

Equality Workforce Monitoring Report 2015-16

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Trust Board paper I

Executive Summary

Context

The 2015-16 Equality Workforce Monitoring Report is presented to the Trust Board for ratification. To comply with our Legal Duty we need to publish the data on the UHL website.

Please note in order to have a full years data the reporting period is from March 2015 - 2016 and therefore any changes in the trend data cannot be attributed to new Equality and Diversity work streams undertaken from April 2016 and beyond. Any positive impact interventions already agreed and implemented will be reflected in next year's report.

Currently we collect and report staff data on Disability, Age, Race, Religion and Belief, Sex, and Sexual Orientation and staffs Marital and Civil Partnership status. In line with our requirements under the Public Sector Equality Duty we have collected, analysed and published our workforce data by:

- Workforce Profile
- Pay
- Recruitment and selection
- Disciplinary and Grievance
- Staff training

The purpose of this report is to present the Annual Equality Workforce Data (2015-16) and associated findings for review and agreement by the Trust Board.

Questions:

1. Is the Trust Board happy with the new format, content and presentation of the report?
2. Do the recommendations reflect the Trust's priorities?

Conclusion

The Workforce Equality Report has been presented differently this year with more of an emphasis on what the data is telling us. This year's data shows little change from previous years although the levels of declarations for all Protected Groups is increasing albeit slower in some areas than others. Representation at band 8a and above remains a priority for BME and Disabled staff and at Board level Female staff.

University Hospitals of Leicester uses the Equality Delivery System (EDS) as its equality delivery framework. The four domains are: -

- Better Health Outcomes
- Improved Patient Access and Experience

- A representative and Supportive Workforce
- Inclusive Leadership

There is an agreed Equality Action Plan which incorporates all elements of the EDS (patient and workforce activity), the Workforce Race Equality Standard (WRES) and the 2016-17 recommendations from the Trust's Diversity Task and Finish Group. The Trust Board is updated on progress against the Equality Action Plan at bi-annual intervals with the latest progress report dated 8 December 2016.

This Annual Equality Workforce Report should be read in conjunction with the 2016-17 Equality Action Plan Report (8 December 2016) setting out progress against five key elements:-

- Strengthen local accountability;
- Better alignment of diversity with the Trust's 5 year plan;
- Positive Action Interventions;
- Strengthen partnership working across the system; and
- Targeted talent management strategies for under - represented groups.

A Trust Board Thinking Day took place on 12 January 2017 facilitated by Roger Kline, NHS England Joint Director of Workforce Race Equality Standard. The learning from this session will be reflected in the Equality Action Plan (2017-18) currently being drafted by the Trust's Diversity Steering Group led by the Director of Workforce and Organisational Development. Essentially in reflecting best practice we will continue to strengthen accountability particularly in areas related to recruitment, focus on inclusive leadership (aligned to the Trust's UHL Way Implementation Plan) and work on the narrative in winning hearts and minds.

As part of the Leicester Leicestershire and Rutland Sustainability and Transformation Plan (STP), work is underway in addressing the gaps identified and set out within the triple aims of the STP. During early 2017 partners across health and social care will explore collaboration opportunities working towards developing a joint LLR wide Equality Action Plan / Strategy.

Input Sought

The Trust Board is asked to agree the content and format of the Equality Workforce Monitoring Report before its publication on the UHL website.

For Reference
 Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

- Safe, high quality, patient centred healthcare Yes
- Effective, integrated emergency care Not applicable
- Consistently meeting national access standards Yes
- Integrated care in partnership with others Yes
- Enhanced delivery in research, innovation & ed' Not applicable
- A caring, professional, engaged workforce Yes
- Clinically sustainable services with excellent facilities Yes
- Financially sustainable NHS organisation Not applicable
- Enabled by excellent IM&T Yes

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register No

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
	No risk identified			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
Principle Risk 10a –	Lack of supply and retention of the right staff, at the right time, in the right place and with the right skills that operates across traditional organisational boundaries.	12	

3. Related **Patient and Public Involvement** actions taken, or to be taken: Yes

Results of any **Equality Impact Assessment**, relating to this matter: **Positive**

- 5. Scheduled date for the **next paper** on this topic: July 2017
- 6. Executive Summaries should not exceed **1 page**. My paper does not comply
- 7. Papers should not exceed **7 pages**. My paper does not comply

Workforce Equality and Diversity



Monitoring
Report
2015-2016

University Hospitals of Leicester 
NHS Trust

Caring at its best

Glossary of terms

AHP – Allied Health Professionals

BME- Black, Minority Ethnic (within this report this includes Asian; Black; mixed; other; white-other.)

Disciplinary Processes – within this report this represents any case that was investigated and includes outcomes that were formal, informal, found to have insufficient evidence, no case to answer, or the staff member resigned pending outcome.

EMLA- East Midlands Leadership Academy

ESR – Electronic staff register

LGB&T – Lesbian, Gay, Bi-sexual and Transgender

Local – this includes any members of staff across various job roles not on an agenda for change pay scale.

LLR – Leicester, Leicestershire and Rutland

Other medical and dental – any medical and dental staff not in a consultant role.

QFC – Qualification Framework certificate

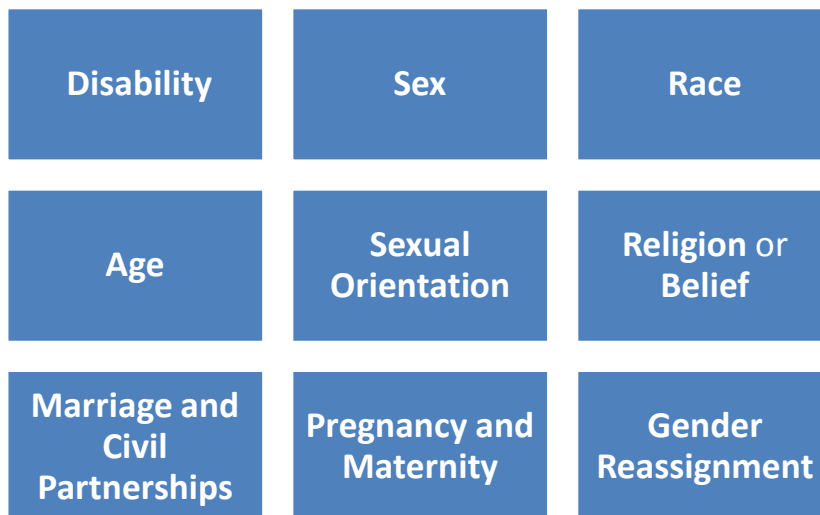
Unspecified This represents data where we staff have not completed equal opportunities data or where staff have actively chosen not to declare status.

WRES – Workforce Race Equality Standard

Equality Workforce Monitoring Report 2015 – 2016

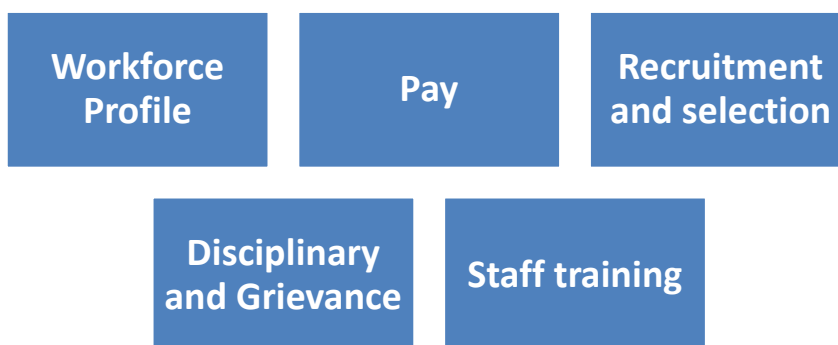
1. Introduction

The Workforce monitoring report will be presented to the Executive Workforce Board (EWB) prior to Trust Board on 7th February 2017. To comply with our Legal Duty we need to publish the data on the UHL website against the nine protected characteristics that are:



Currently we collect and report staff data on Disability, Age, Race, Religion and Belief, Sex, and Sexual Orientation and staffs Marital Status.

In line with our requirements under the Public Sector Equality Duty we have collected, analysed and published our workforce data by:



2.0 Report Summary

2.1 Profile of the Workforce - General Headlines

The data has been taken from the Electronic Staff Register (ESR) from March 2015- March 2016.



- The total headcount of staff has increased from 12,645 – 12,948 (this figure excludes the transfer of Interserve staff which occurred after the reporting period).





- The workforce profile remains largely unchanged from last year.
- Within the protected characteristic groups of Disability, Religion and Sexual Orientation we continue to see an increase in the declaration rates. However, work needs to continue to improve declaration rates in terms of Sexual Orientation and Disability which show lower levels than you would expect compared to the general population. This suggests that there is still some reticence in staff declaring against these particular protected groups.
- BME staff numbers have increased from 28% - 30%. Our current BME representation of 30% is favourable against the 2011 census data, for Leicester, Leicestershire and Rutland. BME includes all staff who declare themselves to be White Other.
- The highest number of staff, 27% are in the age band 41 – 50.
- 96% of staff declare their ethnicity whilst declaration rates for other Protected Groups are much less.
- 79% of our staff are female and 21% are male. This figure has remained static for some years.
- Under representation at senior levels band 8a – 9 remains an issue for Disabled, BME and Female staff.
- Our overall age profile reflects a normal distribution curve.

3.0 Comparison of workforce Profile 2015 – 2016



This section highlights insignificant changes ranging from 0 – 5.6%. The highest change is a shift of 5.6% of the numbers of staff declaring their disability. Every other profile comparison demonstrates minimal change from the previous year's report.

3.1 Marital Status

*  The arrows illustrate whether there has been an increase or decrease from last year's report (2014 - 2015)

Marital status	March 2015	March 2016	Difference
Civil Partnership	0.4%	0.4%	No Change
Divorced	5.4%	5.1%	 0.3%
Legally Separated	1.1%	1.1%	No change
Married	57%	56%	 1%
Single	33.5%	32.7%	 0.8%
Widowed	0.7%	0.7%	No change
Unknown	3.2%	3.7%	 0.5%

3.2 Disability

Disability	Yes	2.1%	2.9% - (371)	 0.8%
	No	67.9%	72.7% -	 4.8%

	Unspecified	30%	24.4%	• 5.6%
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3.3 Sex

Sex	Male	20.9	21.3	↑ 0.4%
	Female	79%	78.7	↓ 0.3%

3.4 Ethnicity

Ethnicity	White -UK	66.3%	66%	↓ 0.4
	BME White - Other	28.78%	30.35%	↑ 1.57%
	Undisclosed	4.91	3.73	↓ 1.18

3.5 Age

Age Band	<=30yrs	21%	22%	↑ 1%
	31-40yrs	26%	24.5%	↓ 1.5%
	41-50yrs	27%	27%	No Change
	51-60yrs	22%	22%	No Change
	>60yrs	4.4%	4.5%	↑ 0.1%

3.6 Religion and Belief

Religion and Belief	Atheism	8%	10.4%	↑ 2.4%
	Christianity	42.1%	42.5%	↑ 0.4%
	Hinduism	6.8%	6.8%	No Change
	Islam	5.1%	5.9%	↑ 0.8%
	Sikhism	1.8%	1.8%	No Change
	Other	5.8%	5.6%	↓ 0.2%
	Undisclosed	30.3%	27%	↓ 3.3%

3.7 LGB&T

Sexual Orientation	LGB	1.4%	1.3%	↑ 0.1%
	Heterosexual	66%	61%	↑ 5%
	Undisclosed	11.7%	12%	↓ 0.3%
	Undefined	20%	25%	↓ 5%

4.0 Recruitment

*↓↑ The arrows illustrate whether there has been an increase of decrease from last year's report (2014 - 2015).

Ethnicity	Application		Shortlisting		Appointment	
BME	61%	↑ 1%	52%	↑ 1%	38%	↑ 8%

White UK	36%	↓ 2%	45%	No Change	59%	↓ 2%
Unspecified	3%		3%		3%	

Although we note some improvement from the previous year, BME applicants still fair less well at the appointment stage of the recruitment process.

4.1 Disability

Disability	Application		Shortlisting		Appointment	
Yes	5%	↑ 1%	5%	↑ 1%	4%	No change
No	85%	↓ 2%	85%	↓ 2%	86%	↓ 2%
Unspecified	10%		10%		10%	

Of appointments made to the Trust 2% were to staff declaring a Disability. The trends at recruitment are consistent with that seen in previous years with disabled staff fairing slightly worse than non-disabled staff at appointment.

4.2 Sexual Orientation

Sexual orientation	Application		Shortlisting		Appointment	
Heterosexual	89%	↑ 1%	90%	No data	98%	No change
Gay	1.4%%	↓ 2%	1.3%	No data	1%	↓ 2%
Bisexual	1.6%	No data	0.7%	No data	1%	↓ 0.76
Unspecified	8%		9%		nil	

There is a small reduction in the number of appointments of LGB staff however; the trend continues to indicate that for those that have declared their Sexual Orientation as LGB they are equally successful through the recruitment process.

4.3 Gender

Gender	Application		Shortlisting		Appointment	
Male	28%	↑ 2%	47%	↓ 25%	21%	↓ 3%
Female	72%%	↓ 4%	52%	↓ 18%	78%	↓ 2%
Unspecified	nil		1%		1%	

The trend in the data demonstrates that female staff do marginally better through the recruitment process than male staff.

4.4 Religion and Belief

Religion and Belief	Application	Shortlisting	Appointment

Atheist	10%	↑ 1%	12%	↓ 25%	16%	↓ 3%
Christianity	35%	↓ 1%	39%	↓ 18%	46%	↓ 2%
Islam	15%	No change	14%	↑ 1%	9%	↑ 1%
Hindu	15%	No change	13%	↓ 1%	8%	No change
Sikhism	5%	No change	4%	No change	3%	No change
Other	10.5%	↓ 1%	8%	No change	10%	No change

Those that are Atheists and Christians or fall within 'other' fair better through the recruitment process than other recorded religions. The decreasing trend from shortlisting to appointment is significant for staff whose religion is Islamic or Hindu.

NB Data reported first time so no trend data available.

4.6 Marital Status

Marital status	Application	Shortlisting	Appointment
Married	40%	46%	40%
Single	50%	48%	50%
Civil partnership	1.5%	2%	4%
Other	5.5%	0.5%	4%
Unspecified	3%	3.5	3%

5.0 Pay

Equality Group	General Workforce	Leadership (Band 8a -9)	Increase /decrease from 2015	Representation
LGB&T	1.5%	1.5%	↑ 0.2%	Aligned
Ethnicity (BME)	30.35%	11%	↑ 2%	Under
Disability (Yes)	2.9%	1.6%	↓ 1.3%	Under
Gender (Female)	79%	71%	No change	Under

The overall trend, as in previous years, demonstrates in Bands 1-9 an overall trend of decreasing BME, Disability and female representation as a proportion as the pay band increases.

6.0 Training

6.1 Leadership Training Data

111 staff members completed Leadership Training in 2015-2016. Direct comparison to the previous report is not possible because of a change in the way the data is presented.

Equality Group	Headlines	Undisclosed / Undeclared Percentage
Age	Age group 31 – 50 82% (77)	8% (9)
Disability	Not Disabled 70% (78) Disabled 0%	30% (33)
Ethnicity	BME (Inc. White Other) 32% (35) White 60% (66)	9% (10)
Gender	Female 44% (49) Male 49% (54)	7% (8)
Religion and Belief	Atheism 11% (12) Christianity 36% (40) Other 14% (16)	29% (43)
Sexual Orientation	Heterosexual 63% (70) LGB 0%	37% (41)

What the data tells us:

- The majority of attendees are between the ages of 31-50 which is to be expected bearing in mind career progression is likely to occur from the late 20's onwards.
- In terms of BME representation this is a good news story as the number of attendees is above the general level of representation in the workforce.
- The story for females is that attendance on leadership courses is much less proportionally than the numbers of men given the workforce figure of 80% female, 20% male.
- For Sexual Orientation, Religion and Disability the declaration rates are very low and therefore it is difficult to reach any firm conclusions about under or over representation.

Action:

- To ensure that when applications are received for training equality monitoring data is captured.
- To explore in a bit more detail the gender imbalance in terms of access to leadership courses.
- The national Stepping Up Programme has been launched by East Midland Leadership Academy and commences in the Spring 2017. The course is aimed at BME staff at bands 1-5 who have an interest in developing their leadership skills. UHL has had 5 nominations.

6.2 All Other Training Data

423 staff members completed “all other” training in 2015-2016.

Equality Group	Headlines	Undisclosed / Undeclared Percentage
Age	Age group 31 – 50 20% (86)	73% (307)
Disability	Not Disabled 57% (239) Disabled 1% (4)	30% (33)
Ethnicity	BME (Inc. White Other) 31% (130) White 66% (279)	3% (14)
Gender	Female 40% (169) Male 15% (64)	45% (190)
Religion and Belief	Atheism 7% (30) Christianity 23% (96) Other 14% (59)	56% (238)
Sexual Orientation	Heterosexual 47% (201) LGB 1% (3)	51% (219)

What the data tells us:

- Interestingly the Gender of attendees for general training is a closer match to the general workforce figures.
- BME representation is slightly above our general workforce which is positive.
- With regards to the other areas the undisclosed percentages are too high to enable any conclusions to be drawn.

Action:

- Ensure equality monitoring is an embedded part of the application to training process.
- To continue to collect and report training data.

7.0 Disciplinary Cases

There were 41 formal and 26 informal disciplinary cases.

7.1 Age

Age Group	Informal	Formal
<30	8% (2)	32% (13)
31-50	69% (18)	44% (18)
51+	23% (6)	24% (10)

7.2 Disability

Disability	Informal	Formal
Yes	4% (1)	0%
No	58% (15)	68% (28)
Undeclared	38% (10)	32% (13)

7.3 Ethnicity

Ethnicity	Informal	Formal
BME	27% (7)	24% (10)
White	73% (19)	27% (7)
Undeclared	0%	9% (4)

7.4 Gender

Gender	Informal	Formal
Female	69% (18)	73% (30)
Male	31% (8)	27% (11)

7.5 Religion and Belief

Religion and Belief	Informal	Formal
Atheism	11% (3)	15% (6)
Christianity	38% (10)	27% (11)
Others	15% (4)	24% (9)
Undisclosed	36% (9)	34% (14)

7.6 Sexual Orientation

Sexual Orientation	Informal	Formal
Heterosexual	73% (19)	78% (32)
LGB	0%	2% (1)
Undeclared	27% (7)	20% (8)

What the data tells us:

- For Disability although it is only one person this is an over representation in terms of workforce numbers but too small a number to draw any conclusion.
- For Ethnicity the representation for White and BME mirrors the general workforce which is positive news as in some other organisations BME representation in the disciplinary process is higher than for the White population.
- For Sexual Orientation representation is slightly higher than the general workforce but again too small a figure to draw any conclusions.

8.0 Grievances

There were 15 cases in total. Of these 7 were either partly or fully upheld.

What the data tells us:

- 4 of the cases were from staff aged between 21 – 40 and 3 by staff aged between 41 – 60.
- 6 staff declared no Disability and 1 member of staff did not declare.
- 28% of cases were from BME staff which is in line with the general workforce figures.
- 100% of cases were from Female staff.
- In terms of Religion and Belief 4 staff declared they were Christian, 2 were from other Religions and 1 did not declare.
- For Sexual Orientation there were no cases from staff from an LGB background. 6 were from staff declaring to be Heterosexual and 1 did not declare.

9.0 Summary for Each Protected Characteristic and Recommendations

9.1 Disability

- Within our workforce 371 staff members have declared they have a disability which is an increase of 50 on last year. This is significantly less than would be expected given that nearly 1 in 5 people of working age in Great Britain have a disability, long-term health problem or impairment.
- There continues to be Disabled staff represented within all of our staff groups.
- Under representation at senior level remains apparent with BME, Disabled and Female staff.

Recommendations:

From April 2017 a new Workforce Disability Equality Standard (WDES) based upon the current Race Equality Standard will be implemented nationally. Formal reporting will commence in April 2018 to enable Trusts to familiarise themselves with the requirements and where needed develop appropriate monitoring systems.

9.2 Sex

- The overall workforce Male – Female ratio of staff is 21% -79% respectively, but with variations amongst staff groups. Female representation is greatest within Nursing and Midwifery with Male representation greatest amongst Medical and Dental.
- As in previous years the data demonstrates an overall trend of increasing Male representation as a proportion as the pay band increases.

- There has been an increase in the number of Female Medical Consultants to 30.5%. However currently 40 % of the Medical workforce is Female so representation at Consultant level is slightly less and is highly variable across specialities. There are some specialties where there are no or very few Female Consultants.

Recommendation:

- To report the findings of the recently conducted gender pay gap analysis with appropriate recommendations.
- To work with medical colleagues to identify actions to address low representation figures for Female Consultant posts.
- To better understand why the attendance at Leadership courses disproportionately favour Men.

9.3 Ethnicity

- White-British make up 66% of the workforce. The overall trend, as in previous years, demonstrates in Bands 1-9 an overall trend of decreasing BME representation as a proportion as the pay band increases. Currently our BME leadership figure stands at 11%.
- This year our recruitment trends show a slight improvement in the staff conversion rates from application to appointment for BME staff but the figures still see BME staff doing less well through the recruitment process than their White counterparts. This does indicate that there may be some Unconscious Bias operating at the appointment stage.
- The training data shows proportional access for BME staff on leadership and general training courses.

Recommendation:

There are a number of interventions in train to address the issues associated with BME underrepresentation and are:

- Improving BME representation on recruitment and selection panels.
- Identifying talented individuals within the CMG and creating a strong medium term talent pipeline.
- Implementation of Reverse Mentoring.
- Unconscious Bias training for recruiting managers.

The interventions will be evaluated using the Quality Improvement Methodology. Those that are shown to make a difference will be continued and applied to other under represented Protected Groups.

9.4 Age

- Recruitment is seen in all Age Groups but with percentage decreases in applications as age increases. The data trends indicate that there is only a small percentage variation between shortlisting and appointment in all groups.

Recommendation:

No specific actions are required.

9.5 Sexual Orientation

- Declaration rates for LGB staff remain low.

Recommendation:

Our local LGBT Centre are keen to work with UHL, particularly around staff engagement. Work is being undertaken to look at the feasibility of their proposal.

9.6 Religion and Belief

- There continues to be a range of Religion or Beliefs seen across the workforce and within each staff group, with Christianity remaining the most recorded religion.

Recommendation:

No specific actions are required.

10.0 Equality Action Planning and Governance

University Hospitals of Leicester uses the Equality Delivery System (EDS) as its equality delivery framework. The four domains are :

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- Improved Patient Access and Experience
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11.0 Conclusions

We have continued to see a slow improvement in declarations from staff monitoring data but work needs to continue to ensure the organisational culture promotes inclusivity so staff feel comfortable with declaring their status.

As with previous years we see slightly different interesting anomalies between groups in different areas, although improvement is limited. This includes the challenge of representation at senior level, differences between groups in outcomes during the recruitment process and the uptake and recording of training. It is suggested that these are prioritised as the focus of additional work next year. The true pattern of causes underlying differences between groups is often rich and complex, detailed investigation and interrogation of available data and engaging with staff both within focus groups and larger surveys will help us to understand how improvements can continue to be made.