Workforce Equality Monitoring Report 2017/18

This report is produced in accordance with the Trust's responsibilities under the Public Sector Equality Duty. It contains the workforce equality data that is required to be published under the Specific Duties of the Public Sector Equality Duty.

Contents Page

1. Background

The Equality Act 2010 came into force on the 1st October 2010, replacing the previous anti-discrimination legislation in the UK. Public sector organisations have specific responsibilities under the Act, namely the public sector Equality Duty[1] which came into force on the 5th April 2011. It consists of a general duty comprising of three main aims, and specific duties. The purpose of Equality Duty is to embed equality considerations into the day to day work of public authorities to help tackle discrimination and inequality. Equality Duty covers the following protected characteristics:

- Age;
- Disability;
- Gender reassignment;
- Pregnancy and maternity;
- Race (includes ethnic or national origins, colour or nationality);
- Religion or belief (includes no belief);
- Sex;
- Sexual orientation
- Marriage & Civil Partnership

The General Duty

Under the General Duty public bodies are required to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups;
- Foster good relations between people from different groups

What this means in practice is that these three aims should be considered as part of any decision making process e.g. delivering services, developing policies etc. In addition, public sector organisations have a duty to meet the needs of people with protected characteristics and reduce or eliminate the disadvantage that such groups suffer.

The Specific Duties

These duties require public bodies to set specific, measurable equality objectives and to publish information regarding their performance on equality. The information that needs to be published is as follows

- equality objectives, at least every four years
- information to demonstrate their compliance with the equality duty, at least annually

This report forms part of our duty to publish an analysis of our equality monitoring data in line with the requirements of the Public Sector Equality Duty. This report covers the period *1st April 2017 to 31st March 2018.*

2. The Trust

Liverpool Heart and Chest Hospital provide specialist services in cardiothoracic surgery, cardiology, respiratory medicine including adult cystic fibrosis and diagnostic imaging, both in the hospital and out in the community.

LHCH serve a catchment area of 2.8 million people, spanning Merseyside, Cheshire, North Wales and the Isle of Man, and increasingly receive referrals from outside these areas for highly specialised services such as aortics.

Heart and lung disease continue to be amongst the biggest killers in the UK and the communities served by LHCH are marked by increased prevalence of cardiovascular disease, higher levels of heart failure, hypertension, coronary artery disease and an ageing population.

The Trusts reputation for strong performance is important in delivering the best care for our patients and high quality clinical services. This is underpinned by a culture of research and innovation, delivered in modern estate and facilitated by technology. New and upgraded clinical areas are designed with patients and families fully involved deliver their needs.

As part of the long term plan, the Trust aims to form strong clinical and organisational relationships where possible. There is clear evidence that partnerships improve patient care and enhance quality and we aim to collaborate with a range of other providers and professionals with the aim to extending access and improve quality.

In 2016 the Trust was the first specialist Trust rated 'Outstanding' following inspection by the Care Quality Commission (CQC).

3. Collection of Data

Workforce equality monitoring data is collected when an individual starts working at LHCH although staff can opt out of disclosing this information. This information is then stored in our electronic staff record system (ESR) which was maintained by Capita until June 2014, after this period this responsibility was transferred to the in-house HR Team.

The Trust implemented an electronic data cleanse programme in 2016 with the aim of improving the quality of demographic data held within the ESR system, but further is required to improve workforce equality data. The Trust recently implemented ESR Employee Self-Service which give staff the opportunity to add/update their equality data.

4. Workforce Composition

As at 31st March 2018, LHCH employed 1613 staff, this figure excludes Bank workers but includes staff on fixed-term contracts within the Trust. This is a modest increase of 14 staff since 2016.

The following subsections break down the workforce by staff group, pay band and by each protected characteristics recorded in ESR. Comparisons have been drawn to the local Liverpool population as reported in the 2011 Census to consider alignment to local demographics.

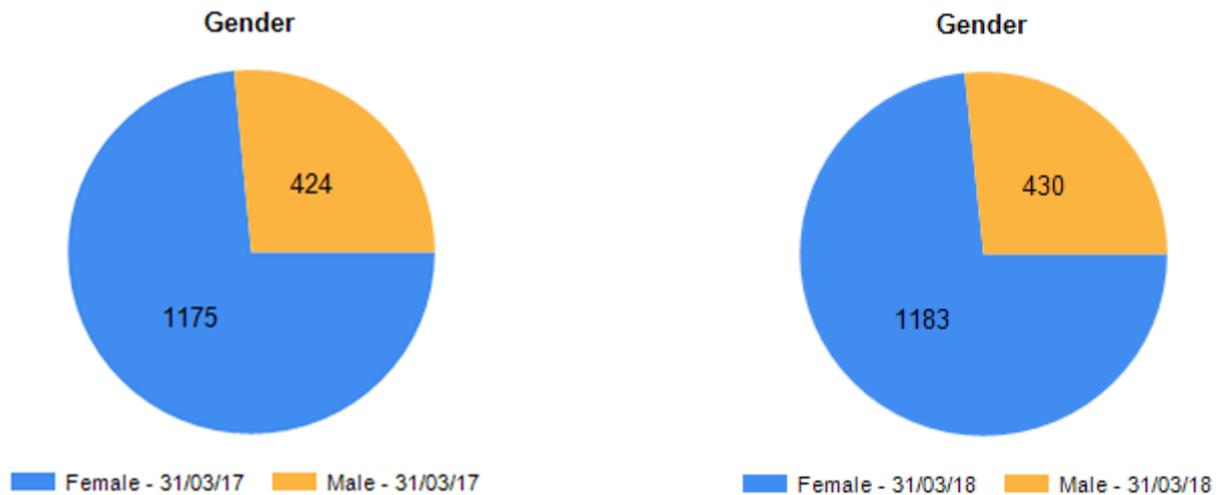(a) Workforce Breakdown by Staff Group

Staff Group
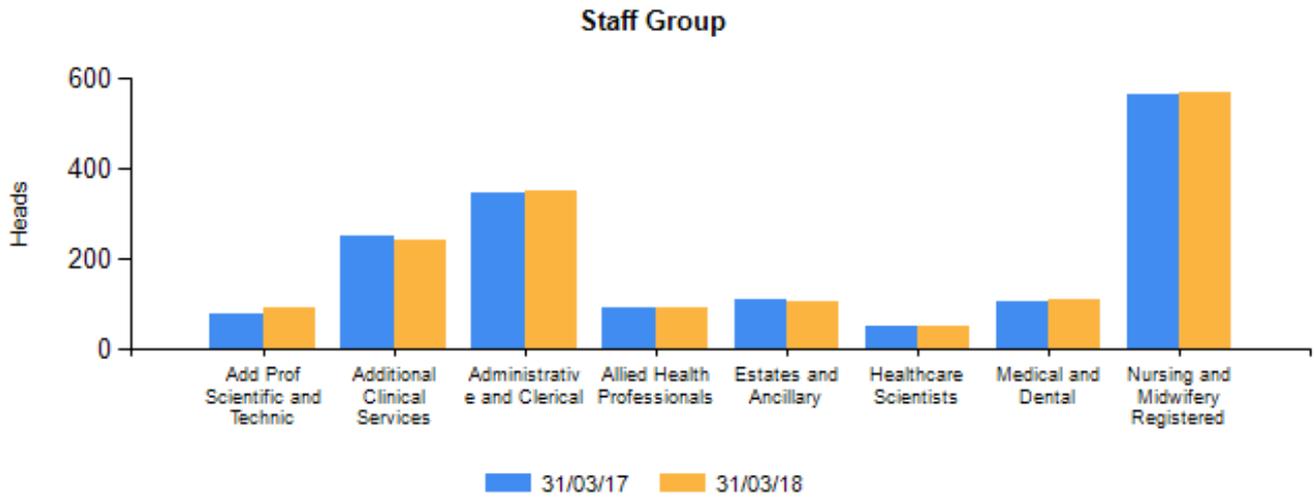
(b) Workforce Breakdown by Grade

Pay Band
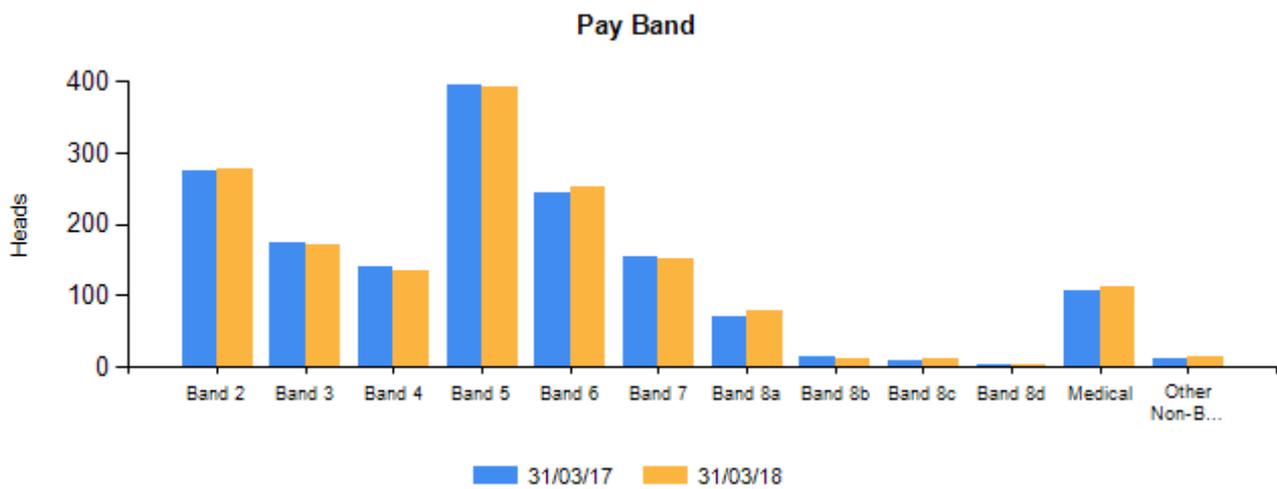
i. Gender

LHCH employs significantly more women than men however this is consistent with the NHS generally. According to a 'Gender in the NHS' publication NHS Employers (September 2016 data), 77% of staff employed by the NHS in England are female. Of the 1613 staff currently employed by LHCH, 1183 are female and 430 male. This equates to 73.3 % female employees and 26.7 % male.

Gender

424

1175

■ Female - 31/03/17   ■ Male - 31/03/17

Gender

430

1183

■ Female - 31/03/18   ■ Male - 31/03/18

ii. Full time/part time comparison

Based on the difference between 2017 and 2018 there has been a decrease of 0.45% (-5 heads) for 'Full Time' posts and an increase of 3.91% (+19 heads) for 'Part Time' posts.

Full Time / Part Time

	Full Time	Part Time
31/03/17	1113	486
31/03/18	1108	505
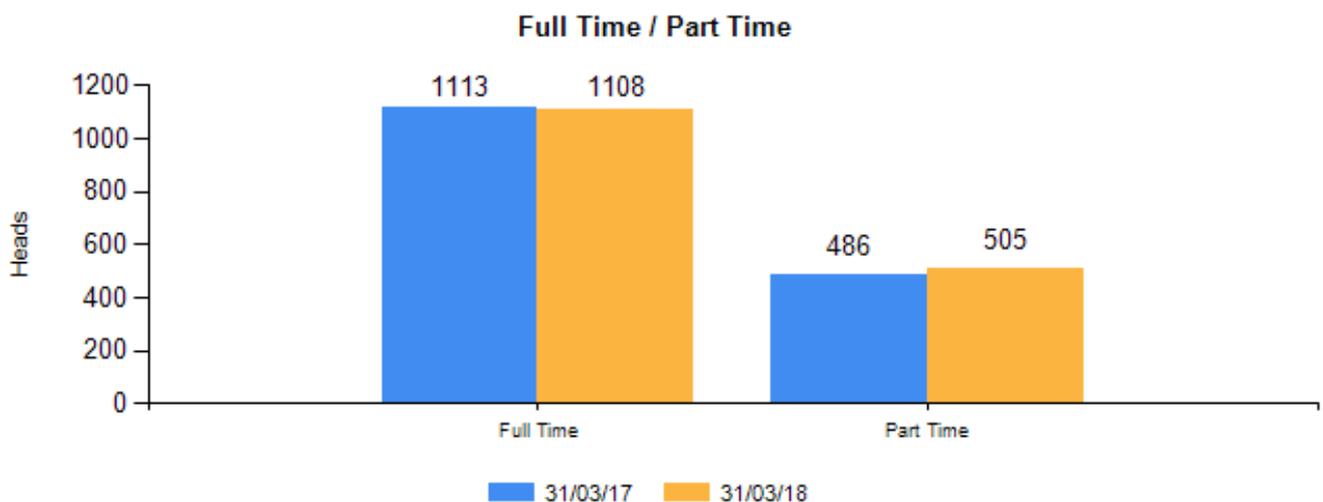
iii. Age

Numbers remain fairly evenly spread between all age groups through 26 – 55 age range with a peak at 26-30 and 51-55.   Whilst the number of employees between 56 and 60 is less than each group between 26 and 55, the number has increased year on year. The number of employees over 61 has increased in the same manner.

These changes are in line with expectation given the ageing population and national economic changes. Between 2015 and 2020, over a period when the general population is expected to rise 3%, the numbers aged over 65 are expected to increase by 12%.

The business case for older workers is strong and research shows their impact and experience within organisations enables better customer service, enhanced knowledge retention and can help to address talent and skills shortages.

Age Band
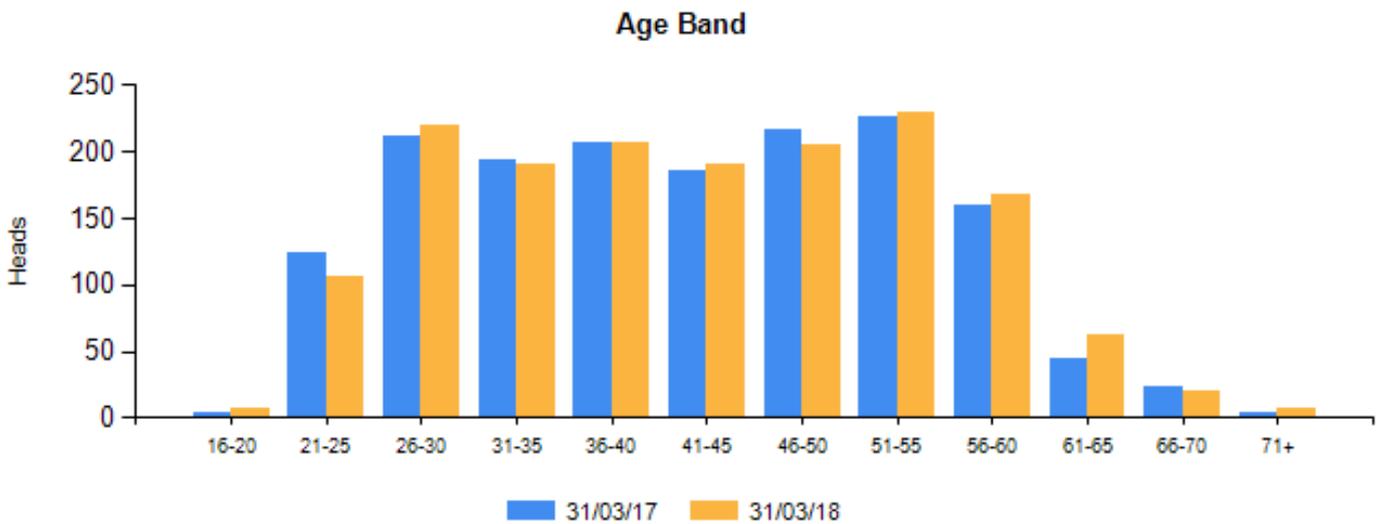
iv. Ethnic Origin

The chart below displays the ethnic origin breakdown of LHCH employees.

As at the 31st March 2018, 86.32% of the workforce identified themselves as white (including all white ESR categories) and this data is consistent with previous years. The data shows a slight increase in Asian/Asian British in 17-18 and still remains the highest within the BAME groups.

Although this figure is higher than the national NHS statistics, it is broadly in line with the Liverpool population where 88.9% are estimated to be White/British, Irish or Other (Census 2011)

The 2011 Census found that within the North West region 90.3% of people were of White origin, with Asian or Asian British making up 6.2% of the population. This was followed by Mixed/ Multiple Ethnic Groups = 1.6%, Black/African/Caribbean/Black British = 1.4% and Other Ethnic Groups = 0.6%.

Ethnic Origin
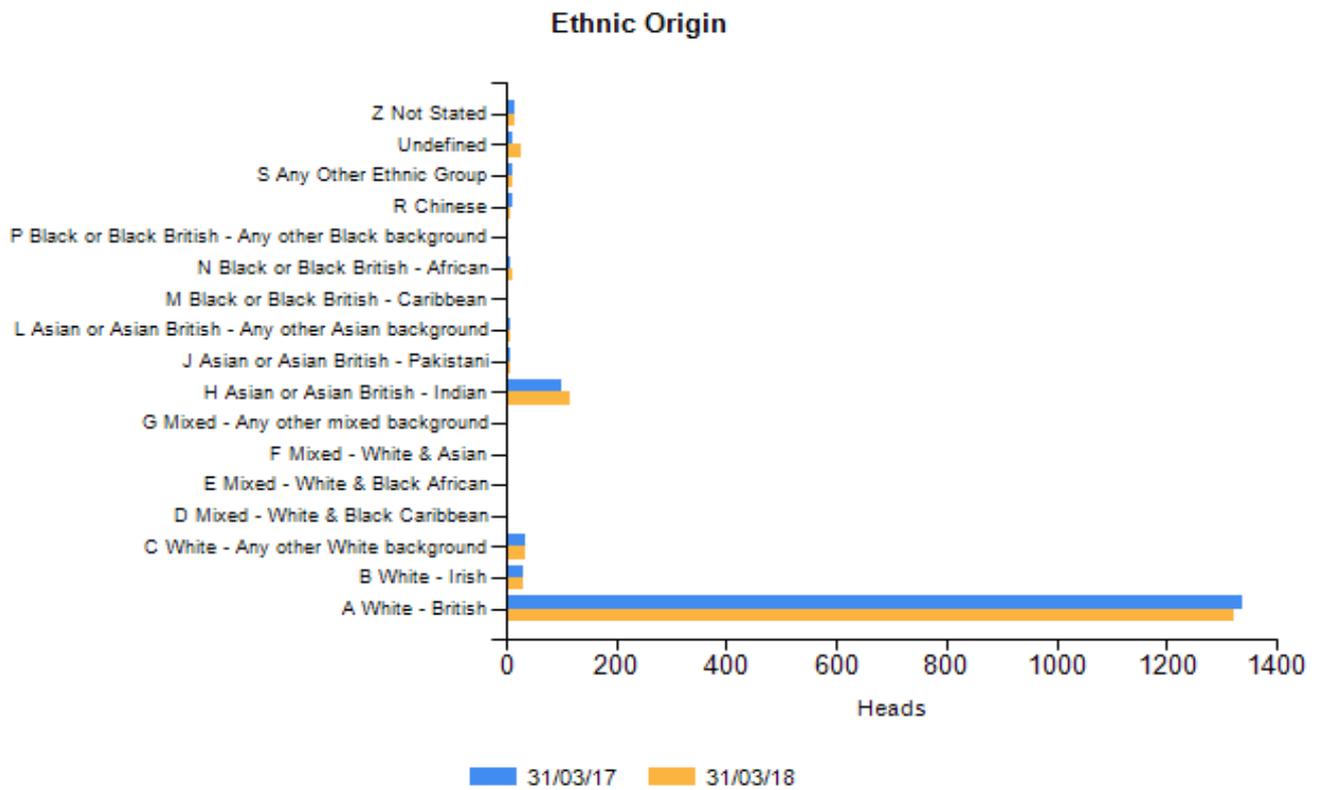
v. Sexual Orientation

A report published by the Office for National Statistics (2015 data) found that 1.1% of the population identify as being gay or lesbian and 0.6% as bisexual.

At LHCH, 1.86% of staff stated gay, lesbian or bisexual for sexual orientation. However it should be noted that 16.12% of fields within ESR are 'undefined' for sexual orientation which gives an incomplete overview.

Although there is limited information available for the local lesbian, gay and bisexual (LGB) population, the government has estimated and 5-7% of the national population identify as LGB. Based on this figure, the Trust us underrepresented in relation to LGB, however, it is difficult to draw meaningful conclusions without accurate data for the local community.
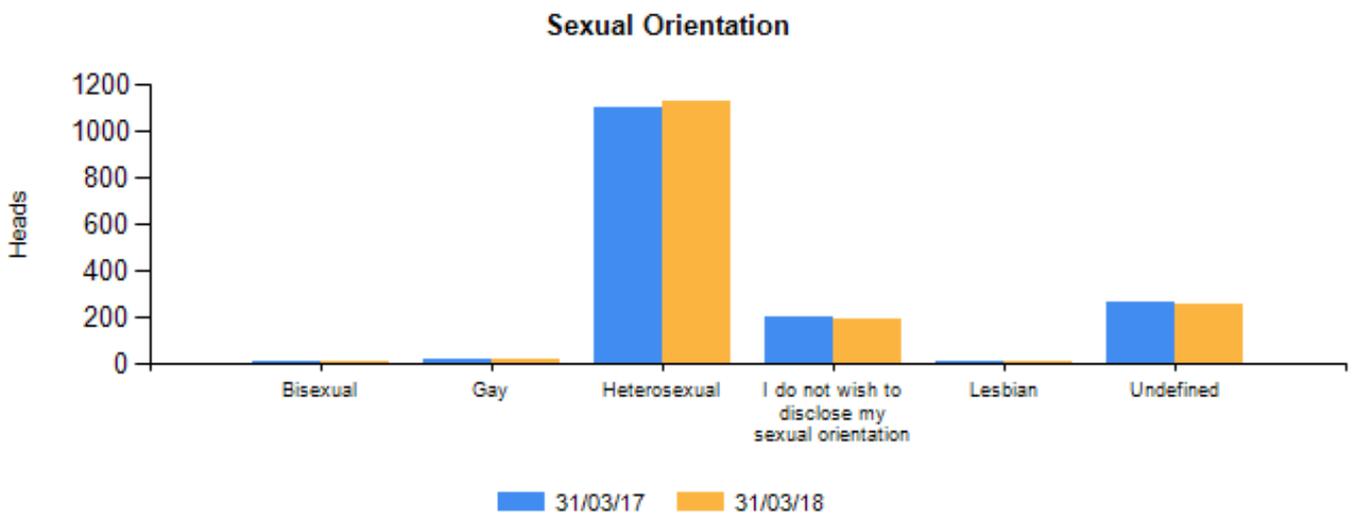
vi. Religious Beliefs

The graph below shows the religious beliefs of employees. Christianity remains the most prevalent religion/belief reporting at 53.25%; this is a slight increase from 52.03% in the previous year. This remains lower than the demographic figure for Liverpool of 71% (Census 2011). The percentage of staff not wishing to disclose has remained consistent with the previous year

As with Sexual Orientation, 16.12% of records within ESR are 'undefined'. Of those employees that have a complete record 53.25% stated Christianity as their religious belief with Atheism second with 8.62 % followed by Other with 4.46 %. The 2011 Census breakdown of religious beliefs within the North West is as follows; Christianity 67.3%, No Religion 19.8%, Not Stated 6.2%, Muslim 5.1% and Other 1.7%.
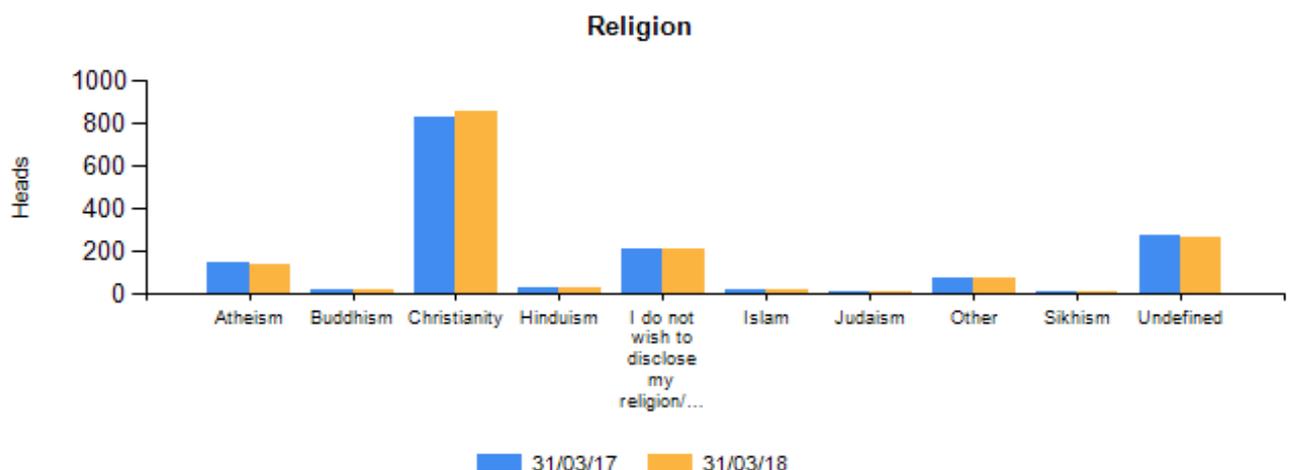
vii. Disability

The 2011 Census shows that in the North West 20.3 % of 16-64 year olds has a disability (*Limited a lot 10.3% or Limited a little 10%*). Currently 3.04% of LHCH staff state that they have a disability, however this is in contrast to the number of employees who self-identify as having a disability or long-term illness on the National Staff Survey were the percentage is much higher. As with sexual orientation and religious belief, 21.45% of ESR records remain undefined.
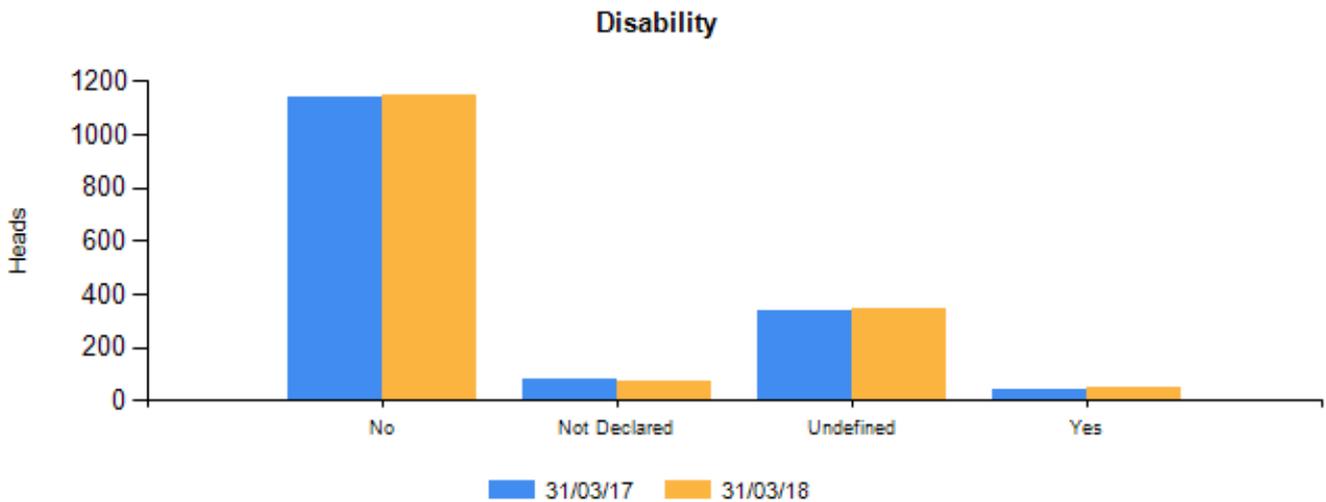
5. Gender Re-assignment

Due to the fact that data regarding gender reassignment is protected sensitive information, the Trust does not currently collect this data. However, the Trust is in the process of developing a gender re-assignment staff policy to help provide support and increase awareness.

6. Pregnancy & Maternity

The Trust does not collect data on members of staff that are pregnant, but staff on maternity leave is recorded in ESR.

As of 31st March 2018 a total of 79 staff were recorded as being on maternity leave. This is only slightly higher than than the 75 recorded on the same date the previous year.

7. Marital Status

There has been an increase in staff declaring that they are married compared to 2017 and there has been slight decline to staff declaring they are in a civil partnership. The data shows that staff reporting as divorced has increased and there 171 unknown records in ESR

8. Recruitment

The in-house recruitment team uses TRAC and NHS Jobs to advertise and recruit to vacancies. The system allows the Trust to capture monitoring information and also provides applicants with information about the Equality Act 2010, including protected characteristics and discrimination.

Although monitoring is collected from applicants recruiting managers are unable to see these details until shortlisting has taken place. The aim of this is to prevent managers from not shortlisting based on their personal details or right to work status and thereby indirectly discriminate. It also prevents recruiting managers to shortlist based on gender.

The table below provides annual recruitment data associated with disability:-

Disclosed a Disability	Number of Applications	Recruited	% of All applicants who Declared a Disability who were recruited	% of staff who were Recruited who Declared a disability
I do not wish to disclose whether or not I have a disability	107	4	0.06%	1.30%
No	6685	276	3.84%	89.90%
Not stated	28	15	0.21%	4.89%
Yes	374	12	0.17%	3.91%
Grand Total	7194	307		

The trust has embarked on its journey to become a Disability Confident Employer (previously referred to as Two Ticks) and has taken a pro-active approach to the pending introduction of WDES (Workforce Disability Standard in 2019). An action is being developed using data from TRAC and through engagement with the workforce on how we can improve experiences.

9. Staff Survey / Workforce Race Equality Standard

In the 2017 Staff Survey 88% of respondents answered that they believe that the Trust acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age.

With regard to the Workforce race Equality Standard (WRES) the 2017 results show improvements in:-

- % Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months for both white and BME (black and minority ethic) staff and in both is lower than the average

- % Staff experiencing harassment, bullying or abuse in the last 12 months has improved significantly for BME staff but worsened slightly for white staff and in both is lower than the average

- % Staff believing that the organisation provides equal opportunities for career progression or promotion has improved slightly for white staff but worsened for BME staff but in both cases is better than average

- % Staff personally experiencing discrimination at work from manager/team leader or other colleagues has remained same for white staff but improved significantly for BME staff and in both cases is better than the average.

The Trust has taken a pro-active approach to the WRES data and an action plan has been developed to address and improve the experiences of its BAME workforce including the following:-

➢ **Improve Training, Promotion and Opportunities**

- BAME Engagement Events– quarterly meetings
- Recruitment of BAME Champions
- Undertake a targeted approach to leadership training and opportunities
- Promote all NHS Leadership Academy opportunities (BAME specific) and link this into talent management and the appraisal process.
- Provide and offer interview skills training to all staff
- Consideration of having BME representatives on interview panels (where appropriate)
- Expand advertising to reach BAME groups
- Develop a Recruitment & Selection Training to include, supporting managers and unconscious bias and giving feedback.

➢ **Reduce bullying, harassment and Victimisation**

- Launch of Bullying and Harassment Awareness Sessions
- Refresh corporate induction to include awareness and focus of policies and procedures
- Launch of the Freedom to Speak our safely policy including the appointment of Guardians
- Provide Investigating Officer Training to Managers to improve confidence and capability in conducting investigations in allegations/complaints
- Provide related training as part of the Leadership Programme

10. Policies and Procedures

All policies/procedures are consulted on prior to being ratified. An equality impact assessment must also be carried out for each policy. These enable us to determine whether the policy/procedure is likely to have an adverse impact on any particular group of staff. If this is found we can then put steps in place to counteract this.

The Trust refreshed its approach to Equality Impact Assessments (EQIA's) in 2017 and as part of this; a toolkit was developed and launched which is supported by a blended learning approach to help improve both compliance and quality.

11. Pay

The Trust uses Agenda for Change Job Evaluation Scheme to ensure that all posts are banded fairly and equally. The Agenda for Change payscales set out clear amounts for all bands including incremental progression in line with length of service. Medical staff also have a system which aligns different role types with defined salaries and progression scales.

On appointment to any role, the HR Recruitment Team ensures that the appointee is placed on the appropriate point of the relevant band based on previous service / experience.

Additional earnings (i.e. Enhancements, overtime, on-call etc.) which although standardised could result in staff earning more than others. Analysis of this area will be reviewed and addressed as part of Gender Gap reporting.

12. Employee Relations

The Trust records and monitors protected characteristics (as recorded on ESR) for all employees involved in disciplinary, grievances, bullying & harassment and performance capability.

With effect from 01 April 2017, a new employee relations tracker was introduced to incorporate additional monitoring, including MHPS and Stage 3 formal sickness cases. In terms of an annual comparison and using last year's criteria, the Employee Relations cases for 2017/2018 is 44 cases, which is an increase on 2016/2017 cases where there were 31 cases. However, using the new criteria of monitoring moving forward there were 113 recorded.

As part of the WRES (Workforce Race Equality Standard) submission, the Trust has to report on the relative likelihood of BAME staff entering the formal disciplinary process compared to white staff. There were no cases reported in 2016-17 which involved staff identified as BAME, but there has been 1 case during 2017-18. The HR Team will continue to monitor these statistics moving forward to ensure that there is not a theme of detrimental treatment.

13. Conclusion

The Trust refreshed its strategic operational approach to advancing equality, diversity and human rights across the Trust in 2015. The work streams developed will help to ensure that Liverpool Heart and Chest is doing all it can to demonstrate effective and efficient practice, beyond compliance with the Equality Act 2010, the Public Sector Equality Duty and Human Rights Act 1998.

The Equality & Inclusion Strategy (2015-2018) is aligned so that performance can be measured against the NHS Equality Delivery System (EDS2) and NHS Workforce Race Equality Standard (WRES).

The Trust has developed high level aims and categorised the activity planned under four clear outcomes which is aligned with the refreshed Equality Delivery System (EDS2) Outcomes:

➢ Better Health Outcomes
➢ Improved Patient Access
➢ Empowered Engagement & Well Supported Staff
   Inclusive Leadership

A summary of the Equality & Inclusion Strategy and key activities can be found in Appendix 1

Our Equality and Inclusion Strategy 2015-2018

The strategy aligns directly to the NHS Equality Delivery System (EDS2) and the NHS Workforce Race Equality Standard (WRES)

GOAL ONE: Better Health Outcomes for All

Key Activities

- Revision to equality and inclusion monitoring procedures and update staff/patient guidance and information.
- Develop and roll-out an Equality Impact & Anaylsis Toolkit, supported by a blended learning approach for staff responsible for EIAA
- Establish a case study resource to support Trust wide learning around the use of the EIAA Toolkit
- Establish an Inclusion Champions Network involving staff, volunteers, patients and members to help and develop out collective leadership and stakeholder engagement
- Review of the Quality Improvement Strategy to help embed and mainstream relevant equality, inclusion and human rights based activities, measures and outcomes

GOAL TWO: Improved Patient Access and Experience

Key Activities

- A review of the Family and Friends Test/Annual surveys and other feedback vehicles to ensure the lines of enquiry take greater account of equality, diversity and inclusion factors/measures
- Undertake a data cleanse exercise to help collect and improve data across all protected characteristics for all patients
- Produce standardised E&I patient profiling to evidence compliance with EDS2 and Public Sector Equality Duties
- Ensure there are clear action plans and benchmarks in place to help maintain high standards of accessibility to buildings throughout the Trust and in outreach service settings.
- Explore ways to refresh approaches to stakeholder engagement to ensure that audiences and participants are diverse and representative of all our communities.

GOAL THREE: Empowered, Engaged & Supported Staff

Key Activities

- Develop a blended learning approch to E&I training around Equality, Diversity and Inclusion and embed into exisiting leadership, managertial and staff training programmes
- Undertake a workforce data cleanse exercise to collect data across all protected characteristics for the entire workforce.
- Develop a E&I Dashboard which measures progress against EDS2 and the WRES
- Establish and refresh our E&I policy to support improvement in practice .
- Implement an electronic job evaluation system and upload of historical data to inform equal pay audits.
- Agree positive action measures for recruitment and talen management where under representation and lack of diversity is indentified.

GOAL FOUR: Inclusive Leadership at all Levels

Key Activities

- Development of E&I Dashboard to support vertical and horizontal reporting on performance .
- Review the Trust values and behaviours/competency frameworks, to ensure collective and inclusive leadership and practice is clearly defined, monitored, measured and evidenced.
- Establish an Equality and Inclusion Steering Group to help oversea the implementation of the strategy and report progress on its outcomes.
- Ensure that recruitment campaigns for Board level roles provide the opportunity attract and retain people from diverse backgrounds.
- Ensure that our leadership programme helps harness talent in all its diverse forms and provides succession planning into future senior and board level roles