

WORKFORCE EQUALITY AND DIVERSITY REPORT

For the period April 2016 – March 2017

Produced by:

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ABBREVIATIONS USED WITHIN THE REPORT

This is a list of abbreviations and other terms used throughout the report. If any have been omitted or other terms are unfamiliar, please do ask for clarification by emailing liz.case-green@sabp.nhs.uk.

Abbreviation	Meaning
AfC	Agenda for Change – used to describe a pay band, ie AFC band
BME	Black, Minority or Ethnic – a term used to describe different racial groups
ESR	Electronic Staff Record – the HR database which holds the personal and employment details of Trust staff
LGB	Lesbian, Gay and Bisexual
NHS	National Health Service
SABP	Surrey & Borders Partnership NHS Foundation Trust
WRES	Workforce Race Equality Standard

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1.0 Introduction and Scope

This report is published to help Surrey and Borders Partnership NHS Foundation Trust meet the public sector equality duty, as outlined in the Equality Act 2010. Our Workforce Race Equality Standard Return and action plan can be found in our Trust website at <http://www.sabp.nhs.uk/aboutus/equality/wres2017>.

The majority of the data collected and used in performance monitoring and analysis is collected from the Electronic Staff Record (ESR) where employees have provided us with the relevant information.

This report provides an updated review of equality monitoring data from April 2016 up to March 2017, with a comparative data set of three complete years where possible or appropriate.

2.0 Workforce Composition

2.1 Ethnicity

29.6% of staff employed by the Trust are from a Black Minority Ethnic (BME) background. This has remained very stable in the last three years.

Sum of Person Headcount	Year		
Ethnicity	31/Mar/2015	31/Mar/2016	31/Mar/2017
A White - British	59.2%	59.2%	58.8%
B White - Irish	2.0%	2.2%	2.1%
C White - Any other White background	9.2%	9.1%	9.5%
D Mixed - White & Black Caribbean	0.3%	0.2%	0.2%
E Mixed - White & Black African	0.3%	0.4%	0.4%
F Mixed - White & Asian	1.1%	1.1%	1.1%
G Mixed - Any other mixed background	1.1%	1.1%	1.3%
H Asian or Asian British - Indian	3.5%	3.0%	3.3%
J Asian or Asian British - Pakistani	1.0%	1.1%	1.3%
K Asian or Asian British - Bangladeshi	0.2%	0.2%	0.1%
L Asian or Asian British - Any other Asian background	6.4%	6.1%	6.1%
M Black or Black British - Caribbean	1.3%	1.7%	1.9%
N Black or Black British - African	8.2%	8.9%	8.6%
P Black or Black British - Any other Black background	1.0%	0.8%	0.8%
R Chinese	0.6%	0.5%	0.4%
S Any Other Ethnic Group	4.0%	3.7%	3.5%
Z Not Stated	0.5%	0.6%	0.7%
Grand Total	100%	100%	100%

Less than 10% of the population in Surrey and Brighton are BME compared to 36% in Hounslow. Whilst, in general, there is wide ethnic diversity within Our Trust there are some differences in the ethnic mix within different professional staff groups. BME staff are under-represented in some of the staff professional groups but particularly well represented in Medical and Dental, Additional Clinical Services and Nursing and Midwifery Registered.

There is an under-representation of BME staff in senior Agenda for change (AfC) grades but there has been a small increase in representation for staff on senior spot salaries. Asian and Asian British – Indian ethnic group is particularly well represented in medical grades.

Sum of Person Headcount	BME		
Band2	No	Yes	Grand Total
⊕ Bands 1 to 4	69.2%	30.8%	100%
⊕ Bands 5 to 7	71.9%	28.1%	100%
⊕ Bands 8A to 8D	88.8%	11.2%	100%
⊕ Medical Grades	44.3%	55.7%	100%
⊕ Spot Salaries/VSM	88.0%	12.0%	100%
Grand Total	70.8%	29.2%	100%

The Trust is working with the BME network to consider what programmes we can offer to support career management, including development of our staff and better systems for internal transfers.

2.2 Gender

The gender split of our workforce has changed over the last three years. The percentage of female staff has increased by over 2.5%.

Sum of Person Headcount	Year		
Gender	31/Mar/2015	31/Mar/2016	31/Mar/2017
Female	71.88%	72.85%	74.51%
Male	28.13%	27.15%	25.49%
Grand Total	100.00%	100.00%	100.00%

Historically there have always been more female staff working in the NHS than male and this trend has not changed over the years. The latest statistics from NHS employers are a split of 77% female, 23% male staff nationally.

Sum of Person Headcount	Gender		
Band2	Female	Male	Grand Total
⊕ Bands 1 to 4	71.8%	28.2%	100%
⊕ Bands 5 to 7	77.7%	22.3%	100%
⊕ Bands 8A to 8D	74.9%	25.1%	100%
⊕ Medical Grades	50.3%	49.7%	100%
⊕ Spot Salaries/VSM	73.9%	26.1%	100%
Grand Total	73%	27%	100%

There are more female staff than male in all staff groups, but this lowers to 50.3% in the medical workforce. Our Gender Pay Gap for 2016/17 report can be found at Appendix 1.

2.3 Age

Sum of Person Headcount	Age Ba	Age Ba				
Year	⊕ 18 - 25	⊕ 26-35	⊕ 36-45	⊕ 46-55	⊕ 56-65	⊕ 66 +
31/Mar/2015	3.13%	15.13%	26.49%	35.10%	18.39%	1.77%
31/Mar/2016	3.28%	17.48%	25.44%	33.48%	18.16%	2.16%
31/Mar/2017	4.02%	18.35%	24.69%	34.11%	16.56%	2.28%
Grand Total	3.48%	16.99%	25.54%	34.23%	17.70%	2.07%

The number of staff in the under 35 range has increased which is positive for our age profile as we need to replace staff who are retiring. The highest percentage of our staff are within the 46-55 range. We need to continue to monitor the age profile of our workforce and encourage younger workers to join our Trust by increased participation in careers fairs and giving more opportunities for work experience.

2.4 Religious Belief

Sum of Person Headcount Religious E									
Year	Atheism	Buddhism	Christianity	Hinduism	Islam	Judaism	Other	Sikhism	I do not wish to disclose my religion/belief
31/Mar/2015	10.5%	1.5%	53.5%	5.3%	4.6%	0.2%	7.2%	0.6%	16.5%
31/Mar/2016	11.5%	1.5%	53.1%	5.0%	4.4%	0.2%	8.3%	0.4%	15.6%
31/Mar/2017	12.4%	1.4%	52.6%	5.4%	4.2%	0.2%	8.6%	0.6%	14.5%
Grand Total	11.5%	1.5%	53.1%	5.2%	4.4%	0.2%	8.1%	0.6%	15.5%

Surrey has a larger Christian population than that in our Trust which could be explained by the higher number of White British people in the local population where the religious belief has traditionally been Christianity. The numbers of staff who “do not wish to disclose their religion/ belief” has gradually reduced across the majority of professional staff groups over the last three years. There is a wide and positive diversity of religious belief in all professions within our Trust.

2.5 Sexual Orientation

Only 2% of our Workforce are LGBT but over 12% of people do not wish to disclose their sexual orientation. Whilst the number not disclosing has reduced steadily over the last few years our staff are less likely to disclose their sexuality than any other protected characteristic. This may be because they do not feel it is in the interests of the Trust to know this but could also be because they do not feel safe to be ‘out’ at work. The LBGTT Network is working with Divisions to support people in the workplace. There is representation in most bands apart from some medical grades

The Staff’s LGBT Network goes from strength to strength and has attracted new members who are Straight Allies. This combined with the collaborative work done with Stonewall, should provide a more secure and open culture within our Trust.

Sum of Person Headcount Sexual Ori					
Year	Bisexual	Gay	Heterosexual	Lesbian	I do not wish to disclose my sexual orientation
31/Mar/2015	0.4%	1.0%	81.7%	0.7%	16.2%
31/Mar/2016	0.4%	0.9%	83.7%	0.7%	14.2%
31/Mar/2017	0.4%	0.9%	85.2%	0.7%	12.7%
Grand Total	0.4%	0.9%	83.6%	0.7%	14.4%

2.7 Disability

Our Trust has encouraged staff to update their disability status and this has resulted in an increase of staff who declared themselves as having a disability. The Disability Network think that some staff may not understand what is meant by a disability or do not see themselves in that light and therefore they do not declare a disability.

The composition of our workforce in relation to disability is as follows:

Year	No	Yes	Not Declared
31-Mar-2015	86.6%	5.7%	7.7%
31-Mar-2016	88.2%	5.4%	6.4%
31-Mar-2017	89.4%	5.4%	5.1%

The number of staff with a disability is the same as last year. We employ less staff with a disability compared to the local population. However, accurate comparisons are not possible as the Surrey demographics are from people of all ages, not just of working age (noting that the upper working age limit has now been removed). The Trust has employed an additional three staff with a learning disability and seeks to increase this number. Data is continuing to improve with more staff declaring whether they have a disability or not.

Sum of Person Headcount Band2	Disabled		
	No	Yes	Not Declared
⊕ Bands 1 to 4	87.5%	6.3%	6.2%
⊕ Bands 5 to 7	87.9%	5.4%	6.6%
⊕ Bands 8A to 8D	90.6%	4.0%	5.4%
⊕ Medical Grades	88.7%	4.6%	6.7%
⊕ Spot Salaries/VSM	89.1%	0.0%	10.9%
Grand Total	88.1%	5.5%	6.4%

Disabled staff are represented proportionately to the percentage overall in our Trust in bands up to band 7. There is a slightly lower representation in bands 8 and medical grades. No staff on spot salaries have stated that they have a disability but nearly 11% have not declared whether they have a disability which is much higher than in other grades. We will continue to encourage staff to tell us if they have a disability or not so that we can track any inequalities.

3.0 Recruitment

The number of BME staff who apply and are shortlisted are fairly proportionate. However, this drops by 9.2% on appointment. The figures are a small improvement from last year where the drop was almost 10%.

Ethnicity	Applications Submitted	Shortlisted	Appointed
BME	40.2%	38.3%	30.8%
White	57.2%	58.8%	67.4%

Our Trust has been working with the BME network, initially through our “People before Process” initiative, to fully understand the experience of BME staff in the recruitment process and how we can support them. Part of the recommended solution is that the BME network will listen to what staff have gone through so that we can all work together to implement initiatives to support our staff through the process. We are going to actively scrutinise data on the outcomes of these to identify potential ‘hot spots’ of discrimination and engage and support managers to recruit fairly.

The application process appears to be positive for disabled applicants and evidences our promotion and utilisation of the Positive for Disabled Recruitment Two Tick recruitment processes in guaranteeing an interview for those who meet the minimum person specification. The number of successful applicants increases on appointment. We have signed up to the Disability Confident employer scheme which has a number of initiatives to attract, recruit and retain disabled people.

Disability?	Applications Submitted	Shortlisted	Appointed
No	92.8%	93.3%	93.4%
Yes	5.7%	5.3%	5.4%

The Trust monitors the progress of applicants through the selection process by protected characteristic. A summary of monitoring information for gender, age, religious belief and sexual orientation can be found in Appendix 2 – Recruitment by Protected Characteristics, Tables 1 to 4.

4.0 Promotion

Of those staff who obtained a promotion, the number of BME staff reduced by 1.9% to 23.3% in 2016/17. This data does not include doctors where we have a higher percentage of BME staff but does show us that promotions are not as proportionate as they should be as 29.59% of our staff are from a BME background. Eleven members of staff with a disability were promoted in 2016/2017 which is higher than the representation within the Trust as a whole. Promotions for male staff were also below the gender split of our Trust at 20.3%.

5.0 Turnover

Our starters and leavers were broadly comparable across all ethnic groups and are not a cause for concern. There were more male leavers (27.5%) than starters (22.2%) in 2016/17

Turnover figures are fairly proportionate to the numbers within each religious belief. The number of starters who will not disclose their religion or belief is lower than those leaving which is positive.

We had more starters than leavers in the under 45 categories was positive this year for our age profile.

More disabled staff left the Trust than started in 2016/17. The reasons for this were varied with the highest reasons being that staff retired or resigned voluntarily. Our Trust takes positive action for disabled people in recruitment so we need to continue to monitor starters and leavers and we need to encourage disabled staff to attend an exit interview and complete an exit questionnaire to fully understand leaving reasons.

It is difficult to analyse any inequalities with starters and leavers given the small number of staff who have stated they are LGBT. However it is positive that more new starters are willing to share their sexual orientation with the Trust.

6.0 Application of Formal Workforce Procedures

6.1 Disciplinary Investigations and Hearings

The number of disciplinary investigations reduced significantly to 24, a reduction from 43 last year. Proportionately BME, male staff and those in the 51-55 age group were more likely to enter the disciplinary process. There has been a significant decrease in the number of allegations that resulted in “no case to answer”. This is a positive indicator that the review of allegations with a person-centred focus prior to a formal investigation has resulted in cases only be taken forward where necessary. Four cases resulted in informal action.

Nationally throughout the NHS the relative likelihood of BME staff entering the formal disciplinary process is higher when compared to non-BME staff and this has been the case in our Trust in 2016/17. We are been aware of this indicator and continue to work with members of our BME network and external facilitators to understand the cultural issues within our own Trust that may be placing BME employees into a formal investigation when White employees are not treated similarly.

14 cases were referred to a disciplinary hearing in the time period and there were a number of different sanctions applied to staff members. Only one case was not proven.

As the number of disciplinary hearings was relatively small and the outcomes were varied it is difficult to see any patterns or inequalities apart from that male and BME staff are disproportionately represented in hearings.

6.2 Grievances

The number of grievances raised in the period was 9 raised by individual members of staff rather than collectively; 2 were dealt with informally. 65.6% of grievances were taken out by BME staff, which is slightly higher than the previous year. 33% of cases were not upheld but this is a different picture from last year where all of the cases were resolved or upheld in part. The term resolved means that the grievance was dealt with informally and did not progress to a hearing. Male staff raised more grievances than female staff.

6.3 Bullying and Harassment

There were 12 allegations of bullying and harassment made in 2016/17, three were dealt with informally and one through mediation. The others progressed to formal stage. The alleged perpetrators were a mix of Line Manager, Co-Workers and Subordinates. Four of the cases were brought by staff from a BME background. This could indicate that BME staff find it harder to report bullying as staff survey results show us that a higher percentage of BME staff feel they have been bullied. We will continue to work with the BME network to support staff to feel able to speak up about negative experiences at work.

The majority of bullying and harassment claims were made by female staff, with the highest proportion not being proven. All but two of the claims were made by people over 40 years old.

6.4 Capability

There were 2 recorded occurrences of capability management reported between April 2016 and March 2017 logged within ESR. The cases involved a White British and one BME member of staff. Both remain at work following improvement plans.

7.0 Gender Reassignment Monitoring

Gender reassignment is not reported on in this document as the number of staff with this protected characteristic is low and therefore it may be possible to identify specific staff from the data. Our Trust prioritises the advancement of equality for all staff, including staff with this protected characteristic and has worked on several projects including a survey of attitudes towards transgender & gender identity as recommended by GIRES - the Gender Identity Research Education Society.

8.0 Learning and Development Monitoring

Surrey & Borders Partnership NHS Foundation Trust makes significant investment into the design and delivery of Learning & Development for Continuous Professional development (CPD) for its staff. An annual sum is received by our Trust from HEKSS and is allocated equally throughout the year. An application to the CPD funding panel is the only route through which this funding can be accessed for CPD (during the period of this report).

During the period April 2016 to March 2017, CPD monies were given to Divisions to make their own funding decisions. Unfortunately, a central record was not made of who was successful. This will be rectified going forward as although the decision will still be made by the divisions, the funding will be held by the Education team who will log all applications

Appendix 1 – Gender Pay Gap – April 2016 to March 2017

The information below provides details of our gender pay gap reporting for the year running from 1st April 2016 to 31st March 2017.

Gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, the individual calculations may help to identify what those issues are.

The new gender pay gap obligations have been introduced alongside the existing requirements for specified public bodies, including publishing annual information to demonstrate compliance under the Public Sector Equality Duty (PSED) and publishing equality objectives every four years. The deadline for all the publishing requirements is 30 March each year

To better understand our gender pay gap position and to comply with the regulations we have calculated the following information:

1. Average gender pay gap (Table 1)
2. Median gender pay gap (Table 1)
3. Average bonus gender pay gap (Table 2)
4. Median bonus gender pay gap average (Table 2)
5. Proportion of males receiving a bonus payment and. Proportion of females receiving a bonus payment (Table 3)
6. Proportion of males and females in each quartile pay band – (Table 4)

Standard reports have been built in Electronic Staff Records to provide the necessary data. These were reviewed and it was necessary to add some local, non-standard pay elements such as recruitment and retention premia payments to the standard report.

Table 1 - Average and Median Gender Pay Gap

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	17.2190	15.2833
Female	16.6638	15.1745
Difference	0.5552	0.1088
Pay Gap %	3.2243	0.7122

Hourly rates are not just made up of basic pay, they are also inclusive of enhancements, high cost area, unsocial hours and on-call, clinical excellence awards and recruitment and retention premia. Overall, there is a 3.22% gender pay gap in the average hourly rate which we have explored in more detail below.

73% of our staff are female and 27% are male. Female staff earn less than male staff overall. Of note is that 56% of on call payments are made to men and they also appear to be working more unsocial shifts which attract a higher pay rate. For example men earn nearly 56.99% of bank holiday enhancements, and between 35 and 39% of unsocial, weekend and Sunday enhancements. On 24 acute care wards, 30.69% of the staff are male and this increases to 33.44% if one includes learning disability homes, psychiatric liaison and other services which work 24 hours a day, 7 days a week. Therefore the percentage of male staff working shifts with enhanced pay appears disproportionately high. Further work is required to understand the reasons for this.

Action: To engage with and survey members of staff working in these environments to assess their preferences for working patterns.

Table 2 - Average and Median Bonus Gender Pay Gap

Gender	Average Bonus Pay	Median Bonus Pay
Male	4621.48	970.20
Female	2120.23	720.00
Difference	2501.25	250.20
Pay Gap %	54.12	25.79

57 of 152 payments which are classified within the bonus category were made to men. The context for the high average gap in bonus payments between men and women in part is due to the percentage (63%) of Clinical Excellence Awards awarded to male staff. Clinical Excellence Awards are the highest value bonuses paid to staff. In addition there are two male members of staff who receive discretionary pay points, one of which is particularly high in value. There is a significant difference between the average and median bonus gender pay gap within the Trust which we needs to be reviewed further.

Action: To review the process of applying for Clinical Excellence Awards to ensure that it does not have the potential to discriminate against women.

Table 3 - Proportion of males receiving a bonus payment and. Proportion of females receiving a bonus payment

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	95.00	1893.00	5.02
Male	57.00	640.00	8.91

The number of staff receiving what is classified as a bonus is relatively small compared with the total number in the Trust. The low figure is contributed to by the fact that there are few bonus arrangements in the Trust, the most significant being the Clinical Excellence Awards. Please note that the number of relevant employees include bank staff to whom we would not normally pay a bonus.

Action: To review the process of applying for Clinical Excellence Awards to ensure that it does not have the potential to discriminate against women.

Table 4 - Proportion of males and females in each quartile pay band

Quartile	Female	Male	Female %	Male %
1	424.00	157.00	72.98	27.02
2	445.00	137.00	76.46	23.54
3	457.00	125.00	78.52	21.48
4	403.00	179.00	69.24	30.76

Please note that Q1 = low pay and Q4 = high pay

In the NHS there are more female employees than male and within our Trust 27% of our workforce are men. Whilst there female staff represent a much higher proportion of staff in all quartiles, in quartile 4 the representation of male staff increases. This could be in part because of the percentage of male staff in the medical profession where higher salaries and awards are paid.

Action: to continue to encourage applications from men for jobs within the Trust so that we are more representative of the communities we serve.

Appendix 2 – Recruitment Statistics by Protected Characteristic

Table 1 – Gender

Gender	Applications Submitted	Shortlisted	Appointed
Female	70.3%	73.3%	76.2%
Male	29.3%	26.2%	23.5%

There were a higher number of male applicants than those appointed to posts advertised from April 2016 to March 2017. Promotions for male staff were also below the lower than the gender split of our Trust.

Table 2 – Religious Belief

Religious Belief	Applications Submitted	Shortlisted	Appointed
Atheism	13.3%	13.3%	17.0%
Buddhism	1.4%	1.4%	1.4%
Christianity	50.0%	51.2%	50.3%
Hinduism	5.7%	5.6%	4.6%
Islam	6.2%	4.2%	2.7%
Jainism	0.0%	0.0%	0.0%
Judaism	0.4%	0.4%	0.0%
Sikhism	1.3%	0.9%	0.6%
Other	11.1%	11.7%	12.7%

A detailed analysis of religious belief can be difficult given the diversity of beliefs held by Trust staff. Low numbers of staff within some beliefs can give a false impression of trends. Recruitment appears to be broadly in line with the ratio of different religious beliefs within Our Trust.

Table 3 – Age Band

Age band	Applications Submitted	Shortlisted	Appointed
Under 18	0.0%	0.1%	0.0%
18 to 19	0.6%	0.5%	0.6%
20 to 24	13.0%	9.4%	9.5%
25 to 29	19.7%	16.7%	15.1%
30 to 34	15.1%	13.4%	13.0%
35 to 39	12.9%	13.7%	16.2%
40 to 44	10.6%	13.1%	13.2%
45 to 49	9.8%	11.2%	11.4%
50 to 54	9.0%	10.9%	11.4%
55 to 59	6.6%	7.9%	7.1%
60 to 64	2.2%	2.6%	1.9%
65 to 69	0.4%	0.4%	0.3%
70 and Over	0.1%	0.1%	0.3%

The 20 to 24 age group is the least likely to be appointed from application. This may be because people at interview who are older can give more information and examples at interview because they have more years of experience. We will, however, continue to monitor this as we do need to keep a check on our age profile ensure that managers are not recruiting people like them and in the same age range.

Table 4 – Sexual Orientation

Sexual Orientation	Applications Submitted	Shortlisted	Appointed
Bisexual	1.5%	1.3%	0.8%
Gay	1.2%	1.3%	1.3%
Heterosexual	88.9%	88.4%	89.5%
Lesbian	0.5%	0.6%	0.8%

The number of bisexual staff halved from application to appointment. However it is difficult to analyse trends given the small numbers of applicants involved who are LGB&T.