

## Board of Directors (in Public) Item 5.4

**Subject:** Annual Equality, Diversity & Inclusion Update  
**Date of Meeting:** Tuesday 26<sup>th</sup> November 2019  
**Prepared by:** Rachael McDonald, HR Business Partner  
**Presented by:** Sue Hodgkinson, Director of People and Culture

BAF Ref	Impact on BAF
4.6	To provide assurance and to highlight the revised risk score rating due to the Workforce Race Equality Standard (WRES) data and key findings

### 1. Executive Summary

This paper is intended to provide an annual summary of key workforce developments in relation to the Trust's Equality, Diversity and Inclusion agenda and to demonstrate compliance with the Equality Act 2010 and Public Sector duties.

### 2. Equality and Inclusion Strategy

The Trust refreshed its 3 year Equality and Inclusion Strategy (2019-2021) in March 2019 which sets out the Trust's commitment to taking equality, diversity and human rights into account in everything it does.

The strategy has been framed around the requirements of the Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES), Equality Disability Equality Standard (WDES) and the Quality Contract Framework. Additionally, the strategy is underpinned by an Equality Action Plan and a number of thematic work streams, designed to support successful embedding and mainstreaming of the strategy across the Trust's planning and operations has been developed.

It will be crucial to the success of this work that the Board and Non-executive Directors are engaged and play a pivotal role in ensuring that there is clear ownership and accountability for implementation and that progress and performance against agreed outcomes are monitored, measured and reported on over the next three years. **Appendix 1**

### 3. Equality, Diversity & Inclusion Annual Update

The strategy sets out the Trust's priorities and objectives whilst also addressing the national mandated requirements which have been summarised below:-

### 3.1 Equality Delivery System (EDS2)

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

A review of the Trusts EDS2 grading report and action plan was undertaken through the Equality and Inclusion Steering Group and this was reviewed externally by Andy Woods, the Senior Governance Manager for Merseyside Clinical Commissioning Groups before it was published on the Trusts internet page. Additionally, the approach was commended by the E&I STP Lead, Joe O'Grady in supporting the STP collaborate work streams, particularly in relation to the patient agenda. **Appendix 2**

### 3.2 Workforce Monitoring Report

The purpose of this report is to demonstrate compliance with the public sector specific duties. This report is refreshed annually and summarises equality monitoring data for the workforce at Liverpool Heart and Chest Hospital.

The report reflects workforce data from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019. The workforce profile within the report is reflective of previous years with no significant changes identified.

Summary of findings:-

- The Trust employs significantly more women than men. This is consistent with the NHS generally and with the previous year.
- Workforce numbers remain evenly spread between all age groups between 26-55 with peaks at 26-30 and 51-55
- At LHCH, 1.64% of staff stated lesbian, gay, or bisexual for sexual orientation. However it should be noted that over 16.12% of record fields within ESR are 'undefined' for sexual orientation which gives an incomplete view.
- The ethnic origin of the workforce is consistent with the North West with 87.4% of the population identifying as White/British with Asian or Asian British making up 6.2%.
- Currently 2.8% 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 where the percentage is much higher.
- In terms of religious belief, a high percentage of ESR records remain undefined. Christianity remains the most prevalent religion/belief reporting at 54.17% which is a slight increase from 53.25% the previous year. This remains lower than the demographic figure for Liverpool of 71%.
- 11.37% of staff stated "I do not wish to disclose my religion/belief".

This report was presented to People Committee in June 2019 and has been published on the Trusts Internet Page for compliance. **Appendix 3**

### 3.3 Workforce Race Equality Standard (WRES)

The NHS Workforce Race Equality Standard (WRES) is a nationally-mandated system for NHS Trusts to report the relative experiences of Black, Asian and Minority Ethnic (BAME) staff compared with the rest of their workforce, on nine specific metrics.

The Trust submitted its WRES raw data in line with the deadline date of 31<sup>st</sup> August 2019 and the reporting template and action plan will be published on the Trust's external website following executive review on the 20<sup>th</sup> November 2019. **Appendix 4**

The key highlights/findings are summarised as follows:-

- The results show that the largest proportion of BAME staff work in clinical roles
- The results are consistent with previous years in that the highest percentage of BAME are working in Band 5 roles
- BAME staff working in non-clinical roles are mostly working in Band 2-4 roles
- Board level representation remains consistent with the previous year
- White candidates are 1.24 more likely to be appointed from shortlisting than BAME candidates, but this result has improved from the previous year.
- The Trust deals with relatively low number of disciplinary cases and whilst there are more reported disciplinary cases involving white staff, statistically, the data indicates that BAME staff are 1.90 times more likely to enter the formal disciplinary process.
- The results show BAME staff are more likely to access non mandatory training than white staff, but there has been decline in both staff groups from the previous year.
- There has been a deterioration in both staff groups reporting bully, harassment or abuse from patients, relatives and the public in the last 12 months
- There has been a significant increase in staff experiencing harassment, bullying and abuse from staff in the last 12 months. This result does not correlate with the number of bullying and harassment cases reported and being formally investigated.
- The percentage of staff believing that the trust provides equal opportunities for career progression reports higher from the white workforce than from BAME.
- The results for staff reporting personal discrimination at work by a manager, team leader have stayed consistent for white staff, but the results have deteriorated for BAME staff by 8.69% and tripled from the previous year.

In response to the results, a staff engagement event (BIG Conversation) was held on 31<sup>st</sup> October 2019 with BAME staff. The event allowed for a rich discussion with staff and helped to identify meaningful actions and priorities for the next 12 months. The key themes and messages from the discussion were as follows:

- We listened to some real staff stories, both positive and negative staff experiences and ideas on how we could improve staff experiences for the future.
- We discussed the importance of shaping the staff voice in relation to diversity and inclusion issues and shared ideas on how we could have a wider conversation with other staff groups with protected characteristics.
- We discussed the benefits of building a staff support/engagement group, with a blended approach, that is both flexible and accessible for staff to attend.
- We explored the role of equality advocates to help promote inclusion across the organisation and how these roles could align with Freedom to Speak Up principles.
- We discussed how to improve communication across the organisation to help promote awareness and understanding of the issues and to help encourage staff engagement.

As a result of the results and key findings from the WRES, alongside the feedback from our BAME Big Conversation, the BAF rating for indicator 4.6 has been updated to a risk score of 9 (Moderate / Possible).

### **3.4 Workforce Disability Standard (WDES)**

The Workforce Disability Equality Standard is nationally mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019. The Trust submitted its WDES raw data in line with the deadline date of 1<sup>st</sup> August 2019.

The WDES is important, because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety and the implementation of the WDES will enable NHS Trusts to better understand the experiences of their disabled staff and support positive change for existing employees and enable a more inclusive environment for disabled people. It will also allow the Trust to identify good practice and compare performance regionally by type of trust. The key findings are summarised as follows:-

- There are gaps in the data with 22.7% of staff identifying as 'unknown' in ESR
- Disabled staff are more likely to report experiencing harassment, bullying and abuse from patients, managers and colleagues
- Disabled staff report lower than non-disabled staff in believing that the Trust provides equal opportunities for career progression or promotion.
- 3.7% more disabled staff said that they felt pressure from their Manager to come to work, despite not feeling well enough.
- Disabled staff are less satisfied with the extent the organisation values their work
- 75% of disabled staff say that the Trust has made adequate adjustments to enable them to carry out their work

### **4. Equality and Inclusion Steering Group**

Monitoring and review of equality related activities for both patients and the workforce will be through the delivery of the Trust's established Equality and Inclusion Steering Group. Assurance is provided to the People Committee on a bi-annual basis.

A review of the terms of reference and membership was undertaken in September 2019 to ensure that there is appropriate representation at the group and to ensure the agenda is prioritised, the group will meet bi-monthly from December 19. Jo Shaw, Divisional Head of Nursing will act as Chair for the group and Rachael McDonald will be Deputy Chair. A work plan for this group is under development and will be presented to the refreshed group in December 19.

### **5. Future Focus – Priorities**

The equality agenda needs to be made priority in 20-21 in order to improve experiences for patients and staff and any actions / work streams need to be focused upon continuous improvement over time across all protected characteristics.

It is important that a robust approach to monitoring is developed which includes a range of quantitative and qualitative measures that we help track and analyse performance and progress against the strategy and EDS2 outcomes. This approach will help to build a strong and diverse evidence portfolio that helps showcase effective and efficient practice in advancing equality, inclusion and human rights in all areas of work.

## **6. Recommendations**

The Board of Directors is asked to note the contents of this report and supporting appendices

## **7. Appendices**

Appendix 1	Refreshed Equality and Inclusion Strategy & Action Plan
Appendix 2	EDS2 Reporting Template and People Committee Paper
Appendix 3	Workforce Monitoring Report 2018-19
Appendix 4	WRES Exec Briefing Paper
Appendix 5	WDES Exec Briefing Paper