

## **EQUALITY AND DIVERSITY IN THE WORKFORCE REPORT AT JANUARY 2011**

### **1. INTRODUCTION**

The accompanying profiles contain the diversity information for the Trust based on ethnicity, gender, disability and age at January 2011. The following commentary is based on the information within the profiles and there is also a further document attached which provides a summary of some of the key areas identified in this report. The information is compared with that produced for the previous year.

### **2. ETHNICITY PROFILE**

#### **Staff in post**

The workforce profile is shown in both numbers and percentages. Approximately 12% of staff have not provided details of ethnicity thus the percentage figures have been recalculated to exclude them and give direct comparisons with the local population.

Approximately 8% of the local population surrounding Good Hope and Solihull sites is from black and minority ethnic backgrounds (BME). For the Heartlands area the local BME population is around 37%. These figures when combined proportionately for the Trust as a whole give an overall population of 24%. Currently, the percentage of the Trust's staff from BME groups is 25.52%, which is 2165 staff in total. These proportions have increased a little from when this report was last produced. The detailed breakdowns of numbers and percentages of staff by ethnic group are included in the accompanying ethnicity profiles.

Some comparisons can be made showing how selected staff groups compare with the local population. For example, across the Trust there is well over 50% BME representation amongst doctors and, looking at Nurses the 20% representation at Good Hope is well above the proportion of the local population. However, there are shortfall areas too such as Admin and Clerical staff at Good Hope which only includes around 4% from ethnic minority groups. In particular, the overall Pakistani representation at Heartlands at 4.31% is well below that of the local population although it is a slight increase from 4.16% last year.

#### **Recruitment**

During the period August 2010 to January 2011 approximately 54% of applicants 42% of short listed staff and 27% of appointments were from BME groups. The proportion of appointments is, therefore, a little above the levels amongst the local population.

## **Promotions**

During the period Aug 10 to Jan 11 approximately 21% of promotions were to staff from BME groups. This is quite an increase compared with last year and is now just a little below the proportions of staff in post.

## **Training**

An analysis of the key training/development areas shows that 15% of staff who attended management courses during the last year were from BME groups. These levels have decreased from 19% since the last report was produced and are quite low compared to the overall staff profile of 25.5%.

## **Leavers**

22.6% of leavers during the period August 2010 to January 2011 were from BME groups. This is a little lower than the proportions of staff in post.

## **Grievance/Disciplinary**

41% of Grievances (7 cases) and 32% of disciplinaries (11 cases) at January 2011 were relating to staff from BME groups. In each aspect this is 2 or 3 cases higher than would be expected.

## **Assessment**

At present, only doctors receive an element of pay based on assessed performance and this relates to Clinical Excellence Awards, Optional Points and Discretionary Points. For 2010 some 48% of staff eligible for these awards were BME staff and 65% of these awards were granted to BME staff.

## **Action Review**

Overall, the picture on ethnicity is somewhat patchy. The levels of BME staff in post are relatively high and the proportions of recruits, promotions and leavers look reasonable. Also, the number of BME doctors receiving awards looks quite high. However, the levels of training look a little low and the proportions of BME staff with disciplinary and grievance cases are quite high thus the Trust should focus on these areas in the coming year.

Last year it was suggested that further links should be established with the local community and this has been done with some success through the "Step into Work" initiative. The Apprenticeship programme has also been developed considerably during 2010/11 and this has seen an increase of 3% in Asian representation compared with the previous year. The talent identification programme was delayed during 2010/11 and it is now planned to implement it in 2011/12. A module on diversity has also been included in the Vital learning programme.

## **2. GENDER PROFILE**

### **Staff in post**

An updated gender analysis by pay band has been completed. Overall there are 79% female staff and 21% male staff within the Trust which is not significantly different from last year. For the higher Bands 8c – 9 the proportion of females has increased from below 50% to 58% during the year which is encouraging although there is still a way to go. The picture for medical staff remains similar to last year where female staff are 50% of the junior grades and are only 27% of the senior grades although that is slightly up from 26% last year.

A brief analysis of Executive Directors and Group Medical Directors shows that 6 of 15 staff (40%) in this group are female.

### **Recruitment**

During the period August 2010 to January 2011 approximately 70% of applicants and 83% of appointments were female thus maintaining the high proportion of female staff within the Trust.

### **Promotions**

During the period August 2010 to January 2011 some 84% of promotions were to female staff which is much the same as for the previous 2 years and remains slightly above the proportions in post.

### **Training**

An analysis of the key training areas shows that 92% of staff attending management development programmes during 2010 were female. This is higher than the proportions of staff in post and is an increase from the previous year.

### **Leavers**

80% of leavers during the period August 2010 – January 2011 were female. This is a little higher than in the previous year and more or less matches the proportions of staff in post.

### **Grievance/Disciplinary**

15 out of 18 Grievances (83%) and 79% of Disciplinary cases (27 of 34) at January 2011 related to female staff which is proportionately in line with expectations.

### **Assessment**

As with ethnicity, this section relates only to doctors who are eligible to receive Clinical Excellence Awards, Optional Points and Discretionary Points. For 2010 some 28% of staff eligible for these awards were female and 23% of these awards were granted to female staff. The numbers of awards are relatively small to demonstrate statistical significance

although ideally a further 2 or 3 awards to female staff would have balanced up the proportions.

### **Action Review**

The focus should continue to be on finding ways to increase the proportions of female staff in senior managerial and senior medical posts. The talent management programme will assist with this. There is also a piece of work now being planned which will research and focus on ways in which the Trust can attract female consultants into leadership positions.

## **3. DISABILITY PROFILE**

### **Staff Profile**

There has been some further progress on the collection of disability data during 2010. There are 3376 staff who have declared a disability status and 167 stated that they have a disability. There is little data on actual adjustments which have been made.

### **Recruitment**

During the period August 2010 to January 2011 less than 1% of applicants declared a disability and, consequently, there were also less than 1% of appointments. This is a reduction from last year when around 3% of applicants indicated that they had a disability.

### **Training**

2% of delegates to management training programmes indicated that they had a disability which is roughly in line with the proportion of staff overall.

### **Action Review**

Disability training has been provided and guidance on making adjustments has been developed for managers. A website for staff and managers of staff with dyslexia has been developed. Some assessment is now taking place about how disability training can be included within a package on the Vital learning programme and it is anticipated that this will be introduced during 2011.

## **4. AGE PROFILE**

### **Staff in post**

The analysis of age profiles across the Trust has been updated at January 2011.

The overall profile for the Trust remains relatively unchanged from last year with more than two thirds of staff within the age range 26-50.

Around 16% of Qualified Nursing and Midwifery staff are over 50 with some 7% over 55. This is a slight increase for the second successive year and, although it does not suggest major issues with an ageing workforce it is worth noting the trend.

There are 17% of Consultants over 55 (up from 16% last year) which may be a little worrying if many of them retire by age 65.

### **Action Review**

With changes in the law relating to age in employment it may be that more staff will choose to work longer. The Trust needs to be aware of this and to plan accordingly. It will probably still be wise to develop succession planning for consultants which hasn't moved on as far as was hoped during the last year. It should also be noted that one of the aims of the Apprentice programme is to attract a younger workforce to reduce the gap between those aged 16-24 undertaking an apprenticeship and those over 25. During 2010 the proportion of 16-24 year old apprentices was increased by 11%.

### **5. SUMMARY**

This report together with the accompanying files has provided the picture on diversity within the Trust as at January 2011. There are some good positive aspects and there continues to be a few areas where improvement is required. The Equality in Employment group has continued to meet and has instigated some of the actions which are mentioned in the sections above. The group will now monitor progress with the priorities which are set for the coming year.

Moving forward the key priorities for 2011 will be:

- Continuing development of the Step into Work Initiative and the Apprentice programme through the Faculty.
- Implementation of the Talent Management programme.
- Development of the female consultants into leadership project.
- Incorporation of Disability Training into a VITAL module.
- Development of succession planning for consultants.

**HR and OD Directorate - April 2011**