

Equality in our workforce: NHS Trust Development Authority workforce at 31 March 2018

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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Note

This submission is on behalf of NHS Improvement, relating to the period 1 April 2017 to 31 March 2018, but relates only to employees on a NHS Trust Development Authority (NHS TDA) contract for that period.

'NHS TDA' will be used throughout, as that is the organisation to which the data refers.

About NHS Improvement

NHS Improvement is responsible for overseeing NHS foundation trusts, NHS trusts and independent providers. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

From 1 April 2016, NHS Improvement is the operational name for the organisation that brings together Monitor, the NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

About NHS TDA

The NHS TDA is here to provide support, oversight and governance for all NHS trusts on their journey to delivering what patients want; high quality services today, secure for tomorrow.

The range of services provided by NHS trusts covers the entire spectrum of healthcare, from acute hospitals to ambulance services through to mental health and community providers; the size of organisation varies from very small providers through to some of the largest organisations in the NHS, and therefore each trust has a set of unique challenges. Due to this variation, we recognise that there is not going to be a 'one size fits all' solution to the challenges trusts face. Our goal is first and foremost to help each and every NHS trust to improve the services they provide for their patients.

1. About this report

1.1 Reporting period

This report provides information about equality in NHS TDA's workforce, submitted on behalf of NHS Improvement, for the period of 1 April 2017 and 31 March 2018. It is based on data we held about our staff on a NHS TDA contract (under Agenda for Change [AfC] paycales) as at 31 March 2018. Where data is taken from a different time period, it is highlighted. A full breakdown of data is provided in Annex 1.

We are sharing this information to comply with the public sector equality duty which requires us to publish information relating to people who share a relevant protected characteristic.

1.2 The public sector equality duty

The public sector equality duty makes it unlawful to discriminate against people who share a protected characteristic. Our employment monitoring will enable us to act to remove any potential for discrimination, promote equality and foster good relations between people of different backgrounds.

Protected characteristics covered by the Equality Act 2010 are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

2. NHS TDA workforce profile

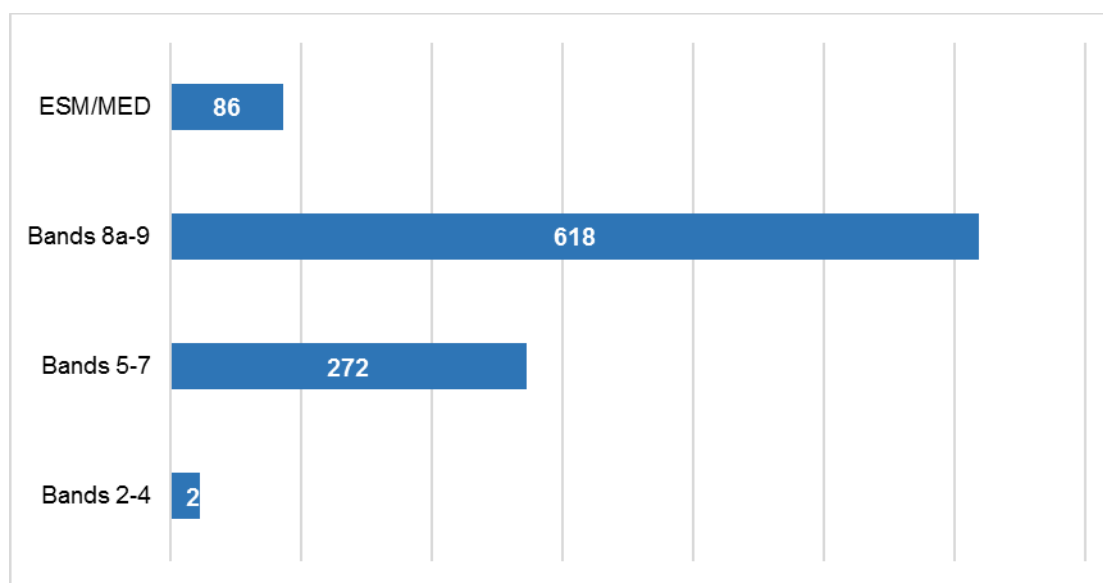
2.1 Overview

As at 31 March 2018, we employed 998 employees with a full-time equivalent (FTE) of 955.09. This number is significantly higher, by 432 employees, than last year and will continue to rise as most new starters are set up on AfC contracts, under NHS Improvement.

Of our workforce, 10.52% (105 employees) work part time. A total of 72.38% of our part-time employees are women.

Our staff are split across 13 pay bands, but for the purpose of this report we will group them into four broad AfC grades: executive and senior managers and medical staff (ESM/MED); wider leadership (Bands 8a-9); middle management (Bands 5-7); and administration (Bands 2-4).

Figure 1: Headcount by Agenda for Change grade

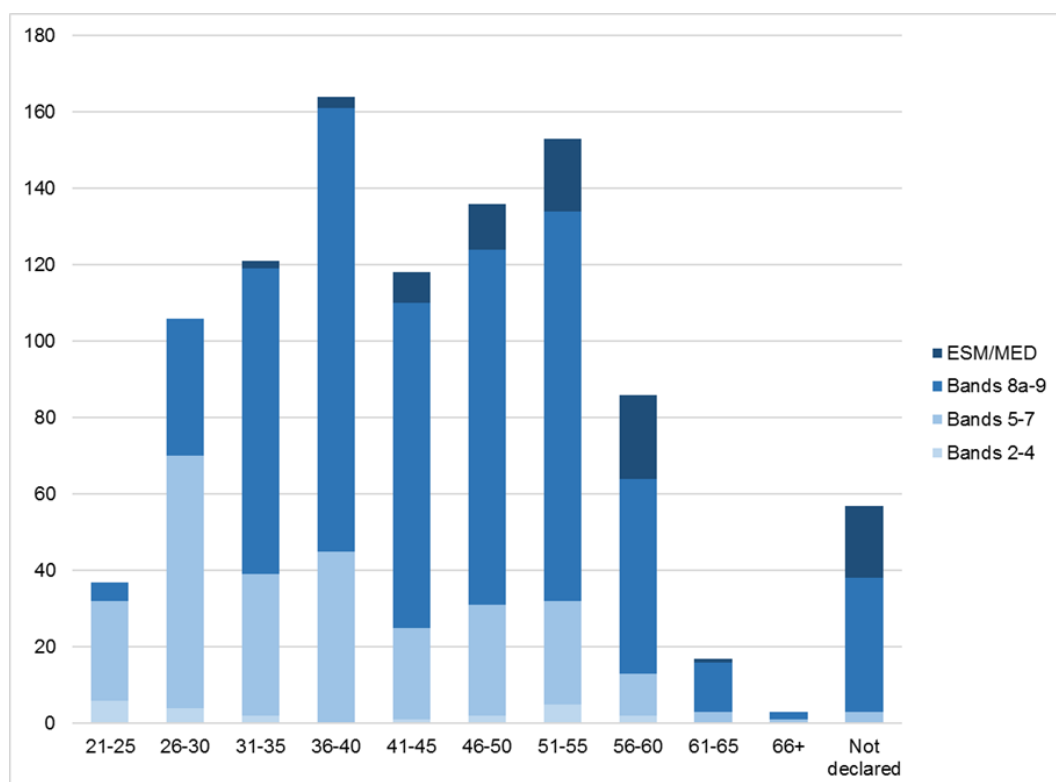


Over the last year we have made progress in capturing reliable workforce diversity data for all new employees, as well as existing staff during the NHS Improvement integration. Employee data is held on a centralised electronic staff record (ESR), which records gender and age of all our staff as mandatory fields. New starters are asked to provide information on their protected characteristics at the time of recruitment. However, we have a large number of staff who do not wish to disclose information on certain protected characteristics. Therefore, we continue to look for ways to capture information on all protected characteristics. This will not only allow more meaningful diversity data analysis, but also better inform our strategic decision-making in recruitment, retention and resourcing.

2.2 Age

The average age of our workforce is 40.13 years. The largest percentage (28.56%) is aged between 31 to 40 years old, primarily employed at Band 8a-9 roles. We have 106 employees, representing 10.62% of the workforce, over 55 years old, with the majority occupying senior positions. There are 3.71% of staff aged between 21 to 25 years old, most of whom occupy band 5-7 roles, reflective of NHS programmes, such as the NHS Graduate Management Scheme.

Figure 2: Age band of employees

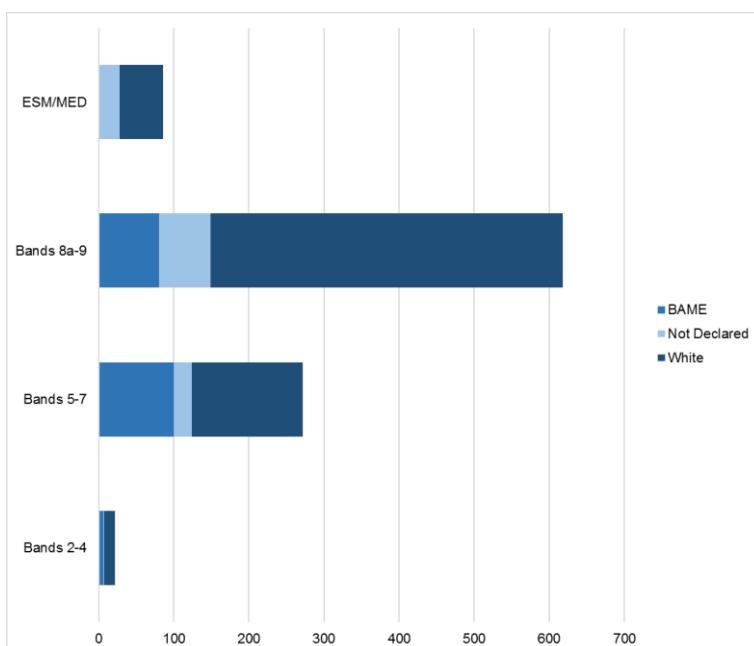
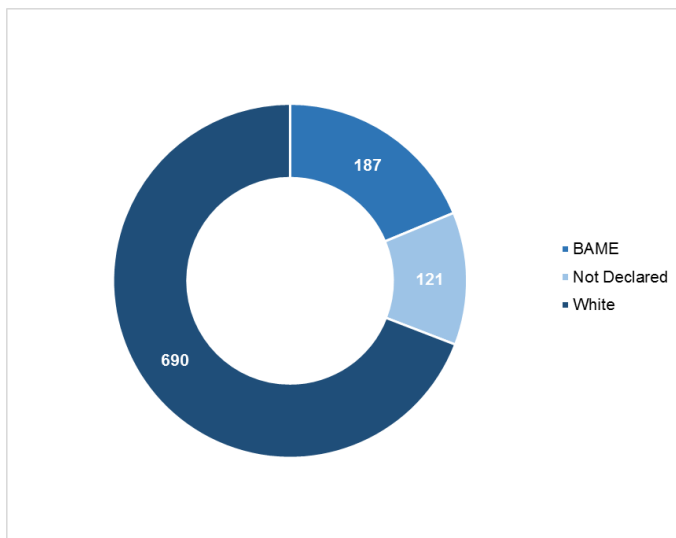


2.3 Ethnicity

A total of 187 employees declared themselves as Black, Asian or minority ethnic (BAME), representing 18.74% of the workforce on a NHS TDA contract, typically in middle management roles. Although this is an increase of over 2% from last year, it is not representative of the BAME population of London, where our head office is located. However, there is BAME representation at all AfC grade levels and we will continue to focus on improving the ratios in the future.

A further 12.12% of staff have chosen not to declare their ethnicity.

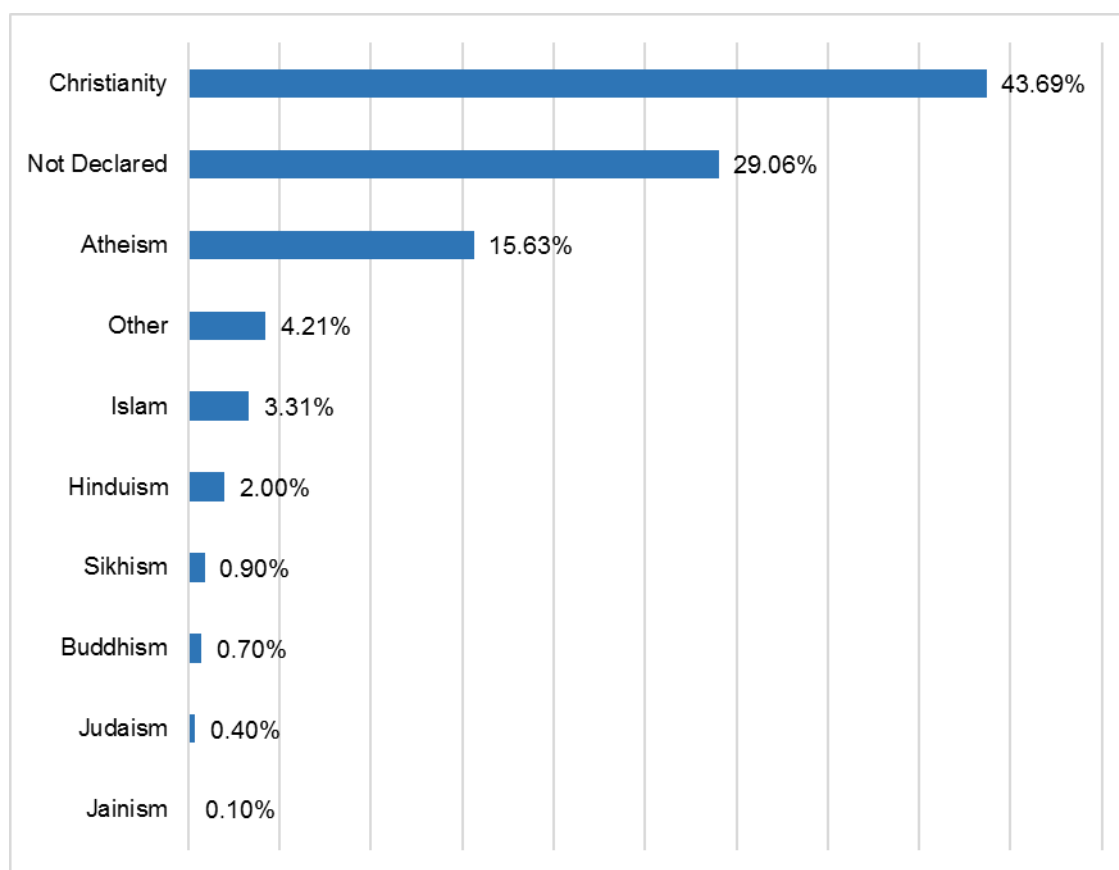
Figures 3 and 4: Ethnicity of employees and breakdown by role level



2.4 Religion and belief

There were 29.06% of staff who chose not to declare their religion or belief and 15.63% reported no religion. Christianity is by far the most commonly declared religion at 43.69%, with a small number of other religions, including, Islam, Hinduism, Sikhism, Buddhism, Judaism and Jainism, being represented across our workforce. Our employees have access to a multi-faith room and various religious networking groups in the workplace, where all are welcome. We will seek ways to improve disclosure of this protected characteristic in the coming year.

Figure 5: Religion and belief of employees



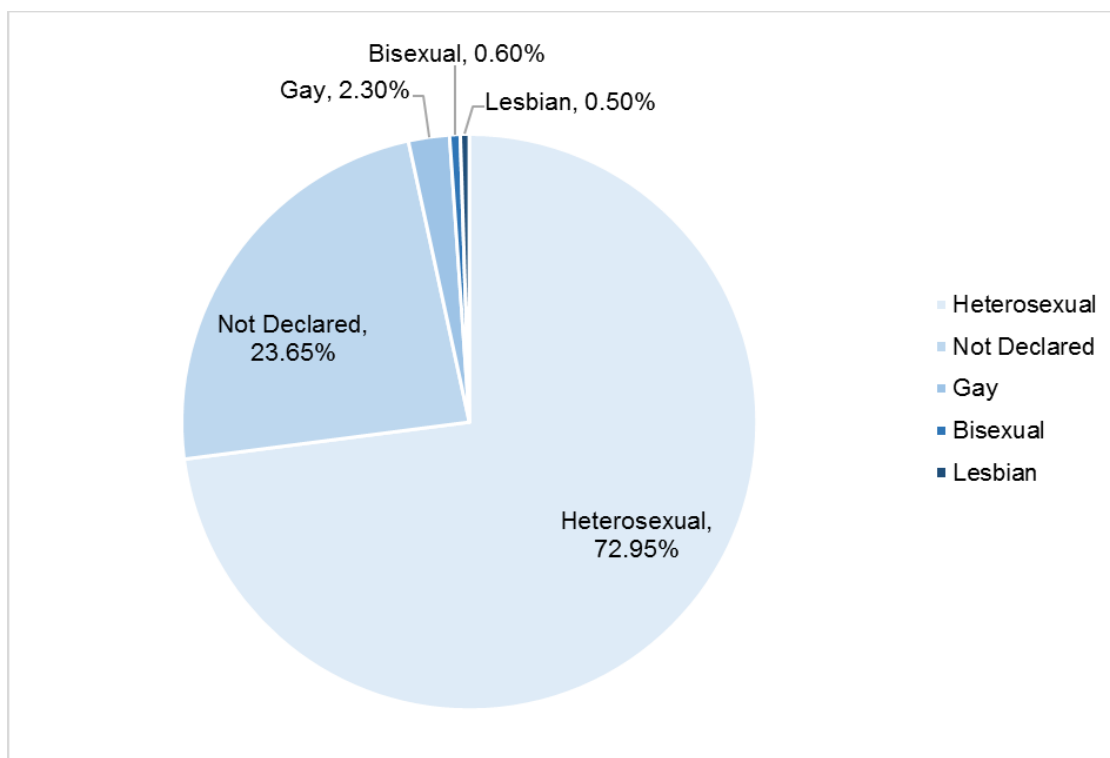
2.5 Sexual orientation

We hold sexual orientation data on 76.35% of the NHS TDA workforce, as at 31 March 2018. A total of 728 employees, representing 72.95% of our workforce, have declared themselves as heterosexual, with a small minority who have declared that they are either gay (2.30%), lesbian (0.50%) or bisexual (0.60%). There were 236

employees, representing 23.65% of our workforce, who preferred not to disclose their sexual orientation.

We run an informal lesbian, gay, bisexual, and transgender (LGBT) networking group which meets monthly and is well attended, and we continue to explore options to increase data capture around this protected characteristic.

Figure 6: Sexual orientation of employees



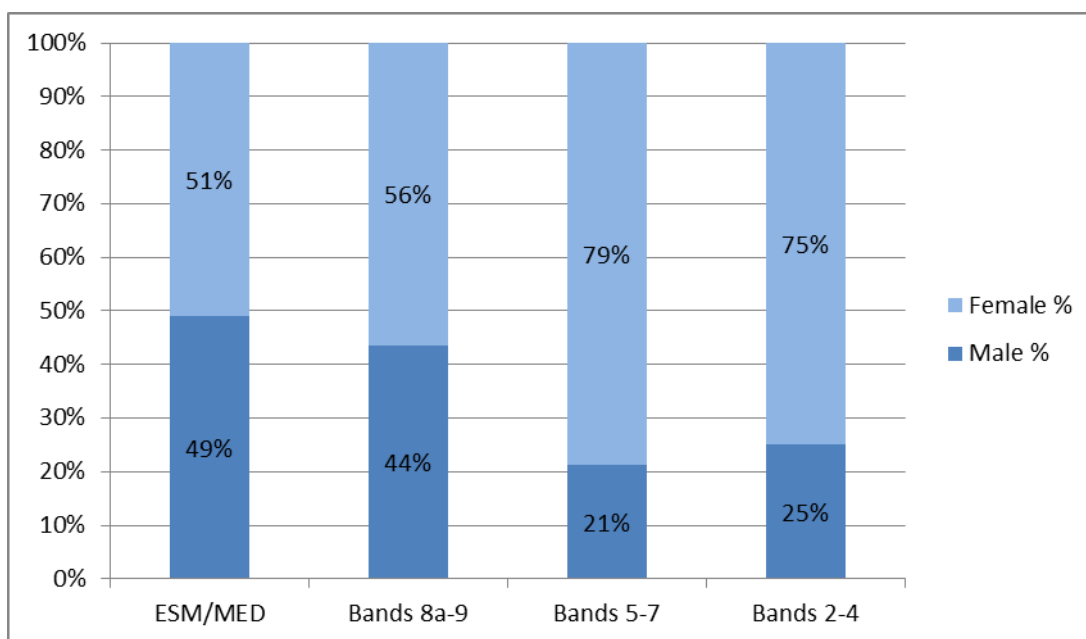
2.6 Gender

Our employee demographic has remained consistent since last year in terms of gender with more female employees (599) than male (399). The overall percentage of women has decreased in the last 12 months from 63.49% to 60.02%.

Nevertheless, women remain well represented at all levels, including at ESM level where out of 86 members 36 are women.

The number of women at Bands 2-4 (72.73%) and Bands 5-7 (74.63%) far outnumbers their male counterparts.

Figure 7: Gender representation of employee across role level



Most of our workforce work full time, with 105 employees (10.52%) who work part time. Of the part-time employees, 76 (72.38%) are women. We are committed to developing our people and retaining high performers with internal promotion opportunities.

2.7 Transgender

No employees have declared that the gender they identify with now is not the gender they were born with, nor have any declared they are in the process of reassigning their gender. We are improving our data capture procedures to ensure we continue to monitor for this protected characteristic.

2.8 Disability

Twenty-nine (2.91%) of our employees have disclosed a disability. NHS TDA operates the 'two ticks' scheme and will guarantee an interview for disabled people who meet the essential job specification. We run a programme of employee wellbeing initiatives to raise awareness of health issues and, among other topics, promote understanding of workplace stress. We aim to provide a supportive workplace environment for disclosure with further opportunities to disclose through return-to-work absence meetings, occupational health referrals, line manager

training and emphasis on open and honest performance development conversations.

2.9 Pregnancy and maternity

As at 31 March 2018, 10 (1%) employees were on maternity leave. Of these 10 employees, three occupy roles at Bands 8a-9 roles, five at Bands 5-7 and two at Bands 2-4.

2.10 Applicants for employment

During 2016/17 we recruited 324 new personnel to NHS TDA, a combination of permanent, interim and temporary staff, reflecting our immediate technical and regulatory skills needs. We currently use the TRAC system to run recruitment campaigns and generate recruitment metrics. Over the coming months we will improve how we use the recruitment system so that we capture and track both applicant and candidate diversity data.

2.11 Employee survey results

In November 2017 we ran an employee engagement survey which had an 83% response rate, in line with the previous year. The survey included questions around fairness and inclusion in the workplace: 87% of our staff think their line manager treats them fairly and with respect.

2.12 Grievance and disciplinary issues

Overall the use of the disciplinary and grievance procedures remains extremely low, with fewer than five such cases where HR was involved formally. However, to preserve anonymity, we have not provided information on protected characteristics.

2.13 Future programmes and initiatives

During 2017/2018 we:

- developed an active and effective Inclusion Partnership where awareness raising, active support and specific campaigns were undertaken to support minority groups and individuals so that all can bring their whole selves to work and engage respectfully and appropriately across our workforce.

- ensured that diversity and inclusion form a key part of the new organisation values and competency framework.

In 2018/19 we are focusing on:

- further improving how we capture and report on our diversity data
- giving employees the option of updating their personal details via a self-service option on ESR
- providing a breakdown of leavers by protected characteristics for the 2018/19 equality report
- encouraging awareness through an unconscious bias training programme
- introducing a reverse mentoring programme to acknowledge that everyone within the organisation has something to bring to the table and to foster positive attitudes to managing generational diversity
- introducing an Equality and Diversity Team approved panel interview process for senior recruitment.

Annex 1: NHS TDA workforce statistics as at 31 March 2018

Table 1: Headcount by Agenda for Change grade

AfC Grade	Heads	% of Heads
Bands 2-4	22	2.20%
Bands 5-7	272	27.25%
Bands 8a-9	618	61.92%
ESM/MED	86	8.62%
Total	998	

Table 2: Age by Agenda for Change grade

Age Band	21-25		26-30		31-35		36-40		41-45		46-50		51-55		56-60		61-65		66+		Not declared		Grand Total	
AfC grade	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads
ESM/MED	0	0.00%	0	0.00%	2	1.65%	3	1.83%	8	6.78%	12	8.82%	19	12.42%	22	25.58%	1	5.88%	0	0.00%	19	33.33%	86	8.62%
Bands 8a-9	5	13.51%	36	33.96%	80	66.12%	116	70.73%	85	72.03%	93	68.38%	102	66.67%	51	59.30%	13	76.47%	2	66.67%	35	61.40%	618	61.92%
Bands 5-7	26	70.27%	66	62.26%	37	30.58%	45	27.44%	24	20.34%	29	21.32%	27	17.65%	11	12.79%	3	17.65%	1	33.33%	3	5.26%	272	27.25%
Bands 2-4	6	16.22%	4	3.77%	2	1.65%	0	0.00%	1	0.85%	2	1.47%	5	3.27%	2	2.33%	0	0.00%	0	0.00%	0	0.00%	22	2.20%
Total	37	3.71%	106	10.62%	121	12.12%	164	16.43%	118	11.82%	136	13.63%	153	15.33%	86	8.62%	17	1.70%	3	0.30%	57	5.71%	998	

Table 3: Ethnicity by role level

Ethnicity AfC grade	BAME		Not Declared		White		Org Total	
	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads
ESM/MED	1	0.53%	27	22.31%	58	8.41%	86	8.62%
Bands 8a-9	80	42.78%	69	57.02%	469	67.97%	618	61.92%
Bands 5-7	100	53.48%	24	19.83%	148	21.45%	272	27.25%
Bands 2-4	6	3.21%	1	0.83%	15	2.17%	22	2.20%
Total	187	18.74%	121	12.12%	690	69.14%	998	

Table 4: Religion and belief

Religion or Belief	Heads	% of Heads
Jainism	1	0.10%
Judaism	4	0.40%
Buddhism	7	0.70%
Sikhism	9	0.90%
Hinduism	20	2.00%
Islam	33	3.31%
Other	42	4.21%
Atheism	156	15.63%
Not Declared	290	29.06%
Christianity	436	43.69%
Total	998	

Table 5: Sexual orientation

Sexual Orientation	Heads	% of Heads
Heterosexual	728	72.95%
Not Declared	236	23.65%
Gay	23	2.30%
Bisexual	6	0.60%
Lesbian	5	0.50%
Total	998	

Table 6: Gender

Gender	Female		Male		Org Total	
	Heads	% of Heads	Heads	% of Heads	Heads	% of Heads
ESM/MED	36	6.01%	50	12.53%	86	8.62%
Bands 8a-9	344	57.43%	274	68.67%	618	61.92%
Bands 5-7	203	33.89%	69	17.29%	272	27.25%
Bands 2-4	16	2.67%	6	1.50%	22	2.20%
Org Total	599	60.02%	399	39.98%	998	

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