

Item 9.2a

## **Workforce Equality Monitoring Report 2016/17**

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.

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## Appendix 1

### 1. Background

The Equality Act 2010 came into force on the 1<sup>st</sup> 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<sup>1</sup> which came into force on the 5<sup>th</sup> 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 **1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017**.

## **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**

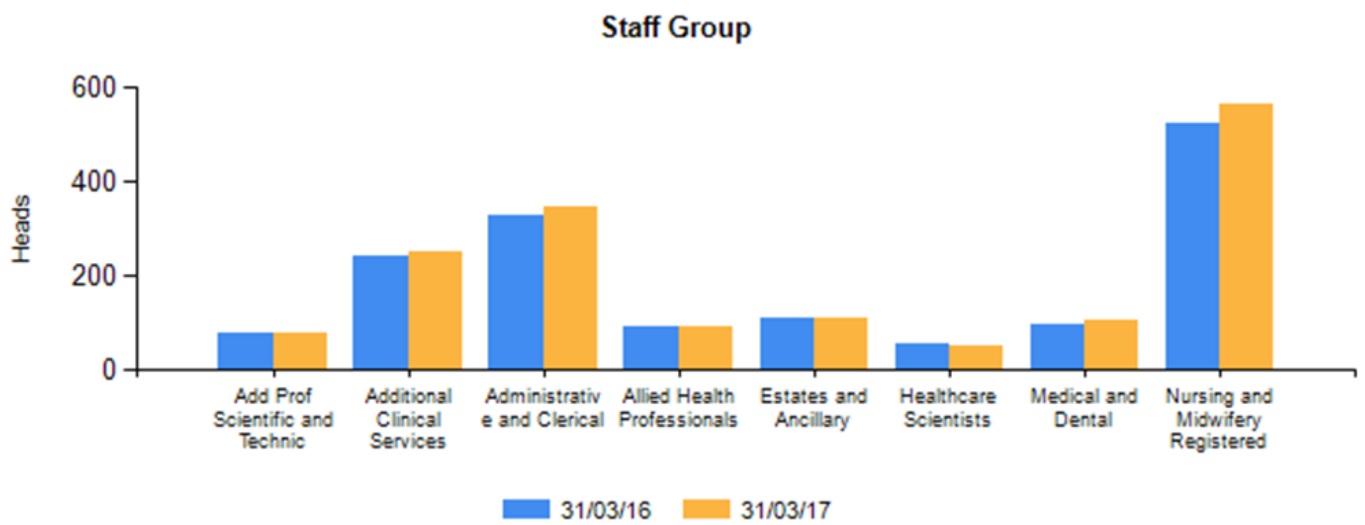
Workforce equality monitoring data is collected when an individual starts working at LHCH although staff can opt out of disclosing this information. This information is then stored in our electronic staff record system (ESR) which was maintained by Capita until June 2014, after this period this responsibility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

During 2016, the Trust has recently implemented an electronic data cleanse programme with the aim of improving the quality of demographic data held within the ESR system, but further is required to improve workforce equality data which will continue during 2017-18.

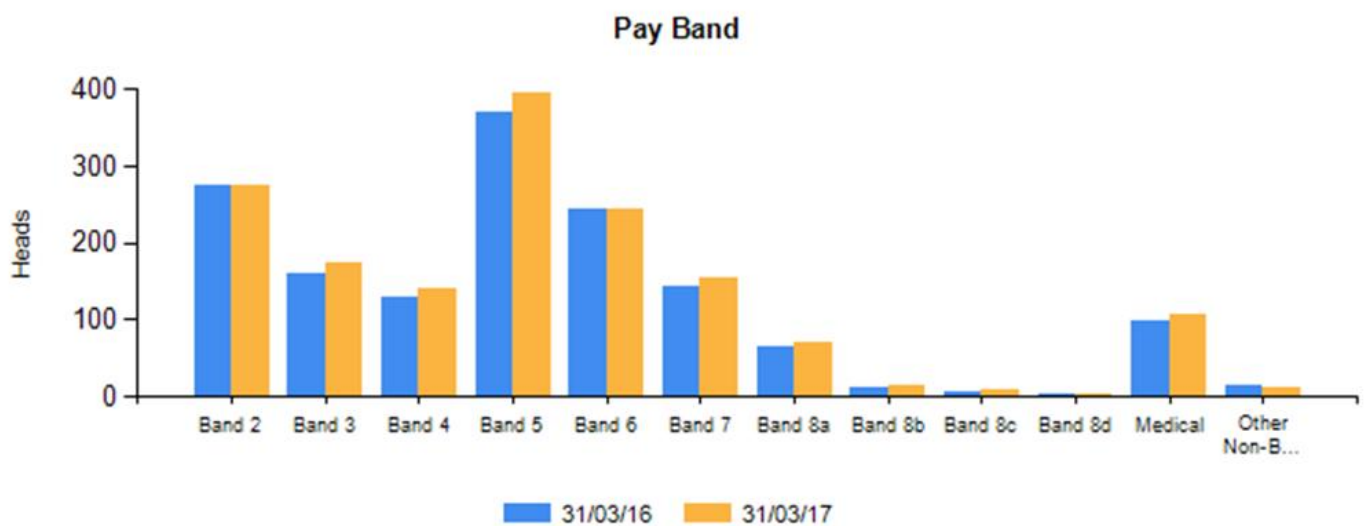
## **4. Workforce Composition**

As at 31st March 2017, LHCH employed 1599 staff, this figure excludes Bank workers but includes staff on fixed-term contracts within the Trust. The charts below show the breakdown of staff into Staff Group and Staff Banding as governed by Agenda for Change (AfC).

(a) Workforce Breakdown by Staff Group

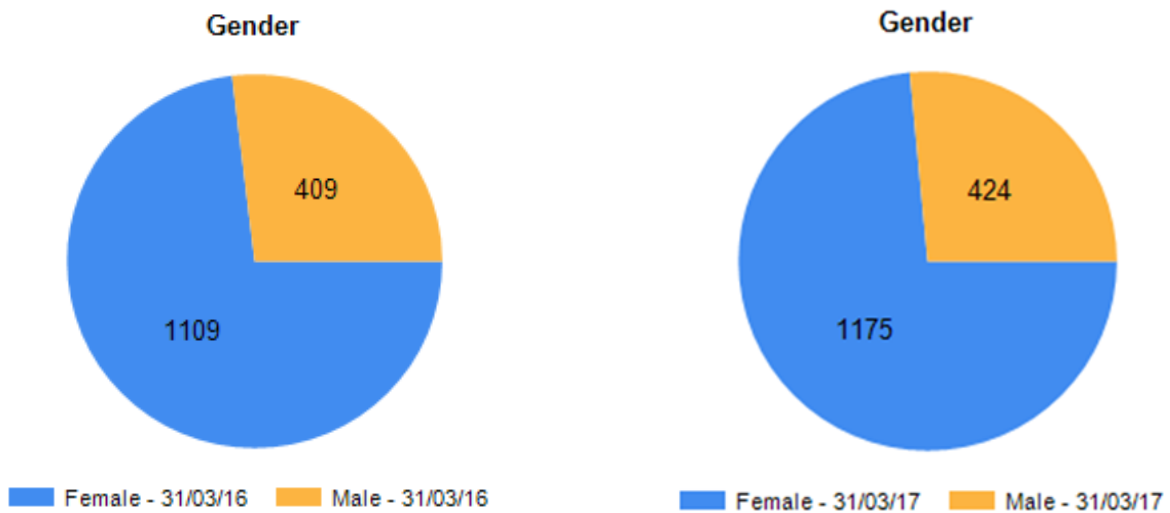


(b) Workforce Breakdown by Grade



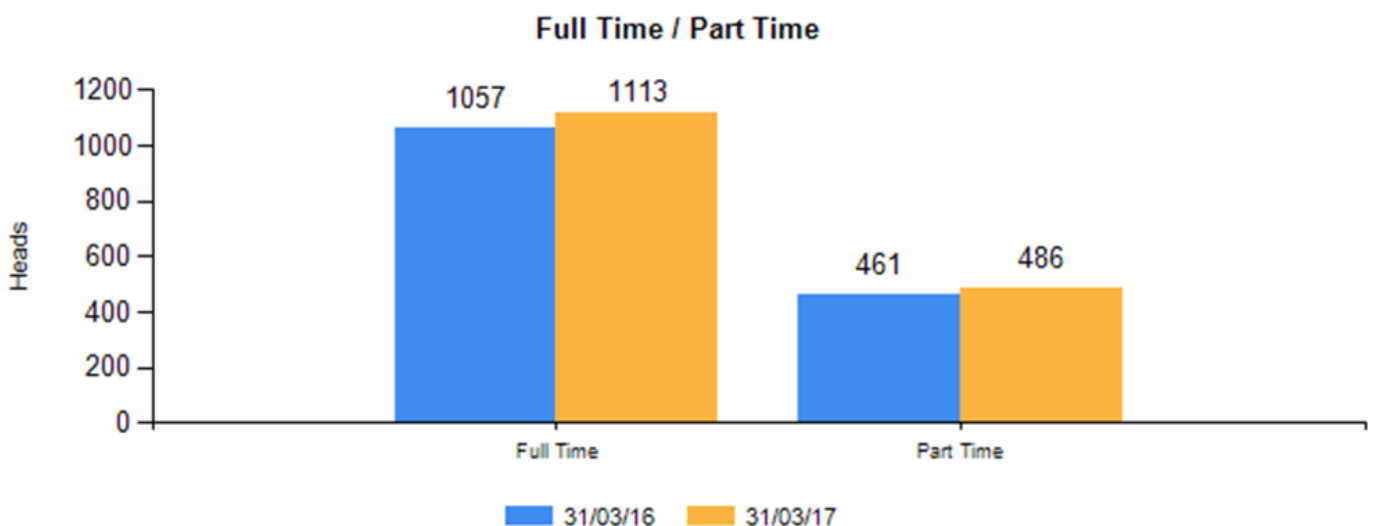
### i. Gender

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 (2015 data), 77% of staff employed by the NHS in England are female. Of the 1599 staff currently employed by LHCH, 1175 are female and 424 male. This equates to 73.5 % female employees and 26.5 % male.



### ii. Full time/part time comparison

Based on the difference between 2016 and 2017 there has been an increase of 5.3 % (56 heads) for 'Full Time' posts which is comparable to an increase of 5.4% (25 heads) for 'Part Time' posts.

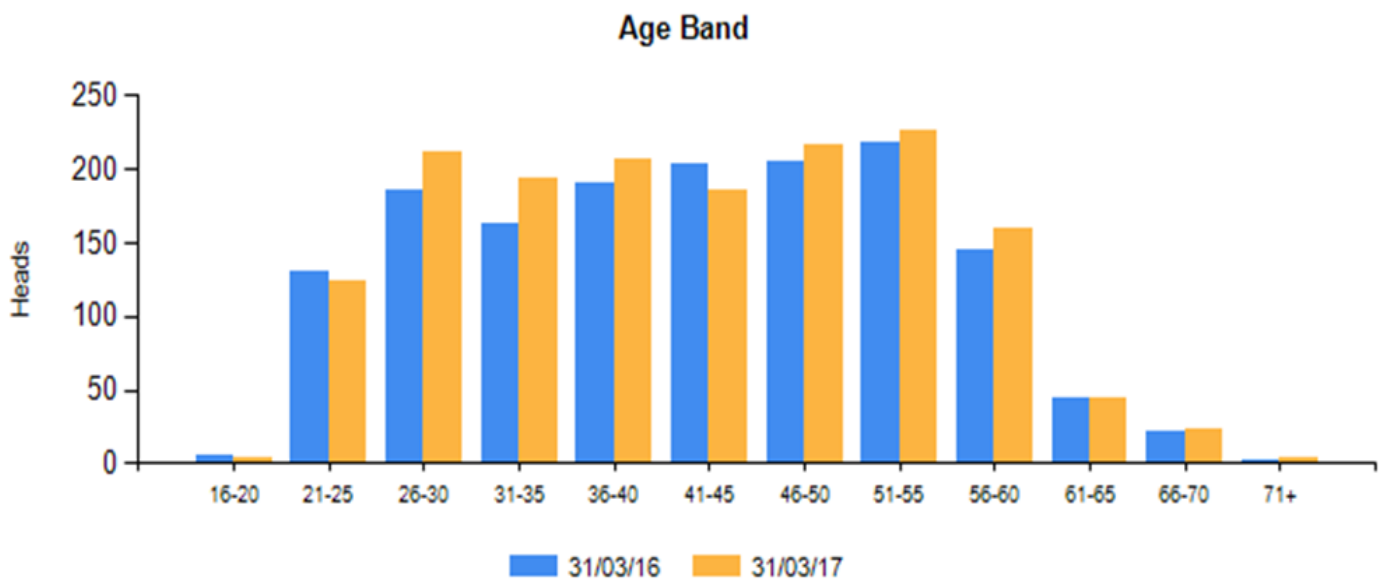


### iii. Age

Numbers remain fairly evenly spread between all age groups through 26 – 55 with a peak at 26-30 and 51-55.

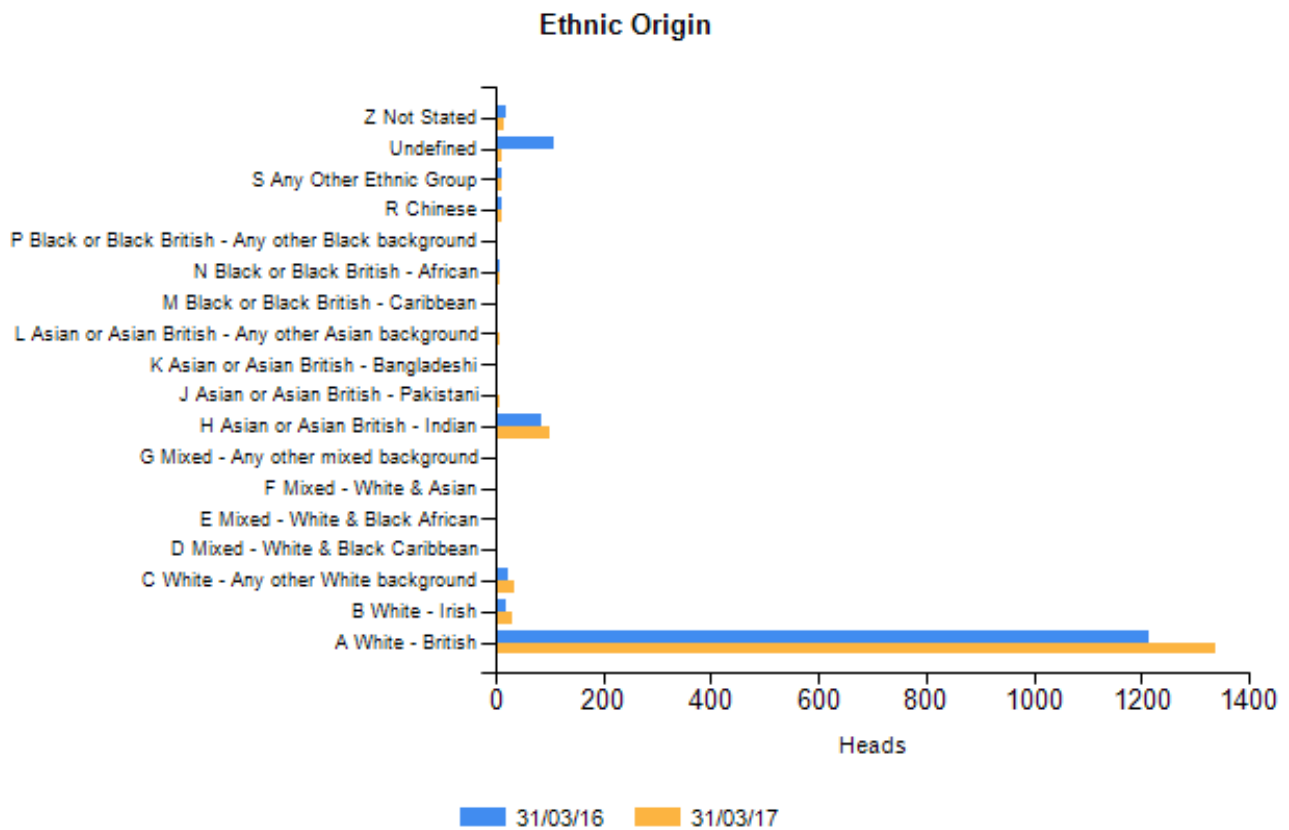
Between 2015 and 2020, over a period when the general population is expected to rise 3%, the numbers aged over 65 are expected to increase by 12%.

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.



#### iv. Ethnic Origin

The chart below displays the ethnic origin breakdown of LHCH employees. The 2011 Census found that within the North West region 90.2% 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%.

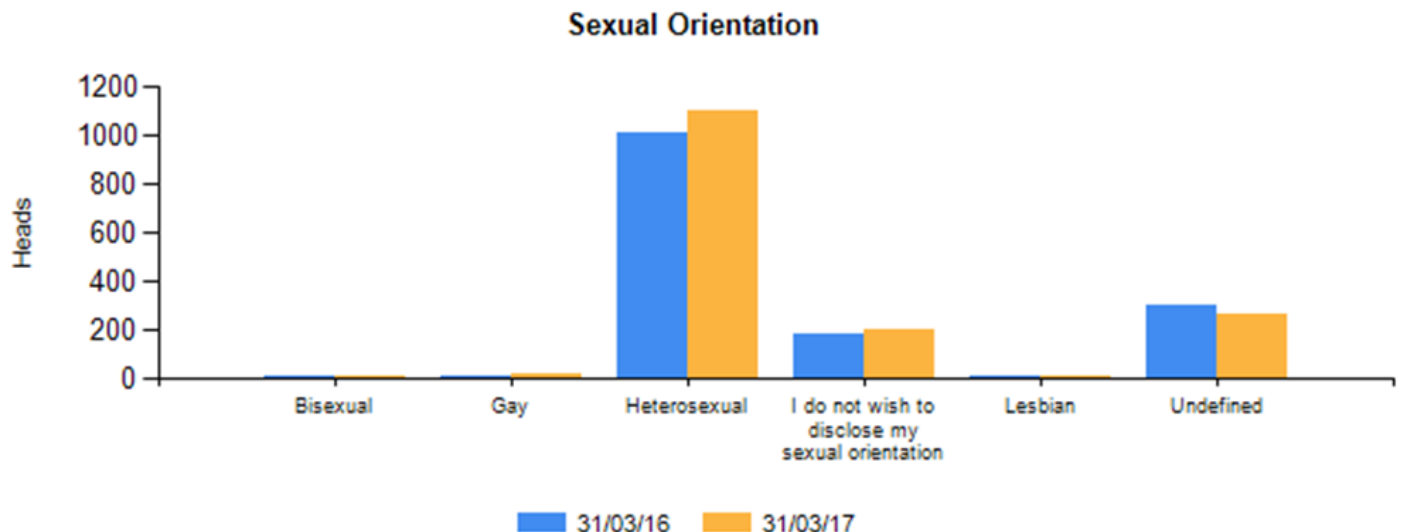




## v. Sexual Orientation

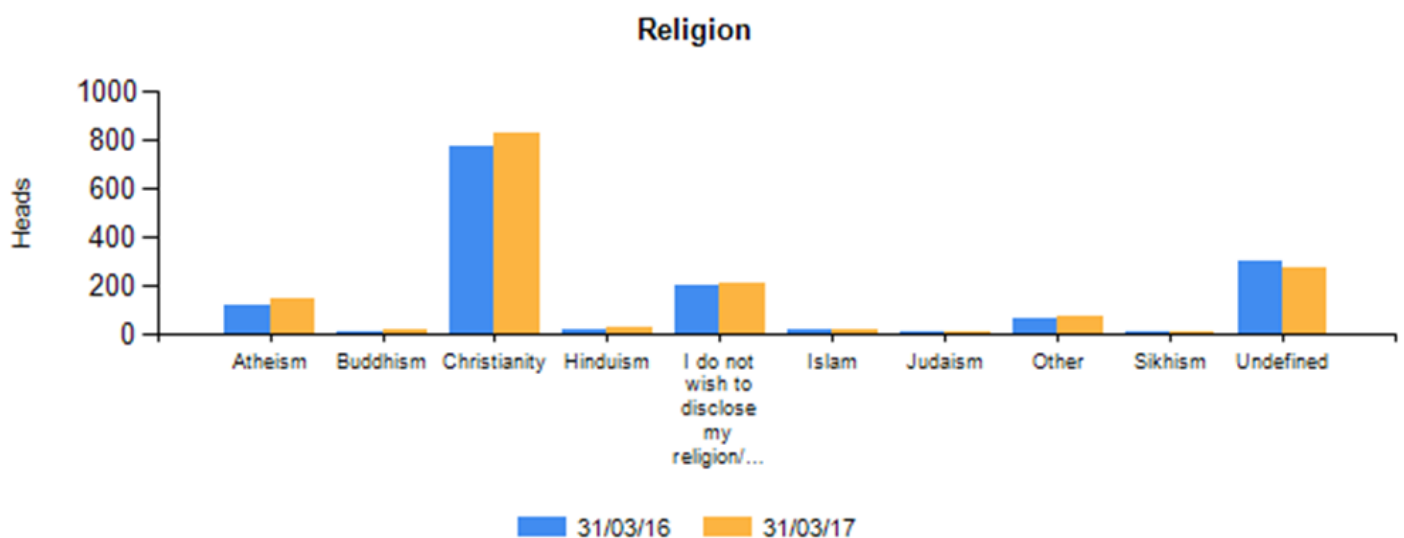
A report published by the Office for National Statistics (2015 data) found that 1.1% of the population identify as being gay or lesbian and 0.6% as bisexual.

At LHCH, 1.93% of staff stated gay, lesbian or bisexual for sexual orientation. However it should be noted that over 16.76% of record fields within ESR are 'undefined' for sexual orientation which gives an incomplete overview. Further work will be carried out to ensure this data is captured in the future



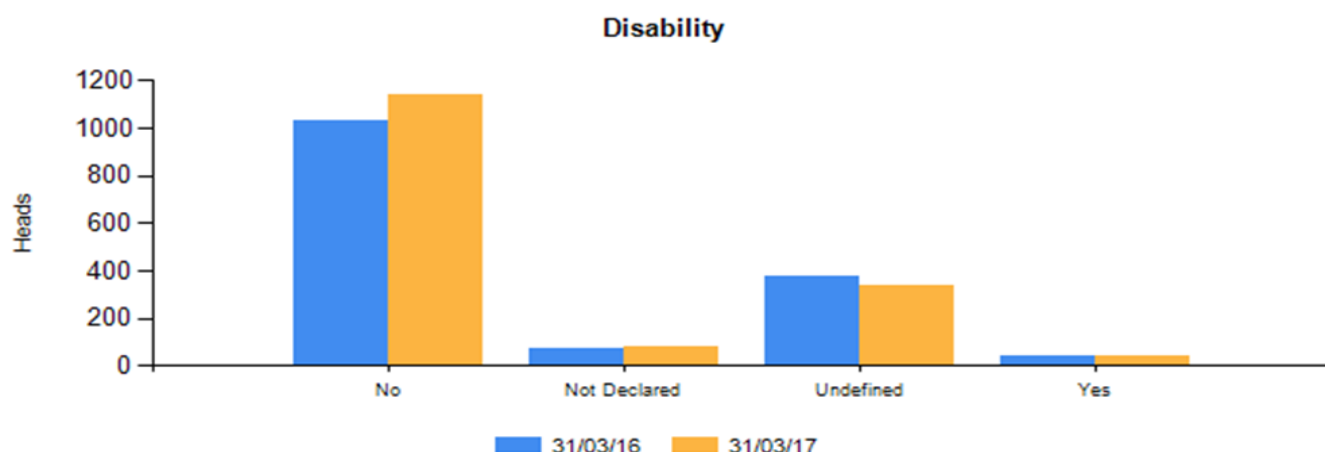
## vi. Religious Beliefs

The graph below shows the religious beliefs of employees. As with Sexual Orientation, a significant proportion of records within ESR are 'undefined'. Of those employees that have a complete record 52.03% stated Christianity as their religious belief with Atheism second with 9.01 % followed by Other with 4.69 %. 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 2.69% 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. As with sexual orientation and religious belief, a high percentage of ESR records remain undefined.



## 5. Gender Re-assignment

Data regarding gender re-assignment is protected sensitive information and the Trust does not currently collect this information on ESR.

## 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 31<sup>st</sup> March 2017 a total of 75 staff were recorded as being on maternity leave. This is higher than the 58 reported in the previous year.

## 7. Staff Survey

In the 2016 Staff Survey 88.2% 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.

The NHS Workforce Race Equality Standard (WRES) submitted in September 2016 showed that the Trusts BME workforce reported higher levels of physical violence from patients in comparison to its white workforce. However, the results showed an improvement from our BME workforce with regards to promotion and opportunities and staff that have personally experience discrimination in the last 12 months from a team manager or colleague.

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 BME workforce including the following:-

### ➤ **Improve Training, Promotion and Opportunities**

- BME Engagement Events– quarterly meetings
- Recruit and appoint/recruit BME Champions
- Undertake a targeted approach to leadership training and opportunities
- Promote all NHS Leadership Academy opportunities (BME 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 BME groups
- Develop a Recruitment & Selection Training to include, supporting managers and unconscious bias and giving feedback.

### ➤ **Reduce bullying, harassment and Victimisation**

- 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
- Improved communication – raising awareness campaigns

## **8. 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.

In addition, the Trust has refreshed its approach to Equality Impact, Analysis and Assessment (EIAA) and has developed a toolkit which is supported by a blended learning approach to help improve the quality.

## **9. 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. Gender Gap reporting introduced in April 2017 and by undertaking an Agenda for Change Data Cleanse will support reporting help the Trust to understand any areas for improvement with regards to pay

## **10. 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.

Between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017 there were a total of 2016/17 there were 31 recorded Employee Relations cases requiring varying levels of involvement by the HR team, this is compared to 37 cases in 2015/16.

As part of the WRES (Workforce Race Equality Standard) submission, the Trust has to report on the relative likelihood of BME staff entering the formal disciplinary process compared to white staff and the data. There have been no formal disciplinary cases in 2016-17 involving staff that have identified themselves as BME.

## **11. 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 & Analysis 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 approach to E&I training around Equality, Diversity and Inclusion and embed into existing leadership, managerial 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 talent management where under representation and lack of diversity is identified.

## 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 oversee 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