10	52	19.2%	-0.2%
<b>Band 2</b>	600	689	87.1%	619	708	87.4%	-0.3%
<b>Band 3</b>	261	293	89.1%	212	247	85.8%	3.3%
<b>Band 4</b>	347	397	87.4%	319	361	88.4%	-1.0%
<b>Band 5</b>	725	818	88.6%	675	779	86.7%	2.0%
<b>Band 6</b>	654	746	87.7%	593	655	90.5%	-2.9%
<b>Band 7</b>	347	404	85.9%	330	376	87.8%	-1.9%
<b>Band 8a</b>	93	113	82.3%	81	96	84.4%	-2.1%
<b>Band 8b</b>	33	43	76.7%	30	39	76.9%	-0.2%
<b>Band 8c</b>	10	17	58.8%	11	19	57.9%	0.9%
<b>Band 8d</b>	10	15	66.7%	8	12	66.7%	0.0%
<b>Band 9</b>	1	3	33.3%	3	6	50.0%	-16.7%
<b>Consultants</b>	105	257	40.9%	98	244	40.2%	0.7%
<b>Junior Doctors</b>	163	280	58.2%	143	273	52.4%	5.8%
<b>Middle Doctors</b>	29	62	46.8%	29	64	45.3%	1.46%
<b>Grand Total</b>	<b>3400</b>	<b>4206</b>	<b>80.84%</b>	<b>3168</b>	<b>3950</b>		

## 4.3 Gender by Staff Group

In 2018 as for the previous 3 years female staff are in the majority across all staff groups, apart from Estates and Facilities, Medical and Dental staff. However, there has been a 7.7% and 4.4% increase of females in these 2 areas since March 2015. The male gender balance in Nursing and Midwifery continues to be disproportionate reduction in male employees in Nursing and midwifery at 92-100% Female.

Gender by staff Group in 2018				
Staff Group	Female	Male	Total	% male
Add Prof Scientific and Technic	85	39	124	31.5%
Additional Clinical Services	653	95	748	12.7%
Administrative and Clerical	744	139	883	15.7%
Allied Health Professionals	180	35	215	16.3%
Estates and Ancillary	34	60	94	63.8%
Healthcare Scientists	71	30	101	29.7%
Medical and Dental	297	302	599	50.4%



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Nursing and Midwifery Registered	1325	105	1430	7.3%
Students	11	1	12	8.3%
<b>Grand Total</b>	<b>3400</b>	<b>806</b>	<b>4206</b>	<b>19.2%</b>

Gender by Staff group at year end March 2018									
Staff Group	Data for 2015				Data for 2018				Change
	Fem.	Male	total	Fem. %	Fem.	Male	Total	Fem. %	
Add Prof Scientific Tech.	75	31	106	70.8%	85	39	124	68.5%	-2.2%
Additional Clinical Services	752	114	866	86.8%	653	95	748	87.3%	0.5%
Admin Clerical	746	139	885	84.3%	744	139	883	84.3%	0.0%
Allied Health Profession	167	34	201	83.1%	180	35	215	83.7%	0.6%
Estates Ancillary	37	93	130	28.5%	34	60	94	36.2%	7.7%
Healthcare Scientists	68	31	99	68.7%	71	30	101	70.3%	1.6%
Medical Dental	254	308	562	45.2%	297	302	599	49.6%	4.4%
Nursing midwifery	1,212	90	1302	93.1%	1325	105	1430	92.7%	-0.4%
Students	8	N/A	8	100%	11	1	12	91.7%	-8.3%
<b>Total</b>	<b>3,319</b>	<b>840</b>	<b>4159</b>		<b>3400</b>	<b>806</b>	<b>4206</b>		

#### 4.4 Gender pay gap – Senior Grades Bands 7 to 9

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 increased from 486 in 2015 to 530 in 2016, then to 548 in 2017 and 595 in 2018.

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. This is a 22% increase with 109 posts.

March 2017 - Gender Pay Gap 2017 – Bands 7-9								change 2015 /2017
AFC Band	Staff gender 2018			% of females				
	Female	Male	Total	2018	2017	2016	2015	
Band 7	347	57	404	85.89%	87.77%	87.94%	89.28%	-3.39%
Band 8a	93	20	113	82.30%	84.38%	84.34%	82.43%	-0.13%
Band 8b	33	10	43	76.74%	76.92%	71.05%	58.97%	17.77%
Band 8c	10	7	17	58.82%	57.89%	55.00%	57.14%	1.68%
Band 8d	10	5	15	66.67%	66.67%	80.00%	66.67%	0.00%
Band 9	1	2	3	33.33%	50.00%	50.00%	60.00%	-26.7%
<b>Grand I</b>	<b>494</b>	<b>101</b>	<b>595</b>	<b>83.03%</b>	<b>84.50%</b>	<b>84.30%</b>	<b>84.1%</b>	
				595	548			

The overall representation of female to male across senior roles in Band 7 to Band 9 in 2018 was 83%, previously this was 84.5% in 2017. In the higher Bands representation is from between 33-76% which is disproportional to the total of females employed of 80%. There has been a noticeable improvement in the 4 year period by 17.7% at Band 8b

#### 4.5 Gender Pay Gap Reporting

This took place for the first time in March 2018 with the first report in relation to the year ended March 31<sup>st</sup> 2017 published and transparently shared on the LDH website

#### 4.6 Workforce by Religious Belief

There is still a significant amount of staff in 2018 (31.8%) who have not disclosed their belief or non-belief which will affect the value of the date. Since 2015 this has decreased 9.45% from 41.2% with a year on year improvement. The balance between the 6 main categories remains similar with an increase across each but especially Christianity and Islam.

<b>Workforce by Religion - Belief - Non Belief year ending March 2018</b>					
<b>Declaration</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Variation</b>
<b>Not disclosed</b>	41.2%	37.1%	33.7%	31.8%	-9.45%
<b>Christianity</b>	40.2%	42.2%	43.3%	43.3%	3.11%
<b>Other</b>	6.7%	7.2%	7.8%	8.2%	1.49%
<b>Atheism</b>	5.1%	6.3%	6.9%	6.8%	1.72%
<b>Islam</b>	4.6%	5.1%	5.8%	7.2%	2.56%
<b>Hinduism</b>	2.2%	2.2%	2.6%	2.7%	0.55%
	100%	100%	100%	100%	

Four religions as listed below have less than 1% each of the declared beliefs.

Sikhism	19	0.45%
Buddhism	17	0.40%
Judaism	10	0.24%
Jainism	8	0.19%

#### 4.7 Workforce by Sexual Orientation

Non declaration of sexual orientation has moved from 41.5% of staff in 2015 to 31.4% in 2018 which is a 10% improvement in the 4 years. However, it still means that as staff increase too, that 1320 staff have not declared. This is still high and still a similar lack of declaration statistic to that of belief. In both categories improvements to the declaration level are needed including improving how this information is collected. There is still a very small number of declared LGBT staff and most declaration increases heterosexual.

<b>Workforce by Sexual Orientation - Year ending March 2018</b>						
<b>Declaration</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2018 no</b>	<b>change</b>
<b>Heterosexual</b>	57.5%	62.0%	65.2%	67.5%	2840	10.00%
<b>Not Declared</b>	41.5%	37.0%	33.7%	31.4%	1320	-10.10%
<b>LGBT</b>	1.0%	1.1%	1.2%	1.1%	46	0.09%
	100%	100%	100%		<b>4206</b>	

#### 4.8 Workforce by Ethnicity

The Trust aligned ethnicity data to the Workforce Race Equality Standard WRES and NHS National Requirements in 2016 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 2015-2018 is: In the 4 years 2015 -2018 the small percentage of staff who have not declared their ethnicity, has moved from 2.5% to 3.97%, which is an increase. There is more comfortable disclosure of ethnic origin than of religion /belief or sexual orientation. After a 2.85 decrease, 56% of the workforce is White and a 2.33% increase brings BME staff to 40%.

Workforce by Ethnicity Year end March 2018						
Declaration	2015	2016	2017	2018	2018	change
White	58.8%	59.8%	57.6%	55.99%	2355	-2.85%
BME	37.7%	37.7%	38.9%	40.04%	1684	2.33%
Not Declared	3.5%	2.5%	3.5%	3.97%	167	0.52%
	100%	100%	100%	100%	4206	

**Workforce Ethnicity Compared to Patient Attendance Ethnicity** - In the chart below, the workforce currently has good BME representation against the patient population. However, this has not been broken down into the different BME patient and staff groups to see how balanced the representation is across these. Also as can be seen from maternity and healthy baby data, diversity will increase.

Ethnicity Profile Year Ending March 2018						
ethnicity	Emergency	Inpatient	outpatient	maternity	Healthy babies	Workforce
White	63.4%	70.1%	70.6%	61.6%	55.4%	56.0%
BME	28.8%	25.7%	26.7%	38.1%	44.3%	40.0%
Unknown	7.8%	4.2%	2.7%	0.4%	0.25%	4.0%

#### Workforce Ethnicity in the Trust compared to that in the Workforce in England and across the NHS

As can be seen from the chart below, BME groups are higher in the Trusts workforce than for England by 27% and than the NHS by 21%. This is particularly significant for the Asian ethnicities at 15% and 13% respectively, and Black ethnicities at 8% and 6% respectively.

<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.

The NHS Employers data below has a Chinese category, but the Trust also have a similar significant number of Filipino as a single group also.

Ethnicity in the workforce England, the NHS and the Trust in 2018				Trust Variation	
Ethnicity	England	NHS	Trust	to England	to NHS
White	86%	77%	56%	-30%	-21%
Black or Black British	3%	5%	11%	8%	6%
Asian or Asian British	7%	9%	22%	15%	13%
Mixed	1%	2%	2%	1%	0%
Chinese	1%	1%	1%	0%	0%
Any other ethnic group	1%	2%	4%	3%	2%
Not stated / unknown	0%	5%	4%	4%	-1%
<b>BME</b>	<b>13%</b>	<b>19%</b>	<b>40%</b>		

The Trust 21-30% more diverse than the workforce in the NHS / England.

The Trust is looking at the data for key BME groups as detailed below:

**Workforce Asian Ethnicity** - Asian staff form 23 % of our workforce

Workforce Asian Ethnicity year ending March 2018			
Ethnic Origin	Total	% in staff	% in group
Asian or Asian British – Indian	378	9.0%	39.0%
Asian or Asian British - Any other Asian background	267	6.3%	27.6%
Asian or Asian British – Pakistani	216	5.1%	22.3%
Asian or Asian British – Bangladeshi	78	1.9%	8.1%
Mixed - White & Asian	25	0.6%	2.6%
Asian Unspecified	4	0.1%	0.4%
	<b>968</b>	<b>23.0%</b>	

**Workforce Black Ethnicity** - This group form 11.8% of our workforce of which the majority are African (52%) and Caribbean (32%).

Workforce Black Ethnicity year ending March 2018			
Ethnic Origin	Total	% in staff	% in group
Black or Black British – African	261	6.21%	52.6%
Black or Black British – Caribbean	160	3.80%	32.3%
Mixed - White & Black Caribbean	33	0.78%	6.7%
Black or Black British - Any other Black background	26	0.62%	5.2%
Mixed - White & Black African	13	0.31%	2.6%
Black Unspecified	3	0.07%	0.6%
	<b>496</b>	<b>11.79%</b>	

## Workforce and any other Ethnic Group

Workforce Ethnicity Other year ending March 2018			
Ethnic Origin	Total	% in staff	% in group
Any Other Ethnic Group	131	3.11%	59.5%
Other Specified	2	0.05%	0.9%
Mixed - Any other mixed background	30	0.71%	13.6%
Filipino	32	0.76%	14.5%
Chinese	25	0.59%	11.4%
	<b>220</b>	<b>5.2%</b>	

### 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. The level of staff has increased by 9% or 118 staff since 2015 against more significant increases across Emergency, Inpatient and Outpatient attendance in the same period. There is a better level of declaration for NMW staff than staff in general. From the chart below, since 2015, White British, White Other and Other have decreased in proportion whilst Asian and Black have increased along with those who have not stated.

2018 Workforce - Nursing and Midwifery by Ethnicity							2018 data to 2015	
Declaration	2015	2015	2016	2017	2018	2018		
White British	47.1%	618	47.1%	44.5%	45.9%	656	38	-1.2%
Asian	17.9%	235	17.3%	21.1%	19.7%	283	48	1.8%
Black	11.4%	150	10.8%	12.1%	12.8%	183	33	1.4%
White Other	11.4%	149	13.5%	12.8%	9.7%	139	-10	-1.7%
Other	8.0%	105	7.3%	5.2%	6.8%	97	-8	-1.2%
Not stated	2.4%	32	2.1%	2.6%	3.2%	46	14	0.8%
Mixed	1.8%	23	1.9%	1.8%	1.8%	26	3	0.0%
<b>Number in 2015</b>	<b>1312</b>		<b>Number in 2018</b>	<b>1430</b>				

For the WRES - BME to White staff ratio between 2015 and 2018 has a proportional lowering of White by 2.9% against an increase in BME 2.1% and not stated 0.8%.

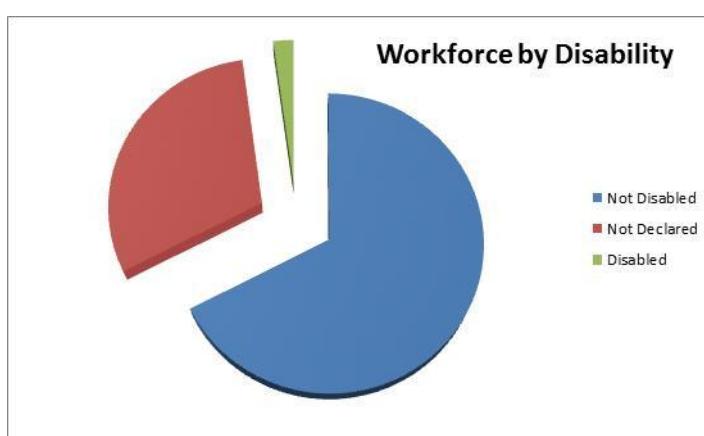
2018 Workforce - Nursing and Midwifery by Ethnicity						Changes 2018 to 2015 data	
Declaration	2015	2015	2016	2017	2018		
White	58.5%	767	60.6%	57.3%	55.6%	795	-2.9%
BME	39.1%	513	37.2%	40.1%	41.2%	589	2.1%
Not stated	2.4%	32	2.1%	2.6%	3.2%	46	0.8%
		<b>1312</b>				<b>1430</b>	

### 4.10 Workforce by Disability

By March 2018, staff declaration of disability status has improved by 20.44% since 2015 leaving 30.4% who have not declared as opposed to the highest level of 56.9% in 2016. Of the declarations, the non disabled group has increased by 19.75% and the disabled group by 0.69% which shows more staff declaring but not with a disability.

The level of staff with a disability is anticipated to be much higher than 2.2% 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 2018						
Status	2015	2016	2017	2018	2018	Variation to 2015
Disabled	1.5%	1.6%	2.0%	2.2%	92	0.69%
Not Disabled	47.7%	41.4%	62.4%	67.5%	2837	19.75%
Not declared	50.8%	56.9%	35.6%	30.4%	1277	-20.44%
	100%	100%	100%	100%	4206	



#### 4.11 Workforce by Marital Status

**Marriage / Civil Partnership** - The protected characteristic is marriage or civil partnership. – Between 2015 and 2018, the number of civil partnerships has crept up from 4 to 30 which is a 750% increase albeit 0.7% of staff. This is also an indicator of LGBT changes and confidence at declaring same sex partnerships. Out of the total workforce at March 2018, the largest group at 52.4% are married and the second largest group is single people who have increased to nearly 37% of the workforce. None declaration is 3.8%.

2017 Workforce by Partnership and Marital status									
Declaration	2015	2016	2017	2018	2015 - %	2016- %	2017 - %	2018 - %	change 2015 - 2018
Civil partnership	4	14	26	30	0.1%	0.4%	0.7%	0.7%	0.6%
Widowed	31	29	25	24	0.8%	0.8%	0.6%	0.6%	-0.2%
Legally separated	49	47	43	40	1.3%	1.2%	1.1%	1.0%	-0.3%
Unknown	134	200	150	159	3.5%	5.2%	3.8%	3.8%	0.3%
Divorced	177	166	175	197	4.6%	4.4%	4.4%	4.7%	0.1%
Single	1335	1331	1418	1554	34.4%	34.9%	35.9%	36.9%	2.5%
Married	2150	2026	2113	2202	55.4%	53.1%	53.5%	52.4%	-3.0%
	3880	3813	3950	4206	100%	100%	100%	100%	

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

As the Maternity division numbers fluctuate annually. Reporting on workforce employee maternity leave data has been since 2015 with circa 3-7% of the female workforce on maternity each year. Reporting on Paternity leave started in 2017 when the number on paternity leave who took paternity leave around the birth were 21 (2.7%) of the male workforce. This year the number and percentage is slightly less.

Maternity/Paternity	2015	2016	2017	2018
Maternity Leave female	93	206	223	197
Paternity Leave (male)	n/a	n/a	21	19
<b>Grand Total</b>	<b>93</b>	<b>206</b>	<b>244</b>	<b>216</b>

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

In terms of ethnicity a higher proportion of BME staff are taking maternity / paternity leave in the last 2 years than for the general workforce as per BME to White Staff ratios.

Ethnicity in Maternity and Paternity Leave year ending 2017 and 2018									
Ethnicity	maternity 2017 / 2018				paternity 2017/ 2018				Total
	no	%	no	%	no	%	no	%	
White	112	50.2%	98	49.7%	8	38.1%	8	42.1%	226
BME	108	48.4%	97	49.2%	13	61.9%	11	57.9%	229
Not stated	3	1.4%	2	1.0%	0	0.0%	0	0.0%	5
	<b>223</b>		<b>197</b>		<b>21</b>		<b>19</b>		<b>460</b>

**Disability and Maternity / Paternity leave** - There is high non declaration in maternity and paternity leave with some disability declaration in the 2 years.

Maternity / Paternity by Disability		2018 Number	2017 Number
Maternity	No	151	164
	Not Declared	40	51
	Yes	6	6
	undefined	0	2
Paternity	No	17	18
	Not Declared	2	2
	yes	0	1
<b>Total</b>		<b>216</b>	<b>244</b>

#### 4.11 Discipline –

**Number and Gender** – There were 37 cases in year ending March 2018. The female to male ratio of 56.8% to 43.2% is much less proportionate to gender ratios in the



workforce than the previous 3 years. It means males are much more likely to be in a disciplinary process.

Disciplinary and Gender Year Ending March 2018 and compared to Years ending March 2015, 2016 and 2017						
Year end	No of cases	Female	Male	LDH Total Female	LDH Total Male	Variation - % males
2015	24	70.8%	29.2%	79.6%	20.4%	9.2%
2016	15	80.0%	20.0%	81.0%	19.0%	1.0%
2017	38	71.0%	29.0%	81.0%	19.0%	10.0%
2018	37	56.8%	43.2%	81.0%	19.0%	24.2%
	<b>114</b>					

**Ethnicity** - From the chart below, it is the first time in the 4 years that BME are more likely to be in a disciplinary process than White Staff. The BME ratio was 3.24% above the 40% total BME in the workforce. However over the 4 years average percentage results of cases that are BME are -5.56% when compared to the average ratio for all BME staff of 38.6% and for White staff these figures were 3.85% and 58.6%. This shows an overall better average ratio for BME staff over the 4 years and better result for 3 out of 4 years.

Asian and Black form the 2 largest groups in the Trusts profile of which Asian form 23% and Black 11.8%. However, the % represented in the cases over the last 2 years is 12% Asian and 18% Black. This shows that African and Caribbean Staff are disproportionately more likely to be in a disciplinary process than Asian or White staff.

Discipline and Ethnicity Year Ending March 2018 and compared to Years ending March 2017 (2016 and 2015 percentages only)									
Year end	BME	White	Not stated	% BME	% White	Total LDH BME	Total LDH White	BME varied	White varied
2015	NA	NA	NA	37.0%	59.8%	37.7%	58.8%	-0.70%	1.00%
2016	NA	NA	NA	33.3%	66.6%	37.7%	59.8%	-4.40%	6.80%
2017	13	24	1	34.2%	63.2%	38.9%	59.8%	-4.70%	3.40%
2018	16	18	3	43.2%	48.6%	40.0%	56.0%	3.24%	-7.35%
<b>TOTAL</b>	<b>29</b>	<b>42</b>	<b>4</b>	<b>36.9%</b>	<b>59.6%</b>	<b>38.6%</b>	<b>58.6%</b>	<b>-6.56%</b>	<b>3.85%</b>
<b>2017 and 2018 totals only above</b>				<b>Total Averages over the 4 years above</b>					

**Discipline and Age Bands represented in cases against age in the workforce** - For age, this year 16 cases were under and 21 above age 35 which is very similar to results in 2017.

Discipline and Age in 2018 and compared to 2017						
Bands	cases 2017	all staff 2017	varies 2017	cases 2018	all staff 2018	varies 2018
18 - 25	7.9%	21.9%	-14.0%	10.8%	21.9%	-11.1%
26 - 35	36.8%	37.0%	-0.1%	32.4%	37.0%	- 4.6%
36 - 45	15.8%	12.0%	3.8%	16.2%	12.0%	4.2%
46 - 55	13.2%	13.5%	-0.3%	16.2%	12.9%	3.3%
55+	26.3%	15.7%	10.6%	24.3%	16.1%	8.2%



From the chart above, in terms of age band representation, there is much less likelihood of staff under the age of 25 being disciplined (-11.1%) and remains less likely up to the age of 35 (-4.6%). However from age 36 to 55 staff become more likely to be disciplined (3.3-4.2%) until age 55 plus this increases to 8.2%

**Disability** – across the 4 years 2015 to 2018, no staff in the disciplinary process have declared a disability.

#### 4.12 Grievance –

Grievance was added to data analysis in 2016. The 15 cases over the 3 years were 73.3% female and 26.7% male which against the workforce female to male ratio of 81% to 19% gives male a higher likelihood of raising a grievance. The ethnicity ratio is 70% White to 26% BME with White staff a higher likelihood of raising a grievance. All staff raising a grievance were aged 36 plus and none disclosed a disability. The small number of grievances and the new addition of this data means that any further analysis is unwarranted.

Workforce Equality Details for Grievance 2018								
Grievance		Gender		Ethnicity			age	disability
Year end	No	female	male	White	BME	Unknown		Unknown
Mar-16	5	5	0	60%	40%			
Mar-17	8	4	4	50%	37.5%	12.5%	36 +	
Mar-18	2	2	0	100%			36 +	
	<b>15</b>	<b>11</b>	<b>4</b>	<b>70%</b>	<b>26%</b>	<b>4%</b>		
		<b>73.3%</b>	<b>26.7%</b>					

#### 4.12 Promotions by Year ending March 31<sup>st</sup> 2018

In March 2015, 624 promotions by ethnicity were reported. Since 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 (see 2017 report for more detail).

**By Gender** – There has been a much more favourable result for male this year who are at a ratio of 19% male to 81% female across the workforce and a ratio of 20% to 80% in promotions. In 2017 and 2016 the male workforce ratio was 20% to 80% and male promotions 10.9% and 10.7% respectively. Any disproportionate results can warrant further exploration.

Promotions by Gender 2018 compared to 2017 and 2016						
Gender	2018	%	2017	%	2016	%
Female	178	80%	556	89.1%	349	89.3%
Male	45	20%	68	10.9%	42	10.7%
<b>Grand Total</b>	<b>223</b>		<b>624</b>		<b>391</b>	

Promotions by Staff Group 2018	Number	%
Nursing and Midwifery Registered	145	65%
Additional Clinical Services	19	9%
Allied Health Professionals	18	8%
Administrative and Clerical	16	7%
Add Prof Scientific and Technic	9	4%
Healthcare Scientists	7	3%
Medical and Dental	6	3%
Estates and Ancillary	2	1%
Students	1	0%
<b>Grand Total</b>	<b>223</b>	

**Promotions by religion or belief** last year showed that the highest declared belief for promotions was Christianity at 56.5 and across the workforce 42.17%. However the level of non-disclosure was high last year for this characteristic and higher still this year. This affects accurate analysis for this area. In 2017 we had the additions of 6 staff who are Buddhist and 4 staff who are Hindu broadening the faith diversity of promoted staff in 2017. This declaration needs to be improved on.

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 2017 the ratio of BME to White was 40.2% to 57.8% which was an improvement for BME on 2016 results at 37% to 62%. In 2018 it seems that there is a less positive result for BME at 32% to 57% when the workforce ratio 40% to 56%. However the non-declaration of ethnicity has increased to 11% against 1.9% last year.

Promotions by Ethnic Origin 2018, 2017 and 2016						
Ethnicity	2018	%	2017	%	2016	%
White British	95	43%	289	46%	228	58%
White other	32	14%	72	12%	15	4%
Black or Asian	59	26%	179	29%	98	25%
Mixed	6	3%	17	3%	2	1%
Any other Ethnic Group	6	3%	55	9%	45	12%
Not stated	25	11%	12	2%	3	1%
	<b>223</b>		<b>624</b>		<b>391</b>	

<b>Promotions by Ethnic Origin 2018, 2017 and 2016</b>						
<b>Ethnicity</b>	<b>2018</b>	<b>%</b>	<b>2017</b>	<b>%</b>	<b>2016</b>	<b>%</b>
White	127	57%	361	57.9%	243	62.1%
BME	71	32%	251	40.2%	145	37.1%
Not stated	25	11%	12	1.9%	3	0.8%
	<b>223</b>		<b>624</b>		<b>391</b>	

**Promotions by age** – 5.3% of the total workforce were promoted last year. The majority of promotions are under age 45 at 86% and the majority of staff fall within this age range at 70%. However, those aged 45 upwards are 30% of the workforce are and have only 14% or promotions with the likelihood of promotion decreasing with age. This is a large shift for this group from the 37% in 2017 and the 35% in 2016. There has also been a corresponding large shift in the under 30's group which moved from 16-20% previously to 46% this year. It would help if the way in which age bands are defined and recorded for the workforce and for promotions match.

<b>Promotions by Age Group</b>	<b>2018</b>	<b>%</b>	<b>2017</b>	<b>%</b>	<b>2016</b>	<b>%</b>
Under 30	103	46%	127	20.4%	63	16.1%
30 – 44	89	40%	275	44.1%	191	48.8%
45 – 49	19	9%	91	14.6%	56	14.3%
50 - 54	10	4%	75	12.0%	48	12.3%
Over 55	2	1%	56	9.0%	33	8.4%
<b>Total</b>	<b>223</b>		<b>624</b>		<b>391</b>	

<b>Age Bands</b>	<b>all staff 2018</b>
<b>18 - 25</b>	21.9%
<b>26 - 35</b>	37.0%
<b>36 - 45</b>	12.0%
<b>46 - 55</b>	12.9%
<b>55+</b>	16.1%

**Promotions by Disability** – a new category for the report in 2018, this shows that non declaration is high at 34% which is in keeping with this level across other workforce and patient areas and affects the data value. 6 have declared a disability which shows some confidence in doing so.

<b>Promotions by Disability in 2018</b>	<b>number</b>	<b>%</b>
No	141	63%
Not Declared	76	34%
Yes	6	3%
<b>Grand Total</b>	<b>223</b>	

**Promotions by Length of Service** - a new category for the report in 2018 needing more input for narrative.

<b>Promotions by Length of Service 2018</b>	<b>number</b>	<b>%</b>
<b>&lt; 6 months</b>	<b>67</b>	<b>30%</b>
<b>2 - 5 Years</b>	<b>45</b>	<b>20%</b>
<b>10 - 20 Years</b>	<b>29</b>	<b>13%</b>
<b>1 - 2 Years</b>	<b>27</b>	<b>12%</b>
<b>5 - 10 Years</b>	<b>27</b>	<b>12%</b>
<b>6 - 12 Months</b>	<b>24</b>	<b>11%</b>
<b>over 20 years</b>	<b>4</b>	<b>2%</b>
<b>Grand Total</b>	<b>223</b>	

#### 4.13 Starters

Against 793 starters in 2017, 831 in 2016 and 761 in 2015, there were **1121 starters in 2018** which is the highest level over this 4 year period. (This is compared to 757 leavers in 2017, 789 leavers in 2017, 989 in 2016 and 629 in 2015).

**Starters by gender** - (new addition to the report in 2017). With workforce female to male ratio now at 81%:19% and circa 80%:20% in the last few years it is good to encourage a better ratio of male starters. In 2017 the male ratio was 28.75% it has decreased to 22.7%.

Starters by Gender	2018	2018 %	2017 %
Female	866	77.3%	71.3%
Male	255	22.7%	28.8%

**1121**

**Starters by age band** – As can be seen in the chart below, starters are more likely to be under the age of 45 – these form 940 or 83.9% of the starters against the under 45s forming 70.9% of the workforce with a total variation of plus 12.9%. The over 45s form 181 or 16.1% of the starters against being 29.1% of the workforce and a total variation of -12.9%.

Age group of Starters 2018	Number of starters	% of starter	% group	All staff % 2018	Varies
<=20 Years	33	2.9%	25.2%	21.9%	3.3%
21-25	250	22.3%			
26-30	256	22.8%	39.0%	37%	2.0%
31-35	181	16.1%			
36-40	128	11.4%	19.6%	12%	7.6%
41-45	92	8.2%			
46-50	74	6.6%	11.6%	12.9%	-1.3%
51-55	56	5.0%			
56-60	34	3.0%	4.5%	16.1%	-11.6%
61-65	12	1.1%			
66-70	5	0.4%			
<b>total</b>	<b>1121</b>				

There have been 17 people recruited who are over the age of 60 of which 5 are over the age of 66 which shows that although numbers decline after age 55 there are still opportunities for employment in the Trust.

As for 2017 in 2018 there was correspondence between age groups of starters to leavers. The younger that staff are, the faster they turn over. In 2017 the under 45s formed 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 staff group

Against 2017, this shows continued higher numbers of starters in Medical and Dental, Additional Clinical Services and Nursing and Midwifery.

Staff Group of Starters	Number 2018	% in 2018	% in 2017	Varies
Medical and Dental	300	26.8%	30.0%	-3.25%
Additional Clinical Services	291	26.0%	24.7%	1.24%
Nursing and Midwifery	267	23.8%	16.4%	7.43%
Administrative and Clerical	153	13.6%	17.5%	-3.88%
Allied Health Professionals	54	4.8%	5.4%	-0.60%
Add Prof Scientific - Tech	21	1.9%	1.5%	0.36%
Healthcare Scientists	15	1.3%	2.3%	-0.93%
Estates and Ancillary	12	1.1%	1.6%	-0.57%
Students	8	0.7%	0.5%	0.21%
Grand Total	1121		793	

**Starters by Ethnicity** – Over the 3 years from 2016 the non-stated increased from 3.7% to 12% which equates to 134 starters with unknown ethnicity in 2018. This effects data value. The ratio for BME recruits has been 42% to 43% over the 3 years which is similar to BME in the workforce. In 2017 most of this increase was in Additional clinical services and medical and dental as opposed to Nursing and midwifery or admin and clerical. In 2018 there is need to source this breakdown as different staff groups have different ethnicity.

Starters By Ethnicity Year ending March 31st 2018 compared to 2017 / 2016					
Ethnicity	2018	2017	2018- %	2017 - %	2016 - %
White	520	386	46.4%	48.7%	53.3%
BME	467	335	41.7%	42.3%	43.0%
Non stated	134	72	12.0%	9.1%	3.7%
<b>Total</b>	<b>1121</b>	<b>793</b>		<b>793</b>	<b>831</b>

In the WRES details you can see the ethnicity of the different staff groups.

Of increasing interest is the proportions of Asiana and Black ethnicity which are large groups in our staff and patient population, in 2018 this is 22.7% and 12.9% respectively. Also White ethnicities for which there is awareness of this being a sizeable group that is currently included with White British categories. In 2018 this totals 111 or 9.9% with White British 36.5%.

	NUMBER	%
WHITE BRITISH	409	36.5%
ASIAN	254	22.7%
BLACK	145	12.9%
NOT DECLARED	134	12.0%
WHITE OTHER ETHNICITY	111	9.9%
MIXED	35	3.1%
OTHER	32	2.9%

**Starters by disability** - 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 the declaration and also the non-declaration levels which have improved since 2017 but are still high at 20.4%.

Disability of Starters	2018	2018 %	2017	2017 %
No	865	77.2%	525	66.2%
Not Declared	229	20.4%	248	31.3%
Yes	27	2.4%	20	2.5%
<b>Grand Total</b>	<b>1121</b>		<b>793</b>	

#### 4.14 Leavers

Year ending March 2018 saw **757 leavers**, compared to 789 in 2017, 989 in 2016 and 629 in 2015.

**Leavers by Gender** – in the 4 years there has been a disproportionate level of male leavers compared to the overall male to female staff ratio (in 2018 19% to 81% and previously circa 20% to 80%)

Leavers by Gender 2018 (comparison 2017, 2016, 2015)					
Gender	2018	2018- %	2017	2016	2015
Female	547	72.3%	76.05%	70.10%	71.80%
Male	210	27.7%	23.95%	29.20%	28.20%

**Leavers by disability** – There is high no declaration at 25.6% which effects validity and value of this data.

Leavers by Disability 2018	Number	%
No	544	71.9%
Not Declared	194	25.6%
Yes	19	2.5%
<b>Grand Total</b>	<b>757</b>	

**Leavers by ethnicity** – There is relative stasis on proportions of White BME and not stated between 2018 and 2017

Leavers Ethnic Origin 2018	2018 leavers	2018 - %	2017 %	All staff 2017 %
White	422	55.7%	57.9%	57.6%
BME	302	39.9%	38.9%	38.9%
Not stated	33	4.4%	3.8%	3.5%

2018 Ethnicity	Number	%
<b>WHITE BRITISH</b>	341	45.0%
<b>ASIAN</b>	153	20.2%
<b>BLACK</b>	92	12.2%
<b>MIXED</b>	22	2.9%
<b>WHITE ETHNICITY</b>	81	10.7%
<b>OTHER</b>	35	4.6%
<b>NOT STATED</b>	33	4.4%

757

In 2017 and 2018 the ratio of White to BME leavers in total was proportional to the total workforce ratio for these groups. The percentage of Asian leavers was proportional at 21.55% of total leavers in 2017 and 20.2% in 2018/

From the chart below a disproportionate number of under 30's are leaving over the year ending 2017 and 2018 against the total staff aged under 30 at March 2017 and March 2018. However, Starters match this high proportion. Conversely aged 46 and upwards are more inclined to stay than those 45 and under.

Leavers by Age Band 2018	Number 2018	% - 2018	Group % 2018	Group % 2017	ALL STAFF 2018
<=20 Years	7	0.9%	39.5%	41.3%	22%
21-25	118	15.6%			
26-30	174	23.0%			
31-35	129	17.0%	36.2%	33.5%	37%
36-40	79	10.4%			
41-45	66	8.7%			
46-50	44	5.8%	12.5%	13.7%	12%
51-55	51	6.7%			
56-60	41	5.4%			
61-65	40	5.3%	11.8%	11.5%	16%
66-70	5	0.7%			
>=71 Years	3	0.4%			
<b>Grand Total</b>	<b>757</b>				

#### Leavers by division and Staff Group

Leavers by Division 2018	Headcount
Corporate	81
Diagnostics, Therapeutics and Outpatients	115
Medicine	267
Surgery	163
Women's & Children's	131
<b>Grand Total</b>	<b>757</b>



The high level of leavers in top 4 staff groups listed below is at least a 2 year pattern

Leavers by Staff Group 2018	Headcount	2018 - %	2017- %
Medical and Dental	221	29.2%	27.1%
Nursing and Midwifery Registered	183	24.2%	28.8%
Additional Clinical Services	150	19.8%	14.8%
Administrative and Clerical	110	14.5%	16.0%
Allied Health Professionals	41	5.4%	7.1%
Estates and Ancillary	19	2.5%	2.2%
Healthcare Scientists	17	2.2%	2.3%
Add Prof Scientific and Technic	13	1.7%	1.7%
Students	3	0.4%	0.1%
<b>Grand Total</b>	<b>757</b>		

**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.

The top two reasons for leaving bar the TUPE transfers in year ending March 2016 remain the same and in 2018 are End of Fixed Term Contract 24.4%, and relocation 14.4%. The third category is still voluntary unknown at 17.8%. This has been reduced by adding as indicated below 8 extra voluntary resignation categories in 2015 and 2016. All voluntary resignations total 486 employees at 64.2%. 757 leavers is 12.3% of the staff employed at year end March 2017.

Reasons for Leaving	Number 2018	% in 2018	% March 2015	% March 2016	% March 2017
Death in Service	4	0.5%			0.1%
Dismissal - Capability / conduct / statutory	19	3.4%			3.2%
Employee Transfer TUPE				22.7%	
End of Fixed Term Contract	185	24.4%	21.8%	19.4%	21.2%
End of Fixed Term Contract – re Training	2	0.3%			0.6%
End of Fixed Term Contract - External Rotation	3	0.4%			0.1%
End of Fixed Term Contract - Other	8	1.1%			2.4%
Has Not Worked	1	0.1%			
pregnancy					0.1%
Redundancy - Compulsory	1	0.1%			0.9%
Redundancy – Voluntary					0.1%
Retirement - Ill Health	1	0.1%			
Retirement Age	40	5.3%	9.1%	4.9%	6.8%
Voluntary Early Retirement - no Act. Red	3	0.4%			0.8%
Voluntary Early Retirement with Act. Red	4	0.5%			0.6%
VR Voluntary Resignation categories:					



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Adult Dependants	7	0.9%		2016>	1.1%
Better Reward Package	31	4.1%	2015 >	1.3%	1.9%
Child Dependants	24	3.2%	2015 >	1.7%	2.5%
Health	23	3.0%		2016>	1.5%
Incompatible Working Relationships	6	0.8%		2016>	1.0%
Lack of Opportunities	6	0.8%		2016>	1.0%
Other/Not Known	135	17.8%	26.6%	21.7%	23.6%
<i>Voluntary resignation other reasons not used since 2015</i>				15.6%	N/a
Promotion	43	5.7%	2015 >	5.0%	6.7%
Relocation	109	14.4%	13.9%	9.1%	14.6%
To undertake further education or training	4	0.5%	2015 >	1.5%	0.8%
Work Life Balance	98	12.9%	7.5%	5.9%	8.2%
<b>Grand Total</b>	<b>757</b>				